

**APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)**

1. * TYPE OF SUBMISSION		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application			
2. DATE SUBMITTED	Applicant Identifier	4. a. Federal Identifier	
11/12/2013	PD/2013/01164	MH102540	
5. APPLICANT INFORMATION		* Organizational DUNS: 1672049940000	
* Legal Name: Research Foundation for Mental Hygiene, Inc.			
Department: 110 NYPI Epidemiology		Division:	
* Street1: NYPI			
Street2: 1051 Riverside Dr			
* City: New York		County / Parish: New York	
* State: NY: New York		Province:	
* Country: USA: UNITED STATES		* ZIP / Postal Code: 10032	
Person to be contacted on matters involving this application			
Prefix: Ms.		* First Name: Janelle	
		Middle Name: Rene	
* Last Name: Greenhill		Suffix: MPH	
* Phone Number: 212-543-5801		Fax Number: 212-543-6062	
Email: nga@rf.cpmc.columbia.edu			
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 1141410842A2			
7. * TYPE OF APPLICANT: M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)			
Other (Specify):			
Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged			
8. * TYPE OF APPLICATION:		If Revision, mark appropriate box(es).	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		<input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify): _____	
* Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies?			
9. * NAME OF FEDERAL AGENCY:		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:	
National Institutes of Health		TITLE: _____	
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
Community Partnered Approach to Implement EBPs for Depression			
12. PROPOSED PROJECT:		* 13. CONGRESSIONAL DISTRICT OF APPLICANT	
* Start Date 07/01/2014		* Ending Date 06/30/2018	
NY-013			
14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION			
Prefix: Dr.		* First Name: Sidney	
		Middle Name: H	
* Last Name: Hankerson III		Suffix:	
Position/Title: Post-doctoral Research Fellow			
* Organization Name: Research Foundation for Mental Hygiene, Inc.			
Department: 110 NYPI Epidemiology		Division:	
* Street1: NYPI			
Street2: 1051 Riverside Dr			
* City: New York		County / Parish: New York	
* State: NY: New York		Province:	
* Country: USA: UNITED STATES		* ZIP / Postal Code: 10032	
* Phone Number: 212-543-6148		Fax Number: 212-568-3534	
* Email: hankerss@nyspi.columbia.edu			

15. ESTIMATED PROJECT FUNDING		16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Total Federal Funds Requested	744,768.00	a. YES	<input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
b. Total Non-Federal Funds	0.00	DATE:	<input type="text"/>
c. Total Federal & Non-Federal Funds	744,768.00	b. NO	<input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Estimated Program Income	0.00		
17. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)			
<input checked="" type="checkbox"/> * I agree <small>* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</small>			
18. SFLLL or other Explanatory Documentation			
<input type="text"/>		<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
		<input type="button" value="View Attachment"/>	
19. Authorized Representative			
Prefix: Ms.	* First Name: Janelle	Middle Name: Rene	
* Last Name: Greenhill		Suffix: MPH	
* Position/Title: Director of Administration			
* Organization: Research Foundation for Mental Hygiene, Inc.			
Department: 110 NYPI Facilities and Admini	Division: <input type="text"/>		
* Street1: NYPI			
Street2: 1051 Riverside Dr			
* City: New York	County / Parish: New York		
* State: NY: New York	Province: <input type="text"/>		
* Country: USA: UNITED STATES	* ZIP / Postal Code: 10032		
* Phone Number: 212-543-5801	Fax Number: 212-543-6062		
* Email: nga@rf.cpmc.columbia.edu			
* Signature of Authorized Representative		* Date Signed	
<input type="text"/> Ms. Janelle Rene Greenhill MPH		<input type="text"/> 11/12/2013	
20. Pre-application			
<input type="text"/>		<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
		<input type="button" value="View Attachment"/>	

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Appendix

Number of Attachments in Appendix: 6

Project/Performance Site Location(s)

Project/Performance Site Primary Location I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: Research Foundation for Mental Hygiene, Inc.

DUNS Number: 1672049940000

* Street1: NYPI

Street2: 1051 Riverside Dr

* City: New York

County: New York

* State: NY: New York

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 10032

* Project/ Performance Site Congressional District: NY-013

Project/Performance Site Location 1

I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City:

County:

* State:

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code:

* Project/ Performance Site Congressional District:

Additional Location(s)

Add Attachment

Delete Attachment

View Attachment

RESEARCH & RELATED Other Project Information1. Are Human Subjects Involved? Yes No

1.a. If YES to Human Subjects

Is the Project Exempt from Federal regulations? Yes NoIf yes, check appropriate exemption number. 1 2 3 4 5 6If no, is the IRB review Pending? Yes No

IRB Approval Date: []

Human Subject Assurance Number: [00006105]

2. Are Vertebrate Animals Used? Yes No

2.a. If YES to Vertebrate Animals

Is the IACUC review Pending? Yes No

IACUC Approval Date: []

Animal Welfare Assurance Number: []

3. Is proprietary/privileged information included in the application? Yes No4.a. Does this Project Have an Actual or Potential Impact - positive or negative - on the environment? Yes No

4.b. If yes, please explain: []

4.c. If this project has an actual or potential impact on the environment, has an exemption been authorized or an environmental assessment (EA) or environmental impact statement (EIS) been performed? Yes No

4.d. If yes, please explain: []

5. Is the research performance site designated, or eligible to be designated, as a historic place? Yes No

5.a. If yes, please explain: []

6. Does this project involve activities outside of the United States or partnerships with international collaborators? Yes No

6.a. If yes, identify countries: []

6.b. Optional Explanation: []

7. Project Summary/Abstract [abstract.pdf] 8. Project Narrative [projplan.pdf] 9. Bibliography & References Cited [ref.pdf] 10. Facilities & Other Resources [Facilities_Upload.pdf] 11. Equipment [] 12. Other Attachments

Project Summary/Abstract

African Americans with major depressive disorder (MDD) have greater disease burden, receive lower quality care, and under-utilize traditional mental health services compared to white Americans with MDD. Because clergy are regarded as trusted “gatekeepers,” they are the primary source of mental health education and/or services for socioeconomically diverse African Americans. However, few studies investigate how to translate evidence-based practices (EBPs) for depression into faith-based settings. This K23 proposes a concurrent, mixed-methods study to investigate the feasibility and acceptability of utilizing a community-partnered participatory research (CPPR) approach to support clergy in implementing Interpersonal Counseling (IPC) in faith-based settings. IPC is a manualized, 3-session depression intervention that was designed for delivery by non-mental health professionals, such as clergy. **We aim to contribute an understanding of the factors involved in translating EBPs into real world settings, knowledge that could be used to disseminate interventions to underserved populations and reduce health disparities.** This study has three main phases. The first phase (Vision) is designed to initiate a community-partnered approach to plan how to implement IPC in faith-based settings. It will yield a Community Steering Council that will guide all research activities and develop a specific implementation strategy for clergy. The second phase (Valley) is the implementation of a CPPR informed model to test the feasibility and acceptability of training 8 clergy in IPC at two African American churches. Implementation will be staggered across churches to incorporate community input. Patient outcomes will be depressive symptomatology and level of functioning. Implementation outcomes will be feasibility, acceptability, adoption, implementation, and maintenance. The third phase (Victory) will allow community members to provide feedback on the study design and celebrate results.

Execution of these studies will be combined with a comprehensive training program that integrates didactic lectures with mentored experiences. Led by co-mentors, Dr. Myrna Weissman, Dr. Ken Wells, and Ms. Loretta Jones, the application encompasses the following career training goals: (1) to learn and apply principles of dissemination and implementation science (Drs. Lisa Dixon, Sherry Glied, Gail Wyatt, and Helen Verdelli); (2) to develop expertise in community engagement (Dr. Alfiee Breland-Noble, Dr. Alwyn Cohall, and Mr. Richard Ferreira); and (3) to gain skills in mixed-methods (qualitative/quantitative) study designs (Drs. Jennifer Wisdom, Mindy Fullilove, and Priya Wickramaratne). The research plan produces data for a R01 to conduct a cluster-randomized controlled trial to test different ways to implement IPC in faith-based settings.

PROJECT NARRATIVE

This K23 Career Development Award prepares the candidate to develop an independent program of research focused on the implementation of evidence-based practices (EBPs) in *faith-based* settings to reduce racial/ethnic disparities in depression treatment. This research will advance the NIMH strategic plan by incorporating the needs of diverse people with mental illness (Objective 3) and strengthening the public health impact of NIMH supported research (Objective 4). It also addresses the NIMH Division of Services and Intervention Research (DSIR) area of high priority to “employ strategic partnerships and community engagement/participation to enhance research capacity and infrastructure to conduct research in underserved and diverse populations.”

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FACILITIES AND OTHER RESOURCES

Laboratory: The primary research and laboratory settings are located at the New York State Psychiatric Institute. The Psychiatric Institute, founded in 1896, is the oldest psychiatric research institute in the United States. Resources include regular seminars and presentations, as well as access to a range of expert scientists who will facilitate further development of the ideas presented in this proposal. The New York State Psychiatric Institute (NYSPI), the Columbia University College of Physicians and Surgeons, the Mailman School of Public Health, and New York Presbyterian Hospital (NYPH) are collectively located within the Columbia University Medical Center (CUMC). The NYSPI buildings are physically connected to the rest of the medical center, with bridges connecting the new building at the Psychiatric Institute to the Mailman School of Public Health. Given the physical proximity of Dr. Hankerson to his mentors at Columbia, it will be quite feasible to adhere to the mentoring and consultation activities described herein.

The Division of Epidemiology, which will serve as Dr. Hankerson's primary research home, is wired with 100 mB/second Ethernet connections and is part of the campus-wide ColumbiaNet. NYSPI and Columbia have site licenses for SPSS and SAS. The Department has acquired a license for Oracle which is used for program tracking and data management systems used in this study. Each person in the Division has a Pentium class PC. All personal computers are linked to a printer and to the computer network at the New York State Psychiatric Institute (NYSPI) as well as to Columbia University (CU). I will have access to all the network support made available by NYSPI and by the Division Epidemiology at NYSPI. The libraries of both NYSPI and CU are available to me, including all their on-line databases such as Medline, PsycINFO, PubMed, Health and Psychosocial Instruments, and many more. There is a copy center facility at NYSPI for heavy photocopying of documents.

***First Corinthians Baptist Church (Site of Aim 2):** The church places a major emphasis on community wellness. As such, the church has several Health Ministries, including a HIV/AIDS Ministry, a Celebrate Recovery Ministry for congregants who have substance abuse, and a Social Justice Ministry. The lead pastor is Michael Walrond, Jr., MDiv. There are 3 clergy and approximately 3,000 church members, of whom approximately 98% are African American. It is located at 1912 Adam Clayton Powell, Jr. Blvd., New York, NY, 10026. <http://www.fcbcny.org/>*

***St. Charles Borromeo Chapel (Site of Aim 3):** The church is a Roman Catholic community of faith that serves the people of Harlem. One of the church's ministries, the Lazarus Project, is focused on providing group support for those who have lost loved ones. There are 6 clergy and approximately 800 parishioners, of whom 90% are African American. It is located at 211 West 141st Street, New York, NY, 10030. <http://scbrchurch.org/>*

Proximity and my relationship to the two churches: Both churches are located in Central Harlem. They are separated from each other by a distance of 1.56 miles. **I am neither a member, nor do I regularly attend either church. My relationship with the clergy and lay leaders of the church has been solely in a professional capacity. Thus, there is no conflict of interest in my partnering with either of these faith-based settings.** Both churches are easily accessible from the New York State Psychiatric Institute. NYSPI is located 3.44 miles from First Corinthians Baptist Church and 2.23 miles from St. Charles Borromeo Chapel.

Animals: N/A

Office: Dr. Hankerson's office, including the computer, supplies, and technical capabilities needed to carry out the proposed research plan, is located in Room 2313 in the Pardes Building of New York State Psychiatric Institute, which is adjacent to the Mailman School of Public Health. I will continue to be provided with the same office space throughout the duration of my K23 award. The office of Dr. Myrna Weissman, Dr. Hankerson's primary mentor, is located in the Lawrence Kolb Research Annex of the Psychiatric Institute, Room 163.

Computer: Dr. Hankerson's computer (Dell PC desktop) and printer (HP LaserJet P2055d) are more than sufficient to perform the word processing and qualitative/quantitative data analysis described in this proposal. Additionally, the Psychiatric Institute has a wide area network of over 1,300 computers connected to the backbone. Each machine has full access to the Internet including email, calendar, groupware, and World Wide Web services, all connected via fiber optics backbone utilizing OC3 ATM protocol and gigabit Ethernet. The Psychiatric Institute Computer Center (PICC) has established the Integrated Research Information System

(IRIS). Users have access to a large library of statistical and programming software including BMDP, SAS, SPSS, LISREL, FORTRAN, and others. The PICC supports users with computer programming and statistical consultation. The Department of Informatics works with individual departments to provide technical support for computer upkeep. A large variety of up-to-date statistical and graphics software for PCs and Macs is provided as well as professional consulting in these areas. In addition, NYSPI has established the Computer Training Center, a drop-in center and group training facility composed of 12-networked PCs. Classes are given in many statistical and application software programs throughout the year.

Major Equipment: N/A

LIST OF REFEREES

1. Harold Neighbors, PhD
Professor of Health Behavior & Health Education
University of Michigan, School of Public Health
Research Professor, University of Michigan, Institute for Social Research
Director, Program for Research on Black Americans
Associate Director, Center for Research on Ethnicity, Culture and Health
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2. John Markowitz, MD
Professor of Clinical Psychiatry
Columbia University, College of Physicians & Surgeons
Research Psychiatrist, New York State Psychiatric Institute
Adjunct Clinical Professor of Psychiatry
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3. Elizabeth Cohn, RN, DNS
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Robert Wood Johnson Nurse Faculty Scholar (2012-2015)
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4. Joseph Ravenell, MD
Assistant Professor of Population Health and Medicine
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Director, Men's Health Initiative, New York University
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RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Project Director/Principal Investigator			
Prefix:	Dr.	* First Name:	Sidney
Middle Name:	H		
* Last Name:	Hankerson III		
Suffix:			
Position/Title:	Post-doctoral Research Fellow	Department:	110 NYPI Epidemiology
Organization Name:	Research Foundation for Mental Hygiene, Inc.		
Division:			
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Street2:	1051 Riverside Dr		
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* State:	NY: New York	Province:	
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* Phone Number:	212-543-6148	Fax Number:	212-568-3534
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Credential, e.g., agency login:	SHANKERSON		
* Project Role:	PD/PI	Other Project Role Category:	
Degree Type:	MD		
Degree Year:	2005		
*Attach Biographical Sketch		Bio_Dr._Sidney_H_Hankerson_II	Add Attachment
Attach Current & Pending Support			Delete Attachment
			View Attachment
		Add Attachment	
		Delete Attachment	
		View Attachment	

PROFILE - Senior/Key Person 1			
Prefix:	Dr.	* First Name:	Myrna
Middle Name:			
* Last Name:	Weissman	Suffix:	
Position/Title:	Professor of Epidemiology	Department:	110 NYPI Epidemiology
Organization Name:	Research Foundation for Mental Hygiene, Inc.		
Division:			
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Street2:	1051 Riverside Dr		
* City:	New York	County/ Parish:	New York
* State:	NY: New York	Province:	
* Country:	USA: UNITED STATES	* Zip / Postal Code:	10032
* Phone Number:	212-543-5880	Fax Number:	
* E-Mail:	weissman@nyspi.columbia.edu		
Credential, e.g., agency login:			
* Project Role:	Other (Specify)	Other Project Role Category:	Mentor
Degree Type:			
Degree Year:			
*Attach Biographical Sketch		Bio_Dr._Myrna_Weissman_1.pdf	Add Attachment
Attach Current & Pending Support		otherSupport_Dr._Myrna_Weissm	Add Attachment
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RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Senior/Key Person 2

Prefix:	Dr.	* First Name:	Ken	Middle Name:	B
* Last Name:	Wells			Suffix:	
Position/Title:	Professor of Psychiatry and Behavioral Scienc			Department:	Psychiatry
Organization Name:	University of California at Los Angeles			Division:	
* Street1:	UCLA Wilshire Center				
Street2:	Suite 300				
* City:	Los Angeles	County/ Parish:	Los Angeles		
* State:	CA: California	Province:			
* Country:	USA: UNITED STATES	* Zip / Postal Code:	90095		
* Phone Number:	310-794-3725	Fax Number:	310-794-3724		
* E-Mail:	Kwells@mednet.ucla.edu				
Credential, e.g., agency login:					
* Project Role:	Other (Specify)	Other Project Role Category:	Co-Mentor		
Degree Type:	MD, MPH				
Degree Year:	1974				
*Attach Biographical Sketch		Bio_Dr._Ken_B_Wells_2.pdf	Add Attachment	Delete Attachment	View Attachment
Attach Current & Pending Support		otherSupport_Dr._Ken_B_Wells	Add Attachment	Delete Attachment	View Attachment

PROFILE - Senior/Key Person 3

Prefix:	Ms.	* First Name:	Loretta	Middle Name:	
* Last Name:	Jones			Suffix:	
Position/Title:	Chief Executive Officer			Department:	Administration
Organization Name:	Healthy African American Families II			Division:	
* Street1:	4305 Dengan Blvd				
Street2:	Suite 105				
* City:	Los Angeles	County/ Parish:			
* State:	CA: California	Province:			
* Country:	USA: UNITED STATES	* Zip / Postal Code:	90008		
* Phone Number:	323-292-6121	Fax Number:	323-292-6121		
* E-Mail:	lorettajones@haafii.org				
Credential, e.g., agency login:					
* Project Role:	Other (Specify)	Other Project Role Category:	Co-Mentor		
Degree Type:	MA				
Degree Year:	1972				
*Attach Biographical Sketch		Bio_Ms._Loretta_Jones_3.pdf	Add Attachment	Delete Attachment	View Attachment
Attach Current & Pending Support			Add Attachment	Delete Attachment	View Attachment

RESEARCH & RELATED Senior/Key Person Profile (Expanded)**PROFILE - Senior/Key Person 4**

Prefix: Dr.	* First Name: Gail	Middle Name:
* Last Name: Wyatt		Suffix:
Position/Title: Professor of Psychiatry and Behavioral Scienc		Department: Psychiatry
Organization Name: University of California at Los Angeles		Division:
* Street1: 760 Westwood Plaza		
Street2: Box 951759		
* City: Los Angeles	County/ Parish: Los Angeles	
* State: CA: California	Province:	
* Country: USA: UNITED STATES		* Zip / Postal Code: 90095
* Phone Number: 310-825-0193	Fax Number: 310-206-9137	
* E-Mail: GWyatt@mednet.ucla.edu		
Credential, e.g., agency login:		
* Project Role: Consultant	Other Project Role Category:	
Degree Type: PhD		
Degree Year: 1973		
*Attach Biographical Sketch <input type="button" value="Bio_Dr._Gail_Wyatt_4.pdf"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> Attach Current & Pending Support <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		

PROFILE - Senior/Key Person 5

Prefix: Dr.	* First Name: Lisa	Middle Name:
* Last Name: Dixon		Suffix:
Position/Title: Psychiatrist II		Department: 110 NYPI Mental Health Service
Organization Name: Research Foundation for Mental Hygiene, Inc.		Division:
* Street1: NYPI		
Street2: 1051 Riverside Dr		
* City: New York	County/ Parish: New York	
* State: NY: New York	Province:	
* Country: USA: UNITED STATES		* Zip / Postal Code: 10032
* Phone Number: 212-543-5041	Fax Number:	
* E-Mail: DixonLi@nyspi.columbia.edu		
Credential, e.g., agency login:		
* Project Role: Other (Specify)	Other Project Role Category: Other Significant Contributor	
Degree Type:		
Degree Year:		
*Attach Biographical Sketch <input type="button" value="Bio_Dr._Lisa_Dixon_5.pdf"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> Attach Current & Pending Support <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Senior/Key Person 6

Prefix:	Dr.	* First Name:	Helen	Middle Name:	
* Last Name:	Verdeli		Suffix:		
Position/Title:	Associate Professor		Department:	Counseling and Clinical Psycho	
Organization Name:	Columbia University, Teacher's College			Division:	
* Street1:	525 West 120th St.				
Street2:	Box 102				
* City:	New York	County/ Parish:			
* State:	NY: New York	Province:			
* Country:	USA: UNITED STATES	* Zip / Postal Code:	10027		
* Phone Number:	212-678-3099	Fax Number:			
* E-Mail:	hv2009@columbia.edu				
Credential, e.g., agency login:					
* Project Role:	Consultant	Other Project Role Category:			
Degree Type:	PhD				
Degree Year:	1998				
*Attach Biographical Sketch		Bio_Dr._Helen_Verdeli_6.pdf	Add Attachment	Delete Attachment	View Attachment
Attach Current & Pending Support			Add Attachment	Delete Attachment	View Attachment

PROFILE - Senior/Key Person 7

Prefix:	Dr.	* First Name:	Sherry	Middle Name:	
* Last Name:	Glied		Suffix:		
Position/Title:	Dean		Department:	Public Service	
Organization Name:	NYU, Wagner Graduate School of Public Service			Division:	
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Street2:					
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* Country:	USA: UNITED STATES	* Zip / Postal Code:	10012		
* Phone Number:	212-998-7400	Fax Number:			
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Credential, e.g., agency login:					
* Project Role:	Other (Specify)	Other Project Role Category:	Consultant		
Degree Type:	PhD				
Degree Year:	1990				
*Attach Biographical Sketch		Bio_Dr._Sherry_Glied_7.pdf	Add Attachment	Delete Attachment	View Attachment
Attach Current & Pending Support			Add Attachment	Delete Attachment	View Attachment

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Senior/Key Person 8

Prefix:	Dr.	* First Name:	Alfiee	Middle Name:	
* Last Name:	Breland-Noble			Suffix:	
Position/Title:	Assistant Professor		Department:	Psychiatry	
Organization Name:	Georgetown University			Division:	
* Street1:	2115 Wisconsin Ave				
Street2:	Suite 120				
* City:	Washington	County/ Parish:			
* State:	DC: District of Columbia	Province:			
* Country:	USA: UNITED STATES	* Zip / Postal Code:	20007		
* Phone Number:	202-687-0694	Fax Number:			
* E-Mail:	ab2892@georgetown.edu				
Credential, e.g., agency login:					
* Project Role:	Consultant	Other Project Role Category:			
Degree Type:	PhD				
Degree Year:	1997				
*Attach Biographical Sketch		Bio_Dr._Alfiee_Breland-Noble	Add Attachment	Delete Attachment	View Attachment
Attach Current & Pending Support			Add Attachment	Delete Attachment	View Attachment

PROFILE - Senior/Key Person 9

Prefix:	Dr.	* First Name:	Alwyn	Middle Name:	T
* Last Name:	Cohall			Suffix:	
Position/Title:	Professor		Department:	Sociomedical Sciences	
Organization Name:	Mailman School of Public Health			Division:	
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Street2:	215 W 125th St				
* City:	New York	County/ Parish:			
* State:	NY: New York	Province:			
* Country:	USA: UNITED STATES	* Zip / Postal Code:	10027		
* Phone Number:	646-284-9725	Fax Number:	646-284-9729		
* E-Mail:	atcl@colummbia.edu				
Credential, e.g., agency login:					
* Project Role:	Consultant	Other Project Role Category:			
Degree Type:	MD				
Degree Year:	1980				
*Attach Biographical Sketch		Bio_Dr._Alwyn_T_Cohall_9.pdf	Add Attachment	Delete Attachment	View Attachment
Attach Current & Pending Support			Add Attachment	Delete Attachment	View Attachment

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Senior/Key Person 10

Prefix:	Dr.	* First Name:	Jennifer	Middle Name:	
* Last Name:	Wisdom		Suffix:		
Position/Title:	Associate Vice President of Research		Department:	Health Policy	
Organization Name:	George Washington University			Division:	
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Street2:	Suite 601				
* City:	Washington	County/ Parish:			
* State:	DC: District of Columbia	Province:			
* Country:	USA: UNITED STATES	* Zip / Postal Code:	20037		
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Credential, e.g., agency login:					
* Project Role:	Consultant	Other Project Role Category:			
Degree Type:	PhD				
Degree Year:	2001				
*Attach Biographical Sketch		Bio_Dr._Jennifer_Wisdom_10.pdf	Add Attachment	Delete Attachment	View Attachment
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PROFILE - Senior/Key Person 11

Prefix:	Dr.	* First Name:	Mindy	Middle Name:	
* Last Name:	Fullilove		Suffix:		
Position/Title:	Professor	Department:	Social Psychiatry		
Organization Name:	Research Foundation for Mental Hygiene, Inc.			Division:	
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Street2:					
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* State:	NY: New York	Province:			
* Country:	USA: UNITED STATES	* Zip / Postal Code:	10032		
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* Project Role:	Other (Specify)	Other Project Role Category:	Other Significant Contributor		
Degree Type:	MD				
Degree Year:	1978				
*Attach Biographical Sketch		Bio_Dr._Mindy_Fullilove_11.pdf	Add Attachment	Delete Attachment	View Attachment
Attach Current & Pending Support			Add Attachment	Delete Attachment	View Attachment

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Senior/Key Person 12					
Prefix:	* First Name:	Priya	Middle Name:	J	
* Last Name:	Wickramaratne			Suffix:	
Position/Title:				Department:	110 NYPI Epidemiology
Organization Name:	Research Foundation for Mental Hygiene, Inc.			Division:	
* Street1:	NYPI				
Street2:	1051 Riverside Dr				
* City:	New York	County/ Parish:	New York		
* State:	NY: New York	Province:			
* Country:	USA: UNITED STATES	* Zip / Postal Code:	10032		
* Phone Number:	212-543-5704	Fax Number:			
* E-Mail:	wickramp@nyspi.columbia.edu				
Credential, e.g., agency login:					
* Project Role:	Other (Specify)	Other Project Role Category:	Other Significant Contributor		
Degree Type:					
Degree Year:					
*Attach Biographical Sketch	Bio_Priya_J_Wickramaratne_12		Add Attachment	Delete Attachment	View Attachment
Attach Current & Pending Support			Add Attachment	Delete Attachment	View Attachment

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME Sidney Hankerson	POSITION TITLE Assistant Professor		
eRA COMMONS USER NAME (credential, e.g., agency login) SHANKERSON			
EDUCATION/TRAINING (<i>Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.</i>)			
INSTITUTION AND LOCATION	DEGREE (if applicable)	MM/YY	FIELD OF STUDY
University of Virginia, Charlottesville, VA	B.A.	05/00	Psychology
Emory University School of Medicine, Atlanta, GA	M.D.	05/05	Medicine
Emory University Goizueta Business School, Atlanta, GA	M.B.A.	05/05	Management
Emory University School of Medicine, Atlanta, GA	n/a	06/09	Psychiatry Residency
Columbia University, College of Physicians and Surgeons, New York, NY	Postdoc	07/13	Research Fellowship

A. Personal Statement

The overall aim of this K23 Career Development Award is to train me to become an independent investigator focused on reducing racial mental health treatment disparities by disseminating evidence-based interventions in community settings. My training goals will equip me with skills in dissemination and implementation science, community engagement, and mixed methods study designs and analysis. I have broad training in psychiatric assessments, evidence-based treatments, and health disparities that are directly related to this proposal. I spent a great deal of time forming trusting relationships with key stakeholders in New York City that have laid the groundwork for my research proposal. I have three first author peer-reviewed publications that serve as preliminary data for this K23 proposal: comparison of treatment rates between black and white adults with 12-month major depressive disorder (Hankerson et al., 2011, JNMA); systematic review of church-based programs for mental disorders (Hankerson and Weissman, 2012, Psychiatric Services); focus groups with African American clergy (Hankerson et al., 2013, Journal of Urban Health). I have a publication in press (Weissman, Hankerson, et al., in press, American Journal of Psychotherapy) that directly addresses the development and implementation of Interpersonal Counseling (IPC) in primary care settings. My K23 proposal builds upon my prior work and is developed collaboratively by community partners.

I am using a community-partnered participatory research (CPPR) approach to conduct a concurrent, mixed methods implementation study. The overall goal is to evaluate the feasibility and acceptability of training clergy to implement IPC in two separate African American churches in Harlem, New York. IPC is an evidence-based intervention shown to be efficacious at reducing depressive symptoms and improving functioning among racial/ethnic minorities. IPC is directly derived from Interpersonal Psychotherapy (IPT). My primary mentor, Dr. Myrna Weissman, is co-creator of IPC and will oversee all of my research and training activities, including preparation of manuscripts. My co-mentors, Dr. Ken Wells and Ms. Loretta Jones, will help me employ a CPPR approach to develop a training program for clergy. I have assembled an multi-disciplinary group of consultants who have expertise in dissemination and implementation science, community engagement, mental health services research, health disparities, and mixed methods. This K23 proposal has capacity for substantial public health impact, while also providing me with critical training necessary to become an independent investigator.

B. Positions & Honors

Positions

2005-2009	Psychiatry Residency, Emory University School of Medicine, Atlanta, GA
2007-2009	Staff Physician, Dekalb Regional Crisis Center, Decatur, GA
2009	Staff Physician, Gwinnett-Rockdale-Newton Community Service Board, Atlanta, GA
2009	Staff Physician, Veteran Affairs Medical Center, Atlanta, GA
2009-2012	Staff Physician, Metropolitan Center for Mental Health, New York, NY
2009-2013	Post-doctoral Research Fellowship, Columbia University College of Physicians and Surgeons, New York, NY
2009-2013	Attending Psychiatrist, New York Presbyterian Hospital, Columbia University Medical Center, New York, NY
2010-	Diplomate, American Board of Psychiatry and Neurology
2013-	Assistant Professor of Clinical Psychiatry, Columbia University, College of Physicians and Surgeons, New York, NY

Honors

1996-2000	University of Virginia Dean's Scholarship (Full Tuition)
1998-2000	Residence Hall Coordinator, University of Virginia, Charlottesville, Virginia
2000	Golden Key National Honor Society
2000-2005	Emory University Dean's Scholarship (Half Tuition)
2002	Honorary Member, American Federation of Medical Research
2005	Chief Resident, Grady Memorial Hospital, Emory University School of Medicine
2005	Who's Who in America
2008-2010	AstraZeneca Minority Fellowship, American Psychiatry Association
2009	Young Investigator Travel Award, 48 th Annual Conference of the American College of Neuropsychopharmacology
2011	Man of Excellence, International Men's Day, New York, NY
2013	Fellow, Training Institute for Dissemination and Implementation Research in Health (TIDIRH)
2013-2015	Fellow, Career Development Institute in Psychiatry

Other Experience and Professional Memberships

1998-2000	Co-Chair, Pre-medical Committee, Peer Advisor Program, University of Virginia, Charlottesville, VA
2000-2002	Class President, Emory University School of Medicine, Atlanta, GA
2000-2005	Member, Student National Medical Association
2005-2009	Member, American Medical Association
2008-2009	Chief Psychiatry Resident, Grady Memorial Hospital, Emory University School of Medicine, Atlanta, GA
2005-	Member, National Medical Association
2005-	Member, Black Psychiatrists of America, Inc.
2006-	Member, American Psychiatric Association
2012-	President, Black Psychiatrists of Greater New York & Associates
2012-	Representative at Large, New York State Department of Health, Office of Minority Health and Health Disparities Prevention

C. Peer-reviewed Publications (in chronological order).

1. **Hankerson SH**, Fenton MC, Geier TJ, Keyes KM, Weissman MM, Hasin DS. Racial Differences in Symptoms, Comorbidity, and Treatment for Major Depressive Disorder among Black and White Adults. *Journal of National Medical Association*. 2011. 103(7):576-84. PMID: 21999032.
2. **Hankerson SH** and Weissman MM. Church-Based Health Programs for Mental Disorders among African Americans: A Review. *Psychiatric Services*. 2012. 63(3):243-9. PMID: 22267254.

3. **Hankerson SH**, Watson KT, Lukachko A, Fullilove MT, Weissman MM. Ministers' perceptions of church-based programs to provide depression care for African Americans. *J Urban Health*. 2013 Aug;90(4):685-98. PMCID: PMC3732678. [qualitative study].
4. Weissman MM, **Hankerson SH**, Scorza P, Olfson M, Verdelli H, Shea S, Lantigua R, Wainberg M. Interpersonal Counseling for Depression in Primary Care. *American Journal of Psychotherapy*. (in press).

D. Research Support

Ongoing Research Support

Policy Scholars Award (Hankerson) 07/01/13 – 04/30/14

New York State Office of Mental Health

This study will assess mental health treatment needs, preferences, and policies that can be used to engage community members in Harlem, New York in mental health treatment.

Role: Primary Investigator

Pisetsky Young Investigator Award (Hankerson) 07/01/13 – 06/30/14

Columbia University Medical Center

A Community Based Approach to Increase Access to Depression Care

This study will evaluate facilitators and barriers to African Americans receiving depression care by partnering with community and lay leaders from a small African American church.

Role: Primary Investigator

Gray Matters Award (Hankerson) 07/01/13 – 06/30/14

Columbia University Medical Center

Funds are awarded to provide support for outstanding scientists dedicated to searching for the causes and cures of brain disorders.

Role: Awardee

Hankerson (Awardee) 07/01/12 – 06/30/14

NIH/NIMHD

Loan Repayment Program

National Institute for Minority Health and Health Disparities

Health Disparities Scholar

This program is designed to retain highly qualified health professionals in research careers focused on studies pertinent to racial/ethnic minority groups.

17694 (Hankerson) 07/15/11 – 07/14/14

NARSAD

A Pilot Study of Group Interpersonal Therapy among Depressed African Americans

The overall aim of this project is to test the feasibility delivering an evidence-based group psychotherapy in a church setting for African Americans with major depression. All participants are recruited exclusively from a mega-church in New York City.

Role: Primary Investigator

Completed Research Support

5 T32 MH015144 (Roose) 06/30/10 – 06/30/13

NIH

Research Training in Mood and Anxiety Disorders: From Animal Models to Patients

The goal of this fellowship is to develop the skills necessary to become a full-time academic researcher in psychiatry. The training includes an intensive, supervised research experience with a mentor and

didactic courses in statistics, research design, research techniques, and practical issues in clinical research.

Role: Research Fellow

5 T32 MH19126

(Regier)

08/01/09-06/29/10

NIH

Program for Minority Research Training in Psychiatry

Competitive research fellowship designed to increase the number of underrepresented minority men and women in the field of psychiatric research. During this fellowship, I received a Young Investigator Travel Award to the annual conference of the American College of Neuropsychopharmacology (ACNP) to present preliminary findings on racial differences in the clinical characteristics and treatment for major depressive disorder.

Role: Research Fellow

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors in the order listed on Form Page 2.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME Weissman, Myrna M.	POSITION TITLE Professor of Epidemiology (in Psychiatry)		
eRA COMMONS USER NAME (credential, e.g., agency login) MWEISSMAN	Research Scientist VIII Chief, Division of Clinical & Genetic Epidemiology		
EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.)			
INSTITUTION AND LOCATION	DEGREE (if applicable)	MM/YY	FIELD OF STUDY
Brandeis University, Waltham, MA Univ. Of Pennsylvania, Philadelphia, PA Yale U. School of Medicine, New Haven, CT	B.A. M.S.W. Ph.D.	1956 1958 1974	Psychology Social Work Epidemiology & Public Hlth

A. Personal Statement

I am fully committed to serve as Primary Mentor for Dr. Hankerson's K23 Mentored Patient-Oriented Career Development Award. I have wide ranging expertise in key areas of this proposal and vast experience in supervising young investigators to develop their own independent research programs. I created Interpersonal Counseling (IPC), which is the evidence-based intervention that Dr. Hankerson will implement in his K23 Award. IPC was designed to be delivered by non-mental health professionals, such as clergy, and has proven effective among ethnic minorities. I have expertise in conducting screenings for depression in community settings, validating scales that assess patient's disability, and studying the impact of religiosity on depression. I have gained experience serving as primary mentor for numerous other young investigators, including Dr. Verdeli, who is serving as a consultant for Dr. Hankerson's proposal. I commit to weekly, in-person supervision with Dr. Hankerson to review the progress of all of his research activities. I will oversee his plan to produce quality peer-reviewed manuscripts, compete for grant funding, and guide his search for positions in academia. I will collaborate with Dr. Hankerson's co-mentors, Dr. Ken Wells and Loretta Jones, and coordinate bi-annual teleconferences with all consultants. I will continue to be instrumental in seeing that Dr. Hankerson has the necessary co-mentors and collaborators to foster his path to independence. I have a proven track record in mentoring young investigators that makes me certain I will provide excellent mentorship for Dr. Hankerson.

B. Positions and Honors

Positions and Employment (selected)

1960-1967	Social Worker, National Institutes of Health, Clinical Center, Bethesda, MD
1967-1987	From Research Associate in Psychiatry to Professor of Psychiatry and Epidemiology, Yale University School of Medicine, New Haven, CT
1972-1987	Director, Depression Research Unit, Connecticut Mental Health Center. New Haven, CT
1979-1980	Visiting Senior Scholar at the Institute of Medicine, National Academy of Sciences, Section of Behavioral Science and Mental Health, Washington, DC
1987-present	Tenured Professor of Epidemiology in Psychiatry, College of Physicians and Surgeons of Columbia University;
1987-2007	Chief, Department of Clinical & Genetic Epidemiology, NY State Psychiatric Institute. (NYSPI)
1992-present	Co-Director, Research Training in Child Psychiatry, Division of Child Psychiatry, Columbia University College of Physicians & Surgeons
2007-present	Chief, new Division of Epidemiology at NYSPI

Honors (selected)

1989	Scientific Core Group of MacArthur Foundation Research Program on Depression and Other Affective Disorders and Committee on Epidemiology and Veterans' Follow-Up Studies, Institute of Medicine, National Academy of Sciences
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1989	Research Award from the American Suicide Foundation
1990	Depression panel of Council on Scientific Affairs of the AMA and to the NIMH Scientific Advisory Committee of the Panic Disorder Prevention and Public Education Program
1992	Honorary Fellow of the American College of Psychiatrists
1994	National Academy of Sciences, Institute of Medicine's Board on Biobehavioral Sciences and Mental Disorders Rhoda and Bernard Sarnat International Prize in Mental Health (with GL Klerman)
1994	National Alliance for Research on Schizophrenia and Depression (NARSAD) Selo Prize for outstanding research achievement in Depression.
1996	Elected to the Institute of Medicine
2002	Elected Fellow of the New York Academy of Science
2007	Gold Medal Award Recipient: Society of Biological Psychiatry

C. Selected Peer-reviewed Publications (Selected from over 600 peer-reviewed publications)
Most relevant to the current application (in chronological order)

1. Das AK, Olfson M, McCurtis HL, **Weissman MM**. Depression in African Americans: breaking barriers to detection and treatment. *J Fam Pract.* 2006. 55(1):30-9. PMID: 16388764.
2. **Weissman MM**, Nerla Y, Gameroff MJ, Pilowsky DJ, Wickramaratne P, Lantigua R, Shea S, Olfson M. Positive screens for psychiatric disorders in primary care: a long-term follow-up of patients who were not in treatment. *Psychiatr Serv.* 2010 Feb;61(2):151-9. PMID: 20123820.
3. Hankerson SH, Fenton MC, Geier TJ, Keyes KM, **Weissman MM**, Hasin DS. Racial differences in symptoms, comorbidity, and treatment for major depressive disorder among black and white adults. *J Natl Med Assoc.* 2011. 103(7):576-84. PMID: 21999032.
4. Hankerson SH, **Weissman MM**. Church-based health programs for mental disorders among African Americans: a review. *Psychiatr Serv.* 2012. 63(3):243-9. PMID: 22388529.
5. Jacobs M, Miller L, Wickramaratne P, Gameroff M, **Weissman MM**. Family religion and psychopathology in children of depressed mothers: ten-year follow-up. *J Affect Disord.* 2012. 136(3):320-7. PMCID: PMC3536443.
6. Hankerson SH, Watson KT, Lukachko A, Fullilove MT, **Weissman MM**. Ministers' Perceptions of Church-Based Programs to Provide Depression Care for African Americans. *Journal of Urban Health.* 2013. 90(4):685-98. PMCID: PMC3732678. [qualitative study]
7. **Weissman MM**, Hankerson SH, Scorza P, Olfson M, Verdeli H, Shea S, Lantigua R, Wainberg M. Interpersonal Counseling for Depression in Primary Care. *American Journal of Psychotherapy.* (in press).

