Southern California Dissemination, Implementation & Improvement Science Symposium

Improving Health in Southern California through Research/Practice Partnerships

March 24, 2015
8:00 a.m. – 4:30 p.m.

The California Endowment
1000 North Alameda Street
Los Angeles, CA 90012

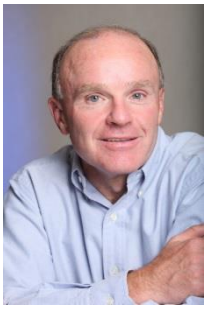
UCLA CTS SC CTSI UC San Diego Health Sciences Clinical & Translational Research Institute UC Riverside School of Medicine KAISER PERMANENTE The California Endowment

UCLA CTSI

The mission of the UCLA CTSI is to create a borderless clinical and translational research institute that brings UCLA resources and innovations to bear on the greatest health needs of Los Angeles. The Dissemination, Implementation and Improvement Science Initiative is a component of the UCLA CTSI Community Engagement and Research Program.

SC CTSI

SC CTSI helps accelerate scientific discoveries and their application in real-life settings to address the specific health needs of urban and diverse populations and improve human health, by helping researchers obtain the education, resources and collaborations necessary to translate discoveries into practice.



UC San Diego Health Sciences
Clinical & Translational Research Institute

The UCSD CTRI helps researchers obtain education, resources, and collaborations necessary to translate scientific discoveries into improved human health and provides research resources, training, and collaboration opportunities for CTRI scientists, health care providers, and the community.

UCR School of Medicine
Center for Healthy Communities

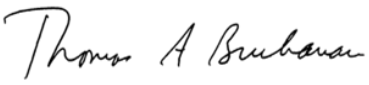
The UCR School of Medicine's Center for Healthy Communities will lead and facilitate innovative research aimed at improving the health of culturally, linguistically, and economically diverse communities in the region, especially those who are medically under-resourced. Our goal is to build collaborations and partnerships between researchers and communities through education and research that address our communities' needs and promotes health equity.

KAISER PERMANENTE®

The mission of the Department of Research & Evaluation is to initiate and conduct high-quality public-sector health services, epidemiologic, behavioral, and clinical research that has a demonstrable positive impact on the health and well-being of Kaiser Permanente Southern California members and the general population.

Welcome

Steven M. Dubinett, MD
Director



Thomas A. Buchanan, MD
Director

Greg Aarons, PhD
Professor

Greer Sullivan, MD, MSPH
Director, Center for Healthy Communities
Associate Dean, Population Health

Michael K. Gould, MD, MS
Director, Health Services Research and Implementation Science

On behalf of the UCLA and USC Clinical and Translational Science Institutes, UC San Diego Clinical and Translational Research Institute, UC Riverside, Kaiser Permanente and the Greater Los Angeles Veterans Administration, we are pleased to welcome you to the Second Annual Southern California Implementation and Improvement Science Symposium.

This meeting reflects continued growth in the importance of Dissemination, Implementation and Improvement Science (DII Science) in our nation's health policy, education and research agendas — and the significant leadership and capability in DII Science shown by each of our institutions and regional partners. The sessions included in the Symposium illustrate the breadth, depth and diversity of DII Science expertise and activity throughout Southern California, and the value of this activity in improving health and quality of life throughout the region.

Today's Symposium is an important component of our shared commitment to the goal of enhancing the impacts and benefits of medical and public health research for communities in Southern California and across the country. Research-guided efforts to implement innovative health care and public health strategies and to improve health system and community agency performance and outcomes are critically important. The region's interest in this Symposium reflects our community's understanding of this need and the rich and varied research/practice partnerships that have emerged to pursue shared goals for improvement.

As with the first Symposium last year, we hope to see continued growth and new collaborations and initiatives emerge from the day's activities. We look forward to the results of this Symposium and to the new energy, creativity and commitments that will emerge.

Agenda

7:30-8:00 Poster Set Up & Registration **Yosemite Hall**

8:00-8:15 Event Welcome **Yosemite Hall**

Steve Dubinett, MD: Director, UCLA Clinical and Translational Science Institute

***Thomas A Buchanan, MD*:** Director, Southern California Clinical and Translational Science Institute

8:15-8:45 Implementation & Improvement Science Vision at the Los Angeles County Department of Health Services **Yosemite Hall**

***Mitchell Katz, MD*:** Director, Los Angeles County Department of Health Services

8:45-10:00 Partnered-Research Case Studies **Yosemite Hall**

The Recovery Oriented Care Collaborative: A Practice Based Research Network in Community Mental Health

John S Brekke, PhD & Laura Pancake, LCSW

Southern California BRIDGE Collaborative: Merging Research with Clinical Practice in Early Intervention for Children with Autism and their Families

Aubyn Stahmer, PhD & Karyn Searcy, MA

Using Telehealth to Provide Developmental, Behavioral, and Mental Health Services in Primary Care Settings for Children in Underserved Areas

Tumaini Coker, MD, MBA & Christine Park, MD, MPH

10:00-10:30 Break & Poster Session **Joshua Tree**

10:30-11:30 Session 1: Skill Building & Meet the Expert

A ***Improvement Methods and Research for Health Care*** **Big Sur**

Quality improvement methods are designed to change processes and systems to get quality outcomes with reliability at scale. This session will describe principles underpinning improvement, an improvement model, 9 categories of change concepts, and 4 commonly used quality improvement tools, and statistical methods used in improvement science.

Shinyi Wu, PhD & Moira Inkelas, PhD

B ***Implementation Design, Evaluation and Dissemination: Lessons Learned from the Medicare Imaging Demonstration*** **Tahoe**

This session will examine the implementation of the national Medicare Imaging Demonstration that was designed to evaluate whether decision support services would improve the appropriateness of advancing imaging such as CT scans, MRIs, and SPECT cardiac studies. We will discuss lessons learned from the national implementation and how those lessons might be relevant to other quality improvement and implementation efforts.

Katherine Kahn, MD

D ***Leadership and Organizational Change for Implementation in Systems and Organizations*** **Sierra**

This session will describe emerging research on leadership in implementation. The development of a leadership and organizational change strategy will be described. Issues in leadership across systems and organizations will be presented and discussed.

Gregory Aarons, PhD

Agenda

E ***Applying Implementation Science Tools and Strategies to Improve Care Practices and Outcomes*** **Mojave**

Successful implementation and sustainment of evidence-based practices (EBPs) is challenging yet increasingly recognized as critical for the achievement of better outcomes in behavioral health, health care and public health. This session will begin by briefly introducing the field of implementation science and describing the guidance it offers to agency and health system leaders and researchers interested in improving clinical care and outcomes. The session will then present the ACT SMART Toolkit, a structured implementation strategy containing tools and materials that facilitate the practical application and use of implementation science models and approaches that have been shown to be effective yet are often described only in research journals. The presentation will highlight the importance of using a structured approach to implementation and will identify key factors to consider when implementing EBPs to achieve initial uptake and sustained use.

Brian Mittman, PhD & Amy Drahota, PhD

F ***New Developments in the Use of Mixed Methods in Implementation Research*** **Catalina**

This presentation will describe research on three interrelated facets of evidence-based practice (EBP) implementation: provider social networks, use of research evidence, and implementation barriers and facilitators. It will focus on EBP implementation in child welfare, specialty child mental health, and juvenile justice systems of care. The audience will gain familiarity with principles and strategies for the integrated use of quantitative and qualitative methods and their innovative application in implementation research.

Lawrence Palinkas, PhD

G ***Practical Approaches to Community-Partnered Dissemination, Implementation and Improvement Research*** **Yosemite Hall**

This session will lead to greater understanding of the pragmatic issues of doing community-based participatory research, (2) examine the barriers, and (3) explore strategies to overcome those barriers.

Keith Norris, MD, PhD & Ellen Olshansky, PhD, RN

H ***Models of University Infrastructure for Dissemination and Improvement Research*** **Cabrillo**

Dissemination and Implementation (D&I) Science requires specific knowledge and skills not traditionally taught in academic settings including the skills of community engagement. As the science grows, conversations about how best to train new D&I scientists and their place within traditional discovery research settings is essential. This workshop will describe three models of university infrastructure within which D&I researchers could be located and recognized for their specific expertise. The workshop will include a discussion with participants about how they are currently located within their academic communities and their ideas for the necessary infrastructure to support their careers.

Suzanne Lindsay, PhD, MSW, MPH

11:30-12:30 Lunch & Poster Presentation **Joshua Tree**

12:30-1:40 Health Systems Leadership and Implementation & Improvement Science Research **Yosemite Hall**

Alfredo Aguirre, LCSW, Behavioral Health Services Director, San Diego County Behavioral Health
Martin Serota, MD, Vice President & Chief Medical Officer, AltaMed Health Services
Michael Gould, MD, MS, Director, Health Services Research and Implementation Science, Kaiser Permanente Research

Agenda

1:40-2:55 Partnered-Research Case Studies — Yosemite Hall

Comparative Research to Integrate Clinical Pharmacy Services into Primary Care Clinics
Michael Hochman, MD, MPH & Steve Chen, PharmD

Promotoras *(Community Health Workers) Improve Heart Health among Latinos in Rural and Urban Settings*
Katrina Kubicek, PhD & Marisela Robles, MS

A Community Collaborative Effort to Reduce the Burden of Heart Disease
Roberto Vargas, MD, MPH & Donzella Lee, MPH

2:55-3:10 Break & Poster Session — **Joshua Tree**

3:10-4:10 Session 2: Project Planning Meetings

A ***Secondary Stroke Prevention by Uniting Community and Chronic Care Model Teams Early to End Disparities: The SUCCEED Trial*** — **Big Sur**

The purpose of this session is to foster an environment for county/community/academic partnerships to develop around the topic of preventing stroke, as well as provide a forum for attendees to describe the lessons learned during community-based interventions.

Amy Towfighi, MD

B ***Improving Adolescent and Adult Vaccination Rates in Southern California: Partnerships between Healthcare Systems, Academia, Public Health Agencies, and Industry*** — **Tahoe**

The goals of the session are: (1) discuss the need for collaboration between academia and providers to advance public health, and (2) illustrate some examples of collaboration and discuss their potential outcomes.

Brandon Brown, MPH, PhD & Jeffrey Lazarus, MBA

C ***UC Center for Health Quality and Innovation: Opportunities for State-wide Innovation, Implementation and Improvement Research*** — **Sequoia**

The University of California (UC) Center for Health Quality and Innovation (CHQI) was established to mitigate barriers to improvements among UC academic health systems. CHQI, led by five UC health system CEOs, six medical school deans, and the UC Senior Vice President of Health Sciences and Services, integrates evidence-based interventions by supporting a collaborative approach to innovative research and spreading best practices through grants, leadership, change management training, and convening task forces to facilitate system-wide change. This presentation will describe key Center accomplishments to date and planned future activities, and will be an opportunity to hear about CHQI's approach and experiences with scaling up effective interventions

Michael Ong, MD, PhD

D **Meet the Expert Session: Social Networking Analysis** — **Sierra**

In this session, Dr. Valente will present on his work using social network analysis, health communication, and mathematical models to implement and evaluate health promotion programs to prevent tobacco and substance abuse, unintended fertility and STD/HIV infections.

