



**tcmhcc**  
Texas Child Mental  
Health Care Consortium

**Texas Child Mental Health Care Consortium**

## **New and Emerging Children's Mental Health Researchers Initiative**

Notice of Funding Opportunity – NECMHR02

FY2026/FY2027

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## Questions and Answers Received to Date

1. Must the applicants be from the Psychiatry department or have a psychiatry education background?  
No, so long as they work with subject matter experts in the research topic and have an interest in the topic. For example, the applicant can be an epidemiologist or a communication expert. The applicant's expertise needs to align with the proposal.
2. Would a faculty member who has been awarded in the last cycle still be eligible to become the mentor for this cycle?  
Yes. They can be awarded a grant for this cycle, but a preference will be made for new submitters. They can also be on a grant in a non PI. If they have the mentorship expertise, they can have a role as a mentor.
3. For those investigators who were funded under the current cycle, how does the grant timing work with the one-year overlap? Do we apply for one year of funding only?  
No. You apply for a minimum of 1 year and a maximum of 2 years. Depending on the needs of your research. The funding period is from September 1, 2025, to August 31, 2027.
4. For residents or fellows who want to apply for the career development award, can they be funded through an academic year (July to June) rather through a fiscal year (Sept to Aug)?  
They can be funded for a period that falls within the fiscal year biennium of the grant (9/1/2025-8/31/2027). So, if they can't start until June 2026, they would still need to complete the research by August 31, 2027.
5. Can current Career Development grant recipients apply for the Research Project?  
Yes, they are eligible to apply, however, strong preference will be given to those who have not yet received funding. If an applicant receives funding for NECMHR that overlaps with another NECMHR grant on which they are the PI, they will still be held to the requirements for minimum effort on each grant.
6. If you were awarded the research project grant the first time around, are you not eligible to apply for another research project grant?  
See above.

7. Do we know what percentage of approved pre-applications will go on to be accepted?  
Note that each HRI's Chair of Psychiatry will determine which applications they approve, and they will rank all applications. Once the ranking is complete, the top 6 highly ranked applications will be moved into full application. If some HRIs do not have 6 applications, we may take some additional applications from other HRIs based on the rank of their scores. Last year, we moved the majority of pre-applications into full applications.
8. Will the Independent reviewers be the same as last year?  
Some will be. We are inviting many of last year's reviewers, but we will have new reviewers.
9. Can the application be a complement/tied to an existing TCMHCC project?  
Yes, if it is not replicating existing efforts and is aligned with the policies associated with the program. Example, you still would not be able to recruit TCHAT enrolled clients into a research project. This is why any TCMHCC proposal will be required to incorporate input and support from the Medical Director for the program in the full application.
10. Is there a priority given to questions listed in appendix 1 in the grant?  
The priority list will be taken into consideration, but other topics outside these priorities will still be eligible. The review and scoring of the applications are based on several criteria, including priority, the soundness of the methodology, and the implication of research outcomes. Also note that appendix 1 does not capture all Texas priorities.
11. Are quality improvement projects eligible for the grant?  
Yes
12. Can we view the abstracts from last year's awarded projects?  
We will not be posting the abstracts on our website. If you are interested in an abstract, you can contact the PI directly to request it. To identify the PI, [refer to the list of awarded PIs](#)

13. Will priority be given to applications that use the 10 senior faculty clinicians as mentors? If so, I assume the process would be to contact them directly to determine if they would be willing to serve as a mentor/ co-mentor? Would this need to be finalized BEFORE the preliminary application at the end of March? No. There is no priority for using the 10 senior faculty clinicians. They are only listed as a resource for those who do not have a mentor/supervisor with the same research interest within their institution or department. The only requirement is that you discuss and receive approval from your institution's chair of psychiatry prior to the pre-application.

14. Who is required to complete the CITI training, and when does it need to be completed? What happens if I can't find the exact module?  
The CITI training is a requirement for all PIs. If the CITI training is not completed at time of submission of the grant, it will need to be completed by the start of the grant. The modules on CITI need to match as closely as possible those listed in the NOFO.

15. Who should I contact for TCMHCC program proposals?

For those proposals related to the TCMHCC projects, you will need to contact the Medical Director of the program prior to submitting the full application. For their contact information, email [TCMHCC-Research@utsystem.edu](mailto:TCMHCC-Research@utsystem.edu). Medical directors are as follows:

CPAN / TCHATT	Dr. Laurel Williams
PeriPAN	Dr. Sarah Wakefield
CPWE	Dr. Steven Pliszka
CAP	Dr. Adam Brenner

Please note that your discussion of the project with the medical director is to identify project feasibility and advice on having proposal align with program operations and policies. The Medical Director may advise you on focus areas, scope, data availability, and additional/alternate proposed aims. Instead of requiring a letter of approval, we will ask that you upload the Medical Director's email response to you. Additionally, if you need to request any data from the Central Operational Support Hub (COSH), or the Internal Evaluation, you will be asked to complete a data request form (Form 1 – feasibility of data request). Contact [TCMHCC-Research@utsystem.edu](mailto:TCMHCC-Research@utsystem.edu) to request the data request form.

16. What is the salary cap and who does it apply to?

The salary cap is \$225,700 and it applies to everyone.

17. What is meant to be included in the Applicant Goals for Research Grants?  
The researcher should include their career research goal and how their submission can allow them to achieve this goal. For example, if the PI submits a feasibility study that will help inform a bigger NIH/federal grant.
18. Should a co-investigator at another institution be a consultant or subaward?  
It is up to the institution to decide which path is both easier and allowable.
19. Can we change our topic from the Pre-application? How do you change the title?  
Yes. You can change the topic of your pre-application but only if approved by your Chair of Psychiatry. Please attach an email from your Chair of Psychiatry indicating approval of the new topic. You can change the title by sending me your new title.
20. Do we have to have IRB approval at the time of proposal submission?  
No. If you have an approval or exemption already on hand, then submit with your application. However, if you are still in the process of IRB submission or will submit once awarded, you will need to wait on any data collection or initiation of your proposal un
21. The NOFO gives May 16th as the deadline, but online I see a May 17 deadline (see screenshot below). What is the correct deadline date?  
We will change the deadline to Saturday May 17<sup>th</sup> at 11:59 pm.
22. Can the PI delegate access to his/her online application, allowing an assistant to complete some parts of the application?  
Yes. Instructions were provided in the software instructions. If you are having difficulty doing so, contact us at [TCMHCC-Research@utsystem.edu](mailto:TCMHCC-Research@utsystem.edu).
23. Can the Early Career Development applicants have more than one mentor with paid effort on the grant?  
Yes, you can have multiple mentors as long as their combined paid effort does not exceed a total of 5% effort.  
If you have 2 mentors, they can be any of the following paid effort combinations:
- 1 can be 3% effort and the other 2% effort
  - 1 can be 2.5% effort and the other 2.5% effort.
  - 1 can be 4% effort and the other 1% effort
- If you have 3 mentors, then it can be one of the following paid effort combinations:

- 1 can be 2%, the other 2% and the third 1%

You can have any other combinations as long as it totals 5% paid effort.

24. Am I supposed to work with Grant manager for documentation. It's my first time for any grant.

Yes. It is recommended that you include your institution's / department's grant manager to make sure that you follow the grant application processes, approvals and budgeting requirements.

25. Should the bio sketch follow the template in the NOFO, or can an NIH formatted bio sketch be used?

If you have an NIH bio sketch, then go ahead and use it. If you don't, then use the one in the NOFO.

26. I just want to confirm, the IDC 15% is not part of our budget ceiling of \$250,000? Or is the IDC is part of our research grant \$250,000?

The indirect costs are capped at 15% and are included in the ceiling award for each research type. So, if you were to reach the ceiling of the biennium of \$500K for a research project, and you planned to have your IDC at 15%, then the amount that you can spend on the project is \$434,782.61 since your IDC would be \$65,217.39.

27. Can you use data already collected from another research project?

Yes, you can use the subset of data already collected for another research project as long as:

- the aims clearly differ from the other project
- it is allowable by the other research project to use the data, and
- you receive an IRB approval

28. Are you allowed to have a project site outside of Texas for the proposal?

No. Project sites are limited to Texas.

29. Does a doctoral student qualify for the Post Doc Research Project? If so, how can they respond to questions related to research & health-related training attained.

Yes. They should discuss graduate and work-related training and experience.



30. Could you please clarify whether fully executed subaward agreements are required at the time of submission, or if it is sufficient to identify subcontractors and include estimated costs in the budget and justification, with full execution occurring post-award if funded?

It is sufficient to identify the subaward and the estimated budget. Execution is not expected until you are awarded the grant and receive an agreement from us.

31. If an applicant has access to a research project that they were awarded for NECMHR, and they would like to use the data to address additional aims. To the extent that some sections will be largely the same or similar, particularly the Candidate Information section, Facility Resources and Equipment section, and personnel biosketches. Would that cause the application score to be negatively affected? Also, to the extent that we will be leveraging the infrastructure we've built with our current project (i.e., IRB approval, research agreements, established research team, data that we can use as predictors for the outcomes in the new dataset, etc.), our proposal, I believe, will be very clearly feasible; however, it will not be created completely anew from whole cloth. Will the fact that we're building on an existing NECHMH Research Project be weighed against the application?

