

# ~Targeted Request for Pilot Study Applications that Address Diversity, Equity, and Inclusion and/or Community Engagement~

**Revised October 24, 2023**

## I. INTRODUCTION

The South Central Mental Illness Research, Education, and Clinical Center (MIRECC) invites pilot study applications that support its mission:

*To promote equity in engagement, access, and quality of mental health care for Veterans facing barriers to care, especially rural Veterans*

In the context of its overall mission, the South Central MIRECC strives to promote diversity, equity and inclusion in its efforts to improve mental healthcare for rural and other underserved Veterans. This special request for applications (RFA) is designed to promote research that advances diversity, equity and inclusion (DEI) and/or community engagement. South Central MIRECC will give priority to pilot studies that are consistent with its mission and address inequities in healthcare associated with age, race or ethnicity, birth sex, sexual orientation, gender identity or socioeconomic status; engage diverse groups of Veterans, and/or increase engagement with community partners. The SC MIRECC encourages pilot study applications that will lead to federally funded research designed to improve the delivery of services by the Department of Veterans Affairs (VA), as well as to help community partners better serve the behavioral health needs of rural and other underserved Veterans.

South Central MIRECC uses the term “engagement” to encompass involvement in care at multiple levels, including engagement in VHA (i.e., connecting Veterans who are not yet using VHA services to VHA care), engagement in VHA mental health and/or substance use services by Veterans enrolled in VHA who are not using or are underusing needed mental health/substance use services, engagement in treatment (i.e., active involvement by Veterans in their mental or substance use disorder treatment), as well as engagement of enrolled or unenrolled Veterans in community-based services to enhance or address their mental health needs.

Pilot study data are needed to support highly competitive grant applications to federal agencies. Such studies generally fall into one of three categories: observational studies, intervention studies and implementation studies.

* *Observational:* Regardless of the design of the future full-scale study, preliminary/pilot studies are often observational. Observational pilot studies may involve qualitative research, survey research, chart review, and/or analysis of administrative data. Observational data may be used to justify the objectives and test proposed methods for full-scale observational studies and/or to inform the design of interventions and implementation strategies for full-scale intervention and implementation studies.
* *Intervention:* Intervention pilot studies may be needed to demonstrate the acceptability, safety, feasibility and/or preliminary effectiveness of the intervention(s) to be tested in subsequent full-scale randomized trials.
* *Implementation:* Implementation pilot studies may be needed to cultivate partnerships, conduct needs assessments, adapt implementation strategies, develop educational tools and informatics applications, and/or conduct small-scale feasibility demonstrations to support grant applications proposing regional demonstrations or national rollouts of evidence-based practices.

This RFA invites applications in any of these categories. Pilot applications addressing topics similar to those listed below would be considered responsive to this RFA. This list is illustrative and is not intended to be exhaustive.

* Assessing the perspectives of LGBTQ+ Veterans on LGBTQ+ affirming care in VHA
* Identifying social determinants of disparities in access to VHA care for mental and substance use disorders
* Developing a plan to increase engagement of African American Veterans in tobacco cessation treatment
* Developing an intervention to reduce disparities in access to or quality of services for Veterans with mental and/or substance use disorders that takes into consideration the interaction among system-level characteristics, individual clinical care, and social determinants of health
* Testing an intervention to reduce depressive symptoms among rural African-American Veterans
* Engaging Veterans in selecting and adapting strategies for implementing HIV pre-exposure prophylaxis (PrEP)
* Assessing disparities in the availability of community-based mental health/substance use care for rural Veterans
* Partnering with community providers to develop strategies for sustainable implementation of evidence-based mental healthcare in community-based practices
* Collaboration with community-based clergy to address moral injury among Veterans.

## II. SUBMISSION REQUIREMENTS AND REVIEW PROCESS

**Eligibility Criteria –** SouthCentralMIRECC Core and Affiliate Investigators are eligible to apply for pilot funding. Core investigators are researchers who receive salary support from the South Central MIRECC. Affiliate investigators are doctoral-level researchers who have a VA affiliation (permanent, temporary or without compensation (WOC) appointment), and have signed a South Central MIRECC Affiliate Investigator Agreement. Prior to funding, Principal Investigators will need to document their VA appointment status via an email from their VA Outlook account or a memo from their Site Leader.

**Junior Investigators** – Fellows are eligible to submit applications for pilot studies. Their applications must outline a plan for completion of the project should it still be ongoing at the end of the fellowship period. Their application packets must also include a letter from a doctoral-level faculty co-Investigator who agrees to assume responsibility for completing the project. That letter should describe how the pilot award would advance the fellow’s career path and attest to the co-Investigator’s availability and willingness to assume the PI role and ensure timely completion of the project.

