

Call for Proposals  
**Behavioral Health Information Pilot Communities**

**Eligibility:** This is a national program with funding open to 1862, 1890, and 1994 land grant institutions, and if desired, their local partners. Land grant branch campuses and Extension offices are included in the list of eligible entities. Proposals must be led by an employee of a land grant institution. The lead institution may be located in the target community or can be outside the target community if strong linkages can be documented.

**Need:** Nationally, health care costs are rising. Individual health is a function of genetics, environment, and behavior. An individual's environment and behavior are influenced by the community in which they live. A community that sets the stage for better health will reap benefits in terms of lower costs, increased productivity, and higher quality of life. The term "community behavioral health" encompasses a wide array of health conditions that arise in part from how the individual interacts with the environment, and that vary in incidence by place. Examples include substance use and abuse and mental illness, such as depression and bipolar disorder. Because the percent of the population affected by these conditions varies (sometimes greatly) by place, the community is an appropriate unit of analysis for identifying priority areas and for assessing progress in addressing the conditions, especially in the area of prevention. However, finding appropriate information to make these informed decisions can be challenging, so key leaders sometimes make choices based on incomplete information.

**Purpose:** The Community Assessment and Education to Promote Behavioral Health Planning and Evaluation (CAPE) project is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and facilitated by the USDA. The project is advised by a technical committee of university and community behavioral health professionals drawn from across the nation. The purpose of the project is to explore ways in which communities currently gain information on behavioral health, to discover what datasets exist, and to work with pilot communities to enhance access to needed information. Important information about behavioral health is often published at the county (or parish/borough) level, so this project focuses primarily on a county-level definition of community. Local leaders serving smaller geographic units partially or fully within the county (such as cities, towns or districts) will be included in the project activities. Measuring and monitoring the various behaviors and related health outcomes can provide pivotal information to community decision-makers. More information is available at the project web site: <http://healthbench.info/>. A webinar describing the project is scheduled for Thursday, December 19, 2013 at 12:00 PM – ET at <http://connect.msu.edu/cape>. The webinar will be archived at the project web site.

**Opportunity:** The CAPE project will fund *eight* pilot communities to participate in a joint exploration of what communities are now using to gauge community behavioral health and how these methods can be improved. This includes an online survey of local health decision makers (broadly defined) aimed at developing a better understanding of where local leaders draw their information about community behavioral health trends as well as a joint shaping and testing of new tools to make the process more accurate and efficient.

**Expectations:** Successful applicants will work with the CAPE team in two phases. First, they will be instrumental in assisting the team in learning how decision-makers currently obtain relevant data. This will involve leading an effort to identify appropriate lists of local health decision makers to be contacted to participate in the survey, raising awareness of the survey among individuals holding key leadership positions, and working to assure timely and high percentage responses. Once initial surveys are

complete, successful applicants will help interpret the results and participate in project teams to develop educational tool kits about sources of health information helpful for decision makers. Finally, the successful applicants will pilot the tool kits locally, obtain feedback about ways to improve the materials and assist with revisions. Actions taken as a result of the activity may be made available as cases in subsequent national web-based training.

Local health decision makers include but are not limited to:

- Health services agencies
- Local charitable and civic organizations
- Elected and appointed officials
- Parks and recreation department administrators
- Hospital leadership
- Law enforcement officials
- Substance abuse/mental health prevention and treatment agencies
- Community coalitions specifically working on behavioral-health issues
- School officials
- Intimate-partner violence shelters and agencies

**Types of Communities:** Any US community is eligible. The eight communities are expected to be drawn from a range of community types from very rural to highly urban. Communities are expected to be defined using county lines (single-county units are preferred but multi-county proposals will be considered, especially in tribal areas) due to the availability of Federal county health statistics. The selection process may also take into account a desire to balance the eight communities across the four USDA regions to obtain input from a more diverse set of circumstances.

**Benefits:** In addition to the funding available through this program, participating institutions will benefit through interactions with a national 15-member technical team drawn from a wide array of disciplines. The community will benefit through interactions leading to better benchmarking of health investments and goals, and in improved overall public health.

**Timeframe & Available Support:** Proposals are due January 21, 2014. Community selections are expected to be announced at the end of January. The pilot program is expected to run from March 3, 2014 to October 31, 2014. Communities selected for this program will receive funds to buy out up to 8 months of up to 1.0 FTE (0.67 FTE total) per selected community for current staff members to join the CAPE project. Funding will come in the form of a contract with the land grant institution leading the community effort. Community teams of one, two, or three individuals will be considered. Pre-approved travel or other pre-approved out-of-pocket costs will be directly reimbursed.

**Application Guidelines:**

To be considered, proposals need to include the following elements.

1. Cover page. Include the team leader's contact information, including USPS mailing address, email and cell phone. **Briefly** identify the counties to be covered (including state). Do not provide a detailed description of the community or any local conditions. For example, "Kalamazoo County, Michigan," or "Fort Peck Reservation including Montana counties of Roosevelt, Valley, Daniels, and Sheridan" is sufficient.

2. Team capability statement. Describe current job description of the individual (or team members) who will execute the contract and how this activity relates to their current assignment. Describe local advisory groups that connect with the individual(s). This should be no more than one page.

3. Team biosketches. Include a two page resume for each team member (up to 3 people).

4. Budget. Include salary and fringe benefits for each team member as two separate line items. Indicate the FTE contributed by each team member. In cases where more than one individual is involved, list the lead individual first. Total FTE across the team should sum to no more than 0.71. Include the lead institution's federally approved overhead rate.

5. Administrative approvals. Include approvals from the immediate supervisor of each team member.

6. Include a completed Michigan State University subrecipient form. As indicated on the form the MSU subrecipient form should be signed by your institution's federal grant/contract administration officer

(The form is available at:

<http://expeng.anr.msu.edu/uploads/files/133/MSU%20FINAL%20Subrecipient%20Form.doc>)

Items 1 through 5 should be saved as a single pdf. Item 6 should be a separate pdf.

The complete set of materials should be emailed to [ncgrants@anr.msu.edu](mailto:ncgrants@anr.msu.edu) by 5:00 p.m. Eastern, January 21, 2014.

Questions about this opportunity will be answered in the order received. Direct your questions to:  
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