

**Implementation Science and Team Effectiveness in Practice  
(IN STEP)**

**Children's Mental Health Research Center**

**RESEARCH PILOT GRANTS**

*The application period for funding in 2025-2026 is now open.*



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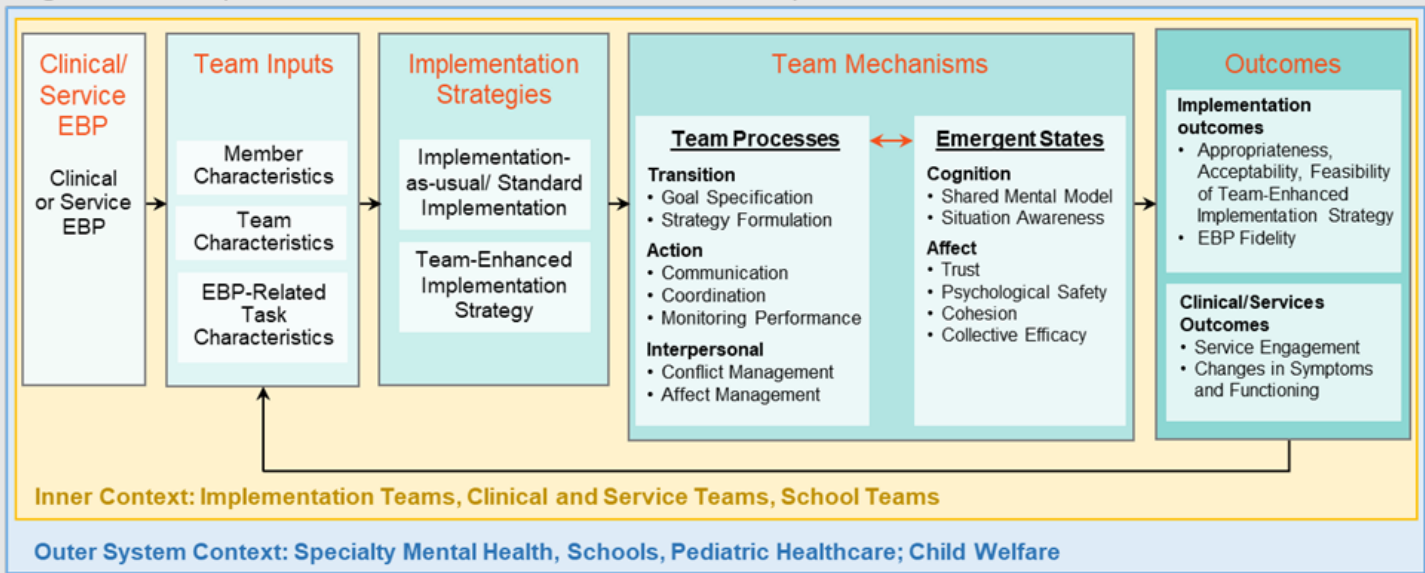
## BACKGROUND

The Implementation Science and Team Effectiveness in Practice (IN STEP) Children's Mental Health Research Center offers funding to support pilot feasibility studies that leverage IN STEP Center resources. These studies will position investigators to address critical targets in community services for children with mental health concerns by focusing on strategies that enhance team approaches to the implementation of evidence-based innovations and practices. These pilot projects will foster opportunities for early career investigators to benefit from the substantive content and methodological expertise of IN STEP Center investigators.

The mission of the IN STEP Center is to leverage team effectiveness research (TER) to develop and test novel team-based implementation strategies, methods, and tools to improve the reach, quality, and effectiveness of care delivered in public systems serving children with mental health needs. Gaps between evidence-based practice (EBP) and routine care persist and limit the quality and effectiveness of services for children. High performing implementation teams are essential to effective services, and team-level mechanisms can hinder or facilitate EBP implementation. There is substantial research on team development interventions developed for the military, business, and other complex contexts, but they have not been leveraged to improve children's mental health. The IN STEP Center brings together experts in children's mental health, implementation research, EBPs for children and adolescents, implementation strategies, models, and methods, TER, and computer science to improve team effectiveness in systems that serve children with mental health needs.

