

Community Behavioral Health Early Warning Systems

Call for Proposals 2014

The Substance Abuse and Mental Health Services Administration, the USDA National Institute of Food and Agriculture, and the Regional Rural Development Centers are partnering to implement a national program to explore options for community-implemented early warning systems with respect to community-level incidence of behavioral health issues (e.g. substance abuse, mental illness). Increasing behavioral health issues impose costs on communities via treatment, law enforcement, and long-term impacts on individual and family productivity. The incidence of these issues and how they are expressed varies by place and across time, so local monitoring and intervention techniques are important.

Opportunity Summary

The Community Assessment and Education to Promote Behavioral Health Planning and Evaluation Phase II (CAPE 2) project will fund Land Grant Universities and their partners to implement locally-based early warning systems. This is a national competition; individuals and teams are welcome to submit proposals to join the CAPE 2 project in one of two categories (see following pages for full details).

- 1. Innovation Communities.** The activity includes designing and implementing an innovative and potentially replicable early warning protocol around a locally determined set of community behavioral health issues. Creative use of existing locally produced information sets is encouraged. Successful applicants will engage their target community in prioritizing adoption of an intervention based on the information produced by the early warning system. **Funding** of up to \$150,000 is available for each innovation community. (Details on page 2 of this document.)
- 2. Barometer Communities.** The activity includes recruiting a panel of thirty knowledgeable local individuals who will be compensated to participate in a nationally designed biweekly community behavioral health survey and coordinating community priority setting and implementation to respond to emerging issues. **Funding:** the CAPE 2 project will compensate survey participants and offset 0.7 FTE of local team member salary. (Details on page 4 of this document.)

Individuals may participate in both competitions, but the intent of the project is to distribute the projects across different communities. An informational webinar is scheduled for Monday, Oct. 13, 2014 at 11:00 a.m. Eastern Time. Access the webinar at the project web site:

<http://www.healthbench.info/webinars.html>

Eligibility

Faculty and staff from any Land Grant University are eligible to apply to lead a local team. This includes 1862, 1890, and 1994 institutions as well as Extension Services associated with those institutions. Local team leaders are welcome to engage partners from the community in the process. Any US community is eligible. CAPE 2 prefers communities that are defined along county, multi-county, or tribal boundaries.

Innovation Community Details

The CAPE 2 project plans to fund six Land Grant Institutions to lead *innovation communities* in developing, implementing, and acting upon improved early warning systems for emerging community behavioral health issues (such as substance use and abuse, relationship abuse, and mental illness, or depression). Each grant innovation community grant is capped at \$150,000. Each innovation community will propose and execute a pilot of its own unique system and implement local programs to address at least one emerging concern identified through the system. Through this effort, CAPE 2 hopes to identify new ways to obtain early warning signals in low-cost ways that can potentially be replicated by other communities if shown to be effective. Innovation communities will also be represented on the CAPE 2 technical committee and have the opportunity to review emerging results from other innovation communities as well as the year-long multiple barometer community survey panel and to suggest questions for that panel. Successful applicants will have access to social media and regional expertise that will inform their efforts moving forward to implement the outreach/engagement aspects of the project.

Expectations: Innovation community proposals are expected to break new ground in providing early warning about changes in community behavioral health conditions and to rely upon scientifically defensible protocols. As part of the peer proposal review process, successful applicants may receive suggestions for improving on their proposed early warning system. They will make good faith efforts to implement their proposed system (or revised system) and be able to implement mid-course adjustments if they discover better approaches. Project proposals should include plans to assemble the results and routinely provide user-friendly information to the community in innovative ways to raise awareness and engage the leadership in dialog such that the target community adopts at least one intervention measure to address emerging issues identified by the early warning system. Collecting primary data is permissible but if primary data are envisioned, the innovation community proposal should be demonstrably different from (but could complement) the approach envisioned for the CAPE 2 barometer survey communities (e.g. different panel composition) and should be low cost and easily replicated. Approaches that exclusively rely on routinely published state/federal data sets such as those used in CAPE 1 community profiles found on the project web site (www.healthbench.info) are discouraged, but use of aggregate unpublished data collected from local institutions (e.g., hospitals, clinics, law enforcement) is within the scope we envision. Proposal teams should also be prepared to share their approaches and results via nationally advertised CAPE 2 webinars and case study publications.

Benefits: In addition to the funding available through this program, participating investigators will benefit through interactions with a national 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. Investigators will obtain feedback from the technical committee and receive information/inspiration from the other innovation communities and summaries of panel data collection efforts through regular monthly technical committee web/conference calls.

Investigators will also benefit from access to regional CAPE 2 specialists who will help in designing community adoption processes and advice/support from the CAPE 2 social media specialist.

Review Criteria: Team capability, geographic/social diversity, innovation, feasibility, and cost will all be considered in making a final selection of innovation community proposals. Proposals over the maximum allowable amount will not be reviewed.

Timeframe & Available Support: Proposals are due November 19, 2014. Community selections are expected to be announced at the end of January 2015. The pilot program data collection/analysis and reporting back to the community is expected to run from February 2015 to January 2016. Communities should select an intervention based on the early warning data by August 2015. Final reports, including a self-assessment of methods and description of actions adopted by the community are due at the end of March 2016. Investigators can develop a proposal for up to \$150,000 total (direct and indirect) costs. Indirect costs should be budgeted at the full federally negotiated rate.