Thomas W Valente, PhD

Agenda

E ***A Local and National Partnership Regarding Homelessness Outreach Efforts in Los Angeles County: A Dialogue on Building and Sustaining Health Impact Networks for Regional Stakeholders*** **Mojave**

Developing synergy and collaborative opportunities on issues of mutual interest (e.g., homelessness, health-based initiatives) and the research/funding opportunities that exist between federal/local government, university researchers, and community-based organizations.

Henry Anaya, PhD

F ***Region-Wide Implementation of "Choosing Wisely" to Improve Health Care Quality and Outcomes*** **Catalina**

The Choosing Wisely (CW) initiative has attracted considerable interest and attention and is believed to be contributing to improved decision making regarding a broad range of tests, procedures and other healthcare services throughout the US. This session will describe the electronic health record-based implementation strategies used by Cedars-Sinai in the ambulatory and hospital settings and offer recommendations for other delivery systems interested in replicating the highly successful Cedars-Sinai approach. The session will also feature a discussion of ideas for new collaborations to facilitate region-wide professional and public awareness and implementation of CW.

Scott Weingarten, MD, MPH & Brennan Spiegel, MD, MSHS

G ***Community Implementation of an Innovative Evidence-Based HIV/AIDS Prevention Program: Lessons Learned and Brainstorming for Further Spread*** **Yosemite Hall**

UCLA and several community agency partners in Northern and Southern California are conducting a large NIH-funded project to study real-world implementation, effectiveness and sustainability of the Eban HIV/AIDS prevention program. We will open this session by sharing insights and lessons learned as we overcame a series of challenges to the successful conduct of community-based effectiveness research. We will then initiate open discussion of ideas for a larger scale-up project to spread the program to additional regions and communities. We invite interested clinicians, agency leaders and researchers to join us in brainstorming ideas for this future project.

Gail Wyatt, PhD & Craig Hutchinson, MPH

H ***Latino Health Riverside: Starting a New Academic-Community Partnership*** **Cabrillo**

Part of the School of Medicine (SOM) at UCRiverside, the new Center for Healthy Communities (CHC) aims to conduct community-partnered research, a type of research that is novel in the Riverside area. We worked closely with a member of the SOM Community Advisory Board (CAB), Mary Figueroa, a lifelong Riverside resident and community leader, to craft an application for a Patient Centered Outcomes Research Institute (PCORI) Engagement Award. In this session we will describe our project (which will involve engaging three predominantly Latino neighborhoods using In-Home meetings and Deliberative Democracy Forums) and lead a discussion about the challenges of initiating academic-community research and specifically in working with Latino communities.

Greer Sullivan, MD, MSHS & Mary Figueroa

4:15-4:45	Report Back & Symposium Evaluation	**Yosemite Hall**

Speakers

Gregory Aarons, PhD, is a clinical and organizational psychologist, Professor of Psychiatry at UC San Diego, Director: Child and Adolescent Services Research Center (CASRC), and Co-Director: Center for Organizational Research on Implementation and Leadership (CORIL). His research, funded by the U.S. National Institute of Mental Health focuses on identifying and improving system, organizational, and individual factors that support successful implementation and sustainment of evidence-based practices and quality of care in health care and public sector allied health care settings. Current work focuses on improving training managers and supervisors to become effective leaders of organizational culture/climate that supports EBP implementation and sustainment.

Alfredo Aguirre, LCSW, is the Director of Behavioral Health Services of San Diego County and has served in the capacity of Mental Health Director since 1999. He serves on the Board of Directors of the National Network of Social Managers and as a co-chair of the Cultural Competence, Equity, and Social Justice Committee of the California Mental Health Directors Association. He also serves on the Child, Adolescent and Family Branch Council, a national advisory committee to the Children's Branch of the Center for Mental Health Services under SAMHSA.
Mr. Aguirre has worked in the mental health field for over 34 years as a psychiatric social worker, staff supervisor, manager, and executive. He is the recipient of many prestigious awards, including Mental Health Person of the Year in 2008 and the 2011 Hope Award for his leadership in the County of San Diego's Mental Health Stigma Reduction Media Campaign, "It's Up to Us."
Alfredo received his Master's Degree in Social Welfare in 1978 from the University of California at Berkeley, and has a special interest in cultural competence development in systems and communities. He authored, "Community Mental Health Services in a Managed Care Environment: 10 Key Issues in Promoting Cultural Competence," article published in *Promoting Cultural Competence in Children's Mental Health Services* (Mario Hernandez and Mareasa R. Isaacs, eds.) in 1999.

Henry D Anaya, PhD, is a Research Scientist with the United States Department of Veterans Affairs and faculty member in the UCLA David Geffen School of Medicine. As Principal Investigator, he has led a variety of local, regional and national health services implementation initiatives. He has previously served as Research Scientist in the Department of Biobehavioral Sciences at UCLA's Semel Institute for Neuroscience and Human Behavior, associate director of the UCLA Center for Community Health and Los Angeles County Department of Public Health.

John S Brekke, PhD, is the Frances G. Larson Professor of Social Work Research at the University of Southern California (USC) School of Social Work. He has taught research and clinical courses in the MSW program, and PhD courses on treatment outcome research and research grant writing. Dr. Brekke has done clinical practice, research, and program development in the areas of domestic violence, integrating psychobiological factors into psychosocial rehabilitation services, as well as integrating health and mental health services through the use of peer health navigators. Dr. Brekke has been the principal investigator on multiple studies funded by the National Institute of Mental Health, the Substance Abuse and Mental Health Services Administration, the UniHealth Foundation, and PCORI. His work focuses on the improvement of community-based services for individuals diagnosed with severe mental illness. He was selected for an Institute of Medicine committee on psychosocial interventions, and elected as a Fellow to the American Academy of Social Work and Social Welfare.

Brandon Brown, MPH, PhD, is an Assistant Professor and Director of the Global Health Research, Education and Translation Initiative in the University of California Irvine Program in Public Health. Trained as an infectious disease epidemiologist, Brandon has ongoing studies of HIV prevention, cancer screening, and research ethics with vulnerable populations including men who have sex with men, low income mothers, female sex workers, and HIV positive women of color in the United States, Peru and Nigeria. He has conducted industry funded clinical studies related to HPV vaccine and the impact of genital warts on incident HIV infection.

Steve Chen, PharmD, is the Chair of the Titus Family Department, one of the School's two departments. Dr. Chen holds the Hygeia Centennial Chair in Clinical Pharmacy and is an Associate Professor at the USC School of Pharmacy. His current clinical practice role includes the supervision of clinical and consultative pharmacy services to 19 safety net

community clinics in Southern California. At these clinics, Dr. Chen oversees teams of clinical pharmacists, pharmacy residents, pharmacy students and pharmacy techs. Currently, Dr. Chen is part of a team of USC faculty directing $12 million grant-funded research, evaluating the impact of pharmacist-managed patient care services for underserved populations.

Tumaini Coker, MD, MBA, is Assistant Professor of Pediatrics at Mattel Children's Hospital UCLA, and Associate Director of Health Services Research at the UCLA Children's Discovery and Innovation Institute. Dr. Coker's research program focuses on designing and testing new and innovative methods of delivering primary care services to children in low-income communities. She collaborates with community clinics and pediatric practices to design and investigate innovative ways to improve the delivery of care to children of low-income families. Current projects focus on designing and testing innovative models for preventive care, using telehealth to improve behavioral health services, and addressing socioeconomic disparities in care for children.

Amy Drahota, PhD, is an Assistant Research Professor in the department of psychology at San Diego State University and clinical psychologist at the RCHSD-Autism Discovery Institute. Dr. Drahota's research centers on the adaptation, dissemination and implementation of evidence-based practices (EBPs) for youth with autism in community settings. Dr. Drahota leads an NIMH funded grant (K01 MH073213) involving a formal community-academic partnership to develop and pilot the ACT SMART Toolkit, a web-based, comprehensive implementation strategy designed to assist agencies successfully implement autism EBPs. Additional interests include developing standardized methods for adapting EBPs and fidelity monitoring to fit community contexts.

Mary Figueroa, the community lead for Latino Health Riverside, is a native of Riverside and a leader and community advocate in the local Riverside Latino community. She has served as an elected official on the Riverside Community College District Board of Trustees for the past 20 years and is well connected to both decision-makers and grassroots organizations in Riverside. For this project, Ms. Figueroa will co-lead the Steering Committee and design and implement In-Home meetings intended to engage grassroots community members in discussions about health issues.

Michael K Gould, MD, MS, is a pulmonologist and health services researcher with longstanding interest in the care of patients with respiratory disease and lung cancer. He currently serves as Director for Health Services Research and Implementation Science and leader of the Care Improvement Research Team (CIRT) in the Department of Research and Evaluation at Kaiser Permanente Southern California (KPSC). Dr. Gould conducts both externally-funded and operationally-focused research in respiratory disease and lung cancer. The CIRT is deeply embedded in the delivery system at KPSC, and is actively engaged in both observational and interventional studies of care delivery. Now a full-time researcher, Dr. Gould was a practicing pulmonologist specializing in the evaluation of patients with suspected lung cancer and respiratory complications of cancer while on faculty at Stanford University Medical Center and the VA Palo Alto Health Care System (1998-2009), and the Keck School of Medicine of USC (2009-2011). Dr. Gould has published over 150 scholarly articles, book chapters and reports, and his research has been supported by the Department of Veterans Affairs and the National Cancer Institute. He completed undergraduate studies in biology at Cornell University, earned his medical degree from the SUNY Upstate Medical University, and obtained a Master's degree in health services and health policy from Stanford University.

Michael Hochman, MD, MPH, is a board-certified general internist who graduated from Harvard Medical School. He completed his residency in internal medicine at the Cambridge Health Alliance in Cambridge, Massachusetts as well as a Robert Wood Johnson Foundation Clinical Scholars fellowship at the University of California, Los Angeles. Currently, Dr. Hochman is the medical director for innovation at AltaMed Health Services, the largest independent community health center in the nation. At AltaMed, Dr. Hochman leads efforts to refine the patient-centered medical home (PCMH) model of care. Dr. Hochman also recently authored *50 Studies Every Doctor Should Know*.

Craig Hutchinson, MPH, received a BA with honors in African American Studies from the University of California, Berkeley. His honors thesis, Comparing Stigma Management among MSM in Barbados and San Francisco is one of the

first studies in this area. While receiving a MPH degree from Columbia University's Mailman School of Public Health, Craig worked as a Research Assistant on HPTN 061, a multi-site research study on HIV and Black MSM. Presently, Craig is the Project Coordinator on the EBAN II Project with UCLA which focuses on assessing implementation and effectiveness of an evidence-based HIV intervention for HIV-serodiscordant, heterosexual African-American couples.