In general, medical students, interns, and residents will not be eligible to submit applications for pilot awards. However, a waiver may be requested to allow a medical student, intern or resident to apply. Waivers will be considered for those who have already been approved for a post-doctoral fellowship, who have already completed another terminal degree (e.g., have a PhD and are pursuing an MD), or provide a letter from their Site Leader offering another compelling rationale for an exception to be made. To request a waiver, submit a letter justifying the exception to Brandon Griffin (brandon.griffin2@va.gov) with the pilot application.

**Award Amount -** The maximum award under this Request for Pilot Study Applications is $55,000. Investigators may submit a request for a waiver to exceed the maximum amount. To request a waiver, submit a letter to Brandon Griffin (brandon.griffin2@va.gov) and Dale Perkins (Wendell.Perkins@va.gov) with the pilot application justifying why additional funds are needed.

**Budget and Timeline** – Pilot studies are expected to be approximately one year in duration. Depending on the start date, one-year pilot studies may be conducted across two fiscal years. When funds are awarded, it will be necessary to submit a revised budget that shows how much of each line item the PI wants to receive in each of the fiscal years (October 1st – September 30th) during which the pilot study will be active.

A line-item budget specifying projected costs associated with staffing (by individual), supplies, etc., and a budget justification on VA form 1313-4 (a blank form may be found in Appendices) must be included as well. Please note that:

**In general, funds for investigator salary, travel, or IT equipment may not be included.** If, however, an investigator’s role on the project could not be handled by research staff and would be too labor-intensive to be carried out without some salary coverage, e.g., conducting proposed qualitative data analyses, a waiver may be requested. That investigator’s time may be included in the line-item budget and a detailed rationale for salary coverage included in the budget justification. Reviewers will assess the rationale to determine whether the proposed investigator salary coverage is justified.

**Pilot funds may not be used to offset the cost of already budgeted resources.** For example, if a MIRECC RA will be part of project staff, he/she should be shown in the pilot budget as in-kind support.

**Submission Process** – Pilot study applications will be accepted four times per year (January 2, April 1, July 1, and October 1). Applications must be submitted by 5:00PM CT on the due date. If the due date falls on a Saturday or a Sunday, applications will be due the following Monday by 5:00PM CT. Pilot study applications must be approved by *either* the Site Leader at VAMCs in Houston, Little Rock and New Orleans or, for submissions from other sites, by the Assistant Director for Research. Specifically, investigators at anchor sites will need to have their Site Leader sign the application face page (see Appendices).

If the Site Leader is not willing to approve the submission of a pilot study application, an investigator may send a letter of intent to submit a MIRECC pilot study application to Brandon Griffin (brandon.griffin2@va.gov) stating the type of pilot study (observation, intervention or implementation), and briefly describing the objectives and methods of the pilot study as well as how the proposed research supports the South Central MIRECC mission. The letter of intent will be reviewed by a South Central MIRECC Project Officer and the South Central MIRECC Assistant Director for Research. The investigator will be notified within 4 weeks whether submission of the pilot study application has been approved. It should be noted, however, that pilot studies submitted from anchor sites without Site Leader approval have a low probability of being funded.

Investigators at non-anchor sites must also send a letter of intent (LOI) to submit a MIRECC pilot study application to Brandon Griffin (brandon.griffin2@va.gov) stating the type of pilot study, and briefly describing the objectives and methods of the pilot study as well as how the proposed research supports the South Central MIRECC mission. Letters of intent must be submitted 4 weeks prior to the pilot study submission date.

Applicants with site-leader or LOI approval should submit their pilot study application via email to Brandon Griffin (brandon.griffin2@va.gov).

**Applicants will be notified in writing of approval or disapproval within six weeks of the submission deadline.**

**Application** - The pilot study application should include a face page (See Appendix A), the grant narrative, citations, a line-item budget and budget justification (form VA 10-1313-4), and a biosketch for the principal investigator and for each of the other key personnel. (Blank copies of forms 10-1313-4 and the common biosketch form used by both VA and NIH appear in Appendices. Instructions for completing a VA biosketch and an example may also be found there.) The grant narrative should be no longer than 5 pages (single-spaced, half-inch margins, and Arial 11pt font), exclusive of references. The grant narrative should include the following sections (section lengths are included as guidelines only):

