UC San Diego IN STEP Center Pilot Funding

Deadline August 1st, 2024, at 12:00PM PT

Center Leads

Lauren Brookman-Frazee

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- Admin Core Lead

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IN STEP

ImplementatioN Science and Team Effectiveness in Practice

Children's Mental Health Research Center

instep.ucsd.edu

Center Premise

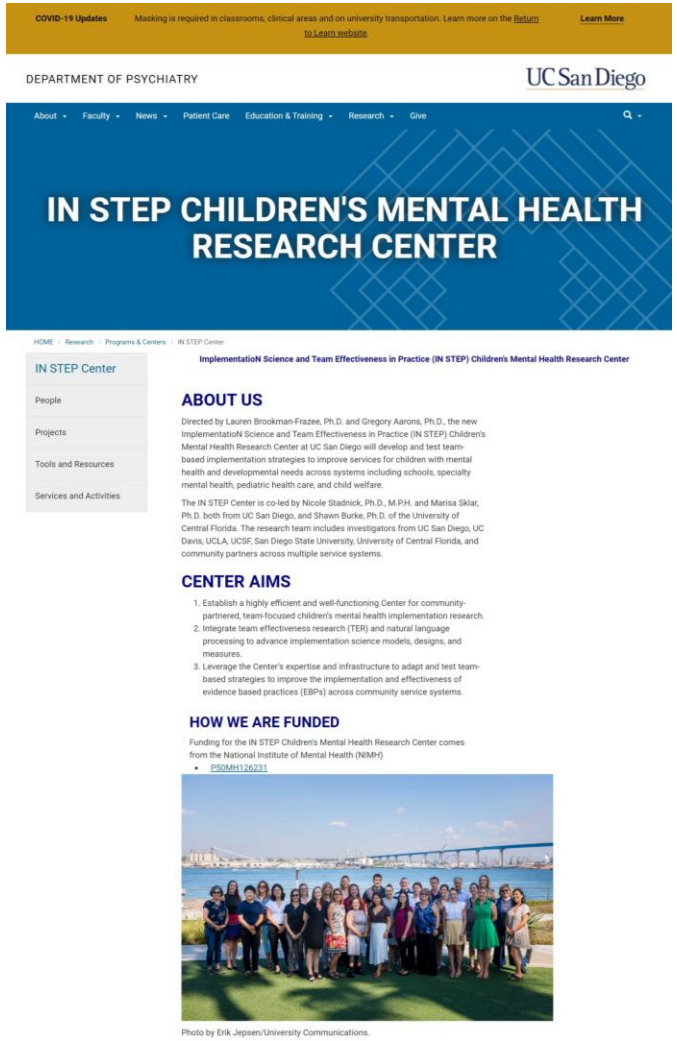
- Children's mental health is a public health priority.
- Multiple public service systems are involved in caring for children with mental health and developmental needs:
  - Schools
  - Outpatient and School-Based Mental Health Services
  - Child welfare services
  - Medical services

IN STEP
Implementation Science and Team Effectiveness in Practice
Children's Mental Health Research Center
instep.ucsd.edu

Center Premise

- Multiple evidence-based practices (EBPs) have been identified as effective to addressing needs but aren't routinely used in routine care.
- Teams and teamwork are essential to providing services and implementing EBPs.
- Integrating team effectiveness research and implementation science has the potential to accelerate care quality and effectiveness.

IN STEP Center Website



- instep.ucsd.edu
- Please check out our website for more information and resources!

Request for Applications

- For the full Request for Applications (RFA), please reference the link/QR codes below.
- The RFA is also accessible on our website! instep.ucsd.edu
- https://bit.ly/INSTEP_RFA2024

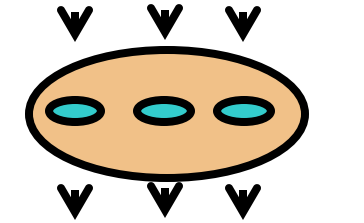
Introduction to Team Effectiveness and Application to Children's Mental Health Implementation

Shawn Burke

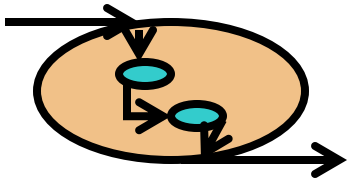
"Collectives who exist to perform organizationally relevant tasks, share one or more *common goals*, interact socially, exhibit *task interdependencies*, maintain and manage *boundaries*, and are embedded in an organizational *context* that sets boundaries, constrains the team, and influences exchanges with other units in the broader entity."

Kozlowsi & Bell (2003)

Task Interdependence

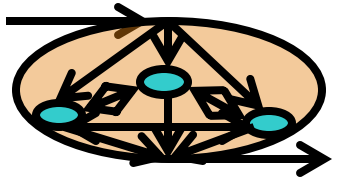


Pooled: Independent workflow



Sequential: One-way workflow

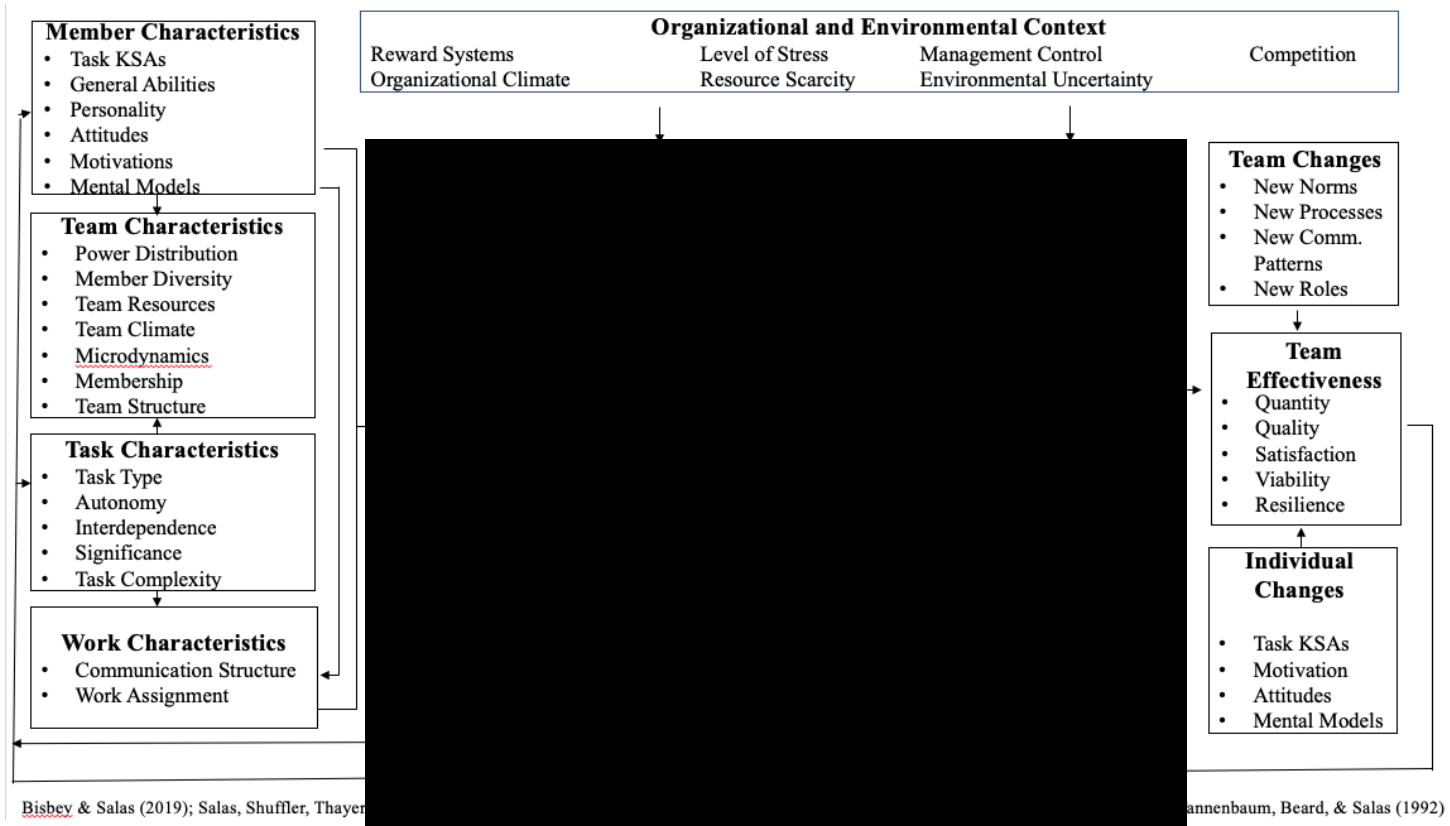
Reciprocal: Two-way workflow



Team/Intensive: Simultaneous, multi-directional workflow

Saavedra, Earley, & VanDyne (1993)