If the primary applicant (PI) had a previous submission, there will be a preference for new applicants but that does not mean that you should not submit a full application. If there are sections that are the same or similar to the last submission, that is understandable. However, a clear distinction of the new aims needs to be made. If the primary applicant is involved in a current NECMHR project but is not the primary PI, then they will be reviewed as a new applicant. All applications will be reviewed and rated. The final decision will be based on a combination of factors.

32. Can one of the mentors be outside of Texas?

Yes.

33. Can a Co-PI be on another Texas grant?

Yes, a Co-PI can be on another Texas grant. This is as long as the primary PI has an effort on the project of not less than 25% for a research grant and 40% for a training grant. Also, we are assessing whether the primary PI was previously a PI on a large national grant (e.g. NIH) not to exclude them, but it may factor in the selection process. With sometimes preference being given to those who have not had a PI role on a national grant.

34. The budget template is the old template.

The budget template has been updated in the grant software.

35. What is the difference between Significance/Impact and Approach/Impact in the Project Aims, Goals and Research Strategies?

Significance/Impact is related to the study topic (diagnosis and intervention) and its impact on the behavioral health access, outcomes and/or cost effectiveness. While Approach/Impact is related to the research approach (methodology and ability to examine) at examining the research questions/aims.

## Modifications since Original Document

Please note that revisions are a result of questions and comments from candidates to further clarify requirements, identify inconsistencies or modify sections to improve ease of process.

1. Clarification that training grants should not have a co-PI – p.17-18
2. Clarification that 40% minimum effort on training grant is for at least 1-year – p.17-18
3. Clarification of the effort requirements of a co-PI on the research project grants. There are no minimum percentage efforts for co-PI on a research project grant. The 25% requirement only applies to the principal PI – p.18
4. A change in the requirement under Letter of Support. Instead of requiring a letter of support, any proposal that pertains to TCMHCC programs requires an email indicating feedback from the Program Medical Director. p. 21-22.

## Introduction

The Texas Child Mental Health Care Consortium (TCMHCC) as part of its efforts to enhance mental health research and expertise in Texas established the New and Emerging Children's Mental Health Researchers (NECMHR) initiative through funding provided by the 88th Texas Legislature. This document outlines the basic structure and purpose of this initiative. The first cycle for the NECMHR grant was for FY2025-FY2026 and was [awarded to 25 applicants](#). This document covers the second cycle of funding covering FY2026 to FY2027.

## Background

The TCMHCC, established by the 86th Texas Legislature, combines the expertise of the State's 12 academic health related institutions (HRI) to increase access to children's mental health care and promote evidence-based children and adolescent mental health practices. One means of accomplishing this goal is to build the infrastructure for academic institutions to conduct pediatric mental health research, with an emphasis on coordinated research projects across TCMHCC-involved institutions. Rider 58 from HB1 in the 86th Texas Legislative session, charged the Consortium with promoting and coordinating pediatric mental health research across state university systems in accordance with the statewide behavioral health strategic plan. The Consortium has developed a novel approach that enables the enrollment of children and youth from across the state to participate in coordinated research projects designed to reduce the impact of childhood mental illness on Texas' youngest citizens and their families. The Consortium considers the legislatively funded research projects as a catalyst to:

- further the State's ability to leverage additional future children's mental health research funding from national, state, and local organizations; and
- develop and promote the use of evidence-based practices to prevent and treat childhood mental illness.

Initially, the Consortium focused on developing two large Consortium-wide research initiatives focused on trauma and depression. As a next step in the development of this research capacity among Consortium institutions, the Consortium established the NECMHR initiative to invest primarily in junior faculty and fellows who have not previously been a principal investigator on an individual R01 NIH grant.

This initiative focuses on advancing the knowledge and evidence base in the prevention and treatment of childhood mental illness. Once promising and evidence-informed practices are identified, findings will be disseminated to inform providers, policy makers, advocates, and families about specific types of treatment approaches that can minimize the symptoms of childhood mental illness, promote recovery, and help all Texas children thrive.

## Purpose

The NECMHR initiative is designed to foster, encourage, and mentor junior researchers and trainees at TCMHCC institutions so that they can become successful mental health researchers and receive the experience needed to successfully be awarded state and federal grants in the future. Furthermore, the research funded by NECMHR will identify and validate

new knowledge, tools, and practices that will improve child and adolescent mental health prevention and treatment services in Texas.

## Process

To assure an equitable and fair process and recruit talented and diverse researchers that represent various children, adolescent and perinatal mental health professions from throughout Texas, the determination of the recipients of the grant funding will utilize a two-step process and independent reviewers.

- 1) A summary of the investigators' professional background plus a short 1-page synopsis of the candidates' proposal will be submitted through the candidates' grant software and reviewed by the candidate's affiliated HRI Chair of Psychiatry. **Regardless of the doctoral program or the department that the candidate is participating in, the Chair of Psychiatry at each TCMHCC HRI\* will select up to 6 candidates that they will support to apply for the NECMHR grant. All candidates must contact the Chair of Psychiatry at their HRI to discuss their proposal, prior to submitting a pre-application.** Candidates that are not selected by the Chair of Psychiatry at their HRI will not be considered for funding.
- 2) Candidates that meet the requirements of the grant that they are applying for and have the support of their HRI Chair of Psychiatry will be invited by the TCMHCC to submit a full application.

After assuring that the candidates meet the requirements of the grant they are applying for and that they submitted a complete application, TCMHCC staff will initiate the review process. **To assure diverse and fair distribution of funds across Texas HRIs while at the same time ensuring only high-quality applications are funded, no institution may receive more than 20% of the total funds and the combined funds of any University System's institutions may not exceed 70% of the total funds unless there are insufficient quality applications from the other TCMHCC institutions.**

Successful candidates will be contacted with instructions for the next steps. Unsuccessful candidates will be notified and will receive comments on their application. Although applications will be scored by reviewers, candidates will not receive application scores. Successful candidates will receive conditional approvals until announcements of successful recipients of the grant are made at the TCMHCC Executive Committee meeting. Successful proposals will be presented and voted upon as a whole by the TCMHCC Executive Committee.

\*There are 12-TCMHCC HRIs. They are:

- The University of Texas Health Science Center at San Antonio
- The University of North Texas Health Science Center at Fort Worth
- The University of Texas Southwestern Medical Center
- The University of Texas at Tyler Health Science Center
- Baylor College of Medicine
- The University of Texas Health Science Center at Houston

- The University of Texas Medical Branch at Galveston
- Dell Medical School at the University of Texas at Austin
- The University of Texas Rio Grande Valley School of Medicine
- Texas A&M University System Health Science Center
- Texas Tech University Health Sciences Center
- Texas Tech Health El Paso

## Scoring of Applications

Scoring of applications will be done through a standardized process using 10-11 independent reviewers from outside of Texas and 3 reviewers with expertise in Texas state programs and community mental health. Each application will be reviewed by 2-reviewers from outside of Texas whose area of clinical research expertise aligns with the applicant's proposal and 2-reviewers from within Texas who will focus on alignment with Texas priorities. Reviewers will utilize the following criteria:

1. Significance
2. Investigators
3. Innovation
4. Approach
5. Environment
6. Candidate's Career Development or Readiness as a PI for an R01 Grant
7. Overall Impact Score

## Instructions for Applicants

### Scope of Research

Proposals must align with the work of the TCMHCC (see [tcmhcc.utsystem.edu](http://tcmhcc.utsystem.edu) for more information) or with the state research priorities defined in Appendix 1.

1. Proposals must focus on improving the children's mental health system and/or children's mental health services in Texas. This may include gaining an understanding of the causes of childhood psychiatric disorders. Proposals can also include perinatal research that clearly indicates and outlines the benefits to newborn and child health and well-being.
2. Basic bench research and pharmaceutical clinical trials are NOT eligible for funding.
3. Proposals must be for one-time funding of initiatives that are completed within two years and that serve as the basis for obtaining future extramural funding from other sources.

### Eligibility Criteria

1. Only those affiliated with one of TCMHCC's participating health related institutions are eligible to apply.
2. Principal investigators may partner with Texas-based investigators at non-TCMHCC institutions as needed.

3. Prioritization will be given to applicants who have never been an NIH R-01 grant principal investigator and are at the rank of associate professor or below.
4. Trainees, including clinical and research fellows, are eligible and encouraged to apply.
5. Principal investigators must dedicate at least 25% effort to the grant, if awarded.
6. Investigators on training grants must dedicate at least 40% effort to the grant, if awarded.
7. Proposals that include more than one TCMHCC institution are encouraged.
8. No more than 6 investigators from each TCMHCC participating HRI will be eligible to apply. The Chair of Psychiatry at the HRI will be required to provide the names of the up to 6 applicants that they support. However, they may provide backup applicants that may be invited to submit a full application if some HRIs identify less than 6 investigators.
9. Applicants who have already received NECMHR funding from a previous cycle are eligible to apply, however, strong preference will be given to those who have not yet received funding. If an applicant receives funding for NECMHR that overlaps with another NECMHR grant on which they are the PI, they will still be held to the requirements for minimum effort on each grant.