Moira Inkelas, PhD, MPH, is Associate Professor in the Department of Health Policy and Management, UCLA Fielding School of Public Health, and Assistant Director of the UCLA Center for Healthier Children, Families and Communities. Her research and policy studies examine how systems of care influence quality and performance of children's services. She has directed quality improvement in networks of family medicine and pediatric primary care practices to improve preventive and primary care for children. She applies improvement methods in community system collaboratives to support cross-cutting functions aimed at improving the health and well-being for geographic populations of children and families, such as linkage, risk stratification, care planning, and care pathways. Her research focuses on practical methods of using measurement, dashboarding, and iterative learning processes to help diverse organizations and sectors including school districts, child care, health care, mental health, family resource centers, and others work as a system to produce better population-level health goals. She teaches and mentors students in applications of improvement science for health care and population health.

Katherine Kahn, MD, has over 30 years of experience in clinical and health services/health policy research. Her expertise spans the measurement and improvement of quality of care across clinical conditions and venues. She is Professor of Medicine and Associate Division Chief for Research, Division of General Internal Medicine and Health Services Research at the UCLA School of Medicine and Distinguished RAND Chair in Health Care Delivery Measurement and Evaluation. She practices and teaches internal medicine at the Ronald Reagan UCLA Medical Center in both the inpatient and ambulatory setting.

Mitchell Katz, MD, joined the Department of Health Services as Director in January, 2011. He oversees a $3.5 million annual budget, 21,000 employees, and a health care system of acute hospitals, multiservice specialty centers, community health clinics and the Emergency Medical Services Agency that together serves the County's 10 Million residents. Among his top priorities are to strengthen the DHS outpatient delivery network, foster stronger coordination with the Department's community clinic partners, reduce health disparities, and provide the high-quality, patient-centered care at the heart of his approach as a practicing physician and health policy leader.
Prior to joining DHS, Dr. Katz served as Director of Health and Health Officer for the San Francisco Department of Public Health (SFDPH) from 1997 to 2010. There, one of his signature accomplishments was the creation of the 'Healthy San Francisco' initiative that established primary care medical homes for the city's vulnerable residents that improved health outcomes and reduced medical care costs.
Dr. Katz received a Bachelor's Degree from Yale University and Medical Degree from Harvard Medical School. He completed his residency in Primary Care Internal Medicine at the University of California, San Francisco, and is a practicing Internist.

Katrina Kubicek, PhD, is the Program Manager of the Community, Health Outcomes, and Intervention Research (CHOIR) Program at Children's Hospital Los Angeles and the Associate Director of the Community Engagement program of the Southern California Clinical and Translational Science Institute. She is also completing her doctoral studies at in Health Behavior Research in the Department of Preventive Medicine at the Keck School of Medicine at the University of Southern California. Her research interests focus on health disparities including HIV/AIDS, access to care and delivery of evidence-based programs. She employs a community-engaged framework to her research with the ultimate goal of designing programs and interventions that are effective for the target populations and communities.

Jeffrey Lazarus, MBA, is a Health Science Consultant with the Scientific and Medical Engagement (S&ME) team with Merck Vaccines. With over 20 years of experience, much of it with health care systems in Southern California, Nevada, and Arizona, Jeff was a founding member of Merck's HMO Advisory Committee and he has been involved with the implementation and medical initiatives within several health care systems in these states. Currently he is a member of

his S&ME team's advisory board on implementation science. His primary role is to provide scientific and educational support around vaccine-preventable diseases and to promote greater public health.

Donzella Lee, MPH, is the Policy Director for Healthcare Systems for Community Health Councils; Ms. Lee is dedicated to preserving and improving access to services and the quality of the healthcare safety net. Her professional career has focused on ensuring access and the provision of quality comprehensive health services to marginalized populations and reducing disparities in those populations including developing effective, cost-efficient, and patient centered systems and processes in distinct types of comprehensive primary care health centers serving managed care, MediCal, uninsured, and underinsured patient populations. She has played an active role in eliminating racial and ethnic health disparities via the many programs she has developed, implemented, and evaluated targeting special populations including African American and Latino adolescents through pregnancy prevention programs, school-based health centers, adolescent nutrition programs, and programs for prevention of infant mortality and currently with Dr. Vargas, co-leads the National Institute of Minority Health and Health Disparities.

Suzanne Lindsay, PhD, MSW, MPH, is an Associate Professor of Epidemiology at San Diego State University and the Executive Director of the Institute for Public Health (IPH). The IPH was established by SDSU's Graduate School of Public Health in 1992 to serve as a bridge between academics and public health practice. Our mission is to improve population health through the dissemination and implementation of evidence based and promising practices in partnership with community stakeholders including government entities, hospitals and health care providers, non-profit social service and educational organizations, advocacy groups, and community members. Over the years we have partnered with multiple stakeholders in many different content areas. The IPH offers an interesting example of University/Organizational infrastructure designed to encourage and implement high quality dissemination and implementation research.

Brian S Mittman, PhD, is a Senior Scientist in the Kaiser Permanente Department of Research and Evaluation, Senior Advisor at the VA Center for Implementation Practice and Research Support and co-lead of the UCLA CTSI Implementation and Improvement Science Initiative. He has worked to strengthen implementation science in several ways, serving as founding co-editor in chief of the journal Implementation Science, director of VA's Quality Enhancement Research Initiative, chair of the NIH ad-hoc study section on Dissemination and Implementation Research in Health, and as a founding member of the IoM Forum on the Science of Quality Improvement and Implementation. He currently serves on the PCORI Methodology Committee, AAMC Advisory Panel on Research, AcademyHealth Methods council and advisory boards for additional research programs.

Keith C. Norris, MD, PhD, is Professor of Medicine and Co-Director of the Clinical and Translational Science Institute Community Engagement and Research Program. His research interests focus on hypertension and chronic kidney disease in disadvantaged populations. He has spent over 20 years in community-partnered research with minority and low-income communities. With his community partners he created the nation's first medical school community faculty track at Charles Drew University, to inculcate social determinants into health professional research and education. He has co-authored over 275 articles in peer-reviewed journals and is the Editor-in-Chief of the international journal Ethnicity and Disease.

Ellen Olshansky, PhD, RN, is a Professor in Nursing Science at the University of California, Irvine, having served as Founding Director from 2007 to 2014. She holds a PhD in nursing science from UC San Francisco and is Director of Community Engagement of UCI's Institute for Clinical and Translational Science. She has expertise in qualitative methodology and community-based participatory research. She is a fellow and a member of the Board of Directors of the American Academy of Nursing. She is one of five founders of the Orange County Women's Health Project (OCWHP), and is also a co-leader of the Interdisciplinary Center on Family Violence at UCI.

Michael K Ong, MD, PhD, is an Associate Professor at the UCLA David Geffen School of Medicine and staff physician with the Greater Los Angeles VA Health Care System. His research interests focus on improving the delivery of appropriate health care by general internal medicine physicians in areas such as hospital care, mental health, and

tobacco control. Dr. Ong leads the committee that evaluates health care innovations across all five University of California health systems and has been the principal investigator for several collaborations among the five UC Health Systems and Cedars-Sinai Health System designed to improve care for heart failure patients. He is currently Chair of the State of California Tobacco Education and Research Oversight Committee.

Larry Palinkas, PhD, is the Albert G. and Frances Lomas Feldman Professor of Social Policy and Health and Chair of the Department of Children, Youth and Families in the School of Social Work at the University of Southern California. He also holds secondary appointments as Professor in the Departments of Anthropology and Preventive Medicine at USC. A medical anthropologist, his research has included studies of psychosocial adaptation to extreme environments and manmade disasters; mental health needs of older adults; cultural explanatory models of mental illness and service utilization; HIV and substance abuse prevention in Mexico; evaluation of academic-community research practice partnerships; and the dissemination and implementation of evidence-based practices for delivery of mental health services to children, adolescents and underserved populations.

Laura Pancake, LCSW, has over 20 years of experience in community mental health working with individuals with mental health issues primarily in the areas of employment and community integration utilizing the Psychosocial Rehabilitation and Recovery Models. She earned her Masters of Social Work at California State University Long Beach and is a Licensed Clinical Social Worker. Laura is Corporate Director of Employment/Wellness and Recovery Services at Pacific Clinics. In addition to employment services, Laura currently oversees Wellness and Recovery Services at Pacific Clinics and directly supervises the Ventura Transitional Age Youth Wellness and Recovery Center. In addition, she coordinates the provision of Wellness and Recovery trainings including the Health Navigator Skill Development Certification Training Program and the Employment Specialist Certification Course. Laura also serves as a liaison and provides support to research projects conducted by the University of Southern California within Pacific Clinics including the Peer Health Navigator Bridge Project.

Christine Park, MD, MPH, is the Pediatric Medical Director for Northeast Valley Health Corporation, a Federally-Qualified Health Center serving the San Fernando and Santa Clarita Valleys. She is a graduate of the UCLA Schools of Medicine and Public Health, and of the Cedars-Sinai Pediatric Residency Program. Current projects include: implementation of telehealth-enabled mental health and developmental-behavioral pediatric visits; incorporating a lactation consultant into prenatal and newborn visits; developmental screening for 9-month to 5-year-olds; group visits to address childhood obesity; and shadowing patients and families to co-design better care experiences.

Marisela Robles, MS, is the Community Liaison for the Community Engagement program for the Southern California Clinical and Translational Science Institute. In her role as liaison, she works with local community organizations, community clinics and USC researchers to identify potential collaborative research projects and support research teams in the process of building partnerships, funding, project management and dissemination. She has worked in community-based research for eight years. She received her master's degree in Community Development from UC Davis and her undergraduate degree in Communication Studies from California State University, Northridge

Karyn Searcy, MA, has worked with children and families with autism and related disorders since 1973. She founded the San Diego Crimson Center for Speech & Language in 2003, and is clinical faculty at San Diego State University. Karyn taught a CEU course entitled *Early Intervention and Communication* from 2006-2010, and served as co-principal investigator for SoCal BRIDGE Collaborative from 2009-2015. Karyn co-wrote journal articles, and co-authored a chapter in *Translational Speech-Language Pathology and Audiology Essays in Honor of Dr. Sadanand* Singh (2012). She is also the author of *Early Intervention for Speech & Language-Empowering Parents* (2011).

Martin Serota, MD, is Vice President and Chief Medical Officer at AltaMed Health Services, a fully-accredited Federally Qualified Health Center serving Southern California.

Dr. Serota studied at University of California, San Francisco, and is board-certified in internal medicine. Practicing for more than 30 years, he has assumed leadership roles for medical groups, IPAs and accountable care organizations. At AltaMed, Dr. Serota's priorities are to create a patient-centered organization focusing on the patient experience and quality outcomes. He works to improve operational efficiency, utilizing health information technology and innovation, allowing AltaMed to care for more patients and reduce health disparities.

Brennan Spiegel, MD, MSHS, is Director of Health Services Research for Cedars-Sinai, and Director of the Cedars-Sinai Center for Outcomes Research and Education. Dr. Spiegel and his team study how modern technologies, like wearable biosensors, smartphone apps, and social media can be used to strengthen the patient-doctor bond, improve outcomes, and save money. Dr. Spiegel is a Professor of Medicine and Public Health, and teaches classes at UCLA on cost-effectiveness analysis and health analytics. He has published over 140 peer-reviewed articles and authored 4 medical textbooks. His research team is funded by the NIH, the VA, the Robert Wood Johnson Foundation, and industry partners.