Additional publications of importance to the field (in chronological order)

1. Klerman GL, Budman S, Berwick D, **Weissman MM**, Damico-White J, Demby A, Feldstein M. Efficacy of a brief psychosocial intervention for symptoms of stress and distress among patients in primary care. *Med Care.* 1987. 25(11):1078-88. PMID: 3695638.
2. Rounsville BJ, O'Malley S, Foley S, **Weissman MM**. Role of manual-guided training in the conduct and efficacy of interpersonal psychotherapy for depression. *J Consult Clin Psychol.* 1988. 56(5):681-8. PMID: 3057006.
3. Judd FK, Piterman L, Cockram AM, McCall L, **Weissman MM**. A comparative study of venlafaxine with a focused education and psychotherapy program versus venlafaxine alone in the treatment of depression in general practice. *Hum Psychopharmacol.* 2001. 16(5):423-428. PMID: 12404563.
4. Judd F, **Weissman MM**, Davis J, Hodgins G, Piterman L. Interpersonal counseling in general practice. *Aust Fam Physician.* 2004. 33(5):332-7. PMID: 15227863.
5. Murphy EJ, Wickramaratne P, **Weissman MM**. Racial and ethnic differences in willingness to participate in psychiatric genetic research. *Psychiatr Genet.* 2009. 19(4):186-94. PMCID: PMC2742945.
6. Miller L, Wickramaratne P, Gameroff MJ, Sage M, Tenke CE, **Weissman MM**. Religiosity and major depression in adults at high risk: a ten-year prospective study. *Am J Psychiatry.* 2012. 169(1):89-94. PMID: 21865527.
7. Kasen S, Wickramaratne P, Gameroff MJ, **Weissman MM**. Religiosity and resilience in persons at high risk for major depression. *Psychol Med.* 2012. 42(3):509-19. PMCID: PMC3552391.

8. Gameroff MJ, Wickramaratne P, Weissman MM. Testing the Short and Screener versions of the Social Adjustment Scale-Self-report (SAS-SR). *Int J Methods Psychiatr Res.* 2012; 21(1):52-65. PMCID: PMC3433762.

D. Research Support

Ongoing Research Support (selected)

Principal Investigator or Co PI on multiple PI grant:

R01 MH 36197 (NIMH) (Weissman/Peterson), *Children at High and at Low Risk for Depression*, 07/01/10 to 01/31/15 This 3-generation study of families at high and low risk for Major Depressive Disorder (MDD) has documented the strong familial transmission of mood disorders across generations. This study is a 6th wave of study to gain a deeper understanding of the right hemisphere abnormalities in familial MDD in the 216 individuals imaged thus far. We plan to collect additional MRI and EEG measures, as well as clinical and cognitive neuroscience data, that will inform us about the neural bases of the right hemisphere thinning and their consequences for brain function and emotional processing. We will also determine whether additional cortical thinning in the left cerebral hemisphere predicts new or recurrent MDD in those people who were imaged in Wave 5.

Role: Co-PI

1U01MH092250 (NIMH)(Weissman/Parsey/McGrath) *Biosignatures of Treatment Remission in Major Depression*, 09/30/10 to 06/30/15 A randomized, placebo-controlled trial comparing a serotonin selective uptake inhibitor citalopram and placebo for 400 participants with Major Depressive Disorder (MDD) in which we will assess selected clinical and biological moderators and mediators of outcome. The identified moderators and mediators will be used to develop a differential depression treatment response index as a first step to developing personalized medication treatment of MDD.

Role: Co-PI

John Templeton Foundation (Weissman) *Understanding the Role of Belief in the Resilience of Families at Risk for Depression: Religion, Brain Structure and Function, and Genetics*, 01/01/10 – 11/15/13. The overarching goals of the proposal are to expand on previously reported observations about the protective effects of belief and determine the stability of the findings, and to integrate the clinical and religious variables with brain structure and function, and genetic data in order to answer comprehensive questions about vulnerability and resilience to depression.

Project PI/Core Director

1P50MH090966 (NIMH) (Gingrich) Silvio O. Conte Centers for Basic and Translational Mental Health Research - Serotonergic Modulation of Brain Development: Genetic and Pharmacologic Influences on Structure, Function, and Behavior 09/01/10 to 04/30/15 Evidence indicates that in species from rodents to humans, serotonin acts as a neural growth factor during early phases of brain maturation to influence brain structure, neurophysiology, and ultimately behavior. Serotonin signaling can be affected by either genetic (5httlpr) or pharmacologic (SSRI, MAOI) variables during early life. We hypothesize that low-expressing 5httlpr variants of the serotonin transporter (SERT) and pharmacologic inhibition of SERT function produce similar effects on brain maturation and ultimately behavior and increase the risk for clinical diagnoses such as affective and anxiety-related disorders. Weissman Directs Project two acquiring DNA samples.

Completed Research Support (selected)

Principal Investigator:

R01 MH60912 (NIMH) *Genetics of Early-Onset Major Depression*, 09/30/99 - 06/30/10. A six site cooperative project to collect a large sample of subjects with early-onset MDD obtaining clinical data and genetic samples aiming to map genes giving a susceptibility to MDD.

NARSAD, Three Generations at Risk for Depression, 05/01/2005 – 04/30/2010. Distinguished Investigator Award to obtain DNA samples from a 3 generation sample on which MRI, clinical, electrophysiological, and neuropsychological data has been collected and integrate analyses of the DNA findings with these other types of data.

2 R01 MH36197, (NIMH) *Children at High and at Low Risk For Depression*, 01/01/03 – 06/30/10. The aims of this study are: (1) to complete data analyses of the 4th wave clinical and psychophysiologic assessments; (2) to acquire and analyze both anatomical and functional MRI in 214 subjects (118 second and 96 third generation) of this cohort; and (3) to conduct data analysis integrating findings of the clinical, psychophysiologic and neuroimaging studies. A supplement is provided by NIDA to examine drug use disorders and smoking in families at high risk for depression using data collected in MH36197

ICA Pilot Grant (Interstitial Cystitis Association) *A Medical Syndrome involving Interstitial Cystitis linked to Chromosome 13* 10/15/2009 – 10/14/2010. The goal of this proposal is to fine-map the previously identified genetic region of chromosome 13 in order to more precisely pinpoint the genes involved in this medical syndrome and thereby obtain a better understanding of its mechanisms

1 R01 MH082255 (NIMH) (Weisman) *Parental Remission from Depression and Child Psychopathology*, 07/01/07 - 06/30/12. This study will independently study 100 depressed parents undergoing treatment and 200 of their children to replicate and refine previous findings that successful treatment of a depressed parent leads to improvement in their children.

Subcontract PI:

1RC2MH089916 (NIMH) (Levinson) *Depression susceptibility genes and networks: expression, eQTL and GWAS analysis*, 09/30/2009 – 08/31/2012. The aims of this project are to recruit and diagnostically evaluate 500 individuals with recurrent major depression and 500 with no depression history, all from a population-based sample; to analyze gene expression in blood cells as well as SNP genotypes in genomic DNA; and to identify gene networks which are differentially regulated in major depression as well as SNPs that influence expression of these genes and that are associated with risk of depression.

Core or Section PI/Director:

5 P30 MH60570 (NIMH) (Shaffer) *ACISR for Pediatric Psychiatry Disorders*, 09/21/04 to 05/31/10. Weissman was Director of the Principal Research Core. ACISR consisted of four cores that worked with another to: 1) promote and develop efficacy studies where the evidence-based support for interventions remains substantially deficient and where "export" into the field would be premature. 2) study transportability and effectiveness of interventions or methods of evaluation for which there is substantial evidence-based support, to real world settings. 3) identify problems in the methods used in intervention research with children and adolescents. 4) work with basic-scientists to investigate whether state of the art imaging and genotyping methods can be used to identify the mediators of treatment response. 5) train new intervention researchers; and 6) take a scientific and advocacy leadership role in promoting and disseminating intervention research.

Co Investigator/Investigator:

RO1MH072833 (NIMH)(Neria) *Brain Circuitry and Psychosocial Predictors of PTSD* 3/01/09-2/31/13 To use a well characterized longitudinal sample for 1) a follow up assessment and 2) fMRI data collection and analysis of fear conditioning and extinction paradigm in order to study the brain circuitry and psychosocial predictors involved in PTSD and resilience.

Co Director:

2 T32 MH16434 (NIMH) (Shaffer), *Research Training in Child Psychiatry*, 07/01/05 to 06/30/10. The Child Psychiatry Research Training Program trains postdoctoral psychiatrists, psychologists, and others to become independent investigators in the field of child and adolescent psychopathology.

Other Roles:

K23 MH071530 (NIMH) (Verdelli) *Prevention for Symptomatic Offspring of Bipolar Parents*, 09/15/2005 – 05/31/2010. A five-year training program to enable Dr. Verdelli to become an independent investigator in early detection and prevention of mood disorders with special application to adolescent offspring of bipolar parents. Role: Mentor

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors in the order listed on Form Page 2.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME Wells, Kenneth B.	POSITION TITLE Professor of Psychiatry and Behavioral Sciences		
eRA COMMONS USER NAME (credential, e.g., agency login) Wells2			
EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.)			
INSTITUTION AND LOCATION	DEGREE (if applicable)	MM/YY	FIELD OF STUDY
Occidental College, Los Angeles University of California, San Francisco University of California, Los Angeles	A.B. M.D. M.P.H.	6/1970 6/1974 6/1980	Psychology Medicine Health Sciences

A. Personal Statement

I have broad experience in health services research, community engagement, and implementation science that are key research areas for this proposal. I am co-developer, along with Ms. Loretta Jones, of community-partnered participatory research (CPPR). This derivation of community-based participatory research has proven to be effective at reducing disparities in depression care among African Americans. I have successfully collaborated with Dr. Weissman on prior research projects, and I am confident we will be able to provide excellent supervision for Dr. Hankerson's K23 Award. I have expertise in implementation science and am co-creator an implementation model, "Framework of Dissemination in Health Services Intervention Research", that is specifically designed to implement evidence-based interventions in community settings. I have experience in serving as a long-distance mentor for junior investigators through my work with the UCLA Robert Wood Johnson Clinical Scholars Program. I have developed a system for Dr. Hankerson to audit a 2-semester course at UCLA, via teleconference, in which I teach principles of community engagement in health services research. I have practical experience partnering with community members to build community capacity. In sum, I have the expertise, desire, and commitment to serve as co-mentor for Dr. Hankerson's Career Development Award.

B. Positions and Honors

Positions and Employment

1980– Professor, Departments of Psychiatry & Biobehavioral Sciences, and of Health Services, UCLA
2008– Affiliated Adjunct Staff, RAND Corporation
1980–2008 Senior Scientist, RAND Corporation

Other Experience and Professional Memberships

1997 Member, Institute of Medicine (elected)
2001–2005 Chairperson, Institute of Medicine Board on Neuroscience and Biobehavioral Health

Honors

1986 Young Investigator Award, American Association of Health Services Research (First Recipient)
1993 American Psychiatric Association, Senior Investigator Award in Psychiatric Services Research
1997 Exemplary Psychiatrist Award, NAMI
2001 Distinguished Investigator Award, Academy Health (Health Services Research)
2006 American Psychiatric Association, Award for Research in Psychiatry

C. Selected Peer-reviewed Publications (Selected from over 300 peer-reviewed publications) **Most relevant to the current application (in chronological order)**

1. Dossett E, Fuentes S, Klap R, **Wells KB**. Obstacles and opportunities in providing mental health services through a faith-based network in Los Angeles. *Psychiatr Serv*. 2005 Feb;56(2):206-8. PMID: 15703350.
2. **Wells KB**, Staunton A, Norris KC, Bluthenthal R, Chung B, Gelberg L, Jones L, Kataoka S, Koegel P, Miranda J, Mangione CM, Patel K, Rodriguez M, Shapiro M, Wong M. Building an academic-community partnered network for clinical services research: the Community Health Improvement Collaborative (CHIC). *Ethn Dis*. 2006 Winter;16(1 Suppl 1):S3-17. PMID: 16681125.
3. Jones L, **Wells, KB**. Strategies for academic and clinician engagement in community-participatory partnered research. *JAMA*. 2007 Jan 24;297(4):407-10. PMID: 17244838.
4. Mendel P, Meredith LS, Schoenbaum M, Sherbourne CD, **Wells KB**. Interventions in organizational and community context: a framework for building evidence on dissemination and implementation in health services research. *Adm Policy Ment Health*. 2008 Mar;35(1-2):21-37. PMID: 17990095.
5. **Wells KB**, Tang J, Lizaola E, Jones F, Brown A, Stayton A, Williams M, Chandra A, Eisenman D, Fogelman S, Plough A. Applying community engagement to disaster planning: developing the vision and design for the Los Angeles County Community Disaster Resilience initiative. *Am J Public Health*. 2013 Jul;103(7):1172-80. PMCID: PMC3682631.
6. Lizaola E, Schraiber R, Braslow J, Kataoka S, Springgate BF, **Wells KB**, Jones L. The Partnered Research Center for Quality Care: developing infrastructure to support community-partnered participatory research in mental health. *Ethn Dis*. 2011 Summer;21(3 Suppl 1):S1-58-70. PMCID: PMC3715309.
7. **Wells KB**, Springgate BF, Lizaola E, Jones F, Plough A. Community Engagement in Disaster Preparedness and Recovery: A Tale of Two Cities - Los Angeles and New Orleans. *Psychiatr Clin North Am*. 2013 Sep;36(3):451-466. PMCID: PMC3780560.

Additional publications of importance to the field (in chronological order)

1. **Wells KB**, Stewart A, Hays RD, Burnam MA, Rogers W, Daniels M, Berry S, Greenfield S, Ware J. The functioning and well-being of depressed patients. Results from the Medical Outcomes Study. *JAMA*. 1989 Aug 18;262(7):914-9. PMID: 2754791.
2. **Wells KB**, Miranda J, Gonzalez JJ; NIMH Affective Disorders Workgroup. Overcoming barriers and creating opportunities to reduce burden of affective disorders: a new research agenda. *Ment Health Serv Res*. 2002 Dec;4(4):175-8. PMID: 12558001.
3. Wang PS, Lane M, Olfson M, Pincus HA, **Wells KB**, Kessler RC. Twelve-month use of mental health services in the United States: results from the National Comorbidity Survey Replication. *Arch Gen Psychiatry*. 2005 Jun;62(6):629-40. PMID: 15939840.
4. McGuire TG, Alegria M, Cook BL, **Wells KB**, Zaslavsky AM. Implementing the Institute of Medicine definition of disparities: an application to mental health care. *Health Serv Res*. 2006 Oct;41(5):1979-2005. PMCID: PMC1955294.
5. **Wells KB**, Miranda J. Reducing the burden of depression: building villages for coordinated care. *JAMA*. 2007 Sep 26;298(12):1451-2. PMID: 17895464.
6. **Wells KB**, Sherbourne CD, Miranda J, Tang L, Benjamin B, Duan N. The cumulative effects of quality improvement for depression on outcome disparities over 9 years: results from a randomized, controlled group-level trial. *Med Care*. 2007 Nov;45(11):1052-9. PMID: 18049345.
7. **Wells KB**, Jones L, Chung B, Dixon EL, Tang L, Gilmore J, Sherbourne C, Ngo VK, Ong MK, Stockdale S, Ramos E, Belin TR, Miranda J. Community-partnered cluster-randomized comparative effectiveness trial of community engagement and planning or resources for services to address depression disparities. *J Gen Intern Med*. 2013 Oct;28(10):1268-78. PMCID: PMC3785665.
8. Miranda J, Ong MK, Jones L, Chung B, Dixon EL, Tang L, Gilmore J, Sherbourne C, Ngo VK, Stockdale S, Ramos E, Belin TR, **Wells KB**. Community-partnered evaluation of depression services for clients of community-based agencies in under-resourced communities in Los Angeles. *J Gen Intern Med*. 2013 Oct;28(10):1279-87. PMCID: PMC3785668.

D. Research Support

Ongoing Research Support

1R01DA032619-01 (Ettner)
NIDA

03/15/12-02/29/16

Parity and Addiction Act: Impact on Benefits, Use and Costs

Using administrative data from the largest managed behavioral health organization in the country, we will look at how a landmark piece of parity legislation, the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), affected insurance coverage for mental health and substance abuse (MH/SA) treatment. We will test the hypotheses that some plans will drop coverage for MH/SA treatment (either for selected conditions or altogether), but for conditions that continue to be covered, patient cost-sharing will decline, quantitative treatment limits (e.g., number of covered visits) and non-quantitative treatment limits (e.g., medical necessity review) will become less stringent, access to care will improve, and utilization and expenditures will increase. The findings of this study will inform policymakers considering future modification to the MHPAEA or state legislation to supplement its provisions; will provide an evidence base for employer groups making choices about MH/SA coverage; and will indicate promising avenues for future research.

Completed Research Support

R01 MH078853-04	(Wells)	9/21/07-5/31/13
NIMH		
Community Partners in Care		
A multiphase study to examine the effects of a community-engagement approach to implementing evidence-based interventions and to initiate and evaluate a community-wide implementation using the lessons learned from the first phase.		
Role: Principal Investigator		
059968	(Brook)	07/01/08-06/30/13
RWJF Clinical Scholars Program		
The Robert Wood Johnson Foundation's Clinical Scholar Program prepares physicians to act as health services research leaders and agents for change in diverse settings such as the community, federal organizations, and academic departments.		
Role: Co-Investigator		
1P30MH082760-03	(Wells)	9/05/08 -6/30/13
NIH		
Partnered Research Center for Quality Care		
This center focuses on partnered intervention and dissemination research for improving quality of care in communities for signature mental disorders. The center provides high quality research support as well as support in developing collaborations and leadership in communities for partnered research. Support functions including administrative support, support for partnered research and dissemination; support for collaboration and partnered leadership building; data management and analysis and information technology; support for developing and applying new theoretical frameworks and intervention technologies; and support for new research initiatives.		
Role: Principal Investigator		
PH-001516	(Wells)	02/14/11-08/09/13
CDC		
Los Angeles County Community Disaster Resilience		
The LACCDR project is a collaborative effort that aims to engage community-based organizations in providing leadership and partnership to promote community resilience in the face of public health emergencies such as pandemics and disasters. The project will describe how LACDPH and community agencies define and approach community resilience and engage local communities in building resilience, develop partnerships to support community resilience in Los Angeles County, and identify strategies to strengthen LACDPH, ENLA and community agency capacity and leadership to support community resilience.		
Role: Principal Investigator		
3R01MH078853-03S1	(Wells)	06/19/09-05/31/12
NIMH		
Community Partners in Care - Supplement		

The ARRA-funded supplement proposes to strengthen the policy and community relevance of CPIC by adding a focus on individual socioeconomic outcomes, in particular employment status and seeking employment, as well as to obtain data on housing status and other key factors relevant to socioeconomic status, over a year of follow-up. We also propose to expand the scope of our implementation data collection and analyses, given this larger overall study.

Role: Principal Investigator

64244 (Ong) 05/01/08-04/30/11

RWJF

Translating Community Engagement

This proposal evaluates within a group-level, randomized controlled trial, the early effectiveness of community engagement approach to improve depression management skills and factors that affect adoption of evidence-based depression QI toolkits among health care providers, including physicians, nurses, and case workers. Specifically, this proposal adds on a follow-up provider and administrator survey and collects qualitative implementation data to evaluate the effects of an innovative community engagement and provider depression management, and to identify associations among all patients.

Role: Co-Investigator

9920080131:02 (Springgate) 09/01/09-08/1/10

RAND

RWJF: Health and Resilience

This proposal seeks to improve community health and access to quality health care in New Orleans through community-academic partnered programs. REACH-NOLA's partners include neighborhood organizations, faith-based groups, clinical service providers, academic institutions, and other health stakeholders. REACH-NOLA's partnership works by leveraging the strengths of diverse stakeholders toward the common goal of improving the health of the New Orleans community. Major goals of this proposal include: conduct community needs assessments, implement action plans for health-related recovery, encourage community engagement and community dialogue in health projects.

Role: Co-Investigator

P30 MH068639 (Wells) 09/01/03–07/31/10

NIMH

Center for Research on Quality in Managed Care

The major goal of this center is to inform practices, policymakers, and consumers about how to achieve more optimal reductions (from a societal perspective) in the burden of illness for major psychiatric disorders, through interventions at the levels of practice, policy, and consumer/community, that are designed to support substantial improvement in the quality of care for major psychiatric disorders across the lifespan. We focus on four quality domains: effectiveness, efficiency, consumer-centeredness, and community relevance. We focus on interventions targeted at community-based, organized, managed healthcare systems in the public and private sectors within their local context.

Role: Principal Investigator

BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors in the order listed on Form Page 2.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME Loretta F. Jones eRA COMMONS USER NAME joneshaaf	POSITION TITLE CEO and Founder, Healthy African American Families Phase II		
EDUCATION/TRAINING (<i>Begin with baccalaureate or other initial professional education, such as nursing,</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY
Northeastern University, Boston, MA Northeastern University, Boston, MA	BA MA	1963 1972	Psychology Criminal Justice

A. Personal Statement

I am founder and CEO of Healthy African American Families II, (<http://www.haafii.org>), a health advocacy organization in South Los Angeles. I have been a community activist and advocate for strategies to eliminate health disparities for the last 30 years. During that time, I have made it my organization's and my life's mission to make certain that two things happen with academic researchers: that they make sure that academic researchers partner on equal and transparent terms with minority communities and that the scientific work has direct benefits for the community during the study time period. Giving back, in the form of conferences and education on important health topics and trainings has been our defining approach to outreach with the community for the last 30 years. We have done research projects on preterm pregnancy, depression, diabetes. In addition, we have had two asthma projects and one on lead. I feel that I am well positioned to be the community partner on this important research project. I will contribute my knowledge and expertise in community engaged and participatory approaches to this project to ensure that the needs and interests of vulnerable peoples and communities are taken into account. In collaboration with Dr. Ken Wells, I commit to serving as co-mentor to Dr. Hankerson's K23 application.

B. Positions and Honors.**Positions**

- 1995 – 1998 Project Director, Healthy African American Families II (HAAFI) Los Angeles, CA
 1998 – 2010 Executive Director, Healthy African American Families II (HAAF II) Los Angeles, CA
 2010 – Present CEO, Healthy African American Families II (HAAF II) Los Angeles, CA

Honors (selected)

- 2007 U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Institute of Child Health and Human Development Certificate for service on the National Children's Study Advisory Committee, (for service from April 1, 2003-March 31, 2007)
 2008 Charles Drew University Board of Trustees Distinguished Leadership Award
 2008 Congressional Certificate of Recognition, Congresswoman Diane Watson
 2008 County of Los Angeles Certificate of Commendation, Supervisor Yvonne B. Burke
 2008 State of California Senate Certificate of Recognition, Senator Mark Ridley-Thomas
 2009 Senator Curren D. Price, Jr. Rose Award (26th Senate District, CA)
 2009 NAACP William Montague Cobb Award
 2010 The Black Caucus of Health Workers of the American Public Health Association Community Service Award
 2010 National Community-Based Organization Network (NCBON) Lucille Webb Award
 2010 Charles R. Drew University of Medicine & Science President's Award

- 2005 Children's Collective Award for a Legacy of Distinguished Service
- 2004 OHRP/UCSF/Friends Research Institute, Inc., Charles R. Drew University/USDA/Dept. of Veterans Affairs "Today's Research, Tomorrow's Issues"
- 2004 Centers for Disease Control and Prevention Award for National Contribution to Minority Health Programs, Research and Surveillance – Department of Reproductive Health
- 2004 Institute for the Advancement of Multicultural & Minority Medicine Exemplary Service Award
- 2004 Southern California Psychiatric Society Special Award for Developing and Implementing the Witness for Wellness Program for Depression in Diverse Multicultural Communities in Los Angeles
- 2004 Los Angeles County Distinguished Women Leaders in Community

National Advisory Boards

NATIONAL ADVISORY BOARDS MEMBERSHIP AND LEADERSHIP

- 2002-2006 Department of Health and Human Services Executive Committee for the National Children's Study
- 2005 Commissioner, Joint Center Health Policy Institute Dellums Commission on Infant Mortality
- 2005 Commissioner, Joint Center Health Policy Institute Dellums Commission on Young Men of Color
- 2005-2006 National Center for Children in Poverty Family and Youth Stakeholder
- 2005 National Association of Nursing Advisory Board

C. Selected Peer-reviewed publications (of over 50 publications)

1. Martins D, Nicholas NA, Shaheen M, **Jones L**, Norris K. The Development and Evaluation of a Compassion Scale. *J Health Care Poor Underserved*. 2013;24(3):1235-46. PMID: 23974394.
2. Wells KB, **Jones L**, Chung B, Dixon EL, Tang L, Gilmore J, Sherbourne C, Ngo VK, Ong MK, Stockdale S, Ramos E, Belin TR, Miranda J. Erratum to: Community-Partnered Cluster-Randomized Comparative Effectiveness Trial of Community Engagement and Planning or Resources for Services to Address Depression Disparities. *J Gen Intern Med*. 2013 May 24. [Epub ahead of print] PMID: 23702830 [PubMed - as supplied by publisher]
3. Miranda J, Ong MK, **Jones L**, Chung B, Dixon EL, Tang L, Gilmore J, Sherbourne C, Ngo VK, Stockdale S, Ramos E, Belin TR, Wells KB. Community-Partnered Evaluation of Depression Services for Clients of Community-Based Agencies in Under-Resourced Communities in Los Angeles. *J Gen Intern Med*. 2013 May 14. [Epub ahead of print] PMID: 23670566 [PubMed - as supplied by publisher]
4. Wells KB, **Jones L**, Chung B, Dixon EL, Tang L, Gilmore J, Sherbourne C, Ngo VK, Ong MK, Stockdale S, Ramos E, Belin TR, Miranda J. Community-Partnered Cluster-Randomized Comparative Effectiveness Trial of Community Engagement and Planning or Resources for Services to Address Depression Disparities. *J Gen Intern Med*. 2013 May 7. [Epub ahead of print] PMID: 23649787 [PubMed - as supplied by publisher]
5. **Jones L**, Bazargan M, Lucas-Wright A, Vadgama JV, Vargas R, Smith J, Otoukesh S, Maxwell AE. Comparing perceived and test-based knowledge of cancer risk and prevention among Hispanic and African

Americans: an example of community participatory research. *Ethn Dis.* 2013 Spring;23(2):210-6. PMID: 23530303 [PubMed - indexed for MEDLINE]

6. Lizaola E, Schraiber R, Braslow J, Kataoka S, Springgate BF, Wells KB, **Jones L**. The Partnered Research Center for Quality Care: developing infrastructure to support community-partnered participatory research in mental health. *Ethn Dis.* 2011 Summer;21(3 Suppl 1):S1-58-70. PubMed PMID: 22352082.
7. Alegría M, Wong Y, Mulvaney-Day N, Nillni A, Proctor E, Nickel M, **Jones L**, Green B, Koegel P, Wright A, Wells KB. Community-based partnered research: new directions in mental health services research. *Ethn Dis.* 2011 Summer;21(3 Suppl 1):S1-8-16. PubMed PMID: 22352075.
8. Hammatt ZH, Nishitani J, Heslin KC, Perry MT, Szetela C, **Jones L**, Williams P, Antoine-LaVigne D, Forge NG, Norris KC. Partnering to harmonize IRBs for community-engaged research to reduce health disparities. *J Health Care Poor Underserved.* 2011;22(4 Suppl):8-15. PMID: 22102302.
9. Walker KO, Leng M, Liang LJ, Forge N, Morales L, **Jones L**, Brown A. Increased patient delays in care after the closure of Martin Luther King Hospital: implications for monitoring health system changes. *Ethn Dis.* 2011 Summer;21(3):356-60. PubMed PMID: 21942170.
10. Wells K, **Jones L**. "Research" in community-partnered, participatory research. *JAMA.* 2009 Jul 15;302(3):320-1 PMCID: PMC3050488.
11. **Jones L**, Wells K, Koegel P, Lucas-Wright A, Jones F, Forge N, Young-Brinn A, Jones A, Terry C, Moini M, Norris K, Meade B. Community Partnered Participatory Research: Strategies And Tactics for Improving Community Health. *Ethn Dis.* 2009 Autumn; 19(4 Suppl 6): PMID(S): 20085119, 20088076, 20088077, 20088078, 20088079, 20088080, 20088081, 20088082, [PubMed - indexed for MEDLINE]
12. Bharmal N, Kennedy D, **Jones L**, Lee-Johnson C, Morris D, Caldwell B, Brown A, Houston T, Meeks C, Vargas R, Franco I, Razzak AR, Brown AF. Through our eyes: exploring African-American men's perspective on factors affecting transition to manhood. *J Gen Intern Med.* 2012 Feb;27(2):153-9. PMCID: PMC3270242.
13. Hunt JB, Bonham C, **Jones L**. Understanding the goals of service learning and community-based medical education: a systematic review. *Acad Med.* 2011 Feb;86(2):246-51. Review. PubMed PMID: 21169780.
14. Walker KO, Steers N, Liang LJ, Morales LS, Forge N, **Jones L**, Brown AF. The vulnerability of middle-aged and older adults in a multiethnic, low-income area: contributions of age, ethnicity, and health insurance. *J Am Geriatr Soc.* 2010 Dec;58(12):2416-22. PMCID: PMC3058402.
15. **Jones L**, Wells K. Strategies for academic and clinician engagement in community-participatory partnered research. *JAMA.* 2007 Jan 24;297(4):407-10. PMID: 17244838.

D. Research Support

Ongoing Research Support

RFA-NS-12-007: Stroke Prevention/Intervention Research Program (SPIRP) (U54) Vickrey
09/30/12-09/29/17

"The Los Angeles Stroke Prevention/ Intervention Research Program in Health Disparities (SPIRP)" is a multi-partnered, highly collaborative research and education center that spans the Los Angeles basin and aims to generate new knowledge about how to end disparities in stroke occurrence.

Completed Research Support

P30 MH082760 (Wells) 08/01/08-7/31/13
NIMH
UCLA-RAND NIMH Partnered Research Center for Quality Care

A collaboration of UCLA, RAND, USC, and health plan, services agency, and community and consumer partners, the proposed Center focuses on improving access to quality mental health services in communities through studying the impact of interventions at policy, practice, and community levels; and partnerships in research and program development, implementation, and evaluation to achieve science that is formed by and can inform community-based services delivery.

R01 MH078853-01A1 Wells (PI) 9/21/07-5/31/12

NIMH

Community Partners in Care

A multiphase study to examine the effects of a community-engagement approach to implementing evidence-based interventions and to initiate and evaluate a community-wide implementation using the lessons learned from the first phase.

Role: Consultant

1 U01 HD044245 Hobel (PI) 7/1/09-6/30/12

Cedars Sinai Medical Center

Cedars-Sinai Medical Center
Community Child Health Network

The goal of this project is to address preterm pregnancy. This is a collaboration between John Hopkins University, Georgetown University, University of North Carolina, Northwestern University, and UCLA.

Role: Co-PI

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors in the order listed on Form Page 2.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME GAIL E. WYATT, Ph.D.	POSITION TITLE Professor		
eRA COMMONS USER NAME (credential, e.g., agency login) WYATT2			
EDUCATION/TRAINING (<i>Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.</i>)			
INSTITUTION AND LOCATION	DEGREE (if applicable)	MM/YY	FIELD OF STUDY
Fisk University, Nashville, Tennessee	B.A.	1965	Psychology
Fisk University, Nashville, Tennessee	M.A.	1967	Clinical Psychology
University of California, Los Angeles, California	Ph.D.	1973	Educational Psychology

A. PERSONAL STATEMENT

I was one of the first NIMH funded early career investigators to be funded for 17 years to develop a protocol to examine the socio cultural context of sexual decision making among African American men and women which set the template for my career. The Wyatt Sex History Questionnaire, a semi structured interview first copyrighted in 1984, is used worldwide to assess consensual and non consensual sexual experiences as they relate to HIV/STI transmission. Over the past 35 years, my work has identified gender and cultural beliefs that contradict HIV prevention messages. They are associated with heightened sexual and drug related risk taking. I have developed a conceptual framework to use in HIV interventions with African Americans and tested culturally congruent interventions to increase the proportion of condom use and to reduce psychological distress among HIV positive men and women with histories of sexual abuse, trauma, and substance abuse histories. I was the initiator of a multi-disciplinary team that developed and tested the first culturally congruent intervention for HIV sero-discordant African American couples in four cities with NIMH in a U10 grant mechanism for the past 8 years. This is the first and largest intervention developed and tested for self identified heterosexual male and female couples, which represents the most common mode of HIV transmission in the world. The organization and management of a national study has enhanced my experience in working with large datasets with geographical distinctions important to assess as mediators and moderators of HIV related outcomes, histories of drug and alcohol abuse included. The measures developed to assess consensual and non consensual sexual experiences as well as the culturally congruent content and design were adapted from earlier work from my team. Further, the mentoring of new investigators in culturally congruent HIV and substance abuse research has also been an important asset to past and current studies. I am also principal investigator of our team that was awarded the ARRA funded HIV Translational Training Grant and has 5 Scholars who are conducting their pilot studies. Two are applying to NIDA for grants of their own. In addition to the 8 scholars from universities in South Africa who have received funding from our team's Fogarty funded Phodiso Training Project, both new investigators funded to conduct domestic and international research will be informed by the training process, design and outcome of this training grant application. Domestically, I organized the research team and conceptual model for the current Collaborative Center for Trauma and Mental Health Disparities, chaired and organized weekly meetings and hosted receptions for distinguished speakers and monthly research methods meetings and have mentored new and established investigators.

My research has generated over 180 publications, 5 books and 9 Congressional documents that can influence the implementation, funding and policies related to evidence based interventions that address the needs of communities that serve HIV infected and at risk populations. My collaboration with the multi disciplinary research team and HIV service and research organizations with whom I have worked with for over 30 years brings experience and commitment needed to lead the proposed training program.

B. POSITIONS AND HONORS

Positions and Employment

1990-Present Professor, UCLA Neuropsychiatric Institute, Dept. of Psychiatry and Biobehavioral Sciences
1990-Present Director, UCLA Sexual Health Program
1995-Present Associate Director of Behavioral Science, AIDS Institute
1999-Present Associate Director, Drew Medical Center AIDS Institute (DREWCARES)

Academic and Professional Honors

1980 – 1998 NIMH Research Scientist Career Development and Research Scientist Awards
1982 – 1987 NIMH Maternal and Child Prevention Research Committee
1980 – 1982 Board of Ethnic Minority Affairs
1989 Diplomat, American Board of Psychology
1991 Founding Clinical Fellow, American Academy of Clinical Sexologists
1991 Distinguished Service Award, California Professional Society for the Prevention of Child Sexual Abuse
1992 – Present Executive Committee for Divisions 12 and 3
1992 – 1993 Fellow of 5 Divisions of American Psychological Association
1992 – 1993 National Academy of Science Panel of Child Abuse and Neglect
1994 – 1995 Executive Committee, Association of Black Psychology
1995 Outstanding Scholarship, Southern California Association for Black Psychologists
1993 Distinguished Contributors to Research on Public Policy, The American Psychological Association
1995 Distinguished Research, Society for Ethnic and Cultural Studies, American Psychological Association
1995 The Carolyn Sherif Award, The Psychology of Women, American Psychological Association
1998 Outstanding Research, Helen Margulies Mehr, Ph.D. Award. California Psychological Association (CPA)
1999 Distinguished Scientific Achievement, CPA
1999 Outstanding Research, National Institute Domestic Violence
2000 Distinguished Contributors to Psychology, CPA
2004 Professional Achievement Award, UCLA, Medical Alumni
2005 Lifetime Achievement, Los Angeles City Council, 2005; Woman of Distinction, American Association of Academic Women
2005 Lifetime Achievement, American Psychological Association
2009 Committee on Women in Psychology Leadership Award, American Psychological Association
2010 U.S. National Committee for the International Union for Psychological Science
2010 Congressional Briefing in Washington D.C.
2010 Masters of Health Care Award, Recycling Black Dollars
2011 Doctor of Humane Letters, Pepperdine University, Malibu Campus, May 21, 2011.
2011 Charles and Shirley Thomas Mentoring Award, APA Division 45-the Society for the Psychological Study of Ethnic Minority Research, Washington, DC, August 5, 2011.
2011 Nominee, 30 Years of HIV/AIDS Leadership Award, The Department of Health and Human Services Office on Women's Health.
2011 Honor, Southern California Freedom's Sisters, Museum of Tolerance, Los Angeles, CA, September 13, 2011

C. SELECTED PEER-REVIEWED PUBLICATIONS (Selected from total peer-reviewed publications)

Most relevant to the current application

1. Myers, H.F., Sumner, L.A., Ullman, J.B., Loeb, T.B., Carmona, J., & **Wyatt, G.E.** Trauma and Psychosocial Predictors of Substance Abuse in Women Impacted by HIV/AIDS. *Journal of Behavioral Health Services & Research* 36 (2), 2009, pp.233-246.
2. **Wyatt, G.E.**, Carmona, J.V., Loeb, T. B., & Williams, J.K. (2005). HIV-Positive African American Women with Histories of CSA: Patterns of Substance Use and Barriers to Health Care. *Journal of Health Care for the Poor and Underserved*, 16(4), 9-23.

3. Liu, H., Longshore, D., Williams, J.K., Rivkin, I., Loeb, T. B., Warda, U., Carmona, J., & **Wyatt, G.** (2005). Substance abuse and medication adherence among HIV-positive women with histories of child sexual abuse. *AIDS & Behavior*, 10 (3), 279-286.
4. NIMH Multisite HIV/STD Prevention Trial for African American Couples Group (2008). Measure of HIV/STD Risk-Reduction: Strategies for Enhancing the Utility of Behavioral and Biological Outcome Measures for African American Couples. *Journal of Acquired Immune Deficiency Syndromes*, 49:1, S35-S41. PMCID: PMC2824260.
5. NIMH Multisite HIV/STD Prevention Trial for African American Couples Group (2010). "The Contribution of Male and Female Partners' Substance Use to Sexual Risks and STDs Among African American HIV Serodiscordant Couples." *AIDS and Behavior*, 14(5) 1045-54.

Additional recent publications of importance to the field (in chronological order)

1. NIMH Multisite HIV/STD Prevention Trial for African American Couples Group (2008). Designing an Audio Computer-Assisted Self-Interview (ACASI) System in a Multisite Trial: A Brief Report. *Journal of Acquired Immune Deficiency Syndromes*, 49:1, S52-S58. PMCID: PMC2834963.
2. Williams J.K., **Wyatt, G.E.**, Liu, H., Rivkin, I., Ramamurthi, H.C., & Li, X. (2008). Risk reduction for HIV-positive African American and Latino men with histories of childhood sexual abuse. *Archives of Sexual Behavior*, 37(5), 763-772. PMID: 18506611
3. Liu, H., Longshore, D., Williams, J.K., Rivkin, I., Loeb, T., Warda, U.S., Carmona, J., & **Wyatt, G.** (2006). Substance abuse and medication adherence among HIV-positive women with histories of child sexual abuse. *AIDS and Behavior*, 10(3), 279-286. PMID: 16501869
4. Williams, J.K., **Wyatt, G.E.**, Myers, H.F., Presley, N., & Warda, U.S. (2008). Patterns in relationship violence among African American women: Future research and implications for intervention. *Journal of Aggression, Maltreatment & Trauma*, 16(3): 296-310.
5. **Wyatt, G.E.**, Williams, J.K., Henderson, T., & Sumner, L. (2009). On the outside looking in: Promoting HIV/AIDS research initiated by African American investigators. *American Journal of Public Health*, 99(S1):S48-S53. PMID: 19246674
6. Glover, D., Loeb, T.B., Carmona, J.V., Sciolla, A., Zhang, M., Meyers, H., **Wyatt, G.E.**, (2010). Childhood Sexual Abuse Severity and Disclosure Predict Posttraumatic Stress Symptoms and Biomarkers in Ethnic Minority Women. *Journal of Trauma and Dissociation*, 11:2, 152-173.
7. Williams JK, **Wyatt GE**, Wingood G. (2010). The Four Cs of HIV Prevention with African Americans: Crisis, Condoms, Culture and Community. *Current Report*. 7:185-193. PMID: 20730512; PMCID: PMC2938440

D. RESEARCH SUPPORT

Ongoing Research Support

MH093230 (Wyatt)

6/7/2012-3/31/2017

NIH/National Institute of Mental Health

Implementing Eban II: An Evidence- Based Intervention for Sero-Discordant Couples

The goal of this 5-year project is to study implementation of Eban II, an evidence-based risk reduction intervention for heterosexual, African American HIV serodiscordant couples. We will investigate processes and determinants of implementation in 10 community-based organizations (CBOs) in California, and real-world effectiveness of Eban II as it is delivered to 180 couples. Our goal will promote the availability of couple-based services by enhancing organizational capacity in CBOs, reducing risk-taking practices among serodiscordant couples, and contributing empirically to implementation science.

Role: PI

1 D43 TW007278 (Wyatt)

07/01/2005 – 02/28/2016

Fogarty International Collaborative Program

UCLA/South Africa Trauma Research Training Program

A multi-disciplinary training program for research in trauma, injury and the effects on health and mental health will be developed. Eight fellows, two per year, have been trained to conduct research that addresses the biological, social and psychological factors related to trauma, injury and its effects.