1. Specific Aims (1/2 page) – State concisely and realistically what the research is intended to accomplish. Indicate how the research relates to the overall mission of the South Central MIRECC and how it will advance DEI or community engagement.
2. Background and Significance (1 page) – Briefly summarize the scientific literature pertinent to the proposed pilot study (and future grant application), critically evaluating existing knowledge, and identifying the gaps that the pilot study is intended to fill.
3. Methods (3 pages) – This section should identify the study design and summarize research procedures in sufficient detail for reviewers to evaluate scientific rigor and the extent to which the pilot project will meet the proposed specific aims. Describe recruitment procedures (if applicable), interventions (if applicable), and the means by which data will be collected, analyzed, and interpreted.
4. Research Team, Timeline, and Future Plans (1/2 page) – Briefly indicate the roles of research team members and their percent effort on the project; more detailed descriptions of team members’ roles and qualifications should be incorporated into the budget justification. Include a Gantt chart showing the timeline for the activities planned, including a projected completion date. Describe any new instruments, tools, or materials that will be generated. Describe how the proposed pilot study will support a grant application to the VA, NIH, SAMSHA, or another federal funding agency.
5. *Applications from Fellows only (1/2 page):* In addition to the above, fellows must outline a plan for completion of the project should it still be ongoing at the end of the fellowship period. The plan must specify which doctoral-level faculty co-Investigator will assume responsibility for completing the project. Fellows’ applications may include an additional half page (beyond the general 5-page limit) for this purpose.

**MIRECC Implementation, Design, and Analysis and Support (MIDAS)** – MIDAS provides methodological support to investigators in the SC MIRECC. MIDAS can help investigators with pilot study design, sampling and recruitment strategies, data collection procedures, budgeting, and plans for analysis of quantitative and/or qualitative data. Investigators are encouraged to request methodological support from MIDAS as they are preparing the pilot study application. MIDAS can provide support in the development of the pilot application and/or during implementation of approved pilot studies. Requests for support from MIDAS during pilot implementation (e.g., statistical analysis) should be discussed with the MIDAS Director, Amy Amspoker, PhD, prior to submission of the pilot proposal. In most cases, MIDAS support should be shown in the pilot budget as in-kind support. To request MIDAS support, please contact Dr. Amspoker (Amspoker@bcm.edu).

**South Central MIRECC Consumer Advisory Board (CAB)** – The SC MIRECC CAB was established in 2002 to provide support and feedback to MIRECC researchers and leadership. Members include Veterans, VA healthcare providers and caregivers of Veterans. They have first-hand experience regarding rural Veterans, mental health concerns among Veterans, and healthcare delivery across VISN 16. The SC MIRECC CAB offers an additional resource for investigators seeking VA-community feedback during proposal development, study conduct, and/or interpretation of study findings. To request CAB support, please contact Darrell Zeno (Darrell.Zeno@va.gov).

**Review Process and Criteria -** Pilot study applications will be reviewed for scientific merit by 2 or more senior MIRECC investigators, including at least 1 South Central MIRECC Project Officer. Reviewers may consult with content or methodological experts as needed. Review criteria include: (1) clinical or public health significance, (2) methodological approach, (3) innovation, (4) investigator qualifications, (5) local research environment and (6) potential for external funding.

* **Clinical or Public Health Significance:** Does this study (proposed pilot or the application it will support) address an important problem facing rural and/or other underserved Veterans?
* **Methodological Approach:** Are the conceptual or clinical framework, design, methods, and analyses adequately developed, well-integrated, well-reasoned, and appropriate to the aims of the pilot project? Does the applicant acknowledge potential problem areas and consider alternative approaches?
* **Innovation:** Is the project original and innovative? Does the project challenge existing paradigms or clinical practice? Does the project develop or employ novel concepts, approaches or methodologies, tools, or technologies?
* **Investigator qualifications:** Are the investigators and other key personnel appropriately trained and well suited to carry out this work? Is the work proposed appropriate to the experience of the principal investigator? Do the investigators have a demonstrated track record of peer-reviewed publications commensurate with past funding?
* **Research Environment:** Does the scientific environment in which the work will be done contribute to the probability of success? Is there evidence of institutional support?
* **Potential for External Funding:** If successful, is the proposed pilot study likely to lead to a competitive grant application for external funding from federal funding agencies (e.g., VA, NIH, SAMSHA) or a private foundation (e.g., Robert Wood Johnson Foundation)?