## Grant Details

Research sponsored by TCMHCC should address issues to include one or more of the following: organization, delivery, financing, utilization, patient and provider behavior, outcomes, effectiveness and cost, as it relates to child, adolescent, and perinatal behavioral health. Perinatal health research must clearly outline how it would benefit the health and well-being of newborns, children and adolescents. Grants can evaluate both clinical services and the system in which these services are provided. Grants should focus on improving the evidence base to enable better decisions about behavioral health care, including such areas as improving access, diagnosis and treatment in cost-effective ways and reducing disparities based on geography, race, ethnicity, gender, or socioeconomic status. TCMHCC welcomes any area of behavioral health services research relevant to TCMHCC's priority areas as well as the HHSC evaluation priorities mentioned in Appendix 1.

Candidates are encouraged to focus on topical areas listed in Appendix 1, demonstrating how expected results can be used or made available to enhance child, adolescent, and/or perinatal behavior healthcare quality. Results should be directly relevant to customers, such as providers and practitioners, administrators, payers, consumers, policymakers, and insurers.

Candidates are encouraged to address health services research issues critical to Texas priority populations, including individuals living in inner city or rural (including frontier) areas; low-income and minority groups; women and children; and individuals with special health care needs, including those with disabilities.

There will be three grant types, including:

1. **NECMHR02-PDFT - Post-doctoral Fellow and Trainee**

Description: Provides post-doctoral fellowship and fellowship to early career clinicians/researchers with children, adolescent or perinatal mental health research training opportunities. This grant provides support and protected time for an intensive, supervised career development experience in child, adolescent and perinatal behavioral health research leading to research independence. This grant can also be used for individuals who propose to train in a new field or for individuals who have had a hiatus in their research.

Amount: Approximately \$75,000 per year for a total of no more than \$150,000 for the biennium per awardee. This maximum amount is inclusive of indirect cost.

Eligibility: To be eligible, applicants must have a research or health-related professional doctoral degree, be a current trainee at one of the TCMHCC institutions and have the support of the HRI's Chair of Psychiatry.

Requirement: Applicants will need to identify a research project that can be completed in less than 2 years and demonstrate the support of a mentor (see Mentorship for Training Grants below) as well as the Chair of Psychiatry at their institution. Mentors can be affiliated with a different institution from the PI's. Co-mentors can be affiliated with an institution outside of Texas but cannot have funded time on the grant. Applicants must include a career development plan that includes how they will develop competence in research methodologies and skills. They must commit to a minimum of 12 months with at least 40% full-time professional effort (for at least 1-year), directly on their research project and career development activities. The remaining effort can be devoted to additional research, teaching, clinical work, or other efforts complementary to the career development awardee. Training grants cannot have a co-PI.

2. **NECMHR02-RCD - Research Career Development**

Description: Provides post-doctoral, residency, and fellowship to early career clinicians/researchers with individual and institutional research training opportunities in child, adolescent, or perinatal behavioral health research. The purpose of this grant is to prepare junior clinicians with little to moderate research training for careers that have a significant impact on the health-related research needs of the State and to become an independent clinician-scientist. This program provides support and protected time for an intensive, supervised research career development experience in the field of child, adolescent, and perinatal behavioral health research, including translational research.

Amount: Approximately \$150,000 per year for a total of no more than \$300,000 for the biennium per awardee. This maximum amount is inclusive of indirect cost. The annual budget needs to be spent on salary (up to \$100,000) and the project (up to \$50,000)

Eligibility: To be eligible, applicants must be affiliated with one of the TCMHCC HRIs and have the support of the HRI's Chair of Psychiatry. They must be an assistant or



associate professor faculty (early/mid- career) with no prior independent grant federal funding.

**Requirements:** Applicants will need to identify a research project that can be completed in less than 2 years and identify and demonstrate the support of a supervisor at their institution. Applicants must include a career development plan that includes how they will develop competence in research methodologies and skills. They must commit to a minimum of 12 months and a maximum of 24 months with at least 40% full-time professional effort (for at least 1-year) directly on their research project and career development activities. The remaining effort can be devoted to additional research, teaching, clinical work, or other efforts complementary to the career development awardee. Training grants cannot have a co-PI.

### 3. **NECMHR02-RP - Research Project**

**Description:** Supports a discrete, specified, circumscribed child, adolescent, or perinatal mental health project to be performed by the investigator(s) in an area representing the investigator(s)'s specific interest and competencies while aligning with TCMHCC's listed and HHSC priorities.

**Amount:** Approximately \$250,000 per year for no more than \$500,000 for the biennium per awardee. This maximum amount is inclusive of indirect cost.

**Eligibility:** To be eligible, applicants must hold a faculty position at one of the TCMHCC institutions.

**Requirements:** Applicants must demonstrate that the research project proposed is specific to their interest and competencies. The research proposed would have a minimum of 12 months and a maximum of 24 months with at least 25% full-time professional effort directly on their research project. Note that the 25% requirement is specific to the lead PI. If a Co-PI is identified on the grant, their paid effort can be less than 25%.

Expectations in the review process of the proposals will be based on the type of grant a candidate is applying to. Please note that grants that require higher levels of research expertise will have more stringent review criteria. If the review committee feels that the candidate is not eligible for one type of grant, they may provide a conditional approval for another type of grant.

## Proposal Budgets and Expenses

- Indirect costs for proposals will be limited to 15%. Subcontract must also adhere to the limited indirect of 15%.
- Mentors can receive up to 5% salary support with salaries capped at \$225,700.
- All salaries on the grant will be capped at \$225,700
- Budgets cannot exceed the award amounts specified under the Grant Details section.
- Refer to Appendix 4 for allowable costs.

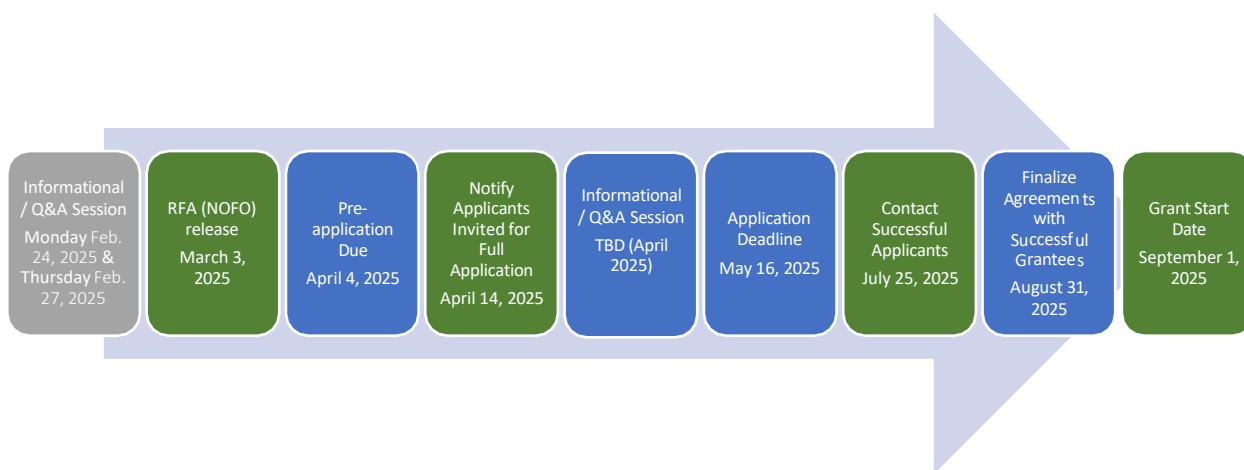
## Mentorship for Training Grants

The post-doctoral fellow and trainee career grant requires mentorship. The research career development grant can have a mentor. If a mentor is not available at the institution of the applicant, applicants can reach out to one of the cross institutional mentors. Cross institutional mentors are senior faculty at TCMHCC HRIs who provide mentorship to any applicant from any TCMHCC HRI. As part of mentorship, they would provide input to the researcher related to their proposals. If the researcher is awarded the grant and the mentor is identified as a mentor for their grant, they would assist the researcher and guide them along their research and publication of findings. They would have up to 5% salary support (using the \$225,700 salary cap) if they were included in the applicant's proposal. The mentors name are listed in Appendix 5.

## Application Process and Timeline

Key dates include:

- Informational / Q&A Session –
  - Monday February 24, 2025, 12:00 pm -1:00 pm CT. Using the following link, you can register: [Webinar Registration for 02/24/25 NECMHR Informational](#)
  - Thursday February 27, 2025, 11:30 am – 12:30 pm CT. Using the following link, you can register: [Webinar Registration for 02/27/25 NECMHR Informational](#)
- RFA Release date – Monday March 3, 2025
- Grant Software Available for pre-application – Wednesday March 5, 2025
- Deadline for pre-application – Friday April 4, 2025
- Full Application invitations – Monday April 14, 2025
- Application deadline – Friday May 16, 2025
- Notify candidates of conditional award – Friday July 25, 2025



All submissions of pre-applications and applications will be made using the TCMHCC grant submission software link which will be provided on the [TCMHCC NECMHR site](#).

## Pre-application

All applicants will be required to complete a pre-application which provides a synopsis of the proposed project and the following information.

- Name, address, and telephone number of grant applicant
- Name(s) of the principal investigator(s)
- Descriptive title of proposed research
- Summary of proposed research (maximum 300 words)
- Names of other key personnel, their role and affiliated institutions
- Grant Type applying to
- Resume (attachment)



**Before submission of the pre-application, you will need to contact your Chair of Psychiatry**

## Full Application Components and Documents

Only individuals invited by TCMHCC to submit a full application after the pre-application phase will be granted access to the full application.