1R25DA035692-01 (Wyatt) National Institutes of Health (NIH) HA-STTP: The UCLA HIV/AIDS, Substance Abuse, and Trauma Training Program The mission of HA-STTP is to provide training and mentorship to early career clinician researchers or post-doctoral scholars whose research focus is on HIV/AIDS, substance abuse, trauma and health disparities in underserved populations at high risk. The goal is for Scholars to establish career independence, including NIH funding for their research. This program represents an evolution of our multidisciplinary, multiethnic team's NIMH ARRA-funded HIV/AIDS Translational Training Program, which successfully provided two years of training and mentorship to five postdoctoral scholars, several of whom have received or are seeking NIDA funding.	06/01/2013 – 03/31/2018
AI28697 (Chen) CFAR UCLA Center for AIDS Research Grant UCLA AIDS Institute The major goals of the Consultation Core are to provide consultation to faculty, Core clinicians, trainees and researchers regarding behavioral science issues related to risky sexual and drug related practices and treatment adherence; to integrate basic with behavioral science in projects, grants, conferences and decisions about HIV prevention and intervention; and to help to build collaborations with community based organizations, and other universities.	01/01/1998-02/28/2014
<u>Completed Research Support</u>	
1 P50 MH073453 (Wyatt) National Institute of Mental Health (NIMH) Center for Culture, Trauma and Mental Health Disparities (CCTMHD) This five-year, multi-ethnic and multi-disciplinary Center will investigate the prevalence and impact of traumatic experiences on PTSD, depression and concomitant biological processes in ethnic minority populations in five studies.	08/11/2006 – 07/31/2013
1 R03 TW007964-01A2 NIH The Aftermath of Rape on Health, Mental Health This project seeks to contribute to the gaps in the scientific literature by examining the psychosocial sequelae of rape and treatment-related factors among treatment seeking rural Black South African rape survivors. Possible moderator and mediators in the relationship between psychosocial, cultural beliefs, and treatment factors and psychological distress are important to this study as well.	9/1/2009-6/30/2013
1 R25 MH080664 (Wyatt) National Institute of Mental Health (NIMH) HIV/AIDS: Translational Approaches and Health Disparities (HATT) This ARRA funded award trains four post-doctoral/early career investigators to conduct their research on under-represented populations.	05/08/2009 – 04/30/2013
1 R34 MH077550 (Williams) National Institute of Mental Health (NIMH) An Intervention for Black Men at Risk An R34 Grant to develop and test an HIV risk reduction intervention for HIV-positive African American MSMW with histories of child sexual abuse.	09/2007 – 2/2012

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME Lisa B. Dixon	POSITION TITLE Director, Center of Practice Innovations Professor of Psychiatry (Pending)		
eRA COMMONS USER NAME (credential, e.g., agency login) ldixon			
EDUCATION/TRAINING (<i>Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.</i>)			
INSTITUTION AND LOCATION	DEGREE (if applicable)	MM/YY	FIELD OF STUDY
Harvard College, Cambridge, Mass. Cornell University Medical College, NY, NY Johns Hopkins School of Public and Hygiene The New York Hospital-Cornell Medical Center Maryland Psychiatric Research Center	BA MD MPH Residency Fellowship	1980 1985 1997 7/85-6/89 7/89-1/91	Economics Medicine Public Health Psychiatry Research

A. Personal Statement

I have a broad background in implementation science, with specific training and expertise for in key areas of this application. Currently, I work closely with the New York State Office of Mental Health (OMH) on the state-wide implementation of services for people with first-episode psychosis. I am involved with developing community-academic partnerships between psychiatric researchers and policy makers at the Office of Mental Health. I have presented strategies to implement and disseminate evidence-based practices to local, national, and international audiences. I have expertise conducting health services research among racial/ethnic minorities in the U.S. and internationally. I have expertise at examining strategies that contribute to treatment engagement and disengagement among mental health specialists and in non-traditional settings. I have obtained grant funding from NIMH, NIDA, the VA, and private foundations.

Currently, I am implementation mentor for Dr. Hankerson on his OMH Policy Scholar Award. In this capacity, I will have bi-weekly, in-person supervision with him to review different dissemination and implementation frameworks; consider facilitators and barriers that impact the implementation of evidence-based practices; and develop strategies by which to sustain the IPC intervention in faith-based settings. I will continue to meet with Dr. Hankerson on a bi-weekly basis for the duration of his K23 Award. I have experience supervising young investigators who have secured career development awards, and I am delighted to serve as a local implementation consultant for Dr. Hankerson's K23 Award.

B. Positions and Honors

Positions and Employment

1/91-5/96	Medical School Assistant Professor, University of Maryland School of Medicine
7/96-6/03	Associate Professor, University of Maryland School of Medicine
1/01-5/2001	Associate Director for Research, VA Capitol Health Care Network MIRECC
2/03-3/12	Director, Division of Services Research, University of Maryland, Department of Psychiatry
7/03-3/12	Professor, University of Maryland, School of Medicine
5/11-3/12	Acting Director, VA Capitol Health Care Network VISN 5 MIRECC
4/12-	Professor of Clinical Psychiatry, Columbia University College of Physicians and Surgeons
4/12-	Director, Center for Practice Innovations
4/12-	Psychiatrist 2 Research, New York State Psychiatric Institute
7/12-	Director, Health Services Research and Education Development, VISN 3 MIRECC
10/12-	Research Investigator, VISN 5 MIRECC

Other Experience and Professional Memberships

7/02-6/11	Vice Chair, UMB SOM Institutional Review Board
6/06-6/08	Chair, NIMH Services Research Specialty Sector Review Group
8/07-present	Member, HSR&D Data Safety Monitoring Board; Chair as of 7/12
1/08-present	Column Editor, Psychiatric Services, Public-Academic Liaison Column

3/08-present Chair, VA HSR&D Scientific Merit Review Board, Mental Health
2008-present Associate Editor, Schizophrenia Bulletin

Honors

H. McKee Jarboe Faculty Research Award, University of Maryland, Department of Psychiatry; Clinical Teacher of the Year Award, University of Maryland, Department of Psychiatry; Wendell Muncie Award, Maryland Psychiatric Society; Examiner, National Board of Medical Examiners, Psychiatry; Biostatistics Prize, Johns Hopkins School of Public Health; NAMI Exemplary Psychiatrist Award, American Psychiatric Association, Fellow, Teaching Commendation, Pathophysiology and Therapeutics, Neuroscience Unit, Presented by the Class of 2006, 2007, 2008, 2010, University of Maryland School of Medicine, Wayne Fenton Award for Clinical Excellence, American Psychiatric Association Health Services Senior Scholar Award

C. Selected Peer-reviewed Publications (Selected from over 190 publications)

Most relevant to the current application:

1. Murray-Swank A, Lucksted A, Medoff D, Yang Y, Wohlheiter K, **Dixon L.** Religiosity, psychosocial adjustment, and subjective burden among family caregivers of persons with serious mental illness, *Psychiatric Services*. 2006 Mar;57(3):361-5. PMID: 16524994.
2. Himelhoch S, Moates A, Lehman A, **Dixon L.** Racial differences in rates and patterns of smoking exist among individuals with serious mental illness. *Journal of the Association for Academic Minority Physicians*, 2005, 16 (1): 43-50.
3. Kelly D, Kreyenbuhl J, **Dixon L.**, Love R, Medoff D, Conley RR. Clozapine underutilization and discontinuation in African Americans due to leucopenia, *Schizophrenia Bulletin*, 2006; 67(9):1404-11. PMID: 1717006.
4. Kelly D, **Dixon L.**, Kreyenbuhl J, Medoff D, Lehman A, Love R, Brown C, Conley R: Clozapine Utilization and Race in a Public Mental Health System, *Journal of Clinical Psychiatry*, 2006; 67(9): 1404-11. PMID: 17017827.
5. Murray-Swank A, Goldberg R, Dickerson F, Medoff D, Wohlheiter K, **Dixon L.** The correlates of religious attendance and contact with religious leaders among persons with co-occurring serious mental illness and Type 2 diabetes, *Journal of Nervous and Mental Disease*, 2007 May;195(5):382-388. PMID: 17502803.
6. Murray-Swank, AB, **Dixon L.**, Stewart B. Practical Interview Strategies for Building an Alliance with the Families of Patients with Severe Mental Illness. *Psychiatric Clinics of North America*, 2007;30: 167-180. PMID: 17643834.
7. **Dixon L.**, Goldberg R, Iannone V, Lucksted A, Brown C, Kreyenbuhl J, Fang L, Potts W: Use of a Critical Time Intervention to Promote Continuity of Care After Psychiatric Inpatient Hospitalization for Severe Mental Illness, *Psychiatric Services* 2009: 60: 196-201. PMID: 19339319.
8. Salerno A, **Dixon L.**, Myers RW, Smith AM, Lamberti JS, Jewell TC, Essock SM. Public-academic partnerships: a public-academic partnership to support a state mental health authority's strategic planning and policy decisions. *Psychiatr Serv*. 2011 Dec;62(12):1413-5. PMID: 22193785.
9. **Dixon L.**, Lewis-Fernandez R, Goldman HH, Interian A, Michaels A, Crawford Kiley Marion: Adherence Disparities in Mental Health: Opportunities and Challenges, *J Nerv Ment Dis*. 2011 Oct;199(10):815-820 PMID: 21964279.
10. Interian, A., Lewis Fernandez, R., & **Dixon L.** A Systematic Literature Review of Interventions to Improve Mental Health Treatment Engagement among Underserved Racial-Ethnic Minority Populations. *Psychiatric Services* 2012 Dec 3. DOI: 10.1176/appi.ps.201100136.
11. Lucksted A, Medoff D, Burland J, Stewart B, Fang LJ, Brown C, Jones A, Lehman A, **Dixon L.** Sustained outcomes of a peer-taught family education program on mental illness. *Acta Psychiatr Scand*. 2013 Apr;127(4):279-86. PMID: 22804103.
12. Drapalski AL, Medoff D, Unick GJ, Velligan D, **Dixon L.**, Bellack AS. Assessing recovery in people with serious mental illness: Development of a new scale, *Psychiatric Services*, 2012 Jan 1;63(1):48-53 PMID: 22227759.
13. **Dixon L.**, Lucksted A, Medoff D, Burland J, Stewart B, Lehman A, Fang L, Sturm V, Brown C, Murray Swank A, Outcomes of a Randomized Study of a Peer-Taught Family-To Family Education Program for Mental Illness, *Psychiatric Services*, 2011 Jun;62(6):591-7.
14. Slade EP, McCarthy JF, Valenstein M, Visnic S, **Dixon L.** Cost savings from assertive community

- treatment services in an era of declining psychiatric inpatient use. *Health Services Research* 2013 Feb;48(1):195-217. PMID: 22594523.
15. Humensky JL, Dixon L, Essock SM. State mental health policy: an interactive tool to estimate costs and resources for a first-episode psychosis initiative in new york state. *Psychiatr Serv*. 2013 Sep 1;64(9):832-4. PMID: 24026833.

D. Research Support

Ongoing Research Support

(Dixon)
HHSN-271-2009-0020C

7/11/09 - 8/28/16

NIMH

Recovery After Initial Schizophrenia Episode

This study will develop and test a model to reduce long term disability among persons experiencing their first episode of schizophrenia.

(Kreyenbuhl)
1R34MH094555

8/15/11 - 7/31/14

NIMH

A Smartphone Intervention to Improve Adherence to Antipsychotic Medications

This study will develop and pilot test the effect of a mobile smartphone intervention, *MedActive*, on improving antipsychotic adherence among individuals with schizophrenia.

(Himelhoch)
1R34DA032411

9/15/11 - 7/31/14

NIDA

Heart to HAART: Smartphone Intervention to Improve HAART Adherence for Drug Users

This study will use the stage model of behavioral therapy research to adapt, further develop, complete preliminary usability and pilot testing of a smart phone based intervention called *HEART (Helping Enhance Adherence to Retroviral therapy using Technology) to HAART*, to enhance, promote and improve long-term adherence to HAART among HIV infected drug users in the non-methadone maintenance setting.

(Dixon)
C008324/C008508

11/01/07 - 10/31/17

NYS-OMH

Center for Practice Innovations

The Evidence-Based Practice Technical Assistance Center will serve as a key resource to OMH by spreading those practices identified by OMH as being most critical to accomplishing OMH's system-transformation initiatives.

(Dixon)
C008324/C008508

07/01/09 - 10/31/17

NYS-OMH

ACT Training

The ACT Institute meets the ongoing training needs of NY State's Assertive Community Treatment (ACT) teams and the clinicians who comprise these teams.

(Covell)
C008324/C008508

07/01/09 - 10/31/17

NYS-OMH

COD Training

The purpose of this initiative is to develop, implement, maintain, monitor and evaluate web-based training modules for providers who treat adults with co-occurring mental health and substance use disorders (COD) in NY State.

(Dixon)
C007853

1/01/13 - 12/31/13

NYS-OMH

First Episode Psychosis Project

The purpose of this contract is to fund the leadership position in the First Episode Psychosis Project.

(Wasserman) 1U01 DA036226-0 NIDA <u>Increasing Service Access (Substance Use, HIV Risk) in NYS Juvenile Probationers</u> This project aims to use a behavioral Continuum of care approach to address the unmet needs of mental health, substance use, and HIV risk in youths in the juvenile justice system.	07/01/13 - 06/30/18
(Yu) 1U79TI025102-01 SAMHSA <u>Building Sustainable SBIRT in Integrated Hospital Systems in New York</u> The project will directly support screening, brief intervention, and referral to treatment (SBIRT) in a region that was devastated by Hurricane Sandy as well as build a sustainable model for incorporating SBIRT into primary care that can be replicated throughout the state.	8/01/13 - 07/31/18
Completed Research Support	
(Slade) 1R21 MH096285 NIMH <u>Estimating Mental Health Expenditures Using National Household Data</u> This study addresses long-standing questions surrounding the accuracy of Medical Expenditure Panel Survey (MEPS) expenditure estimates for persons with mental illness. It also will provide information about biases in MEPS expenditure data for other hard-to-reach populations, such as low-income persons with HIV and persons with substance use disorders.	9/20/11 - 8/31/13
(Buchanan) R24MH082755-01 NIMH <u>Enhancing Recovery of People With Schizophrenia</u> This is a Research Infrastructure Services Program grant to create a practice research network intended to facilitate the conduct of research throughout the state of Maryland.	8/11/08 - 4/30/13
(Bellack) 1 I01 RX000252-01 VA RR&D <u>Assessing Recovery in People with Serious Mental Illness</u> The application will develop and test a scale to measure recovery among persons with severe mental illness.	1/1/10 - 12/31/12
(Lucksted) 5R01MH090036 NIMH <u>RCT to Improve Internalized Stigma and Services Engagement Among People With SMI</u> This study tests whether 9-session, manualized psycho-educational class called Ending Self Stigma reduces internalized stigma and improves related psychosocial and behavioral outcomes.	2/7/11 - 12/31/13
(Dixon) 1I01CX000135-01A1 VA CSR&D <u>Randomized Trial of a Smoking Cessation Program for Persons with SMI</u> This study will test a behavioral model of smoking cessation treatment to a standard approach to smoking cessation using a randomized controlled design.	1/1/10 - 12/31/14
(Bennett) 1R34MH080814-01A1 NIDA <u>An Integrated Approach to Smoking Cessation in SMI</u> This is a treatment development grant to develop and test a behavioral approach to smoking cessation among persons with severe mental illness.	4/1/08 - 3/31/10

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors in the order listed on Form Page 2.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME Verdeli, Helen	POSITION TITLE Associate Professor in Clinical Psychology, Teachers College, Columbia university		
eRA COMMONS USER NAME (credential, e.g., agency login) verdelih			
EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.)			
INSTITUTION AND LOCATION	DEGREE (if applicable)	MM/YY	FIELD OF STUDY
Deree College, Athens, Greece	B.A.	1984	Psychology
London School of Economics, London, UK	M.Sc.	1985	Social Psychology
Morehead State University, Morehead, KY	M.A.	1988	Clinical Psychology
Yeshiva University, New York, NY	Ph.D.	1998	Clinical Psychology

A. Personal Statement

I have vast experience in clinical psychology and training non-mental health professionals in evidence-based interventions for depression that are key areas for this application. I have expertise in training lay community members in Interpersonal Counseling (IPC) in Low and Middle Income Countries including Uganda, India, and Brazil. I have trained Haitian clergy in how to deliver IPC in New York City and abroad. I have expertise in assessing competence and therapeutic fidelity of interventions delivered by of non-mental health professionals. In collaboration with Dr. Weissman, I will provide Dr. Hankerson with supervision on how to train clergy in IPC. I commit to donating time for monthly, in-person supervision with Dr. Hankerson for the duration of his K23 award period. I have experience working with Dr. Myrna Weissman, as served as primary research mentor for my NIMH K23 Award from 2006-20011. I am excited to serve as a consultant for Dr. Hankerson's application.

B. Positions and Honors

Honors/Honorary academic positions

1990-1995	President, Greek American Behavioral Sciences Institute
2001-present	Board Member, International Society for Interpersonal Psychotherapy
2006	Outstanding Teacher Award, Teachers College, Columbia University
2006-present	Member of the Scientific Advisory Council of the American Foundation for Suicide Prevention
2006-present	Affiliated Faculty, Institute for African Studies, Teachers College, Columbia University
2006-present	Advisory Board Member for Mental health, Millennium Villages Project, Earth Institute, Columbia University
2006-present	Member of the Scientific Advisory Board, Depression and Bipolar Support Alliance
2007-present	Editorial Board Member, International Journal of Mental Health
2008-2009	Conference Chair, Third International Conference of the International Society for Interpersonal Psychotherapy: Global Update. Teachers College, March 27-29, 2009
2008-present	Adjunct Assistant Professor of Psychology in Psychiatry, Naval Medical Center, Portsmouth, Virginia
2009-present	Faculty for Mental Health in Complex Emergencies (MHCE) course organised by The Centre for International Humanitarian Cooperation, HealthNet TPO, the International Medical Corps, and Fordham University Institute for International Humanitarian Affairs
2009	Mentoring Award, American Psychological Association, Division of International Psychology
2009-present	Faculty for Mental Health in Complex Emergencies (MHCE) yearly course organized by

	The Centre for International Humanitarian Cooperation, HealthNet TPO, and the International Medical Corps
2009-present	Chair, Research Working Group, Family Committee, United Nations
2010-present	Member, NIMH International Delphi panel on Grand Challenges in Global Mental Health
2010-present	Co-chair, International Recruitment Subcommittee, American Psychological Association, Division of International Psychology (52)
2010-present	UN NGO representative, International Council of Psychologists

Other Experience and Professional Memberships (selected)

1995-2003	Senior Clinical Coordinator, Department of Clinical and Genetic Epidemiology, New York State Psychiatric Institute, Columbia University College of Physicians and Surgeons.
1998-present	Instructor, psychotherapy research seminars and workshops, New York State Psychiatric Institute
1999-2002	Coordinator, Psychotherapy Core, NIMH Child Intervention Research Center, Columbia University, College of Physicians and Surgeons
2003-2004	Steering Committee Member, Project Liberty – Enhanced Care
2004-2005	Faculty member and coordinator of the Principal Research Core, NIMH Columbia Advanced Center for Intervention and Services Research

C. Selected Peer-reviewed Publications (Selected from over 30 peer-reviewed publications) Most relevant to the current application (in chronological order)

1. **Verdeli H**, Clougherty K, Bolton P, Speelman L, Lincoln N, Bass J, Neugebauer R, Weissman MM. Adapting group interpersonal psychotherapy for a developing country: experience in rural Uganda. *World Psychiatry*. 2003. 2(2):114-20. PMCID: PMC1525093.
2. de Mello MF, de Jesus Mari J, Bacalchuk J, **Verdeli H**, Neugebauer R. A systematic review of research findings on the efficacy of interpersonal therapy for depressive disorders. *Eur Arch Psychiatry Clin Neurosci*. 2005. 255(2):75-82. PMID: 15812600.
3. Bass J, Neugebauer R, Clougherty KF, **Verdeli H**, Wickramaratne P, Ndogoni L, Speelman L, Weissman M, Bolton P. Group interpersonal psychotherapy for depression in rural Uganda: 6-month outcomes: randomised controlled trial. *Br J Psychiatry*. 2006. 188:567-73. PMID: 16738348.
4. Chatterjee S, Chowdhary N, Pednekar S, Cohen A, Andrew G, Andrew G, Araya R, Simon G, King M, Telles S, **Verdeli H**, Clougherty K, Kirkwood B, Patel V. Integrating evidence-based treatments for common mental disorders in routine primary care: feasibility and acceptability of the MANAS intervention in Goa, India. *World Psychiatry*. 2008. 7(1):39-46. PMCID: PMC2359726.
5. **Verdeli H**, Clougherty K, Onyango G, Lewandowski E, Speelman L, Betancourt TS, Neugebauer R, Stein TR, Bolton P. Group Interpersonal Psychotherapy for depressed youth in IDP camps in Northern Uganda: adaptation and training. *Child Adolesc Psychiatr Clin N Am*. 2008. 17(3):605-24, ix. PMID: 18558315.
6. Patel V, Weiss HA, Chowdhary N, Naik S, Pednekar S, Chatterjee S, De Silva MJ, Bhat B, Araya R, King M, Simon G, **Verdeli H**, Kirkwood BR. Effectiveness of an intervention led by lay health counsellors for depressive and anxiety disorders in primary care in Goa, India (MANAS): a cluster randomised controlled trial. *Lancet*. 2010. 376(9758):2086-95. PMCID: PMC3242164.
7. Belkin GS, Unützer J, Kessler RC, **Verdeli H**, Raviola GJ, Sachs K, Oswald C, Eustache E. Scaling up for the "bottom billion": "5 x 5" implementation of community mental health care in low-income regions. *Psychiatr Serv*. 2011. 62(12):1494-502. PMID: 22193798.
8. Patel V, Weiss HA, Chowdhary N, Naik S, Pednekar S, Chatterjee S, Bhat B, Araya R, King M, Simon G, **Verdeli H**, Kirkwood BR. Lay health worker led intervention for depressive and anxiety disorders in India: impact on clinical and disability outcomes over 12 months. *Br J Psychiatry*. 2011. 199(6):459-66. PMCID: PMC3227809.
9. Chowdhary N, Jotheeswaran AT, Nadkarni A, Hollon SD, King M, Jordans MJ, Rahman A, **Verdeli H**, Araya R, Patel V. The methods and outcomes of cultural adaptations of psychological treatments for depressive disorders: a systematic review. *Psychol Med*. 2013 Jul 19;1-16. PMID: 23866176.

10. Weissman MM, Hankerson SH, Scorza P, Olfson M, **Verdeli H**, Shea S, Lantigua R, Wainberg M. Interpersonal Counseling (IPC) for Depression in Primary Care. *American Journal of Psychotherapy.* (in press).

Additional publications of importance to the field (in chronological order)

1. Bolton P, Bass J, Neugebauer R, **Verdeli H**, Clougherty KF, Wickramaratne P, Speelman L, Ndogoni L, Weissman M. Group interpersonal psychotherapy for depression in rural Uganda: a randomized controlled trial. *JAMA.* 2003. 289(23):3117-24. PMID: 12813117.
2. Weissman MM, **Verdeli H**, Gameroff MJ, Bledsoe SE, Betts K, Mufson L, Fitterling H, Wickramaratne P. National survey of psychotherapy training in psychiatry, psychology, and social work. *Arch Gen Psychiatry.* 2006. 63(8):925-34. PMID: 16894069.
3. **Verdeli H.** Toward building feasible, efficacious and sustainable treatments for depression in developing countries. *Depress Anxiety.* 2008. 25(11):899-902. PMID: 19006233.
4. Murray LK, Dorsey S, Bolton P, Jordans MJ, Rahman A, Bass J, **Verdeli H.** Building capacity in mental health interventions in low resource countries: an apprenticeship model for training local providers. *Int J Ment Health Syst.* 2011. (1):30. PMCID: PMC3284435.
5. Weissman MM, **Verdeli H.** Outsourced psychiatry: experts still relevant. *Science.* 2012. 336(6078):152-b. PMID: 22499920.

D. Research Support

Ongoing Research Support (selected)

- 2012–2017 “Global Mental Health Research Fellowship: Interventions That Make a Difference”
(PI: Milton Wainberg, MD)
Role: Co-PI and Associate Director of Training
NIMH T32 Award (MH096724)
NIMH post-doctoral fellowship to train psychiatrists and psychologists to specialize in research relevant to global mental health.
- 2011-2013 “Implementing Mental Health Services in a Millennium Villages Project (MVP) site”
(PI: Gary Belkin, MD, PhD, MPH)
Role: Partner PI
Project to implement global mental health case identification and treatment within the MVP health pyramid in the Ikaram, Nigeria MVP site.
Global Medicine Access Program, Sanofi-Aventis
- 2008–2014 HIV M Ryan White Part B Mental Health Services
NYSDOH AIDS Institute (CO 25388)
Role: Training Faculty
Mental Health Training project for health care providers addressing mental health needs among patients living with HIV/AIDS.
- 2011-2013 “Implementing Mental Health Services in a Millennium Villages Project site”
(PI: Gary Belkin, M.D., Ph.D., M.P.H.)
Role: Partner Principal Investigator
Partners in Health and Clinton Foundation Award
A Qualitative Study of Attitudes to Mental Health Care in Two Central Haiti Departments.
- 2010-2015 “Program for Effective Mental Health Interventions in Under-resourced Health Systems (PREMIUM)”
(PI: Vikram Patel, M.D.)
Role: Collaborator/Scientific Steering Committee member
Wellcome Trust

This study will elaborate a psychological treatment development and evaluation methodology that will lead to new, culturally appropriate, feasible, acceptable, affordable, and effective psychological treatments for mental disorders in under-resourced settings.

- 2004-2014 "Interpersonal Psychotherapy and Psychoeducation for Adolescent Children of Bipolar Parents"
Role: Principal Investigator
Sol Goldman Charitable Trust Fund
Randomized trial of IPT enhanced with family psychoeducation compared to an educational supportive psychotherapy for symptomatic offspring of bipolar parents.

Completed Research Support (selected)

- 2010-2011 "Sustainable Mental Health Capacity in Haiti"
Role: Principal Investigator
Teachers College Provost's Investment Fund
"Case study" of a Training of Trainers model to address the mental health needs of the Haitian population following the January 2010 earthquake.
- 2010-2011 "Pilot Study on the Effects of Group Interpersonal Psychotherapy on the Depressed Spouses of Service Members with a History of Global War on Terror Deployment" (PI: Gail Manos, M.D.)
Role: Partner Principal Investigator
Navy Bureau of Medicine and Surgery
The overall goal of the project is to adapt and evaluate an evidence-based psychotherapy for depression – group Interpersonal Psychotherapy (IPT-G) – to address the unique needs of depressed Navy service members' spouses whose husbands or wives are in Global War on Terror.
- 2009-2010 "Training the Global Academic Clinical Psychologist"
Role: Principal Investigator
Teachers College, Columbia University Provost's Investment Fund
Formative project to develop training center for clinical psychologists committed to developing, testing, and disseminating evidence-based psychotherapy in resource-poor areas internationally.
- 2006-2009 "Primary Care Interventions for Common Mental Disorders in Goa, India: A Cluster Randomized Trial" (PI: Vikram Patel, M.D.)
Role: Consultant
Wellcome Trust
Project developing and testing a multi-component intervention for anxiety and depression, incorporating "task shifting" model whereby mental health professionals were trained to supervise lay health counsellors.
- 2005-2011 "A Preventive Intervention for Symptomatic Offspring of Bipolar Parents"
Role: Principal Investigator
NIMH K23 Award (MH071530)
Randomized trial of IPT compared to psychoeducation for symptomatic adolescent children of bipolar parents.

BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME	POSITION TITLE		
Sherry A. Glied			
eRA Commons Username SGLIED	Dean		
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY
Yale University, New Haven, CT	BA	1982	Economics
University of Toronto, Ontario, Canada	MA	1985	Economics
Harvard University, Cambridge, CT	PhD	1990	Economics

A. Personal Statement

I have extensive expertise in health policy, health disparities, and health economics that are vital parts of this application. I wrote a leading text on the evolution of mental health policy and co-edited the Oxford Handbook of Health Economics. I have extensive experience drafting health policies at the federal level. From July 2010 until August 2012, I served as the Assistant Secretary for Planning and Evaluation, Office of the Secretary, in the U.S. Department of Health and Human Services. I have also had extensive experience mentoring graduate students and young investigators, like Dr. Hankerson. I commit to meeting with Dr. Hankerson monthly during his K23 Award to supervise the health policy and economic impact of his initiative to implement Interpersonal Counseling into faith-based settings. Specifically, I will connect him to health government officials in New York State, leaders of third party payers, and hospital administrators. The NYU Wagner School of Public Service is easily reached from Columbia via public transit, and I have met with Dr. Hankerson in-person since the initial submission to clarify the health policy aspects of his research projects. I am confident we will adhere to the supervision schedule outlined in his training plan. Dr. Hankerson's proposal has potential to increase access to mental health care for those currently underserved by traditional settings.

B. Positions and Honors**Positions**

August 2013 – Present	Dean, Wagner Graduate School of Public Service, New York University
August 2012-July 2013	Professor, Mailman School of Public Health, Columbia University
July 2010-August 2012	Assistant Secretary for Planning and Evaluation, Office of the Secretary, U.S. Department of Health & Human Services
July 2002-June 2010	Professor and Chair (through September 2009), Department of Health Policy and Management, Mailman School of Public Health, Columbia University
July 1998-July 2002	Associate Professor and Chair, Department of Health Policy and Management, Mailman School of Public Health, Columbia University
September 2000	Visiting Faculty, University of Toronto Law School
January 1991-June 1998	Assistant Professor of Public Health, Division of Health Policy and Management, Columbia School of Public Health
July 1991-June 1998	Assistant Professor of Economics, Columbia University 1996-1997 Visiting Assistant Professor, Department of Health Care Policy, Harvard Medical School
1992-1993	Senior Economist, The President's Council of Economic Advisers, Executive Office of the President, Washington, D.C.
1989-1990	Associate in Public Health, Division of Health Policy and Management, Columbia School of Public Health

Honors and Other Professional Experience

2007-2010:	Member, Board of Directors, AcademyHealth
2006-current:	Member, National Academy of Social Insurance
2006-current:	Member, Institute of Medicine
2004:	America Eugene Garfield Economic Impact of Medical and Health Research Award Chair, AcademyHealth Annual Research Meeting
2001:	Outstanding Advisor, Department of Economics, Columbia University
2000-current:	Research Associate, Health Economics, National Bureau of Economic Research
1999-2009:	Member, MacArthur Foundation Initiative on Mental Health Policy Research
1999-current:	Fellow, New York Academy of Medicine
1990-2000:	Faculty Research Fellow, Health Economics, National Bureau of Economic Research
1989:	Dissertation Fellowship, Social Science and Humanities Research Council of Canada

C. Selected Peer-reviewed Publications (Selected from over 150 peer-reviewed publications)

Most relevant to the current application (in chronological order)

1. Ly DP, **Glied S.** The Impact of Managed Care Contracting on Physicians. *J Gen Intern Med.* 2013 Sep 4. [Epub ahead of print] PMID: 24002628.
2. Clancy C, **Glied S.**, Lurie N. (2012) "From Research to Health Policy Impact." *Health Services Research*, (47)1,337-343. PMID: 22239662.
3. Koh H, Graham G, **Glied S.**. (2011) "Reducing Racial and Ethnic Disparities: The Action Plan from the Department of Health and Human Services." *Health Affairs*, 30(10): 1822-1829. PMID: 21976322.
4. **Glied S.**, Herzog K, Frank R. (2010) "Review: The Net Benefits of Depression Management in Primary Care." *Medical Care Research and Review*, 67(3), 251-274. PMID: 20093400.
5. Ly DP, **Glied S.**. (2010) "Disparities in Service Quality Among Insured Adult Patients Seen in Physicians' Offices." *Journal of General Internal Medicine*, 25(4), 357-362. PMCID: PMC2842541.
6. **Glied S.**, Tilipman N. (2010) "Simulation Modeling of Health Care Policy." *Annual Review of Public Health*. 31: 439-455. PMID: 20235853.
7. **Glied S.**, Frank R. (2009) "Better but not best: recent trends in the well-being of the mentally ill." *Health Affairs*, 28(3): 637-648. PMID: 9414869.
8. **Glied S.** "Mandates and the affordability of health care." (2009) *Inquiry*, 46(2):203-14. PMID: 19694393.
9. Goldman HH, **Glied S.**, Alegria M. (2008) "Mental health in the mainstream of public policy: research issues and opportunities." *Am J Psychiatry*, 165(9):1099-101. PMID: 18765490.

Additional recent publications of importance to the field (in chronological order)

1. Laugesen M, **Glied S.**. (2011) "Higher Fees Paid to US Physicians Drive Higher Spending for Physician Services Compared to Other Countries." *Health Affairs*, 30(9): 1647-1656. PMID: 21900654.
2. Apte M, Neidell M, Furuya EY, Caplan D, **Glied S.**, Larson E. (2011) "Using Electronically Available Inpatient Hospital Data for Research." *Clinical and Translational Science*, 4(5): 338–345. PMCID: PMC3361368.
3. Hutchins E, Frank R, **Glied S.**. (2011) "The Evolving Private Psychiatric Inpatient Market." *The Journal of Behavioral Health Services and Research*, 38(1): 122-131. PMID: 20930036.

4. Muennig, P., B. Sampat, N. Tilipman, L. Brown, and S. Glied. (2011) "We All Want It, but We Don't Know What It Is: Toward a Standard of Affordability for Health Insurance Premiums." *Journal of Health Politics, Policy and Law*, 36(5): 829-853. PMID: 21785011.
5. Navathe A, Clancy C, **Glied S.** (2011) "Advancing Research Data Infrastructure for Patient-Centered Outcomes Research." *Journal of the American Medical Association*, 306(11): 1254-1255. PMID: 21934060.
6. **Glied S**, Muennig P. (2010) "What changes in survival rates tell us about US health care." *Health Affairs*, 29(11): 2105-2113. PMID: 20930036.

D. Research Support

Ongoing Support

None.

(Note: Professor Glied was not eligible to receive research support during her government service)

Completed Research Support

Glied (PI) 9/07 - 5/12

NR010822-01

NIH

Distribution of the Costs of Antimicrobial Resistant Infections

Role: PI

Glied (PI) 5/07 - 4/10

MacArthur Foundation

Tracking Grant II

Role: PI

Glied (PI) 9/07 - 8/09

New York State Health Foundation

Improving Analysis of Health Expansion Options for New York State

Role: Co-PI

Glied(PI) 7/07 - 6/09

MacArthur Foundation

Cost Benefit Analysis and Mental Health Care in the US

Role: PI

BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors in the order listed on Form Page 2.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME Alfiee Matiese Breland-Noble	POSITION TITLE Assistant Professor (under review for promotion to Associate Professor)
eRA COMMONS USER NAME abreland	

EDUCATION/TRAINING (<i>Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.</i>)			
INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR(s)	FIELD OF STUDY
Howard University, Washington, DC	BA	05/91	English
New York University, New York, NY	MA	05/93	Counseling
University of Wisconsin – Madison, Madison, WI	Ph.D.	05/97	Counseling Psychology
Duke University Medical Center, Durham, NC	Postdoc	07/03	Mental Health Services
Duke University Medical Center, Durham, NC	Postdoc	06/05	Mental Health Interven.
Duke University School of Medicine, Durham, NC	MHSc.	05/10	Clinical Health Sciences

A. Personal Statement

Dr. Sidney Hankerson is proposing a K23 award to support his development as an independent investigator focused on implementing and disseminating effective, community-based interventions for major depression in underserved populations. I am pleased to serve as a consulting mentor for this award application given my background, training and expertise directly relevant for the proposed study. I am a former NRSA trainee (2001) with 3 additional years of postdoctoral support via the T32 mechanism (Duke University School of Medicine 2002-2005) and many years of funded service (as PI on an NIH career (K) award and Co-I on an NIH R01) as a tenure track faculty member. After my recent recruitment to the Georgetown University Medical Center Department of Psychiatry Research Division, I continued my research, teaching and service related to health disparities interventions (with African Americans), treatment development, mental health services research, mixed methods and Community Based Participatory Research (CBPR); all key research areas relevant for the proposed study.

My current efforts in health disparities research are focused on stimulating treatment initiation for depressed African American youth within a familial context and Faith Based Mental Health Promotion, a new and exciting area of study. I have expertise in establishing productive working relationships (including the production of joint publications, presentations and grants) with African American community members, overseeing NIH supported intervention projects and managing the labor-intensive work of strategic community-engaged approaches. I have a strong publication record in each of these areas and extensive experience in CBPR with African American youth and families including a recent jointly awarded grant between me and a local faith community in the DC area. My expertise and knowledge of depression treatment engagement and mental health disparities were recently acknowledged by my appointments to the Patient Centered Outcomes Research Institute (PCORI) Addressing Disparities Advisory Panel and the American Psychological Association Depression Treatment Guideline Development Panel.

B. Positions and Honors

- 1990-1991 Trainee, PEACH (Promoting Educational and Cultural Health) AODA prevention program
Howard University, Washington, DC
- 1991-1992 Faculty Assistant, New York University, Department of Applied Psychology, NY, NY
- 1991-1993 Counselor/Tutor, University Settlement, New York, NY
- 1992-1993 Counselor, Young Adult Learning Academy, New York, NY
- 1993-1994 Research Assistant, Univ. of Wisconsin-Madison, Department of Counseling Psychology
- 1994-1994 Cultural Diversity AODA Prev. Spec., Project UJIMA/Dane County Mental Health Madison, WI
- 1995-1996 Counselor/Mentor, University of Wisconsin-Madison Department of Athletics
- 1997-2002 Assistant Professor, Michigan State University, Dept. of Counseling, Ed. Psych. & Special Educ.

2000-2002	Staff Psychologist, Meridian Professional Psychological Consultants, East Lansing, MI
2002-2003	NRSA Postdoctoral Fellow, Duke University School of Medicine, Durham, NC
2003-2005	Duke Clinical Research Institute Fellow, Durham, NC
2003-2005	NRSA PREMIER Fellow, Duke University Medical Center, Durham, NC
2005	Clinical Associate, Duke Univ. Med. Ctr. – Dept. of Psychiatry and Behavioral Sciences, Durham, NC
2010 - 2011	Senior Child Psychologist, Lincoln Community Health Center - Behavioral Health, Durham, NC
2005-2012	Assistant Professor, Duke Univ. Med. Ctr. – Dept. of Psychiatry and Behavioral Sciences, Durham, NC
2012-Present	Assistant Professor, Georgetown University Medical Center – Department of Psychiatry, Washington, DC

Selected Honors

1999	Recipient Young Leaders Under 30 Award - Ebony Magazine
2001- 2002	R25 Fellow NIMH/Yale University Mentoring for Mental Health Services Research
2003, 2007	NIMH Travel Award for Early Career Investigators in Adolescent Depression Research
2004	NIMH Travel Award Pragmatic Considerations of Culture in Preventing Suicide
2004- 2005	NIMH African American Mental Health Research Scientist Consortium (AAMHRS) Scholar
2008	Invited Speaker, Culturally Informed Evidence Based Practice Conference
2008	Invited Speaker, NIH Summit: The Science of Reducing Health Disparities
2009	National Medical Association, Project IMPACT Circle of Experts
2007, 2008	Ad hoc Reviewer, NIMH, Services Research in Non-Specialty Mental Health Settings (SRNS)
2009	Reviewer, Special Emphasis Panel ZMD1 PA (12) 1 NCMHD Community Participation in Health Disparities Intervention Research Planning Phase grants (R24)
2003- 2009	Health Disparities Scholar - National Center for Minority Health and Health Disparities
2007- 2011	Ad hoc Reviewer, NIMH, Services Research in Specialty Mental Health Settings (SRSP)
2012	Ad hoc Reviewer, NIMH, Services Research (SERV)
2011 -	Editorial Board Member, Journal of Child and Family Studies
2011 - 2013	Associate Editor, Journal of Child and Family Studies, SI: African American Youth Mental Health
2011 -	Associate Editor, Journal of Child and Family Studies, SI: Parenting in Diverse Contexts
2011	Expert Panelist, Closing the Gaps - Reducing Disparities in Mental Health Treatment Through Engagement, Office of the Director, NIMH, Bethesda, MD.
2012	Samuel Turner MENTOR Award APA Division 12 Section 6
2012 -	Member, APA Task Force on Treatment Guidelines for Depression Across the Lifespan
2013	President, APA Division 12 Section 6 - Clinical Psychology of Ethnic Minorities
2013 - 2015	Lead Coordinator, 2015 National Multicultural Conference and Summit
2013	Expert Panelist, Closing the Gaps - Scaling Up to Reduce Mental Health Disparities in the United States, Office of the Director, NIMH, Bethesda, MD.
2013	Invited Panelist, SAMHSA Pathways to Behavioral Health Equity: Promoting Service Access and Quality for African Americans
2013	Invited Co-Presenter "Faith Based Health Promotion as Innovation for Reducing African American/Black Mental Health Disparities" for the Adventist HealthCare's Center on Health Disparities Seventh Annual Fall Conference, "Partnering Toward a Healthier Future," December 2013.
2013	AAMC 2013 Mid-Career Women Faculty Professional Development Seminar Attendee
2013	Recipient, 2013 Eisenberg Career Development Award

Professional Societies

1993-	Present Member, Kappa Delta Pi (Education Honor Society)
1997 - 1998	Associate Editor, Journal of Multicultural Counseling and Development
1998-	Ad Hoc Reviewer, Journal of Research on Adolescence; Journal of the National Medical Association; Journal of Child and Family Studies; Psychiatric Services; Journal of Behavioral Health Services & Research; Cultural Diversity and Ethnic Minority Psychology

2012	Consulting Editor, Professional Psychology: Research and Practice
2002 - 2004	Board Member, Journal of Black Psychology
2003 - 2006	Treasurer, APA Division 12 Section 6 - Clinical Psychology of Ethnic Minorities
1999 -	Member, Society for Research on Adolescence (SRA)
2000 -	Member, APA Divisions 45: Society for the Psychological Studies of Ethnic Minority Issues; 12: Society of Clinical Psychology; 53: Society of Clinical Child and Adolescent Psychology

C. Selected Peer-reviewed Publications (Chronologically listed and selected from **35** peer-reviewed papers)
Most relevant to the current application

1. **Breland-Noble, A.M.** (July 2004). African American Adolescents and Depressive Disorders: Addressing Health Disparities. *Psychiatric Annals*. 34, (7), 535-538.
2. **Breland-Noble, A.M., Bell, C.C.**, and Nicolas, G., (2006). Family First: The Development of an Evidence Based Family Intervention for Increasing Participation in Psychiatric Clinical Care and Research in Depressed African American Adolescents. *Family Process*. 45, (2) 153-169. PMCID: PMC2667322
3. LaBorde, D.; Brannock, K., **Breland-Noble, A.M.** & Parrish, T. (2007). Pilot Test of Cooperative Learning Format for Training Mental Health Researchers and Black Community Leaders in Partnership Skills. *Journal of National Medical Association*, 99 (12) 1359 – 1368. PMCID: PMC2575926 [qualitative study].
4. Jacobs, R.H.; Klein, J.B.; Reinecke, M.A., **Breland-Noble, A.M.**, Martinovich, Z.; Rezac, A.J.; Kratochvil, C.K.; Silva, S.G..; March, J.M., and TADS Team. (2008). Ethnic Differences in Attributions and Treatment Expectancies for Adolescent Depression. *International Journal of Cognitive Therapy*, 1(2) 163-178.
5. Stein, G.L; **Curry, J.F.**; Hersch, J.; & **Breland-Noble, A.M.**; Silva, S.G., Reinecke, M.A.; Jacobs, R.H; March, J.M. (2010) Ethnic Differences at the Initiation of Treatment for Adolescent Depression. *Cultural Diversity and Ethnic Minority Psychology*. 16 (2) 152-158. PMID: 20438153
6. **Breland-Noble, A. M.**, Burriss, A., & **Poole, H. K.** (2010). Engaging depressed African American adolescents in treatment: Lessons from The AAKOMA Project. *Journal of Clinical Psychology*, 66(8), 868-879. PMCID: PMC20564682. [qualitative study].
7. **Breland-Noble, A.M., Burriss, A., Bell, C.C. & The AAKOMA Project Adult Advisory Board** (2011). "Mama just won't accept this": Adult Perspectives on Engaging Depressed African American Teens in Clinical Research and Treatment. *Journal of Clinical Psychology in Medical Settings*. [qualitative study].
8. **Breland-Noble, A.M.; Bell, C.C.**, Burriss, F.A., **Poole, H.K.** & AAKOMA Project Advisory Board (2011). The Significance of Strategic Community Engagement in Recruiting African American Youth & Families for Clinical Research. *Journal of Child and Family Studies*.
9. **Breland-Noble, A.M. & Weller, B.** (2012). Examining African American Adolescent Depression in a Community Sample: The Impact of Parent/Child Agreement. *Journal of Child and Family Studies*. 21(5), 869-876. doi: 10.1007/s10826-011-9547-z
10. **Breland-Noble, A.M.** (2012). The Impact of Skin Color on Mental and Behavioral Health in African American and Latina Adolescent Girls: A Review of the Literature. In Ron Hall (ed.) *The Melanin Millennium: Skin Color as the 21st Century International Discourse*.
11. **Breland-Noble, A.M.** (2012). Community and treatment engagement for depressed African American Youth: The AAKOMA FLOA Pilot. *Journal of Clinical Psychology in Medical Settings*. 19, (1), 41-48.
12. Soto, J.A., Roberts, N.A., Pole' N., Levenson, R.W., Burleson, M.H., King, A.R. & **Breland-Noble, A.M.** (2012). Elevated baseline anxiety among African Americans in laboratory research settings. *Journal of Psychophysiology*. 26, (3). DOI: 10.1027/0269-8803/a000073.
13. **Breland-Noble, A.M.** (2013). Editorial. African American youth mental health: Individual, environmental and clinical factors in context. *Journal of Child and Family Studies*. 22(1), 1-3.