Reviewers will note strengths and weaknesses related to each of the scored review criteria. They will also summarize the factors that informed their overall score. The scoring system used is based on the NIH scoring system which is a 9-point scale for the overall impact/priority score and individual scores for five core criteria. A score of 1 indicates an exceptionally strong application and a score of 9 indicates an application with serious weaknesses. The average score is considered to be 5. The table that follows describes the scoring system in more detail:

|  |  |  |  |
| --- | --- | --- | --- |
| **Impact** | **Score** | **Descriptor** | **Additional Guidance on Strengths/Weaknesses** |
| **High** | 1 | Exceptional | Exceptionally strong with essentially no weaknesses |
|  | 2 | Outstanding | Extremely strong with negligible weaknesses |
|  | 3 | Excellent | Very strong with only some minor weaknesses |
| **Medium** | 4 | Very Good | Strong but with numerous minor weaknesses |
|  | 5 | Good | Strong but with at least one moderate weakness |
|  | 6 | Satisfactory | Some strengths but also some moderate weaknesses |
| **Low** | 7 | Fair | Some strengths but with at least one major weakness |
|  | 8 | Marginal | A few strengths and a few major weaknesses |
|  | 9 | Poor | Very few strengths and numerous major weaknesses |

Note that an application does not need to be strong in all categories to be judged likely to have strong scientific merit. For example, an investigator may propose to carry out important work that by its nature is not innovative, but is essential to move a field forward. South Central MIRECC Project Officers may raise concerns, request clarifications and/or recommend changes to the pilot study application.

* Investigators submitting pilot study applications considered to have *low impact* will not be asked to revise and resubmit the application.
* Investigators submitting pilot study applications considered to have *medium impact* will be asked to revise their application (including a 1-page introduction to the revised application) and resubmit it for one of the next two submission cycles (July 1, October 1, January 1, and April 1).
* Investigators submitting pilot study applications considered to have *high impact*, but also considered to have *minor* weaknesses, will be asked to submit a 1-page modification letter prior to the next submission cycle.
* Pilot study applications considered to have *high impact* with *no or negligible weaknesses* will compete for available pilot funds. Based on recommendations from the South Central MIRECC Project Officers, the Director and Assistant Director for Research will make funding decisions, at their discretion, based on scientific merit, availability of funds, and contribution to the South Central MIRECC mission.

**Resubmissions** – Submission of up to two revised applications (resubmissions) is allowed if the initial submission is not funded. Resubmission proposals should include all of the elements of the original application, revised as needed to address the issues raised in the summary feedback letter as well as any additional substantive issues raised in individual reviewers’ comments. Italics should be used to highlight revised text; however, if the changes are so extensive that virtually the entire text would be italicized, explain that in the Introduction (see below). The length of the narrative and other formatting requirements remain the same (single-spaced, half-inch margins, and Arial 11pt font).

In addition to the revised narrative and appendices (if any), resubmissions must include a one-page Introduction that summarizes the major additions, deletions and/or changes made to the previous proposal. The cover letter/introduction should specify how the resubmission addressed each of the issues outlined in the summary feedback or, when relevant, provide a rationale for not having done so. The Introduction should follow the formatting requirements (single-spaced, half-inch margins, and Arial 11pt font) applicable to the remainder of the narrative.

Note that pilot study applications will be subject to three levels of review. At the first level, Site Leaders will determine when pilot studies are ready for submission. At the second level, South Central MIRECC Project Officers and senior MIRECC investigators will review the pilot study applications and recommend that those determined to have high impact be considered for funding. At the third level, the South Central MIRECC Director and Assistant Director for Research will decide which pilot studies should be prioritized for funding. By relying on the explicitly stated review criteria during each level of the review process, the South Central MIRECC pilot study program will emphasize scientific *objectivity* during each level of review.

**Funding Requirements**

Once a pilot study application is approved for funding, the following items must be completed and sent to Brandon Griffin. **No funds will be transferred until all required documentation has been received**.

* South Central MIRECC Funding Agreement (see Appendices)
* Local IRB and VA R&D approval letters
* Documentation of VA appointment (an e-mail sent from the PI’s VA Outlook to Dr. Griffin (brandon.griffin2@va.gov) or a letter from the PI’s Site Leader confirming his/her VA appointment)

**Time limits for completing just-in-time requirements:** The PI’s Site Leader and the Assistant Director for Research will track the progress of the MIRECC pilot study. It is expected that obtaining IRB approval will take about 3 months from the date of the funding letter. If after 5 months, a PI has not received IRB approval, he/she will be required to meet with the Site Leader to discuss the situation. If after 6 months, IRB and R&D approval have not been received, the Site Leader and the Assistant Director for Research will review the situation and decide whether to withdraw funding for the pilot study.

**If IRB and R&D approval have not been received within 6 months of the date of the project approval letter, the PI risks losing pilot funding.**

## III. REPORTING REQUIREMENTS

A brief interim report will be due 6 months following initiation of funding. A brief final report will be due 15 months after initiation of funding. The Assistant Director for Research will distribute the relevant report template 4-6 weeks prior to the report due-date. Reflecting South Central MIRECC’s focus on diversity, equity and inclusion, awardees will be encouraged to report on the demographic characteristics of study participants in both the interim and final report. A blank template for that part of the report is included in the Appendices. Also included in the Appendices are suggested questions for asking about race/ethnicity, birth sex, gender identity and sexual orientation that are similar to those VA will use in CPRS and Cerner.

