

Call for Proposals: Behavioral Health Center of Excellence Pilot Grant Program

Appendix for Applications BHCOE Services, Policy, Workforce Development & Best Practices Dissemination Category

**Contact CHPR before January 27, 2015 for research support/pre-approval for
Service and Policy applications**

(Applications due February 16, 2015)

An Evaluation and Outcomes Plan is required for all applications for the Behavioral Health Center of Excellence Call for Proposals. **Researchers applying to the Services & Policy¹ category are strongly encouraged to consult with Joy Melnikow, MD, MPH before January 27, 2015.** The BHCOE's Evaluation and Outcomes Unit, led by Dr. Melnikow and housed at the Center for Healthcare Policy and Research (CHPR), provides researchers with technical and administrative resources for:

- project budgeting and planning,
- research methods consultation including
 - research design,
 - outcome measures,
 - qualitative methods and analyses,
 - statistical design and analyses, and
 - economic analyses.

CHPR may also offer assistance with future, extramural grant applications. For assistance, contact Dr. Melnikow at jamelnikow@ucdavis.edu or Dominique Ritley at dritley@ucdavis.edu.

In order to engage our community stakeholders and get their input as well as to ensure that we focus on important gaps that do not replicate other efforts underway, the CPHR undertook a two-step process to prioritize key research gaps: (1) A rapid environmental scan of published literature and grey literature to identify gaps in mental health services research was presented to 22 California mental health services stakeholders (representing providers, program administrators, and community/advocacy groups); (2) The stakeholders prioritized these research gaps through an iterative discussion and voting process.

UC Davis applicants may access through CHPR the details of the environmental scan as well as a more detailed list of priorities, questions, and resources suggested by stakeholders. Stakeholders emphasized the importance of research informing mental health policy as well as engaging the community in the research process and outcomes. Stakeholders also soundly agreed that BHCOE research be conducted with cultural sensitivity, and that research findings be shared with relevant stakeholders and policymakers.

*Applicants for awards only in the **service and policy** categories are strongly encouraged to consider these priorities in the development or framing of their projects. External reviewers will refer to this list of priorities as part of the review process for BHCOE mental health services and policy proposals.*

¹ This category focuses on the studies of interventions at the independent patient or systems level to improve outcomes. Workforce development and dissemination applications will be considered separately in terms of training and education to disseminate evidence-based best practices.

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Prioritization of Mental Health Services Research Gaps (n=22)

Population/Condition Priorities	% respondents	# of votes
Multiple mental health conditions with developmental disorders and/or chronic medical conditions (such as bipolar, psychosis, PTSD/trauma, schizophrenia, Autism, Asbergers, substance misuse, and medical conditions)	68%	15
Chronic severe mental illness	50%	11
Foster youth/former foster youth	45%	10
Rural populations	36%	8
Institutionalized/hospitalized (prisons, jails, state hospitals)	32%	7
Disenfranchised, those who are gravely disabled and not being engaged at all	27%	6
Immigrants, refugees, non-English speakers, undocumented (including cross-generational)	27%	6
Racial/ethnic populations (including bi- or multi-racial communities)	27%	6
LGBTQ (bisexual and transgender in particular)	23%	5
Uninsured/underinsured (including those who are undocumented)	23%	5
Parents with mental health conditions in court-ordered reunification with children	18%	4
Anosognosia (person with mental health condition lacks awareness of condition)	14%	3
Family members of adults with mental illness (other than dementia)	9%	2

Intervention Priorities	% respondents	# of votes
Care coordination interventions across systems, agencies, counties and states (including collaboration and integration of care with primary health care)	77%	17
Expanded/Improved access to mental health care and reductions in barriers to mental health care	73%	16
Community-based support programs for clients/families (both licensed & non-licensed providers)	68%	15
Lay health worker- and peer-delivered interventions and advocacy (for clients, families, transitional-aged youth)	36%	8
Implementation strategies for evidence-based, practices and evidence-informed innovations not yet fully tested (includes evaluation of interventions with homeless, veterans, ethnic groups)	32%	7
Engagement of diverse racial, ethnic, and other affected populations and stakeholders in Community Program Planning	27%	6
Education-setting based mental health services (both public and non-public schools)	18%	4
Training and retention of a diverse workforce that can effectively work with diverse communities	18%	4
Workplace support for employee, caregivers, and employers	18%	4
Interventions to provide care to children in crisis	14%	3
Harm reduction (i.e., self-harm, substance abuse, suicide attempts)	9%	2

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Research Outcome Priorities	% respondents	# of votes
Access to mental health care and ancillary services, including across counties	77%	17
Data quality measures as outcomes (standardized and consistent reporting and measurement, data on specific populations)	59%	13
Engagement of clients and families in program development, implementation and follow-up	45%	10
Identification of availability of community resources and assets, how partnerships can build sustainability	41%	9
Utilization of services (i.e., hospitals, law enforcement, mental health services, emergency rooms)	41%	9
Involuntary care and the impact/limits imposed by laws related to conservatorships, 5150s, other involuntary care	27%	6
Program sustainability	23%	5
Medical outcomes (i.e., use of preventive health services, cardiovascular disease, metabolic)	18%	4
Outcomes for adults who were foster youth	18%	4
Economic evaluation of programs (client/family costs, across programs)	14%	3
Employment (client employment/volunteer work)	14%	3
Reduction of stigma around mental illness	14%	3