Additional recent publications of importance to the field (in chronological order)

1. **Breland-Noble, A.M.**; Farmer, E.M.Z.; Dubs, M., Potter E. & Burns, B.J. (2005). Mental Health and Other Service Use by Youth in Therapeutic Foster Care and Group Homes. *Journal of Child and Family Studies*, 14 (2), 167-180. PMID: 17542381
2. May, D.E.; Hallin, M.J.; Kratochvil, C.K; Puumala, S.E.; Silva, S.G., **Breland-Noble, A.M.**; Pathak, S.; Weller E.; March, J.S. & TADS Team (2007). Factors Associated With Recruitment and Screening in the Treatment for Adolescents with Depression Study (TADS). *Journal of the American Academy of Child and Adolescent Psychiatry*, 46(7):801-810. PMID: 17581444.

D. Research Support

Ongoing Research Support

Community Engagement and Research Partnership Stimulation Grant

GHUCCTS

2/13 – 4/14

Breland-Noble (PI) Carter-Williams (Co-PI)

Faith Based Health Promotion as Innovation for Reducing African American Mental Health Disparities

Research study focused on mental health stigma reduction and treatment engagement for racially diverse populations with a specific focus on African American/Black youth and families.

NIH/NIMH R21 Breland-Noble (Consultant) I.D. Acevedo-Polakovich & L. Niec (Co-PIs) 4/12 – 3/14

Selective Prevention of Conduct Disorder in Historically Underserved Preschoolers

PA-10-069 NIH Exploratory Developmental Research Grant Program (R21)

Designed to adapt parent-child interaction therapy (PCIT) for Latino youth using CBPR and natural helpers.

SM056495 Breland-Noble (Co-I) Magrab, P (PI)

4/10 – 7/15

Substance Abuse and Mental Health Services Administration

National Technical Assistance Center for Children's Mental Health

Evidence Based Practice Implementation within Statewide Systems of Care

Co-Investigator at 10%

Completed Research Support

NIH/NIMH K01 MH073814 Breland-Noble (PI)

09/06 - 09/11

Barriers to Research and Care in Depressed Black Youth

NIMH K01 Scientist Development Award for New Minority Faculty

Program of research focused on psychiatric treatment engagement for African-American adolescents.

NIH/NIMH R01 MH081947 Goldston (PI)

02/09-08/12

Impact of Adolescent Suicide Attempts on Parents

Role: Co-I

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors in the order listed on Form Page 2.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME Cohall, Alwyn	POSITION TITLE Professor of Clinical Public Health & Clinical Pediatrics, Mailman School of Public Health & Columbia University College of Physicians & Surgeons
eRA COMMONS USER NAME (credential, e.g., agency login) COHALLA	

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.)

INSTITUTION AND LOCATION	DEGREE (if applicable)	MM/YY	FIELD OF STUDY
Wesleyan University, Middletown, CT	BA	1976	Anthropology
University of Medicine & Dentistry of New Jersey, Newark, NJ	MD	1980	Medicine
Montefiore Hospital, Bronx New York	PGY1-3	1983	Pediatrics residency
Mt. Sinai Hospital, New York, N.Y.	Fellowship	1984	Fellowship, Adolescent Medicine

A. Personal Statement

Dr. Sidney Hankerson's career goal is to become an expert at disseminating evidence-based interventions for major depression in community settings. I have expertise in conducting community-based participatory research, providing primary care services in communities of color beset by health disparities, and engaging African American men in research that are key areas of Dr. Hankerson's K23 proposal. I am Director of the Harlem Health Promotion Center (HHPC), one of the 37 national Prevention Research Centers funded by the Center for Disease Control to build bridges between academic institutions and vulnerable communities wrought by health disparities. The mission of the HHPC is to reduce health disparities for the predominantly African American community in Harlem, New York through collaborative processes that involve research, education, advocacy, and service delivery. I have experience in working with black churches in Harlem to reduce racial disparities in hypertension, and pneumococcal vaccine awareness. I have built relationships with leaders in the Harlem Congregations for Community Improvement, a coalition of over 90 faith-based organizations, with whom Dr. Hankerson will collaborate. I enthusiastically commit to meeting Dr. Hankerson at least once per month for in-person supervision in the principles of community-based participatory research. Given the close proximity of the HHPC to Dr. Hankerson's research institution, this schedule is both realistic and feasible. I will assist Dr. Hankerson create a Steering Council to ensure his research projects have a community focus and incorporate stakeholder input. The combination of my research experiences and commitment to Dr. Hankerson's career development will enhance the aforementioned aspects of this proposed project.

B. Positions and Honors

Positions

- 1998-present Director, Harlem Health Promotion Center, Department of Sociomedical Sciences, Mailman School of Public Health, Columbia University
- 2008-present Professor of Clinical Public Health (Sociomedical Sciences and Population Family Health) and Clinical Pediatrics, Mailman School of Public Health of Columbia University & Columbia University College of Physicians and Surgeons, NY

Honors

2005	American Academy of Pediatrics - Founders Award for Community Leadership
2005	TheBody.com – HIV Leadership Award
2006	Family Planning Advocates of New York – Shirley Gordon Leadership Award
2008	Health Information Institute – Excellence in Health Education Award (for “My Life, My Decision” DVD and www.EC123.org website)
2009	Freddie Award - International Health and Medical Media Awards, Finalist for Adolescent Health, in recognition of emergency contraception DVD, “My Life, My Decision.”
2011	Allan Rosenfield Award for Social Justice - Public Health Association of New York City

Professional memberships

American Academy of Pediatrics
Member - Executive Committee, Adolescent Health
Society for Adolescent Health in Medicine
American Public Health Association

C. Selected Peer-reviewed Publications (Selected from over 50 peer-reviewed publications) Most relevant to the current application (in chronological order)

1. Senathirajah Y, Kukafka R, Guptarak M, **Cohall AT**. Health information seeking and technology use in Harlem - a pilot study using community-based participatory research. *AMIA Annu Symp Proc*. 2006;704-8. PMCID: PMC1839423.
2. Khan SA, McFarlane DJ, Li J, Ancker JS, Hutchinson C, **Cohall AT**, Kukafka R. Healthy Harlem: empowering health consumers through social networking, tailoring and web 2.0 technologies. *AMIA Annu Symp Proc*. 2007 Oct 11:1007. PMID: 18694106.
3. Zabos GP, Northridge ME, Ro MJ, Trinh C, Vaughan R, Howard JM, Lamster I, Bassett MT, **Cohall AT**. Lack of oral health care for adults in Harlem: a hidden crisis. *Am J Public Health*. 2008 Sep;98(9 Suppl):S102-5. PMCID: PMC2518597.
4. Khan SA, Ancker JS, Li J, Kaufman D, Hutchinson C, **Cohall AT**, Kukafka R. GetHealthyHarlem.org: developing a web platform for health promotion and wellness driven by and for the Harlem community. *AMIA Annu Symp Proc*. 2009 Nov. PMCID: PMC2815482.
5. Northridge ME, Nye A, Zhang YV, Jack G, **Cohall AT**. "Third places" for healthy aging: online opportunities for health promotion and disease management in adults in Harlem. *J Am Geriatr Soc*. 2011 Jan;59(1):175-6. PMID: 21226697.
6. VanDevanter N, Duncan A, Burrell-Piggott T, Bleakley A, Birnbaum J, Siegel K, Lekas HM, Schrimshaw E, **Cohall AT**, Ramjohn D. The influence of substance use, social sexual environment, psychosocial factors, and partner characteristics on high-risk sexual behavior among young Black and Latino men who have sex with men living with HIV: A qualitative study. *AIDS Patient Care STDS*. 2011 Feb;25(2):113-21. PMCID: PMC3049423.
7. **Cohall AT**, Nye A, Moon-Howard J, Kukafka R, Dye B, Vaughan RD, Northridge ME. Computer use, internet access, and online health searching among Harlem adults. *Am J Health Promot*. 2011 May-Jun;25(5):325-33. PMID: 21534835.
8. Northridge ME, Nye A, Zhang YV, Jack G, **Cohall AT**. "Third places" for healthy aging: online opportunities for health promotion and disease management in adults in Harlem. *J Am Geriatr Soc*. 2011 Jan;59(1):175-6. PMID: 21226697
9. Hyden C, Allegrante JP, **Cohall AT**. HIV Testing Sites' Communication About Adolescent Confidentiality: Potential Barriers and Facilitators to Testing. *Health Promot Pract*. 2013 Aug 21. [Epub ahead of print] PMID: 23966274

Additional publications of importance to the field (in chronological order)

1. Goodman E, **Cohall AT**. Acquired immunodeficiency syndrome and adolescents: knowledge, attitudes, beliefs, and behaviors in a New York City adolescent minority population. *Pediatrics*. 1989 Jul;84(1):36-42. PMID: 2740176.

2. Walter HJ, Vaughan RD, Gladis MM, Ragin DF, Kasen S, **Cohall AT**. Factors associated with AIDS risk behaviors among high school students in an AIDS epicenter. *Am J Public Health*. 1992 Apr;82(4):528-32. PMCID: PMC1694102.
3. **Cohall AT**. A report card to the nation on adolescents and sexually transmitted diseases. *Prev Med*. 1993 Jul;22(4):561-7. PMID: 8415507.
4. **Cohall AT**. Applied prevention research. Challenges of working with urban communities. *Am J Prev Med*. 1999 Apr;16(3 Suppl):16-7. PMID: 10198674.
5. Northridge ME, Vallone D, Merzel C, Greene D, Shepard P, **Cohall AT**, Heaton CG. The adolescent years: an academic-community partnership in Harlem comes of age. *J Public Health Manag Pract*. 2000 Jan;6(1):53-60. PMID: 10724693.
6. VanDevanter N, Hennessy M, Howard JM, Bleakley A, Peake M, Millet S, **Cohall AT**, Levine D, Weisfuse I, Fullilove R. Developing a collaborative community, academic, health department partnership for STD prevention: the Gonorrhea Community Action Project in Harlem. *J Public Health Manag Pract*. 2002 Nov;8(6):62-8. PMID: 12463052.

D. Research Support

Ongoing Research Support

U48 DP001916-04 (Cohall) Center for Disease Control <i>Technology and community-based approaches to improve health in Harlem (Harlem Health Promotion Center)</i> The major goal of this project is to design, test, and disseminate effective prevention research strategies within the Central Harlem community to identify adults with hypertension, link them to care and reduce cardiovascular outcomes.	9/30/09-09/29/14
Bloomberg School of Public Health (Cohall) Johns Hopkins University (New York City Food Bank) <i>NYC CookShop Impact</i> The major goal of this project is to support low-income children and adults in New York City to develop and maintain healthy eating habits.	5/12/12-9/12/14
R34 MH093162-02 Dartmouth University (Cohall) <i>Mobile text message intervention to promote HIV/STI service use by at-risk youth</i> The major goal of this project is to improve HIV and STI prevention-knowledge, intentions to reduce risks, and risk behaviors among adolescents and young adults.	7/1/11-6/30/14
Pfizer, Inc. (Cohall) <i>Reducing Health Disparities in Pneumococcal Vaccination Rates among People of Color in Harlem</i> The major goal of the project is to better understand barriers to vaccination among people of color in the Harlem community; and, to develop a social marketing campaign to raise awareness and promote vaccine utilization.	1/1/13-12/31/13
C027240B (Cohall) New York State Department of Health AIDS Institute (New York Presbyterian Hospital) <i>Project STAY (Program to Assist Youth) Specialized Care Clinic</i> The major goal of the project is to provide clinical and psycho-social services to HIV positive adolescents living in New York City.	7/1/11-6/30/16
C027235B (Cohall)	7/1/11-6/30/16

New York State Department of Health AIDS Institute
(New York Presbyterian Hospital)

Project STAY (Program to Assist Youth) Youth Access Program

The major goal of the project is to provide low-threshold medical care to youth who are at risk for HIV and STDs.

Research Foundation for Mental Hygiene, Inc. (Wainberg)
(National Institute for Drug Abuse)

4/1/12-3/31/14

Substance Use/Abuse & HIV/STI Risk Behaviors in Puerto Rican Youth Growing Up

The overall goal of this project is the assessment of youth who are part of Wave 4 of the Boricua Youth longitudinal study. Activities include the panning of in-depth in-home interviews with youth and parents, STI and HIV testing and treatment management and mental health testing and treatment management.

BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors in the order listed on Form Page 2.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME Jennifer Pelt Wisdom	POSITION TITLE Associate Vice President of Research and Professor of Health Policy		
eRA COMMONS USER NAME (credential, e.g., agency login) wisdom			
EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)			
INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR(s)	FIELD OF STUDY
Park University, Parkville, MO	BS	1994	Social Psychology
George Washington University, Washington, DC	PhD	2001	Clinical Psychology
Oregon Health & Science University and Kaiser Permanente Northwest Center for Health Research, Portland, OR	Postdoctoral Fellowship	2001-2003	Health Services Research
Oregon Health & Science University, Portland, OR	MPH	2003	Epidemiology and Biostatistics

A. Personal Statement

I have a broad background in social and clinical psychology, with specific training and expertise in key research areas for this application, including doctoral training as a clinical psychologist, postdoctoral training in health services research and mixed methods, and a MPH in biostatistics and epidemiology. I have extensive experience and expertise in qualitative, quantitative, and mixed methods study design, data collection, and data integration that are relevant to the application and have presented on mixed methods to local, national, and international audiences. I have a demonstrated record of successful and productive research and have significant experience mentoring pre- and post-doctoral scholars, including career development awardees. It will be my pleasure to serve as a consultant to Dr. Hankerson.

B. Positions and Honors.

Positions and Employment

2000-2001	Pre-doctoral Clinical Psychology Intern, Morrison Center, Portland, OR.
2001-2003	AHRQ/NRSA Post-doctoral Fellow in Health Services Research, Oregon Health & Science University and Kaiser Permanente Center for Health Research, Portland, OR.
2003-2007	Research Assistant Professor, Department of Public Health and Preventive Medicine, Oregon Health & Science University, Portland, OR
2003-2007	Director, Center for Health and Disability Policy, Oregon Health Policy Institute, Portland, OR
2005-2007	Adjunct Research Assistant Professor, Department of Psychiatry, Oregon Health & Science University, Portland, OR
2007-2010	Assistant Professor of Clinical Psychology, Department of Psychiatry, College of Physicians and Surgeons, Columbia University, New York NY
2007-2012	Research Scientist 6, New York State Psychiatric Institute, New York NY
2010-2012	Associate Professor of Clinical Psychology, Department of Psychiatry, College of Physicians and Surgeons, Columbia University, New York, NY
2012	Associate Professor of Clinical Psychology, Department of Health Policy and Management, Mailman School of Public Health, Columbia University, New York, NY
2012	Assistant Dean of Research Resources, Mailman School of Public Health, Columbia University, New York, NY

2012-	Associate Vice President for Research, George Washington University, Washington DC
2013-	Professor of Health Policy, School of Public Health and Health Services, George Washington University, Washington DC

Other Experience and Professional Memberships

	Member, Academy Health
	Member, American Psychological Association
	Member, American Public Health Association
	Member, Association for Women in Psychology
	Associate Member, College on Problems of Drug Dependence
2005-2007	National Institute of Mental Health. Ad Hoc Reviewer, Psychopathology, Developmental Disabilities, Stress and Aging Fellowship Review Panel F12B
2006-2007	National Institute of Mental Health. Ad Hoc Reviewer, K99/R00 Special Emphasis Panel
2009	Centers for Disease Control. Reviewer, Disease, Disability, and Injury Prevention and Control Special Emphasis Panel, Health Promotion and Disease Prevention Research Centers (DP09-001)
2009	National Institute on Mental Health, American Recovery and Reinvestment Act application reviews.
2010-2012	National Institute of Mental Health. Ad Hoc Reviewer, Mental Health Services in Non-Specialty Settings Panel (SRNS)
2011	National Institute of Mental Health, Conference Submission Review, Mental Health Services Research Conference.
2012	National Institutes of Health, Health Information Technology Special Emphasis Panel ZMH1 ERB-I(01)
2013	National Institute on Drug Abuse, Translational Research on Interventions for Adolescents in the Legal System: TRIALS (U01), ZDA1 EXL-T (11)

Honors

1994	Magna cum laude, Park University
1996-1998	University Fellow, George Washington University.
1998-1999	Thelma Hunt Research Fellow, Psychology Department, George Washington University.
2001-2003	National Research Service Award, Agency for Healthcare Research and Quality.
2002	Greenlick Master's Thesis Grant, Department of Public Health and Preventive Medicine, Oregon Health & Science University.
2003	Outstanding Master's Thesis Award (MPH), School of Medicine, Oregon Health & Science University.
2005-2008	NIDA Clinical Researcher Student Loan Repayment Program

C. Peer-Reviewed Publications (of 49 publications)

Most relevant to the current application

1. **Wisdom JP**, Cavalieri MC, Onwuegbuzie AT, Green CA. (2011). Methodological reporting in qualitative, quantitative, and mixed methods health services research articles. *Health Services Research*, 47, 2, 721-745. DOI: 10.1111/j.1475-6773.2011.01344.x
2. **Wisdom JP**, Chor KHB, Hoagwood K, Horwitz S. (in press). Innovation Adoption: A Review of Theories and Constructs. *Administration and Policy in Mental Health and Mental Health Services Research*.
3. **Wisdom JP**, Lewandowski RE, Pollock MN, Acri M, Olin SS, Shorter P, Armusewicz K, Horwitz S, Hoagwood KE. (in press). What family support specialists do: Examining service delivery. *Administration and Policy in Mental Health and Mental Health Services Research*.

4. **Wisdom JP**, Knapik S, Holley M, Van Bramer J, Sederer L, Essock S. (2012). New York State outpatient mental health clinic licensing reform: Incorporating tracer methodology to improve service quality. *Psychiatric Services*, 63, 5, 418-420.
 5. McCarty D, Gustafson DH, **Wisdom JP**, Ford JH, Choi D, Molfenter T, Capoccia V & Cotter F. (2007). The Network for the Improvement of Addiction Treatment: Strategies to enhance access and retention. *Drug and Alcohol Dependence*, 88, 2-3, 138-145.

Additional recent publications of importance to the field (in chronological order)

1. **Wisdom JP** & Green CA (2004). 'Being in a Funk': Teens' efforts to understand their depressive experiences. *Qualitative Health Research*, 14, 9, 1227-1238.
 2. **Wisdom JP**, Lapidus J & Berlin M. (2005). Relating health policy to health outcomes: Women's Health Report Card policies Associated with women's mortality rates. *Social Science and Medicine*, 61, 8, 1776-1784.
 3. **Wisdom JP**, Clarke GN & Green CA. (2006). What teens want: Barriers to seeking care for depression. *Administration and Policy in Mental Health and Mental Health Services Research*, 33, 2, 133-145.
 4. **Wisdom JP**, Agnor CA. (2007). Family heritage and depression guides: Family and peer views influence adolescent attitudes about depression. *Journal of Adolescence*, 30, 333-346.
 5. Ford JH, Green CA, Hoffman KA*, **Wisdom JP**, Riley KA, Bergmann FL & Molfenter, T. (2007). Process improvement needs in substance abuse treatment agencies: Results from walk-throughs of the admissions process. *Journal of Substance Abuse Treatment*, 33, 379-389.
 6. Green CA, Polen MR, Janoff SL, Castleton DK, **Wisdom JP**, Vuckovic N, Perrin NA, Paulson RI & Oken SL. (2008). Understanding how clinician-patient relationships and relational continuity of care affect recovery from serious mental illness: STARS study results, *Psychiatric Rehabilitation Journal*, 32(1), 9-22.
 7. **Wisdom JP**, & Gogel LP. (2010). Perspectives on completing adolescent substance abuse treatment: How do you know when youth are done? *Psychiatric Services*, 61, 817-821.
 8. **Wisdom JP**, Manuel JI, Drake RE. (2011). Substance Use Disorder in People with First-Episode Psychosis: A Systematic Review of Course and Treatment. *Psychiatric Services*, 62, 1007-1012.
 9. Green CA, **Wisdom JP**, Wolfe L, Firemark A. (2012). Engaging youths with serious mental illnesses in treatment: STARS study consumer recommendations. *Psychiatric Rehabilitation Journal*, 35, 5, 360-368.
 10. Smith TE, Easter A, Pope LG, Pollock M, **Wisdom JP**. (2013). Perspectives of high-need individuals with serious mental illness who have disengaged from services. *Psychiatric Services*, 64, 8, 770-775

D. Research Support

Ongoing Research Support

1R01 DA 33974-01A1 Corliss (PI) 7/13-6/18
Substance Disorders, Substance Use Treatment, and Sexual Orientation in Youth
Mixed methods study following two cohorts of Growing Up Today study to understand why substance disorders disproportionately impact LGBT youth, identify causal mechanisms, specific barriers for sexual minorities in obtaining treatment and effective treatment strategies.
Role: Qualitative/Mixed Methods Lead, Co-Investigator and Subcontract PI

VA Contract 640-12-3-372-0070 Gifford (PI) 10/12-9/13
Qualitative Consultation for the Quality Enhancement Research Initiative for Substance Use Disorders
Private practice contract with VA Sierra Pacific Network (VISN 21) to provide qualitative consultation on grant applications and manuscripts for the Quality Enhancement Research Initiative for Substance Use Disorders.
Role: Consultant

1R01DA033168-01A1 El Bassel (PI) 8/12-7/17
Couples HIV Prevention for Drug-Involved Male Offenders: An Effectiveness Trial
Private practice contract with Columbia University School of Social Work to provide qualitative consultation on mixed methods trial to evaluate the implementation, effectiveness and cost-effectiveness of a couple-based integrated HIV/STI and drug abuse prevention intervention.
Role: Consultant.

Completed Research Support

P30MH090322-01A1 Hoagwood (PI) 8/11-10/12
Advanced Center for Innovation in Services and Intervention Research
The overall public health goal of the Advanced Center is to advance knowledge about effective implementation strategies for improving the uptake of evidence-based practices in a state-funded public mental health system. Our primary methodology goal is to explore the effective and efficient application of mixed methods in informing child mental health policy. Wisdom leads the Methods R34 (a mixed methods study) and the Career Development Unit and is a member of the Senior Leadership.
Role: Co-I

(NIMH HHSN-271-2009-00020-C) Essock (PI) 2011-2012
Recovery After an Initial Schizophrenia Episode
Two and a half years of extension funding to determine the impact of the RAISE Connection Program, a coordinated and aggressive treatment program to assist individuals in the earliest stages of illness. The research study is conducted at community clinics in partnership with the Maryland and New York state mental health systems.
Role: Co-I.

R01MH086236 Essock (PI), Donahue (Co-PI) 4/09-3/12
Evaluating the Impact of Clinical Alerts Generated from Medicaid Claims Data
This application proposes to use pooled Medicaid claims data from NYS and Pennsylvania (PA) to examine the impact of the “clinical alerts” generated by Medicaid claims data on continuity of care and use of psychiatric services.
Role: Co-I

P20 MH 078178-0 Hoagwood (PI) 9/06-8/11
Developing Center for Innovation in Services and Intervention Research
The overall public health goal of the Developing Center is to advance knowledge about effective implementation strategies for improving the uptake of evidence-based practices in a state-funded public mental health system. Our primary goal is to instantiate the connection between science and policy.
Role: Co-I

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors in the order listed on Form Page 2.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME Fullilove, Mindy Thompson	POSITION TITLE Professor of Clinical Psychiatry and Public Health		
eRA COMMONS USER NAME (credential, e.g., agency login) mf29xx			
EDUCATION/TRAINING (<i>Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.</i>)			
INSTITUTION AND LOCATION	DEGREE (if applicable)	MM/YY	FIELD OF STUDY
Bryn Mawr College, Bryn Mawr, PA Columbia University, New York, NY Columbia University, New York, NY	BA MS MD	1971 1974 1978	History Nutrition Medicine

A. Personal Statement

I have a broad background in qualitative data analysis and social psychiatry, with areas of expertise in key research areas for this application. My research focuses on the mental health problems of inner city communities, the social and psychological effects of urban renewal on African Americans, and community-based preventive services. I have explored the effects of violence, substance use, poverty, low education levels, and other social factors that contribute to excessive mortality rates among African Americans in Harlem, New York. I have extensive expertise in qualitative study design, data collection, and data analysis. I served as qualitative data analysis consultant for Dr. Hankerson's focus group study with African American clergy. I have conducted numerous focus groups and semi-structured interviews with African American research participants. I will donate my time to provide Dr. Hankerson with monthly, in-person supervision on procedures for accurately collecting, coding, and reporting qualitative data. Dr. Hankerson's K23 Award is a logical extension of his prior work and will lay the foundation for his desire to become an independent investigator. I am eager to provide strong, consistent support to this promising young investigator.

B. Positions and Honors

Positions

1978-1979	Internship: New York Hospital-Westchester Division, Psychiatry/Medicine
1979-1981	Residency: New York Hospital-Westchester Division, Psychiatry
1981-1982	Residency: Montefiore Hospital, Psychiatry
1982-1983	Instructor, Albert Einstein College of Medicine
1982-1983	Director Day Treatment, Morrisania Neighborhood Family Care Center, Bronx, N.Y.
1983-1986	Staff Psychiatrist Bayview-Hunter's Point Foundation
1984-1990	Assistant Clinical Professor of Psychiatry, UCSF School of Medicine
1986-1990	Director Medical Scholars Program, UCSF School of Medicine
1986-1990	Director Multicultural Inquiry and Research on AIDS, Bayview-Hunter's Point Foundation, San Francisco, CA
1990-1998	Associate Professor of Clinical Psychiatry and Public Health, Columbia University
1992-present	Co-Director, Community Research Group, NYSPI and Mailman SPH, Columbia University
1990-present	Research Psychiatrist New York State Psychiatric Institute
1996-2004	Government Advisory Boards: Task Force on Community Preventive Services
1998-present	Professor of Clinical Psychiatry and Public Health, Columbia University

Honors (selected)

2013 Elected Public Member, National Board of Directors, American Institute of Architecture
2006 American Psychiatric Association, Distinguished Psychiatrist Lecture
2005 Producer, "Urban Renewal Is People Removal," Best Short Documentary, Trenton Film Festival
2004 Jeanne Spurlock Minority Fellowship Achievement Award of the American Psychiatric Association
2003 National Associate of the National Academy of Sciences
2003 Poz Magazine, member of "Dream Team" of African Americans engaged in the fight against AIDS
2003 Thousand Cranes Peace Award of Camino de Paz
2002 "NYer of the Week," NY1 News Station
2002 Elected Commencement Speaker, Hampshire College
2002 Doctor of Humane Letters, Bank Street College, New York, NY
1999 Doctor of Humane Letters, Chatham College, Pittsburgh, PA
1999 Castle Connelly Guide Best Doctors in New York Metro Area (reselected numerous times)
1996 New York Magazine, Best Doctors in New York (reselected 1998, 2000)
1998-99 Maurice Falk Fellow at the Center for Minority Health, U. Pittsburgh GSPH
1996 Association of Women in Science NY Metro Chapter, Outstanding Woman Scientist
1996 Poz Magazine, One of the leading HIV researchers in the US

C. Selected Peer-reviewed Publications (Selected from over 85 peer-reviewed publications)
Most relevant to the current application (in chronological order)

1. Green L, **Fullilove MT**, Evans D, Shepard P. "Hey, mom, thanks!": use of focus groups in the development of place-specific materials for a community environmental action campaign. *Environ Health Perspect.* 2002 Apr;110 Suppl 2:265-9. PMCID: PMC1241172. [qualitative study]
2. **Fullilove MT**. Social and economic causes of depression. *J Gend Specif Med.* 2002 Mar-Apr;5(2):38-41. PMID: 11974673.
3. Evans DT, **Fullilove MT**, Green L, Levison M. Awareness of environmental risks and protective actions among minority women in Northern Manhattan. *Environ Health Perspect.* 2002 Apr;110 Suppl 2:271-5. PMID: 11929738.
4. **Fullilove MT**, Hernandez-Cordero L, Madoff JS, Fullilove RE. Promoting collective recovery through organizational mobilization: the post-9/11 disaster relief work of NYC RECOVERS. *J Biosoc Sci.* 2004 Jul;36(4):479-89. PMID: 15293388.
5. **Fullilove MT**, Green LL, Hernández-Cordero LJ, Fullilove RE. Obvious and not-so-obvious strategies to disseminate research. *Health Promot Pract.* 2006 Jul;7(3):306-11. PMID: 16940026.
6. McGrath MM, Fullilove RE, Kaufman MR, Wallace R, **Fullilove MT**. The limits of collaboration: a qualitative study of community ethical review of environmental health research. *Am J Public Health.* 2009 Aug;99(8):1510-4. Jun 18. PMCID: PMC2707487. [qualitative study]
7. **Fullilove MT**, Lee C, Sallis JF. Engaging communities to create active living environments. *J Phys Act Health.* 2011 Jan;8 Suppl 1:S1-4. PMID: 21350249.
8. Greene D, Tehrani Far P, Hernandez-Cordero LJ, **Fullilove MT**. I used to cry every day: a model of the family process of managing displacement. *J Urban Health.* 2011 Jun;88(3):403-16. PMCID: PMC3126928.
9. Hankerson SH, Watson KT, Lukachko A, **Fullilove MT**, Weissman M. Ministers' perceptions of church-based programs to provide depression care for African Americans. *J Urban Health.* 2013 Aug;90(4):685-98. PMCID: PMC3732678. [qualitative study]

Additional publications of importance to the field (in chronological order)

1. **Fullilove MT**. Psychiatric implications of displacement: contributions from the psychology of place. *Am J Psychiatry.* 1996 Dec;153(12):1516-23. PMID: 8942445.
2. **Fullilove MT**, Green L, Fullilove RE. Building momentum: an ethnographic study of inner-city redevelopment. *Am J Public Health.* 1999 Jun;89(6):840-4. PMCID: PMC1508663.
3. Fullilove RE, **Fullilove MT**, Northridge ME, Ganz ML, Bassett MT, McLean DE, Aidala AA, Gemson DH, McCord C. Risk factors for excess mortality in Harlem. Findings from the Harlem Household Survey. *Am J Prev Med.* 1999 Apr;16(3 Suppl):22-8. PMID: 10198677.
4. **Fullilove MT**. Root shock: the consequences of African American dispossession. *J Urban Health.* 2001 Mar;78(1):72-80. PMID: 11368205.

5. Anderson LM, Scrimshaw SC, **Fullilove MT**, Fielding JE, Normand J; Task Force on Community Preventive Services. Culturally competent healthcare systems. A systematic review. *Am J Prev Med.* 2003 Apr;24(3 Suppl):68-79. PMID: 12668199.
 6. McGrath MM, Fullilove RE, Kaufman MR, Wallace R, **Fullilove MT**. The limits of collaboration: a qualitative study of community ethical review of environmental health research. *Am J Public Health.* 2009 Aug;99(8):1510-4. PMCID: PMC2707487. [qualitative study]

D. Research Support

Ongoing Research Support

None

Completed Research Support

5 R49 CCR218598 Fullilove (Co-PI) 9/30/05-9/29/10
Centers for Disease Control
A Natural History of Youth Re-entry from Incarceration
This project examined the experiences of young people returning to Washington Heights after incarceration.
Role: Co-Principal Investigator

5 R49 CCR218598
Centers for Disease Control Fullilove (Co-PI) 9/30/00-9/29/10
A Natural History of building an Anti-Violence Youth
This project examined the effect on individual, family and neighborhood levels of violence before and after Fresh Youth Initiatives built a new youth center in Washington Heights
Role: Co-Principal Investigator

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors in the order listed on Form Page 2.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME Wickramaratne, Priya	POSITION TITLE Associate Professor		
eRA COMMONS USER NAME (credential, e.g., agency login) WICKRAMP			
EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.)			
INSTITUTION AND LOCATION	DEGREE (if applicable)	MM/YY	FIELD OF STUDY
University of London, England	B.Sc.	1968	Mathematics
Stanford University, Stanford, CA	M.S.	1970	Statistics
Yale University, New Haven, CT	Ph.D.	1984	Biostatistics

A. Personal Statement

I have extensive experience as a biostatistician with expertise in the statistical analysis of clinical trials, analysis of epidemiologic studies, and causal inference that are important for this proposal. Specifically, I will assist calculating prevalence estimates of major depression, rates of mental health treatment, and longitudinal effects of Interpersonal Counseling (IPC) on depressive symptomatology, functioning, and treatment retention post-referral. I will donate my time to supervise Dr. Hankerson in the area of quantitative biostatistics during monthly, in-person supervision. I previously served as quantitative data analysis consultant for Dr. Hankerson's 2010 NARSAD Young Investigator Award. I have collaborated with Dr. Myrna Weissman, who is Dr. Hankerson's primary mentor, for over 25 years to analyze quantitative data from epidemiologic studies and clinical trials. I have provided consultations and mentorship to numerous other junior-level investigators in statistical methods and applications; many of whom have developed successful independent research careers. I have the experience, interest, and commitment to provide mentorship and guidance to Dr. Hankerson to enable his growth into an independent investigator.

B. Positions and Honors

Positions and Employment

- 1971-1973 Statistician, Engineering Services Division, Lockheed Electronics Company, Tucson, Arizona.
- 1974-1979 Statistician, Environmental Services Division, Raytheon Company, Newport, Rhode Island
- 1979-1983 Doctoral Candidate, Division of Biostatistics School of Public Health, Yale University, New Haven, Connecticut.
- 1983-1987 Biostatistician, Department of Psychiatry Depression Research Unit, Yale University School of Medicine, New Haven, Connecticut.
- 1987-1989 Senior Research Scientist/Biostatistician Pharmaceutical Research and Development Division, Bristol-Myers Company, Wallingford, Connecticut.
- 1989-1996 Assistant Professor of Clinical Public Health (Biostatistics, in Psychiatry), Columbia University, New York, New York
- 1996-present Associate Professor of Clinical Public Health (Biostatistics, in Psychiatry), Columbia University, New York, New York.
- 1989-present Research Scientist V, Division of Clinical-Genetic Epidemiology, New York State Psychiatric Institute, (NYSPI) New York, New York
- 2007-present Research Scientist V, Division of Epidemiology, NYSPI, New York, New York

Other Professional Experience

- 1979-1983 National Research Service Award Traineeship
- 1991-2009 Courses taught in the Division of Biostatistics, School of Public Health, Columbia University:

	Nonparametric Statistics, Design of Medical Experiments, Introduction to Probability with Application to Statistics, Nonparametric Statistics and Analysis of Categorical Data
1986-preent	Member American Statistical Association, Biometric Society
2005-present	Member of statistical review board: <i>American Journal of Psychiatry</i>
2006- 2010	Member NIMH Review Study Section: ITVC- Family and Child Intervention Studies
2007-present	Editor-at-large for Methodology and Statistics, <i>Journal of the American Academy of Child and Adolescent Psychiatry</i> .