The purpose of this pilot funding announcement is to catalyze the development of projects that improve the implementation and sustainment of EBPs by engaging TER mechanisms. Thus, all proposed pilot studies must focus on **team-enhanced EBP implementation in a community service system caring for children with mental health concerns**. Proposals must apply the Conceptual Model of Team Effectiveness for EBP Implementation (see Figure 1) to guide the research aims and approach and must include a community partner.

**Figure 1. Conceptual Model of Team Effectiveness for EBP Implementation**



Pilot funds are to be used for the development of new projects or the expansion of existing projects (including novel secondary analysis of data from ongoing or completed projects) to investigate team effectiveness mechanisms within community-partnered implementation research. It is expected that pilot studies will generate preliminary data to support a future federal funding proposal (e.g., Agency for Healthcare Research Quality (AHRQ), the National Institutes of Health (NIH), Centers for Disease Control (CDC) and the Patient Centered Outcomes Research Institute (PCORI)). Awards will be issued in amounts of \$25,000 to \$50,000 (total costs, inclusive of direct and indirect costs) to be spent within the 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 award cycle and the number of awards will depend on the number of appropriately competitive applications. **The deadline for 2024 applications is August 1st, 2024 at 12pm PDT.**

## PRE-APPLICATION MATERIALS

For interested applicants, the Center has compiled a [slide deck](#) to provide an overview of the IN STEP Center, the Conceptual Model of Team Effectiveness for EBP Implementation, as well as a review of the procedures and requirements for the IN STEP Center Pilot RFA. Interested applicants can contact [instep@health.ucsd.edu](mailto:instep@health.ucsd.edu) to inquire about the application. You may also request a 30-minute pre-submission consultation by emailing [instep@health.ucsd.edu](mailto:instep@health.ucsd.edu) to ensure that your proposal is responsive to the RFA. The deadline to request a consultation regarding your proposal is **July 12<sup>th</sup>, 2024**.

## ELIGIBILITY

The purpose of this pilot funding is to leverage IN STEP Children's Mental Health Research Center resources to support innovative proof-of-concept studies. These studies will position investigators to address cross-cutting gaps and critical targets in community systems caring for children with mental health concerns. Projects will foster opportunities for early career investigators to benefit from the substantive and methodological expertise of IN STEP Center investigators, as well as promote collaborations with community partners serving children with mental health service needs. The Center encourages early career investigators to apply and consider proposing a pilot linked to one of the [IN STEP developmental studies](#).

Individuals with Principal Investigator (PI) eligibility can serve as sole, primary, PI of a pilot project. This includes faculty members at research/academic institutions or project/research scientists with an active PI exception. Community practitioners in service settings caring for youth, project/research scientists without an active PI exception, research trainees, postdoctoral fellows and scholars may serve as Co-PIs. Although all eligible individuals are encouraged to apply, in instances of evenly scored proposals, funding preference will be given to early career investigators ( $\leq 10$  years of terminal degree) in research teams that are well positioned to optimize team effectiveness in the context of EBP implementation efforts for children's mental health. PIs can be Center-affiliated or external, and proposed studies must include a community partner. Internal, UC San Diego, proposals will be prioritized.

## AIMS

**The IN STEP Center aims for this funding opportunity are to:**

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.

## BUDGET GUIDELINES

- 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.
- IN STEP Center Investigators are not eligible to request salary support but they can be included as Co-Investigators contributing in-kind effort.
- The funding period is 12 months. Requests for carry forward 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) 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.

## HOW TO APPLY TO THE IN STEP CENTER PILOT GRANT

ALL MATERIALS MUST BE UPLOADED BY 12PM PT ON AUGUST 1ST, 2024.

- 1. Submit application via Qualtrics** - The IN STEP Center uses the Qualtrics platform for submission of pilot grant proposals. [Click here](#) to access the application. Questions about the application platform and/or technical difficulties may be directed to [instep@health.ucsd.edu](mailto:instep@health.ucsd.edu).
- 2. Application packages must include the following:** a) Proposal Narrative, b) Community Impact Statement, c) Dissemination Plan, d) Biosketches for key personnel, e) Budget, and f) Human Subjects Report. Applications packages should utilize 11-point Arial font, 0.5 inch margins, single-spaced 8 ½" x 11" (i.e., standard U.S. size) pages, and page numbers.
  - a) Proposal Narrative - Provide a maximum 5-page application (not including references) describing the project**
    - 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)