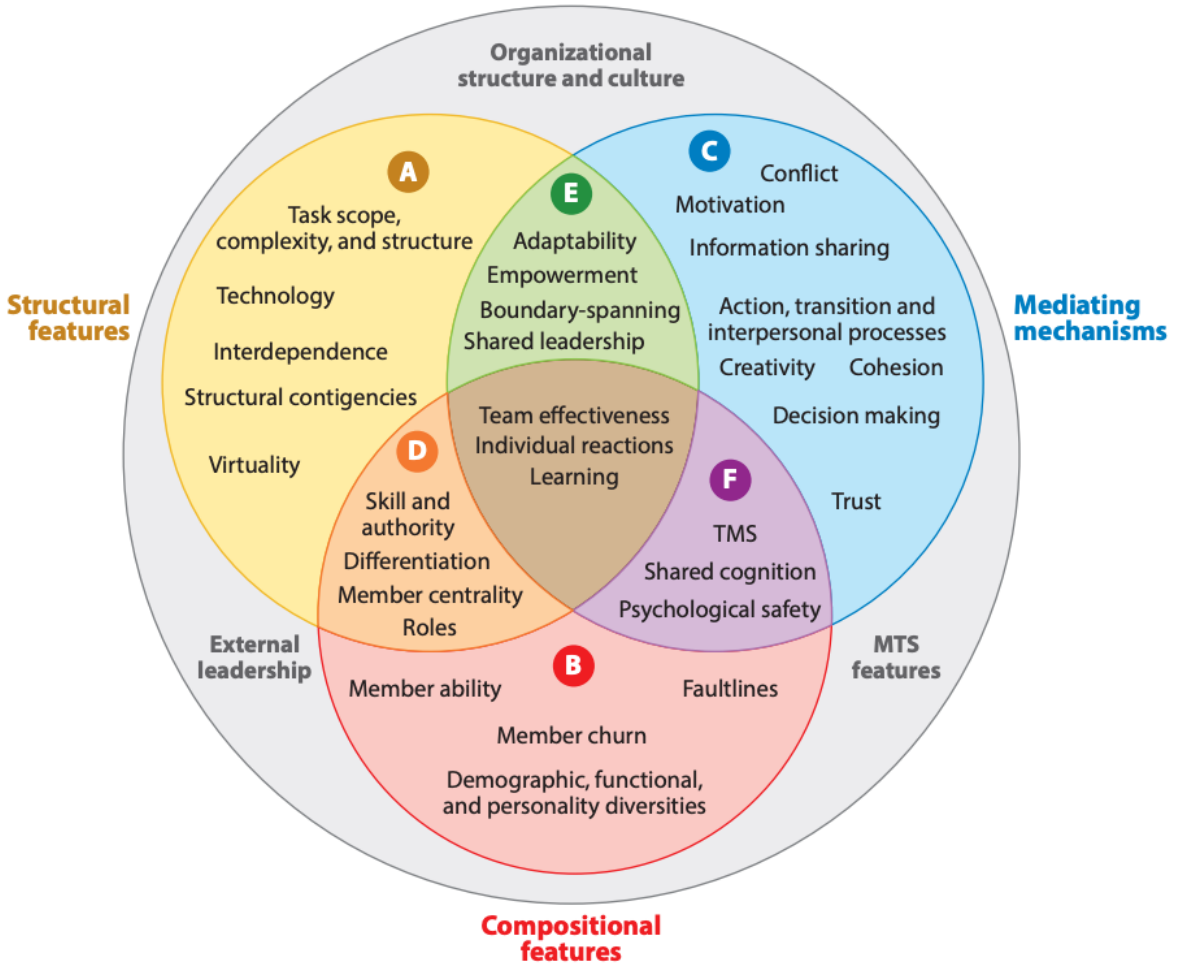
An IPO Model of Team Dynamics



Team processes: "Members' interdependent acts that convert inputs to outcomes through cognitive, verbal, and behavioral activities directed toward organizing taskwork to achieve collective goals" (Marks et al., 2001, p. 357)

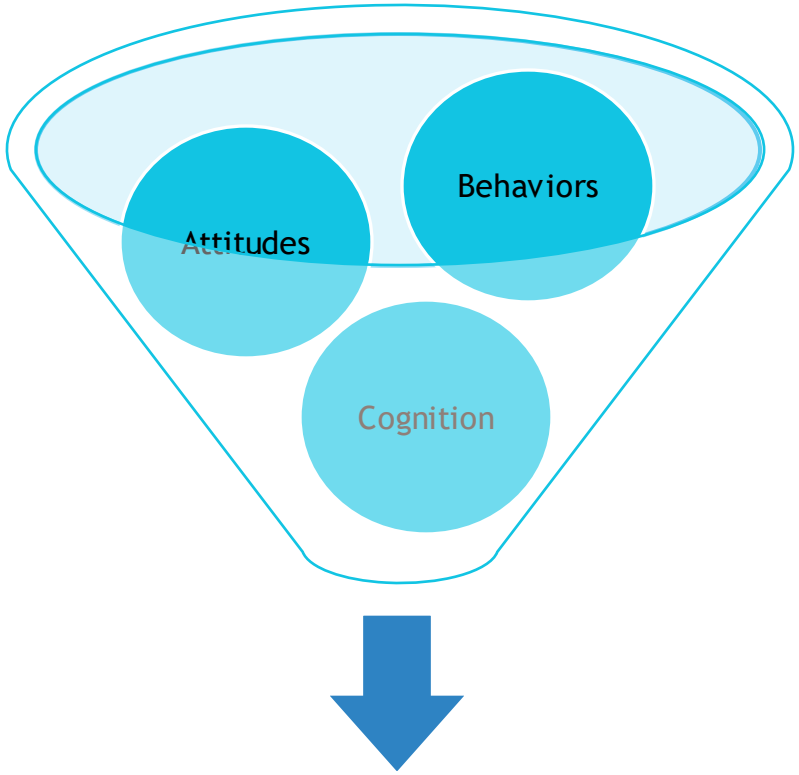
Emergent states: Properties of the team that are typically dynamic in nature and vary as a function of team context, inputs, processes, and outcomes" (Marks et al., 2001, p. 357)

Team Dynamic Complexity



Mathieu et al. (2019)

The ABC's of Teamwork



Team Performance

Knowledge Requirements

- Knowledge of team mission, objectives, norms, and resources
- Roles and expectations
- Individual-task proficiency
- Shared mental models
- Transactive memory systems
- Team situational awareness

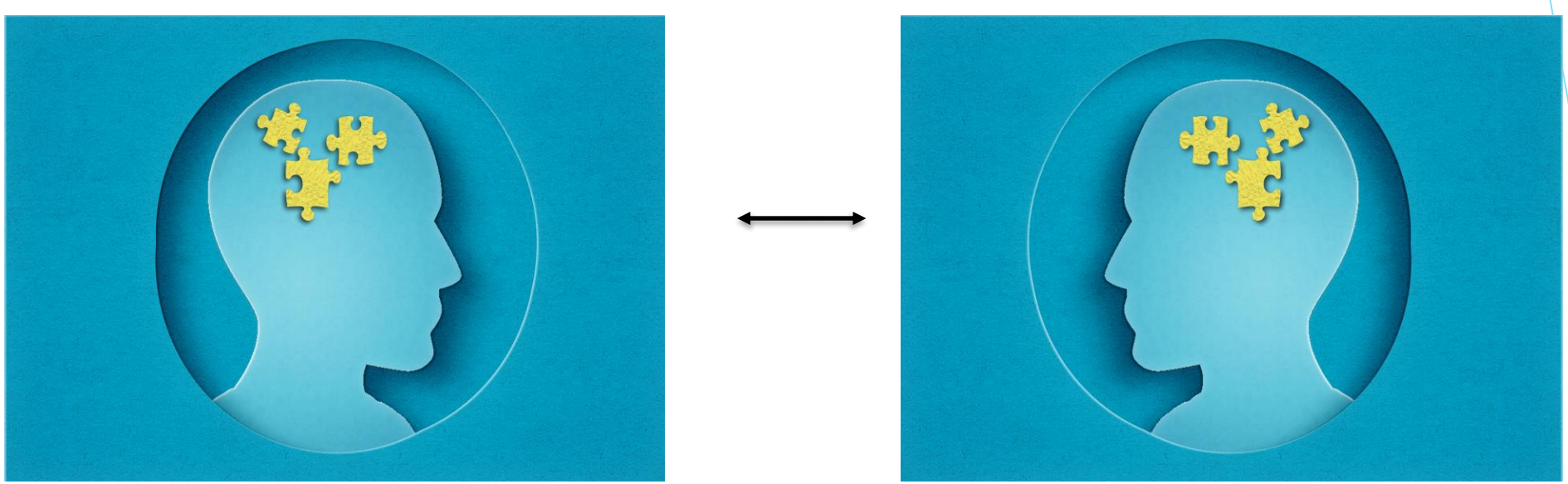
Shared Mental Models

Mental representations that team members hold about themselves and the task, and how the team works toward the task in their environment.