See page 6 for instructions on how to submit a proposal.

See page 4 for details on the barometer community opportunity.

Barometer Community Details

The CAPE 2 project will fund up to *eight* barometer communities to participate in a joint exploration of how to improve early warning systems for emerging community behavioral health issues. The main activity under this call for proposals is to establish a local panel of 30 knowledgeable individuals from different sectors who can supply perspectives on local community behavioral health (smaller communities with few knowledgeable individuals are welcome to submit multi-county proposals). The panelists will be compensated for completing a short regular online survey every two weeks over the course of a year (26 surveys) for a total time commitment of about four hours. Tabulations of the resulting data will be provided to the local CAPE 2 technical committee at regular intervals via webinar for discussion and interpretation. There will be opportunities to compare across communities participating in the effort and new panel questions will be drawn in part from responses to open-ended questions embedded in the surveys.

Expectations: Successful applicants will manage a panel of knowledgeable local individuals who will commit to completing a bi-weekly online survey for a year, and then work to assure timely and high percentage of full completion. Once data start to become available, successful applicants will help interpret analysis outputs and potentially assist in raising local awareness of community behavioral health if spikes in behavioral concerns are detected through this early warning system. Local teams will participate in a quarterly conference call or webinar sessions to review the survey results and strategize actions. Teams will also direct decision makers to tool kits established in CAPE Phase I or to other interventions so that the community adopts strategies to address at least one behavioral-health issue, and clearly document any interventions. Teams will also make reasonable efforts to obtain secondary early warning data (such as the number of local DUI arrests by date) upon request by the CAPE leadership team. Finally, the successful applicants will obtain feedback about ways to improve and assist with revisions to the early warning system and organize information sharing sessions to encourage local entities to act upon at least one emerging community behavioral health issues. Actions taken as a result of the activity may be made available as cases in subsequent national web-based training.

Local knowledgeable individuals include but are not limited to:

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

Benefits: In addition to the funding available through this program, participating institutions will benefit through interactions with a national 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 November 19, 2014. Community selections are expected to be announced at the end of January 2015. The biweekly survey program is expected to run from February 2015 through January 2016. Communities should select an intervention based on the panel data by June 2015. Communities selected for this program will receive funds to buy out up to 12 months of up to 0.7 FTE per selected community for current staff members to join the CAPE project. Funding will also be provided for the panelists at \$75/hour (up to four hours per member of the barometer panel; time estimates will be based on the number of completed surveys). Funding will come in the form of a contract with the land grant institution leading the community effort. For panelist payment, the local land grant institution is expected to invoice the project based on actual surveys completed after rounds 13 and 26 (two invoices for a maximum total of \$9,000). Pre-approved travel or other pre-approved out-of-pocket costs will be directly reimbursed for Barometer communities so do not include travel in your budgets.

See page 6 for instructions on how to submit a proposal.

Proposal Instructions

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. The cover page should clearly indicate whether the proposal is for a Barometer Community or an Innovation Community.
3. 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). The team capability statement should be no more than one page.
4. Team biosketches. Include a two page resume for each team member (up to five people), starting with the project leader. The project leader should be an employee of a land grant institution who is expected to be available for the monthly CAPE 2 technical committee web/conference call meetings.
5. For **Barometer Communities ONLY**: provide a list of 30 persons willing to participate in the biweekly survey. Include first name, last name, email address, and job title.
6. For **Innovation Communities ONLY**: Describe your proposed approach in five pages or less. A literature review is advisable (roughly one page). Lay out procedures and timeline.
7. **Budget Instructions**. Create a budget justification with the following elements.
 - a. Include salary and fringe benefits for each team member as separate line items (example: if the team has two members, there should be four lines). Indicate the FTE contributed by each team member, the salary rate and the fringe benefit rate. In cases where more than one individual is involved, list the lead individual first.
 - b. For Barometer Communities, the total FTE across all team members should not exceed 0.7.
 - c. For Innovation communities, travel and supplies are allowable expenses and should be included on separate lines with budget justification. Support for students (undergraduate and graduate) is also allowable for Innovation community proposals.
 - d. For both types of proposals, include the lead institution's federally approved overhead rate, and if applicable, any cooperating institution's federally negotiated overhead rate.
8. Administrative approvals. Include approvals from the immediate supervisor of each team member. Furthermore, if the proposed early warning approach requires cooperation from local

entities (e.g., hospital), then their willingness to do so should be documented with a commitment letter. Innovation communities planning to collect data from individuals as part of their protocol should include a preliminary IRB (human subjects) approval from their home institution. Barometer communities should include either a preliminary IRB approval or a statement saying their institution will accept the Michigan State University IRB approval.

9. 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:

<https://www.cga.msu.edu/PL/Portal/DocumentViewer.aspx?cga=aQBkAD0AMgA2ADAA>

10. Transfer your budget into a USDA subaward budget form (BudgetTemplate.pdf)
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Everything except the subrecipient form and USDA budget form should be saved as a single pdf. The subrecipient form and USDA subaward budget form should each be a separate pdf.

The complete set of materials should be emailed to ncgrants@anr.msu.edu by 5 p.m. Eastern Time November 19, 2014.

Questions about this opportunity will be answered in the order received. Direct your questions to:
Scott Loveridge
North Central Regional Center for Rural Development
loverid2@msu.edu