## IV. CONTACTS

**Assistant Director for Research**

Brandon Griffin, PhD

South Central MIRECC

Center for Health Services Research, Department of Psychiatry

University of Arkansas for Medical Sciences

brandon.griffin2@va.gov

**Project Officers**

*Observation Studies*

Brandon Griffin, PhD

South Central MIRECC

Center for Health Services Research, Department of Psychiatry

University of Arkansas for Medical Sciences

brandon.griffin2@va.gov

*Intervention Studies*

Mark E. Kunik, MD, MPH

South Central MIRECC

Houston Center for Quality of Care and Utilization Studies

Michael E. DeBakey Veterans Affairs Medical Center

Menninger Department of Psychiatry and Behavioral Sciences

Baylor College of Medicine

mkunik@bcm.edu

*Implementation Studies*

Richard Owen, MD

HSR&D Center for Mental Healthcare & Outcomes Research (CeMHOR)

Central Arkansas Veterans Healthcare System

Center for Health Services Research, Department of Psychiatry

University of Arkansas for Medical Sciences

Richard.Owen2@va.gov

**Site Leaders**

*Houston*

Lilian Dindo, PhD

Center for Innovations in Quality, Effectiveness and Safety

Michael E. DeBakey Veterans Affairs Medical Center

Department of Medicine, Section of Health Services Research

Baylor College of Medicine

Lilian.dindo@bcm.edu

*Little Rock*

Jeffrey Pyne, MD

HSR&D Center for Mental Healthcare & Outcomes Research (CeMHOR)

Central Arkansas Veterans Healthcare System

Center for Health Services Research, Department of Psychiatry

University of Arkansas for Medical Sciences

PyneJeffreyM@uams.edu and Jeffrey.Pyne@va.gov

*New Orleans*

Laurel Franklin, PhD

Southeast Louisiana Veterans Health Care System

Department of Psychiatry and Behavioral Sciences

Tulane University School of Medicine

Laurel.Franklin@va.gov

**MIRECC Budget Analyst (for all sites)**

Dale Perkins / 501-257-1741/ Wendell.Perkins@va.gov

## APPENDICES

* Submission Face Page
* South Central MIRECC Funding Agreement
* Budget and Budget Justification Form
* Biosketch Template
* Biosketch Example
* Participant Characteristics Report Template
* Suggested Ways to Ask about Race/Ethnicity, Sex, Gender Identity and Sexual Orientation

## South Central MIRECC Pilot Study Application

**FACE PAGE**

**Observation**

**Intervention**

**Implementation**

1. **Title:**
2. **Principal Investigator:**

Name:

VA Affiliation and Title:

University Affiliation and Title:

Telephone: Fax #:

Email Address:

Does the PI identify as a member of an underrepresented minority group? Yes \_\_ No \_\_

1. **Total amount requested: $**
2. **PI Signature:**

Principal Investigator Date:­

1. **Site Leader Signature:**

I have discussed this pilot study application with the principal investigator. I have read the final version of this application. I approve the submission of this application.

MIRECC Site Leader: Date:

## South Central MIRECC

## Funding Agreement

Although local and central administrative MIRECC staff is available to provide assistance, as the PI, you are ultimately responsible for administrative oversight of your study, including budgetary management, purchasing, personnel hires, human- participants protections, and compliance with all animal and hazardous material regulations. By accepting MIRECC pilot study funds, you agree to the following:

* Execution of the pilot study as proposed. In the event that the study proves unfeasible to conduct, the PI is ethically bound to return the funds or work with MIRECC leadership to revise methods so as to allow study execution.
* Submission of interim progress reports every six months. Submission of a final progress report three months after study completion.
* Compliance with all national and local VA and University regulations concerning initial and ongoing human subjects review.
* Notification of MIRECC leadership concerning any changes in key personnel.
* Appropriate use and management of federal government funds.
* Compliance with local VA Medical Center policies and procedures for funds management, purchasing, and hiring.
* Submission of information regarding investigator grants, publications, and presentations, as requested.
* Citation of receipt of MIRECC Pilot Study Funds on the investigator’s CV and on relevant abstracts, publications, and presentations.

Failure to comply with this agreement may result in the loss of your pilot study funds, and loss of your status as a MIRECC investigator. In the event that an investigator fails to honor this agreement, the MIRECC Leadership Council will review the circumstances and render an appropriate decision.