Credit: Charles Krupa/Associated Press)

Cannon-Bowers et al.(1993); Klimoski & Mohammed (1994)

Transactive Memory Systems

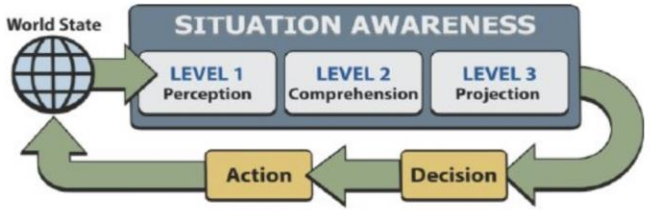


Mental representations held by members that summarize the unique information possessed by each member and an awareness of others' knowledge in the group.

DeChurch & Mesmer-Magnus (2010); Lewis (2003)

Situation Awareness

"the perception of environmental elements and events with respect to time or space, the comprehension of their meaning, and the projection of their future status" (p. 36).



Credit: Mica R. Endsley

Endsley (1995)

Skill Requirements

Transition

- Mission analysis, formulation, and planning
- Goal specifications
- Strategy formulation

Action

- Monitoring progress towards goals
- Systems monitoring
- Team monitoring and backup behavior
- Coordination

Interpersonal

- Conflict management
- Motivation and confidence building
- Affect management

Others

- Team leadership
- Adaptability
- Closed-loop communication
- Task related assertiveness

Attitudinal Requirements

- Collective efficacy
- Collective/team orientation
- Team identity
- *Team cohesion*
- *Mutual trust*
- *Psychological safety*

Credit: California Health and Human Services

Team Cohesion

"The bonding together of members of a unit in such a way as to sustain their will and commitment to each other, their unit, and the mission"

Johns, Bickel, Blades, Creel, Gatling, Hinkle, Kindrad, & Stocks (1984)

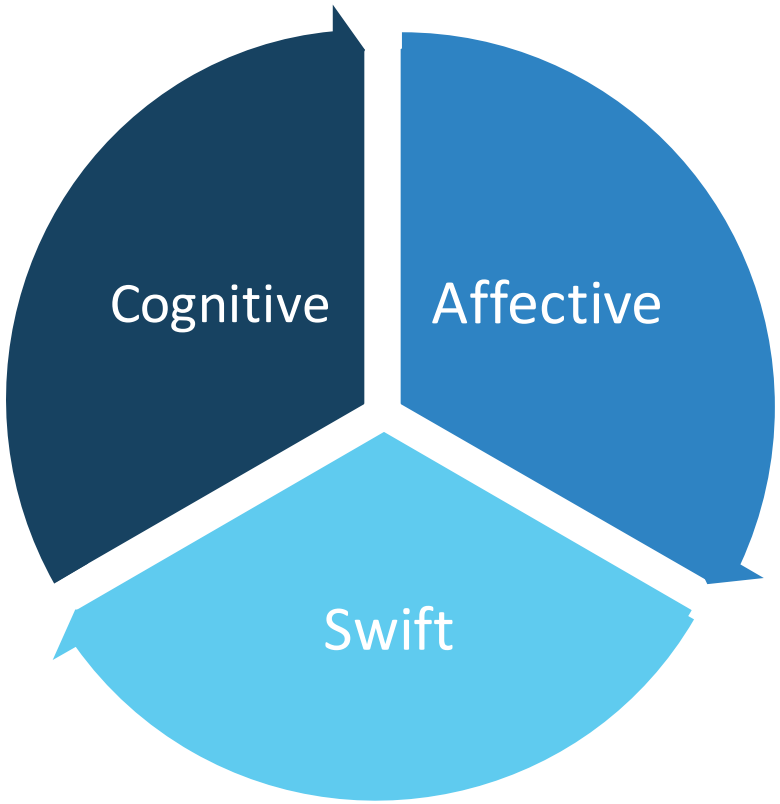
Trust

Credit: Getty

The willingness of a party to be vulnerable to the actions of another party based on the expectation that the other party will perform a particular action important to the trustor, irrespective of the ability to monitor or control the other party.

Meyer et al. (1995)

Trust



Trust
Foundations

- Based on available knowledge about the trustee's competence, integrity, reliability and dependability[4]
- Based on emotional investments, genuine care, and concern for the welfare of partners and the belief that these sentiments are reciprocal[5]

[4]Luhmann (1979); [5]Lewis & Weigert (1985)

Psychological Safety

- Trust is giving the other person the benefit of the doubt.
- Psychological safety is believing that others will give you the benefit of the doubt!

Google

Team Development Interventions

TDI	Description	IPO
Team Charter	Structured activity where the team clarifies expectations regarding team functioning (e.g., team purpose, behavioral norms, performance management processes).	I
Team Task Analysis	Method that identifies the tasks a team performs, corresponding teamwork behaviors, and the KSAs linked to coordinative action[17]	I
Team Composition	Pertains to the configuration of individual member attributes in team and how they coalesce to impact team functioning.	I
Team Work Designs	A "definition and structure of a team's tasks, goals, and member's roles; and the creation of organizational support for the team and link to the broader organizational context."[18 p46]	I
Team Building	A set of strategies designed to improve interpersonal relations and social interactions. May focus on goal setting, interpersonal relationships, role clarification, or problem solving[16,19]	PO
Feedback	"Actions taken by (an) external agent to provide information regarding some aspect(s) of one's task performance."[20 p 255]	PO
Team Training (T2)	"A set of theoretically based strategies… based on the science and practice of designing and delivering instruction to ensure understanding and enactment of appropriate team competencies." Comprised of a variety of potential strategies (see below for examples).	PO
T2: Team Performance Monitoring and Assessment	"Involves the capturing of both individual and team levels of processes and performance, preferably from a dynamic lens where continual monitoring is available throughout a performance episode"[26, 17 p699]	P
T2: Cross-Training	"Teaches each team member the duties and responsibilities of his/her teammates."[17 p 369]	P
T2: Team Self Correction	"Develops team's ability to diagnose teamwork breakdowns… and reach effective solutions internally on a continual basis."[17 p 369]	P
T2: Team Coordination Training	Targets the improvement of a team's shared mental-model framework (situation, task, team interaction); teaches teams when to switch from explicit to implicit coordination strategies.	P
T2: Crew Resource Management Training	"Designed to improve teamwork by applying well-tested training tools (e.g., simulators, role playing) targeted at specific [team] content."[17 p 369] Originally developed for use in aviation it has now migrated to other high-risk industries.	P
T2: Leadership Training	Programs that seek to ensure that knowledge and enactment of leadership behaviors that foster effective team functioning. Includes soft skills, leadership styles, skills related to initiating structure	P
T2: Communication Training	Training to facilitate clear, concise, and meaningful exchange of timely and relevant information between team members; Can include handoffs	P
After-Action Review	A structured intervention which encourages reflection and learning regarding opportunities for improvement in the areas of team inputs, processes, emergent states, and outputs[21]; also known as a debrief	O

Concluding Comments

WHERE WE ARE…

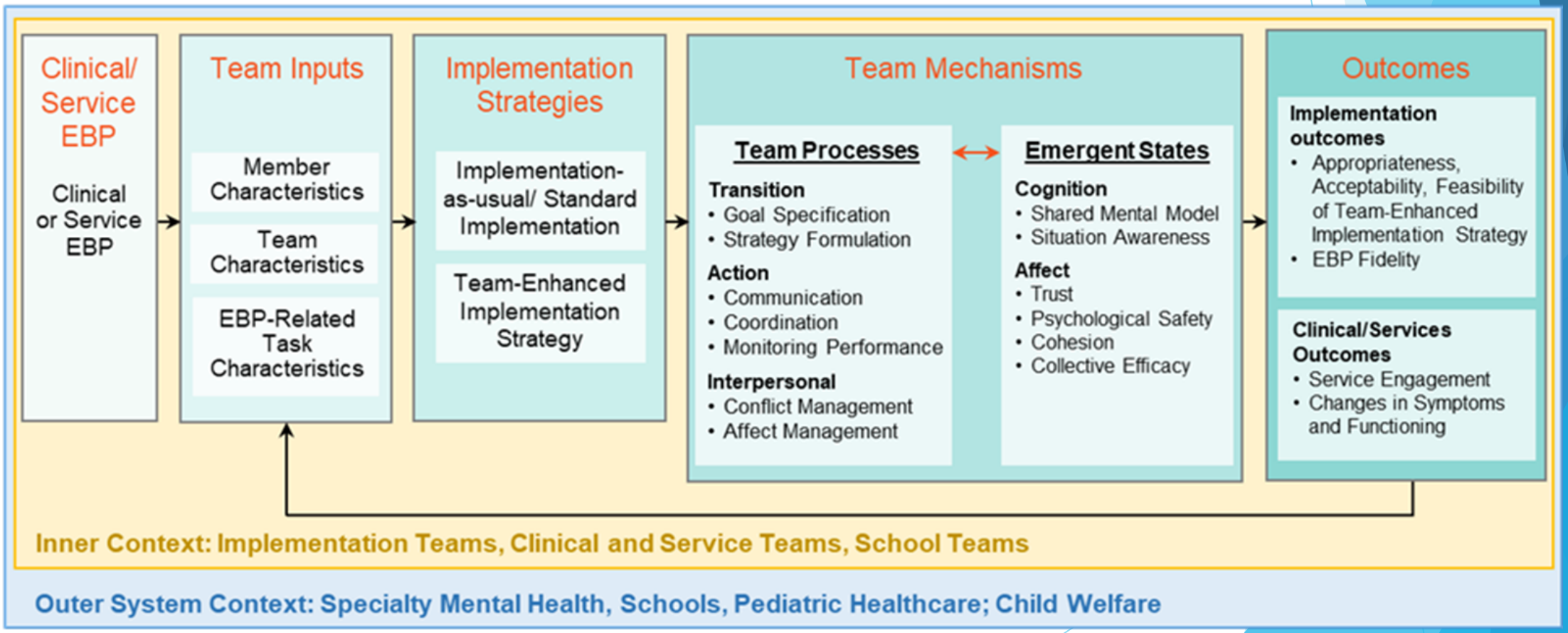
- Lots of knowledge on what makes effective teams (somewhat less on what breaks them)
- Lots of tools developed
  - Methods of communication analysis
  - Measurement techniques/tools
  - Instructional strategies