Aubyn Stahmer, PhD, leads several grants funded through the U.S. Department of Education that involve adapting evidence-based practices for children with autism in collaboration with teachers and community providers. Dr. Stahmer is an expert in examining efficacy of early parent-implemented and naturalistic interventions and in the translation of evidence-based autism research to community-based practice and delivery. She has worked with community providers in the BRIDGE Collaborative to improve care for young children with autism in San Diego since 2009. She is involved in the autism community, participating in the California Best Practice and the National Standards projects, developing guidelines for autism treatment. She is currently an associate Professor of Psychiatry and Behavioral Sciences at the UC Davis MIND Institute.

Greer Sullivan, MD, MSPH, the academic lead for Latino Health Riverside, is a psychiatrist and health services researcher who is responsible for initiating the new UC Riverside School of Medicine's Center for Health Communities. Trained at UCLA, she has had experience in partnering with community groups to conduct research in Arkansas, especially in rural areas in the Mississippi River Delta region; in conducting community-based deliberative democracy forums; and in leading the development of research centers. For this project, Dr. Sullivan will oversee the administration of the project and will serve on the Steering Committee.

Amy Towfighi, MD, is Director of Neurological Services and Innovation for Los Angeles County Department of Health Services. She received her bachelor degree from MIT, MD from Johns Hopkins, completed internship at Massachusetts General Hospital (MGH), Neurology Residency at the Partners Neurology Program (MGH and Brigham and Women's Hospital), and Neurovascular Fellowship at UCLA. She is Assistant Professor of Neurology at USC.
She has published extensively on sex, race/ethnic, and socioeconomic disparities in stroke, and is currently testing two interventions designed to address disparities in post-stroke care. She received the prestigious Robert G. Siekert New Investigator in Stroke Award from the American Heart Association and Michael S. Pessin Stroke Leadership Prize from the American Academy of Neurology.

Thomas W Valente, PhD, is a Professor in the Department of Preventive Medicine, Institute for Prevention Research, Keck School of Medicine, University of Southern California. He is author of Social Networks and Health: Models, Methods, and Applications (2010, Oxford University Press); Evaluating Health Promotion Programs (2002, Oxford University Press); Network Models of the Diffusion of Innovations (1995, Hampton Press); and over 100 articles and chapters on social networks, behavior change, and program evaluation. Dr. Valente uses social network analysis, health communication, and mathematical models to implement and evaluate health promotion programs designed to prevent tobacco and substance abuse, unintended fertility, and STD/HIV infections. He is also engaged in mapping community coalitions and collaborations to improve health care delivery and reduce healthcare disparities. Dr. Valente received his BS in Mathematics from the University of Mary Washington, his MS in Mass Communication from San Diego State University, and his PhD from the Annenberg School for Communication at USC. In 2008, he was a visiting senior scientist

at NIH (NHGRI) for 6 months; and in 2010-2011 he was a visiting Professor at the École des Haute Études en Santé Publique (Paris/Rennes).

Roberto Vargas, MD, MPH, is Associate Professor of Medicine, in the Division of General Internal Medicine and Health Services Research at the David Geffen School of Medicine at UCLA, Associate Natural Scientist, RAND Corporation and an Associate Professor at Charles Drew University. His professional interests combine health services research, clinical care, and community collaborative partnerships towards the design, implementation, and testing of interventions to promote equal access to quality health care and to reduce health disparities. He is currently co-leading a National Institute of Minority Health and Health Disparities funded effort aimed at reducing the burden of congestive heart failure in South Los Angeles. He is also currently leading efforts to implement patient navigation programs to reduce disparities in cancer care, using modeling to redesign nephrology practices, and supporting quality improvement programs in South Los Angeles Community Health Centers.

Scott Weingarten, MD, MPH, is senior vice president and chief clinical transformation officer at Cedars-Sinai. He is a Professor of Medicine at Cedars-Sinai Health System and a Clinical Professor of Medicine at the David Geffen School of Medicine at UCLA, and is board certified in internal medicine and a fellow of the American College of Physicians.
Dr. Weingarten's articles, editorials, and chapters have focused on healthcare quality improvement, clinical decision support, improving the quality of patient care, and related topics. He has given more than 300 presentations on clinical decision support and related topics throughout the United States and internationally.
After graduating from UCLA's medical school, Dr. Weingarten completed his internship, residency and fellowship in internal medicine at Cedars-Sinai. He later participated in a National Center for Health Services Research Fellowship at the RAND/UCLA Center for Health Policy Study. During the fellowship, he also earned a master's of Public Health degree at the UCLA Fielding School of Public Health.

Shinyi Wu, PhD, received her PhD in Industrial Engineering from University of Wisconsin – Madison. She is currently an Associate Professor in the School of Social Work with a secondary appointment in the Daniel J. Epstein Department of Industrial and Systems Engineering (ISE) at the University of Southern California (USC). She is also the Associate Director of Social and Health Services at the USC Edward R. Roybal Institute on Aging. Trained in ISE and specializing in health systems research, Dr. Wu brings a cross-disciplinary perspective to her research on improving quality and cost-effectiveness of health services and population health, especially for patients with chronic illnesses and underserved populations. With a unique joint appointment in USC School of Social Work and Viterbi School of Engineering, and an affiliation with the USC Schaeffer Center for Health Policy and Economics, Dr. Wu creates opportunities for new interdisciplinary connections to integrate social work science and practice, health policy, and systems engineering. Prior to joining USC, she was a RAND researcher and co-director of the Roybal Center for Health Policy Simulation, where she was honored for her contributions to improving health policy and decision-making.

Gail Wyatt, PhD, is a Clinical Psychologist, certified Sex Therapist and Professor of Psychiatry and Biobehavioral Sciences at UCLA. She was the first ethnic minority to be trained as a sexologist and to receive a Psychology license in California. She researches sexual relationships and risks for STIs and HIV.
Dr. Wyatt directs the Sexual Health program, the Phodiso Training Project, the HIV/AIDS Translational Training Program, and the Center for Culture, Trauma and Mental Health Disparities.
Dr. Wyatt has published countless articles and provided Congressional testimony. Her team was the first to be funded by NIMH for an intervention for HIV+ women.

Abstracts

Position	Poster Name & Authors
1	*Implementing Patient Recall Systems for Low-Income, Multi-Ethnic Populations: A Process Evaluation Framework and Lessons for Community Health Clinics* Presenting Author: Denise Payan, PhD
2	*Implementing Complementary and Integrative Health Interventions in the Veterans Affairs* Presenting Author: Alexis K. Huynh, PhD, MPH
3	*Fostering Constructive Research-Operations Partnerships: Qualitative Findings from VA's Quality Enhancement Research Initiative Evaluation* Presenting Author: Alicia Bergman, PhD
4	*Psychotic-spectrum symptoms among adjudicated, incarcerated delinquents: Assessment and treatment implications* Presenting Author: Clarisa Coronado, PhD
5	*Leadership Intervention to Improve the Translation and Implementation of Evidence-Based Practices in Addiction Treatment Programs* Presenting Author: Erick Guerrero, PhD
6	*Electronic health record phenotyping improves detection and screening of type 2 diabetes in the general United States population: A cross-sectional, unselected, retrospective study* Presenting Author: Ariana Anderson, PhD
7	*Reduced Emergency Department Visits and Diversion Time after Creating an On-Site Urgent Care within the Los Angeles County Jail* Presenting Author: Erick Eiting, MD, MPH, MMM
8	*Stakeholder Partnerships in Quality Improvement of Collaborative Care Management for Depression and PTSD in VA Primary Care in Southern California* Presenting Author: Jacqueline Fickel, PhD
9	*Accurately Assessing Trauma Symptomatology among Poly-traumatized Incarcerated Girls* Presenting Author: Wendy Y Plante
10	*Research, Practice & Partnership: Bringing Health and Wellness to a TANF Welfare-to-Work Program* Presenting Author: Marisa Molina, MPH
11	*Implementation of Integrated Health Homes and Health Outcomes for Persons with Serious Mental Illness in Los Angeles County* Presenting Author: Todd Gilmer, PhD
12	*Integrative Medicine, Communication, Compassion, & Chronic Care Research: Therapeutic Nurse Training* Presenting Author: Sharon Valente, PhD
13	*Understanding Cancer Survivors' Preferences for Lifestyle Behavior Support: Preliminary Results from a Cancer Registry Collaboration to Improve Cancer Survivor Health* Presenting Author: Beth Glenn, PhD
14	*Measuring Sustainment of Multiple Practices Fiscally Mandated in Children's Mental Health Services* Presenting Author: Lauren Brookman-Frazee, PhD

Abstracts

Position	Poster Name & Authors
15	*Health System EHR Strategic Implementation Guide* Presenting Author: Kevin Baldwin, MPH, CPHIMS
16	*Evaluation of the "Reducing Obesity in Childcare Settings in Los Angeles County" (LAROCCS) Project: The Effectiveness of BMI Parent Letter* Presenting Author: Sion L Kim, BS
17	*Implementation Trial to Increase HPV Vaccine Uptake: Pragmatic Mid-Trial Adaptations of Research Design* Presenting Author: Rita Singhal, MPH
18	*Obesity Group Visits: A New approach for a big problem of inner city obesity* Presenting Author: Petra Duran
19	*Evaluating Interdisciplinary collaboration on Integrated Health Care Teams: A Social Network Approach* Presenting Author: Elizabeth Siantz, PhD
20	*Therapist and Parent Perspectives on a Parent Engagement Intervention for Community-Based Child Mental Health Services* Presenting Author: Jonathan Martinez, PhD
21	*Homicide Prevention and Re-Victimization of Domestic Violence Victims* Presenting Author: Shushan Khachatryan, MS, MFTI
22	*Prevention, Treatment, and Violence Reduction in the San Gabriel Valley* Presenting Author: Elisa Jimenez, PhD

Abstracts

Poster 1: Implementing Patient Recall Systems for Low-Income, Multi-Ethnic Populations: A Process Evaluation Framework and Lessons for Community Health Clinics

Payan DP, Illum J, Lee D, Montoya L, Sloane DC, Lewis LB

Background and Aims: Community clinics need to implement health technologies that improve clinical workflow efficiencies and integrate patient preferences. Yet, working in isolation and confronted by the recent increase of insured patients, clinics are often challenged to succeed in upgrading their technologies.

From 2012 to 2014, a collaborative network of seven Federally Qualified Health Centers (FQHCs) in Los Angeles developed a learning community to implement and evaluate an intervention of automated patient recall systems, an evidence-based strategy shown to reduce no-show rates and improve clinical operations.

Methods: A mixed-methods approach was utilized to: 1) track the implementation of patient recall systems across the FQHCs, 2) examine facilitators and barriers, and 3) identify inter-clinical collaborative processes. Process evaluation data collection included detailed monthly meeting notes, quarterly clinic reports, and a patient preferences survey (n=834). Surveyed patients represented a diverse cross-section—51% identified as Hispanic/Latino and 12% as African-American.

Results: All clinics reported the learning collaborative partnership was useful. A total of five in-person meetings were convened where most participants exhibited a high level of engagement (an average of 5.4 clinics attended). Clinics reported learning from early adopters new techniques to understand their no-show patients.