C. Selected Peer-reviewed Publications (Selected from over 109 peer-reviewed publications)

Most relevant to the current application (in chronological order)

1. Weissman MM, **Wickramaratne P**. Age of onset and familial risk in major depression. *Arch Gen Psychiatry*. 2000 May;57(5):513-4. PMID: 10807494. ©
2. Weissman MM, **Wickramaratne P**, Adams P, Wolk S, Verdelli H, Olfson M. Brief screening for family psychiatric history: the family history screen. *Arch Gen Psychiatry*. 2000 Jul;57(7):675-82. PMID: 10891038. ©
3. Verdelli H, Ferro T, **Wickramaratne P**, Greenwald S, Blanco C, Weissman MM. Treatment of depressed mothers of depressed children: pilot study of feasibility. *Depress Anxiety*. 2004;19(1):51-8. PMID: 14978786. ©
4. Talati A, **Wickramaratne P**, Pilowsky DJ, Alpert JE, Cerda G, Garber J, Hughes CW, King CA, Malloy E, Sood AB, Verdelli H, Trivedi MH, Rush AJ, Weissman MM. Remission of maternal depression and child symptoms among single mothers: a STAR*D-Child report. *Soc Psychiatry Psychiatr Epidemiol*. 2007 Dec;42(12):962-71. PMCID: PMC2994601. ©
5. Weissman MM, Neria Y, Gameroff MJ, Pilowsky DJ, **Wickramaratne P**, Lantigua R, Shea S, Olfson M. Positive screens for psychiatric disorders in primary care: a long-term follow-up of patients who were not in treatment. *Psychiatr Serv*. 2010 Feb;61(2):151-9. PMID: 20123820. ©
6. **Wickramaratne P**, Gameroff MJ, Pilowsky DJ, Hughes CW, Garber J, Malloy E, King C, Cerda G, Sood AB, Alpert JE, Trivedi MH, Fava M, Rush AJ, Wisniewski S, Weissman MM. Children of depressed mothers 1 year after remission of maternal depression: findings from the STAR*D-Child study. *Am J Psychiatry*. 2011 Jun;168(6):593-602. PMCID: PMC3423977. ©
7. Miller L, **Wickramaratne P**, Gameroff MJ, Sage M, Tenke CE, Weissman MM. Religiosity and major depression in adults at high risk: a ten-year prospective study. *Am J Psychiatry*. 2012 Jan;169(1):89-94. PMID: 21865527. ©
8. Kasen S, **Wickramaratne P**, Gameroff MJ, Weissman MM. Religiosity and resilience in persons at high risk for major depression. *Psychol Med*. 2012 Mar;42(3):509-19. PMID: 21849093. ©
9. Barton YA, Miller L, **Wickramaratne P**, Gameroff MJ, Weissman MM. Religious attendance and social adjustment as protective against depression: A 10-year prospective study. *J Affect Disord*. 2013 Mar 20;146(1):53-7. PMCID: PMC3582716. ©

Additional publications of importance to the field (in chronological order)

1. Weissman MM, Warner V, **Wickramaratne P**, Moreau D, Olfson M. Offspring of depressed parents. 10 Years later. *Arch Gen Psychiatry*. 1997 Oct;54(10):932-40. PMID: 9337774. ©
2. Weissman MM, Wolk S, Goldstein RB, Moreau D, Adams P, Greenwald S, Klier CM, Ryan ND, Dahl RE, **Wickramaratne P**. Depressed adolescents grown up. *JAMA*. 1999 May 12;281(18):1707-13. PMID: 10328070. ©
3. Bolton P, Bass J, Neugebauer R, Verdelli H, Clougherty KF, **Wickramaratne P**, Speelman L, Ndogoni L, Weissman M. Group interpersonal psychotherapy for depression in rural Uganda: a randomized controlled trial. *JAMA*. 2003 Jun 18;289(23):3117-24. PMID: 12813117. ©
4. Bass J, Neugebauer R, Clougherty KF, Verdelli H, **Wickramaratne P**, Ndogoni L, Speelman L, Weissman M, Bolton P. Group interpersonal psychotherapy for depression in rural Uganda: 6-month outcomes: randomised controlled trial. *Br J Psychiatry*. 2006 Jun;188:567-73. PMID: 16738348. ©
5. Weissman MM, Verdelli H, Gameroff MJ, Bledsoe SE, Betts K, Mufson L, Fitterling H, **Wickramaratne P**. National survey of psychotherapy training in psychiatry, psychology, and social work. *Arch Gen Psychiatry*. 2006 Aug;63(8):925-34. PMID: 16894069. ©

6. Gameroff MJ, Wickramaratne P, Weissman MM. Testing the Short and Screener versions of the Social Adjustment Scale-Self-report (SAS-SR). *Int J Methods Psychiatr Res.* 2012 Mar;21(1):52-65. PMCID: PMC3433762. ©

D. Research Support

Ongoing Research Support

5 R01 MH36197 (Weissman, PI)

01/01/02-01/31/15

NIMH

Children at High and at Low Risk for Depression

This 3-generation study of families at high and low risk for Major Depressive Disorder (MDD) has documented the strong familial transmission of mood disorders across generations. We have conducted 5 waves of assessments in this cohort over 25 years. This study is a 6th wave of study to gain a deeper understanding of the right hemisphere abnormalities in familial MDD in the 216 individuals imaged thus far. We plan to collect additional MRI and EEG measures, as well as clinical and cognitive neuroscience data, that will inform us about the neural bases of the right hemisphere thinning and their consequences for brain function and emotional processing. We will also determine whether additional cortical thinning in the left cerebral hemisphere predicts new or recurrent MDD in those people who were imaged in Wave 5.

Role: Biostatistician

1 P50 MH090966 (Gingrich, PI)

09/01/10-04/30/15

NIH / NIMH

Silvio O. Conte Centers for Basic and Translational Mental Health Research - Serotonergic Modulation of Brain Development: Genetic and Pharmacologic Influences on Structure, Function, and Behavior

Several lines of evidence indicate that in species from rodents to humans, serotonin acts as a neural growth factor during early phases of brain maturation to influence brain structure, neurophysiology, and ultimately behavior. Serotonin signaling can be affected by either genetic (5httlpr) or pharmacologic (SSRI, MAOI) variables during early life. We hypothesize that low-expressing 5httlpr variants of the serotonin transporter (SERT) and pharmacologic inhibition of SERT function produce similar effects on brain maturation and ultimately behavior and increase the risk for clinical diagnoses such as affective and anxiety-related disorders.

Role: Director, Biostatistics Core

1 R01 MH082255 (Weissman, PI)

07/01/07-06/30/14

NIH/NIMH

Parental Remission from Depression and Child Psychopathology

This study will independently study 100 depressed parents undergoing treatment and 200 of their children to replicate and refine previous findings that successful treatment of a depressed parent leads to improvement in their children. These findings, if replicated in this proposed study, will provide new strategies for helping symptomatic children of depressed parents.

Role: Biostatistician

Proposal 14918 (Weissman, PI)

01/01/10-11/15/14

John Templeton Foundation

Understanding the Role of Belief in the Resilience of Families at Risk for Depression: Religion, Brain Structure and Function, and Genetics

Using previously collected data on a three generation study of children at high and at low risk for depression, this project seeks to link 3 areas of research: beliefs, brain structure and function, and genetic endowment. The overarching goals of the proposal are to expand on previously reported observations about the protective effects of belief and determine the stability of the findings, and to integrate the clinical and religious variables with brain structure and function, and genetic data in order to answer comprehensive questions about vulnerability and resilience to depression.

Role: Biostatistician

Completed Research

R21 MH079905 (Olfson, PI)

09/01/09-08/31/11

NIH/NIMH

Stimulants and Vascular Events in ADHD

The goal of this project is to examine associations between stimulant treatment and risk of cardiovascular events in youth treated for ADHD including whether patient age, gender, comorbid medical diseases, and co-prescribed medications moderate a stimulant-related risk of these events.

Role: Biostatistician

Other Support

Myrna M. Weissman, Ph.D.

Active

1 R01 MH082255-04 (Weissman) 07/01/07 -06/30/14
NIH/NIMH \$109,585 (No Cost extension)

Parental Remission from Depression and Child Psychopathology

This study will independently study 100 depressed parents undergoing treatment and 200 of their children to replicate and refine previous findings that successful treatment of a depressed parent leads to improvement in their children. These findings, if replicated in this proposed study, will provide new strategies for helping symptomatic children of depressed parents.

5 R01 MH 36197-27(Weissman*) 07/01/10 - 01/31/15
NIH/NIMH \$876,601 TDC

Children at High and at Low Risk for Depression

This 3-generation study of families at high and low risk for Major Depressive Disorder (MDD) has documented the strong familial transmission of mood disorders across generations. We have conducted 5 waves of assessments in this cohort over 25 years. This study is a 6th wave of study to gain a deeper understanding of the right hemisphere abnormalities in familial MDD in the 216 individuals imaged thus far. We plan to collect additional MRI and EEG measures, as well as clinical and cognitive neuroscience data, that will inform us about the neural bases of the right hemisphere thinning and their consequences for brain function and emotional processing. We will also determine whether additional cortical thinning in the left cerebral hemisphere predicts new or recurrent MDD in those people who were imaged in Wave 5. *(Corresponding PI with Peterson, B)

1P50MH090966-04 (Gingrich) 09/01/10 to 04/30/15
NIH / NIMH \$1,577,717 TDC

Silvio O. Conte Centers for Basic and Translational Mental Health Research - Serotonergic Modulation of Brain Development: Genetic and Pharmacologic Influences on Structure, Function, and Behavior
Several lines of evidence indicate that in species from rodents to humans, serotonin acts as a neural growth factor during early phases of brain maturation to influence brain structure, neurophysiology, and ultimately behavior. Serotonin signaling can be affected by either genetic (5httlpr) or pharmacologic (SSRI, MAOI) variables during early life. We hypothesize that low-expressing 5httlpr variants of the serotonin transporter (SERT) and pharmacologic inhibition of SERT function produce similar effects on brain maturation and ultimately behavior and increase the risk for clinical diagnoses such as affective and anxiety-related disorders.

1U01MH092250-04 (McGrath) 09/30/10 to 06/30/14
NIH/NIMH \$1,676,168 TDC

Biosignatures of Treatment Remission in Major Depression

A randomized, placebo-controlled trial comparing a serotonin selective uptake inhibitor citalopram and placebo for 400 participants with Major Depressive Disorder (MDD) in which we will assess selected clinical and biological moderators and mediators of outcome. The identified moderators and mediators will be used to develop a differential depression treatment response index as a first step to developing personalized medication treatment of MDD. (Multiple PI Award including Weissman and Parsey)

Proposal 14918 (Weissman) 01/01/10 – 11/15/13
John Templeton Foundation 54,447 (no cost extension)

Understanding the Role of Belief in the Resilience of Families at Risk for Depression: Religion, Brain Structure and Function, and Genetics

Using previously collected data on a three generation study of children at high and at low risk for depression, this project seeks to link 3 areas of research: beliefs, brain structure and function, and genetic endowment. The overarching goals of the proposal are to expand on previously reported observations about the protective effects of belief and determine the stability of the findings, and to integrate the clinical and

religious variables with brain structure and function, and genetic data in order to answer comprehensive questions about vulnerability and resilience to depression.

RO1MH072833-08 (Neria) 3/01/09-2/28/14
NIH/NIMH \$530,851 TDC.

Brain Circuitry and Psychosocial Predictors of PTSD

To use a well characterized longitudinal sample for 1) a follow up assessment and 2) fMRI data collection and analysis of fear conditioning and extinction paradigm in order to study the brain circuitry and psychosocial predictors involved in PTSD and resilience.

OVERLAP: None

WELLS, K.B.

ACTIVE:

1P30MH082760-03 (Wells) 09/05/08-06/30/14
NIH \$1,492,276

Partnered Research Center for Quality Care

The Partnered Research Center for Quality Care has the overarching goal of achieving science that can inform and be informed by community-based services delivery within institutional, socio-cultural, and neighborhood contexts. We focus on partnered intervention and dissemination research for improving quality of care in communities for signature conditions such as depression/anxiety, schizophrenia, and youth exposure to violence. To help accomplish this goal, the center provides high quality research support as well as support in developing collaborations and leadership in communities.

R01 MH078853-04 (Wells) 09/21/2007-05/31/2014
NIMH \$508,518

Community Partners in Care

A multiphase study to examine the effects of a community-engagement approach to implementing evidence-based interventions and to initiate and evaluate a community-wide implementation using the lessons learned from the first phase.

70035 (Brook) 07/01/2012-06/30/2014
RWJF \$1,035,300

RWJF Clinical Scholars Program

The Robert Wood Johnson Foundation's Clinical Scholar Program prepares physicians to act as health services research leaders and agents for change in diverse settings such as the community, federal organizations, and academic departments.

PH-002511 (Wells) 08/16/13-06/30/14
CDC \$129,870

Los Angeles County Community Disaster Resilience

The LACCDR project is a collaborative effort that aims to engage community-based organizations in providing leadership and partnership to promote community resilience in the face of public health emergencies such as pandemics and disasters. The project will describe how LACDPH and community agencies define and approach community resilience and engage local communities in building resilience, develop partnerships to support community resilience in Los Angeles County, and identify strategies to strengthen LACDPH, ENLA and community agency capacity and leadership to support community resilience.

1G08LM11058 (Chung) 04/1/2011-03/31/2014
National Library of Medicine \$96,472

Drew/UCLA Connect: Partnered Resources to Improve Depression Outcomes

Purpose: The aims of this grant are: 1) to create a digital and physical archive of evidence-based depression and community engagement approaches from four National Institute of Mental Health funded studies: Partners in Care, We Care, Witness for Wellness, and Community Partners in Care in partnership with the Harbor-UCLA / LA Biomed, the UCLA Neuroscience Archives, the Charles Drew University of Medicine and Science, Healthy African American Families, and Queenscare; and 2) to disseminate these approaches in training conferences throughout Los Angeles County.

1R01DA032619 (Ettner) 03/15/12-02/29/16
NIDA \$403,916

Parity and Addiction Act: Impact on Benefits, Use and Costs

Using administrative data from the largest managed behavioral health organization in the country, we will look at how a landmark piece of parity legislation, the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), affected insurance coverage for mental health and substance abuse (MH/SA) treatment. We will test the hypotheses that some plans will drop coverage for

MH/SA treatment (either for selected conditions or altogether), but for conditions that continue to be covered, patient cost-sharing will decline, quantitative treatment limits (e.g., number of covered visits) and non-quantitative treatment limits (e.g., medical necessity review) will become less stringent, access to care will improve, and utilization and expenditures will increase. The findings of this study will inform policymakers considering future modification to the MHPAEA or state legislation to supplement its provisions; will provide an evidence base for employer groups making choices about MH/SA coverage; and will indicate promising avenues for future research.

1845 (Wells)	6/1/13-5/31/16
PCORI	\$499,997
Long-term outcomes of community engagement to address depression outcomes disparities	
This study builds on an existing project, Community Partners in Care (CPIC), in which different kinds of community-based agencies were assigned at random to having technical assistance as an individual agency to use toolkits to improve depression services and outcomes; or to work together across agencies to tailor the use of the toolkits to the strengths of the community and to collaborate as a network to improve depression outcomes. The current study will support data collection to compare 3-year outcomes of clients under the two conditions and will collect and analyze rich narrative information to understand what outcomes are important to depressed clients and how they make decisions about getting help to address them. Similarly, we will collect data to understand whether and how providers address depressed clients' priorities for outcomes and services and to host community discussions across stakeholders on how to design programs through collaboration to better address clients' priorities. The research effort is "partnered" or done collaboratively with community members and clients.	

PENDING:

N/A (Wells)	4/1/14-3/31/17
CMS	\$7,808,242
Community Behavioral Health Alliance	
The demonstration includes 27 communities across 5 states. Also building on Community Partners in Care (CPIC), this study proposes an innovative model, Community Behavioral Health Alliance. The Alliance model similarly supports joint planning, training and implementation of collaborative care for depression and comorbid conditions across healthcare and community-based partners, enabling new community-based services for outreach and behavioral management and effective engagement in social services to address locally-prioritized social risk factors such as trauma or homelessness.	

OVERLAP: None.

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 1

*** ORGANIZATIONAL DUNS:** 1672049940000

* Budget Type: Project Subaward/Consortium

Enter name of Organization: Research Foundation for Mental

Delete Entry * Start Date: * End Date: Budget Period 1

A. Senior/Key Person

9. Total Funds requested for all Senior Key Persons in the attached file

Total Senior/Key Person 122,400.00

Additional Senior Key Persons: _____

Add Attachment

Delete Attachment

[View Attachment](#)

B. Other Personnel

* Number of Personnel	* Project Role	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)
	Post Doctoral Associates						
	Graduate Students						
	Undergraduate Students						
	Secretarial/Clerical						
1	Project Coordinator	7.20		24,008.00	8,643.00	32,651.00	
1	Total Number Other Personnel					Total Other Personnel	32,651.00

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 1* ORGANIZATIONAL DUNS: * Budget Type: Project Subaward/ConsortiumEnter name of Organization: **Delete Entry*** Start Date: * End Date: Budget Period 1**C. Equipment Description**

List items and dollar amount for each item exceeding \$5,000

Equipment item	* Funds Requested (\$)
1. <input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>
5. <input type="text"/>	<input type="text"/>
6. <input type="text"/>	<input type="text"/>
7. <input type="text"/>	<input type="text"/>
8. <input type="text"/>	<input type="text"/>
9. <input type="text"/>	<input type="text"/>
10. <input type="text"/>	<input type="text"/>
11. Total funds requested for all equipment listed in the attached file	<input type="text"/>
Total Equipment	<input type="text"/>

Additional Equipment: Add Attachment Delete Attachment View Attachment**D. Travel**

1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)	Funds Requested (\$)
1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)	<input type="text" value="1,250.00"/>
2. Foreign Travel Costs	<input type="text"/>
Total Travel Cost	<input type="text" value="1,250.00"/>

E. Participant/Trainee Support Costs

1. Tuition/Fees/Health Insurance	Funds Requested (\$)
1. Tuition/Fees/Health Insurance	<input type="text"/>
2. Stipends	<input type="text"/>
3. Travel	<input type="text"/>
4. Subsistence	<input type="text"/>
5. Other <input type="text"/>	<input type="text"/>
Number of Participants/Trainees	Total Participant/Trainee Support Costs <input type="text"/>

RESEARCH & RELATED Budget {C-E} (Funds Requested)

RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD 1[Next Period](#)* ORGANIZATIONAL DUNS: * Budget Type: Project Subaward/ConsortiumEnter name of Organization: [Delete Entry](#)Start Date: * End Date: Budget Period 1**F. Other Direct Costs**

1. Materials and Supplies
2. Publication Costs
3. Consultant Services
4. ADP/Computer Services
5. Subawards/Consortium/Contractual Costs
6. Equipment or Facility Rental/User Fees
7. Alterations and Renovations
8. Other Costs
9.
10.

Funds Requested (\$)**Total Other Direct Costs** **G. Direct Costs****Funds Requested (\$)****Total Direct Costs (A thru F)** **H. Indirect Costs****Indirect Cost Type****Indirect Cost Rate (%)****Indirect Cost Base (\$)***** Funds Requested (\$)**

1. <input type="text" value="Modified TDC"/>	<input type="text" value="8.00"/>	<input type="text" value="172,400.00"/>	<input type="text" value="13,792.00"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Indirect Costs Cognizant Federal Agency

(Agency Name, POC Name, and POC Phone Number)

I. Total Direct and Indirect Costs**Funds Requested (\$)****Total Direct and Indirect Institutional Costs (G + H)****J. Fee****Funds Requested (\$)**K. * Budget Justification [Add Attachment](#)[Delete Attachment](#)[View Attachment](#)

(Only attach one file.)

Previous Period

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 2

* ORGANIZATIONAL DUNS:

*** Budget Type:** Project Subaward/Consortium

Enter name of Organization: Research Foundation for Mental

Delete Entry * Start Date: * End Date: Budget Period

A. Senior/Key Person

9. Total Funds requested for all Senior Key Persons in the attached file

Total Senior/Key Person

Additional Senior Key Persons:

Add Attachment

Delete Attachment

[View Attachment](#)

B. Other Personnel

* Number of Personnel	* Project Role		Cal.	Acad.	Sum.	* Requested	* Fringe	
			Months	Months	Months	Salary (\$)	Benefits (\$)	* Funds Requested (\$)
	Post Doctoral Associates							
	Graduate Students							
	Undergraduate Students							
	Secretarial/Clerical							
1	Project Coordinator		7.20		24,728.00	8,902.00	33,630.00	
1	Total Number Other Personnel						Total Other Personnel	33,630.00

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 2* ORGANIZATIONAL DUNS: * Budget Type: Project Subaward/ConsortiumEnter name of Organization: **Delete Entry*** Start Date: * End Date: Budget Period 2**C. Equipment Description**

List items and dollar amount for each item exceeding \$5,000

Equipment item	* Funds Requested (\$)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11. Total funds requested for all equipment listed in the attached file	
Total Equipment	

Additional Equipment: Add Attachment Delete Attachment View Attachment

D. Travel

	Funds Requested (\$)
1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)	1,250 .00
2. Foreign Travel Costs	<input type="text"/>
Total Travel Cost	<input type="text" value="1,250 .00"/>

E. Participant/Trainee Support Costs

	Funds Requested (\$)
1. Tuition/Fees/Health Insurance	<input type="text"/>
2. Stipends	<input type="text"/>
3. Travel	<input type="text"/>
4. Subsistence	<input type="text"/>
5. Other <input type="text"/>	<input type="text"/>
Number of Participants/Trainees	Total Participant/Trainee Support Costs <input type="text"/>

RESEARCH & RELATED Budget {C-E} (Funds Requested)

RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD 2[Next Period](#)* ORGANIZATIONAL DUNS: * Budget Type: Project Subaward/ConsortiumEnter name of Organization: [Delete Entry](#)Start Date: * End Date:

Budget Period 2

F. Other Direct Costs

1. Materials and Supplies
2. Publication Costs
3. Consultant Services
4. ADP/Computer Services
5. Subawards/Consortium/Contractual Costs
6. Equipment or Facility Rental/User Fees
7. Alterations and Renovations
8.
9.
10.

Funds Requested (\$)**Total Other Direct Costs** **G. Direct Costs****Funds Requested (\$)****Total Direct Costs (A thru F)** **H. Indirect Costs****Indirect Cost Type****Indirect Cost Rate (%)****Indirect Cost Base (\$)***** Funds Requested (\$)**

1. <input type="text" value="Modified TDC"/>	<input type="text" value="8.00"/>	<input type="text" value="172,400.00"/>	<input type="text" value="13,792.00"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Indirect Costs Cognizant Federal Agency

(Agency Name, POC Name, and POC Phone Number)

I. Total Direct and Indirect Costs**Funds Requested (\$)****Total Direct and Indirect Institutional Costs (G + H)****J. Fee****Funds Requested (\$)**K. * Budget Justification [Add Attachment](#)[Delete Attachment](#)[View Attachment](#)

(Only attach one file.)

Previous Period

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 3

* ORGANIZATIONAL DUNS:

* Budget Type: Project Subaward/Consortium

Enter name of Organization: Research Foundation for Mental

Delete Entry * Start Date: * End Date: Budget Period

A. Senior/Key Person

9. Total Funds requested for all Senior Key Persons in the attached file

Total Senior/Key Person

Additional Senior Key Persons:

Add Attachment

Delete Attachment

[View Attachment](#)

B. Other Personnel

* Number of Personnel

* Project Role

Cal.	Acad.	Sum.	* Requested
Months	Months	Months	Salary (\$)

* Fringe
Benefits (\$) * Funds Requested (\$)

RESEARCH & RELATED Budget {A-B} (Funds Requested) **Detailed Budget - Year 3**

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 3* ORGANIZATIONAL DUNS: * Budget Type: Project Subaward/ConsortiumEnter name of Organization: **Delete Entry*** Start Date: * End Date: Budget Period 3**C. Equipment Description**

List items and dollar amount for each item exceeding \$5,000

Equipment item	* Funds Requested (\$)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11. Total funds requested for all equipment listed in the attached file	
	Total Equipment

Additional Equipment: Add Attachment Delete Attachment View Attachment**D. Travel**

1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)
2. Foreign Travel Costs

Total Travel Cost**E. Participant/Trainee Support Costs**

1. Tuition/Fees/Health Insurance
2. Stipends
3. Travel
4. Subsistence
5. Other

Funds Requested (\$) Number of Participants/Trainees **Total Participant/Trainee Support Costs**

RESEARCH & RELATED Budget {C-E} (Funds Requested)

RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD 3[Next Period](#)* ORGANIZATIONAL DUNS: * Budget Type: Project Subaward/ConsortiumEnter name of Organization: [Delete Entry](#)Start Date: * End Date:

Budget Period 3

F. Other Direct Costs

1. Materials and Supplies
2. Publication Costs
3. Consultant Services
4. ADP/Computer Services
5. Subawards/Consortium/Contractual Costs
6. Equipment or Facility Rental/User Fees
7. Alterations and Renovations
8.
9.
10.

Funds Requested (\$)**Total Other Direct Costs** **G. Direct Costs****Funds Requested (\$)****Total Direct Costs (A thru F)** **H. Indirect Costs****Indirect Cost Type****Indirect Cost Rate (%)****Indirect Cost Base (\$)***** Funds Requested (\$)**

1. <input type="text" value="Modified TDC"/>	<input type="text" value="8.00"/>	<input type="text" value="172,400.00"/>	<input type="text" value="13,792.00"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Indirect Costs Cognizant Federal Agency

(Agency Name, POC Name, and POC Phone Number)

I. Total Direct and Indirect Costs**Funds Requested (\$)****Total Direct and Indirect Institutional Costs (G + H)****J. Fee****Funds Requested (\$)**K. * Budget Justification [Add Attachment](#)[Delete Attachment](#)[View Attachment](#)

(Only attach one file.)

Previous Period

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 4

* ORGANIZATIONAL DUNS:

*** Budget Type:** Project Subaward/Consortium

Enter name of Organization: Research Foundation for Mental

Delete Entry * Start Date: * End Date: Budget Period

A. Senior/Key Person

9. Total Funds requested for all Senior Key Persons in the attached file

Total Senior/Key Person

Additional Senior Key Persons:

Add Attachment

Delete Attachment

[View Attachment](#)

B. Other Personnel

* Number of Personnel	* Project Role	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)
	Post Doctoral Associates						
	Graduate Students						
	Undergraduate Students						
	Secretarial/Clerical						
1	Project Coordinator	7.20		26,234.00	9,444.00	35,678.00	
1	Total Number Other Personnel					Total Other Personnel	35,678.00

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 4* ORGANIZATIONAL DUNS: * Budget Type: Project Subaward/ConsortiumEnter name of Organization: **Delete Entry*** Start Date: * End Date: Budget Period 4**C. Equipment Description**

List items and dollar amount for each item exceeding \$5,000

Equipment item	* Funds Requested (\$)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11. Total funds requested for all equipment listed in the attached file	
Total Equipment	

Additional Equipment: Add Attachment Delete Attachment View Attachment

D. Travel

Funds Requested (\$)
1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions) <input type="text" value="1,250.00"/>
2. Foreign Travel Costs <input type="text"/>
Total Travel Cost <input type="text" value="1,250.00"/>

E. Participant/Trainee Support Costs

Funds Requested (\$)
1. Tuition/Fees/Health Insurance <input type="text"/>
2. Stipends <input type="text"/>
3. Travel <input type="text"/>
4. Subsistence <input type="text"/>
5. Other <input type="text"/>
Number of Participants/Trainees <input type="text"/> Total Participant/Trainee Support Costs <input type="text"/>

RESEARCH & RELATED Budget {C-E} (Funds Requested)

RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD 4[Next Period](#)* ORGANIZATIONAL DUNS: * Budget Type: Project Subaward/ConsortiumEnter name of Organization: [Delete Entry](#)Start Date: * End Date:

Budget Period 4

F. Other Direct Costs

1. Materials and Supplies
2. Publication Costs
3. Consultant Services
4. ADP/Computer Services
5. Subawards/Consortium/Contractual Costs
6. Equipment or Facility Rental/User Fees
7. Alterations and Renovations
8.
9.
10.

Funds Requested (\$)**Total Other Direct Costs** **G. Direct Costs****Funds Requested (\$)****Total Direct Costs (A thru F)** **H. Indirect Costs****Indirect Cost Type****Indirect Cost Rate (%)****Indirect Cost Base (\$)***** Funds Requested (\$)**

1. <input type="text" value="Modified TDC"/>	<input type="text" value="8.00"/>	<input type="text" value="172,400.00"/>	<input type="text" value="13,792.00"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Indirect Costs Cognizant Federal Agency

(Agency Name, POC Name, and POC Phone Number)

I. Total Direct and Indirect Costs**Funds Requested (\$)****Total Direct and Indirect Institutional Costs (G + H)****J. Fee****Funds Requested (\$)**K. * Budget Justification [Add Attachment](#)[Delete Attachment](#)[View Attachment](#)

(Only attach one file.)

BUDGET JUSTIFICATION

PERSONNEL EXPENSES

Fringe: Salary fringe is calculated at 36% for all four years of the Award Period.

Sidney Hankerson, MD, MBA – Principal Investigator (9.0 calendar months effort in years 1-4, 75% salary support (\$90,000). Dr. Hankerson is *Assistant Professor of Clinical Psychiatry* at Columbia University, College of Physicians and Surgeons and the New York State Psychiatric Institute (NYSPI). He has received excellent clinical training in evidence-based treatment for depression. His preliminary studies demonstrate the rationale and public health significance of conducting implementation research in faith-based settings. This K23 program will provide Dr. Hankerson with the necessary training, research experience, and protected time to become an independent investigator focused on reducing racial disparities in mental health treatment by disseminating faith-based interventions. He will attain specific training in dissemination and implementation science, community *engagement*, and mixed methods study design and analysis. Under the co-mentorship of *Dr. Myrna Weissman, Dr. Ken Wells, and Ms. Loretta Jones*, he will be responsible for design, execution, data analysis, oversight, and manuscript preparation for all phases of the proposed research. Dr. Hankerson's projected salary during his first year is \$120,000. Remaining salary support will be from nonfederal funds. Receipt of this award will not impact other institutional support available to Dr. Hankerson and will not result in the duplication of funding.

Myrna Weissman, PhD – Primary Mentor (no salary requested; Years 1-4). Dr. Weissman is Professor of Epidemiology and Psychiatry at Columbia University, College of Physicians & Surgeons and Director of the Division of Epidemiology at NYSPI. She is co-creator of Interpersonal Counseling (IPC), which is the evidence-based depression intervention that Dr. Hankerson will implement in this proposal. She specifically designed IPC to be delivered by non-mental health professionals, making it an especially good fit for use by clergy. She has extensive experience in translating and modifying IPC for use in novel settings and with racial/ethnic minority groups. Dr. Weissman established a strong mentoring relationship with Dr. Hankerson during his T32 post-doctoral research fellowship. Thus, she is in an excellent position to mentor Dr. Hankerson's career path to full independence and ensure that he seeks consultation from the diverse group of consultants he has chosen. *She has worked with Dr. Wells in the development of this project.* She will be responsible for overseeing the execution of this K award, communicating with the research team to provide a structured review of Dr. Hankerson's training plan, supervising his production of manuscripts, and monitoring the design and conduct of the clinical research.

Ken Wells, MD, MPH – Co-Mentor (no salary requested; Years 1-4). Dr. Wells is Professor of Psychiatry and Behavioral Sciences and Chair of the Community Health Improvement Collaborative at UCLA School of Medicine. He has developed, *in collaboration with Ms. Loretta Jones, a method to engage underserved African American communities in clinical research through community-partnered participatory research (CPPR)*. He is a lead developer of Witness for Wellness, a community-led, multi-stakeholder, academic-community partnership aimed at developing community-based approaches to improve health outcomes for depression in minority communities. *He and Ms. Loretta Jones, his community partner, are committed to providing bi-weekly supervision to Dr. Hankerson via Skype on strategies to use CPPR as a translational strategy to implement mental health services in faith-based settings.* He has also allowed Dr. Hankerson to audit, via teleconference at no cost, the "Community Engagement" course he teaches at UCLA.

Loretta Jones, MA – Co-Mentor (no salary requested; Years 1-4). Ms. Jones is Founder and CEO of Healthy African American Families, Phase II, a community-based social service agency originally founded with funding from the Centers for Disease Control and Prevention (CDC). Ms. Jones is a "Community Gatekeeper" with experience as a health policy advocate and civil rights activist. She and Dr. Wells are co-developers of community-partnered participatory research (CPPR), a form of community engagement that emphasizes power sharing and equitable relationships through all aspects of the research process. Ms. Jones and Dr. Wells will provide bi-weekly supervision to Dr. Hankerson via Skype. She will also provide hands on experiences in CPPR and implementation science to Dr. Hankerson when he visits UCLA in Years 1-3. She is being compensated as a consultant \$500 annually for her role as community partner, similar to the rate that partner-members of the Community Steering Council will be compensated.

Gail Wyatt, PhD – Consultant (no salary requested; Years 1-4). Dr. Wyatt is Professor of Psychiatry and Behavioral Sciences and Director of the UCLA Sexual Health Program. She developed the Wyatt Sex History Questionnaire, a semi structured interview used to assess consensual and non-consensual sexual experiences. She has expertise in examining the socio-cultural context of physical abuse, sexual trauma, and mental health disparities. She will provide consultation in training clergy how to respond to traumatized patients.

Lisa Dixon, MD, MPH – Other Significant Contributor (no salary requested; Years 1-4). Dr. Dixon will have an advisory role in identifying strategies to implement evidence-based practices for depression. She is Director of the Center for Practice Innovations within the Division of Mental Health Services and Policy Research at NYSPI. As Center Director, she is responsible for promoting the widespread availability of mental health evidence-based practices in New York State and identifying organizational change approaches that support the implementation of quality services for individuals with serious mental illness.

Helen Verdeli, PhD – Consultant (no salary requested; Years 1-4). Dr. Verdeli is Associate Professor of Psychology and Education at Columbia University, Teacher's College. She will provide consultation for modifications to the IPC implementation procedures and will help Dr. Hankerson assess clergy competence in delivering IPC. She will also assist with identifying strategies to scale up the use of IPC in faith-based settings on a broader scale.

Sherry Glied, PhD – Consultant (no salary requested; Years 1-4). Dr. Glied is Dean of the New York University, Wagner Graduate School of Public Service. She is an expert in mental health policy and economic models for health insurance expansion. She will serve as a consultant to identify how the Affordable Care Act and New York State Health Insurance Exchange can be applied to faith-based health promotion.

Alfiee Breland-Noble, PhD, MS – Consultant (no salary requested; Years 1-4). Dr. Breland-Noble is Assistant Professor of Psychiatry at Georgetown University. She has expertise in faith-based health promotion and collaborating with clergy to engage depressed African American adolescents in treatment. She will provide supervision on cultural aspects of working with clergy and faith-based health promotion.

Alwyn Cohall, MD – Consultant (no salary requested; Years 1-4). Dr. Cohall is Professor of Sociomedical Sciences and Population and Family Health at Columbia University, Mailman School of Public Health. As Director of the Harlem Health Promotion Center (HHPC), he is charged with reducing health disparities in Harlem by promoting community-academic partnerships. *He will provide consultation on how to apply principles of CBPR to adults in Harlem.*

Richard Ferreira, MSW – Consultant (no salary requested; Years 1-4). Mr. Ferreira is Director of Health and Wellness Strategies at Harlem Congregations for Community Improvement (HCCI), a coalition of over 90 faith-based organizations in Harlem. *He and I will serve as Co-Chairs of the Community Steering Council that will guide all aspects of this research project.*

Jennifer Wisdom, PhD, MPH – Consultant (no salary requested; Years 1-4). Dr. Wisdom is Associate Vice President of Research and Professor of Health Policy at George Washington University. She has training in clinical psychology and research expertise in mixed methods (qualitative/quantitative) study design and analysis. *She will provide consultation in planning mixed-methods study designs, integration of qualitative and quantitative data, and data analysis.*

Mindy Fullilove, MD, MS – Other Significant Contributor (no salary requested; Years 1-4). Dr. Fullilove is Professor of Clinical Psychiatry and Sociomedical Sciences at Columbia University, Mailman School of Public Health and NYSPI. Her research focuses on the mental health effects of urban renewal among people of color, for which she has conducted interviews and focus groups with hundreds of African American participants. She will provide expert consultation for QUALitative data collection, data storage, and analysis.

Priya Wickramaratne, PhD – Other Significant Contributor (no salary requested; Years 1-4). Dr. Wickramaratne is Associate Professor of Clinical Biostatistics in Psychiatry at NYSPI and the Director of Biostatistics for the NYSPI Conte Center Grant. She will serve as an advisor for QUANTitative data collection, methodological issues, and analysis.

TBH – Project Coordinator (PC) (60% effort or 7.2 calendar months in Years 1-4). The PC will conduct baseline assessments to determine study eligibility and follow-up evaluations at Week 4 and Week 10. The PC will assist with subject recruitment, preparation of subject records, subject payment, data analysis, and manuscript preparation. The PC will conduct and transcribe all semi-structured interviews with key stakeholders and will assist the PI with the coding and analysis qualitative data. In Years 1-3, the PC will focus on assembling the Community Steering Council, conducting assessments, and facilitating stakeholder interviews. Year 4 is focused on data analysis.

EQUIPMENT AND SUPPLIES

Project Supplies. Limited general office supplies are provided by the New York State Institute. Support totaling \$340 in Year 1 and \$521 in Years 2-4 is requested for toner cartridges, other computer supplies, envelopes, stamps, and photocopy charges.

Computer & Printer. A total of \$800 will be used to pay for a desktop computer and printer for the Project Coordinator in the Year 1.

Software Licenses Updates. Support totaling \$203 per year is requested for licenses fees for SAS, a quantitative data management and analysis software program.

TRAVEL

Travel to Visit Co-Mentors (Ms. Jones and Dr. Wells). Dr. Hankerson requests \$1,250 in Years 1-3 to visit Los Angeles to acquire hands-on training in CPPR from his co-mentors. Costs include airfare and hotel.

Travel to Conferences. Dr. Hankerson requests \$1,250 to present at a long-distance conference in Year 4. Costs will include airfare, hotel, and conference registration fees.

OTHER DIRECT COSTS

Information Technology. Funds are requested to cover the annual IT computing costs at NYSPI. Costs are increased 3% each year to adjust for inflation.

Coursework. Covers the cost of coursework at Columbia University, Mailman School of Public Health (SPH) as described in the training plan. Courses at Columbia University cost \$1,470 per credit. I will audit via teleconference, at no cost, the “Community Engagement in Health Research” course that is taught by Dr. Ken Wells as part of the UCLA Clinical Scholars Program.

Subject Fees. Subjects will be compensated \$25 for each of 3 assessments (baseline, Week 4, Week 10) and \$20 for an exit-interview, for a total of \$95 per subject. The total time expected to complete the assessments is 30 minutes, and the total time expected to complete the exit interviews is 20 minutes. Consistent with anticipated recruitment, subject fees are staggered across each year. Subject fees in Year 1 are \$760 (8 subjects in open trial x \$95). Subject fees in Year 2 are \$2,660 (8 subjects in open trial x \$95 and 20 subjects in rigorous comparison design x \$95). Subject fees in Year 3 are \$1,900 (20 subjects in rigorous comparison design x \$95).

Community Steering Council. Annual costs are \$3,200. Each of the 8 members of the Steering Council will be compensated \$100 honoraria per quarter in Years 1-4.

Training Costs. Clergy at First Corinthians Baptist Church (n=2 clergy) and St. Charles Borromeo Chapel (n= 6 clergy) will each be compensated \$200 for completing the entire 4-day IPC training. The total training costs in Year 1 are \$400 (2 clergy x \$200). The total training costs in Year 2 are \$1,200 (6 clergy x \$200). Since we are only implementing IPC in two churches, there are no training costs in Years 3 or 4.

NViwo. Annual funds totaling \$1,590 are requested for the qualitative analysis software program that aids in the storage, organization, and retrieval of qualitative data. Costs cover the full license for two computers (\$1,340) and two subscription fees (\$250).

Stakeholder Interviews. Key stakeholders who participate in semi-structured interviews will be compensated \$30. During Year 1, we will interview 8 clergy, 10 community members, and 5 policy makers. Thus, total costs for stakeholder interviews are \$690. The interviews will either be conducted in person or over the telephone by the Project Coordinator. Each interview will last 30 minutes.

RESEARCH & RELATED BUDGET - Cumulative Budget

		Totals (\$)
Section A, Senior/Key Person		489,600.00
Section B, Other Personnel		136,598.00
Total Number Other Personnel	4	
Total Salary, Wages and Fringe Benefits (A+B)		626,198.00
Section C, Equipment		
Section D, Travel		5,000.00
1. Domestic	5,000.00	
2. Foreign		
Section E, Participant/Trainee Support Costs		
1. Tuition/Fees/Health Insurance		
2. Stipends		
3. Travel		
4. Subsistence		
5. Other		
6. Number of Participants/Trainees		
Section F, Other Direct Costs		58,402.00
1. Materials and Supplies	9,075.00	
2. Publication Costs		
3. Consultant Services	2,000.00	
4. ADP/Computer Services		
5. Subawards/Consortium/Contractual Costs		
6. Equipment or Facility Rental/User Fees		
7. Alterations and Renovations		
8. Other 1	47,327.00	
9. Other 2		
10. Other 3		
Section G, Direct Costs (A thru F)		689,600.00
Section H, Indirect Costs		55,168.00
Section I, Total Direct and Indirect Costs (G + H)		744,768.00
Section J, Fee		

PHS 398 Cover Page Supplement

OMB Number: 0925-0001

1. Project Director / Principal Investigator (PD/PI)

Prefix: Dr. * First Name: Sidney
 Middle Name: H
 * Last Name: Hankerson III
 Suffix:

2. Human Subjects

Clinical Trial? No Yes

* Agency-Defined Phase III Clinical Trial? No Yes

3. Applicant Organization Contact

Person to be contacted on matters involving this application

Prefix: Ms. * First Name: Janelle
 Middle Name: Rene
 * Last Name: Greenhill
 Suffix: MPH

* Phone Number: 212-543-5801 Fax Number: 212-543-6062
 Email: nga@rf.cpmc.columbia.edu

* Title: Director of Administration

* Street1: NYPI
 Street2: 1051 Riverside Dr
 * City: New York
 County/Parish: New York
 * State: NY: New York
 Province:
 * Country: USA: UNITED STATES * Zip / Postal Code: 10032

PHS 398 Cover Page Supplement

4. Human Embryonic Stem Cells

* Does the proposed project involve human embryonic stem cells? No Yes

If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list: <http://stemcells.nih.gov/research/registry/>. Or, if a specific stem cell line cannot be referenced at this time, please check the box indicating that one from the registry will be used:

Cell Line(s): Specific stem cell line cannot be referenced at this time. One from the registry will be used.

PHS 398 Checklist

OMB Number: 0925-0001

1. Application Type:

From SF 424 (R&R) Cover Page. The responses provided on the R&R cover page are repeated here for your reference, as you answer the questions that are specific to the PHS398.

* Type of Application:

New Resubmission Renewal Continuation Revision

Federal Identifier:

2. Change of Investigator / Change of Institution Questions

Change of principal investigator / program director

Name of former principal investigator / program director:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

Change of Grantee Institution

* Name of former institution:

3. Inventions and Patents (For renewal applications only)

* Inventions and Patents: Yes No

If the answer is "Yes" then please answer the following:

* Previously Reported: Yes No

4. * Program Income

Is program income anticipated during the periods for which the grant support is requested?