WHERE WE ARE GOING…

- Unobtrusive metrics
- Dynamic assessment (importance of time/context)
- Incorporating tools from other areas
- Social network analysis
- Machine learning
- More advanced statistical procedures

Linkages to IN STEP Center Research

Figure 1. Conceptual Model of Team Effectiveness for EBP Implementation



Team Measurement

Team Measurement

PROCESS

- Surveys
- Behavioral Observation Scale
- Team Communication

AFFECT

- Surveys
- Linguistic analysis

Team Measurement

TEAM COGNITION – SHARED MENTAL MODELS

- Card sorts
- Concept mapping
- Paired comparison
- Survey

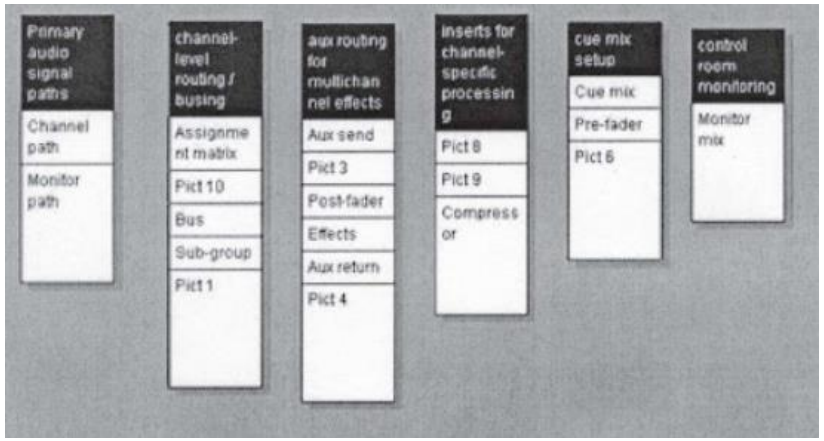
TEAM COGNITION – SITUATION AWARENESS

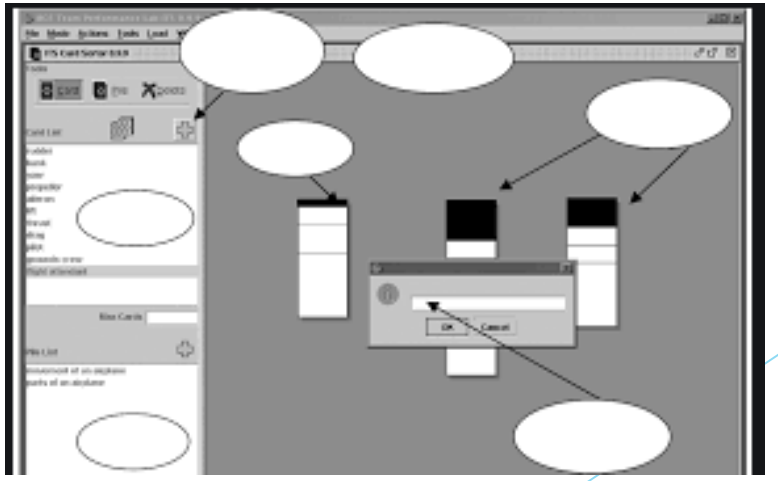
- SAGAT (Freeze technique)[6]
- Surveys
- Physiological
- SART2[7]

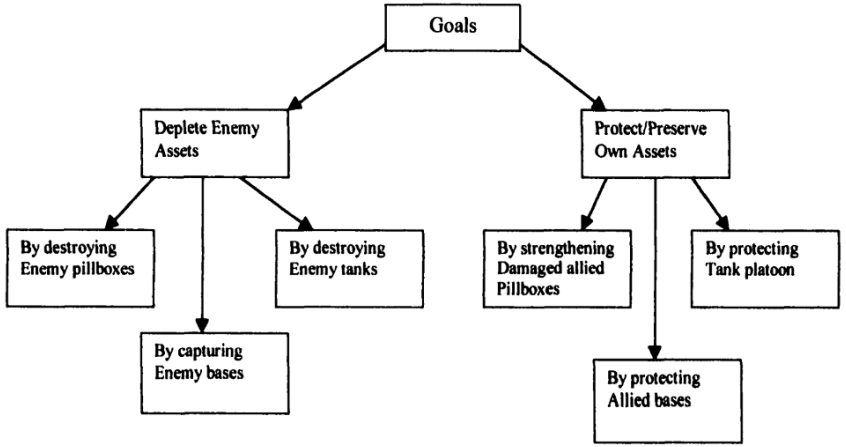
[6]Endsley (1995); [7]Taylor (1990)

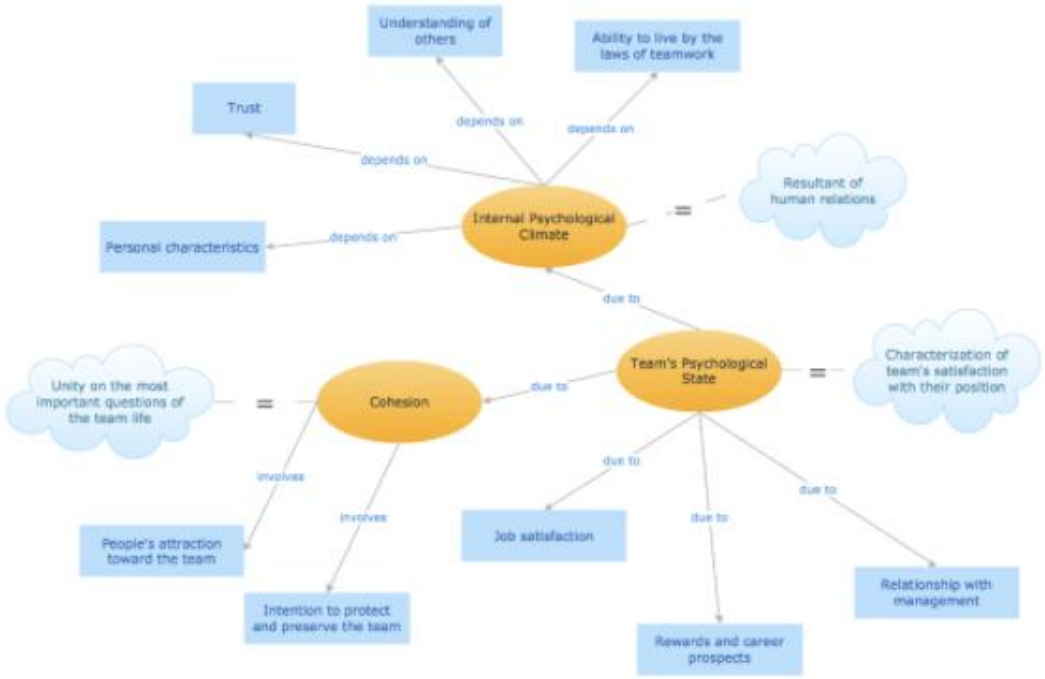
Card Sorts

- Structured
- Unstructured









Concept Mapping

Surveys

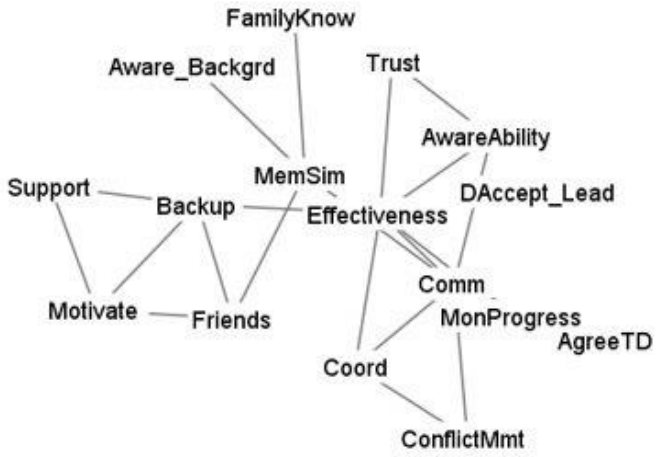
- Assessment of SMM (team member roles)
- Developed a list of 22 items related to task roles based on needs analysis
  - Making medical diagnosis, administering medications, etc…
- Respondents directed to rate the professional they believed responsible for a specific task
  - Likert scale [1-7]