During implementation, each clinic tested a different combination of recall strategies (i.e. automated calls, texts, emails). The time range also varied—from a week prior to an appointment to the day before. 97.7% of patients liked an automated call. 62% preferred a reminder 2 days prior.

Key implementation facilitators consisted of a committed call center staff, patient education strategies, and EMR compatibility. Challenges consisted of technical issues, inaccurate patient contact data, refusals, and HIPAA compliance concerns. Vulnerable groups who may not benefit include homeless, elderly, and visually-impaired patients and those with limited access to technology.

Conclusion: The findings suggest a collaborative partnership is a good model for community clinics seeking to implement new health technologies. Clinics with underserved patient populations across geographic regions in LA faced similar challenges and barriers in implementing patient recall systems. Key lessons related to the success of the collaborative learning community and facilitators to implementation were identified.

Abstracts

Poster 2: Implementing Complementary and Integrative Health Interventions in the Veterans Affairs

Huynh AK, Taylor S

Background and Aims: VA medical centers (VAMCs) throughout the nation are implementing various complementary and integrative health (CIH) modalities. However, there is great variation in their ability to implement CIH and little is known about the reasons underpinning this variation. Accordingly, the national VA Office guiding CIH delivery partnered with us to conduct a project to better understand the facilitators and challenges VAMCs face in implementing CIH interventions, and strategies used to overcome those challenges.

Methods: We conducted in-person and telephone semi-structured interviews with several types of stakeholders at 20 VAMCs during 2014-2015. We primarily based the interview guide on Greenhalgh's Model of Diffusion in Service Organizations. Key-informants included: executive leadership; clinicians in decision-making positions and providers in areas where CIH delivery may be relevant to their practice; CIH providers; and CIH program leaders.

Results: Facilitators included: Organizational-level: dedicated funding; collaboration and support of primary care; supportive leadership; organizational culture receptive to CIH; staff-level: trained staff to deliver CIH interventions; having a "champion"; staff creativity and flexibility in finding solutions to CIH implementation challenges; patient-level: patients experiencing CIH intervention effectiveness and patient demand. Challenges included: Organizational-level: lack of dedicated physical space to deliver CIH; lack of funding; excessive fear of liability and risk; non-integrated programs; perception that CIH programs are not a national priority; Staff-level: lack of time and competing priorities; delivery of CIH not in staff scope of practice; staff skeptical of CIH effectiveness; staff not trained or certified in CIH modalities; lack of program coordinator/planner; Patient-level: perceived CIH effectiveness. Solutions to challenges included: presentations to staff and leadership on CIH effectiveness; including CIH program information and CIH intervention effectiveness research summaries to patients during group orientation; using volunteers and having paid staff volunteer personal time to deliver CIH; staggering program schedules when space is limited;

Conclusions: Our findings identify implementation strategies which can be used to improve CIH intervention implementation, not only in the VA, but in other integrated healthcare systems. Moreover, the VA Office guiding CIH programs can address the challenges we found through various actions, such as policy revision and funding toolkits to offer implementation strategies.

Poster 3: Fostering Constructive Research-Operations Partnerships: Qualitative Findings from VA's Quality Enhancement Research Initiative Evaluation

Bergman A, Delevan DM, Miake-Lye IM, Rubenstein LV, Ganz DA

Background: In healthcare settings, research and operations personnel partner to conduct research and implement best practices to improve the quality of patient care. Each side (research and operations) has a type of knowledge and experience that the other lacks; health services researchers often lack the tacit knowledge that comes from day-to-day experience in operations settings, whereas those working in operations are not always trained in the methods of research that might lead to more effective solutions to their specific problems. However, there is a dearth of information on how each side collaborates with the other across such cultural/practice divides. Our objective was to shed light on the little-understood nature of research and operations personnel's experiences with and expectations for mutual collaboration. To do so, we examined the nature of research-operations partnerships in the Veterans Health Administration's (VHA) Quality Enhancement Research Initiative (QUERI).

Methods: We conducted an inductive qualitative analysis of 89 one-on-one semi-structured interviews with key research and operations stakeholders. These interviews were conducted as part of an evaluation of the QUERI program, designed to collect information on stakeholder perspectives of experience with QUERI leadership and investigators.

Results: We identified two main tensions in research-operations partnerships: 1) delineating partnership versus sponsorship and 2) scientific rigor and integrity versus quick timelines. A particularly important facilitator to effective partnerships, as perceived by key operations stakeholders, was for each side to actively seek understanding of the perspectives and priorities of the other. Research stakeholders identified moving beyond the need for recognition as an important facilitator to partnership. Stakeholders from both sides viewed jointly designing the partnership, reducing the research bureaucracy burdens, and prioritizing face-to-face/personal contact as additional facilitators.

Conclusions: These findings provide a framework for how healthcare research and operations personnel can effectively partner and share their unique knowledge with one another to improve the quality of patient care. In a resource-constrained healthcare environment, identifying the ingredients for success (and barriers to it) in research-operations collaborations sheds light on how to bridge the divide between these two cultures and serves as a roadmap for future partnerships in the VHA healthcare system and beyond.

Abstracts

Poster 4: Psychotic-spectrum symptoms among adjudicated, incarcerated delinquents: Assessment and treatment implications

Coronado C, Lansing AE, Cook J, Plante W

Background and Aims: Research suggests substantial psychiatric morbidity among juvenile detainees (Teplin et al, 2002). Although data indicate high rates of screened psychotic symptoms among delinquents (Vreugdenhi, 2004), psychosis is often undetected unless accompanied by violent behavior. Further, most data are based on DSM criteria using decision-tree format that limit symptom inquiries and do not address soft signs, lower-level symptoms, subthreshold syndromes, or temperamental traits related to psychotic spectrum disorders and likely to be observed in adolescents. In the current study, we aimed to address this assessment gap for psychotic spectrum symptoms among detained youth.

Methods: We collected data from 179 incarcerated youth, ages 13 to 18, who participated in a study on Life Course Persistent Delinquency (LCPD, boys n=46; girls n=51) or a randomized control trial treatment efficacy study for trauma and substance abuse (Seeking Safety=SS, girls n=82). As part of a larger battery, participants received the Structured Clinical Interview for the Psychosis Spectrum (SCI-PSY) which consists of 164 items organized into psychotic-spectrum domains (Sbrana et al, 2004). Gender differences were examined among LCPD youth. Sample (LCPD, SS) and race differences were examined among incarcerated girls.

Results: Independent t-tests revealed significant gender differences, with LCPD girls (M =6.00, SD =2.74) scoring higher than boys (M=4.37, SD =2.62) on the interpersonal (t(95) = -2.9, p=.004) and paranoid (M=4.77, SD =2.31; M =4.09, SD =2.37, respectively, t(95) =-2.4, p=.02) domains. SS girls scored higher than LCPD girls, respectively, on the schizoid (M= 10.35, SD=3.97; M=8.41, SD=4.69; t(131)= -2.6, p=.01), misperceptions (M=2.67, SD=2.29; M=1.8, SD=1.89; t(131)= -2.3, p=.03) and typical symptoms (M= 4.83, SD=3.76; M= 3.69, SD=3.08; t(130.1)= -3.12, p=.002) domains. ANOVA did not reveal race differences among girls.

Conclusions: If psychopathology is characterized along a spectrum, impairing psychotic symptoms may be easier to identify. Notably, SS girls had higher SCI-PSY total scores than schizophrenic/schizoaffective patients reported by Sbrana et al. (2004), with LCPD girls reporting comparable symptoms to these patient groups. These results suggest that assessment of psychotic-spectrum symptoms among detainees is essential for adequate treatment, especially for girls.

Poster 5: Leadership Intervention to Improve the Translation and Implementation of Evidence-Based Practices in Addiction Treatment Programs

Guerrero EG, Padwa H, Harris L, Fenwick K

Background and Aims: Despite a solid research base supporting evidence based practices (EBPs) for addiction treatment such as contingency management (CM) and medication-assisted treatment (MAT), these services are rarely delivered in community-based addiction treatment programs. As a result, many clients do not benefit from the most current and efficacious treatments, resulting in reduced quality of care and compromised treatment outcomes. Previous research indicates that addiction program leaders play a key role in encouraging EBP implementation, and that the effectiveness of leadership strategies to facilitate EBP implementation may be defined by local and organizational contexts. The aim of this study was to expand upon this work using a constructivist grounded theory approach to develop a leadership intervention that identifies strategies that addiction treatment program leaders (directors, supervisors) use to effectively implement change (specifically CM and MAT). We use findings to develop an intervention for program leaders to help them effectively implement change.

Methods: We relied on a mixed methods approach to achieve the following four goals: 1) collect data from focus groups and semi-structured interviews to identify implicit managerial strategies for implementation; 2) use surveys to quantitatively rank strategy effectiveness; 3) conduct a consensus group to corroborate and expand upon the results of the previous two stages; and 4) determine how strategies fit with existing theories of organizational management and change in order to inform a leadership intervention.

Results: Findings show that the top top-ranked strategies involved the hiring of staff receptive to change, offering support and requesting feedback during the implementation process, and offering in-vivo and hands-on training. Most strategies reflected existing management approaches, namely transformational leadership strategies.

Conclusions: These findings will be used to inform the creation of a leadership intervention for use in community-based addiction treatment programs. Findings have implications for the content and structure of leadership interventions needed in community-based addiction treatment organizations, as well as the processes needed to test leadership interventions in real-world service systems.

Abstracts

Poster 6: Electronic health record phenotyping improves detection and screening of type 2 diabetes in the general United States population: A cross-sectional, unselected, retrospective study

Anderson AE, Kerr WT, Thames A, Li T, Xiao J, Cohen MS

Background and Aims: Approximately 25% of people with type 2 diabetes in the United States are undiagnosed, with conventional screening models using limited demographic information to assess risk. We evaluated whether electronic health record (EHR) phenotyping could improve diabetes screening, even when records are incomplete and data are not recorded systematically across patients and practice locations. Given that patients with diabetes incur over twice the expect costs as patients without, creating EHR phenotypes for chronic disease could encourage targeted patient-education and incentive programs to reduce financial liability.

Methods: Using 9,948 US patients between 2009 and 2012 in a cross-sectional, retrospective, unselected study, we used multivariate logistic regression to predict current type 2 diabetes status with an EHR model (medication history, diagnoses, transcripts, demographic information), as a pre-screening tool for assessing which patients should be referred for laboratory testing. We compared this to (1) a conventional model (BMI, age, smoking, gender, and hypertension) as a reference standard using a chi-square test and (2) a Restricted EHR model which did not use medications for prediction.

Results: Our inclusive full EHR phenotype model had sensitivity: 80.6%, specificity: 74.0%, and overall accuracy: 75.2%. The conventional model had sensitivity: 78.1%, specificity: 60.2%, and overall accuracy: 63.4%. Using a patient's full medical history was superior to using basic covariates alone ($p<0.001$), and using the partial medical history (excluding medications) was also superior to using basic demographic information alone. Migraines and cardiac dysrhythmias were negatively associated with type 2 diabetes, while acute bronchitis and herpes zoster were positively associated, among other factors.