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_

***Principal Investigator:*** *please review and sign this agreement. E-mail the signed agreement and any questions to Brandon Griffin, PhD, SCMIRECC Assistant Director for Research (brandon.griffin2@va.gov).*

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| --- | --- | --- |
| **va soloDepartment of Veterans Affairs** | **RESEARCH AND DEVELOPMENT PROGRAM** |  [ ]  ESTIMATED EXPENSES FOR PROGRAM [ ]  ESTIMATED EXPENSES FOR PROJECT |
| **DESCRIPTION** | **$ AMOUNT EACH YEAR** |
| 1ST | 2ND | 3RD | 4TH | 5TH |
| PERSONNEL |       |       |       |       |       |
| CONSULTANT SERVICES |       |       |       |       |       |
| EQUIPMENT |       |       |       |       |       |
| SUPPLIES |       |       |       |       |       |
| ALL OTHER EXPENSES |       |       |       |       |       |
| TOTAL OPERATING EXPENSES |       |       |       |       |       |
| Explain differences in the operating expenses between years. |
| JUSTIFICATION OF ITEMS PAGE 3 |
|  |

OMB No. 0925-0001 and 0925-0002 (Rev. 03/2020 Approved Through 02/28/2023)

## BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME:

eRA COMMONS USER NAME (credential, e.g., agency login):

POSITION TITLE:

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)

| INSTITUTION AND LOCATION | DEGREE(if applicable) | Completion DateMM/YYYY | FIELD OF STUDY |
| --- | --- | --- | --- |
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**A. Personal Statement**

**B. Positions and Honors**

**C. Contributions to Science**

OMB No. 0925-0001 and 0925-0002 (Rev. 12/2020 Approved Through 02/28/2023)

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME: Hunt, Morgan Casey

eRA COMMONS USER NAME (credential, e.g., agency login): huntmc1

POSITION TITLE: Associate Professor of Psychology

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)

| INSTITUTION AND LOCATION | DEGREE(if applicable) | Completion DateMM/YYYY | FIELD OF STUDY |
| --- | --- | --- | --- |
| University of California, Berkeley | BS | 05/2003 | Psychology |
| University of Vermont | PHD | 05/2009 | Experimental Psychology |
| University of California, Berkeley | Postdoctoral | 08/2013 | Public Health and Epidemiology |

**A. Personal Statement**

I am an Associate Professor of Psychology, and my research is focused on neuropsychological changes associated with substance use disorders. I have a broad background in psychology, with specific training and expertise in ethnographic and survey research and secondary data analysis on psychological aspects of substance use disorders. As PI or co-Investigator on several university- and NIH-funded grants, I laid the groundwork for the proposed research by developing effective measures of disability, depression, and other psychosocial factors relevant to older people with substance use disorders, and by establishing strong ties with community providers that will make it possible to recruit and track participants over time as documented in the following publications. In addition, I successfully administered the projects (e.g. staffing, research protections, budget), collaborated with other researchers, and produced several peer-reviewed publications from each project. As a result of these previous experiences, I am aware of the importance of frequent communication among project members and of constructing a realistic research plan, timeline, and budget. The current application builds logically on my prior work. During 2015-2016, my career was disrupted due to family obligations. However, upon returning to the field, I immediately resumed my research projects and collaborations and successfully competed for NIH support. In summary, I have the expertise, leadership, training, expertise, and motivation necessary to successfully carry out the proposed research project.

Ongoing and recently completed projects that I would like to highlight include:

R01 DA942367

Hunt (PI)

09/01/16-08/31/21

Health trajectories and behavioral interventions among older people with substance use disorders

R01 MH922731

Merryle (PI), Role: co-investigator

12/15/17-11/30/22

Physical disability, depression, and substance use among older adults

R21 AA998075

Hunt (PI)

01/01/19-12/31/21

Community-based intervention for alcohol abuse

Citations:

1. Merryle, R.J. & **Hunt, M.C.** (2015). Independent living, physical disability and substance use among older adults. Psychology and Aging, 23(4), 10-22.
2. **Hunt, M.C.**, Jensen, J.L. & Crenshaw, W. (2018). Substance use and mental health among community-dwelling older adults. International Journal of Geriatric Psychiatry, 24(9), 1124-1135.
3. **Hunt, M.C.**, Wiechelt, S.A. & Merryle, R. (2019). Predicting the substance use treatment needs of an aging population. American Journal of Public Health, 45(2), 236-245. PMCID: PMC9162292
4. Merryle, R. & **Hunt, M.C.** (2020). Randomized clinical trial of cotinine in older people with nicotine use disorder. Age and Aging, 38(2), 9-23. PMCID: PMC9002364

**B. Positions, Scientific Appointments, and Honors**

**Positions and Scientific Appointments**

2021– Present Associate Professor, Department of Psychology, Washington University, St. Louis, MO

2020 – Present Adjunct Professor, **McGill University Department of Psychology, Montreal, Quebec, Canada**