McComb, Lemaster, Henneman, & Hinchey (2017)

Paired Comparisons

- Beng-Chong & Klein (2006)
- Taskwork (14 items, team procedures, equipment, and tasks)
- Teamwork mental models (14 items, team interaction processes and team member characteristics)
- Likert scale [1-7]

	Coordination	Communication	Leadership	TMS	SMM
Coordination		5	3	6	7
Communication			7	6	3
Leadership				2	4
TMS					7
SMM					



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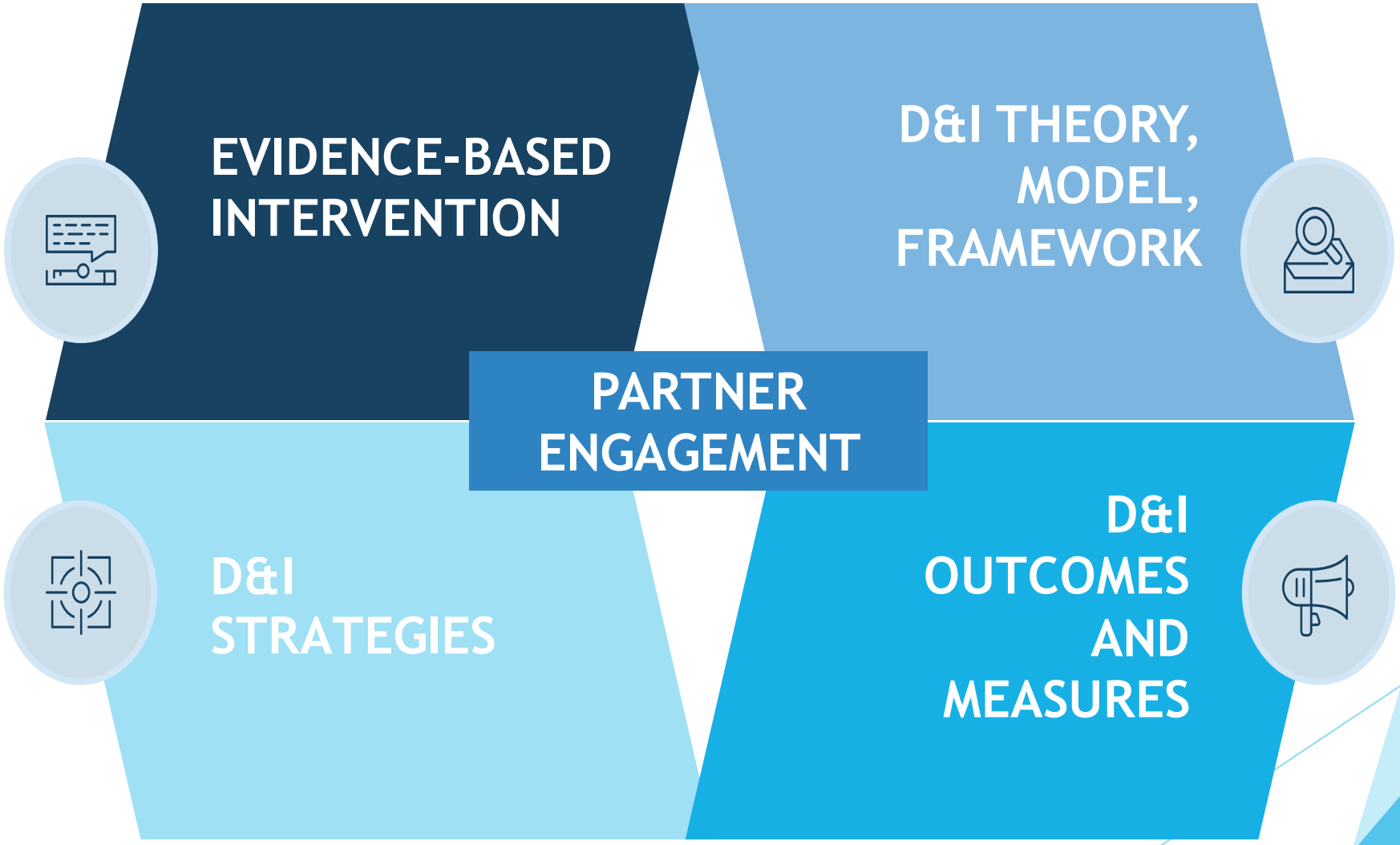
Introduction to D&I Research

Definition

Dissemination and implementation research intends to bridge the gap between research, practice, and policy by building a knowledge base about how health information, effective interventions, and new clinical practices, guidelines and policies are communicated and integrated for public health and health care service use in specific settings. (NIH PAR-19-274).

A Cross-Cutting Translational Science

Key Ingredients of D&I Research



D&I Strategies

Author and Citation	Term	Definition
Powell et al.[15]	Implementation Strategy	A systematic intervention process to adopt and integrate evidence-based health innovations into usual care.
Curran et al.[16]	Implementation Intervention	A method or technique to enhance adoption of a "clinical" intervention. Examples include an electronic clinical reminder, audit/feedback, and interactive education.
	Implementation Strategy	A "bundle" of implementation interventions. Many implementation research trials test such bundles of implementation interventions.
Mazza et al.[17]	Implementation Strategy	A purposeful procedure to achieve clinical practice compliance with a guideline recommendation.
Proctor et al.[19]	Implementation Strategy	Methods or techniques used to enhance the adoption, implementation, and sustainability of clinical program or practice.

- The intervention/practice/innovation = THE THING
- Implementation strategies = the stuff we do to try to help people/places DO THE THING

Powell, B.J., Garcia, K.G., Fernandez, M.E. Implementation Strategies in Optimizing the Cancer Control Continuum, Eds. David Chambers, Cynthia Vinson, and Wynne Norton (2018)
Curran, 2020

D&I Theories, Models and Frameworks (TMF)

Theories are generally specific and predictive, with directional relationships between concepts making them suitable for hypothesis testing.

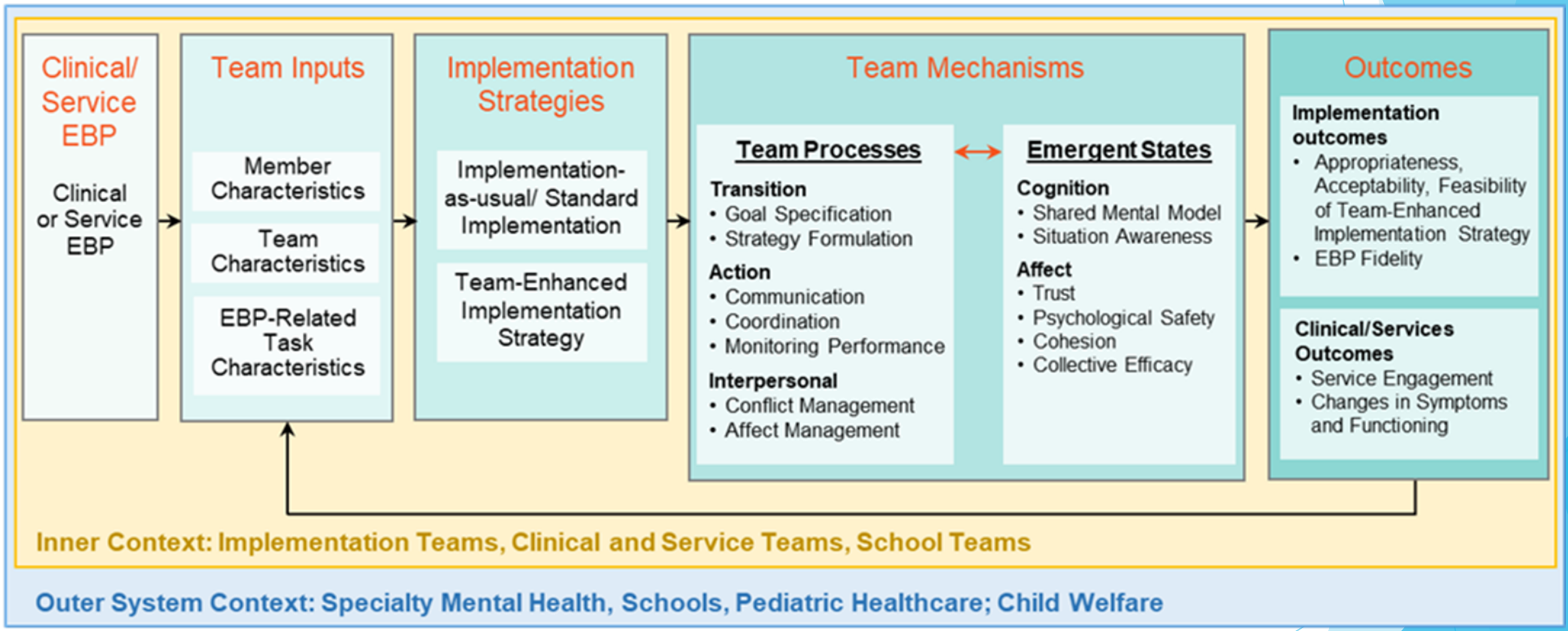
Models are specific, more often prescriptive, strategic or action-planning to provide a systematic way to develop, manage, and evaluate interventions.

