UMASS Optimizing Psychiatric Treatment In MAternal mental health (OPTIMA) Center

PURPOSE

The goal of this communication is to solicit abstracts for research projects focused broadly on perinatal mental health and associated comorbidities including addiction and trauma. Abstracts will be considered for inclusion in a UMMS center grant application being submitted to the NIH. Selected abstracts would be funded as pilot projects if UMMS is awarded the grant.

INTRODUCTION

UMass, in collaboration with other state government and academic institutions, will be applying for a National Institute of Health (NIH) program project grant in response to the PAR-16-354 funding opportunity announcement (FOA; https://grants.nih.gov/grants/guide/pa-files/PAR-16-354.html). The NIH FOA is titled 'Advanced Laboratories for Accelerating the Reach and Impact of Treatments for Youth and Adults with Mental Illness (ALACRITY) Research Centers'.

Lead by the UMass multidisciplinary and multi-principal investigator team of Nancy Byatt (Departments of Psychiatry and Ob/Gyn), Tiffany A. Moore Simas (Departments of Ob/Gyn, Pediatrics and Psychiatry), and Jeroan Allison (Department of Quantitative Health Sciences), our ALACRITY center would focus on perinatal mental health and improving the implementation and adoption of evidence-based treatments.

Perinatal depression (Major Depressive Disorder occurring during pregnancy or within one year of delivery) is a widespread condition, which complicates birth, infant and child outcomes. Perinatal depression affects upwards of 1 in 7 women, and is increasingly recognized as a major public health problem. As professional societies and policymakers recommend depression screening, they note that it must be accompanied by adequate plans to ensure accurate diagnosis and appropriate treatment. Currently, the vast majority of women do not receive accurate diagnosis and treatment because there is dearth of evidence-based approaches to ensure adequate care. We must urgently develop innovative solutions to eliminate inadequately addressed perinatal depression and equip health care systems with interventions that allow them to better serve these vulnerable women and their children. Thus, we are proposing the UMMS Optimizing Psychiatric Treatment In MAternal mental health (OPTIMA) Center. The OPTIMA Center seeks to promote and support transdisciplinary teams of basic science, translational, clinical and mental health services researchers, health information technologists, health systems engineers, and obstetric and mental health stakeholders to engage in high-impact studies that will transform perinatal mental health care in the United States.

The ALACRITY funding mechanism will support an administrative core, a methods core, and 3 preselected and previously defined projects of R34 scope that are responsive to FOA RFA-MH-16-410 (pilot effectiveness trials for treatment, preventive and services interventions; https://grants.nih.gov/grants/guide/rfa-files/RFA-MH-16-410.html) and FOA PAR-15-323 (pilot services research grants not involving interventions; https://grants.nih.gov/grants/guide/pa-files/PAR-15-323.html), and other directly relevant projects. As part of the administrative core, the OPTIMA Center would fund 8 pilot research projects each lasting 1-2 years with budgets not exceeding \$25,000 total. It is assumed that successful projects will attract additional funding from extramural sources.

ALLOWABLE USE OF FUNDS

Abstracts are being sought for individual pilot project awards, dependent on a successful UMass award through the NIH ALACRITY funding mechanism. Selection will be made on a competitive basis for pilot projects that address perinatal mental health and other directly relevant comorbidities, and enable investigators to accelerate the translation of innovative discoveries into:

- New understanding of the pathophysiology and diagnosis of this disease process
- New interventions and therapeutics for the treatment and/or prevention of disease
- New standards of care in the engagement and delivery of care for women and families affected by this condition
- New approaches to community-based research demonstrating true bi-directionality between community and academic partners
- New methodologies to leverage institutional strengths and new initiatives
- The pursuit of high-risk, high reward studies

Funding could support a full array of resources, including investigator support. Indirect costs are not allowed.

Institutional or departmental matching is not required but would be considered favorably.

The OPTIMA Center methods core will provide support for statistical analyses.

ELIGIBILITY

The Principal Investigator must be faculty from one of the following:

- one of the 5 UMass campuses,
- one of the Higher Education Consortium of Central Massachusetts (HECCMA, formerly the Colleges of Worcester Consortium) member institutions including Anna Maria College, Assumption College, Becker College, Clark University, College of the Holy Cross, Cummings School of Veterinary Medicine, Massachusetts College of Pharmacy and Health Sciences, Quinsigamond Community College, Worcester Polytechnic Institute, and Worcester State University, or
- a MA state government agency or other MA academic institution with which UMMS has a demonstrable collaborative history

Special consideration will be given to investigators who are not independent in their pursuits as mentored experiences are welcomed.

Collaborators internal to UMMS are welcomed as part of the research team, but not required.

If awarded, participation in OPTIMA Center related meetings on the UMass Worcester campus will be required up to two times per year.

All applicants will be invited to participate in an Academic Interest Group to facilitate multidisciplinary acceleration of understanding, treatment, and prevention of perinatal mental health complications for the benefits of mothers, their offspring and their families, beyond the impact of this funding mechanism.

OVERSIGHT and AWARD CRITERION

The OPTIMA Center grant application and subsequent award will be overseen by Doctors Byatt, Moore Simas, and Allison. This multi-PI team will make decisions regarding inclusion of abstracts in the center application based upon the scientific merits, potential impact of the proposal(s), and appropriate fit for the overall OPTIMA Center focus. The evaluation criteria used to review abstracts include the following:

• Intellectual Merit – projects that include all efforts to enhance the impact of scholarly endeavors on benefiting perinatal mental health

• Growth Opportunity – projects that demonstrate the opportunity to be leveraged to attract and secure outside funding from federal, state, industry, foundation and other sources

APPLICATION AND REVIEW PROCESS

Describe in an abstract of 250 words or less the background, objective(s), methods, and potential impact of the proposed pilot study. Additionally include study title, investigative team members and email contact information, and associated home institution(s). References and budgetary information are not required at this stage. Please consider the budgetary limit of \$25,000 when proposing the project scope. Investigator biosketch (NIH format, 5 page limit; https://grants.nih.gov/grants/forms/biosketch.htm) is required.

Abstracts will be reviewed by the OPTIMA Center PI team to determine which projects are significantly linked to the criteria listed above. Based on this review, the most promising projects will be selected to have their abstract included in the *UMMS OPTIMA Center application to the NIH*. If UMMS is successful in obtaining this award, abstracts included will receive the pilot funds.

Please email your <u>abstract</u> (250 words or less, Word document) with associated requested information, and <u>NIH biosketch</u> (Word or pdf format) as an attachment to: <u>TiffanyA.MooreSimas@UMassMemorial.org</u> on or before <u>Monday</u>, <u>February 27, 2017</u>. Abstracts chosen to be included in the OPTIMA Center application will be notified on or around April 1, 2017. The full OPTIMA application will be submitted to the NIH no later than Wednesday, May 17, 2017.