

# REQUEST FOR PROPOSALS (RFP)

## The Johns Hopkins ALACRITY Center to Accelerate Translation of Interventions to Decrease Premature Mortality in Persons with Serious Mental Illness

### ALACRITY Pilot Grant Program, 2025

The ALACRITY Center to Accelerate Translation of Interventions to Decrease Premature Mortality in Persons with Serious Mental Illness is dedicated to improving physical health and reducing premature mortality among people living with serious mental illness (SMI). People living with serious mental health conditions like schizophrenia and bipolar disorder die 10-20 years earlier than the overall population, primarily due to cardiovascular disease. The primary goal of the NIMH-funded ALACRITY Center is to develop and scale-up strategies for widespread translation of evidence-based interventions to address physical health conditions and risk behaviors into community mental health settings which serve people with SMI.

Our Center has been refunded for a second phase, and we are planning an enhanced focus on health equity, partnership engagement and methods innovations, as well as on youth with serious emotional disturbance.

The Center is led by Director Gail Daumit, Associate Director Christina Yuan, and Methods Core Directors Elizabeth Stuart and Beth McGinty. A full list of the Center's transdisciplinary leadership and faculty is on our [website](#).

The Center's work is focused on the following priority conditions, which are leading causes of medical comorbidity and premature mortality among people with serious mental illness:

- Cardiovascular risk factors and behaviors including obesity, hypertension, dyslipidemia, diabetes mellitus, physical inactivity, unhealthy diet, tobacco smoking, and sleep. Much of our work to-date has been addressing cardiovascular risk.
- These conditions are also priorities:
  - Cancer
  - Liver disease
  - Chronic lung disease
  - HIV/AIDS

These articles provide background on the prevalence of, quality of care for, and evidence-based interventions to address cardiovascular risk factors and behaviors in persons with serious mental illness. We also include references for some of the Center's work in implementation science and methods.

[Janssen et al., 2015](#)

[McGinty et al., 2015](#)

[McGinty et al., 2016](#)

[Daumit et al., 2013](#)

[Daumit et al., 2020](#)

[Daumit et al., 2023](#)

[Gudzune et al., 2024](#)

[McGinty et al., 2024](#)

[Murphy et al., 2024](#)

[Murphy and Daumit, 2024](#)

[Yuan et al., 2022](#)

[McGinty et al., 2021](#)

For more details regarding ALACRITY Center research projects, see our [website](#).

## Pilot Grant Program

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The ALACRITY Center pilot grant program is an opportunity to serve as the Principal Investigator of a NIMH-funded pilot grant. The pilot grant program will support investigators conducting R03-scope studies on topics related to improving physical health among adults with serious mental illness and youth with serious emotional disturbance. Competitive proposals will make a clear case for how their pilot work will be leveraged into future NIH-funded research.

Examples of topics of interest include:

- Development and/or evaluation of [implementation strategies](#) (e.g. provider trainings, audit-and-feedback tools, performance coaching) to scale-up evidence-based interventions to improve physical health for people with serious mental illness.
- Epidemiological or health services studies examining disparities in physical health outcomes or physical health care access/quality among people with serious mental illness/serious emotional disturbance.
- Development of client-centered outcome measures of quality of physical healthcare among people with serious mental illness/serious emotional disturbance.
- Evaluation of financing models for delivering evidence-based interventions to improve physical health among people with serious mental illness /serious emotional disturbance.
- Methodological innovations related to generating and using data to inform implementation and scale-up of effective interventions, e.g., advances in sequential or stepped randomized trial designs or systems science work modeling the potential effects of intervention scale-up in the U.S. population with serious mental illness.
- Cost-effectiveness studies of evidence-based interventions to improve physical health among people with serious mental illness/serious emotional disturbance.
- Pilot interventions to address priority physical health conditions (see page 1) among people with serious mental illness/serious emotional disturbance.

Leveraging the Center's Available Data: Applicants are encouraged to leverage the Center's existing data resources, which include:

- Data from randomized clinical trials testing interventions to improve physical health among people with serious mental illness (e.g., the [ACHIEVE trial](#))
- Maryland Medicaid administrative claims data for people with serious mental illness
- Interviews and surveys with providers and persons with mental illness about a variety of topics related to physical health in serious mental illness, including care coordination and smoking cessation;
- And other data resources. For more information, contact the Center at [alacritycenter@jhmi.edu](mailto:alacritycenter@jhmi.edu).

## Eligibility

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Eligible applicants include faculty (all ranks) with an appointment at Johns Hopkins University. Applicants from across all JHU schools and divisions are welcomed.

**Mentorship:** Applicants new to the topic of improving physical health and reducing premature mortality in SMI are encouraged to apply. Interested grant recipients will be connected with a researcher with expertise in this field who will provide mentorship and guidance throughout the grant period.

## Project Funding

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The ALACRITY Center anticipates supporting 2-3 R03-scope pilot grants in 2025.