Conclusions: EHR phenotyping resulted in markedly superior sensitivity, specificity and accuracy to detect type 2 diabetes in the general US population, even in the face of missing and unsystematically recorded data pooled across multiple practice locations. EHR phenotypes can increase the efficiency and accuracy of disease screening, and are capable of picking up signals in real-world "big data."

Poster 7: Reduced Emergency Department Visits and Diversion Time after Creating an On-Site Urgent Care within the Los Angeles County Jail

Eiting EA, Wilkes E

Background and Aims: The Los Angeles County Jail (LACJ) houses approximately 19,000 inmates, half of whom require medical services during their incarceration. Inmates who require urgent or emergent care are transferred to the Jail Emergency Department (JED) at LAC+USC Medical Center, a 16-bed emergency department staffed with medical providers and LASD correctional officers. The JED goes on diversion when there are 17 or more patients. A new staffing model utilizing emergency physicians was implemented for an on-site Jail Urgent Care (JUC) to identify which patients required JED evaluation and which patients could be treated within the jail facility.

Methods: A retrospective analysis was performed. The new staffing model was implemented on July 29, 2013. January 1 to June 30, 2013 and January 1 to March 31, 2014 were selected as the pre- and post-intervention periods, respectively. Specific data points included: total patient volume seen in the JED; total diversion hours and diversion days. Data points were compared prior to and after intervention.

Results: In the pre-intervention period, a total of 4,734 patients were seen in the JED (26.2 patients per day), while 3,784 patients were seen in the JED in the post-intervention period (20.9 patients per day). The JED was on diversion for a total of 2201 hours prior to the new model (12.2 hours per day) and 492 hours after the new model (2.7 hours per day). Before the new staffing model, the JED was on diversion for 164 days (90.6% of total days) and 79 days after the intervention (43.6% of total days).

Conclusions: Los Angeles County facility resources are valuable and limited commodities. The appropriate utilization of these resources is a critical operational task within the county medical healthcare system. Implementing a new staffing model utilizing emergency physicians at the JUC led to an overall reduction in the average number of patients seen per day in the JED, as well as a decrease in the diversion hours and days. This staffing model could potentially be used to improve on-site medical care in additional correctional settings.

Abstracts

Poster 8: Stakeholder Partnerships in Quality Improvement of Collaborative Care Management for Depression and PTSD in VA Primary Care in Southern California

Fickel J, Bonner L, Chaney E, Davis T, Felker B, Jakupcak M, Hedeen A, Hoerster K, Johnson M, Oishi S, Pisciotta A, Simons C, Stryczek K

Background and Aims: Mental Health Collaborative Care Management in Primary Care clinics (PC-MHI CCM) has been shown to be effective for improving depression care, yet less is known about implementing it for PTSD care. Moreover, implementation of evidence-based improvements to care can vary among clinic sites due to influences of local organizational context. Our objective was to improve relevance of implementation to local context through involving key stakeholders in updating CCM for PTSD as well as depression. Evaluation aims included investigating and addressing influences on implementation.

Methods: The implementation design used an Evidence-Based Quality Improvement process for adapting existing PC-MHI CCM. Researchers partnered with clinical and administrative stakeholders from PC and MH services at two large VA PC clinics to conduct implementation activities. The evaluation used a site-level case comparison design to examine influence of local context on effectiveness of implementation, plus access and care process. Qualitative data collection and analysis was guided by the Consolidated Framework for Implementation Research. Data sources included field notes from implementation activities, and semi-structured interviews with key stakeholders (20 staff; 14 patients).

Results: A range of stakeholders partnered in implementation activities at both sites. PTSD updates were adapted differently at each site, relative to roles and activities of the care managers in their PC-MHI teams, and other factors. There was a larger increase in referrals to CCM at one site. Care managers at that site also utilized a wider range of CCM activities. Facilitators included leadership support, clinical champions, interdisciplinary collaboration, and ongoing outreach. Barriers included weak IT support, lack of MH service line involvement, and competing administrative priorities. Collaboration among project team and clinic staff was instrumental in overcoming barriers. CCM was noted to be helpful for access to care, as well as a valuable option in the care process.

Conclusions: Locally tailored PC-MHI CCM for patients with PTSD was feasible, and a desirable component of care. Interdisciplinary collaboration for implementation helped to overcome some barriers. This work advances implementation science through increased understanding of (a) contextual factors that influence implementation of evidence-based practices, and (b) a strategy for addressing barriers that are related to variations in context.

Poster 9: Accurately Assessing Trauma Symptomatology among Poly-traumatized Incarcerated Girls

Plante WY, Lansing AE

Background and Aims: While high levels of exposure to multiple trauma types are well documented among Juvenile Justice (JJ) system-involved youth, reported Post-Traumatic Stress Disorder (PTSD) rates among this population vary greatly (e.g., Abrams et al., 2013). One methodological concern is querying single-event PTSD symptoms among poly-trauma exposed youth, which likely underestimates trauma-related symptomatology. Appropriate assessment methods are critical to ensure youth receive trauma-related services in their communities and within systems of care (e.g., JJ Facilities). Therefore, this study aimed to compare PTSD symptomatology and functional impairment (FI) in response to youths' self-identified 'worst' event (event precipitating most impairment and symptoms) versus poly-trauma exposure; including traditional traumatic events (rape) and separation/loss.

Methods: Incarcerated girls 13-18 years old (n=95), with substance abuse and complex-trauma (Structured Clinical Interview-Trauma and Loss Spectrum) were interviewed while participating in an efficacy study for concurrent treatment of trauma and substance use. Youth reported symptom frequency and number of functionally impaired domains during the prior two-weeks, related to all trauma/loss events using a modified version of the Child PTSD Symptom Scale (CPSS; Multi-event CPSS). Youth then identified their worst event using the Life Event Checklist and reported related symptoms and FI using the original (Single-event) CPSS. Mean symptoms and FI differences were analyzed using paired samples t-tests.

Results: Youth reported single (mean=20.82) and multi-event (mean=27.28) CPSS total symptom score means that were above clinical levels (15 per Foa et al., 2001), and notable FI on both measures (single-event mean = 3.26; multi-event mean=4.66, max=7). Analyses revealed that: 1) multi-event re-experiencing, avoidance, arousal and total symptom means were significantly greater ($p<0.001$) than single-event symptoms, and 2) multi-event FI means were significantly greater ($p<0.001$) than single-event FI. Results suggest that assessing single-event trauma-related problems in poly-victimized populations significantly underestimates symptom and functional impairment levels.

Conclusion: If single-event symptomatology is used to determine service appropriateness and type of service indicated, youth with serious trauma-related needs may not be detected and/or treatment focus may be inadequate. Policies in communities, systems of care, and research settings should assess the prevalence of poly-victimization, as well as the symptoms related to all victimization events.

Abstracts

Poster 10: Research, Practice & Partnership: Bringing Health and Wellness to a TANF Welfare-to-Work Program

Molina M, Madanat H, Ong T, Joffe D, Hall A, Ayala GX

Background and Aims: In 2012, researchers at San Diego State University partnered with Public Consulting Group (PCG) a contracted agency for the County of San Diego Health and Human Services Agency to incorporate an evidence-based healthy lifestyle program into PCG's Welfare-to-Work (WTW) program. The WTW program provides employment related training (ERT) to families who receive aid from the CalWORKs program, California's version of Temporary Assistance for Needy Families. This study evaluated the implementation of the healthy lifestyle program within the context of the WTW program on improving health outcomes and transitioning participants from welfare to employment.

Methods: CalWORKs participants that met the following eligibility criteria were consented: adults between 18 and 60 years of age, enrolled in the CalWORKs program for over 6 months, not working full-time and not in school, and physically able to exercise. Participants received 6 hours of ERT, as well as 2 hours of healthy lifestyle training and 2 one-hour exercise classes each week for 12 weeks delivered by community health workers. The participants were measured at baseline and again at 4 and 10-months post-baseline. Data collected were compared to CalWORKs participants who met the same eligibility criteria but did not participate in the study.

Results: Nineteen Latina women participated in this study. Thirteen of the 19 (68%) completed the 4-month evaluation. Changes in health indicators suggested trends in the expected direction with baseline to 4-month decreases in weight (-7.16, kg), waist circumference (-2.73 cm), body mass index (-1.46 kg/m2) and blood pressure (Systolic, -4.08 mmhg and Diastolic, -2.54mmhg). Participation in employment-related training was higher among intervention participants compared to the comparison sample (54% versus 30%, respectively). Forty-two percent of the women in the intervention became employed compared with 18% in the comparison sample, and 37% achieved fulltime employment compared with 13% in the comparison sample. Ten month results are in process.

Conclusions: WTW programs measure their success from two perspectives: 1) Participant perspective (costs and benefits to the participant including change in income/public assistance payments) and 2) Governmental budget perspective (public assistance payments and administrative costs). Results from this study suggest impact in both of these areas. Further exploration is warranted.

Poster 11: Implementation of Integrated Health Homes and Health Outcomes for Persons with Serious Mental Illness in Los Angeles County

Gilmer T

Background and Aims: This paper reports on the outcomes related to the implementation of integrated health homes for persons with serious mental illness in Los Angeles County. Two models are examined: integrated mobile health teams for persons who were homeless and paired mental health and community health centers.

Methods: We measured the level of integration of mental and physical health care services in 11 programs across 30 items and three domains. We examined changes in health outcomes by level of integration using generalized estimating equations that controlled for individual level demographics and clinical diagnosis.

Results: We found that more highly integrated programs enrolled persons with lower health status and lower mental health recovery at baseline, and saw greater improvements in mental health recovery over a twelve-month period.

Conclusions: We found that programs that were more integrated with respect to their organizational, treatment, and care coordination and management characteristics enrolled clients with lower self-reported health status and lower clinician-reported mental health recovery at baseline. This suggests that either 1) more highly integrated programs selected clients with lower health status or 2) that clients with lower health status selected more highly integrated programs. It is not clear whether these findings are the result of integration, or if there exist other program characteristics were related to both integration and health outcomes.

Poster 12: Integrative Medicine, Communication, Compassion, & Chronic Care Research: Therapeutic Nursing Training

Valente S, Robertson S, Cohen J

Background: The US Healthcare system faces major challenges in high-tech and high-touch care emphasizing communication, shared decisions, cultural sensitivity and complimentary methods (CAM). The White House Commission highlighted the demand and use of CAM and the need for education. Samueli-VA partnered with an approach emphasizing communication, compassion and CAM. IC4/Therapeutic nurse training addresses several delivery of care challenges. IC4 education and training includes senior hospital administrator and nurse education in Samueli's Optimal Healing Environment Framework to enhance how the IC4 principles (compassion, communication) promote healing environments.