Yes No

If you checked "yes" above (indicating that program income is anticipated), then use the format below to reflect the amount and source(s). Otherwise, leave this section blank.

*Budget Period

*Anticipated Amount (\$)

*Source(s)

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

5. * Disclosure Permission Statement

If this application does not result in an award, is the Government permitted to disclose the title of your proposed project, and the name, address, telephone number and e-mail address of the official signing for the applicant organization, to organizations that may be interested in contacting you for further information (e.g., possible collaborations, investment)?

Yes No

PHS 398 Career Development Award Supplemental Form

OMB Number: 0925-0001

1. Application Type:

From SF424 (R&R) Cover Page. The response provided on that page, regarding the type of application being submitted, is repeated here for your reference, as you attach the sections that are appropriate for this Career Development Award.

New Resubmission Renewal Continuation Revision

2. Career Development Award Attachments:

Please attach applicable sections, below.

Introduction (if applicable)

1. Introduction to Application <i>(for RESUBMISSION applications only)</i>	intro_ra.pdf	Add Attachment	Delete Attachment	View Attachment
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Candidate Information

2. Candidate's Background	rplan_cb.pdf	Add Attachment	Delete Attachment	View Attachment
3. Career Goals and Objectives	rplan_cg.pdf	Add Attachment	Delete Attachment	View Attachment
4. Career Development/Training Activities During Award Period	rplan_cd.pdf	Add Attachment	Delete Attachment	View Attachment
5. Training in the Responsible Conduct of Research	rplan_tr.pdf	Add Attachment	Delete Attachment	View Attachment
6. Mentoring Plan <i>(when applicable)</i>		Add Attachment	Delete Attachment	View Attachment

Statements of Support

7. Statements by Mentor, Co-Mentors, Consultants, Contributors <i>(as appropriate)</i>	rplan_con.pdf	Add Attachment	Delete Attachment	View Attachment
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Environment and Institutional Commitment to Candidate

8. Description of Institutional Environment	rplan_env.pdf	Add Attachment	Delete Attachment	View Attachment
9. Institutional Commitment to Candidate's Research Career Development	rplan_com.pdf	Add Attachment	Delete Attachment	View Attachment

Research Plan

10. Specific Aims	rplan_nar.pdf	Add Attachment	Delete Attachment	View Attachment
11. * Research Strategy	rplan_rs.pdf	Add Attachment	Delete Attachment	View Attachment
12. Inclusion Enrollment Report <i>(for RENEWAL applications only)</i>		Add Attachment	Delete Attachment	View Attachment
13. Progress Report Publication List <i>(for RENEWAL applications only)</i>		Add Attachment	Delete Attachment	View Attachment

Human Subject Sections

14. Protection of Human Subjects	rplan_hs.pdf	Add Attachment	Delete Attachment	View Attachment
15. Inclusion of Women and Minorities	Inclusion_Women_Upload.pdf	Add Attachment	Delete Attachment	View Attachment
16. Targeted/Planned Enrollment	Targetted_Enroll_Upload.pdf	Add Attachment	Delete Attachment	View Attachment
17. Inclusion of Children	Inclusion_Children_Upload.pdf	Add Attachment	Delete Attachment	View Attachment

PHS 398 Career Development Award Supplemental Form

2. Career Development Award Attachments (continued):

Other Research Plan Sections

18. Vertebrate Animals

	Add Attachment	Delete Attachment	View Attachment
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19. Select Agent Research

	Add Attachment	Delete Attachment	View Attachment
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20. Consortium/Contractual Arrangements

	Add Attachment	Delete Attachment	View Attachment
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21. Resource Sharing Plan(s)

rplan_res.pdf	Add Attachment	Delete Attachment	View Attachment
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Appendix (if applicable)

22. Appendix

Add Attachments	Delete Attachments	View Attachments
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3. * Citizenship:

U.S. Citizen or noncitizen national

Permanent Resident of U.S. Pending

Permanent Resident of U.S.

(If a permanent resident of the U.S., a notarized statement must be provided by the time of award)

Non-U.S. Citizen with temporary U.S. visa

INTRODUCTION TO THE REVISED APPLICATION

This is a resubmission of a K23 application entitled “Community Partnered Approach to Implement EBPs for Depression.” Overall, the committee was very positive and noted several strengths of the grant including: a candidate with “very high likelihood of becoming a leader in this field,” a “significant and innovative” research project, an “outstanding” mentoring team, a “great training environment” and “very strong institutional support.” Below, please find my response to the main critiques made during review. This resubmission outlines a plan that will provide me with knowledge and data for smaller grant applications, academic presentations, and set the stage for a successful R01 submission. Revisions to the application materials are in *Georgia italics*.

Candidate: The reviewers were concerned with my somewhat modest publication record (three first-author publications) and my ability to collaborate with other investigators in my Division. Since the original submission, I have co-authored a manuscript currently “in press” (see Appendix). Dr. Myrna Weissman, my primary research mentor and Division Chair, is lead author. For manuscripts in preparation, I have added a timeline for planned manuscript submission dates into my Career Goals and Objectives. Notably, I have also been promoted to Assistant Professor of Clinical Psychiatry at Columbia University.

Career Development Plan: The reviewers suggested I pursue enhanced training in implementation study designs and methods, especially within the context of community settings. I have already acquired some implementation research training by attending the NIMH-sponsored Training Institute for Dissemination and Implementation Research in Health (TIDIRH) at Washington University in St. Louis from June 3-7, 2013. This competitive training institute equipped me with the most current methodologies in implementation science and strategies to implement evidence-based interventions in community settings. Reviewers also voiced concerns about the feasibility of long-distance mentorship in community-partnered participatory research (CPPR) with Dr. Ken Wells. Fortunately, I was accepted into the competitive Career Development Institute in Psychiatry (CDI) at Stanford University, which provided detailed instructions on how to structure long-distance career mentoring. From October 5-8, 2013, I visited Dr. Wells and his Community Partners in Care collaborators at UCLA to receive in-person supervision on community partnered research. This visit resulted in the addition of Ms. Loretta Jones, who is co-developer of CPPR, as co-mentor to my mentorship team. I will have bi-weekly, hour-long supervision with Dr. Wells and Ms. Jones via Skype for the duration of the project and will visit them both in-person in Los Angeles during Years 1-3 of the grant.

Research Plan: A concern was raised about cultural adaptations necessary for clergy to sufficiently address domestic violence, trauma, and social factors (i.e., racism and poor living conditions) that are likely to emerge among an inner-city African American population. In response to this concern, I have added a module designed specifically to train clergy how to assess domestic violence and other social factors that may be a focus of the clinical encounters. I have also added consultant, Dr. Gail Wyatt with expertise in conducting research studies on trauma and domestic violence among African American women. I received in-person consultation from Dr. Wyatt during my trip to UCLA in October and have included her recommendations in the research plan. The reviewers also expressed concern that the Community Partnered Participatory Research (CPPR) approach was not adequately incorporated into my research activities. We have revised the research plan to be more consistent with CPPR methods. Specifically, the project is framed by the three main phases of CPPR: Vision (collaborative planning of the project’s goals); Valley (implementing EBPs in community settings); and Victory (communicating and celebrating results). We created a community-partnered “Steering Council”, which will be co-chaired by me and Mr. Richard Ferreira, Director of Health and Wellness Strategies at Harlem Congregations for Community Improvement. The role of the Steering Council is to guide the development and implementation of all research activities and to ensure there is equal power-sharing between community and academic partners. We have also added measures to assess Steering Council members’ satisfaction with the participatory nature of the research plan as well as devoting time to assess group dynamics.

Mentors, Consultants and Institutional Commitment: The reviewers sought clarification about Dr. Glied’s role as a health policy consultant. Dr. Glied’s role is more clearly defined and strategies to leverage the Affordable Care Act and New York State Health Exchange will be examined. The feasibility of long-distance mentorship is also addressed above.

Protection of Human Subjects: Reviewers encouraged greater appreciation to the possibility that participants are experiencing violence or abuse. They recommended training of clergy in how to respond if participants disclose violence in the course of therapy. I have modified the Protection of Human Subjects to include tracking of violence outcomes and safety protocols related to how information about violence will be collected. As outlined above, I have also added a module designed specifically to train clergy how to manage adult victims of domestic violence.

CANDIDATE'S BACKGROUND

My long-term career goal is to become an independent investigator focused on the reduction of racial disparities in mental health treatment by disseminating evidence-based practices (EBPs) in faith-based settings. I have obtained excellent training in evidence-based assessments and treatments for depression. However, I require training in dissemination and implementation science, community *engagement*, and mixed-methods (qualitative/quantitative) study designs. This K23 Award will provide me with the training and experiences necessary to achieve my goals.

I developed a **passion for faith-based health promotion** from a combination of personal and professional experiences. Black churches were instrumental in advancing health and social equity in the communities of both of my parents, who were raised in the racially segregated South. *I attended church frequently growing up, so I understand that faith-based organizations provide a significant source of cultural, psychological, and social support for many African Americans.*

Research opportunities in medical school solidified my desire to pursue a career in clinical research. I collaborated with Dr. J. William Eley to explore whether survival differences between black and white women with breast cancer were due to disparities in the surgical treatment of their disease. I was awarded an honorary membership into the **American Federation for Medical Research** for my study. During my psychiatry rotation, I enjoyed and was impressed by the effectiveness of treating depressed patients with evidence-based psychotherapy. Conversely, I was frustrated by socio-economic inequities that contributed to lower quality mental health care among African Americans. To address these inequities on a systems-wide basis, I obtained a **Master's in Business Administration (MBA)** with a concentration in General Management. My business training equipped me with the managerial and interpersonal skills needed to effectively collaborate with leaders in community-based organizations.

After completing my psychiatric residency, I was awarded a **competitive NIMH funded T-32 research fellowship in the Program for Minority Research Training in Psychiatry (PMRTP)**. I sought a position at Columbia University-New York State Psychiatric Institute (NYSPI) due to its renowned success in producing independent investigators. Dr. Myrna Weissman, Chief of Epidemiology at NYSPI, became my primary mentor. This was a particularly good fit, since Dr. Weissman is co-creator of Interpersonal Counseling (IPC). IPC is an evidence-based intervention shown to be efficacious in reducing patients' depressive symptoms and increasing functioning in numerous clinical trials.

To examine racial differences in depression treatment, I analyzed data from a nationally representative, household survey of over 32,000 adults in the U.S. (**Hankerson et al.**, 2011, *Journal of National Medical Association*). In the study we note that black adults with depression, compared to white adults, were more likely to be hospitalized and receive treatment in emergency rooms. This work earned me a prestigious **Travel Award** to the 2009 Annual Conference of the American College of Neuropsychopharmacology (**ACNP**).

I focused on cultivating innovative partnerships between faith-based organizations and academic researchers to address mental health disparities. I published a systematic review paper of published studies utilizing church-based programs for mental disorders among African Americans (**Hankerson and Weissman**, 2012, *Psychiatric Services*). My review yielded eight studies, and depression was the primary outcome in only one of these studies. I applied for and was awarded a **2010 NARSAD Young Investigator Award** to conduct focus groups with ministers from a large African American church in New York City (**Hankerson et al.**, 2013, *Journal of Urban Health*). *I was awarded funding from the 2012 NIH Health Disparities Loan Repayment Program (LRP), designed to retain highly qualified health professionals in research careers.*

*In the past twelve months, I have increased my number of publications and secured independent grant funding from several different sources. I was promoted to **Assistant Professor** of Clinical Psychiatry at Columbia University, College of Physicians and Surgeons in July 2013. I submitted two manuscripts that support the feasibility of implementing IPC in faith-based settings: 1) development and efficacy of IPC in primary care (**Weissman, Hankerson, et al.**, in press, *American Journal of Psychotherapy*); and 2) implementation of a mental health ministry committee in faith-based organizations (**Williams, Gorman, and Hankerson**, in revision, *Social Work in Health Care*). I was awarded funding as Primary Investigator on three new grants: the New York State Office of Mental Health Policy Scholar Award; the Pisetsky Young Investigator Award; and the Columbia University Gray Matters Award.*

I realize that my passion for faith-based health promotion must be tempered with scientific rigor and production of peer-reviewed publications. My proposed research activities will provide me with these skills and allow me to create a unique niche from my mentors. If funded, I will commit at least **75% of full-time professional effort** to the research and career development activities described herein. The research training from this K23 Award will enable me to test community-based interventions for depression that could be brought to scale and disseminated nationally.

CAREER GOALS AND OBJECTIVES

My long-term career goal is to establish an independent program of research focused on the reduction of racial disparities in mental health treatment by implementing and disseminating effective, community-based interventions for depression. As a first step, I would like to use a community-partnered participatory approach to implement an evidence-based depression intervention, *Interpersonal Counseling (IPC)*, in faith-based settings. I need this Career Development Award (K23) to acquire additional training in dissemination and implementation (D&I) science, community engagement, and mixed-methods (qualitative and quantitative) study designs. Importantly, I need to learn how to integrate implementation study designs and methods within community settings. Table 1 shows my training goals for the K23 award period.

Table 1. Training Goals

Goal 1: To learn and apply principles of dissemination and implementation science
Goal 2: To develop expertise in principles of community <i>engagement</i>
Goal 3: To gain skills in mixed-methods (qualitative/quantitative) study design and analysis

I have assembled a multi-disciplinary team of mentors, consultants, and community partners who will guide me in these training goals and provide a broad base of scholarship. I need to show productivity in publishing quality manuscripts to become fully independent. Since submission, I have produced one manuscript that is currently in press. I have developed a timeline for manuscript production (Table 2). If the intervention I propose in this K23 demonstrates feasibility and acceptability, I will seek NIMH R01 funding to conduct a larger scale, cluster randomized trial among a group of churches to test the effectiveness of IPC.

Table 2. Timeline for Manuscript Publication

Accepted Manuscripts in Revision			
<i>Authors</i>	<i>Manuscript Title</i>	<i>Journal</i>	<i>Status</i>
Williams L, Gorman R, Hankerson SH	Implementing a Mental Health Ministry Committee	Social Work in Health Care	Resubmitted
Manuscripts in Preparation			
<i>Authors</i>	<i>Manuscript Title</i>	<i>Journal</i>	<i>Submission Date</i>
Hankerson SH , Suite DS, Bailey RK	Treatment Disparities among African American Men with Depression	Journal of Healthcare for the Poor and Underserved	November 2013
Hankerson SH	Book Review: What's Wrong With the Poor? – Psychiatry, Race, and the War on Poverty	American Journal of Psychiatry	December 2013 *Invited submission
Breland-Noble AB, Wong M, Sotomayor J, Hankerson SH , et al.	Spirituality, Religion, Culture, and Treatment Engagement for Depressed African American Youth	Journal of Child and Family Studies	March 2014
Hankerson SH , Lee H, Weissman MM	Prevalence of Depression among African American Church Parishioners	American Journal of Public Health	May 2014
Manuscripts from K23 Award Specific Aims			
Hankerson SH , Jones L Breland-Noble AB, Jones L, Wells KB	Community-Partnered Planning to Train Clergy in EBPs for Depression	Progress in Community Health Partnerships	July 2015 *Aim 1
Hankerson SH , Verdeli L, Weissman MM	Implementing EBPs in Faith-Based Settings	Implementation Science	December 2016 *Aim 2
Ferreira R, Hankerson SH , Glied S, Dixon L	Feasibility and Acceptability of a Rigorous Comparison Design in Black Churches	Ethnicity and Disease	June 2018 *Aim 3

CAREER DEVELOPMENT / TRAINING ACTIVITIES DURING THE AWARD PERIOD

My long-term career goal is to establish an independent program of research focused on implementing and disseminating effective, community-based interventions for depression. My training goals are designed to develop skills in the following areas: 1) dissemination and implementation (D&I) science; 2) community engagement; 3) mixed methods (qualitative and quantitative) study designs and analysis; and 4) the ethical conduct of research. Tables 1 and 2 below summarize training activities for all 4 years of research period.

Rationale for Selection of Mentors: **Myrna Weissman, PhD, Primary Mentor** is Professor of Epidemiology & Psychiatry at Columbia University, College of Physicians & Surgeons and Director of the Division of Epidemiology at the New York State Psychiatric Institute (NYSPI). She developed the evidence-based intervention, Interpersonal Counseling (IPC), I will be implementing in this proposal. We will have weekly one-on-one supervision during Years 1-4 to discuss the implementation and modification of IPC, review progress on all my research activities, and oversee my manuscript preparation. Thus, she will teach me a new set of skills in this K23 Award that builds upon my prior training. We will schedule conference calls every 6 months involving all consultants to track my overall progress that will provide data for the annual progress report.

Kenn Wells, MD, MPH, Co-Mentor. Dr. Wells is Professor of Psychiatry and Behavioral Sciences at UCLA School of Medicine and Director of Health Services Research Center at RAND Health Services. He is also Chair of the Community Health Improvement Collaborative at UCLA. He has granted me permission to audit, via teleconference, a bi-weekly seminar he teaches at UCLA about community engagement. He also has expertise on how to apply dissemination and implementation models to real-world community settings. As a long-distance mentor, he has expertise in educating young investigators via Skype and teleconference.

Loretta Jones, MA, Co-Mentor. Ms. Jones is founder and Executive Director of Healthy African American Families II. She is a co-investigator of the NIMH UCLA/RAND Center for Research on Quality in Managed Care and the NIA UCLA Center for Health Improvement in Minority Elderly (CHIME). Ms. Jones and Dr. Wells collaboratively developed Community Partnered Participatory Research (CPPR), a strategy for community engagement derived from community-based participatory research (CBPR). I will have bi-weekly Skype supervision with Dr. Wells and Ms. Jones during Years 1-4 to discuss principles of CPPR, and I will visit them both for in-person supervision at UCLA for 5 days in Years 1-3.

Goal 1. To learn and apply principles of dissemination and implementation science.

1. Rationale for Training: Dissemination and implementation science explores how to systematically promote the uptake of evidence-based practices (EBPs) into real-world settings. To achieve Goal 1, I need to learn how to utilize specific dissemination models, such as Rogers' diffusion of innovations, Aaron's Implementation of EBPs Model, and Glasgow's RE-AIM. *I also need training on how to integrate D&I concepts within the context of community settings.* Lastly, I need training in health policy to promote sustainable change achieved by implementation research projects.

2. Formal Coursework: Unless otherwise noted, coursework is in the Columbia University, Mailman School of Public Health (SPH). *Designing Needs & Assets Assessments in Public Health (P8766)* – capacity assessment, resource inventories, and working with communities / stakeholders; *Evaluation of Health Programs (P8705)* – design and implementation of evaluation studies; *Health Disparities and Public Policy (P8588)* – assesses costs of addressing disparities in access vs. policies that address social inequalities

3. Training Institutes: From June 3-7, 2013, I attended the NIH Training Institute for Dissemination and Implementation Research in Health, a competitive 5-day, residential immersion program that provided in-depth training on how to implement EBPs in community settings. In Year 1 of the K23, I will take Enhancing Implementation Science (EIS), a 2-day Cyber Seminar which teaches up-to-date study designs and methods in implementation science. In Year 2, I will apply to the Implementation Research Institute (IRI), which is a 2-year, mentored training program designed specifically for mental health services researchers. If I am not accepted to IRI, I will re-apply in Years 3 and 4. In Year 3, I will attend the Seattle Implementation Research Collaborative (SIRC), an open 2-day conference focused on the rigorous evaluation of implementing evidence-based psychological interventions in community settings.

4. Mentorship and Hands-on Practicum: **Dr. Lisa Dixon**, who is implementation mentor for my New York State Office of Mental Health Policy Scholar Award Grant, will guide me on how to implement EBPs in community settings. Dr. Dixon is Director of the Center for Practice Innovations at NYSPI. She is a national expert in dissemination and implementation science and mental health services research. *I will meet with her bi-weekly in Years 1-4 to receive specific training in implementation study designs and methods within the context of community settings.* **Gail Wyatt, PhD**, has been added as a consultant in the area of trauma.

PTSD, and physical abuse. Dr. Wyatt is Professor of Psychiatry and Behavioral Sciences at UCLA School of Medicine. She is also Director of both the Sexual Health Program and the Center for Culture, Trauma, and Mental Health Disparities at UCLA. We will have monthly supervision via Skype in Years 1-4 and in-person supervision during my visit to UCLA in Years 1-3. **Sherry Glied, PhD** will meet with me monthly during Years 1-4 to discuss how the Affordable Care Act and the New York State Health Insurance Exchange impact the implementation of EBPs in faith-based settings. Dr. Glied is Dean at the New York University's Wagner School for of Public Service and is an expert in health policy reform and mental healthcare policy. She remains committed to serve as a consultant for my K23 Award given her new position. **Dr. Helen Verdelli**, who is Associate Professor of Psychology and Education at Columbia University, Teacher's College, will collaborate with Dr. Weissman to provide consultation on how to train clergy IPC. She is an expert in training lay workers EBPs in resource poor communities. I will meet her monthly for supervision in Years 1-4.

5. Scientific Conferences: Annually, I will attend local conferences sponsored by the NIH Division of Dissemination and Implementation Science and the National Institute on Minority Health and Health Disparities (NIMHHD). In Year 4, I will attend and present at an out of town conference.

Goal 2. Develop expertise in principles of community engagement

1. Rationale for Training: Community engagement focuses on forming equitable partnerships between academic researchers and community members to increase the likelihood that interventions that are congruent with community members' needs, preferences, and cultural norms. It integrates principles of CBPR, community-partner participatory research, and action research. To achieve Goal 2, I need skills in how to build, sustain, and evaluate the process of community participation.

2. Formal Coursework: *Community Engagement Methods in Health Research* – I will participate via teleconference in this year long, bi-weekly, course taught by Dr. Ken Wells. *Community Based Participatory Research (CBPR) (P8771)* – examines the application of CBPR within public health programs and research.

3. Mentorship and Hands-on Practicum: **Dr. Alfiee Breland-Noble** will provide me monthly telephone supervision in faith-based health promotion and CBPR during Years 1-4. She is Assistant Professor of Psychiatry at Georgetown University and has developed an evidence-based, culturally relevant intervention for depressed African American adolescents via strategic collaborations with African American clergy. **Alwyn Cohall, MD** is Director of the Harlem Health Promotion Center (HHPC), one of the 37 national Prevention Research Centers funded by the Center for Disease Control to build community-academic partnerships. We will have monthly, in-person supervision during Years 1-4 to discuss how to study CBPR principles specifically among African American adults in Harlem. **Mr. Richard Ferreira** is the community partner on my mentorship team and will be *Co-Chair of the Community Steering Council*. He is Director of Health and Wellness Strategies at Harlem Congregations for Community Improvement (HCCI), a coalition of over 90 houses of worship focused on providing social services to Harlem residents. We will meet monthly during Years 1-4.

Goal 3. To gain skills in mixed methods (qualitative / quantitative) study designs.

1. Rationale for Training: My specific goals are to learn qualitative research methodology, longitudinal analysis, and the design, conduct, and analysis of mixed methods research studies. Specifically, I need to learn how to integrate quantitative and qualitative methods to more fully understand the multi-layered, contextual factors that influence implementation studies in community settings.

2. Formal Coursework: *Qualitative Research Methods (P8785)* – qualitative methods including observation, interviews, focus groups, and mixed methods; *Analysis of Longitudinal Data (P8157)* – statistical models and methods for repeatedly measured data over time or under different conditions.

3. Mentorship and Hands-on Practicum: My consultants will train me in quantitative, qualitative, and mixed-methods analysis. **Jennifer Wisdom, PhD, MPH** is Associate Vice President of Research at George Washington University. She will serve as consultant for mixed methods study designs and analysis. We will have once-monthly telephone supervision. **Priya J. Wickramaratne, PhD** is Associate Professor of Biostatistics in Psychiatry at NYSPI and Mailman SPH. She will serve as my consultant for quantitative biostatistics. She served as quantitative analyst for my NARSAD Young Investigator Award and is Director of Biostatistics for the NYSPI Conte Center Grant. **Dr. Mindy Fullilove** will serve as consultant for qualitative biostatistics. She served as qualitative consultant for my focus groups study with African American clergy.

Addressing Logistics of Having Long-Distance Mentors and Consultants: All mentors and consultants will donate their time to this project. *My co-mentors (Dr. Wells and Ms. Jones) and four of my consultants (Drs. Wyatt, Breland-Noble, Glied, and Wisdom) are not located at my home institution.* I have addressed

the logistical challenges of long-distance mentorship in three key ways. First, I have increased the number of visits to UCLA from one to three. Second, I have specified the frequency (at least monthly) and method (Skype or telephone) by which I will interact with my long-distance mentors. Third, I have an on-site consultant at Columbia for all of my training goals.

Milestones to becoming an Independent Investigator in Academia (Table 2).

1. Grant Writing: I will take a Grant Writing Seminar – *Funding and Grantsmanship for Research and Career Development Activities* (M9870) – in the Spring Semester of Year 2. My individual R01 submission will be in Year 3, giving me time to revise and re-submit during Year 4.

2. Manuscript Preparation: One of my top priorities is to increase my publication record that will allow me to contribute to the literature, show productivity, and compete for independent funding. I have made a detailed timeline for manuscript production in the Career Goals & Objectives section of the proposal.

Table 1. Timetable of Proposed Career Development: Didactics, Supervision, & Hands-on Practicum

Formal Didactic Training*	Supervision & Hands-On Training	Seminars & Conferences		
Training Goals	Year 1	Year 2	Year 3	Year 4
Goal 1: Dissemination and Implementation Science	Designing Needs & Assets Assessments in Public Health (P8766) (2 hrs / week, Spring)	Evaluation of Health Programs (P8705) (3 hrs / week, Spring)	Health Disparities and Public Policy (P8588) (2 hrs / week, Spring)	
	Participate in the EIS (2-day, Cyber Seminar) Visit UCLA Community Partners in Care (5 days)	Plan A: Apply to IRI (2 year fellowship) Visit UCLA Community Partners in Care (5 days)	Attend SIRC (2-day, open conference) Visit UCLA Community Partners in Care (5 days)	
	<ul style="list-style-type: none"> Scheduled meeting with Dr. Weissman (1 hr. / week) – Implementing IPC; clinical trials Skype supervision with Dr. Wells and Ms. Jones (1hr./bi-weekly) – Dissemination and implementation; CPPR Skype supervision with Dr. Wyatt (1hr. / month) – Trauma, PTSD, physical abuse Monthly in-person meeting with Dr. Dixon (1 hr. / month) –Implementation in community settings Monthly in-person meeting with Dr. Verdeli (1 hr. / month) – Training clergy in IPC Monthly in-person meeting with Dr. Glied (1 hr. / month) – Affordable Care Act, NY Health Exchange 			
Goal 2: Community Engagement	Community Engagement in Health Research (1 hr., bi-weekly, UCLA teleconference, Fall & Spring semesters)	Community Based Participatory Research (P8771) (3 hrs. / week, Spring)		
	<ul style="list-style-type: none"> Skype supervision with Dr. Breland-Noble (1 hr. / month) – Faith-Based Health Promotion; CBPR Monthly in-person meeting with Dr. Cohall (1 hr. / month) – CBPR; health disparities Monthly in-person meeting with Mr. Ferreira (1 hr. / month) – Church partnerships 			
Goal 3: Mixed Methods (Qualitative / Quantitative) Design and Analysis	Qualitative Research Methods (P8785) (3hrs. / week, Fall)		Analysis of Longitudinal Data (P8157) (3 hrs. / week, Fall)	
	<ul style="list-style-type: none"> Conference call with Dr. Wisdom (1 hr. / month) – Mixed-methods, integrating qualitative and quantitative data Scheduled meeting with Dr. Fullilove (1hr. / month) – QUALitative methods and analysis Scheduled meeting with Dr. Wickramaratne (1 hr. / month) – QUANTitative methods and analysis 			
Goal 4: Training in the Responsible Conduct of Research	Responsible Conduct of Research and Related Policy Issues (G4010) (1 hr. / week, Spring)	<ul style="list-style-type: none"> Monthly Investigator Meetings (2 hr. / month) Junior Investigator Program (2 hr. / month) 	<ul style="list-style-type: none"> Monthly Investigator Meetings (2 hr. / month) Junior Investigator Program (2 hr. / month) 	<ul style="list-style-type: none"> Monthly Investigator Meetings (2 hr. / month) Junior Investigator Program (2 hr. / month)
	<ul style="list-style-type: none"> Overall supervision by Drs. Weissman and Wells 			
SEMINARS & CONFERENCES (encompass all goals)	<p><u>Weekly Seminars</u></p> <ul style="list-style-type: none"> Columbia University Grant Writing Seminar (M9870) (2hr. / bi-weekly, Spring of Year 2) NYSPI Division of Mental Health Services and Policy Research (DMHSPR) (1 hr. / weekly) Conferences Annual local attendance at the NIH Conference on the Science of Dissemination and Implementation Annual local conference sponsored by the National Institute on Minority Health and Health Disparities 			

Table 2. Projected 4-year Distribution of Percent Effort on Research, Education, and Career Development.

ACTIVITY	Year 1	Year 2	Year 3	Year 4
Execution of Research Plan	60%	55%	50%	45%
Coursework & Seminars	20%	15%	10%	5%
Mentorship Activities	15%	15%	15%	15%
Grant Writing	0%	5% Grant Writing Seminar (M9870)	15% Individual R01	25% Revise and Re-submit R01

TRAINING IN THE RESPONSIBLE CONDUCT OF RESEARCH

During my post-doctoral fellowship, I successfully completed Columbia University's Good Clinical Practices and HIPAA certifications. Content areas for these courses include: 1) the scientist as an ethical agent; 2) Institutional Review Board (IRB) process and HIPAA; 3) research with human subjects; 4) conflicts of interest; 5) data and safety monitoring; 6) international research; and 7) research misconduct. I have also completed the New York State Psychiatric Institute CITI Training, required of all investigators who submit a protocol to the IRB. I attended numerous departmental meetings at which ethical matters were regularly discussed. My primary mentor, Dr. Weissman, directly supervised me on issues related mentor-mentee relationships, peer review, data acquisition, and the responsible conduct of research with human subjects.

To enhance my knowledge of ethical research practices, I require formal coursework, hands-on experience, and individual mentorship. In Year 1 (spring) of my K23 Award period, I will take formal coursework in the Graduate School of Arts and Sciences at Columbia University: Responsible Conduct of Research and Related Policy Issues (G4010). This weekly course presents guidelines and principles for dealing effectively with moral and ethical issues in science. In Years 2-4, I will obtain practical experience participating in two separate monthly seminars sponsored by the NYSPI IRB. First, I will attend Monthly Investigators Meetings (MIM), which address protections for human subjects, responsible authorship, and FDA regulations. Second, I will participate in the Junior Investigator Program, which allows junior investigators to join an IRB subcommittee and shadow an IRB member in reviewing protocols for 2 hours per month. Individual mentorship will be provided by my co-mentors, *Drs. Weissman, Dr. Wells, and Ms. Jones*, who will address ethical issues during our ongoing supervision meetings.



COLUMBIA UNIVERSITY

*College of Physicians
and Surgeons*

November 4, 2013

Re: Primary Mentor Letter for Sidney Hankerson, MD, MBA

MYRNA M. WEISSMAN, Ph.D.,
Diane Goldman Kemper Family
Professor of Epidemiology in Psychiatry
College of Physicians & Surgeons
Mailman School of Public Health
Columbia University
Chief, Division of Epidemiology
New York State Psychiatric Institute
1051 Riverside Drive - Unit 24
New York, NY 10032
mmw3@columbia.edu
(646) 774-6427

I am delighted to be the primary mentor for Dr. Sidney Hankerson for the resubmission of his K23 Career Development Award application. Sidney is addressing a research area of great clinical and public health significance – the reduction of racial disparities in treatment for major depression. As a psychiatric epidemiologist with experience overseeing the Epidemiological Catchment Area Study, a social worker with extensive knowledge of socio-economic and genetic factors that increase risk for mood disorders, and a clinician with experience in creating and testing an evidence-based psychotherapy for depression (Interpersonal Psychotherapy), I recognize the importance and challenges of translating empirically supported interventions into community-based settings. The experiences outlined in Sidney's K23 application will equip him to build mental health research capacity within communities of color. I am confident he will make a successful transition into an independent investigator.

Our Department enthusiastically promoted Sidney to the position of Assistant Professor of Clinical Psychiatry in July 2013. His promotion was a culmination of his research productivity during his T32 fellowship at Columbia, in which I served as his primary mentor. He received a NARSAD Young Investigator Award to support his preliminary work and established excellent relationships with African American ministers in several churches in New York City. These partnerships led to the completion of focus groups with clergy, the conduct of a survey with parishioners, and the written commitment from two churches in Harlem to partner with Sidney for the duration of his K Award period. In the last 12 months, Sidney was awarded grant funding from the New York State Office of Mental Health and two foundational grants at Columbia. To become fully independent, Sidney needs 4 years of dedicated mentored investigation and training in dissemination and implementation science, community engagement, and mixed methods study design and analysis. The K award would allow him to become an expert in implementation science and to complete a major project.

I commit to meeting with Sidney regularly to supervise the progress on training activities, research methods, dissemination of results, and career direction. I will supervise his implementation of Interpersonal Counseling (IPC), a 3-session intervention derived from IPT. Sidney has assembled a multi-disciplinary, renowned team of co-mentors and consultants. I have had several meetings with Dr. Ken Wells, who has agreed to be co-mentor for Sidney's proposal. We have agreed on a dual plan of mentorship that will involve Sidney travel to UCLA for one week during Years 1-3 of the grant period. I will meet with Sidney and all of his consultants bi-annually, either in person or via Skype. I will continue to support and encourage his work with other investigators, both within Columbia and outside.

Since the first submission of his K23, Sidney co-authored a manuscript that is currently in press. He also submitted one other manuscript, currently in revision, for publication. One of my primary mentoring goals is to help Sidney increase his publication record. I am committed to integrating Sidney's interests with those of other investigators in our department to create opportunities for collaboration. It took Sidney time to gain the trust of faith leaders. Such efforts are essential for a community-partnered participatory research approach and undoubtedly contributed to his modest publication record. Sidney has outlined a detailed plan for manuscript submission as part of his Career Goals and Objectives.

Given our experience working together and my conviction about a community-partnered approach to address health disparities, I am fully committed to serving as Sidney's primary mentor. Currently, I supervise 3 post-doctoral fellows. I have funding from NIMH, and the Templeton Foundation. I have extensive experience mentoring young trainees from under-represented racial / ethnic minority groups, who have gone on to have successful independent research careers. For example Eleanor Murphy, PhD, is currently a research fellow at the NIMH with Dr. Francis McMahon. I have also supervised Ryan Suburban, Adriana Feder, Mary Rojas, and Azure Thompson, who now has a faculty position. We currently have three young investigators in our Division with K Awards, ten graduate students, and eight fellows. I expect Sidney to become a national leader in research on how to improve access to evidence-based treatment for underserved minorities. It has been a true pleasure for me to work with him. We should not lose the chance to foster the career of a talented African American psychiatrist who will make a national difference in dealing with disparities in care.

Sincerely Yours,

Myrna Weissman, Ph.D.

Columbia University Medical Center

November 9, 2013

Dear Review Committee Members:

This letter expresses my enthusiasm and strong commitment to serve as co-mentor for Sidney Hankerson's K23 proposal, "Community-Partnered Approach to Implement Evidence-Based Practices for Depression." Dr. Hankerson is a highly talented and dedicated psychiatrist who has developed strong relationships with African American faith-based organizations in New York. He has received excellent training in evidence-based depression interventions working with Dr. Myrna Weissman at Columbia University. Dr. Hankerson proposes to engage faith-based communities by developing a delivery strategy for Interpersonal Counseling (IPC) using engagement mechanisms and capacity development for identification, education, and referral. To do this, he will combine training in community engagement, mixed methods, and dissemination and implementation science. I believe that his work will contribute important knowledge about how to initiate and sustain equitable partnerships with faith-based organizations.

To enhance his grasp of Community-Partnered Participatory Research (CPPR), Dr. Hankerson came to UCLA from October 5-8, 2013. Ms. Loretta Jones, who is co-creator with me of CPPR, agreed to serve as partnered co-mentor of Sidney's K23. We believe this dual co-mentorship will provide him with greater depth of our approach and emphasizes our commitment to his career development.

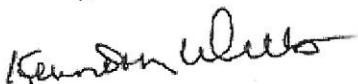
During Sidney's visit to our Community Partners in Care (CPIC) site, Loretta and I mentored him on the 3-staged implementation process of CPPR, namely Vision (community engagement and planning), Valley (partnered implementation), and Victory (dissemination of results and celebration). He also met with clergy and other community stakeholders from our NIMH-funded R01 grant, which found that initiating a community-engagement implementation strategy reduced racial disparities in depression outcomes compared to resources for services.

I am well aware that there are limitations for developing place-based research through distant mentorship, but we have developed strategies to accomplish this. First, Dr. Hankerson will come to Los Angeles annually in Years 1-3 of his K award. During each of his 5-day visits, he will receive hands-on training from me, Ms. Jones, and the CPIC African American faith-based stakeholders. Second, we will have bi-weekly supervision sessions via Skype to discuss progress on all of Sidney's training and research activities and have bi-annual co-mentoring sessions with Dr. Weissman. Third, I have granted permission for Sidney to audit, via teleconference, the two-semester "Community Engagement Methods in Health Research" course that I direct at UCLA. The first semester focuses on partnership development and the second on methods of conducting specific partnered research projects. The course features seminars readings in dissemination and implementation science. We have included telephone/video-conference participants regularly, such as Dr. Benjamin Springgate, who developed his post-Katrina community engagement and implementation work in New Orleans entirely through long-distance participation in this course.

I have substantial experience in implementation science and CPPR that has prepared me well to co-mentor Dr. Hankerson. I co-directed the American Red Cross' mental health recovery efforts in New Orleans post-Katrina. I have received requests from partners to help develop minority researchers, especially African American males. Thus, I will be quite committed to working with Dr. Hankerson. I have extensive mentorship experience, serving as the Co-Director of the Robert Wood Johnson Foundation's UCLA Clinical Scholars Program as well as previously directing an NIMH K12. Former mentees include Isabel Lagomasino, Megan Dwight Johnson, Eric Bing, Edgardo Menvielle, Brad Stein, Sheryl Kataoka, Alex Young, Joel Braslow, Jeanne Miranda, Elizabeth Bromley, Bonnie Zima, Regina Bussing, among many others. In the last 7 years, I have trained over 70 physicians and doctoral students in blending health services and community-based participatory research through a 2 semester course in the School of Public Health. My own work has focused on overcoming health disparities in depression in under-resourced African American and Latino communities in urban areas, through CPIC, Partners in Care, Youth Partners in Care, and Witness for Wellness, collaborating closely with experts in diverse social and clinical sciences and over 100 community partners.

I have been struck by Dr. Hankerson's interpersonal skills and passion for research and system change to eliminate racial disparities. I believe Dr. Hankerson will develop effective, original research to address disparities in access to and quality of care for mental disorders for African Americans. He will emerge as a role model for African American scholars in mental health research.

Sincerely,



Kenneth B. Wells, M.D., MPH

David Weil Endowed Chair, Professor-in-Residence of Psychiatry and Biobehavioral Sciences,
David Geffen School of Medicine, Department of Health Services, Fielding School of Public Health
Director of UCLA Center for Health Services and Society, Semel Institute for Neuroscience and Behavioral Health
Co-Director, Robert Wood Johnson Foundation Clinical Scholars Program



Healthy African American Families II

"Protecting the Legacy"

November 8, 2013

Dear Review Committee Members:

I am writing this letter to convey my enthusiasm and dedication to serve as co-mentor for Sidney Hankerson's K23 proposal, "Community-Partnered Approach to Implement Evidence-Based Practices for Depression." I understand that Dr. Hankerson proposes to engage faith-based communities by developing a delivery strategy for Brief Interpersonal Counseling (IPC) using engagement mechanisms and capacity development for identification, education, and referral. To do this, he will combine training in community engagement, mixed methods, and dissemination and implementation science. I think that his work will contribute vital information about how to start and maintain unbiased partnerships with faith-based organizations.

I first met Dr. Hankerson when he came to UCLA October 5-8, 2013. During that time, Dr. Hankerson spent a great deal of time with me and Dr. Kenneth Wells, with whom I've partnered on numerous CPPR projects since 2002. We advised him on the 3-staged implementation process of CPPR, namely Vision (community engagement and planning), Valley (partnered implementation), and Victory (dissemination of results and celebration). He also met with clergy and other community stakeholders from our NIMH-funded R01 grant, Community Partners in Care, which found that initiating a community-engagement implementation strategy reduced racial disparities in depression outcomes compared to providing community resources. After meeting with him, I agreed to be a community consultant for his K award.

I feel that I am uniquely qualified for this position. As the founder and CEO of Healthy African American Families, Phase II (HAAF), I consider myself a "Community Gatekeeper", and have dedicated most of my life towards the hope and healing of community and society-at-large. My career as a civil rights activist, health policy advocate, and social architect has spanned more than 40 years. I am dedicated to leveling the playing field for everyone, and committed to working against disparities in human health, development, and opportunity.