### 1. Contacts and Personnel

- Application Submitter name and contact information
- Principal Investigator or Program Director name and contact information
- Key Personnel and roles (including mentor(s) and/or advisor(s) – if needed for the grant type). Please note that mentors can be affiliated with a different HRI than the PI's. Co-mentors can be affiliated with an institution outside of Texas but cannot have funded time on the grant.

See NERForm1 in Appendix 2 for more information.

### 2. Research and Related Information

Human subject and IRB questions. Please note that candidates are not expected to have completed the IRB process at the time of application. See Appendix 2 for additional information.

### 3. Candidate Information and Career Development Goal

Provide a summary of the candidate's background, their career development goals outlining what they expect to gain out of the grant. Training candidates may use a gap-based approach to identify the training and expertise they already have and the expertise and training that they must gain to achieve their research career goals. Research grant candidates should provide details on how their proposal will act as a steppingstone towards future success in being awarded state and federal grants. Limit 5,000 characters including spaces. Also note that additional space was provided in the grant software to enter any references that you may have associated with the Career Development Goal.

#### 4. Project Summary/Abstract

The project summary or abstract for the overall proposal. Limit 5,000 characters including spaces. Include the project's broad, long-term objectives and specific aims. Also includes the unique features and innovation of the project, the methodology to be used to achieve the stated objectives, expected results, and description of how your results will affect other research areas. Do not include proprietary or confidential information in the abstract. Write in plain language so that even a non-scientist can understand the importance of the project. Also note that additional space was provided in the grant software to enter any references that you may have associated with the Project Summary/Abstract. You will also be asked to identify your project topic areas using a check box of different topics. This will help us in aligning you with a reviewer with similar background and interest.

#### 5. Public Health Relevance

Ensure the description of the project's potential to improve public health is clearly articulated. The public health relevance statement should be written in plain language that can be understood by a general, lay audience, as well as your reviewers and colleagues. Limit to 3,000 characters including spaces. Also note that additional space was provided in the grant software to enter any references that you may have associated with Public Health Relevance.

#### 6. Project Aims, Goals and Research Strategies

Include the project aims, goals, project design and research strategies for the proposal. There should be a maximum of 3-aims. The research strategy is a description of your proposed project and the rationale for pursuing it. It should be structured to include the significance, innovation, and the approach. The significance, innovation, and approach can be addressed separately for each specific aim or collectively for all aims. You can use the following as a guide for your research strategy and your Specific Aims

- I. Background and Rationale
  - a. Introduce the topic of the proposal. What is the problem being addressed and why is it important?
  - b. Describe the knowledge gap and/or unmet need the proposal will address.
  - c. Introduce the central hypothesis and provide background and preliminary data to support it.
  - d. Summarize the overarching goal of the proposal.
- II. Specific Aims- for each aim:
  - a. Provide a short descriptive title. What will be addressed with this part of the project?
  - b. 2-3 sentences describing activities to be performed, hypothesis and predicted outcomes. (Aims should have clear, measurable outcomes).
  - c. Include sub-aims, if needed.
- III. Significance/Impact
  - a. Describe innovation and the novel features about your proposal.

- b. Describe the significance of the proposed research, and potential impact on the children and adolescent, perinatal and/or pediatric mental health fields.
- IV. Approach & Impact (for each aim either separately or collectively)
  - a. Describe the approach you would use to address the aim(s) identified.
  - b. Describe the potential impact of your project.

The uploaded document should be no more than 8-pages excluding the references cited. Provide references for your proposal. We do not require a specific citation format but use a standard format that is used by the National Library of Medicine (see [Citing Medicine](#)). Upload as a pdf.

## 7. Project Timeline

The project timeline as a Gantt chart or a table for the entire period of the project (2-years). Up to 2-pages. Include high-level activities and attach as a pdf. See example timeline in Appendix 2.

## 8. Facility, Resources and Equipment

Indicate the facilities, resources and equipment that you will have access to during this grant. Include personal computers, software, etc.

## 9. Mentoring and Commitment to Training

Letters of institutional (Department heads, etc.) and mentor commitments to providing the training and oversight needed for the Research Career Development or the Post-doctoral Fellow and Trainee grant. Upload up to 5 letters as pdfs.

## 10. Biographical Sketches

See Appendix 2 for the formatting. Provide bios for key personnel, mentors and co-mentors.

## 11. Budget Detail and Justification

Provide the budget and budget justification using the template in Appendix 2. There is also an excel format for the budget that you can download that is prepopulated with the calculations under the list of documents on the grant webpage. Provide brief and concise justification of the budget for the entire proposed period of support, including specific descriptions of charges for personnel, travel, equipment, supplies, contractual services, and other expenses. For any subcontracts, itemize and provide a brief description of each item to be paid through the contract (e.g., personnel, travel, equipment, supplies, services, or other expenses). Budget justification should not exceed 6-pages. See Appendix 2 for templates and additional information. Please see appendix 4 for allowable costs. Please note that expenses associated with international travel are not allowable costs.

## 12. Letters for Support

It is expected that the PI will discuss any proposals associated with state run programs, or TCMHCC programs with the program leads or medical directors. Any proposal

that pertains to TCMHCC programs requires an email indicating feedback from the Program Medical Director. Proposals that evaluate or research existing state-run programs require letters of support from the agency/organization running the program. If the proposal requires access to secondary data, attach any approvals provided to access the data.

## Format for Attachments

For all attachments, you will need to follow the following font and margin specifications. All submissions should be in pdf format.

### Font

Font size must be 11 points or larger. Smaller text in figures, graphs, diagrams and charts is acceptable, if it is legible when the page is viewed at 100%. Some pdf conversion software reduces font size. It is important to confirm that the final pdf document complies with the font requirements.

Type density: Must be no more than 15 characters per linear inch (including characters and spaces).

Line spacing: Must be no more than six lines per vertical inch.

Text color: No restriction. Though not required, black or other high-contrast text colors are recommended since they print well and are legible to the largest audience.

We recommended the following fonts, although other fonts (both serif and non-serif) are acceptable if they meet the above requirements.

- Arial
- Georgia
- Helvetica
- Palatino Linotype

Legibility is of paramount importance. Applications that include pdf attachments that do not conform to the minimum requirements listed above may be withdrawn from consideration.

### Paper Size and Margins:

Use paper (page) size no larger than standard letter paper size (8 ½" x 11").

Provide at least one-half inch margins (½") - top, bottom, left, and right - for all pages.

No applicant-supplied information can appear in the margins.

## Oversight and Tracking

Once a candidate receives conditional approval for their grant application, they will have 1-week to confirm that they wish to proceed with the awarded grant. Agreements for the

awards will be set up, executed and started by 9/1/2025. All awardees will be required to abide by the following:

1. On a quarterly basis, the grantee is required to provide a 2-3-page progress report (see template in Appendix 3) that includes a summary of expenditures to date, status of the project, activities from the previous quarter, activities for the upcoming quarter, and any barriers encountered.
2. Failure to provide timely reports, achieve research/training progress without reason or a corrective plan, or expend the budget as planned, may result in withholding of funds.
3. Grantees unable to complete their research or are no longer affiliated with one of the 12-TCMHCC institutions or leave the state of Texas during the terms of the grant should notify the TCMHCC immediately. If another member of the research team affiliated with one of the 12 institutions can take the lead on the project, then a change of PI/Project Director will be made, otherwise the funding for the project will cease.
4. Funds will be allocated during FY2026/2027 using a combination of a fee-for-service and deliverable agreement.

Please address any questions or inquiries to [tcmhcc-research@utsystem.edu](mailto:tcmhcc-research@utsystem.edu). Place NECMHR in subject line for prompt response.

## Appendix 1a – HHSC Research Priority Areas and Questions

**TEXAS**  
Health and Human  
Services

### Evidence-based Practice Research Proposal Topics

#### Theme

Assessing the clinical effectiveness and return on investment associated with evidence-based practices such as Coordinated Specialty Care, Multisystemic Therapy, Wraparound Services, and Youth Empowerment Services for children and adolescents with complex needs and multi-system involvement.

#### Description

This research aims to evaluate the clinical effectiveness and return on investment associated with multiple mental health programs for children and adolescents with complex needs and multi-system involvement. The focus will encompass the following programs: Coordinated Specialty Care (CSC), Multisystemic Therapy (MST), Wraparound Planning,<sup>1</sup> and Youth Empowerment Services (YES). This research will investigate program impacts, challenges, and opportunities for improvement, contributing to enhanced mental health services for children and adolescents.

Below are the program summaries associated with the Health and Human Services Commission (HHSC)-funded programs and required evidence-based practices.

#### Program Summaries

##### Coordinated Specialty Care (CSC)

- **Description:** CSC provides outpatient behavioral health services for individuals aged 15 to 30 with psychosis components, emphasizing team-based approaches.
- **Fidelity Monitoring:** CSC contractors are required annually to complete a fidelity assessment through the OnTrackNY Fidelity Protocol. HHSC contracts with the University of Texas to provide a fidelity report on peer specialist run recovery programs and CSC is a part of this fidelity report.

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<sup>1</sup> Wraparound Services are provided in Level of Care 4, Level of Care YES, and Level of Care Transition Age Youth for children and adolescents. This is further outlined in Utilization Management Guidelines.



- **Program Outcomes:** CSC has demonstrated reductions in crisis service utilization and HHSC-funded inpatient psychiatric hospitalizations, resulting in cost savings.