Abstracts

Aims: To increase nurses' awareness, knowledge of holistic and CAM approaches; improve job satisfaction, and increase quality care; to increase hospital administrators' knowledge and advantages of healing environment, comfort with CAM, and appreciation of holistic nursing.
Methods: Using a pre-post design without comparison groups, nurses (n=90) from two Veterans Administration hospital completed pre and post training reliable and valid surveys and qualitative interviews about training. Interviews would enhance the pre/post survey data. Surveys were conducted 1 month prior and 6 months post training and included workplace conditions, health, relationships, self-care, attitude, knowledge and use of CAM. Total scores were calculated for each of the survey clusters and subjected to paired t-tests to test differences in mean scores. Administrators were interviewed.
Results: Of paired-samples t-tests showed pre-post score variations improved self-care and CAM were significant at .001 level. Significant findings included nurses' increased knowledge, appreciation of holistic practices, improved self-care and use of CAM. Nurses 60-90% said CAM reduces symptoms (e.g., pain, sleep, anxiety); 70-85% of nurses used CAM and taught Veterans and said it improved care. National Nursing certification in holistic health increased 100%. There were no significant differences in scores on workplace satisfaction, intent to find another job in following year.
Conclusions: Nurses reported IC4 changed their practice (e.g., improved attitudes, knowledge, self-care and CAM therapies). Continued Samueli/VA partnership for leader training, train the trainer and ongoing training are recommended. Training shifted individual but not organizational perspectives of CAM.

Poster 13: Understanding Cancer Survivors' Preferences for Lifestyle Behavior Support: Preliminary Results from a Cancer Registry Collaboration to Improve Cancer Survivor Health

Glenn BA, Nonzee NJ, Hamilton AS, Maxwell AE, Crespi CM, Deapen D, Bastani R

Background and Aims: Prior research revealed high levels of overweight and poor adherence to lifestyle behavior recommendations among breast and colorectal cancer survivors in Los Angeles. A collaborative study between UCLA and the Los Angeles County Cancer Surveillance Program (CSP) aimed to implement a web-based intervention to improve physical activity and dietary behaviors among survivors that could be delivered by the CSP with limited resources. Instead of a "one size fits all" approach, the intervention incorporates patient preferences by allowing survivors to select one of three intervention paths: improving physical activity behaviors, increasing fruits and vegetables, or reducing added fats and sugars. The purpose of this substudy was to assess the proportion of survivors who selected each path and to gain an understanding of factors associated with path selection.
Methods: Breast and colorectal cancer survivors diagnosed with early stage cancer between 1999 and 2009 were identified by the CSP. They were invited to participate in a survey about physical activity and dietary behaviors and select one of three intervention paths. Demographic characteristics, clinical characteristics, and current levels of behavior were analyzed to determine factors associated with the intervention path selected.
Results: The baseline sample comprised 201 breast and colorectal cancer survivors (mean age = 50; 96% female, 62% non-Hispanic white, 64% > college, 70% employed). The most commonly selected path was reducing added fats/sugars (45%), followed by improving physical activity (35%), and improving fruit/vegetable intake (17%). Demographic factors were largely unrelated to path selection. Survivors were significantly more likely to select the path that addressed the lifestyle behavior for which they reported the lowest adherence to recommendations ($p<.001$). Selection of the "fats/sugars" path was associated with greater adherence to recommendations for fruit/vegetable intake and engagement in physical activity (ps $<.05$). Selection of the "physical activity" path was associated with greater adherence to saturated fat guidelines ($p=.003$).
Conclusions: Cancer survivors chose intervention paths consistent with their lifestyle behavior deficiencies. Findings highlight the importance of providing survivors with preference-based choices when implementing patient-centered preventive care interventions, and the potential value of cancer registries in providing the infrastructure for program delivery.

Poster 14: Measuring Sustainment of Multiple Practices Fiscally Mandated in Children's Mental Health Services

Lau A, Brookman-Frazee L

Background and Aims: Evidence-based practices (EBPs) are increasingly being implemented in large community mental health systems. Much of the research to date has focused on policy, organizational and practitioner variables that predict adoption and initial implementation of EBPs, yet understanding sustainment is crucial to facilitate a return on costly investments in EBP development. In 2009, the Los Angeles County Department of Mental Health (LACDMH) launched the Prevention Early Intervention (PEI) Transformation of Children's Mental Health Services affecting the contracts of more than 120 agencies that restricted reimbursement to an array of 52 practices. LACDMH furnished implementation support (i.e. training and consultation)

for six specific practices to address a range of child mental health problems. The scope and size of the PEI transformation provide a critical opportunity to examine the implementation of a range of practices in a large and diverse natural laboratory. The purpose of this presentation is to describe an observational study examining sustainment outcomes of the PEI transformation and report data characterizing initial sustainment outcomes.

Method: Penetration outcomes are measured using LACDHM training and claims data extracted from LACDMH. Descriptive statistics are used to examine the numbers of agencies contracted to deliver each practice, therapists trained to deliver each practice and clients receiving each practice.

Results: Preliminary data from the first two years of the PEI Transformation revealed that the rates of ramp-up of penetration at the agency and practitioner levels two years differed by practice, with some practices being adopted by a greater number of agencies than others. This presentation will report penetration trajectories over four years from FY 2010-2011 through FY 2013-2014 aggregated at the agency, therapist, client, and service volume levels.

Conclusion: Observed variation in penetration rates can generate hypotheses concerning predictors of EBP sustainment in mental health systems reform. Penetration data taken together with data on organizational factors, therapist attitudes and practice, and characteristics of practices can yield new understandings of whether and how multiple EBPs can be sustained in public mental health systems undergoing a policy-driven community implementation effort.

Poster 15: Health System EHR Strategic Implementation Guide

Baldwin K, Keeves D

Background and Aims: Our presentation will examine the experience of implementing an electronic health record system at a large academic medical center and propose an EHR Operational Readiness Program that encompasses the factors necessary to ensure the organization and its users are fully prepared to harness the potential of the new technology. The purpose of our EHR Operational Readiness Program is to proactively remedy the risk factors that are typically present during an EHR implementation and to equip clinical and non-clinical leaders and front-line managers with the tools they need to track their areas' readiness to successfully implement the EHR.

Our aims are to:

- Describe a strategy for engaging readiness across multiple levels of a complex organization
- Outline an enterprise clinical & business readiness program
- Enhance transparency to ensure operational ownership of Epic EHR implementations and expansions
- Establish a multi-modal system for bi-directional communication between project team and front line operational staff
- Support continuous organizational strategic growth with robust clinical & business EHR readiness

Methods: This presentation pertains to UCLA Health, which is comprised of four hospitals with over 900 beds, over 200 ambulatory clinics, and over 20,000 faculty and staff. Experiences include a series of ambulatory clinic acquisitions, new module implementations, and EHR upgrades. These experiences will yield important insights for other health care organizations regarding the best change management practices for optimal implementation of an EHR and how it relates to strategic growth initiatives of health systems.

Results: The enterprise clinical & business readiness program achieved 91% operational readiness for our EHR go-live. 77% of readiness leads agreed that this program helped them prepare their work area to go live and 89% responded that they were somewhat supported or very well supported at go-live.

Conclusions: This presentation provides attendees with the necessary knowledge and skills to effectively engage business owners in large scale IT implementations and expansions. Attendees will take away end user engagement strategies, enterprise clinical & business readiness best practices, and recommendations for bi-directional communication between project team and front line operational staff.

Poster 16: Evaluation of the "Reducing Obesity in Childcare Settings in Los Angeles County" (LA ROCCS) Project: The Effectiveness of BMI Parent Letter

Kim SL, Craddock M, Izadpanah N, Whitley M, Herman D, Slusser W

Background and Aims: While prevalence of preschool childhood obesity has decreased, sub-populations continue to have high obesity rates, especially among Hispanic children. Although 40% of 0-5 year-old children in LA County spend a portion of their day in childcare, virtually no large population-based interventions have been implemented in this community setting. The LA ROCCS project, through the LA County Public Health Department, aims to train childcare workers to promote healthy eating and physical activity. The UCLA research project adds an additional intervention involving sending a letter home informing parents of their child's body mass index (BMI) status. The aim of the UCLA study is to measure the effectiveness of the parent letter on children's BMI.

Abstracts

Methods: Of the 60 childcare sites identified in predominantly Hispanic and African-American communities (>99%), 26 sites were recruited. A total of 214 children were randomized within their respective childcare site to control (n=111) and intervention (n=103) groups. Data collectors blind to the randomization process measured each child's height and weight at baseline and 6-months within childcare settings. BMI letters, which included child's BMI status, BMI interpretation, and corresponding recommendations, were sent to the parents of children in intervention group at baseline. Differences in BMI percentile and z-score between control and intervention were analyzed using Mann-Whitney tests, given non-normal distribution.
Results: The mean BMI percentile and z-score showed no significant difference at baseline between control and intervention; however, at 6-month follow-up, children in intervention group showed a significantly lower mean BMI percentile than in control (65.5% vs. 72.0%, p=0.04). Similarly, the mean BMI z-score at 6-month was 0.3 units lower for intervention than for control (p=0.04). All of the obese children (BMI ≥95th percentile) in control group remained obese, whereas 15% of the initially obese children in intervention became overweight (BMI ≥85th and <95th percentile) over six months.
Conclusion: Children whose parents received a BMI letter experienced modestly greater BMI percentile and z-score reductions compared with those who did not. With 12-month outcomes forthcoming, these results may potentially render clinical significance and suggest that low-cost, early intervention approaches hold promise in reducing childhood obesity rates below epidemic status.

Poster 17: Implementation Trial to Increase HPV Vaccine Uptake: Pragmatic Mid-Trial Adaptations of Research Design

Signal R, Glenn BA, Crispi CM, Taylor VM, Bastani R

Background and Aims: UCLA and LA County Department of Public Health Office of Women's Health (OWH) are collaborating to address severe underutilization of the HPV vaccine. Despite the tremendous potential of this vaccine for cervical cancer prevention, only 29% of girls in OWH's high-risk service population have initiated the vaccine series.
Methods: This collaborative study's primary goal was to conduct a randomized implementation trial to test the effect of a system-level intervention to increase HPV vaccine receipt among underserved, high-risk girls in Los Angeles. The intervention is delivered by the OWH, utilizing their telephone education and service referral hotline, in five languages (English, Spanish, Cantonese, Mandarin and Korean). The multi-component intervention, delivered to mothers of age-eligible girls (11-18 years), provides basic HPV vaccine information, addresses cost, transportation and other barriers to HPV vaccination, and makes a referral to a convenient clinic offering free vaccine. Based on a pilot study conducted through the OWH in 2009-2010, a recruitment number of 1000 women were projected for the trial.
Results: The profile of OWH hotline callers has changed substantially since 2010, with the vast majority now reporting no adolescent daughters. Guideline changes now recommend a mammogram every 2 years and a Pap test every 3 years reducing the number of age-eligible women calling to schedule these tests. And, the proportion of younger callers (less likely to have an adolescent girl) has increased substantially, likely due to promotion of the hotline by community partners that serve a younger population. This compromised the ability to achieve the original recruitment goal, and has required making changes to research design and protocols. The research design was modified to include mothers of adolescent boys in the study, include more than one eligible child per family, and to recruit mothers of age-eligible adolescents, in-person through OWH outreach events.
Conclusion: Implementing interventions in dynamic real-world settings can be challenging and may require adaptations of the original study design and proposed research methods. This type of adaptation is a key tenant of pragmatic trials and is critical for ensuring that results of intervention trials have relevance for real-world settings.