Healthy African American Families Phase II (HAAF) is a non-profit, community-serving agency whose mission is to improve the health outcomes of the African American, Latino, Korean, and other minority communities in Los Angeles County by enhancing the quality of care and advancing social progress through education, training, and collaborative partnering with community stakeholders, the faith-based community, academia, researchers, and government. HAAF is widely regarded in the community as an advocate voice, and source of education and training around disparities and research, for the local community. HAAF regularly disseminates research in community with free conferences several times a year. Our partners include Charles R. Drew University of Medicine & Science, UCLA, RAND, and over 150 community based organizations. As such, we are dedicated to addressing social, institutional, and policy determinants of health equity.

Please feel free to contact me at by phone at 323.292.2002, or email at lorettajones@haafii.org if you need any additional information.

Working together,

Loretta Jones
Founder & CEO
Healthy African American Families II

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November 11, 2013

Dear Dr. Hankerson:

It is with great enthusiasm that I write this letter confirming my willingness to serve as a consultant for your K23 Career Development Award. Founded in 1986, Harlem Congregations for Community Improvement (HCCI) is a 501(3)(c) organization of over 90 inter-faith organizations in Harlem. HCCI is committed to the holistic revitalization of Harlem by providing employment opportunities, economic development, affordable housing, and increasing access to healthcare.

As Director of Health and Wellness Strategies at HCCI, I agree to serve as co-chair of the Community Steering Council for this project. We will partner to connect depressed community members with to social service agencies, legal services, and other agencies that can meet their socio-economic needs. I will collaborate with the Director of Real Estate Development at HCCI, Rev. Charles Butler, to facilitate informational sessions on credit counseling, foreclosure prevention assistance, and apartment rentals.

As a clinical social worker, I know the devastating impact that untreated depression has had on the Harlem community. I spearheaded an initiative to reduce health disparities by linking community members to Medicaid and other types of health insurance programs. I believe your ideas about training clergy to implement a systematic, effective intervention for depression will provide needed services for many congregants with unmet mental health needs. During the course of our research activities, we will meet at least monthly to discuss how to partner with the churches and enroll community members in health insurance. I look forward to this exciting venture.

Sincerely,

Mr. Richard Ferreira, LCSW
Director, Health and Wellness Strategies

Office of Health & Wellness
Strategies
(212) 283-2768 PH
(212) 283-2697 FAX

Office of Real Estate
Development
(212) 283-1377 PH
(212) 283-2194 FAX

Family Life &
Conference Center
(212) 281-4887 PH
(212) 281-8102 FAX

HCCI Computer
Clubhouse
(212) 281-4887 PH
(212) 281-8102 FAX

Sidney Hankerson, MD, MBA
Columbia University / NY State Psychiatric Institute
1051 Riverside Drive, Unit 24
New York, NY 10032

October 15, 2013

Dear Dr. Hankerson:

I am pleased to offer this letter of support for the program which you propose to address depression in our community relevant to your K23 Patient Oriented Career Development Award. St. Charles Borromeo, through the work of our Health Promotion Committee, has demonstrated commitment to the health of our parishioners and the community. This commitment includes their mental health. You have proposed a collaborative effort of neighborhood houses of worship to train clergy and minister leaders in Interpersonal Counseling. We will work together to determine the most appropriate strategies to implement this training and refer parishioners to mental health specialists, social service agencies, and needed other resources.

The Church of St. Charles Borromeo/Chapel of the Resurrection stands ready to offer our full support and partnership in this initiative.

Sincerely,



Rev. Gregory C. Chisholm, SJ
Pastor

Sidney Hankerson, MD, MBA
1051 Riverside Drive, Unit 24
New York, NY 10032

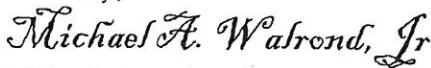
November 8, 2013

Dear Dr. Hankerson:

I serve as the Senior Pastor of First Corinthian Baptist Church in Harlem, New York. I am writing this letter to give my full support for you to collaborate with me, other pastors in the church, and church staff to provide depression care to members of our community. As clergy, we are excited to investigate strategies to receive training in Interpersonal Counseling to better identify and refer depressed congregants to a mental health professional, if they need additional care.

I have enjoyed meeting with you to discuss how we will be partners in this program. In particular, we have discussed the implementation plan and how this will be shaped by feedback from individual and group interviews with me, church staff, and community members. You have expressed a long-term commitment to work with our church, and your passion for faith-based health promotion is evident by your persistence and commitment to provide quality care to underserved populations. I look forward to partnering with you for the duration of the research project.

Sincerely,



Michael A. Walrond, Jr.
Senior Pastor



GEORGETOWN UNIVERSITY MEDICAL CENTER

Sidney Hankerson, M.D., MBA
Columbia University, College of Physicians and Surgeons
New York State Psychiatric Institute

November 10, 2013

Dear Dr. Hankerson,

I am exceptionally pleased to serve as a consultant for you during your K23 Patient Oriented Mentored Career Development Award. My mentoring/consulting goal is to offer you strong and consistent support in the design and implementation of Community-Engaged research, Faith Based Health Promotion, and partnership with African American faith community leaders.

I enjoyed our collaborative effort to analyze qualitative data from adolescent focus groups that were conducted during my NIMH K Award. The results of this qualitative study will be submitted as a manuscript titled, "Elucidating the Relationship between Spirituality, Religion, Culture, and Treatment Engagement for Depressed African American Youth" and will be submitted to the *Journal for Child and Family Studies* in 2014. It was also a pleasure to co-present with you during a symposium, "Collaborating with Faith-Based Organizations to Reduce Racial Disparities in Mental Health Treatment" for the 2012 Annual Conference of the Institute on Psychiatric Services and to have you join my research team in presenting, "Elucidating the Relationship Between Spirituality, Religion, Culture & Treatment Engagement for Depressed African American Youth as a paper Symposium for the Society for the Study of Psychiatry and Culture, Toronto, Canada.

Currently, I am Assistant Professor (under review for promotion to Associate Professor) of Psychiatry at the Georgetown University Medical Center where I am engaged in ongoing work with African American faith communities both in North Carolina and the Washington, DC area. My community partners in the state of NC have been my faith based community partners since my own K award work was funded by the NIMH from 2006-2011 and included the design and implementation of CBPR, Faith Based Health Promotion, and the reduction of adolescent depression disparities for African American youth and families. I generated 18 peer-reviewed publications during my funded award period, including multiple publications with my faith community partners and my study advisory board. I have also secured grant funding with my faith-based partners under the aegis of my study, The AAKOMA Project. All of these efforts reflect my commitment to a strategic, culturally relevant blending of traditional treatment development, behavioral clinical trials and Community-Engaged research/CBPR. This background is important for my consulting efforts with you as I successfully met all of my specific aims and in the process generated a number of publications directly relevant to what you have proposed in your K23 application.

Overall, I will support your professional and research development in areas related to: *a) The process of establishing and sustaining community partnerships for all facets of your research; b) the integration of strategic and rigorous treatment development, clinical research and Faith Based Health Promotion and the process of publishing this type of research; c) The development of skill in establishing and maintaining ties with members of the African American community to support clinical research in mental health and d) expertise in the area of treatment engagement for depression in African Americans.*

I am excited to provide mentoring, partner with you, lend my expertise and watch your professional development into an independent biomedical investigator. I wish you much success with this effort.

Regards,

A handwritten signature in black ink.

Alfiee M. Breland-Noble, Ph.D., MHSc.
Director, The AAKOMA Project, Assistant Professor
Department of Psychiatry - Georgetown University Medical Center
www.aakomaproject.org
embrace, encourage, enlighten...

DESCRIPTION OF INSTITUTIONAL ENVIRONMENT

The following description of the institutional environment is for the New York State Psychiatric Institute (NYSPI), on whose behalf the Research Foundation for Mental Hygiene, Inc. (RFMH) sponsors this award. RFMH is a private, not-for-profit membership corporation organized in 1952, for the purpose of assisting and enhancing the research and training objectives of the New York State Department of Mental Hygiene. Through an agreement with New York State, RFMH has been designated as the organization responsible for administering and directing the conduct of all sponsored research programs carried out by scientists at Department of Mental Hygiene institutes or facilities. The primary research sites for the studies in this proposal will be the 1) Division of Epidemiology, directed by Dr. Myrna Weissman; 2) Division of Mental Health Services and Policy Research (DMHSPR), headed by Dr. Susan Essock; and the 3) Center for Practice Innovations, directed by Dr. Lisa Dixon.

NYSPI and the Columbia University Medical Center (CUMC) Department of Psychiatry together form an active academic medical center and leading teaching hospital that have attracted a distinguished group of research scientists who provide leadership across the breadth of modern psychiatry. The Department of Psychiatry is one of the largest in the country in terms of faculty size as well as state, federal, and foundation research support, and includes over 400 clinical and basic science faculty members. Research is further supported and facilitated by the Medical Center's Hammer Health Sciences Library, with 500,000 volumes and over 4,000 current subscriptions, placing it fourth among medical school libraries across the United States and Canada. NYSPI also maintains an extensive array of departmental and divisional seminars, symposia, and lectures as well as our highly regarded weekly Grand Rounds program providing a forum for internationally renowned researchers to interact with our faculty.

A major goal of NYSPI and the Department of Psychiatry at CUMC is to nurture and support the professional development of young investigators. As evidence of this commitment, the Department houses nine NIH supported research training programs and provides support for more than 40 Career Development Awards. In particular, the Department of Psychiatry has a long history of training postgraduates in patient oriented research and already has the infrastructure in place so that a K23 Award can be implemented effectively. The Department receives approximately \$80 million annually in research and training grants.

The Division of Epidemiology at NYSPI, directed by Dr. Myrna Weissman (Dr. Hankerson's primary mentor), will be Dr. Hankerson's principal academic home will during his K Award. The research mission of the division involves studying the risk of psychiatric disorders and related disability associated with social, environmental, and genetic factors and developing interventions and programs to reduce these risks. Research methods cover the range of epidemiology, clinical trials, community surveys, and genetics studies. Collaborations which integrate epidemiology with the newest methods from mental health services research and interventions are greatly emphasized and encouraged. The Division is organized into four related areas: 1) services/genetics high risk research, 2) epidemiology/health, 3) prevention/therapeutics, and 4) international mental health. Core resource support is available to all members in administration, data management and subject tracking, biostatistics, and statistical genetics. The Division is also dedicated to mentoring and training both graduate students and young investigators. The Division has three current faculty members with K Awards, eight fellows, and ten graduate students.

The Division of Mental Health Services and Policy Research (DMHSPR), directed by Dr. Susan Essock, is charged with developing public-academic partnerships between researchers in Psychiatry and policy makers at New York State Office of Mental Health (OMH) and elsewhere. Conducting such policy-relevant mental health services research is important in its own right as the ultimate end of the translational research enterprise. Investigators examine the structure, content and outcomes of care as it occurs in real world settings. This includes examining what interventions work, how well they work, for whom they work best, the cost of these interventions, and the organizational and financing strategies that allow effective interventions to be implemented and sustained.

The Center for Practice Innovations (CPI), directed by Dr. Lisa Dixon (one of Dr. Hankerson's implementation consultants), is housed within the DMHSPR and supports the New York State Office of Mental Health's mission to support the widespread availability of evidence-based practices to mental health services. The CPI serves as a key resource to OMH by spreading the practices identified as most critical to accomplishing OMH's system transformation initiatives. The CPI has six key functions: 1) building awareness, partnership and consensus; 2) assisting provider agencies in making organizational changes; 3) supporting leadership to implement and sustain changes; 4) developing clinical staff and supervisory competence; 5) promoting culturally relevant adaptations; and, 6) evaluating patient and organizational outcomes and implementation and organizational fidelity.

RESEARCH FOUNDATION FOR MENTAL HYGIENE, INC.
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Institutional Commitment to Candidate's Research Career Development
November 5, 2013

We are delighted to provide an institutional commitment letter for Dr. Sidney Hankerson for the resubmission of his NIMH Mentored Patient Oriented Research Career Development Award (K23). Dr. Hankerson is an outstanding clinician-researcher with a passionate commitment to become an independent investigator. We fully support his K23 resubmission and will continue to provide him with significant departmental support.

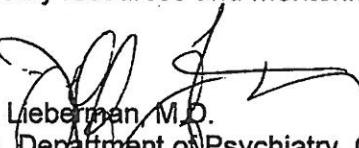
Since submission, Dr. Hankerson was promoted to Assistant Professor of Clinical Psychiatry at Columbia University. This promotion was based on his research productivity to date and underscores our commitment to retaining him on the faculty. His training and career goals emphasize community-based interventions that the NIH has promoted as a way to reduce health disparities among racial/ethnic minority populations. He received extensive training in implementation science at the 2013 NIH-sponsored Training Institute in Dissemination and Implementation Research in Health. He used that training to obtain a strong track record of independent grant funding, including a New York State Office of Mental Health Policy Scholar Award; a Columbia University Gray Matters Award; and the Pisetsky Young Investigator Award. He continues to receive funding from the NIH Health Disparities Loan Repayment Program (LRP). This competitive program is designed to recruit investigators to research careers focused on health disparities. We expect the LRP to be the first of many federally funded projects in Dr. Hankerson's career. Dr. Hankerson's three first-author publications are directly related to his area of research and serve as pilot data for his K23 proposal. His most recent publication, which is in press, focuses on the implementation of Interpersonal Counseling in primary care settings.

As an African American psychiatrist, Dr. Hankerson is particularly attuned to the needs of the diverse populations that are the target of his research activities. He is dedicated to reducing disparities in mental health care. He is also committed to promoting the development of members of under-represented minority groups in their research and academic careers.

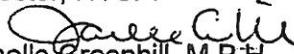
Upon receipt of his K23, we will ensure that Dr. Hankerson devotes 75% of his time on his research activities described in his proposal. For the remaining 25% of his time, he will collaborate with senior faculty to develop and test psycho-social interventions for use among racial/ethnic minorities. He will not be expected to perform any revenue generating clinical activities for the Department during his K23 award period. Similarly, he will not have any teaching assignments or administrative responsibilities throughout the duration of this grant. Dr. Hankerson will continue to be provided with an office, computer, laboratory space, and access to all other resources and facilities at the New York State Psychiatric Institute (NYSPI) to complete the projects proposed in his research plan. We commit with full assurance that Dr. Hankerson will have the full support of his mentors, consultants, NYSPI, and Columbia University to collaborate with and recruit community members in his research endeavors. We expect Dr. Hankerson to begin writing his R01 during the third year of his training, and we will provide him with sufficient mentoring and administrative support during this process.

Dr. Hankerson has tremendous energy, interest, and capability to become a leader in our field. By supporting Sidney, we believe you will be supporting the career development of medical students, residents, and junior faculty who will look to him as a mentor and role model. It is essential that he receive continued career development support to aid him in this process. The Division of Epidemiology is committed to making available the necessary resources and mentoring to ensure his success.

Sincerely,



Jeffrey A. Lieberman, M.D.
Chairman, Department of Psychiatry, Columbia University
Lawrence C. Kolb Professor in Psychiatry
Director, NYSPI



Janelle Greenhill, M.P.H.
Director of Administration, Research Foundation for Mental Hygiene, Inc. @
NYSPI



Myrna M. Weissman, Ph.D.
Professor of Epidemiology & Psychiatry,
Columbia University
Chief of Epidemiology, NYSPI

10. SPECIFIC AIMS

Overall aim: My long-term objective is to become an independent investigator focused on reducing racial mental health care disparities by disseminating evidence-based interventions that are acceptable and effective in community settings frequented by persons of color. My K23 integrated training and research program is designed to provide me with skills in dissemination and implementation science, community engagement, and mixed-methods study designs.

Significance: African American adults with major depressive disorder (MDD) are less likely to use mental health treatment than their white adult counterparts.¹⁻³ Various factors contribute to racial disparity including, high attrition rates,⁴ distrust of providers,⁵ stigma,⁶ and culturally encapsulated attributions of disease etiology.⁷ Faith-Based Health Promotion (FBHP) has potential to address non-financial barriers to depression treatment among African Americans given churches' position as trusted, frequently attended institutions in the black community.⁸ Because clergy are regarded as trusted "gatekeepers," they are the primary conduit to mental health education and/or services for socioeconomically diverse African Americans.⁹ My prior qualitative research identified a desire by African American clergy to partner with academic researchers in training on how to counsel and refer depressed congregants to specialty care.¹⁰ Unfortunately, limited research examines such strategies in faith-based settings.¹¹ My proposed research plan is designed to investigate the feasibility and acceptability of utilizing a community-partnered participatory research (CPPR) approach to support clergy in implementing Interpersonal Counseling (IPC) in faith-based settings.

IPC is a manualized, evidence-based depression intervention with demonstrated efficacy across racial/ethnic groups.¹²⁻¹⁶ It is directly derived from Interpersonal Psychotherapy (IPT),¹⁷ and can be effectively delivered by non-mental health professionals such as clergy.^{18,19} The intervention consists of 3-sessions within which the provider identifies depression, defines its interpersonal context, provides education and hope, suggests strategies for handling problems, and refers clients to a higher level of care, as needed.¹²

Innovation: This study is innovative because it builds on novel treatment and implementation approaches to improve services for African Americans through faith-based settings. My multi-disciplinary mentor team has critical expertise for this work including the training of non-mental health professionals in IPC,^{12,20} community-partnered participatory research with African Americans,²¹⁻²³ and health disparities.^{24,25} It is hoped that my research plan will advance the field's knowledge of effective mechanisms for implementing community-based depression interventions for African Americans.²⁶⁻²⁸

Aim 1: To initiate a community-partnered participatory approach to plan how to implement an IPC training program for clergy. **Research Question 1:** Who are the key stakeholders needed to implement this initiative and how are they engaged? **Research Question 2:** What are the facilitators, barriers, policies, and cultural/social issues that potentially affect adoption and sustainability of IPC?

Aim 2: To evaluate the feasibility and acceptability of a CPPR informed model to train clergy in IPC. **Hypothesis 1:** Feasibility and acceptability will be demonstrated by IPC session attendance, clergy competence in delivering IPC, and stakeholder satisfaction in an open trial with 16 parishioners.

Aim 3: To conduct a pilot randomized controlled trial to test the feasibility and acceptability of a rigorous comparison design. **Hypothesis 1:** Feasibility and acceptability will be demonstrated by high levels of community participation and trust in a trial with 40 parishioners.

Approach: I will use a CPPR approach to conduct a concurrent, mixed methods implementation study that covers three stages. The first stage (i.e., Vision) will result in the formation of a Community Steering Council that will guide all research activities and the development of a specific implementation strategy for clergy.²⁹⁻³¹ We will then use that strategy to facilitate the implementation (i.e., Valley) of training 8 clergy in IPC, staggered across 2 churches to incorporate community feedback (i.e., Victory).^{32,33} Implementation will be evaluated with a framework used in the Community Partners in Care study.³⁴ Qualitative methods will be used to evaluate the implementation process and degree of collaboration between community-academic partners, and quantitative methods will be used to test hypotheses.^{35,36}

Outcomes: There are two sets of outcomes. **Implementation outcomes** are: 1) Feasibility: IPC session attendance, assessment completion; 2) Acceptability: Client Satisfaction Questionnaire (CSQ),³⁷ Evidence-Based Practice Attitude Scale-50 (EBPAS-50);³⁸ 3) Adoption: stakeholder interviews; 4) Implementation: pre/post-training test, IPC fidelity checklist, cost of IPC delivery, retention in treatment post-referral, 5) Maintenance: stakeholder interviews. **Patient outcomes** are: 1) Symptomatology: Patient Health Questionnaire-9 (PHQ-9)³⁹ and 2) Functioning: Social Adjustment Scale-Self-Report (SAS-SR).⁴⁰

Impact: This proposal will yield pilot data for my R01 application to test different ways to implement IPC among a group of churches in a cluster-randomized controlled trial. This research advances of the NIMH strategic plan by incorporating the needs of diverse people with mental illness and strengthening the public health impact of NIMH supported research (Objectives 3 and 4).

11. RESEARCH STRATEGY

A. SIGNIFICANCE

A.1. Disparities among African Americans.

African Americans with major depressive disorder (MDD), compared to white Americans with MDD, have a more chronic course of illness and a greater disease burden.³ However, treatment rates for African Americans with MDD are between 33% to 50% of treatment rates among white Americans with MDD.^{1,2} Compared to white Americans, African Americans with MDD who do get treatment receive lower quality care,⁴¹ and are significantly less likely to receive guideline-concordant care.² Factors that contribute to these disparities include: (1) lack of insurance,⁴² (2) high attrition rates,⁴ (3) distrust of providers,⁵ and (4) stigma of mental illness.^{6,43,44} Since antidepressants are often unacceptable to African American community members,^{45,46} pharmacologic interventions may be insufficient to reduce disparities.⁴⁷ Persistent disparities in care and the enormous societal costs of untreated MDD underscore the public health significance of increasing engagement and treatment for depressed African Americans.

KEY DEFINITIONS

MDD: Major Depressive Disorder
EBPs: Evidence-Based Practices
CPPR: Community-Partnered Participatory Research
FBHP: Faith-Based Health Promotion
HCCI: Harlem Congregations for Community Improvement
IPT: Interpersonal Psychotherapy
IPC: Interpersonal Counseling
PHQ-9: Patient Health Questionnaire-9
IPA: In-Person Assistor

A.2. Rationale for Faith-Based Health Promotion: The NIMH Working Group on Research on Affective Disorders concluded that interventions conducted in community settings hold promise for reducing racial/ethnic disparities in depression treatment.^{26,27} The “Black Church” is defined as the collection of seven predominantly African American denominations of the Christian faith.⁴⁸ Churches are ideal community settings in which to conduct health disparities research because of their trusted societal position, ability to reach broad populations, and focus on health equity and social justice.⁴⁹⁻⁵¹ Faith-Based Health Promotion (FBHP) interventions have been successfully implemented to improve patient outcomes for numerous medical conditions including cancer,⁵²⁻⁵⁴ diabetes,^{55,56} obesity,^{57,58} cardiovascular disease,⁵⁹ and HIV/AIDS.^{60,61} However, the literature on FBHP for depression among African Americans is sparse.⁶²

A.3. Rationale for Training Clergy Evidence-Based Practices (EBPs) for Depression: Clergy have an invaluable role in the U.S. mental health care delivery system.⁶³ Findings from the National Comorbidity Survey (NCS) showed that a higher percentage of people sought help for mental disorders from clergy (25%), compared to psychiatrists (16.7%) or general medical doctors (16.7%).⁶³ African American clergy are trusted “gatekeepers” for providing brief counseling and referrals to mental health specialists.⁹ Clergy provide the only source of mental health care for many low-income patients.⁹ Training clergy evidence-based practices (EBPs) for depression is an opportunity to provide quality care for thousands of people with unmet mental health needs.⁶⁴ For instance, African Americans have the highest rates of church attendance among all racial/ethnic groups in the U.S.^{65,66} Further, African Americans in primary care were three times more likely than white adults to cite spirituality as an extremely important element of depression care.⁶⁷ In a survey of 179 clergy in New York City, clergy most commonly encountered the following issues: (1) grief, (2) death and dying, (3) anxiety, (4) marital problems, and (5) depression. Clergy reported that their prior training had been inadequate in preparing them to deal with depression.⁶⁸

A.4. Efficacy, Theory, and Rationale for Interpersonal Counseling (IPC) Intervention: Klerman, Weissman, and colleagues derived Interpersonal Counseling (IPC) directly from Interpersonal Psychotherapy (IPT), which is an evidenced-based, time-limited (12-16 sessions) psychotherapy for depression shown to be efficacious in over 100 clinical trials.¹⁷⁻¹⁹ IPC is a manualized, evidence-based model of depression management. IPC was designed to be delivered by non-mental health professionals, has been shown to be efficacious for racial/ethnic minorities, and can be effectively delivered over the telephone.^{14,15} The treatment focus of IPC is one of four interpersonal problem areas: grief, role disputes (disagreements with significant others), role transitions (changes in life circumstances), and interpersonal deficits (persistent loneliness).¹⁹ IPC involves evaluation, symptom clarification, support, and referral to a higher level of care, if needed.¹⁸ Goals are: 1) symptom reduction; 2) improved functioning; and 3) retention in treatment post-referral.

Several evidence-based interventions have shown efficacy in engaging and treating depressed racial/ethnic minorities.⁶⁹ These range from educational programs to quality improvement interventions in primary care settings.⁷⁰ Collaborative care, a structured depression management program that relies heavily on case managers, is effective in engaging African Americans and reducing treatment disparities.⁷¹⁻⁷³ Yet, collaborative care requires substantial start-up costs that may prohibit its use in low-resource settings.⁷⁴ Cognitive behavioral therapy (CBT) is an evidence-based psychotherapy for depression effectively delivered in community settings and shown to be efficacious with racial/ethnic minorities.^{75,76}

We decided to employ IPC because its characteristics and flexibility may promote adoption in faith-based settings.⁷⁷ First, IPC can be adapted to be more culturally relevant among low-income African Americans by addressing their basic social needs. Grote et al. pioneered this approach in a brief IPT intervention with economically disadvantaged patients.⁷⁸⁻⁸⁰ Second, IPC treatment duration can be extended to a maximum of 6 sessions for patients who have not achieved remission after 3 sessions.¹² Third, IPC directly addresses the interpersonal problem areas (e.g., grief) that clergy are most likely to encounter in depressed parishioners.⁶⁸ Successful training in IPC, leading to high levels of therapist competence, has been feasible with non-mental health workers and even with lay people.¹⁸ However, no studies have examined the feasibility and acceptability of training clergy in IPC. This represents an implementation research gap and limits the transportability of a promising intervention to underserved populations.

A.5. Community-Partnered Participatory Research (CPPR) Approach: For the present study, "community" refers to the broad faith-based community including clergy, lay leaders, and parishioners living in New York City. Wells and Jones created a community engagement model for mental health intervention research called community-partnered participatory research (CPPR).³¹ The centerpiece of CPPR is an equal, mutually respectful partnership that emphasizes community-academic collaboration at every step of the research process. CPPR approaches proceed through three stages: Vision (engagement of stakeholders and collaborative planning), Valley (implementation of EBPs), and Victory (celebration and communicating results).³⁰ The core values of community engagement include: respect for diversity, openness, equality, empowerment, and an asset/strength-based approach to the work.²⁹ Wells et al. recently found that a CPPR approach to implement depression Quality Improvement programs was effective at reducing disparities in depression outcomes.⁸¹ Prior to large-scale dissemination of CPPR approaches, however, it is important to test the feasibility and acceptability of this approach in culturally diverse settings.

A.6. Theory and Rationale for Implementation Framework: Implementation research seeks to understand strategies and processes needed to integrate evidence-based health interventions within specific settings (e.g., worksites, schools).⁸² We originally proposed to employ the "RE-AIM" framework due to its widespread use in planning and evaluating the public health impact of interventions.⁸³ To be more consistent with a CPPR approach, we now turn to the "Framework of Dissemination in Health Services Intervention Research" that was created collaboratively by investigators at UCLA/RAND (Figure 1).³⁴ This framework was used in the Community Partners in Care (CPIC) study and has been modified to implement health services in religious settings.⁸⁴

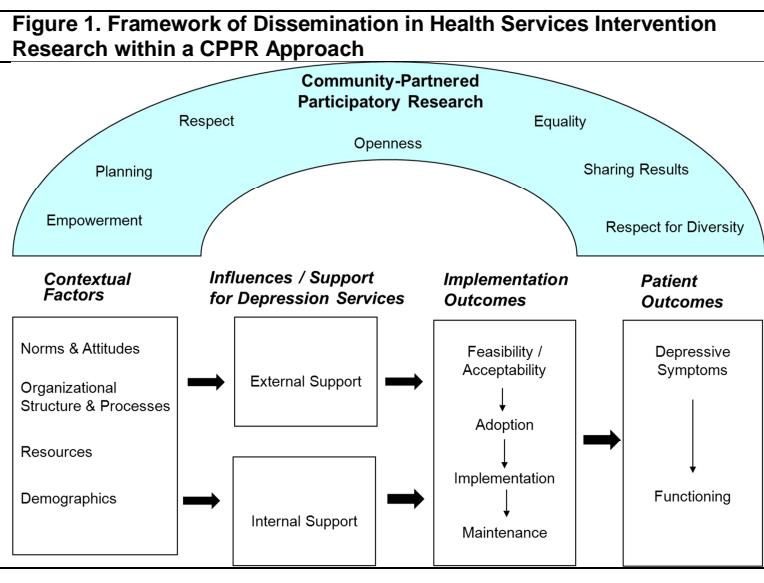


Figure 1 shows the implementation domains in this framework informed by an overall CPPR approach, which facilitates the adaptation of implementation procedures based on cultural and local needs. Contextual factors (norms and attitudes, organizational structure, resources, and demographics) address the willingness and ability of communities to implement depression-related EBPs in faith-based settings.

Influences/support for depression services (external and internal) explores the policies, incentives, network linkages, media and changes agents that facilitate or impede the implementation process. Implementation outcomes include feasibility, acceptability, adoption, implementation, and maintenance. Patient outcomes include depressive symptoms and functioning.

A.7. Health Policy to Foster Sustainability of FBHP: Health policies at state, city, and organizational levels can be leveraged to sustain the implementation of EBPs in faith-based settings.^{85,86} New York State has accepted the federal Medicaid expansion and created its own Healthcare Marketplace Exchange called "New York State of Health" (<https://nystateofhealth.ny.gov/>). In-Person Assistors /Navigators are contracted by the state to provide in-person enrollment assistance to individuals and families who are interested in procuring health insurance through the exchange. IPAs/Navigators are charged with providing culturally competent enrollment services at no cost to enrollees. The IPAs/Navigators have been encouraged to engage community members in faith-based settings to sign up for insurance coverage.⁸⁷

At the city level, the New York City Department of Health and Mental Hygiene's Office of Health Insurance Services provides eligibility screening and application assistance services to residents applying for public health insurance.⁸⁸ At the organizational level, we described how churches can create a Mental Health Ministry Committee through which to implement EBPs (**Williams, Gorman, and Hankerson**, in revision, *Social Work in Health Care*). To build the business case for disseminating IPC in faith-based settings, we will need to examine its impact on managed care companies, hospitals, and other providers.

B. INNOVATION: This K23 is innovative in three main ways. First, it capitalizes on the trust placed on African American clergy and their natural role as "gatekeepers" for education, counseling, and mental health referral. Second, this study will advance our knowledge about FBHP interventions for depression, currently understudied in the U.S.²⁶⁻²⁸ Third, it builds on novel efforts using African American faith-based settings to study interventions delivered by non-mental health professionals.^{21,22} This proposal addresses the NIMH Division of Services and Intervention Research (DSIR) area of high priority to "employ strategic partnerships and community engagement/participation to enhance research capacity and infrastructure to conduct research in underserved and diverse populations."

C. APPROACH

C.1. Preliminary Data and Rationale for the Current Proposal:

C.1.1. Racial Disparities in Mental Health Treatment: I compared treatment rates for MDD in black (n=8,245) and white (n=24,507) adults from the Wave 1 National Epidemiologic Survey of Alcohol and Related Conditions (NESARC),⁸⁹⁻⁹¹ a nationally representative face-to-face survey of U.S. civilian, non-institutionalized participants aged 18 years and older. Adjusting for socio-demographic factors and current health insurance, blacks with MDD were significantly less likely than whites to receive any treatment (OR=0.51) or receive medication prescriptions (OR=0.53). However, blacks were significantly more likely than whites to receive MDD treatment in an emergency room (OR=1.80) or be hospitalized (OR=1.56) (**Hankerson et al., 2011**).¹ These results illustrate a clear public health need to engage African Americans in outpatient depression care.

C.1.2. Church-Based Programs for Mental Disorders: I conducted a systematic review of published church-based studies conducted from 1980-2009 for DSM-IV mental disorders among African Americans. (**Hankerson and Weissman, 2012**).¹¹ Of 1,451 studies identified, eight met inclusion criteria and one listed depression as the primary outcome. This highlights the gap in implementing EBPs in faith-based settings.

C.1.3. Focus Groups with African American Clergy: Between 2011 and 2012, I conducted three focus groups with clergy (n=21) at a large (23,000 members) church to explore their perceptions of providing EBPs for depression (**Hankerson et al., 2013**). Each focus group was conducted on-site at the church, lasted 90 minutes, and was audio-recorded and transcribed. Data was analyzed via consensual qualitative research.⁹²⁻⁹⁴ The mean age of clergy was 54 years (SD=11.6), and the majority were female (85.7%), married (52.4%), and had a master's degree or higher (57.1%). **Table 1** shows key themes from the focus groups. Clergy were reluctant to implement group psychotherapy in the church, due to concerns about patient confidentiality, church liability, and stigma. Instead, clergy explicitly requested training on how to systematically identify, counsel, and refer depressed parishioners to mental health professionals. Clergy also stressed the importance of partnering with academic researchers throughout the process. This experience was critical to me selecting the intervention and implementation strategy for this K23 Award proposal.

Table 1. Key Themes and Illustrative Quotes from Minister Focus Groups (Hankerson et al., 2013, *Journal of Urban Health*).

Key Themes	Illustrative Quotes
Minister's Role Limitations	"In pastoral counseling courses, they tell you <i>not to go beyond three sessions with a person</i> . "...even if you've gone to seminary, <i>there's no mental health training in [depression treatment]</i> . "I'm just not aware of ... some processes, a procedure to follow..."
Minister's Desire for Training	"I think it would be very helpful to [have] a series of, maybe even <i>ongoing training</i> for ministers..." " <i>I think [training] should be mandatory.</i> " You have to <i>be able to refer and help to facilitate that referral</i> . You can't just leave them out there.
Community-Academic Partnerships	"... <i>there has to be partners within</i> that are going to work in conjunction from whomever is coming externally, in order for this to even have a modicum of a chance for success." "You have a <i>team of ministers</i> that have signed up for this, so we can explain it. So it's a familiar face, <i>it's not like outsiders coming and using us as guinea pigs...</i> "

C.1.4. Depression Screening in Three Churches: I have conducted depression screenings among parishioners (n=122) in three separate churches in New York City (NYSPI IRB #6368). The Patient Health Questionnaire-9 (PHQ-9) was used as the screening instrument.³⁹ The PHQ-9 is a brief, valid, and reliable measure that is used to screen, diagnose, and monitor treatment response for depression.⁹⁵⁻⁹⁷ It has been

Table 2. Depression Severity among Church Goers (N=122) in New York City		
	N	%
Female	62	56.3
Age, in years (Mean, SD)	53.7	13.3
Marital Status		
Married	38	31.2
Separated/divorced	39	32.0
Widowed	7	5.7
Single/never married	38	31.2
Race		
Black	116	95.9
Hispanic	2	1.7
Asian / Pacific Islander	1	0.8
Other	2	1.7
Education Level		
≤12th Grade	7	5.7
High school grad	14	11.5
Some College	44	36.1
≥ 4 Years College	57	46.7
Total Household Income		
\$0 – \$19,999	24	21.4
\$20,000 – \$34,999	22	19.6
\$35,000 – \$69,999	36	32.1
\$70,000 or more	30	26.8
Current Depression Severity*		
None (0-4)	70	57.4
Minimal (5-9)	28	23.0
Moderate (10-14)	18	14.8
Moderately Severe (15-19)	2	1.6
Severe (20-27)	4	3.3
Past Mental Health Treatment		
Mental Health Professional	47	42.3
Primary Care Doctor	42	40.1
Religious Advisor	42	40.1

*Assessed by the Patient Health Questionnaire-9

shown to be valid and reliable among African Americans in clinical and population samples.⁹⁸⁻¹⁰⁰ A score on the PHQ-9 ≥ 10 has been recommended as the single cutoff point for major depression, which has a sensitivity of 88% and a specificity of 88%.¹⁰¹ Depressive scores between 0-9 indicate “no depression” or “mild” symptoms, those between 10 to 19 are rated as “moderate” and “moderately severe,” and greater than 20 is “severe.”

Participants were recruited from convenience samples at health focused-programs held on-site at each church. No treatment was provided as part of the study. We found that 19.7% of the sample had moderate to severe depression (Table 2). Despite the potential bias of our sampling strategy, these findings underscore the unmet mental health need in faith-based settings.

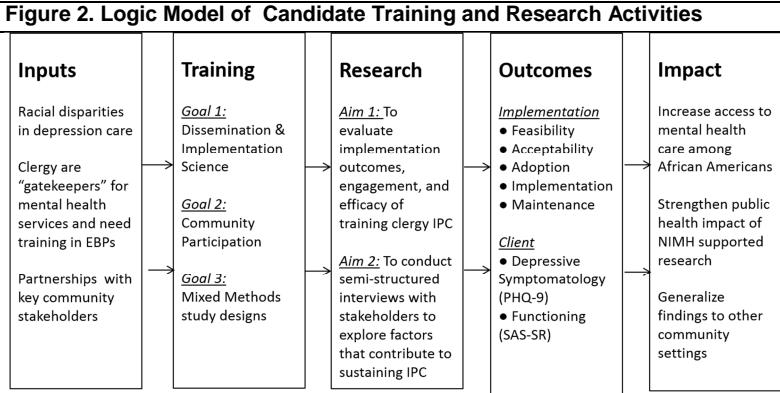
C.1.5. Training in IPT and IPC: During my T32 fellowship, I received training and ongoing supervision in IPT for two consecutive years. I have mastered IPT so that I am now able to train others in this intervention. Along with Dr. Weissman, I currently supervise four, third-year psychiatry resident physicians at Columbia on how to properly deliver IPT to depressed outpatients. I have also received training in IPC through my involvement in a primary care study employing IPC as the study intervention (NYSPI IRB #5863).

C.1.6. Summary: My preliminary data shows the feasibility of conducting depression screenings in black churches, clergy’s desire to be trained in depression-focused EBPs, and rationale for utilizing a community-partnered approach. This K23 proposal builds logically upon my preliminary work and will provide the necessary pilot data and experiences to submit a R01.

C.2. Project Overview and Logic Model of Candidate’s Training and Research Activities

Activity	Year 1				Year 2				Year 3				Year 4			
	Q1	Q2	Q3	Q4												
VISION: CPPR approach to plan how to implement IPC	Aim 1															
Community Kickoff Conference #1																
VALLEY: Open Trial to evaluate the Feasibility and Acceptability of training clergy in IPC					Aim 2											
Community Conference #2																
Pilot RCT to Evaluate Feasibility and Acceptability of a Rigorous Comparison Design													Aim 3			
VICTORY: Communicate results to community																
Prepare individual R01																R01 Development

**Data collection for Aim 3 (RCT) is scheduled to be completed by the end of Year 3. The timeline allows for a 6-month buffer period



Chapel, which has approximately 800 members (90% African American) and 6 clergy. Each church represents a different denomination (Baptist and Catholic), congregation size, and number of clergy, which is intended to maximize variation in settings and sets the stage for increased generalizability in a large-scale study.

C.3. Study Design and Methods

C.3.1. Research Site and Sample. All clergy and study participants will be recruited from *two churches in Central Harlem, New York in the borough of Manhattan*. African Americans comprise 81% of the population in Central Harlem, making it the largest African American population in New York City by percentage.¹⁰² Church #1 is First Corinthians Baptist Church, which has approximately 3,000 members (98% African American) and 2 clergy. Church #2 is St. Charles Borromeo

C.3.2. AIM 1: To initiate a community-partnered participatory approach to plan how to implement an IPC training program for clergy. (Grant Months 1 – 6). The “Vision,” which involves partnered planning of a CPPR initiative, is the first phase of this study.¹⁰³ During this phase, we will create a Steering Council that will provide the leadership structure for this implementation study. The lead community partners will be First Corinthians Baptist Church, St. Charles Borromeo Chapel, Harlem Congregations for Community Improvement (HCCI), and New York Lawyers for the Public Interest. The lead academic partners will be Columbia University and the New York State Psychiatric Institute (NYSPI). Mr. Richard Ferreira, who is Director of Health and Wellness Strategies at HCCI, will serve as Co-Chair of the Steering Council with me. HCCI has helped low-income Harlem residents to obtain basic social needs, including housing assistance, food stamps, loan forgiveness, and employment opportunities for over 30 years. Council members will meet bi-weekly during the six-month Vision phase and monthly thereafter.

C.3.2.1. Semi-structured interviews with Key Stakeholders. During the planning phase, the Steering Council will focus on four main tasks: 1) identify the key stakeholders needed to implement this initiative; 2) identify facilitators, barriers, policies, and cultural/social issues that potentially affect adoption and sustainability of IPC; 3) update a Community Resources Directory with contacts to social service, medical/mental health, and domestic violence agencies (see ‘Community Resources’ in Appendix). The Council will identify a purposive sample of key stakeholders, including all 8 participating clergy, 10 community members, and 5 policy makers with whom to conduct 30 minute semi-structured interviews. The Council will develop the semi-structured interview guide and design recruitment materials. Importantly, the Council will consider how IPC will need to culturally tailored for faith-based settings, for use with low-income parishioners, and for use among traumatized parishioners.

C.3.2.2. Evaluation of Partnership Process. The Steering Council will create a Memorandum of Understanding (MOU) between academic and community partners to ensure power-sharing and joint decision making. The Steering Council will determine where data will be stored, who will have access to it, and how it will be communicated to community members (e.g., symposiums) and academicians (e.g., conferences and manuscripts). Detailed field notes will be taken during each Council meeting to assess members’ perspectives of the partnership process (see ‘Council Meeting Reflection Sheet’ in the Appendix). The Council will also develop a quantitative assessment to evaluate group dynamics based on instruments used by Schulz et al.¹⁰⁴ Evaluation results will be reported to the Steering Council bi-annually.

