



Transformational
Research in
Adolescent
Mental Health



Recherche
transformationnelle
sur la santé mentale
des adolescents

Transformational Research in Adolescent Mental Health

A partnership of the
Graham Boeckh Foundation and the Canadian Institutes of Health Research

Phase II: Call for Letters of Intent (by invitation only)

Proposals due: October 2, 2013

Important notice:

Phase II proposals must be submitted via ResearchNet;
application instructions are at:

www.researchnet-recherchenet.ca/rnr16/vwOpprtntyDtIs.do?prog=1779&view=search&terms=TRAM&type=EXACT&resultCount=25

For information about the TRAM initiative, contact:



Jacques Hendlisz
TRAM Partnership Lead
514-952-2739
j.hendlisz@icloud.com
www.tramcan.ca



Executive Summary

What is TRAM?

Transformational Research in Adolescent Mental Health (TRAM) is a partnership of the Graham Boeckh Foundation and the Canadian Institutes of Health Research.

TRAM's goal is to work with mental health communities over the next year **to collectively build one unique pan-Canadian research-to-practice network**. Together the partners will invest \$25M over a period of five years.

TRAM is a core initiative under CIHR's [Strategy for Patient-Oriented Research \(SPOR\)](#) – transforming the health system through provincial/territorial and stakeholder partnerships which create high-impact research.

What will the funded network do?

Through research and implementation of transformative intervention approaches, **the network will catalyze fundamental change in youth and adolescent mental health care in Canada**. In five years, new approaches, proven in at least one setting, will be substantially increasing the number of 11-25 year olds who are identified as in need of services and who subsequently will receive quality, timely and appropriate care.

What will the network development process look like?

Over the coming months, a unique, iterative development process will link and connect the innovative ideas and people to prepare complete pan-Canadian network proposals, and ultimately, select one to fund. Through this three-phase process, a network will emerge:

Phase I:	Expressions of Interest and Strengthening Workshop	April 30, 2013 June 26-28, 2013
Phase II:	Letters of Intent	October 2, 2013
Phase III:	Full proposals	February 28, 2014

Who is eligible to apply to this call for Phase II Letters of Intent?

Letters of intent must propose a pan-Canadian network which fully addresses the scope of research and systems change described in this call. The network must propose to undertake system changes in a minimum of three provinces/territories during its five years of funding. The majority of the proposed network's leadership should be composed of groups which were selected in Phase I to participate in the TRAM Strengthening Workshop.

The network **must include** active participation and a lead from each of the following five stakeholder groups: 1) patients/family representatives; 2) policy makers; 3) researchers; 4) service providers; 5) community organizations, and other stakeholders as appropriate.

Important note: This document provides only a general overview of LoI requirements. For specific application instructions, see the full funding opportunity on CIHR website at www.researchnet-recherchenet.ca/rnr16/vwOpprtntyDtIs.do?prog=1779&view=search&terms=TRAM&type=EXACT&resultCount=25

Table of Contents

- 1. Introduction.....1**
 - What is TRAM?..... 1
 - Who is guiding TRAM? 1
 - Why do we need TRAM? 1
 - What is different about TRAM? 2

- 2. The Network to be created through this process.....2**
 - Network Goal and Objectives 2
 - Network Scope..... 3
 - Network leadership, structure and governance..... 3
 - What we are looking for in a network 4

- 3. The network development process4**
 - Phases and Timeline – **note changed dates in red**..... 5
 - Phase I: Expressions of Interest and Strengthening Workshop..... 5
 - Phase II: Letters of Intent..... 6
 - Phase III: Full Proposals..... 6

- 4. Overview of Phase II Lol requirements (new section).....7**
 - Eligibility to Apply to Phase II: Letters of Interest..... 7
 - Key elements of a Phase II Letter of Intent..... 7
 - Performance measurement..... 13
 - For more information 13

- 5. The TRAM partners13**

1. Introduction

What is TRAM?

[Transformational Research in Adolescent Mental Health \(TRAM\)](#) is a partnership of the [Graham Boeckh Foundation](#) (GBF) and the [Canadian Institutes of Health Research \(CIHR\)](#). GBF and CIHR have combined their financial and intellectual resources in order to support highly-innovative approaches to making a real difference in improving mental health outcomes for young people in Canada within five years.

Through TRAM, the Partners will work hand-in-hand with mental health communities across Canada over the next year, to collectively build one unique pan-Canadian research-to-practice network. The Network will unite patients/family representatives, policy makers, researchers, service providers, community organizations and other stakeholders to move innovative interventions, practices, therapies or policies out of the research environment and into common use in the real world.

Together the partners will invest \$25M to support one selected network for five years. This partnership with the Graham Boeckh Foundation is a key CIHR initiative under its [Strategy for Patient-Oriented Research \(SPOR\)](#) – a new way of working collaboratively with the provinces/territories and like-minded partners to transform the health care system through meaningful high-impact research.

Who is guiding TRAM?

TRAM involves several key partners. The **Graham Boeckh Foundation** is a private foundation created by J. Anthony Boeckh and his family to fund transformational initiatives in the area of mental health and other related disciplines. The **Canadian Institutes of Health Research** is the Government of Canada's health research investment agency. CIHR's **Institute of Neurosciences, Mental Health and Addiction** is providing key scientific leadership in this initiative.

The **TRAM Collaborating Selection Panel** will work with participants to help build stronger network proposals, and will monitor and mentor the successful Network post-award. This international panel brings together representatives with diverse and complementary perspectives and experiences of mental health: it is composed of patient representatives, individuals with extensive mental health policy and service delivery experience and internationally-renown scientists with expertise in patient-oriented mental health research and knowledge translation.