Poster 18: Obesity Group Visits: A New approach for a big problem of inner city obesity

Ume A, Duran P, Driscoll E, Eugenio F, Eugenio J, Friedman TC

Background and Aims: Obesity disproportionately affects minorities, the poor and those with little or no insurance making it an important health disparity. Obesity contributes to high rates of diabetes, cardiovascular disease, strokes, cancers, depression, arthritis and other diseases that also contribute to health disparities. Because of the volume of obese minority and underserved, innovative, high-volume, high-quality programs are needed to reduce this health disparity. Group models for care of patients began in 1907 at the Massachusetts General Hospital, when Pratt developed the first group program for tuberculosis. More recently, the "shared medical care" model, also known as a "group medical visit" as first described by Scott or "shared medical appointment" as described by Noffsinger has received increased attention. Traditional provider-patient visits usually involved one provider with one patient. The group visit model is one provider with multiple patients and the patients themselves supply support and information to each other. This model is ideal for treating obesity.
Results: In 2013 an obesity group visit program started at Martin Luther King, Jr. Multi-Service, Ambulatory Care Center (MLK-MACC) named the POWER clinic (P-prevent, O-obesity, W-with, E-eating, R-right) that meets weekly. We have consented 125

patients in the pilot study. Fifteen (12%) patients lost at least 8 pounds, 9 (7%) patients lost 5% of their weight, 2 (2%) subjects lost 10% of their weight, 53 (42%) subjects came to all of their visits and 84 (67%) subjects came to at least half of their visits. The majority of patients had pre-diabetes with 50% of them having an HbA1c between 5.7% and 6.4%. Nine (3%) patients either strongly disagreed or disagreed that they felt comfortable to share and discuss their medical information in a group setting.
Conclusion: Overall, satisfaction was high with a reasonable percentage of patients losing a significant amount of weight. Group visits can lead to improved patient access, increased provider productivity, improved outcomes and life style changes, and high patient satisfaction scores. It is estimated that having 20 patients in a 2-hour group visit saves the medical center $12,600/session compared to individualized visits. We conclude that obesity group visits are a viable model for treating a large number of obese patients in an inner city medical center.

Poster 19: Evaluating Interdisciplinary collaboration on Integrated Health Care Teams: A Social Network Approach

Siantz E

Background and Aims: The Affordable Care Act has prioritized integrating primary and mental health services, but multidisciplinary health care teams can experience challenges with collaborating due to long standing fragmentation of health services. Social Network Analysis is useful for understanding whether and how teams achieve integration. This poster reports on the process of conducting social network analysis to evaluate multidisciplinary collaboration within pilot programs designed to serve individuals with mental health and co-occurring physical illness. Pilot programs are part of a policy experiment being conducted by the Los Angeles County Department of Mental Health.
Methods: Network data were collected from integrated teams as part of a multi-method program evaluation with the purpose of advancing implementation science and facilitating program improvement among pilot programs. Using an online network survey, participants were given a roster of their team members and asked to nominate individuals with whom they regularly collaborate regarding client care. Demographic characteristics were also collected. Data were managed in SPSS and analyses were conducted using R.
Results: Data collection occurred over 6 months in 2014. Respondents included 287 providers from 24 pilot programs including care linkage programs (n=14); co-located clinics (n=5); and mobile health teams (n=5). The overall response rate (RR) was 76%, but varied by program type. Among care linkage programs RR = 83%; co-located programs RR = 54%; mobile health teams RR =82%. Participants included individuals from 44 professional backgrounds including social work, nursing, and practitioners of complementary and alternative medicine. Fifteen programs included peer support. Network sizes ranged from 8-24 participants.
Conclusion: Collection of social network data is feasible in the context of LA Innovations pilot programs, but challenges are inherent in this approach. Descriptive analyses indicated that mobile health team staff members were more likely to participate, while staff members from collocated clinics were least likely to participate. This could result from staff turnover. To understand collaboration, we will next calculate positional measures including degree centrality, closeness, and betweenness. These measures will be triangulated with patient level outcomes and qualitative site visit interviews. Results will be shared with participating programs to improve delivery of integrated care.

Poster 20: Therapist and Parent Perspectives on a Parent Engagement Intervention for Community-Based Child Mental Health Services

Martinez J, Haine-Schlagel R

Background: Studies have documented links between parent treatment involvement and child outcomes (e.g., Dowell & Ogles, 2010), and most evidence-based (EB) child mental health (MH) interventions have an active parent component (e.g., Eyberg et al., 2008). However, efforts to engage parents in child MH treatment, particularly socioeconomically disadvantaged families, are lacking (Haine-Schlagel et al., 2012). Challenges to implementing EB interventions are well-documented. Implementation science models such as the Practical, Robust Implementation & Sustainability Model (PRISM; Feldstein & Glasgow, 2008) provide a useful framework to assess how interventions interact with organizations, providers, and children/families to influence successful implementation.
Methods: The Parent & Caregiver Active Participation Toolkit (PACT) is an adapted/expanded set of EB engagement strategies developed through surveys, interviews, and consultation with therapist and parent stakeholders. Data from those activities were mapped onto PRISM constructs (e.g., patient/family and organizational perspectives) to facilitate development of new intervention materials. A randomized pilot of PACT compared to usual care (UC) was conducted in 5 community clinics in San Diego. This study presents data on end-of-study feedback surveys at 4 months to measure acceptability, effectiveness, compatibility, and future use of PACT on a 5-pt Likert Scale (1=Strongly Disagree, 5=Strongly Agree).

Results: PACT therapists (n=11) and parents (n=9) were 81.8% and 100% female, ages 24-42 (M=32.4; SD=6.4) and 26-45 (M=32.6; SD=7.1), and ethnicity was 63.6/44.4% Hispanic/Latino, respectively. Parent education was 44.4% High School/GED and 55.6% Some College/Bachelor's degree. Children were 100% male, 5-12 years (M=7.8; SD=2.5). Results indicated therapists perceived the PACT toolkit to be highly acceptable (M=4.3, SD=0.7), effective with their clients (M=4.2, SD=0.5), compatible with their practice (M=4.1, SD=0.6), and would use PACT in the future (M=4.1, SD=.59). Surveys with parents measured satisfaction with various elements of PACT on a 5-pt Likert scale (1=Not at all, 5=Very Satisfied). Parents were very satisfied with PACT parent tools (satisfaction ratings ranged from M= 4.7-5.0). Additionally, parents were very satisfied with therapist use of PACT (M=4.9, SD=0.3) and would recommend PACT to a friend (M=5, SD=0.0).
Conclusion: Findings suggest utilizing an implementation framework such as PRISM when developing and adapting/expanding existing EB interventions can enhance implementation outcomes to improve service effectiveness.

Poster 21: Homicide Prevention and Re-Victimization of Domestic Violence Victims

Escobedo S, Tsaur N, Khachatryan S, Chavez L, Salgado S, Jimenez E

Background: Without active early intervention, domestic violence can escalate into domestic homicide. When domestic violence results in homicide, it is our community's failure to recognize the severity of the problem. Unfortunately, the law reduces the severity of the murder committed by the perpetrator because it is viewed as unintentional "crimes of passion" caused by the partner's intense love and inability to live without the other partner. The current research aims to eradicate and prevent domestic violence homicide, as well as, treat those involved in these tragedies, such as children.
Methods: The research includes 600 participants from the San Gabriel Valley and the measures for the study were the Trauma Checklist and MH 532 initial assessment. The study proposes four levels of interventions which can be considered for the victim, the perpetrator, treatment team and researcher.
Conclusions: From the results, researchers found that the population of California Mental Health Connection is largely consisted of victims of domestic violence and sexual assault. Therefore, treatment has to be tailored to the specific needs of the victim in an effort to work through the abuse and prevent future abusive relationships. The findings from the research imply the need for new clinical leadership on eradicating, modifying, and preventing violence. Future studies need to focus on increase in trainings for professionals involved on the court cases and change in policy for the prevention of complex trauma. Furthermore, researchers suggest further studies in domestic violence homicide on gender roles and sexuality since trends are changing on males and females on domestic violence. Lastly, future research should look at longitudinal studies on complex trauma that predict how to prevent homicide. A video on the topic can be found at: https://www.youtube.com/watch?v=bb0a7xb84FQ

Poster 22: Prevention, Treatment, and Violence Reduction in the San Gabriel Valley

Escobedo S, Tsaur N, Khachatryan S, Chavez L, Salgado S, Jimenez E

Background: Background: Since 2009 the California Mental Health Connection (CMHC) has been researching variables for preventing, treating and following up with the reduction of violence in several of its forms. The most significant loss is in the violence that results on re-victimization and homicide.
Methods: The agency has researched 54 variables with a standard mental health assessment and paired it with the trauma check list using the variables that make significant correlations and it has helped to present results at several levels for the victim, for the perpetrator for the treatment team and for the researcher. A wide range of families will undergo assessment and treatment.
Conclusion: Over 600 hundred families have been assessed and treated completing a trauma checklist that helps us predict re-victimization that ends in homicide but also allowed CMHC to make suggestions on the interventions in the legal system, policy, research and the training of professionals involved on victimization cases. The implementation is a mixed method of research with 54 variables that allows us to predict with a degree of certainty on the training and interventions on the treatment of complex trauma. Discussion and recommendations can be made as to predictive variables to prevent homicide, violence and family disintegration as well as the appropriate training for therapist, researchers and the obvious dyad victim perpetrator

Room	Name	Session 1	Session 2
A	Big Sur	Improvement Methods and Research for Health Care (Wu/Inkelas)	The SUCCEED Trial (Towfighi)
B	Tahoe	Lessons Learned from Medicare Imaging Demonstration (Kahn)	Improving Vaccination Rates in Southern California (Brown/Lazarus)
C	Sequoia	*Open*	UC Center for Healthy Quality and Innovation (Ong)
D	Sierra	Leadership and Organizational Change for Implementation (Aarons)	Meet the Expert: Social Network Analysis (Valente)
E	Mojave	Applying Implementation Science Tools & Strategies (Mittman/Drahota)	Developing Regional and National Partnerships for Homelessness Outreach (Anaya)
F	Catalina	Developments in the Use of Mixed Methods in Implementation Research (Palinkas)	Region-Wide Implementation of "Choosing Wisely" (Weingarten/Spiegel)
G	Yosemite Hall	Practical Approaches to Community-Partnered DII Research (Norris/Olshansky)	Community Implementation of Eban HIV/AIDS Prevention Program (Wyatt/Hutchinson)
H	Cabrillo	Models of University Infrastructure for D&I Research (Lindsay)	Latino Health Riverside: Starting a New Academic-Community Partnership (Sullivan/Figueroa)

Thank you!!!

Please remember to return your

Evaluation and Network Analysis Forms.

Thanks!

Planning Committee, without your hard work and dedication, this event would not have been possible!

Greg Aarons, PhD
Arleen Brown, MD, PhD
Moira Inkelas, PhD
Katrina Kubicek, PhD
Brian Mittman, PhD
Arturo Martinez
Keith Norris, MD, PhD
Rita Rodriguez
Ibrahima Sankaré, MHA
Greer Sullivan, MD, MSPH
Stefanie Vassar, MS

Thank you, sponsors and speakers for your contributions – and staff from the UCLA CTSI CERP for pre-symposium and on-site logistics.