

## CIAPM Depression Request for Proposals Frequently Asked Questions

Last Updated: October 5, 2023

1. Was the RFP Informational Webinar on October 2nd recorded?

Yes, you can access a recording of the informational webinar [here](#).

2. Are there any preferred populations that applicants should address and to which projects should respond?

No, the RFP does not target any particular populations. However, one of the selection criteria in the [RFP instructions](#) (pages 14-15) requires projects to have the potential to reduce health disparities.

3. Given CIAPM's motto of "the right medication for the right person at the right time", do projects have to include a medication?

No, CIAPM uses that phrase as a general concept to reflect that precision medicine accounts for the "whole person". The phrase could be further extended to read "the right medication/diagnosis/treatment/analysis for the right person at the right time in the right place with the right provider under the right circumstances", etc.

4. Is it acceptable to study suicidal thoughts and behaviors in the context of depression?

Yes. Projects should use precision medicine approaches to improve our understanding of prevention, diagnosis, and treatment of depression, which may include suicidal thoughts and behaviors.

5. For these grants, is innovation or feasibility more important? That is, will high-risk, high-reward projects be prioritized?

There is no specific preference between innovation or feasibility. However, please note that CIAPM's [enabling statute](#) requires that projects must demonstrate tangible benefit to patients within two to five years, including the likelihood that the study will have an immediate impact on patients. Additional selection criteria can be found on pages 14-15 of the [RFP instructions](#).

6. In terms of impact, at what scale will this type of project need to be in terms of participants recruited?

There is no requirement for the scale or number of participants recruited. Projects should consider, however, the number of people required to provide meaningful statistical analysis and impact.

7. Does the community partner have to be involved in depression treatment or just have access to patients with depression?

The community partner does not need to be involved in depression treatment, as the RFP covers depression prevention, diagnosis, and treatment. The community partner should provide support to people with or at risk for depression.

8. Would the following types of organizations qualify as a community partner, for the purposes of satisfying the RFP's requirement to be co-led by a community organization?
- Government organizations: Local and state government agencies (e.g., county behavioral health, state public health) are eligible to serve as community partners if they provide support to people with or at risk for depression.
  - Schools: A traditional public school (pre-K to Grade 12) is eligible to serve as a community partner if it provides support to people with or at risk for depression.
  - Federally Qualified Health Centers (FQHCs): FQHCs are eligible to serve as community partners if they provide support to people with or at risk for depression.
  - For-profit community organizations: The Community Partner PI must be affiliated with a non-profit community organization or public agency. For-profit community organizations can serve as the private sector partner, so long as they provide financial, in-kind, or other services to the project.
  - If you have specific questions about eligibility, please contact [ciapm@opr.ca.gov](mailto:ciapm@opr.ca.gov) to discuss the details of your scenario.

9. Describe the requirements for the private sector/industry collaborator. For a competitive application, what type of resources would be expected from the industry collaborator?

The intention of including a private sector/industry collaborator is to improve capability and sustainability of the project. Any resources that align with those goals could be part of a strong application. Private sector collaborations are not required until the full proposal stage because we understand that it takes time to develop those trusting partnerships that align with the goals of the community and project. If you have specific questions about private sector collaborations, please contact [ciapm@opr.ca.gov](mailto:ciapm@opr.ca.gov).

10. Does the Lead PI need to be a Medical Doctor (MD)?

No, the only requirement for the Lead PI is that they must be based at a non-profit academic research institution.

11. Has the absence of support for indirect costs for the lead institution been a hurdle for universities in previous calls, or has this been pre-negotiated?

CIAPM has not supported indirect costs for the primary institution of a demonstration project since the program's inception, as the State considers recipients of these grants partners in our mission to demonstrate the promise and potential of precision medicine, particularly for equitable outcomes. Grant agreements, as for the RFP, clearly state this condition.

12. Will the Expert Selection Committee review process follow the same format that CIAPM has used for previous grants?

Yes, this is the same process, as modeled after the NIH review process. Procedures are outlined in our [statute](#), as well, using the selection criteria outlined [in the RFP](#) (pages 14-15).