### Multisystemic Therapy (MST)

- **Description:** MST targets children and adolescents with serious antisocial behavior and justice involvement. MST Services is the training entity for LMHAs and LBHAs.
- **Fidelity Monitoring:** MST Services, the training and technical assistance center contracted with the LMHAs and LBHAs, utilizes and operates its own Quality Assurance and Quality Improvement program to measure implementation.
- **Program Outcomes:** MST addresses the core causes of delinquent and antisocial conduct by identifying key behavior drivers through an ecological assessment. The clinician then tailors the treatment to target that child's specific drivers.

### Wraparound Planning

- **Description:** Children and adolescents who receive intensive services with community providers utilize the Wraparound planning process to address unmet needs. Wraparound is a collaborative planning approach that brings together formal and natural supports to create an individualized plan that aligns with the family's vision, builds upon family strengths and addresses unmet needs.
- **Fidelity Monitoring:** Wraparound care planning process is required for Level of Care (LOC) 4 and LOC Youth Empowerment Services (YES) Waiver, and the provision of Intensive Case Management (ICM).
- **Program Outcomes:** As outlined in the [Utilization Management Guidelines](#), children and adolescents with Serious Emotional Disturbance (SED) or a mental health diagnosis are at increased risk for school dropout, arrest, unemployment, and challenges associated with independent living.

### Youth Empowerment Services (YES) including Wraparound Planning

- **Description:** YES Waiver offers Intensive Case Management and a specialized service array for children and adolescents with serious mental, emotional, and behavioral difficulties.
- **Fidelity Monitoring:** To ensure program fidelity, the YES Waiver program has partnered with the National Wraparound Implementation Center (NWIC) to ensure the family-centered wraparound model is delivered in an effective and individualistic

manner. Texas Certified Community Behavioral Health Clinics (T-CCBHCs) must provide the Wraparound model.

- **Program Outcomes:** YES Waiver demonstrated a decrease in crisis service utilization and is shown to be effective at preventing out-of-home placement and promoting life-long success.

## **Research Objectives**

1. Evaluate the clinical effectiveness of these mental health programs, including their impact on crisis service utilization, hospitalizations, and outcomes for children and adolescents.
2. Investigate common challenges and barriers faced by these programs, such as licensing requirements, workforce shortages, and training needs.
3. Assess the potential Return on Investment (ROI) associated with these programs, considering cost savings in reduced hospitalizations and crisis services.
4. Provide recommendations for program improvements, including strategies for smoother transitions between children and adolescent's services and adult services and opportunities for expanding access to these programs.
5. Identify evidence-based practices and best practices for delivering family-centered care within these programs.

## **Relevant Links:**

[Children's Mental Health HHSC Webpage](#)

[MentalHealthTX.org](#)

[The Wraparound Process User's Guide: A Handbook for Families \(pdx.edu\)](#)

[Family Guide: Children's Mental Health Services \(texas.gov\)](#)

[YES Waiver | Texas Health and Human Services](#)

[Home – Texas System of Care \(txsystemofcare.org\)](#)

[MST Services | Multisystemic Therapy for Juveniles](#)

[Texas Certified Community Behavioral Health Clinics | Texas Health and Human Services](#)

[Coordinated Specialty Care for First Episode of Psychosis | Texas Health and Human Services](#)

[Utilization Management Guidelines](#)

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## Prevention and Early Intervention Research Proposal Topics

### **Theme**

Reviewing early predictors of mental health in children and strategies for prevention and early intervention that yield the best return on investment and clinical and non-clinical (e.g., family partner and peer services) outcomes of the children and families served.

### **Description**

Ideally, a system of care (SOC)<sup>2</sup> for children includes effective prevention and early intervention programs that decrease the number of children affected by mental health challenges and lessen the severity of symptoms and livelihood of those who experience a mental health disorder. Prevention and early intervention programs for children may be implemented at any time from birth through age 17 years, before the child has experienced any risk factors for developing a mental health disorder or after the youth has begun displaying symptoms. As the negative effects of trauma and adverse childhood experiences (ACEs) become more widely recognized and research on positive childhood experiences grows, increasing access to prevention and early intervention programs that may mitigate the impact of trauma and ACEs on children is of particular interest. Ameliorating early symptoms of a mental health disorder, therapeutically addressing trauma and risk factors, and building resilience improve the quality of life of children and families and prevents the need for higher intensity mental health services, interaction with the juvenile justice system, and improves school performance. In this way, upstream interventions can target and impact an array of life circumstances and mental health conditions and may not always be categorized as mental health services. For instance, the Department of Family and Protective Services Prevention and Early Intervention division's goal is to prevent child abuse; however, the interventions have similar benefits to those listed above, such as reduced juvenile justice involvement, improved school performance, and improved mental health. What are the components of an ideal children's mental health system?

Significant research demonstrates the impact of ACEs and trauma on children's long-term mental and physical health; however, additional research is needed to understand how Texas is therapeutically addressing trauma in children who, for example, may be witnessing or experiencing violence in the home. Using violence in the home as an example of a trauma and ACE, Health and Human Services Commission-funded family partner services can provide support to the parents or caregivers as they navigate treatment for their child as part

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<sup>2</sup> [The Evolution of the System of Care Approach.](#)

of the SOC that includes access to mental health services, educational supports, assistance navigating juvenile justice and child welfare systems, faith-based support, and linkage to other community resources as applicable for the family. Children who receive services through the Local Mental Health Authorities and Local Behavioral Health Authorities are provided the Child and Adolescent Needs and Strengths (CANS) assessment to determine the child and family's needs and strengths and services required to meet their needs. The CANS assessment is completed every 90 days during treatment to assess the child's functioning and response to treatment. How does an upstream intervention such as family partner services affect a child's CANS scores throughout treatment?

Similarly, what impact does addressing non-medical drivers of health (NMDOH) in families have on preventing or mitigating early symptoms of mental health disorders in children? Addressing NMDOH may require interventions implemented with, or by parents, schools, and communities, as opposed to children specifically, and may not be categorized as a mental health intervention. The stress of parenting can take its toll on parents' emotional well-being. How can interventions with parents interrupt generational patterns for ACEs, trauma, and unhelpful coping strategies to improve children and family resilience and adaptability to life's circumstances? There are interventions that can be provided to parents as early as pregnancy. These interventions mitigate the impact of prenatal biopsychosocial risk factors on fetal development and extend into the postpartum period when a parent's risk for perinatal mood or anxiety disorders increases and can significantly impact the child's social development and likelihood of developing a mental health disorder later in life. The CANS assessment includes questions about NMDOH. Does addressing NMDOH impact engagement with mental health services and clinical outcomes?

The impact of youth peer support on the trajectory of recovery from mental health disorders for older youth is a topic gaining more attention across Texas and the country. When youth participate in youth peer support activities, what impact, if any, is reflected in their CANS scores? What type of funding is most effective for establishing and maintaining a strong youth peer support program? What qualities do effective youth peer support programs share?

Looking at the SOC and array of children's mental health services, identifying prevention and early intervention services that should be added to the array, outcomes associated with these interventions, and return on investment will be informative to HHSC's partnerships and planning with other organizations to improve the mental health of children. HHSC wants to better understand the current barriers and challenges to reaching children early, in addition to, recommended interventions that may be implemented across child and family-serving providers and systems such as education (including childcare and early learning), juvenile justice, child welfare and social services, and primary care.

Additional information on the prevention and early intervention topics presented here is available by clicking the links below, as well as in the library of briefing documents, journal articles, and reports compiled on this topic.

[Prevention and Early Intervention in Mental Health | Mental Health America \(mhanational.org\)](#)

[Prevention and Early Intervention in Mental Health- Early Childhood to Puberty | Mental Health America \(mhanational.org\)](#)

[Trajectories and predictors of risk for mental health problems throughout childhood - Vella - 2019 - Child and Adolescent Mental Health - Wiley Online Library](#)

[What Works? A Study of Effective Early Childhood Mental Health Consultation Programs](#)

[https://gucchd.georgetown.edu/products/ECMHCStudy\\_Report.pdf](https://gucchd.georgetown.edu/products/ECMHCStudy_Report.pdf) [Parent partner program – Casey Family Programs](#)

[Substance Use: Family-based Interventions to Prevent Substance Use Among Youth \(thecommunityguide.org\)](#)

[What ACEs and PCEs do you have? | PACEsConnection](#)

[PACEs Science 101 \(FAQs\) — Positive and Adverse Childhood Experiences | PACEsConnection](#)

[DFPS - Prevention and Early Intervention \(PEI\) \(texas.gov\)](#)

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**Additional Questions by Health and Human Services Commission:**

1. What is the impact of social media on youth behavioral health, exploring usage patterns and guidelines for healthy engagement.
2. The impact of addressing non-medical drivers of health (e.g., housing, food insecurity, and transportation) on the prevention and early intervention of child behavioral health conditions, utilization of behavioral health services, family engagement, and family stability.
3. Exploring the efficacy of and clinical outcomes associated with Texas-based implementation of evidence-based practices to include Coordinated Specialty Care for First Episode Psychosis, Multisystemic Therapy, Wraparound Services, and Youth Empowerment Services.