2018 – Present NIH Risk, Adult Substance Use Disorder Study Section, member

2015 – 2017 Consultant, Coastal Psychological Services, San Francisco, CA

2014 – 2021 Assistant Professor, Department of Psychology, Washington University, St. Louis, MO

2014 – 2015 NIH Peer Review Committee: Psychobiology of Aging, ad hoc reviewer

2014 – Present Board of Advisors, Senior Services of Eastern Missouri

2013 – 2014 Lecturer, Department of Psychology, Middlebury College, Middlebury, VT

2011 – Present Associate Editor, Psychology and Aging

2009 – Present Member, American Geriatrics Society

2009 – Present Member, Gerontological Society of America

2009 – 2013 Fellow, Intramural Research Program, National Institute on Drug Abuse, Baltimore, MD

2006 – Present Member, American Psychological Association

**Honors**

2020 Award for Best in Interdisciplinary Ethnography, International Ethnographic Society

2019 Excellence in Teaching, Washington University, St. Louis, MO

2018 Outstanding Young Faculty Award, Washington University, St. Louis, MO

**C. Contributions to Science**

1. My early publications directly addressed the fact that substance use is often overlooked in older adults. However, because many older adults were raised during an era of increased drug and alcohol use, there are reasons to believe that this will become an increasing issue as the population ages. These publications found that older adults appear in a variety of primary care settings or seek mental health providers to deal with emerging concerns about a substance use disorder. These publications document this emerging concern and guide primary care providers and geriatric mental health providers to recognize symptoms, assess the nature of the behavior, and apply the necessary interventions. By providing evidence and simple clinical approaches, this body of work has changed the standards of care for older adults with substance use disorders and will continue to provide assistance in relevant medical settings well into the future. I served as the primary investigator or co-investigator in all of these studies.
	1. Gryczynski, J., Shaft, B.M., Merryle, R., & **Hunt, M.C.** (2013). Community based participatory research with late-life substance use disorder. American Journal of Alcohol and Drug Abuse, 15(3), 222-238.
	2. Shaft, B.M., **Hunt, M.C.**, Merryle, R., & Venturi, R. (2014). Policy implications of genetic transmission of alcohol and drug use in women who do not use drugs. International Journal of Drug Policy, 30(5), 46-58.
	3. **Hunt, M.C.**, Marks, A.E., Shaft, B.M., Merryle, R., & Jensen, J.L. (2015). Early-life family and community characteristics and late-life substance use. Journal of Applied Gerontology, 28(2),26-37.
	4. **Hunt, M.C.**, Marks, A.E., Venturi, R., Crenshaw, W. & Ratonian, A. (2018). Community-based intervention strategies for reducing alcohol and drug use in older adults. Addiction, 104(9), 1436-1606. PMCID: PMC9000292
2. In addition to the contributions described above, with a team of collaborators, I directly documented the effectiveness of various intervention models for older people with substance use disorders and demonstrated the importance of social support networks. These studies emphasized contextual factors in the etiology and maintenance of substance use disorders and the disruptive potential of networks in substance use treatment. This body of work also discusses the prevalence of alcohol and amphetamine use in older adults and how networking approaches can be used to mitigate the effects of these disorders.
	1. **Hunt, M.C.**, Merryle, R. & Jensen, J.L. (2015). The effect of social support networks on morbidity among older adults with substance use disorders. Journal of the American Geriatrics Society, 57(4), 15-23.
	2. **Hunt, M.C.**, Pour, B., Marks, A.E., Merryle, R. & Jensen, J.L. (2018). Aging out of methadone treatment. American Journal of Alcohol and Drug Abuse, 15(6), 134-149.
	3. Merryle, R. & **Hunt, M.C.** (2020). Randomized clinical trial of cotinine in older people with nicotine use disorders. Age and Ageing, 38(2), 9-23. PMCID: PMC9002364
3. Methadone maintenance has been used to treat people with substance use disorder for many years, but I led research that has shown that over the long-term, those in methadone treatment view themselves negatively and they gradually begin to view treatment as an intrusion into normal life. Older adults were shown, in carefully constructed ethnographic studies, to be especially responsive to tailored social support networks that allow them to eventually reduce their maintenance doses and move into other forms of therapy. These studies also demonstrate the policy and commercial implications associated with these findings.
4. **Hunt, M.C.** & Jensen, J.L. (2013). Morbidity among older adults with substance use disorders. Journal of the Geriatrics, 60(4), 45-61.
5. **Hunt, M.C.** & Pour, B. (2015). Methadone treatment and personal assessment. Journal Drug Abuse, 45(5), 15-26.
6. Merryle, R. & **Hunt, M.C.** (2018). The use of various nicotine delivery systems by older people with nicotine use disorder. Journal of Aging, 54(1), 24-41. PMCID: PMC9112304
7. **Hunt, M.C.**, Jensen, J.L. & Merryle, R. (2020). Aging and substance use disorder: ethnographic profiles of older people with substance use disorder. NY, NY: W. W. Norton & Company.