Frameworks organize, explain, or describe information and the range and relationships between concepts, including some which delineate processes, and therefore are useful for communication.

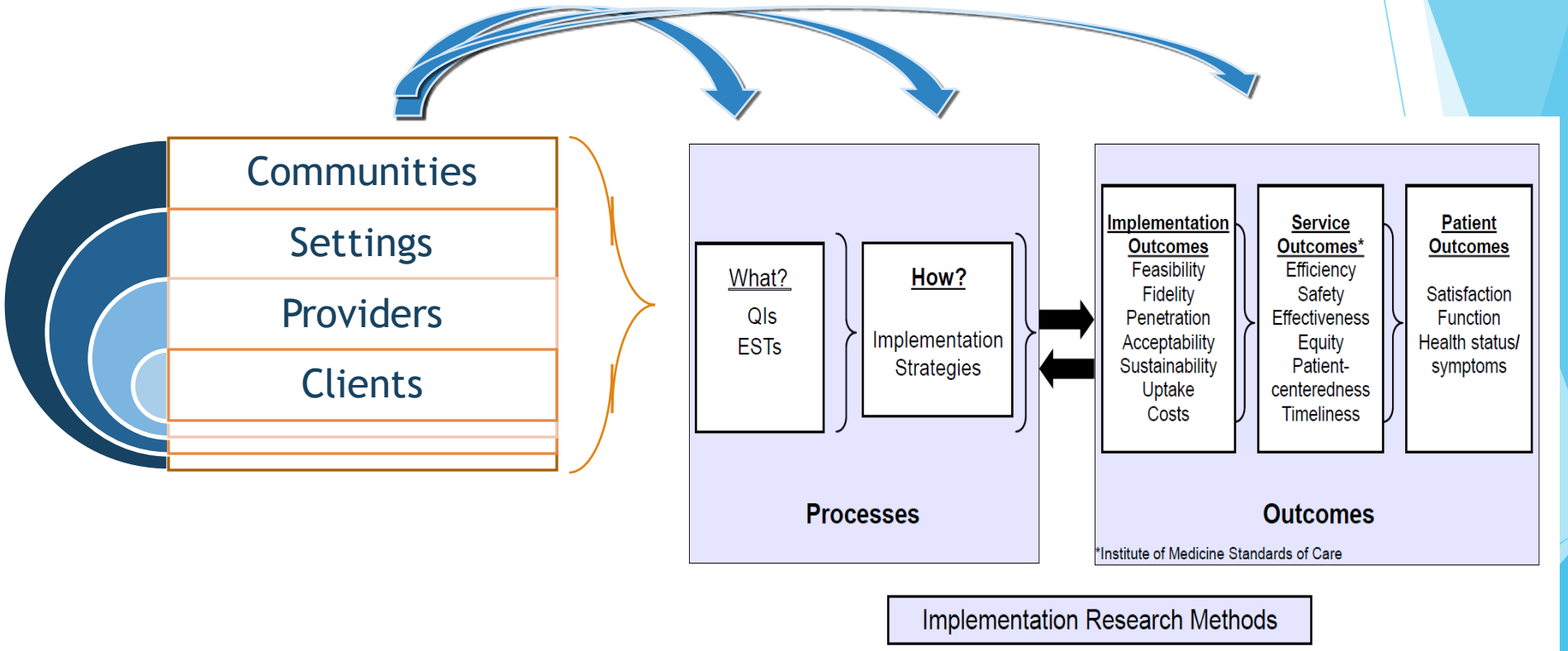
Tabak RG et al, Bridging Research and Practice: Models for Dissemination and Implementation Research Am J Prev Med, 2012, 43: 337-350.

Rycroft-Malone J, Bucknall T. Theory, frameworks, and models: laying down the groundwork. In: Rycroft-Malone J, Bucknall T, editors. Models and frameworks for implementing evidence-based practice: Linking evidence to action. Oxford: Wiley-Blackwell; 2010. p. 23–50.

Figure 1. Conceptual Model of Team Effectiveness for EBP Implementation



Partner Engagement



Source: Baumann, et al.. (2011). Family process, 50(2), 132-148.

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Implementation Science

ABOUT | ARTICLES | SUBMISSION GUIDELINES

SHORT REPORT | OPEN ACCESS | OPEN PEER REVIEW

Measurement resources for dissemination and implementation research in health

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† Contributed equally

Implementation Science 2016 **11**:42 | **DOI:** 10.1186/s13012-016-0401-y

Received: 31 October 2015 | **Accepted:** 9 March 2016 | **Published:** 22 March 2016

Instrument Review Project

The SIRC Instrument Review Project (IRP):

A Systematic Review and Synthesis of Implementation Science Instruments

Instrumentation issues have slowed the progression of the field of D&I (Martinez, Lewis, & Weiner, 2014). SIRC's ***Instrument Review Project (IRP)*** aims to advance implementation science through measure development and evaluation. As a first step, we are conducting an enhanced systematic review and synthesis of D&I instruments (Lewis et al., 2018). Our review centers on the implementation outcomes framework put forth by Proctor and colleagues (2011) and constructs outlined in the Consolidated Framework for Implementation Research (CFIR; Damschroder et al., 2009). This work is funded by NIMH R01MH106510 (Lewis, et al., 2015).

Our first round of 2014 results are available in published form: Outcomes for implementation science: an enhanced systematic review of instruments using evidence-based rating criteria.

Current state of the repository:

Since our seminal 2014 publication reporting on measures of implementation outcomes, substantial revisions have been made to our evidence-based assessment criteria. First, the rating criteria has a new name: ***Psychometric And Pragmatic Evidence Scale (PAPERS)***. The ***PAPERS*** scale can be found in our revised protocol paper (Lewis et al., 2018). Specifically, current criterion anchors were revised to add a ***(-1)*** rating to reflect poor performance, three new psychometric properties were integrated into the rating scale, and criteria for assessing pragmatic quality were incorporated.

IN STEP Center Team Effectiveness Resources

- Definitions of Team Constructs
- Team Effectiveness Readings
- Seminars, Workshops, and Presentations

https://bit.ly/3K5n51c

DISC Resources

- D&I basics 1 pager:

  https://bit.ly/3DbkLm2

- D&I trainings 1 pager:

  https://bit.ly/3F0Ce2d

UC San Diego DISC D&I Basics

Beginner Dissemination & Implementation Science Tools

Read:

- Implementation Science at a Glance Workbook
- Everything you ever wanted to know about logic models but were afraid to ask!
- Writing IS Grant Proposals: 10 Key Ingredients
- WHO's Implementation Research Toolkit
- Selecting a Logic Model Webtool

Watch:

- Online Training Modules via AI Hub
- Implementation Science Mini Course

Advanced Beginner Dissemination & Implementation Science Tools

Read:

IN STEP 2023 Pilot Awardees

Henry Joel Crume, PhD. - UCSD, (Collaborators: Fettes, Sklar)

Team Effectiveness Processes in Child Welfare Services Child and Family Team Meetings

Allison Jobin, PhD. - CSUSM, (Collaborators: Schetter, Stahmer, Brookman-Frazee, Rangel)

Team Effectiveness Factors in the Implementation of Autism Evidence-Based Practices

Prerna Martin, PhD. - UCLA, (Collaborators: Lau, Asarnow, Goldston, Vargas)

Building Effective Crisis Teams in School-based Mental Health to Reduce Youth Suicide

Melina Melgarejo, PhD. - SDSU, (Collaborators: Suhrheinrich)

Preparing Educators to Support Dual Language Learners with Autism: A Teaming Intervention

Ryan Singh, PhD. - Chestnut Health Center, (Collaborators: Saldana)

The Impact of Partnerships and Team-Effectiveness in Supporting the Implementation of Preventative Interventions for Families in Community-Based Settings

Link to more information!