## Appendix 1b – Additional Agencies’ Research Priority Areas and Questions

### **Department of Family and Protective Services Proposed Questions:**

1. Effects of perinatal and post-partum maternal depression on children’s mental health and identification of effective family-centered treatment modalities to address and prevent maternal depression and prevent pediatric mental illness.
2. Analysis of parental custody relinquishment, joint managing conservatorship, and refusal to accept parental responsibility cases in Texas, including: 1) root causes for these decisions to be made, points of intervention needed to prevent these situations from happening, key factors leading to these decisions being made, what services are needed to prevent these decisions from being made, identification of policy, financial or programmatic barriers to accessing services that are needed to prevent these decisions from being made and recommendations for policies, funding and programmatic modifications that would address this issue and prevent these situations from occurring; and 2) longitudinal analysis of the impact to children and youth effected by these decisions (clinical outcomes, placement outcomes, social outcomes, in other words what happened to the youth impacted by these decisions).

### **Texas Juvenile Justice Department:**

1. Disruptive behavior in early childhood. Interventions for elementary aged children. How does disorganized family patterns impact this and how do we get the families the support they need?
2. How can caregiver training help with disruptive behavior, to keep family units together? Thinking about opportunities to assess early pathways into Children Without Placement (CWOP).
3. Assessing treatment modalities that are effective in child welfare spaces? What models are sustainable and how do continuity of care work? For example, FFT and MST are great but very time limited and resources are heavy. Could the state build in more flexible longitudinal supports post interventions?
4. How is YES waiver utilized and implemented with Juvenile Justice involved youth?
5. What is Texas’ real need for Residential Treatment Centers (RTCs)? We frequently hear and experience the shortage of RTCs for high needs youth. How do we measure these programs effectiveness at healing early attachment insults and building sustainable family systems?



**Texas Department of State Health Services:**

Research Questions aligned with the following Title V Needs Assessment:

1. Increasing developmental screening in the primary care setting
2. Mental health access and the role of telehealth
3. Mental health in rural versus urban parts of Texas
4. Supporting parents in engaging with their children around mental health
5. The role of Positive Youth Development in mental health

**Hogg Foundation for Mental Health:**

**Children & Youth**

1. Examining prevention of loneliness and isolation for children and youth
2. Investigating how digital platforms affect children's mental health, including both positive and negative impacts, and developing guidelines for healthy usage.
3. Exploring best practices for supporting children who have experienced trauma, including natural disasters, violence, and crisis so that they can grow and thrive
4. Exploring how family relationships and parenting styles influence children's mental health, and creating resources to support parents in fostering a healthy home environment
5. Developing tools and strategies for early detection of mental health issues in children, and implementing early intervention programs to prevent the escalation of these issues
6. Studying how economic instability, poverty, and related stressors affect children's mental health, and identifying policies and programs that can mitigate these effects
7. Examining the connection between physical health and mental well-being in children, and promoting integrated care approaches that address both aspects simultaneously
8. Understanding how cultural background and community environment impact children's mental health, and tailoring interventions to be culturally sensitive and community-specific

**Perinatal & Maternal Health**

1. Exploring what perinatal mental health policies have been successful in non-Medicaid expansion states
2. Examining what resources and supports are proven to improve perinatal mental health for underserved communities

## **School Mental Health**

1. Exploring how schools can address the social emotional needs of underserved communities
2. Exploring how schools create environments where civility, personal responsibility, and character are enhanced
3. Researching the effectiveness of mental health interventions within schools, such as counseling services, mindfulness programs, and peer support groups.

## **Medicaid**

1. Examining what Medicaid services could be enhanced in Texas to support children's mental health

## **Capacity Building**

1. Exploring how teens can be coached, mentored, and trained to do community-based participatory research
2. Exploring how we can build capacity for organizations that support children's mental health

## **Texas Council of Community Centers:**

1. Identifying Effective Therapy Modalities for Children with Intellectual Disabilities and Co-occurring Mental Health or Substance Addiction Disorders. Children with intellectual and developmental disabilities (IDD) are at a higher risk of developing mental health challenge and substance addiction issues as compared to their typically developing peers. Despite this increased prevalence, there is a significant gap in research regarding effective treatment modalities for this population. This study would aim to address this gap by evaluating various therapy approaches for children and youth with IDD who also experience mental health challenges or substance addiction issues.
2. Identifying Effective Care Models for Children in State Conservatorship. Children in state conservatorship often have complex needs, including mental health issues, developmental disabilities, trauma, and substance addiction. Current care models, such as therapeutic foster care (TFC) and multisystemic therapy, show promise but require further evaluation to determine their effectiveness in meeting these diverse needs.

## **Texas Child Mental Health Care Consortium:**

### **General Questions:**

1. Research Objective: Machine Learning in Child Mental Health

To develop and evaluate machine learning models using Big Data techniques to identify early predictors and risk factors for child mental health disorders, enabling timely intervention and personalized support strategies. A major objective is the use of data gathered in the course of clinical care to develop models that better identify children at risk and allow greater personalization of interventions. Data sources may include de-identified data from the projects of the Texas Child Mental Health Care Consortium (TCMHCC) or the investigator (s) may use local sources of child mental health data (e.g. Electronic Mental Records)

This objective can be further broken down into specific aims, such as:

- **Data Collection and Integration:** To gather and integrate diverse data sources relevant to child mental health, including electronic health records, school records, social media activity (with appropriate ethical considerations and privacy safeguards), wearable sensor data, and parent/teacher questionnaires.
- **Feature Engineering and Selection:** To identify and extract relevant features from the integrated dataset using big data techniques, such as natural language processing for text data and signal processing for sensor data.
- **Model Development and Validation:** To develop and train machine learning models, such as deep learning and ensemble methods, to predict the likelihood of developing specific mental health disorders in children.
- **Risk Factor Analysis:** To identify key risk factors and their interactions associated with child mental health disorders using machine learning interpretability techniques.
- **Personalized Intervention Strategies:** To explore the potential of machine learning to personalize intervention strategies based on individual risk profiles and predicted needs.

#### **Texas Child Health Access Through Telemedicine (TCHAT):**

1. Does racial/ethnic, age, gender or socioeconomic status predict referrals, access, completion of services, efficacy of services, diagnosis, and/or child behavioral health outcomes?
2. Do the number and type of services provided through TCHAT predict child behavioral health outcomes?
3. Longitudinal Study: What is the effect of student participation in TCHAT services on [insert specific student mental health outcomes (e.g., anxiety, depression)] 1-year post student consultation?
4. Association with School Outcomes: Among students served by TCHAT, what is the effect of TCHAT on [insert specific student school outcomes (e.g., attendance rates, academic performance, disciplinary actions, and graduation rates)]?

5. Implementation Study: Examine and compare TCHAT implementation strategies across HRIs to identify best practices for integrating TCHAT into school settings. Suggested implementation research questions may be the following:
  - a. What are the best practices for TCHAT across the HRIs and what implementation strategies are shown to facilitate:
    - i. school adoption, implementation, and sustainment of the TCHAT program.
    - ii. integration of TCHAT into school settings.
  - b. What is the effect of HRI implementation strategies on school implementation of TCHAT, specifically examining implementation feasibility, fidelity, and school implementers' satisfaction with the program, and ultimately effect on students reached and served by the outcomes?
  - c. How do school-based contextual factors influence TCHAT adoption, implementation and sustainment of TCHAT in schools?

**Child Psychiatry Access Network (CPAN)/ Perinatal Psychiatry Access Network (PeriPAN):**

1. What are the predictors of PCP engagement (new and ongoing calls to the access network)?
  - a. CME usage
  - b. Type of chief complaint or diagnosis during access call
  - c. PCP characteristics
2. What are the primary barriers for PCPs to accessing the access network, particularly in underserved communities?

**Perinatal Psychiatry Access Network (PeriPAN):**

1. Predisposing demographic factors of Perinatal Psychiatric Disorders: What are the underlying biological, psychological, social, and environmental factors contributing to the development of perinatal psychiatric disorders in diverse Texas populations with diverse demographic makeup, and how do these factors vary across different demographic groups?
2. Effectiveness of tailored Interventions with consideration of the patient's demographics: How do integrated care models that combine obstetric and mental health services impact maternal mental health outcomes, service utilization, and overall satisfaction with care during the perinatal period?

3. How to implement Screening and Early Identification considering diverse demographic patient population: What are the most effective screening tools and strategies for early identification of perinatal psychiatric disorders in diverse healthcare settings across Texas?
4. Workforce Development and Training that takes into consideration of a diverse patient population: How can training programs for healthcare providers, including obstetricians, pediatricians, and mental health professionals, be enhanced to consider the diverse patient demographics in the State of Texas to improve the identification, referral, and management of perinatal mental health conditions?

For further inquiries about the questions/priorities above, please contact [tcmhcc-research@utsystem.edu](mailto:tcmhcc-research@utsystem.edu).

