

VA/DoD Practice-Based Implementation (PBI) Network Call for Proposals Overview and Pilot Proposal Submission Form

I. Overview

For fiscal year 2018, the Department of Veterans Affairs (VA) and the Department of Defense (DoD) Practice-Based Implementation (PBI) Network is calling for practice change proposals that promote evidence-based interventions or programs that support the psychological health of service members and/or their families and that can be implemented and sustained within the Military Health System (MHS) mental health clinic environment of care. The PBI Network solicits high quality proposals for review and selection to be translated and implemented in DoD clinical settings. A pilot of the practice change initiative will be implemented at a small number of clinical sites around the world prior to consideration for broader dissemination throughout the MHS. The proposed practice change activities should follow a six month implementation and evaluation timeframe (i.e., the time for health care professionals at the pilot sites to complete training and execute the practice change).

The call for proposals opens Sept. 6, 2017 and closes 11:59 p.m. (ET) Oct. 12, 2017.

Submission of an application indicates consent to the review process.

Deployment Health Clinical Center (DHCC) and the PBI Network do not award contracts, provide research grants or offer other forms of financial support.

If you are seeking funding, visit: http://www.usamrra.army.mil/pages/baa_forms/index.cfm

For grant announcements, please visit: www.grants.gov.

DHCC and the PBI Network do not purchase programs, services or products through this submission process.

II. Background

Deployment Health Clinical Center

The Deployment Health Clinical Center (DHCC) mission is “to improve the lives of our nation's service members, veterans, and their families by advancing excellence in psychological health care and prevention of psychological health disorders.” DHCC’s strategic priorities are to 1) Support the services and combatant commands 2) Improve care quality 3) Increase access, reduce barriers, and encourage optimal use of psychological health resources 4) Advance the science of psychological health and 5) Foster organizational development.

VA/DoD Practice-Based Implementation Network

The VA/DoD PBI Network is sustained by DHCC and is an infrastructure that bridges the gap between mental health research and clinical practice in VA and DoD. It serves to more rapidly translate research findings into clinical practice by facilitating practice change. Based on the principles of implementation science, the PBI Network was designed as a means to engage clinicians and leaders in the piloting of evidence-based treatments and other emerging best practices, programs, and policies to help service members, veterans and their families address psychological health-related problems. The PBI Network increases provider knowledge and accountability, promotes coordination and information sharing, and aims to reduce costs by testing practice change initiatives prior to broader dissemination throughout the MHS. PBI Network activities include, but are not limited to, recruiting providers to participate in implementation pilots, developing implementation plans, resources and training materials, providing consultation and technical assistance, and conducting ongoing evaluation and monitoring.



III. Proposal Processes

Evaluation Process

Each proposal will be formally evaluated by an interagency work group using a process that was adapted from the National Institutes of Health scoring system. The following weighted evaluation criteria will be used:

- **Established Need** (25%): nature of the problem, including service/implementation gaps, and document the extent of the need
- **Mission Alignment** (25%): The solution aligns to the Defense Health Agency's (DHA) and DHCC's missions
- **Quality of Evidence** (25%): Evidence presented from at least one well designed, adequately powered, randomized controlled trial or quasi-experimental study, published in a peer reviewed journal
- **Readiness for Dissemination** (15%): Associated resource(s)/product(s) for the practice change initiative are in final or near final form and have been utilized with at least one population
- **Sustainment Plan** (10%): Articulation of a plan for sustainability of practice change post pilot testing

Proposal Selection Process

All proposals will be vetted for compliance, relevance and feasibility by the PBI Network team upon closing of the proposal submission window. Once vetted, the proposed interventions, along with the body of evidence supporting them, will then be reviewed, scored and ranked by psychological health and implementation science subject matter experts serving on the Practice Change Prioritization Work Group. The ranked list of proposals will be reviewed by the DHA Mental Health Work Group – a group consisting of DHA and DoD leadership and the Directors of Psychological Health of the Services – for final selection of the pilot to be implemented. More information on the PBI Network, including a detailed description of the FY2018 pilot selection process and timeline, can be found on the PBI Network's [webpage](#).

Applicants can expect to be notified of the final selection decision by Jan. 31, 2018. Any questions regarding your application should be directed to: U.S. Public Health Service Lt. Cmdr. Jorielle B. Houston, Ph.D., or Army Maj. Aimee C. Ruscio, Ph.D., at usarmy.dhcc-pbi-network@mail.mil.

Implementation Process

For the selected proposal, the PBI Network team will contact the submitter to initiate the implementation planning process. A member of the PBI Network team will be available for the duration of the project to assist with implementation tasks, including, but not limited to, developing the implementation plan, reviewing implementation support resources and developing data collection tools. Please note that the PBI Network team holds ultimate responsibility for implementation of the project in the MHS setting, including, but not limited to, providing personnel and corresponding with DoD representatives.

Examples of previously selected PBI Network pilot interventions:

Outcomes Monitoring, PTSD Checklist (PCL)¹: In 2013, the PBI Network trained clinicians to use outcome measures to monitor treatment of PTSD. The pilot was implemented in 14 DoD and 18 VA sites. Monitoring and evaluation data revealed an increased use of the PCL to monitor service member and veteran treatment progress after PBI Network training and facilitation, and identified system-specific barriers and solutions affecting the adoption of new practices for PTSD treatment. Some of these barriers included logistics challenges associated with PCL administration, review, interpretation, and treatment adjustments.