- Applicants can propose a research project lasting one year or two years.
- Applicants can request up to \$50,000 per year; smaller-scope projects that require less funding are welcomed as the total costs of selected applications will influence the number of awards granted.
  - In certain circumstances, we will consider proposals with budgets over \$50,000 per year, but this must be approved prior to submitting a concept note. Please contact us at [alacritycenter@jhmi.edu](mailto:alacritycenter@jhmi.edu).
- Funds may be used to support faculty salary, research assistant costs, and other research activities such as data purchase or collection. Funds may not be used for university overhead, clinical patient care, or the purchase of food.
- Funded applicants will be required to submit a quarterly progress report, and present their work to Center faculty at least once per year.
- Awardees will be expected to participate as a member of the growing community of Center investigators working on physical health issues in persons living with SMI. This includes attending seminars and symposia held throughout the year.

## Application Guidelines

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The application process includes three phases:

1. **Phase 1: Concept Note:** Eligible applicants should submit a 1-2 page (single-spaced, size 11 font, 0.5 inch margins) concept note that includes a brief summary of the points below.
  - The aims of the proposed research project
  - The methods that will be used to achieve those aims
  - The proposed study team and their credentials
  - A brief synopsis of how the proposed pilot work will be leveraged into a larger NIH proposal
  - Applicants should also submit their NIH-format [biosketch](#) (not counted toward two-page limit)
2. **Phase 2: Collaboration with Center Faculty to Develop Full Proposal:** Concept notes will be reviewed by Center faculty. Applicants with strong concept notes will be invited to submit full proposals. If selected, applicants will meet with a Center faculty member to discuss plans for the full proposal.

### 3. Phase 3: Full Application (single-spaced, size 11 font, 0.5 inch margins):

- Title page with abstract (one-page limit)
- Introduction and specific aims (one-page limit)
- NIH-format Research plan (four-page limit) – standard NIH sections are expected: significance, innovation, and approach
- List of references cited (no page limit)
- Budget and budget justification (see templates at end of RFP)
- Human subjects protection – please follow [PHS 398 guidelines](#)
- NIH biosketch for all study investigators
- Proposals that involve a partnership with an external organization, e.g. a community mental health clinic, should include a detailed letter of support from that entity signaling their commitment to the project.

## Review Process

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Each application will be reviewed by a committee of experienced investigators with relevant expertise to evaluate the proposal and a member of the Center’s Community Advisory Board. Reviewers will use the [NIH scoring rubric](#).

## Application Timeline

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1. **Submit concept notes to [alacritycenter@jhmi.edu](mailto:alacritycenter@jhmi.edu) by 5:00pm EST on Monday, December 2, 2024.**
2. Applicants will be notified about the status of their concept note by **December 20th**. Applicants whose concept notes have been accepted to move forward to the next phase will be connected with relevant Center faculty to discuss their proposal.
3. The **deadline for full applications submission is by 5:00 pm EST on February 3, 2025**. Submit to [alacritycenter@jhmi.edu](mailto:alacritycenter@jhmi.edu).
4. Grantees will be notified of funding decisions in **late February** with project start date to follow after NIMH administrative approval.

### **Contacts:**

For questions regarding the fit of a grant idea with this RFP or other scientific questions, or application/award logistics, please contact us at: [alacritycenter@jhmi.edu](mailto:alacritycenter@jhmi.edu).

<b>DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY</b>	FROM	THROUGH
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List PERSONNEL (*Applicant organization only*)  
 Use Cal, Acad, or Summer to Enter Months Devoted to Project  
 Enter Dollar Amounts Requested (*omit cents*) for Salary Requested and Fringe Benefits

NAME	ROLE ON PROJECT	Cal. Mnths	Acad. Mnths	Summer Mnths	INST.BASE SALARY	SALARY REQUESTED	FRINGE BENEFITS	TOTAL
	PD/PI							
<b>SUBTOTALS</b>								

CONSULTANT COSTS	
EQUIPMENT ( <i>Itemize</i> )	
SUPPLIES ( <i>Itemize by category</i> )	
TRAVEL	
INPATIENT CARE COSTS	
OUTPATIENT CARE COSTS	
ALTERATIONS AND RENOVATIONS ( <i>Itemize by category</i> )	
OTHER EXPENSES ( <i>Itemize by category</i> )	

CONSORTIUM/CONTRACTUAL COSTS	DIRECT COSTS	
<b>SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD</b> ( <i>Item 7a, Face Page</i> )		<b>\$</b>
CONSORTIUM/CONTRACTUAL COSTS	FACILITIES AND ADMINISTRATIVE COSTS	
<b>TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD</b>		<b>\$</b>

## Detailed Budget Justification

- A. Personnel (use FY26 salaries)
- B. Consultant
- C. Equipment
- D. Supplies
- E. Travel
- F. Patient Care Costs
- G. Other Expenses