## Appendix 2 – Grant Application Templates & Examples

### Main Application

<b>1. Type of Submission</b> <input type="checkbox"/> Research Career Development <input type="checkbox"/> Research Project <input type="checkbox"/> Post-doctoral Fellow and Trainee			
<b>2. Date of Submission</b> Click or tap to enter a date.		<b>Applicant Identifier</b> [to be completed by TCMHCC]	
<b>3. Applicant Information</b>  <div> <div>First Name</div> <div>Middle Initial</div> <div>Last Name</div> <div>Role on Grant</div> </div> <div>Job Title</div> <div> <div>Department</div> <div>Institution</div> </div> <div>Street Address</div> <div> <div>City</div> <div>State</div> <div>Zip Code</div> </div> <div> <div>Phone Number</div> <div>Email</div> </div>			
<b>4. Project Director / Principal Investigator Contact Information (if different than applicant)</b>  <div> <div>First Name</div> <div>Middle Initial</div> <div>Last Name</div> <div>Role on Grant</div> </div> <div>Job Title</div> <div> <div>Department</div> <div>Institution</div> </div> <div>Street Address</div> <div> <div>City</div> <div>State</div> <div>Zip Code</div> </div> <div> <div>Phone Number</div> <div>Email</div> </div>			
<b>5. Senior / Key Personnel</b>			
Name	Organization	Role Category	Specify for Other Role
		Choose an item.	
		Choose an item.	
		Choose an item.	
		Choose an item.	
		Choose an item.	
		Choose an item.	

		Choose an item.	
		Choose an item.	
		Choose an item.	
		Choose an item.	

6. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances \* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☐ I agree\*

Signature

Date [Click or tap to enter a date.](#)

\*A non-expired CITI certification is required and should include at a minimum: 1. Research involving Human Subjects, 2. HIPAA and Human Subject Research, 3. Informed Consent, 4. Conflicts of Interest in Research Involving Human Subjects, 5. Populations in Research Requiring Additional Considerations, 6. Research Involving Children, 7. Plagiarism, 8. Research Misconduct, 9. Authorship, 10. Collaborative Research, 11. Mentoring, and 12. Peer Review. Additional requirements may be requested depending on proposed research. The above items are modules under the CITI Biomedical Research and Key Personnel Course.



**Research & Related Information**

1.Are Human Subjects\* Involved in your research? ☐ Yes ☐ No

If Yes to Human Subjects:

IRB Status? ☐ Pending ☐ Approved ☐ Exempt ☐ Not yet Initiated

If approved or exempt, attach the IRB letter to the application

IRB Approval Date [Click or tap to enter a date.](#)

Human Subject Assurance Number

2.Is proprietary/privileged information included in the application? ☐ Yes ☐ No

3. Does this project involve activities outside the United States or partnerships with international collaborators?

☐ Yes ☐ No

If yes, identify the countries:

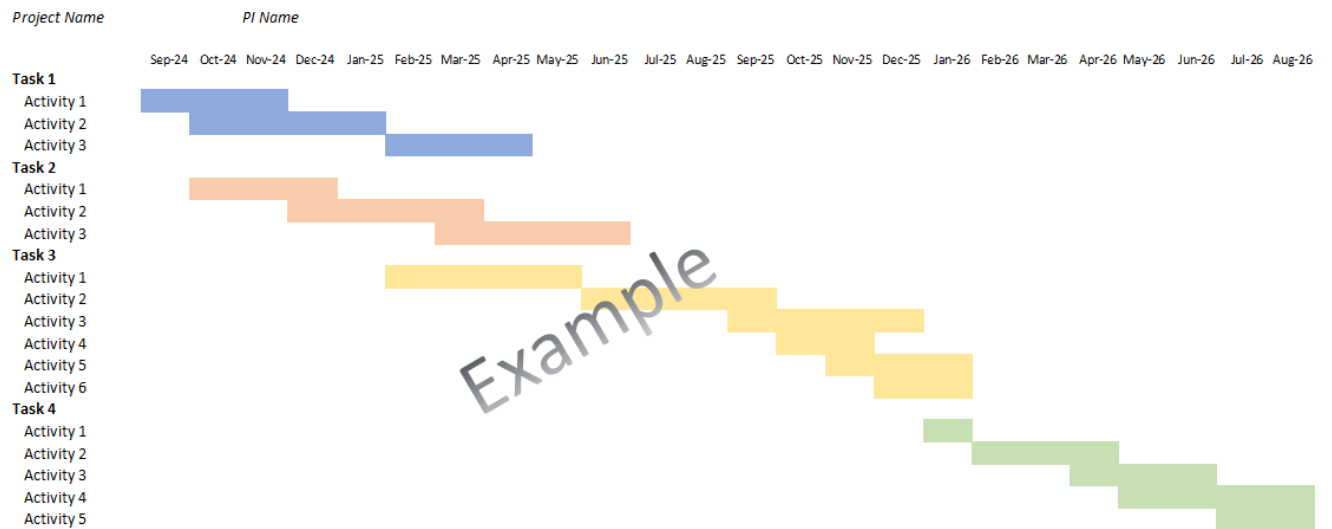
Explain expected involvement in project:





## Project Timeline Example

Project timeline needs to be submitted using a Gantt chart or table and should identify project major tasks and activities providing approximate dates/timelines over the span of the project. Once created, convert to a pdf and upload onto the application.



## Biographical Sketch

BIOGRAPHICAL SKETCH			
Provide the following information for collaborators listed on this application. Follow this format for each person. <b>DO NOT EXCEED FIVE PAGES</b>			
NAME		POSITION TITLE	
EDUCATION/TRAINING ( <i>Begin with baccalaureate or other initial professional education and include postdoctoral training.</i> )			
INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR(s)	FIELD OF STUDY

**A. Positions and Honors.** List, in chronological order, previous positions, concluding with your present position. List any honors. Include present membership on any Federal Government public advisory committees.

**B. Selected peer-reviewed publications, in chronological order (earliest to recent).** Do not include publications submitted or in preparation. For publicly available citations, URLs or PMC submission identification numbers may accompany the full reference.

**C. Other information considered essential for evaluation of your qualifications.**

## Detailed Budget

Budget Period _____	Start Date Click or tap to enter a date.	End Date Click or tap to enter a date.
---------------------	--	--

### Faculty and Staff

Role	Name	Year 1 Base Salary	Fringe Benefit Rate	Number of Months	FTE	Salary Amount	Benefit Amount	Total Amount
Total Faculty and Staff								

### Overall Expenses

Category	Unit Cost	Units	Total Amount
Faculty and Staff			
Travel			
Publishing Costs			
Materials and Supplies			
Consultant Services			
Subawards			
Other			
Subtotal			

Subtotal for Budget Year #1	
Indirect Rate	
Indirect	
<b>Total</b>	

## Budget-Justification

The project covers a 24-month time-period from September 1, 2025, through August 31, 2027. with two budget periods:

Budget Year 1 (12 months): 09/01/2025-08/31/2026

Budget Year 2 (12 months): 09/01/2026-08/31/2027

### **Salaries and Fringe Rates**

#### **Senior/Key Personnel**

List each senior and key personnel, their job title, and their role on the grant. Include their FTE and number of months for year 1 and year 2, along with the justification of their efforts on the grant.

#### **Other Personnel**

List each other staff that will be working on the grant, their job title, and their role on the grant. Include their FTE and number of months for year 1 and year 2, along with the justification of their efforts on the grant.

### **Materials and Supplies**

List any materials or supplies that will be purchased or paid for by the project. Include amount for each year and purpose of use on the grant.

#### **Office Supplies Solely Allocated to Project**

#### **Software**

#### **Other Materials/Supplies**

### **Travel**

List all identified travel using template below for each trip:

Destination	Purpose	Number of Travelers	Number of Days	Estimated Amount per Traveler*	Estimated Amount per Trip	Total Amount

\*Airfare, Lodging, Meals, Incidentals, Ground transportation)

Travel must adhere to state rules and exclude any taxes for in-state travel. See links for current rules: [Textravel - Current Rates \(texas.gov\)](#) and [Textravel \(texas.gov\)](#)

### **Other Expenses**

### **Subrecipients Contracts / Vendors / Consultants:**

List all contracts, vendors and consultants and indicate for each cost per year and role on grant.

## Appendix 3 – Post Award Quarterly Report

Project Name:

Contact PI:

Organization:

Quarter Covered in Report:

Summary of Project Activities in the Past Quarter

List of Upcoming Activities for the Next Quarter (include planned publications)

Changes to Project Plan or Budget

Barriers or Issues Encountered (include plan to address issues)

Expenses for Past Quarter (use the NERForm12\_Budget template)

## Appendix 4 - Allowable Costs

- (A) A cost is an Allowable Cost and may be charged to the Grant Award if it is reasonable, allocable, and adequately documented.
- 1) A cost is reasonable if the cost does not exceed that which would be incurred by a prudent individual or organization under the circumstances prevailing at the time the decision was made to incur the cost; and is necessary for the performance of the Grant Award defined in the Scope of Work and the Budget in the Grant Contract.
  - 2) A cost is allowable if the cost:
    - i. Benefits the Grant Award either directly or indirectly, subject to Indirect Cost limits stated in the Grant Contract;
    - ii. Is assigned the Grant Award in accordance with the relative benefit received;
    - iii. Is allowed or not prohibited by state laws, administrative rules, contractual terms, or applicable regulations;
    - iv. Is not included as a cost or used to meet Matching Fund requirements for any other Grant Award in either the current or a prior period; and
    - v. Conforms to any limitations or exclusions set forth in the applicable cost principles, administrative rules, state laws, and terms of the Grant Contract.
  - 3) A cost is adequately documented if the cost is supported by the organization's accounting records and documented consistent with Expense Report.
- (B) Grant Award funds must be used for Allowable Costs as provided by the Texas Grant Management Standards (TxGMS) located at the following link:  
<https://comptroller.texas.gov/purchasing/grant-management/>.
- (C) An otherwise Allowable Cost will not be eligible for reimbursement if the Grant Recipient incurred the expense outside of the Grant Contract term, unless the Grant Recipient has received TCMHCC written or email approval to receive reimbursement for expenses incurred prior to the effective date of the Grant Contract.
- (D) An otherwise Allowable Cost will not be eligible for reimbursement if the benefit from the cost of goods or services charged to the Grant Award is not realized within the applicable term of the Grant Award. The Grant Award should not be charged for the cost of goods or services that benefit another Grant Award or benefit a period prior to the Grant Contract effective date or after the termination of the Grant Contract.
- (E) Grant Award funds shall **not** be used to reimburse unallowable expenses, including, but not limited to:
- 1) Bad debt, such as losses arising from uncollectible accounts and other claims and related costs.
  - 2) Contributions to a contingency reserve or any similar provision for unforeseen events.
  - 3) Contributions and donations made to any individual or organization.