C.3.2.3. Kick-Off Conference. The partnered planning phase will culminate in a Community Kick-Off Conference in Harlem. This day-long conference will be held at community venue selected by the Steering Council. During the Kick-Off Conference, Steering Council members will provide data about depression, clergy’s role in care, and what was learned during the planning phase. Community members will be able to give their initial perspectives about the proposed IPC training program. Following the Kick-Off Conference, the Steering Council will decide how to integrate community feedback and select the date to begin implementing the IPC training program at Church #1.

C.3.3. AIM 2: To evaluate the feasibility and acceptability of a CPPR informed model to train clergy in IPC. (Grant Months 7-18). The ‘Valley’ is the name of the implementation phase in a CPPR initiative. IPC will be implemented in First Corinthians Baptist Church ($n=3,000$ congregants) in an open trial involving 2 clergy and 16 congregants. IPC is designed to be delivered in 3 sessions, but it can be increased to 6 sessions for those parishioners who need additional care.¹² Session #1 involves review of depressive symptoms, identification of current problem areas, providing education about depression, and previewing the next session. Clergy tasks for Session #2 include a discussion of strategies for dealing with problem areas, review of symptoms, and discussion of referral options. The final session, between Sessions #3 through Session #6, is designed to refer the patient into the most appropriate of three options:

- 1) For clients who achieve symptom remission (PHQ-9≤5) and no impairment: No further treatment, clients will receive the Community Resources.
- 2) For clients who have persistent symptoms: Treatment follow-up via Monthly maintenance visits either in person or via telephone. If clients request, they will be given a mental health referral for specialized care.
- 3) For clients who express suicidality, significantly worsen, or report interpersonal physical/sexual abuse: Immediate mental health referral for specialized care and/or referral to domestic violence services.

Training will take place during four, 4-hour training sessions on four separate days. Day #1 of training will include a pre-test, case vignettes, discussion on how to score the PHQ-9, introduction to IPC theory, protocols for referrals and safety measures. Days #2 and #3 will involve review of IPC theory and

procedures, safety procedures, and role playing. Day #4 of training will involve training and role playing in how to work with traumatized adults. Clergy will review the trauma screening measure that will be given to all eligible parishioners at baseline.¹⁰⁵ Clergy will be given an overview of PTSD symptoms, how to assess safety when a parishioner discloses abuse, confidentiality, and how to initiate contact with domestic violence services. Clergy will also be instructed about how social factors (i.e., poverty) are risk factors for depression and trauma. Clergy will also be instructed on what not to say to traumatized parishioners, such as suggesting that the abuse was the victim's fault. Day #4 of training will conclude with a post-test.

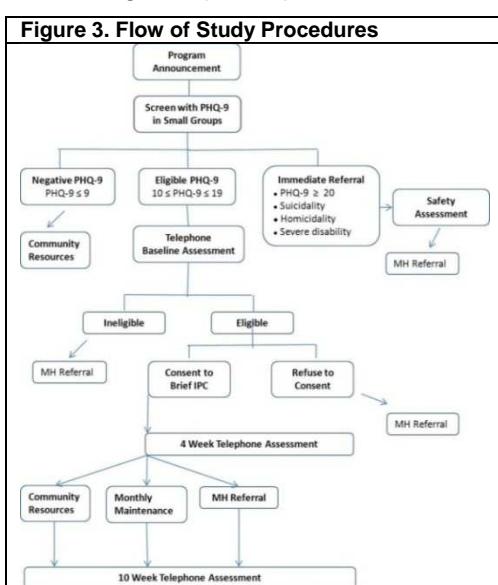
IPC competence will be assessed with a pre- and post-training, 28-question measure adapted from the Collaborative Study Psychotherapy Rating Scale (CSPRS).¹⁰⁶ Clergy must score at least 80% competence before they are eligible to see clients as part of the study.¹⁰⁷ Clergy will also provide information about their satisfaction with the training and suggestions for changes. Clergy will receive 1 hour of weekly group supervision with Dr. Hankerson, either in person or via Skye, for the duration of the study to review cases.

C.3.3.1. Depression Screening in Churches. The procedures for screening depression will mimic those outlined in my NARSAD Young Investigator Award (NYSPI IRB #6368).

C.3.3.2. Program Rollout. The Steering Council will collaborate with clergy and church staff to determine how to present the screening program to the congregation. The Council will consider creative ways, such as dance routines and Biblical Scriptures, to initiate conversations about mental health. These culturally sensitive strategies are designed to reduce stigma affiliated with depression.

C.3.3.3. Distribution of Screening Instrument. A self-report survey, employed by the PI in his preliminary studies (see Section C.1.), will assess depressive symptoms via the PHQ-9, demographic data, treatment history, and treatment preferences.¹⁰⁸ Screening dates will be determined collaboratively by the Steering Council and lead pastor of each church. Congregants who provide signed, informed consent will be eligible to participate in the depression screening. Upon completion of each survey, participants will submit their survey to a research assistant or the PI, who will quickly review all surveys for suicidality. Eligibility to be consented for IPC will depend on participants' PHQ-9 score. Participants, whose PHQ-9 \leq 9 (mild to no depression), are ineligible for IPC. They will be given the Community Resources. Participants, whose 19 \geq PHQ-9 \geq 10, will be eligible for the IPC intervention and invited to participate in the study. Those with PHQ-9 \geq 20, express suicidality, homicidality, or severe disability will be immediately assessed by the PI for safety and either given a mental health referral or taken to receive urgent care.

C.3.3.4. Safety Assessment and Quality Assurance for Depression Screening. If a participant endorses any of the suicidal items on the PHQ-9 or endorses suicidality verbally, the PI will initiate the risk assessment guidelines outlined in the Columbia-Suicide Severity Rating Scale (C-SSRS),^{109,110} which was designed to quantify the severity of suicidal ideation and behavior. Thereafter, the PI will document a Safety Plan that both the patient and PI will sign (see 'Safety Plan' in Appendix). For participants who need urgent care due to imminent risk of harm to self or others, severe disability, or psychosis, the PI will immediately collaborate with church staff and the participant's family for transfer to Mobile Crisis or local Emergency Room (see 'Risk Management' in the Appendix). The PI will inquire to see if the participant is currently receiving mental health treatment, and if so, he will attempt to contact the participant's mental health provider as well. In screening 122 participants with the PHQ-9 thus far, our group has not had to utilize the safety protocol



described herein.

C.3.3.5. Telephone Baseline Assessment. Within one week of completing the PHQ-9, follow-up interviews will be given to participants who (1) had a PHQ-9 score between 19 \geq PHQ-9 \geq 10 and (2) agreed to be re-contacted for study eligibility. The Mood Disorder Questionnaire (MDQ) will assess for bipolar spectrum disorders.^{111,112} In non-clinical samples, the MDQ has a sensitivity of 81% and specificity 65%. Subscales of the Revised Conflict Tactics Scale will be used to assess interpersonal violence/abuse. This scale was used successfully with African Americans in the NIMH multi-site Eban HIV/STD prevention study (see 'Sexual and Physical Abuse Screener' in Appendix). The Social Adjustment Scale-Self Report (SAS-SR) will be used to assess functioning.⁴⁰

C.3.3.6. Inclusion Criteria. Depression Screening: Adults age 18 – 70 years, English speaking, and able to provide signed informed consent are eligible to be screened for depression. IPC Intervention: Adults will be eligible for IPC if they have: (1) depressive symptoms 19 \geq PHQ-9 \geq 10; (2) negative screen on MDQ

for bipolar spectrum disorder; (3) no active suicidal ideations, thoughts of death, homicidal ideations, or psychotic symptoms on the PHQ sections; (4) no active substance use.

C.3.3.7. Exclusion Criteria. Adults will be excluded if they have: (1) active suicidality; (2) mildly depressed (PHQ-9≤9) or severely depressed (PHQ-9≥20); (3) unable to give informed consent; (4) active substance abuse (assessed by PRIME-MD PHQ); (5) bipolar spectrum illness (assessed by MDQ); (6) history of psychosis (participant self-report); (7) currently in active depression treatment (including taking antidepressant medication) at the time of baseline assessment; or (8) report being current victims of interpersonal physical/sexual abuse.

C.3.3.8. Modification of IPC training to enhance cultural sensitivity. All parishioners in the IPC trial will take exit interviews to describe their satisfaction with the intervention and suggestions for improvement. We will review feasibility and acceptability data from clergy and parishioners who receive IPC. The Steering Council will then consider possible modifications to IPC implementation such as: 1) showing pictures of healthy African American families on study recruitment materials to enhance culturally sensitivity; 2) incorporation of religious practices, like prayer or meditation, as a coping strategy; 3) use of language such as “stressed” instead of “depression” to reduce stigma.¹¹³ The Steering Council will approve of all changes to the IPC implementation procedures before moving to Aim #3.

C.3.6. AIM 3: To conduct a pilot randomized controlled trial to test the feasibility and acceptability of a rigorous comparison design. (Grant Months 18-36). The modified IPC training program and implementation procedures will be used to train 6 clergy in IPC at St. Charles Borromeo Chapel (n=800 parishioners). Prior to implementation, the Steering Council will organize a second Kick-Off Conference with the community. The purpose of this Conference will be to discuss this history of the Tuskegee Syphilis Study, randomization, and the pros/cons of various rigorous comparison designs. We describe below procedures for a pilot randomized controlled trial, but will ultimately proceed with the design approved by the Community Steering Council.

We propose to conduct a randomized controlled trial in which 20 congregants will be randomized to receive IPC and 20 congregants will be randomized to receive a mental health referral plus Community Resources. The same eligibility criteria, screening procedures, and outcome measures that were used in the open trial (Aim #2) will be used in the rigorous comparison design. Based on treatment figures from our preliminary findings, we expect to screen 60 congregants to enroll 20 participants in each arm. We will also examine the effects of IPC on treatment retention post-referral compared to those who receive a mental health referral and the Community Resources. We will assess feasibility and acceptability of the rigorous comparison design by tracking participation rate and trust within the Steering Council.

Table 5. Measure Descriptions

Construct	Measure Description
Feasibility	IPC session attendance, Assessment completion, and Retention in treatment post-referral
Acceptability	Clergy – Evidence-Based Practice Attitude Scale-50 (EBPAS-50) and Semi-structured interviews. The EBPAS-50 is a 50-item questionnaire scored on a 4-point Likert scale that measures provider attitudes toward adopting EBPs Participants – Client Satisfaction Questionnaire (CSQ) and Semi-structured interviews. The CSQ is an 8-item questionnaire scored on a 4-point Likert type scale. Scores range from 8-32 with higher scores indicating higher satisfaction.
Adoption	The percentage of churches and clergy that employ IPC
Implementation	Collaborative Study Psychotherapy Rating Scale (CSPRS), Pre/Post-training test, IPC fidelity checklist, Cost of IPC delivery, Retention in treatment post-triage, and Semi-structured interviews (e.g., clergy, church staff, clients). The CSPRS was used in the NIMH Treatment of Depression Collaborative Research Project and contains 28 items to assess IPC fidelity check listed The IPC subscale has 28 items.
Maintenance	And Semi-structured interviews with key stakeholders
Symptomatology*	Patient Health Questionnaire-9 (PHQ-9). The PHQ-9 is a 9-item scale that assesses the nine depressive symptoms listed in the Diagnostic and Statistical Manual. ¹¹⁴ Scores range from 0-27, with higher scores indicating greater severity.
Functioning*	Social Adjustment Scale-Self Report (SAS-SR), Summary score range from 0 to 100 with higher scores reflecting better health.
Covariates	Demographics: e.g., race/ethnicity, age, gender, education, and marital status (all assessed at Baseline).

*Will be assessed at Baseline, Week 4, and Week 12

C.4. Data Storage. The Steering Council will determine where data will be stored and who will have access to it. Irrespective of where the data is stored, it will be kept confidential and locked in a secure location. Dr. Phil Adams, who is data manager in Dr. Weissman's division at NYSPI, will donate his time to managing data stored at NYSPI. After completing quality assurance and data cleaning, all quantitative data will be converted into SAS format for analysis. All qualitative data will be converted and stored in NVivo for analysis. All computer files will be kept on secure servers with secure passwords.

C.4.1. Quantitative Analysis. Dr. Wickramaratne will provide direct supervision on all quantitative analyses. Client outcomes (PHQ-9 and SAS-SR) will be measured at baseline, 4-weeks, and 10-week follow-up. Analyses will produce separate estimates of the magnitude of the effect at each time point and will consider the extent to which the effect remains constant throughout the study period. All tests will be two-sided and performed at significance level $\alpha = 0.05$. To assess feasibility, we will evaluate assessment completion, IPC session attendance, and retention in treatment post-referral by sample proportions and provide their standard errors based on a binomial distribution. Acceptability among clergy will be assessed with the Evidence-Based Practice Attitude Scale-50 (EBPAS-50) and among participants with the Client Satisfaction Questionnaire (CSQ). Mean satisfaction scores (and their ranges and standard deviations) will be calculated for each measure to determine overall acceptability of IPC. We will also examine correlations with demographic variables. Adoption will be assessed at the church setting and clergy level. We will calculate the percentage of churches (out of the 2 available) and clergy (out of the 8 available) that employ IPC. Implementation will assess clergy competence in IPC with the (CSPRS), IPC fidelity checklist (see Appendix), and cost of delivery (time spent and estimated financial cost of training). For those clients who are referred to mental health treatment, we will compare retention rates in continued treatment between those who receive IPC and those who do not.

For symptomatology and functioning, the primary analyses will involve inspection of group differences in categorical depression outcomes at 4 and 10 weeks. Logistic regression models will explore the probability of at least partial response at 4 weeks (PHQ-9 \leq 9) and remission (PHQ-9 \leq 5) at 10 weeks as a function of study group assignment controlling for baseline PHQ-9 score. For this analysis, patients who drop out of the study will be considered as non-responders or non-remitters as appropriate. Mean change scores for the PHQ-9 and SAS-SR between baseline and 4 weeks and baseline and 10 weeks for both patient groups and the associated standard deviations will also be computed.

C.4.2. Qualitative Analysis. *Drs. Wisdom and Fullilove will guide qualitative data analysis. All semi-structured interviews and will be audiotaped with digital recorders and transcribed verbatim into Microsoft Word.* Clean transcripts will be uploaded into NVivo, a qualitative analysis software program that aids in the storage, organization, and retrieval of qualitative data. *Thematic analysis will be used to analyze qualitative data.¹¹⁵* The PI and the PC will independently read all transcripts and develop an open coding schema based on a priori and emergent themes. *They will present their coding schemes to Drs. Wisdom and Fullilove, discuss emergent themes, refine codes, and develop a final codebook that consists of a list of categories and topics.* We will then use NVivo to code all data consistent with the codebook. To establish coding reliability, both Dr. Hankerson and the PC will independently code up to 10% of the transcripts and identify Kappas. They will meet weekly during this process to review definitions and assignment of codes and resolve differences through consensus by checking the segment of transcript in question. If additional codes emerge during the coding process, they will be added to the codebooks. *Once all data have been coded based on the initial codebook, codes most relevant to the research questions will be subject to further analysis*

C.4.3. Integrating Quantitative and Qualitative Data. Quantitative and qualitative data will be integrated by a concurrent triangulation approach.^{35,36} A set of questions will guide this data integration process to identify themes, patterns and conflicts: What patterns emerge from each set of findings? Do they converge? If not, what are their discrepancies and what additional data and analysis are needed? Results will be discussed with the *Steering Council* to obtain additional information regarding the validity of our findings.

C.4.4. Proposed Contingency Plans. IPC is remarkably pragmatic in the sense that it can be performed with minimal training of existing clinical or non-clinical staff members. *If IPC is not deemed feasible or acceptable to clergy, then we will continue with the depression screening procedures as outlined above. We will provide depressed congregants with brief psychoeducation⁶⁹ and refer them to specialty care based on their PHQ-9 scores. Congregants who consent to follow-up will be contacted to see if they completed any of the following: 1) made an appointment with a mental health professional; 2) attended the first appointment; and 3) remained in treatment after 4 weeks.*

C.4.5. R01 Development (Grant Months 36-48). Products of this K23 proposal will include modified procedures for implementing IPC. It will be used as pilot data for my subsequent R01 submission, a cluster controlled randomized trial to test strategies to implement IPC in other faith-based settings. The collaborative community-academic partnership approach used in this application, if successful, can inform future implementation studies on how to systematically translate interventions into community settings for other vulnerable populations.

PROTECTION OF HUMAN SUBJECTS

1. Human Subjects Involvement and Characteristics

Aims 1, 2 and 3 (Stakeholder Interviews and Subject Exit Interviews): Key stakeholders who participate in semi-structured interviews will include clergy (n=8), policy makers (n=5), and lay community members (n=10). We will recruit policy makers according to their position and willingness to participate, and are unable to project their ethnicity or gender at this time. Given our experience working with church staff, we anticipate that approximately 60% of lay community member subjects will be female and at least 90% will be African American. There will be no exclusions based on gender or ethnic/racial group.

Each parishioner who participates in either the open trial (n=16) or the pilot randomized controlled trial (n=40) will receive a brief exit interview upon study completion. There will be no exclusions based on gender or ethnic/racial group.

Aim 2 (CPPR Informed Model to Train Clergy in IPC): We will recruit 2 clergy from First Corinthians Baptist Church, which has a congregation size of approximately 3,000 members. Both clergy at the church are African American, one man and one woman. Based on church demographics, we anticipate that approximately 100% of participants will be African-American and 69% female, as described in the Targeted/Planned Enrollment Table. There will be no exclusions based on gender or ethnic/racial group.

Inclusion Criteria for clergy are 1) aged 18 years and older; 2) English speaking; 3) able to provide signed, informed consent; 4) bachelor's level degree or higher. **Exclusion Criteria for clergy** are 1) any significant medical condition compromising ability to participate (self-report or clinician's judgment) or 2) inability to sign informed consent.

Inclusion Criteria for parishioners include 1) adults age 18–70 years, 2) English speaking; 3) able to provide signed informed consent; 4) depressive symptoms $10 \leq \text{PHQ-9} \leq 19$; 5) a negative screen on MDQ for bipolar spectrum disorder; 6) do not endorse active suicidal ideations, thoughts of death, homicidal ideations; 7) negative screen on the MINI for current or past psychotic symptoms ; 7) negative screen on the MINI for active substance use. **Exclusion Criteria for parishioners** are : 1) active suicidality; 2) mildly depressed ($\text{PHQ-9} \leq 9$) or severely depressed ($\text{PHQ-9} \geq 20$); 3) unable to give informed consent; 4) active substance abuse; 5) bipolar spectrum illness; 6) current or past psychosis; 7) currently in active depression treatment at the time of baseline assessment (have seen a provider for depression within the last 4 weeks); or (8) report being current victims of interpersonal physical/sexual abuse.

Aim 3 (Pilot Randomized Controlled Trial): The pilot randomized controlled trial will test the feasibility and acceptability of a rigorous comparison design. It will be conducted at St. Charles Borromeo Chapel, which has a congregation size of approximately 800 members. Of the six clergy at the church, two are African American, one is Latino, three are non-Hispanic white, and all are men. Based on church demographics, we expect approximately 98% of participants to be African-American. Inclusion and exclusion criteria for clergy and congregants are expected to be the same as those in Aim 2. However, we cannot predict study criteria with precision because the criteria may be modified based on feedback from the Community Steering Council.

2. Sources of Materials

Aims 1, 2, and 3 (Stakeholder Interviews and Subject Exit Interviews): Data will consist of audiotaped interviews which will be transcribed verbatim. All data will be kept confidential. No names will be used on the archived data; instead, identifying numbers will be used.

Aims 2 and 3 (CPPR Informed Model to Train Clergy in IPC / Pilot Randomized Controlled Trial): All clergy will be provided with the IPC manual. Data on stakeholder satisfaction will come from self-report surveys. Parishioner symptomatology and functioning will be assessed via telephone assessments with the PHQ-9 and SAS-SR, respectively. Feasibility and acceptability will be accessed by measuring IPC competence, session attendance, post-referral treatment retention, and exit interviews with parishioners. All data will be kept confidential. No names will be used on the archived data. Instead, identifying numbers will be used.

3. Potential Risks

Aims 1, 2, and 3 (Stakeholder Interviews and Subject Exit Interviews): The risks in the proposed studies are small. We do not anticipate any significant risks for clients, clergy, or church staff participating in the semi-structured interviews. It is possible that thinking about issues related to implementation processes or the content from IPC sessions may be mildly upsetting, but this is expected to be transient if it occurs.

Aims 2 and 3 (CPPR Informed Model to Train Clergy in IPC / Pilot Randomized Controlled Trial):

Participation in this study has minimal anticipated risks. The baseline screening procedures may be perceived by some participants to be somewhat time-consuming; participants may become tired. Evaluation questions also focus on personal matters and may elicit uncomfortable feelings. *The baseline screening questions about sexual and physical trauma may be upsetting for some clients and may even trigger re-experiencing symptoms.* During the assessment stage, participants reserve the right not to answer certain questions, to ask that the evaluation stop, or to suspend their participation in the study at any time.

Participation in IPC will involve the sharing of personal thoughts and feelings with a trained clergy in session. While the goal is symptom reduction and improvement in functioning, participants may experience a worsening of symptoms. All clergy who will be working with participants will be uniquely trained to help them manage such feelings, and reserve the right to refer participants for greater levels of clinical intervention should the need arise. Moreover, while the appropriate safeguards will be implemented to ensure participant confidentiality (see Section 8), there is no way to guarantee that a threat to confidentiality will not occur.

4. Recruitment and Informed Consent

The recruitment and informed consent procedures are derived from those employed in protocol NYSPI IRB #6368, which was used to conduct my preliminary studies: qualitative data with clergy and depression screening with adults in 3 separate churches.

Aims 1, 2, and 3 (Stakeholder Interviews and Subject Exit Interviews): Clergy and church staff will be informed about the post-intervention interviews prior to training. Congregants will be informed about post-intervention interviews prior to IPC enrollment. We will seek to obtain interviews from participants who drop out prematurely as well. All stakeholders who participate in interviews will sign informed consent. Interviews will be audio-recorded and transcribed to identify key themes. *Stakeholders in Aim 1 will be paid \$30 subject fees for their participation, while parishioners in the open / pilot randomized trial will be paid \$20 subject fees for their participation. The reason for differing subject fees is because the post-intervention exit interviews will be shorter (20 minutes) compared to the key stakeholder interviews (30 minutes).*

Aim 2 (CPPR Informed Model to Train Clergy in IPC): To implement IPC training, clergy who meet inclusion criteria will be approached individually by the PI. The PI will describe the study aims, rationale, and procedures. After signing informed consent, clergy and the PI will agree upon *4 separate days to conduct training in IPC and how to work with traumatized adults.* To be permitted to serve as an IPC provider in the study, clergy must demonstrate at least 80% level of competency, as measure by a post-test.

Once the appropriate level of competency is attained by interested clergy, the *Steering Council will collaborate with the lead pastor to decide how to inform the entire church congregation about the study.* Additionally, information about the study will be presented via church program bulletin announcements and the church website. In collaboration with clergy, we will establish specific recruitment days on which congregants will be screened with the PHQ-9. The screenings will take place in small group settings on church premises, such as the church choir, men's prayer group, etc. to protect congregant confidentiality and to allow any questions about the survey to be answered in private. **The PI, who is a board-certified psychiatrist, will be present on-site at the church whenever the PHQ-9 is administered to congregants.**

Upon completion of the PHQ-9, participants will submit their survey into a labeled folder. Participants will be instructed to discuss any concerns that they have about their responses on the survey with Dr. Hankerson before they leave the church. If a participant endorses thoughts of self-harm, Dr. Hankerson will follow the Risk Assessment and Management Guidelines (see Appendix) as well as documenting a Safety Plan (see Appendix). For participants who need urgent care, Dr. Hankerson will immediately collaborate with one of the church pastors, church staff, and the participant's family for transfer to Mobile Crisis or a local Emergency Room, as indicated. Dr. Hankerson will inquire to see if the participant is currently receiving mental health treatment, and if so, he will attempt to contact the participant's mental health provider as well. Dr. Hankerson will have community mental health referrals available to all participants who request it. The PI's phone number, email address, and community resources will be given to all congregants who take the survey. Participants will be instructed to contact the PI or PC for additional referral information if the community

referrals are insufficient. For those clients who express an interest in enrolling in the IPC open trial, they will leave their name and contact information with the PI or Project Coordinator. The Project Coordinator will then contact the congregant within 7 days to administer the baseline assessment measures over the telephone (PHQ-9, SAS-SR, MDQ, MINI, *Trauma Screen*, and socio-demographic information).

Aim 3 (Pilot Randomized Controlled Trial): The implementation procedures for training clergy, screening congregants, and enrolling congregants into the *pilot RCT* will mimic those of Aim 2. However, the implementation procedures will likely be modified based on feedback from the Steering Council. Thus, we cannot describe the recruitment and informed consent procedures for Aim 3 in detail. Nevertheless, each participant will be required to meet study eligibility criteria and provide signed, informed consent to participate. Dr. Hankerson will be on-site at the church whenever the screening PHQ-9 is administered to church congregants. The Risk Management and Safety Plan will be initiated as indicated.

5. Protection against Risk

Participants in all components of this study will be fully informed of all study procedures before they sign consent forms. All participants will be told that their involvement in the study is voluntary and that if any part of the procedure makes them feel uncomfortable, they can stop participating at any time or choose to skip certain procedures or questions, at no penalty to them. Conducting all surveys, audiotaped interviews, and intervention sessions in private areas will protect confidentiality. Participants will be assigned a number and their names will not be associated with any of the research material.

To protect against the risk of subjects disclosing abuse, we have adopted several precautions that were successfully implemented in the Community Partners in Care (CPIC) telephone screenings. All interested participants will be given a screening instrument at baseline to assess for past and current interpersonal physical/sexual abuse (see ‘Sexual and Physical Abuse Screener’ in the Appendix). If a respondent discloses abuse during the assessment, she/he will not be eligible for the study. The Program Coordinator will notify the PI immediately. The PI will call the respondent and clarify details of the suspected abuse. Examples of specific questions the PI will ask are: 1) Who is the suspected abuser?; 2) When did the abuse take place?; and 3) Is the suspected abuser in the respondent’s vicinity now? After assessing safety and determining the need to call 911, the PI will provide the respondent with the New York City Domestic Hotline number 1-800-621-HOPE (4673). He will also provide links to their closest domestic violence program. <http://www.nyscadv.org/local-domestic-violence-programs/> Other domestic violence resources will be identified collaboratively by the Steering Council during the partnered planning phase.

We have added a Day#4 of training to equip clergy how to handle a parishioner disclosing interpersonal violence in the course of receiving IPC. In this training module, clergy will review the trauma screening measure that will be given to all eligible parishioners at baseline. Clergy will be given an overview of PTSD symptoms, how to assess safety when a parishioner discloses abuse, confidentiality issues, and how to initiate contact with domestic violence services. Clergy will also be instructed on what not to say to traumatized parishioners, like suggesting that the abuse was the victim's fault.

Although there are no specific questions assessing abuse during IPC, the issue may come up during the course of care. If direct evidence of interpersonal physical / sexual abuse is reported or observed during an IPC session, clergy will immediately communicate this to the PI. The PI will review the case with the clergy and follow the protocol outlined above. The Project Coordinator and clergy will be trained to document any concerns related to safety risk. The principal investigator will evaluate any potentially reportable content to the data and safety and monitoring team. We will track violence outcomes at each assessment time point (baseline, Week 4, and Week 10). If current interpersonal violence is disclosed during any of the assessments, we will follow the safety protocol outlined above.

To address confidentiality of audio-tape recordings of the stakeholder interviews, Dr. Hankerson and members of the Steering Council who complete the necessary CITI and other training will be permitted to hear the audio tapes. The storage location of the tapes will be determined by the Steering Council. Regardless of their location, tapes will be stored in a secure location for 10 years after the date of the interview. Participants will be informed that audio-recording is a requirement of study participation in the stakeholder interviews. However, participants will be free to withdraw consent at any time. Content from the tapes will be used for educational purposes to discuss mental health attitudes among pastors at community presentations. Neither the pastors' name nor any personal information identifying the pastors will be used in

connection with the audio-tapes in any way during any of the presentations that describe the results of the focus group interview. Additional efforts to protect participant confidentiality to the extent permitted by law will be sought by the following:

- 1) Each study participant will receive a code number through which all study data will be linked. The code will only be known by the Principal Investigator and Program Coordinator.
- 2) Participant names, code numbers, and study data will be kept in a single locked file, accessible only to key study personnel working on the study.
- 3) Information stored on the computer will be coded numerically.
- 4) All study data will be reported in tabular/group format while no individual data will be reported.
- 5) Records will only be available to research staff, and the Federal, State, and Institutional regulatory personnel, who may review records as part of routine audits.
- 6) Legal advocacy organizations that have the authority under state law can access confidential subject records, but cannot re-disclose this information without participant consent

6. Potential Benefits of the Proposed Research to the Subjects and Others

By participating in the study, depressed clients will have the opportunity to receive a free, evidence-based intervention focused on reducing their depressive symptoms and improving functioning. They will learn how to manage their symptoms and improve their functioning. IPC includes determining the interpersonal event(s) (grief, disputes, transitions, deficits) triggering the current episode as well as the exploration of the event and resources for dealing with it. Clergy will also work with participants to identify helpful and appropriate resources and strategies for dealing with their problems. The therapeutic relationship will be supportive and encouraging. The long-term benefits of participating in the program are unknown. Clergy will receive rigorous training in evidence based IPC skills for adults with depression, and thus the quality of mental health attention offered at each church is expected to improve. For church staff, congregants, and clergy participants in semi-structured interviews, there is no direct benefit to participation. However, they may learn more about how to better serve adults in the community, and may experience feelings of empowerment.

7. Importance of the Knowledge to be Gained

We aim to contribute an understanding of the factors involved in translating EBPs into real world settings, knowledge that could be used to disseminate interventions to underserved populations and reduce health disparities. Evidence of effectiveness of this program may provide a model for EBP implementation in faith-based settings with different organizational characteristics (i.e., denomination, congregation size, number of clergy) and in other locations that serve depressed adults. The benefits of the study are thought to outweigh the risks.

8. Data Safety and Monitoring Plan

Study Description

The primary goal of the research activities proposed in this mentored career development award is to test the feasibility and acceptability of a community-partnered participatory research (CPPR) approach to train clergy to implement IPC in faith-based settings. The research plan in this K23 application does not test a medication or a device. It will use a community-academic partnership model to engage community members and ensure a community focus. The data safety and monitoring plan is discussed in more detail below.

Safety Monitoring Plan

There are no known serious health or psychological risks of participating in this study. However, all study participants will be monitored for adverse events and serious adverse events. This study tests an intervention model, components of which have been used other settings without adverse events. Below are possible adverse events that may emerge in the course of the study.

- 1) Accidental disclosure of confidential material. Although careful procedures and protections are in place, there is a small possibility of accidental disclosure of confidential information.
- 2) Imminent threat to self or others. Unrelated to study participation, it is possible that a participant may express suicidal intent or intent to harm someone else.

- 3) Distress experienced during the IPC intervention. In discussing precipitants , current depressive symptoms, *and possibly trauma*, it is possible that participants will experience some distress. Although it is anticipated that being part of the intervention will alleviate this distress, it is important to have a plan in place to deal with this issue in the event that there is significant distress or deterioration.
- 4) Distress experienced during or after completing research surveys and interviews. While it is unusual for participants to experience more than transient distress, it is possible that answering questions can be upsetting for some participants.

Data Monitoring Plan

Detailed protocols will be developed to handle each of the adverse events mentioned above. In general, the plan will be: 1) All participants will be provided with a specific phone number and contact person in the case of an adverse event, 2) Whoever detects the adverse event (research staff, *clergy, or members of the Steering Council*) will complete a form to document the incident, which will be discussed among study staff, and 3) Dr. Weissman, Dr. Wells, and myself will decide on a course of action, consulting expert consultants as necessary. Specific details are for Risk Management are outlined below.

- 1) Protection of Confidentiality (See also Section 5): This study will collect two distinct types of data. Personally identifying information will be collected (e.g., names, contact information) so that appropriate contact can be maintained with research participants during the study. Research data, such as information garnered from interviews and questionnaires will also be gathered. This information does not inherently contain personally identifying information. That is, when connected only to a numeric identifier, the data do not contain information that would enable identification of an individual research participant. Standard procedures will be employed to strictly separate personally identifying information from research data. *We will seek to have members of the Steering Council receive CITI training, so that they can handle confidential data.* Given the fact that these two kinds of information will be present, protocols will limit access to records to a small number of personnel who will have close day-to-day supervision by the principal investigator and who will be trained in the handling of confidential materials.
 - a. Personally identifying information about participants will be stored in a single database. This database will be password-secured and with the password made available only to the PI, *members of the Steering Council*, and lead research assistants. The database will be located in a section of the server accessible only by the principal investigator, *members of the Steering Council*, and lead research assistants.
 - b. Research data collected will only be filed with a participant's unique identification number. Personally identifying information will not be kept on archived paper or electronic records. Individuals handling a file containing research data will be unable to identify any specific research participant using that information. Data files containing only research data will be the primary files handled by study personnel.
 - c. All individuals working on the study will receive training in the protection of confidentiality and will sign confidentiality agreements, agreeing never to disclose individual information regarding study participation, nor data about any participant.
 - d. A Certificate of Confidentiality will be obtained from the federal government to protect the data from being subpoenaed and data will only be reported in aggregate form without any identifying information.

In addition to these specific protocols, confidentiality regarding all aspects of data collection, analysis, and interpretation is emphasized in the orientation of all research staff. Topics addressed in this staff training include issues such as avoiding:

- 1) being overheard using names in telephone recruitment and participant tracking , b) printing personally identifying information on public access printers, c) having personal identifying information on email correspondence, or data storage outside the laboratory, d) writing names or any identifying information on coding sheets, and e) engaging in casual conversation about research that could possibly allow the identification of research participants. Dissemination material (presentations and/or publications) will also be reviewed to ensure that they are

safeguarding the identity of individual research participants.

- 2) Legal Limits of Confidentiality: There are some legal limits to the confidentiality of information obtained in the research study. In cases of child maltreatment, elder abuse, and suicidal/homicidal ideation, researchers may need to report these incidents to the appropriate authorities.

Appropriate protocols for responding to these issues are described in this section:

- 1) Child Maltreatment – If direct evidence of child maltreatment is reported or observed during research interviews it may be reported to child protective services. Although there are no specific questions assessing child maltreatment, the issue may come up during interviews with congregants. The Project Coordinator and clergy will be trained to document any concerns related to safety risk and will immediately communicate these to the PI. The principal investigator will evaluate any potentially reportable content or to the data and safety and monitoring team.
- 2) Suicidal/Homicidal Ideation – A similar procedure will be used if there is direct evidence of imminent suicide or homicide risk reported in a research interview. Specifically, the PC or clergy will communicate such concerns to the PI. The PI, along with consulted experts, will evaluate the risk and if imminent risk of safety is determined, the appropriate intervention will be sought. This may include directing the congregant to seek hospitalization if suicidal risk is imminent and the individual cannot contract for safety, or notification of law enforcement and/or child protective services if homicidal risk is imminent.
- 3) Distress experienced during the intervention: It is unlikely that the active treatment will result in harm to participating families. However, in the event that a parishioner shows marked deterioration in functioning over the course of treatment, the clergy will notify the PI during weekly clinical supervision. The treatment team will evaluate whether the deterioration is related to the intervention delivered and determine the need to discontinue treatment or to recommend a higher level of restrictiveness of care to meet the needs of the congregant.
- 4) Distress experienced during or after completing research surveys and interviews: While it is unusual for participants to experience more than transient distress, it is possible that answering questions can be upsetting for some participants. In the event this occurs, appropriate steps will be taken to consult with the PI to determine whether referral to a higher level of care is needed.

Review/Reporting of Adverse Events

A subcommittee of the Steering Council will form a Data Safety and Monitoring Board (DSMB).

The purpose of this committee is to provide general oversight of human subjects protection issues for the project and specifically be responsible to: 1) review all adverse events, and 2) identify patterns in adverse events and address risk management issues as necessary. With regard to any adverse event, the PI will consult with a member of the DSMB identified for this project, in addition to his co-mentors Drs. Weissman and Wells. All adverse events will also be reported to the NYSPPI Institutional Review Board and summarized in the annual progress reports.

INCLUSION OF WOMEN AND MINORITIES

There are no exclusion criteria regarding gender or race/ethnicity. In our preliminary studies in which we conducted depression screenings from three churches in New York City, 56.3% of participants were women. Based on our previous studies, along with prevalence estimates of depression and demographics of African American churches, we anticipate that rates of recruitment for the present studies will be approximately 2.5:1 female to male (see Targeted/Planned Enrollment Table).

There are no exclusion criteria regarding race/ethnicity. The percentage of African Americans at our two partner churches are approximately 98% and 90%, respectively. Thus, we anticipate that nearly all participants will be African American (see Targeted/Planned Enrollment Table). Since the focus of this study is on African American adults, the enrollment of people of color is essential to the successful implementation of the study.

Targeted/Planned Enrollment Table**Title of K23 Application:** Community Partnered Approach to Implement EBPs for Depression**Study Title:** CPPR Informed Model to Train Clergy in IPC**Total Planned Enrollment:** 16

TARGETED/PLANNED ENROLLMENT: Number of Subjects			
Ethnic Category	Sex/Gender		
	Females	Males	Total
Hispanic or Latino	0	0	0
Not Hispanic or Latino	11	5	16
Ethnic Category: Total of All Subjects*	11	5	16
Racial Categories			
American Indian/Alaska Native	0	0	0
Asian	0	0	0
Native Hawaiian or Other Pacific Islander	0	0	0
Black or African American	11	5	16
White	0	0	0
Racial Categories: Total of All Subjects*	11	5	16

*The “Ethnic Category: Total of All Subjects” must be equal to the “Racial Categories: Total of All Subjects.”

Study Title: Pilot Randomized Controlled Trial of IPC**Total Planned Enrollment:** 40

TARGETED/PLANNED ENROLLMENT: Number of Subjects			
Ethnic Category	Sex/Gender		
	Females	Males	Total
Hispanic or Latino	1	0	1
Not Hispanic or Latino	27	12	39
Ethnic Category: Total of All Subjects*	28	12	40
Racial Categories			
American Indian/Alaska Native	0	0	0
Asian	0	0	0
Native Hawaiian or Other Pacific Islander	0	0	0
Black or African American	28	12	40
White	0	0	0
Racial Categories: Total of All Subjects*	28	12	40

*The “Ethnic Category: Total of All Subjects” must be equal to the “Racial Categories: Total of All Subjects.”

INCLUSION OF CHILDREN

We are excluding children under the age of 18 from the studies proposed in this application. For the purposes of this application, we are considering an adult to be 18 years old or greater. In our preliminary studies, the mean age of participants was 53.4 years. In New York State, subjects 18 years and older can consent on their own for research such as that described in this application. The number of subjects age 18 to 21 years to be enrolled in these studies is estimated based on our previous experience in recruitment and will be approximately 10% of the total sample to be studied. Our research group has significant experience working with individuals with major depression and healthy control subjects between the ages of 18 to 21. Children younger than 18 will not be included because: 1) childhood depression has different diagnostic criteria and screening measures; 2) interpersonal precipitants differ between adult-onset and childhood-onset depression; 3) there is no data on the efficacy of our study intervention, Interpersonal Counseling (IPC), for use among children.

RESOURCE SHARING PLAN

Sharing of data generated by the projects in this application is an essential part of our proposed activities and will be carried out in several different ways. There are two levels of data sharing: local and national. To share data in New York City, we will present study results to: (1) the project's *Community Steering Council*; (2) the 90 inter-faith organizations that are members of Harlem Congregations for Community Improvement (HCCI) at HCCI's quarterly, general body meetings; *and 3) the congregations of the 2 churches involved in the study.* The format (oral presentation, executive report, etc.) and procedure for distributing project data will be decided upon collaboratively *by the Steering Council.*

To disseminate results nationally, we will publish multiple manuscripts derived from this data. I have outlined a timeline for manuscript production in the *Career Goals and Objectives Section* of this K23 proposal. *Members of the Steering Council who meet criteria for authorship will be listed as authors on manuscripts.* Project data will also be shared via posters and presentations at national and international conferences such as the Annual NIH Conference on the Science of Dissemination of Implementation, an annual conference sponsored by the National Institute on Minority Health and Health Disparities (NIMHHD), and the American Public Health Association Annual Meeting and Exposition (APHA). We anticipate sharing preliminary data in poster form approximately six months after the completion of each specific aim. Academic researchers and community partners are expected to be co-presenters at each conference where data is presented. *The order of authors and which presentations data are presented will be decided upon collaboratively by the Steering Council.*

- (a) Data Sharing Plan: Not Applicable (i.e. we are not seeking \$500,000 or more in direct costs in any single year)
 - (b) Sharing Model Organisms: Not Applicable
 - (c) Genome Wide Association Studies (GWAS): Not Applicable
- Resource