IN STEP 2024 Pilot Awardees

Rachel Schuck, PhD. - SDSU, (Collaborators: Baker-Ericzen)

Exploring Team Implementation Factors of Vocational Training for Autistic Transition-Age Youth

Pending NIH Approval:

Sara Chung, PhD. - UCSF, and Yesenia Mejia, PhD. - UCSD, (Collaborators: Haack, Brookman-Frazee, Pfiffner)

Exploring Psychological Safety in Racially/Ethnically Diverse School Mental Health Teams

Christina Yuan, PhD., MPH - Johns Hopkins Bloomberg School of Public Health, and Rheana Platt, MD, MPH – Johns Hopkins School University School of Medicine, (Collaborators: Paina, Igusa, Guerrero Vazquez, Zimmerman)

Bringing interpreters into the care team: identifying team-based implementation strategies to optimize the role of language access services in child mental health-settings

Pilot Grant Aims & Logistics

Aims of Pilot Funding

1. Stimulate Dissemination and Implementation (D&I) research focused on optimizing team effectiveness in the implementation of EBPs in community-based systems serving children with mental health needs;
2. Generate data that will lead to success in garnering major research funding (e.g., NIH, PCORI, IES) or other agencies or foundations that fund implementation science for children's mental health;
3. Support the career development of early career investigators in D&I, particularly among individuals from groups underrepresented in federally funded health services research.
4. Increase the public health impact of EBP implementation efforts in community care settings that serve children with mental health concerns.

Criteria for Review

Proposals will be evaluated by 4 reviewers (2 research reviewers, and 2 community reviewers) using the following 2 scoring systems:

1. NIH scoring guidelines with 1 = high impact, & 9 = low impact. The NIH Scoring Criteria have been specifically adapted to the IN STEP RFA.
2. The community-based review includes three rating criteria centered on strength of community engagement, potential impact on community and impact on human health. Each of these will be rated on an A, B, C scale.

NIH Criteria

Review Criteria	Considerations
Significance	Please rate the quality and scientific potential of the proposed project.
Investigators	Please rate the likelihood that the investigators have the potential to continue successful research Careers.
Innovation	Please rate the innovation of the proposed project.
Approach	Please rate the soundness of the approach of the project.
Environment	Please rate the environment of the proposed project.

Community Based Review

Review Criteria	Considerations
Strength of Community Engagement	Evaluate the strength and appropriateness of the community partnership and/or community engagement approach. Do community partners share in the design, and conduct of the project? The project oversight? The funding? Will both partners benefit from the work, and from future research, treatments or interventions based on the work? Does the community partner represent, in a meaningful way, the population under study?
Potential Impact on Community	Evaluate the potential for the research to have a significant positive impact on the individuals who are the participants in the community that is the focus of the proposed research. Consider the potential immediate, short-term and long-term impact of the work.
Impact on Human Health	How important is funding this research to improving human health, either in the near future, or distant future?

IN STEP

ImplementatioN Science and Team Effectiveness in Practice

Children's Mental Health Research Center

instep.ucsd.edu

IN STEP Pilot Award Application Steps

Qualtrics

- **Submit application via Qualtrics.**
- Questions about the application platform and/or technical difficulties may be directed to instep@health.ucsd.edu.

https://bit.ly/INSTEP_RFA2024

Application Package

1. Proposal narrative
2. Community impact statement
3. Dissemination plan
4. Biosketches
5. Budget
6. Human subjects report

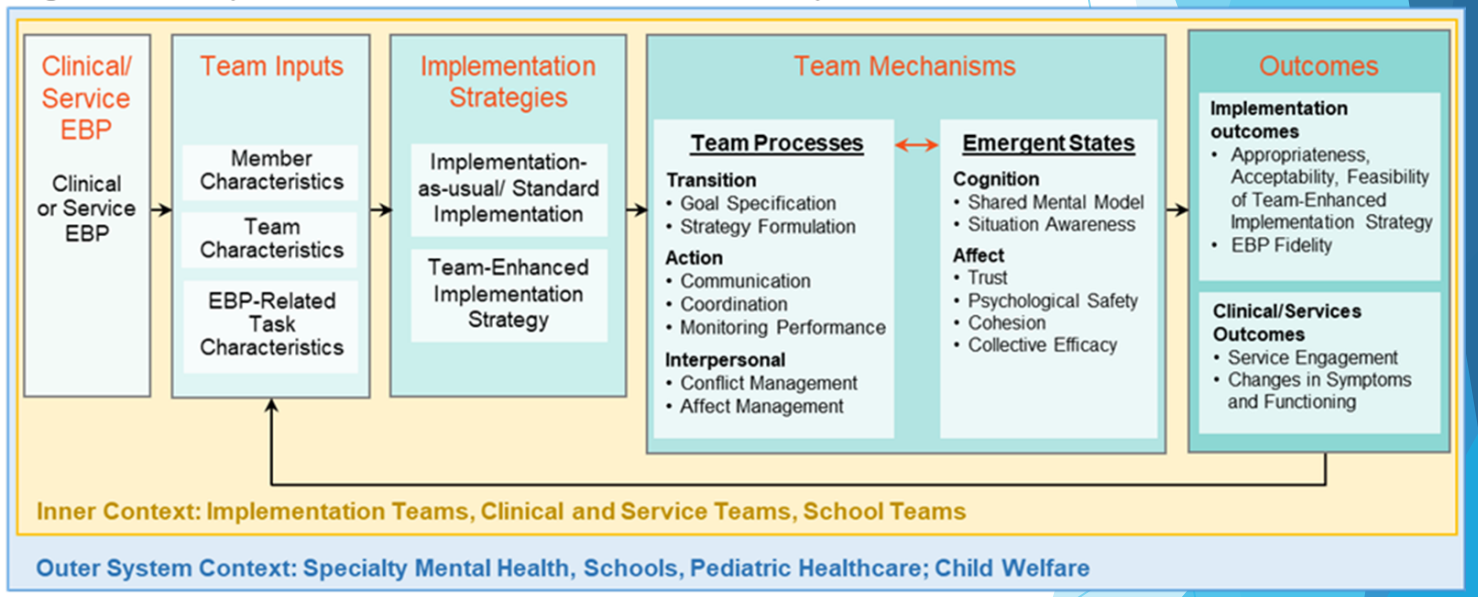
1. Proposal Narrative

- Provide a maximum 5-page application describing the project that includes the following sections (in a combined PDF):
  - Specific Aims (1 page)
  - Background and Significance (~1 page)
  - Preliminary Studies or Data Collection / Analysis (if applicable) (~1 page)
  - Research Design and Methods (~2 pages)
  - References (not included in 5-page limit)

Incorporate Conceptual Model of Team Effectiveness for EBP Implementation

It is expected that this model be used throughout the proposal in guiding the research questions, design, measure selection, analysis, interpretation, and reporting of the research findings.

Figure 1. Conceptual Model of Team Effectiveness for EBP Implementation



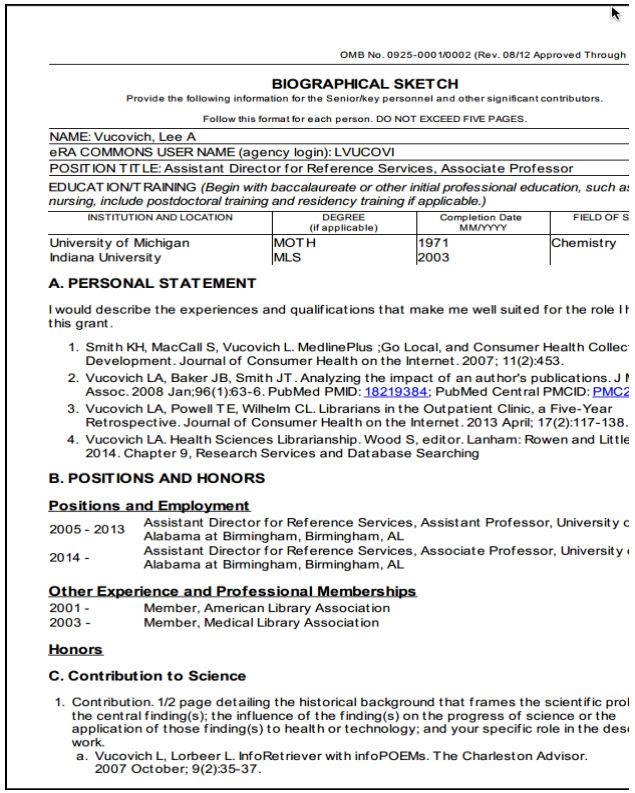
2. Community Impact Statement

- Prepare a one-page (maximum) statement articulating the Community Relevance/Impact of your Proposal
- Include project title, and ensure eighth-grade reading level (non-scientist reviewer). Statement should answer the following questions:
  - How are you engaging and/or partnering with the community to achieve the goals of the project?
  - Will both partners benefit from the work, and from future research, treatments or interventions based on the work?
  - Does the community partner represent, in a meaningful way, the population under study?
  - How does the research impact the individuals/participants in the community that is the focus of the proposed research?
  - How important is funding this research to improving human health overall, either in the near or distant future?