## Complete List of Published Work in MyBibliography: <https://www.ncbi.nlm.nih.gov/myncbi/1lCifFFV4VYQZE/bibliography/public/>

## South Central MIRECC Pilot Study

## Participant Characteristics Report

**Sex Assigned at Birth Gender Identity**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Racial Categories** | **Female** | **Male** | **Intersex** | **UNK** | **Man** | **Woman** | **Non-Binary** | **Trans-****gender** | **Other** | **UNK** | **Totals\*** |
| American Indian/Alaska Native |  |  |  |  |  |  |  |  |  |  |  |
| Asian |  |  |  |  |  |  |  |  |  |  |  |
| Black or African American |  |  |  |  |  |  |  |  |  |  |  |
| Native Hawaiian or Other Pacific Islander |  |  |  |  |  |  |  |  |  |  |  |
| White  |  |  |  |  |  |  |  |  |  |  |  |
| More than one race |  |  |  |  |  |  |  |  |  |  |  |
| Unknown or Not Reported |  |  |  |  |  |  |  |  |  |  |  |
| **Total of all participants** |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **Hispanic Ethnicity** |  |  |  |  |  |  |  |  |  |  |  |
| Hispanic or Latino |  |  |  |  |  |  |  |  |  |  |  |
| Not Hispanic or Latino |  |  |  |  |  |  |  |  |  |  |  |
| Unknown or Not Reported |  |  |  |  |  |  |  |  |  |  |  |
| **Total of all participants** |  |  |  |  |  |  |  |  |  |  |  |

\*The Totals column should indicate the total number of unique participants in each row (do not double count a participant for whom both sex at birth and gender identity information is entered; e.g., if in the African American row in the table, a 1 is entered for female at birth and for non-binary for a single participant, the Totals column is still 1).

***Continued on following page…***

**Sexual Orientation**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Racial Categories** | **Bisexual** | **Gay/****Lesbian**  | **Queer** | **Straight** | **Other** | **UNK** | **Totals** |
| American Indian/Alaska Native |  |  |  |  |  |  |  |
| Asian |  |  |  |  |  |  |  |
| Black or African American |  |  |  |  |  |  |  |
| Native Hawaiian or Other Pacific Islander  |  |  |  |  |  |  |  |
| White |  |  |  |  |  |  |  |
| More than one race |  |  |  |  |  |  |  |
| Unknown or Not Reported |  |  |  |  |  |  |  |
| **Total of all participants** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Hispanic Ethnicity** |  |  |  |  |  |  |  |
| Hispanic or Latino |  |  |  |  |  |  |  |
| Not Hispanic or Latino |  |  |  |  |  |  |  |
| Unknown or Not Reported |  |  |  |  |  |  |  |
| **Total of all participants** |  |  |  |  |  |  |  |

## Suggested Ways of Asking about Race/Ethnicity, Sex, Gender Identity and Sexual Orientation

1. Do you consider yourself Hispanic, Latino or Spanish? Are you, for example, of Mexican, Puerto Rican, or Cuban descent?

[ ] Yes

[ ] No

1. What is your race? (Check all that apply)

[ ] American Indian or Alaska Native

[ ] Asian

[ ] Black or African American

[ ] Native Hawaiian or Other Pacific Islander

[ ] White

[ ] Prefer not to answer

1. What sex were you assigned at birth, that is, what sex is on your original birth certificate?

[ ] Male

[ ] Female

[ ] Intersex (X)

1. What terms best express how you describe your gender identity? (Check all that apply)

[ ] Man

[ ] Woman

[ ] Non-binary

[ ] Transgender

[ ] None of these describe me and I’d like to consider other options

[ ] Prefer not to answer

*If responses include “non-binary,” “transgender,” or “none of these,” ask:*

Are any of these a closer description of your gender identity?

[ ] Trans man/Transgender man/FTM

[ ] Trans woman/Transgender woman/MTF

[ ] Gender queer

[ ] Gender fluid

[ ] Gender variant

[ ] Questioning or unsure of my gender identity

[ ] None of these describe me and I want to specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you think of yourself as gay/lesbian, bisexual, straight, something else, or are you unsure of the answer? (Please check one)

[ ] Bisexual

[ ] Gay/lesbian

[ ] Straight (that is, not gay, lesbian or bisexual)

[ ] Something else, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] I don’t know

[ ] Prefer not to answer