**All proposals must apply the Conceptual Model of Team Effectiveness for EBP Implementation.** It is expected that team effectiveness mechanisms are made central throughout the project to guide the research questions, design, measure selection, analysis, interpretation, and reporting of the research findings. You do not need to have a TER expert on your proposal to be successful. You may request consultation from the IN STEP Center Methods Core to inform the development of your team effectiveness and implementation science methods and ensure your proposal is clear and comprehensive. If your proposal is

considered for funding, you may be asked to meet with the IN STEP Center Methods Core to respond to reviewer feedback.

**b) Community Impact Statement - Prepare a one-page (maximum) statement articulating the Community Relevance and potential impact of your Proposal** - Create a one-page statement on community relevance that includes the project title and is understandable at an eighth-grade reading level (non-scientist reviewer). The statement should address the following:

- How are you engaging and/or partnering with the community to achieve the goals of the project?
- How will all partners benefit from the work, and from future research, treatments or interventions based on the work?
- Describe how the community partner represents, in a meaningful way, the population under study.
- Consider the potential immediate, short term and long term impact of the work. How does the research impact the individuals/participants in the community that is the focus of the proposed research?
- Describe your process for sharing relevant information (e.g., research results, plans for future research, health resources, etc.) with the community after your pilot concludes.
- How important is funding this research to improving human health overall, either in the near or distant future?

**c) Dissemination Plan - Prepare a one page (maximum) description that outlines your dissemination plan and next steps** for this project that addresses the following:

- Plans for follow up grants and proposals
- Dissemination products such as toolkits/playbooks, decision aids, community facing resources/products, and academic products, indicate the target audience (other researchers, policymakers, clinicians, community residents, patients, etc.).
- Plans for sharing relevant information and products with the community of focus.

**d) Biosketches - Provide an NIH biosketch ([Instructions here](#)) for key personnel.** This may include 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. Please indicate if investigators identify as a member of an underrepresented group in implementation science/health services research/biomedical research supported by NIH. Bio sketches need to be compiled into a single combined PDF for upload.

**e) Budget** — Provide a detailed budget ([using NIH Budget Form “page 4” only](#)) along with a brief budget justification. Please adhere to the [budget guidelines](#) in the budget and budget justification documents. Total budgets should reflect both direct and indirect costs.

- f) **Human Subjects Report** – For projects recruiting human subjects, you will be required to submit human subjects enrollment report information ([Instructions here](#), PHS Human Subjects and Clinical Trials Information PDF form can be found in the [Qualtrics application](#)). 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.

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.

#### PROPOSED PROJECTS WILL BE EVALUATED USING THE FOLLOWING THREE SCORING SYSTEMS:

1. NIH scoring guidelines (1 = high impact – 9 = low impact). [See Appendix A.](#)
2. The community-based review includes three grading criteria centered on community engagement, strength of community partnership, and short- and long-term population outcomes. [See Appendix B.](#)

#### 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 1<sup>st</sup>, 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.”



## KEY DATES

- Deadline for Applications: August 1st, 2024 at 12:00pm PDT
- Preliminary notice of award/Just-In-Time (JIT) Requests (by October 31<sup>st</sup>, 2024):
  - Submit IRB approval
  - Submit a written response to reviews
  - Submit updated budget, if needed
- Participate in a Methods Core consultation meeting to address reviewer critiques; Revised Applications due: November 27<sup>th</sup>, 2024.
- Final NIMH approval and notice of award: February 2025
- Funding period: June 1st, 2025 – May 31st, 2026

## APPENDIX A. NIH SCORING CRITERIA – SPECIFIC TO THE IN STEP RFA

Reviewers will be guided to score the proposals using the following NIH criteria used for applications responsive to the D&I Notice of Funding Opportunity:

Review Criteria	Considerations	Specific to this RFA
<b>Significance</b>	Does the project address an important problem or a critical barrier to progress in the field? Is the prior research that serves as the key support for the proposed project rigorous? If the aims are achieved, how will scientific knowledge, technical capability, and/or clinical practice be improved? How will successful completion of the aims change the concepts, methods, technologies, treatments, services, or preventative interventions that drive this field?	What is the estimated public health benefit of the research? Do the existing data, public health and patient needs justify dissemination and implementation? If the aims of the proposed project are achieved, how will dissemination and implementation knowledge be advanced? How broad a reach (to the population that will benefit from the knowledge/intervention) will be achieved and how equitable will reach and outcomes likely be through the knowledge/service delivery contexts selected? Has consideration been given to the resource requirements and costs of the intervention? Will potential adopters and organizations be able to determine the applicability of the results to their setting?
<b>Investigators</b>	Are the PD/PIs, collaborators, and other researchers well suited to the project? For Early-stage Investigators or New Investigators, do they have appropriate experience and training? For established investigators, have they demonstrated an ongoing record of accomplishments that have advanced their field(s)? If the project is collaborative or multi-PD/PI, do the investigators have complementary and integrated expertise; are their leadership approach, governance and organizational structure appropriate for the project?	Are the investigators part of interested parties' teams or have strong links and engagement of partners necessary to accomplish the project aims? Is there clear evidence of dissemination and implementation research expertise as part of the team?
<b>Innovation</b>	Does the application challenge and seek to shift current research or clinical practice paradigms by utilizing novel theoretical concepts, approaches or methodologies, instrumentation, or interventions? Are the concepts, approaches or methodologies, instrumentation, or interventions novel to one field of research or novel in a	Does the proposed dissemination or implementation research contribute new and innovative concepts, outcomes, measures, and/or design approaches to the field? Does the study proposed promise to speed the translation of research into practice and/or produce novel and robust findings?

	broad sense? Is a refinement, improvement, or new application of theoretical concepts, approaches or methodologies, instrumentation, or interventions proposed?	
<b>Approach</b>	Are the overall strategy, methodology, and analyses well-reasoned and appropriate to accomplish the specific aims of the project? Have the investigators included <b>plans to address weaknesses in the rigor of prior research</b> that serves as the key support for the proposed project? Have the investigators <b>presented strategies to ensure a robust and unbiased approach</b> , as appropriate for the work proposed? Are potential problems, alternative strategies, and benchmarks for success presented? If the project is in the early stages of development, will the strategy establish feasibility and will particularly risky aspects be managed? Have the investigators presented adequate plans to <b>address relevant biological variables</b> , such as sex, for studies in vertebrate animals or human subjects?	Does the applicant demonstrate an understanding of dissemination and implementation research principles? Has the applicant justified the study design on the basis of the current state-of-the-art and or contextual factors relevant to dissemination and/or implementation? Is the dissemination or implementation approach appropriate to the problem and population using research methods that are relevant, rigorous and practical? Are the procedures to assess and analyze the dissemination or implementation strategies appropriate? Are the measurements and analysis plan linked to the study aims, and does the analysis incorporate the best available data to track dissemination or implementation process and impact, including cost-effectiveness? Where applicable, does the proposed plan for analysis take into account hierarchical relationships among multiple levels of outcomes (e.g. patient, provider, system)? How appropriate are the plans to sustain effective dissemination and implementation approaches once the research-funding period has ended? Does the study design appropriately apply the Conceptual Model of Team Effectiveness for EBP Implementation?
<b>Environment</b>	Will the scientific environment in which the work will be done contribute to the probability of success? Are the institutional support, equipment, and other physical resources available to the investigators adequate for the project proposed? Will the project benefit from unique features of the scientific environment, subject populations, or collaborative arrangements?	Are the applicants positioned to influence large or influential networks capable of taking the results of the proposed study to scale to achieve public health impact? Do the proposed approaches take advantage of unique features of the intervention delivery environment or employ useful, collaborative arrangements? Is there evidence of institutional support to sustain dissemination or implementation strategies once the research funding ends?

## APPENDIX B. COMMUNITY REVIEW CRITERIA

<b>Community Review Criteria</b>	<b>Considerations</b>
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?

<p>Potential Impact on Community</p>	<p>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.</p> <p>Consider the potential immediate, short term and long term impact of the work. How will the researcher be communicating relevant information back to the community?</p>
<p>Impact on Human Health</p>	<p>How important is funding this research to improving human health, either in the near future or distant future?</p>

- Each of these will be rated on an A, B, C scale.