3. Dissemination Plan

- Prepare a 1-page (maximum) description that outlines your dissemination plan and next steps
  - Plans for follow-up grants/proposals.
  - Dissemination products like toolkits/playbooks, decision aids, community-facing resources, academic publications. Specify target audience.

4. NIH Biosketch



OMB No. 0925-0001/0002 (Rev. 08/12 Approved Through

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.

Follow this format for each person. DO NOT EXCEED FIVE PAGES.

NAME: Vucovich, Lee A

eRA COMMONS USER NAME (agency login): LVUCOVI

POSITION TITLE: Assistant Director for Reference Services, Associate Professor

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

INSTITUTION AND LOCATION	DEGREE (if applicable)	Completion Date MM/YYYY	FIELD OF S
University of Michigan	MOTH	1971	Chemistry
Indiana University	MLS	2003	

A. PERSONAL STATEMENT

I would describe the experiences and qualifications that make me well suited for the role I h this grant.

1. Smith KH, MacCall S, Vucovich L. MedlinePlus ;Go Local, and Consumer Health Collec Development. Journal of Consumer Health on the Internet. 2007; 11(2):453.
2. Vucovich LA, Baker JB, Smith JT. Analyzing the impact of an author's publications. J M Assoc. 2008 Jan;96(1):63-6. PubMed PMID: 18219384; PubMed Central PMCID: PMC2
3. Vucovich LA, Powell TE, Wilhelm CL. Librarians in the Outpatient Clinic, a Five-Year Retrospective. Journal of Consumer Health on the Internet. 2013 April; 17(2):117-138.
4. Vucovich LA. Health Sciences Librarianship. Wood S, editor. Lanham: Rowen and Little 2014. Chapter 9, Research Services and Database Searching

B. POSITIONS AND HONORS

Positions and Employment

2005 - 2013 Assistant Director for Reference Services, Assistant Professor, University o Alabama at Birmingham, Birmingham, AL

2014 - Assistant Director for Reference Services, Associate Professor, University Alabama at Birmingham, Birmingham, AL

Other Experience and Professional Memberships

2001 - Member, American Library Association

2003 - Member, Medical Library Association

Honors

C. Contribution to Science

1. Contribution. 1/2 page detailing the historical background that frames the scientific prol the central finding(s); the influence of the finding(s) on the progress of science or the application of those finding(s) to health or technology; and your specific role in the desc work.
   a. Vucovich L, Lorbeer L. InfoRetriever with infoPOEMs. The Charleston Advisor. 2007 October; 9(2):35-37.

- Provide NIH biosketch for each of the following: the principal investigator(s), any co-investigators, and any postdoctoral fellows, residents, graduate or medical students you know will be involved in the proposed project.
- Biosketches need to be compiled into a single combined PDF for upload.
- https://bit.ly/3Oto5if

5. Budget

- Budget — Provide a detailed budget (using NIH Budget Form "page 4" only)
- https://bit.ly/3TeyfmX
- PIs can request $25,000 or $50,000 in total costs (i.e., including both direct and indirect costs). For internal, UC San Diego, proposals, total funding does not need to include indirect costs.
- The funding period is 12 months. Requests for carry forward for up to 6 months will be considered. Any unspent funds will be returned to UC San Diego. Investigators must have IRB approval in place before the beginning of the funding cycle.
- If any funds in the budget are designated for a community agency, provide a letter from that agency, on their letterhead, that describes: (a) the agency's support for the proposed project, (b) the agency's role in the project, (c) the name, address, contact information (e-mail and telephone) of the agency representative who has primary responsibility for that portion of the project.

6. Human Subjects Report

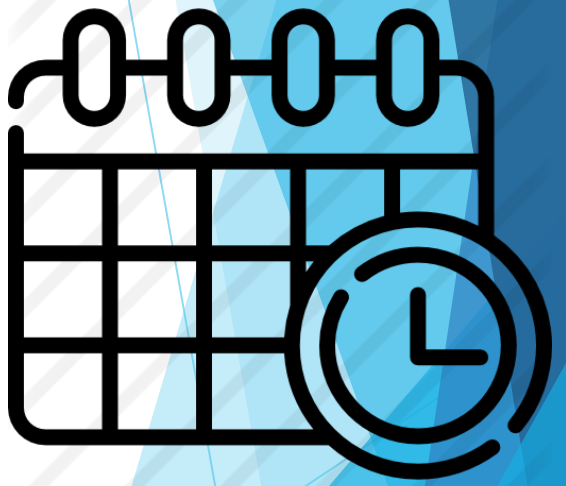
- For projects recruiting human subjects, you will be required to submit human subjects enrollment report information (Instructions Here).
- For projects not recruiting human subjects, please provide a brief explanation (1-2 sentences maximum) describing why your project is not considered human subjects research.

IRB

Although not required by the application deadline, funding is contingent on successful IRB approval. We highly recommend that you submit an IRB application to your home institution at the same time the pilot application is submitted to the IN STEP Center.

KEY DATES

- Deadline for Applications: August 1st, 2024 at 12 pm PDT
- Preliminary notice of award/Just-In-Time (JIT) Requests (October 31st, 2024):
  - Submit IRB approval letter
  - Submit 1-page written response to reviews
  - Submit updated budget, if needed
- Participate in a Methods Core consultation meeting to address reviewer critiques; Revised Applications due: November 27th, 2024
- Final NIMH approval and notice of award: February 2024
- Funding period: June 1st, 2025 – May 31st, 2026



IN STEP Pilot Awards Project Requirements

IN STEP

ImplementatioN Science and Team Effectiveness in Practice

Children's Mental Health Research Center

instep.ucsd.edu

Project Requirements

- 6-Month Interim Presentation- The principal investigator(s) selected to receive funding will be required to present their project at a Center webinar at the 6-month period of funding.
- NIH RPPR Reporting- The principal investigator(s) is expected to share human subjects data with IN STEP for annual RPPR reporting by March 1st, 2025. This includes individual participant data, and enrollment tables. Additionally, the principal investigator(s) must submit a narrative report of progress to date.
- Final Report and Survey- The principal investigator(s) will be required to complete a final report and evaluation survey. This survey will ask for a description of progress to date and a listing of all submitted publications and grant applications (pending or funded), meeting abstracts, and seminars relating to the pilot project and evaluation of the IN STEP pilot grant experience.
- Final Presentation- The principal investigator(s) selected to receive funding will be required to present their project at a Center webinar upon the completion of their project.
- Awardees are expected to publish their findings in one or more scholarly peer-reviewed journals and present this research at professional research, clinical, and/or community meetings.
- Investigators are expected to cite the IN STEP Center grant in all publications/presentations resulting from this pilot award using the following language: “Funding for this work was supported by a grant from the National Institutes of Health (P50MH126231). Opinions expressed herein are the views of the authors and do not necessarily reflect the official policy or position of the National Institutes of Health and/or National Institute of Mental Health.”

Frequently Asked Questions

How much funding is available?

PIs can request funds of $25,000 or $50,000 in total costs (i.e., including both direct and indirect costs) which is to be spent within the designated 12-month award period. The funding period for the 2024 application cycle is June 1, 2025 - May 31, 2026. A total of $100,000 is available for this funding period and the number of awards will depend on the number of appropriately competitive applications. IN STEP Center Investigators are not eligible to request salary support but they can be included as Co-Investigators contributing in-kind effort.

What if my project is in a formative phase rather than an implementation phase?

We will review project proposals at any stage of the research process. Projects in formative and developmental phases are appropriate for D&I study. We also understand that pilot proposals need to have appropriate scope and feasible aims for the 1-year duration.

Can I ask for a meeting or consultation about my proposal?

Yes! You may request a 30-minute pre-submission consultation. IN STEP Center Methods Core can meet with you to refine your team effectiveness and implementation science methods and ensure your proposal is clear and comprehensive. You may request consultation by visiting the following: https://bit.ly/3scyN0F. Consultation requests must be received by July 12, 2024

Do I need to have a TER expert on my proposal to be successful?

You do not need to have a Team Effectiveness Research (TER) expert on your proposal to be successful. Once your proposal is funded, you will obtain support from the IN STEP Center Methods Core to refine your team effectiveness and implementation science methods and ensure your proposal is clear and comprehensive. You may also request a 30-minute pre-submission consultation to ensure that your proposal is responsive to the RFA.

When is the Deadline to Submit?

The deadline for 2024 applications is August 1st at 12pm PT.

Can IN STEP Center Members Serve as Co-Investigators?

Yes! You are welcome to invite IN STEP Center members (Directors, Investigators) to be Co-Is (contributed time) on your proposal. This may be particularly relevant for those proposing secondary data analysis based on existing Center member research.

Questions? Comments?

- Email: instep@health.ucsd.edu
- Request for Applications
  - http://bit.ly/3pRY2I6
- Web: instep.ucsd.edu
- Twitter: @UCSDALACRITY
- Want to keep up-to-date with the IN STEP Center? Join our email list!