¹ Blanchard et. al, 1996



Technology into Care:

The DoD National Center for Telehealth and Technology (T2) and the VA National Center for PTSD have developed a large and growing suite of mobile interventions to address behavioral health concerns, yet clinicians have limited guidance on how to effectively and safely implement these resources. To address this knowledge gap, the PBI Network is conducting the Technology into Care Pilot in 2017. The three-month pilot assists behavioral health providers in the MHS to use and integrate mobile applications into clinical practice. The pilot is currently being implemented in seven sites across the United States and Europe.



PBI NETWORK PROPOSAL SUBMISSION FORM

Title of Proposal:

Email:

Proposal Lead:

Phone:

Affiliation:

Website (If applicable):

Additional authors and affiliations:

How did you hear about the PBI Network Request for Proposals?

Street Address:

Major topics your proposal will address
(Check all that apply)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Depression | <input type="checkbox"/> Suicide Prevention | <input type="checkbox"/> Access to Care | <input type="checkbox"/> Training/Education |
| <input type="checkbox"/> PTSD | <input type="checkbox"/> Reintegration Post-Deployment | <input type="checkbox"/> Capacity Building | <input type="checkbox"/> Knowledge Translation |
| <input type="checkbox"/> Sexual Assault/Harassment | <input type="checkbox"/> Women's Mental Health | <input type="checkbox"/> Quality Improvement | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Substance Abuse | | | |

Targeted Beneficiaries
(Check all that apply)

- | | | | |
|--------------------------------------|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Active Duty | <input type="checkbox"/> Leaders | <input type="checkbox"/> Spouses | <input type="checkbox"/> Nurses |
| <input type="checkbox"/> Veterans | <input type="checkbox"/> Units | <input type="checkbox"/> Behavioral Health Providers | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Families | <input type="checkbox"/> Communities | <input type="checkbox"/> Primary Care Providers | |
| <input type="checkbox"/> Children | <input type="checkbox"/> Chaplains | <input type="checkbox"/> Case Managers | |

Pilot Proposal Description
(Single spaced, 12 point Times New Roman font, 1" margins on all sides)

I. Provide a brief summary of your proposal in abstract format.
(350 word limit)

II. Describe the need for the proposed practice change
Please include the nature of the problem, including service/implementation gaps, and document the extent of the need (i.e. current prevalence rates or incidence data) for the population(s) of focus.
(2 page limit)

III. Describe the proposed practice change
Describe the practice change and any existing materials. Please include:

- Description of the practice change and its objectives (What will the proposed practice change achieve? How will the practice change meet the objective? Please articulate objectives that are SMART –specific, measureable, attainable, realistic and time-bound)
- Thorough description of the evidence base for the practice change (Include research studies and evidence levels)
- Who the MHS beneficiaries are (e.g. beneficiaries at the system level, provider level, and/or participant/patient level)
- Description of risks associated with the practice change (Include any examples from previous implementation(s) of your proposed practice change)
- Expected outcome(s) of the practice change (Include relevant indicators)

(2 page limit)



IV. Describe the implementation process for the proposed practice change

Please outline how the practice change may be implemented. Please include:

- Explanation of how the practice change is ready for implementation (Include any previous implementation studies with civilian populations and/or existing service support for the proposed practice change)
- Description of the implementation activities (Include a timeline for implementing the practice change and expected outcomes)
- The setting in which the practice change will be implemented and by whom
- The length and frequency of the practice change (e.g., 12 weeks/2 hours per week of group-based treatment for Alcohol Abuse Aftercare, etc.)
- Anticipated barriers and facilitators to implementation

(2 page limit)

V. Describe the data monitoring, evaluation, and analysis plans.

Please include:

- Description of the variables of interest
- How those variables will be tracked and measured, including any established monitoring tools and specific time points (e.g. weekly feedback will be collected regarding barriers to implementation)
- Describe how you propose to evaluate outcomes

(2 page limit)

VI. Describe the plan for sustainment of the practice change within the MHS.

Please include:

- The practice change's potential for being sustained following the pilot period
- Previous demonstrations of the practice change's sustainability in other health settings

(2 page limit)

VII. Discuss how this practice change meets DHA and DHCC missions

Please discuss how this practice change aligns with DHA and DHCC organizational missions and strategic objectives. The DHCC Strategic Plan can be found at: <http://www.pdhealth.mil/about/strategic-plan>. Please include:

- How the proposed practice change is aligned to the organization's objectives
- Any additional strategic objectives that it may support
- Is the proposed practice change part of an existing effort or are similar efforts currently underway within the field?

(2 page limit)

VIII. Bibliography

Please list supporting empirical evidence. Include scientific, peer-reviewed references as well as any expert opinion reports such as VA/DoD Clinical Practice Guidelines or Institute of Medicine reports. If articles require special access (e.g. membership) or other permissions, include those articles with the proposal.

Supporting Documents (optional)

Please attach any associated resources and additional supporting documents for the practice change with brief description of document. Materials such as treatment protocols or teaching and training information may be included in this section.