- 4) Costs of entertainment, amusements, social activities, and incidental costs relating thereto, including tickets to shows or sports events, meals, alcoholic beverages, lodging, rentals, transportation and gratuities.
- 5) Costs relating to food and beverage items, unless the food item is related to the issue studied by the project that is the subject of the Grant Award and excludes alcoholic beverages.
- 6) Fines, penalties, or other costs resulting from violations of or failure to comply with federal, state, local or Indian tribal laws and regulations.
- 7) An honorary gift or a gratuitous payment.
- 8) Interest and other financial costs related to borrowing and the cost of financing.
- 9) Legislative expenses such as salaries and other expenses associated with lobbying the state or federal legislature or similar local governmental bodies, whether incurred for purposes of legislation or executive direction.
- 10) Liability insurance coverage.
- 11) Benefit replacement pay or legislatively-mandated pay increases for eligible general revenue-funded state employees at Grant Recipient state agencies or universities.
- 12) Professional association fees or dues for an individual employed by the Grant Recipient. Professional association fees or dues for the Grant Recipient's membership in business, technical, and professional organizations may be allowed, with prior approval from the HRI, if:
  - i. the professional association is not involved in lobbying efforts; and
  - ii. the Grant Recipient demonstrates how membership in the professional association benefits the Grant Award project(s).
- 13) Promotional items and costs relating to items such as T-shirts, coffee mugs, buttons, pencils, and candy that advertise or promote the project or Grant Recipient.
- 14) Fees for visa services.
- 15) Payments to a subcontractor if the subcontractor working on a Grant Award project employs an individual who is a Relative of the Principal Investigator, Program Director, Company Representative, Authorized Signing Official, or any person designated as Key Personnel for the same Grant Award project (collectively referred to as "affected Relative"), and:
  - i. the Grant Recipient will be paying the subcontractor with Grant Award funds for any portion of the affected Relative's salary; or
  - ii. the Relative submits payment requests on behalf of the subcontractor to the Grant Recipient for payment with Grant Award funds.
  - iii. For exceptional circumstances, the Institute's Chief Executive Office may grant an exception to allow payment of Grant Award funds if the Grant Recipient notifies the Institute prior to finalizing the subcontract. The Chief Executive Officer must notify the Oversight Committee in writing of the decision to allow reimbursement for the otherwise unallowable expense.



- iv. Nothing herein is intended to supersede a Grant Recipient's internal policies, to the extent that such policies are stricter.

16) Fundraising.

17) Tips or gratuities.

- (F) TCMHCC may authorize reimbursement for one or more of the following expenses incurred by a research participant that are associated with participating in the approved grant and included in the Grant Recipient's Approved Budget:
  - 1) Transportation, including car mileage, bus fare, taxi or ride hailing fare exclusive of tips, and commercial economy class airfare within the borders of the State of Texas.
  - 2) Lodging.
  - 3) Reasonable and IRB approved compensation of research participants' time and inconvenience for participating in research.
- (G) Travel costs and reimbursement must follow state rules as outlined in chapter 660A of title 6B of the Texas Government Code:  
<https://statutes.capitol.texas.gov/Docs/GV/htm/GV.660.htm>
- (H) The TCMHCC is responsible for making the final determination regarding whether an expense shall be considered an Allowable Cost.

## Appendix 5 – Cross Institutional Mentors

The following are the cross institutional mentors that you can contact to request mentorship on your proposal and project.

Name	Title	Institution	Area of Interest	Additional Information
E. Sherwood Brown, MD, PhD, MBA	Professor and Vice Chair for Clinical Research	Department of Psychiatry, University of Texas Southwestern Medical Center	Co-morbidities (co-occurring conditions including substance use and medical illness) in people with mood disorders	<a href="https://profiles.utso.uthwestern.edu/profile/10878/sherwood-brown.html">https://profiles.utso.uthwestern.edu/profile/10878/sherwood-brown.html</a>
Robin B. Jarret, PhD, ABPP	Professor of Psychiatry; Elizabeth H. Penn Professorship in Clinical Psychology	Department of Psychology, University of Texas Southwestern Medical Center	Psychosocial factors influencing health and wellness in mood and related disorders, psychotherapy, women's mental health, coaching in professional development	<a href="https://profiles.utso.uthwestern.edu/profile/13553/robin-jarrett.html">https://profiles.utso.uthwestern.edu/profile/13553/robin-jarrett.html</a>
Besty D. Kennard, PsyD, ABPP	Professor	University of Texas Southwestern Medical Center	Child and Adolescent: Depression, Suicide, social media, Cognitive Behavioral Therapy, Relapse Prevention	<a href="https://profiles.utso.uthwestern.edu/profile/13826/beth-kennard.html">https://profiles.utso.uthwestern.edu/profile/13826/beth-kennard.html</a>

<b>Name</b>	<b>Title</b>	<b>Institution</b>	<b>Area of Interest</b>	<b>Additional Information</b>
Charlie B. Nemeroff, MD, PhD	Professor and Chair	Department of Psychiatry, University of Austin Dell Medical School	PTSD, childhood abuse & neglect, depression, neuromodulation	<a href="https://dellmed.utexas.edu/directory/charles-nemeroff">https://dellmed.utexas.edu/directory/charles-nemeroff</a>
D. Jeffrey Newport, MD, MS, MDiv	Professor, Depts. of Psychiatry & Behavioral Sciences and Women's Health	University of Austin Dell Medical School	Reproductive Psychiatry	<a href="https://dellmed.utexas.edu/directory/jeffrey-newport">https://dellmed.utexas.edu/directory/jeffrey-newport</a>
Tarek Rajji, MD	Professor and Chair, Department of Psychiatry	University of Texas Southwestern Medical Center	Cognition, Neuromodulation	<a href="https://profiles.utsouthwestern.edu/profile/233468/tarek-k-raji.html">https://profiles.utsouthwestern.edu/profile/233468/tarek-k-raji.html</a>
Cesar A. Soutullo, MD, PhD	John S. Dunn Endowed Professor of Psychiatry & Behavioral Sciences  Vice Chair and Chief of Child and Adolescent Psychiatry	University of Texas Health Science Center at Houston	Implementation of programs in real world settings, brief interventions, prevention, community-based collaboration, disparities in care, culturally diverse presentations and needs in assessment and treatment.	<a href="https://med.uth.edu/psychiatry/2022/11/11/cesar-a-soutullo-md-phd/">https://med.uth.edu/psychiatry/2022/11/11/cesar-a-soutullo-md-phd/</a>

<b>Name</b>	<b>Title</b>	<b>Institution</b>	<b>Area of Interest</b>	<b>Additional Information</b>
Sunita Stewart, PhD, ABPP	Professor	University of Texas Southwestern Medical Center and Children's Health	Cross-cultural psychology, psychology of minoritized cultural and ethnic groups, and suicidality in adolescents.	<a href="https://profiles.utso.uthwestern.edu/profile/48109/sunita-stewart.html">https://profiles.utso.uthwestern.edu/profile/48109/sunita-stewart.html</a>
Eric Storch, PhD	McIngvale Presidential Endowed Chair & Professor, Vice Chair & Head of Psychology	Menninger Department of Psychiatry and Behavioral Sciences, Baylor College of Medicine	Obsessive-compulsive disorder, Tourette disorder, Anxiety disorders, Misophonia, Excoriation disorder, Trichotillomania, Hoarding disorder, Autism Spectrum Disorder, Social Phobia, Generalized anxiety disorder, Cognitive behavioral therapy, exposure and response prevention therapy	<a href="https://www.bcm.edu/people-search/eric-storch-31196">https://www.bcm.edu/people-search/eric-storch-31196</a>
Madhukar Trivedi, MD	Professor of Psychiatry, Betty Jo Hay Distinguished Chair in Mental Health, Julie K. Hersh Chair for Depression Research and Clinical Care	Center for Depression Research and Clinical Care, Department of Psychiatry and Peter O'Donnell Jr. Brain Institute, University of Texas Southwestern Medical Center	Biomarkers (Fluid, EEG and MRI) in Depression and Suicide, Novel Pharmacotherapeutics, Community Practice Networks	<a href="https://profiles.utso.uthwestern.edu/profile/17410/madhukar-trivedi.html">https://profiles.utso.uthwestern.edu/profile/17410/madhukar-trivedi.html</a>

If unable to contact one of the mentors listed above, contact us at [tcmhcc-research@utsystem.edu](mailto:tcmhcc-research@utsystem.edu)