This network development process is supported by the TRAM "**Partnership Team**" working to facilitate communication between the mental health community and the Partners; it will ensure that stakeholders across Canada become aware of this Call, and support their efforts to participate in the network development process. [Connect with the Partnership Team.](#)

Why do we need TRAM?

Seventy five percent of mental health problems and illnesses begin prior to the age of 25 years, more than 50% between 12 and 25 years. Young people are more likely to experience mental health disorders than any other age group, and yet they have the least access to mental health care. Existing services are designed for younger children and older adults: the system is weakest where it should be strongest. So while we know that early intervention is key, youth are the least likely of all people to have any contact with the health care system and get the care they need. As a result, mental illness takes an enormous toll on youth and their families, with high levels of preventable morbidity, mortality, and life-long illness.

There is therefore a need for transformational change in addressing adolescent and youth mental health and wellbeing. The gap between research evidence and practice must be bridged if patients and families are to benefit from effective interventions across human service domains (e.g. health, education and social services). Many promising interventions that are found to be effective are only implemented within the academic settings in which they were developed and may often fail to translate into meaningful and scalable patient care outcomes. Further, we need a new wave of therapeutic innovation and translation in both biological and psycho-social therapies. ([See TRAM Fact Sheet](#))

The coordinated involvement of all stakeholders - patients/family representatives, policy makers, researchers, service providers, community organizations and others – is critical to ensure that evidence-based findings are effectively implemented across jurisdictions, in new cultures of care, and across a wide range of contexts to achieve success on a national scale.

What is different about TRAM?

TRAM is focused on having real world impact. In this context, research is a key tool and a means to an end, but not an end in itself. Research findings published in high profile journals will be valued but they will not, in themselves, signal the success of the initiative. TRAM is:

- An ongoing, iterative process to collectively develop network proposals, in which the funders as well as researchers and mental health stakeholders are all active participants.
- Focused on achieving demonstrable systems change and better health outcomes in five years.
- Metric driven: the Network will clearly define its specific goals and how it will measure progress.
- Network-based, national, multi-institutional, multi-disciplinary and collaborative, intended to break down silos, build collaboration and place patients squarely in the centre of the initiative.
- Co-created: led by CIHR and a charitable foundation, the Graham Boeckh Foundation, it is a new kind of partnership that connects private and government funding to achieve a clear important goal.

2. The Network to be created through this process

Network Goal and Objectives

Through research and implementation of transformative intervention approaches, **the Network will catalyze fundamental change in youth and adolescent mental health care in Canada.** In five years, new approaches, proven in at least one setting, will begin to substantially increase the number of 11 to 25-year olds who are identified as in need of services and who will receive quality, timely and appropriate care. Implementation science will inform this transformation and scale-up in other settings.

Specific objectives for the Network are to:

1. Conduct research on the effectiveness of known, and as needed novel interventions in broad settings and populations and demonstrate their impact on patient mental health.
2. Develop new methods for implementing evidence-informed practices, policies and programs and demonstrate how these can improve patient outcomes and satisfaction, access to care, and efficiency and value for the health care system.
3. Conduct research involving many researchers and centres linked nationally within the Network to generate evidence and innovations that advance practice and policy changes leading to

identifiable and measurable improvements in patient health, health care and efficiency and effectiveness of service delivery.

4. Ensure these first three objectives are clear, measurable and impactful, the Network will articulate a set of clear, measurable milestones as well as metric-driven challenges to document impact on specific target problems.

Network Scope

The Partners recognize the inherent challenge in building a pan-Canadian network which integrates patients/family representatives, policy makers, researchers, service providers, community organizations and other stakeholders as partners; addresses complex systems change; and demonstrably improves health outcomes in just five years. Many important and valuable ideas will simply not be able to be pursued through this initiative so careful identification of the Network strategy and focus will be necessary to achieve success in a five year time frame.

Target population

The Network will focus on the population with the greatest need for better care: youth and adolescents between the ages of 11-25. While youth “at risk” are unquestionably in need of better services, the network will specifically address youth who are *already experiencing* mental health challenges of some kind, even in their earliest forms. Its target therefore is to find and/ or serve those who *are* - or who *should* be - patients of the mental healthcare system **regardless of whether they have been, or currently can be, clearly identified as experiencing a specific mental illness.**

Research scope

The Network will seek to make better use of existing research in order to transform service delivery to youth. However, research may also address new or enhanced interventions if needed to achieve the goals set out, and where doing so is feasible in the five-year time for impact. The Network will need to be adaptable and flexible in integrating new approaches as new evidence becomes available.

The Network will focus on the target population and the spectrum of their mental health needs, rather than any specific disease. It must pay great attention to identifying and working with the settings in which young people can be found; it must be acknowledged that these are not typically within the health care system. The TRAM partners and Collaborating Selection Panel will be looking for new approaches, proven in at least one setting and accompanied by research and findings from implementation science to inform transformation and scale-up in other settings.

Network leadership, structure and governance

TRAM does not define a specific required network structure or governance model; instead, network models are expected to emerge from the Network development process. The eventual structure and governance of each proposed network should be appropriate to achieve their defined goals, and justified using evidence of what works and does not in successful research-to-practice networks. Even participants who start with a pan-Canadian network concept in their Expression of Interest should be prepared to evolve their proposals to incorporate new ideas and people during this process.

It is expected that, the successful Network structure will:

- Provide a coherent and shared vision which guides selection of network participants/ activities.
- Define a leadership model, ideally shared, designed to support achievement of the defined goals.

- Build its team as an equal partnership between researchers and key stakeholders, where each has defined roles and responsibilities, and brings different but essential expertise and resources.
- Integrate and effectively engage all the key stakeholder groups: 1) patients/family; 2) policy makers; 3) researchers; 4) service providers; 5) community organizations, and others as needed.
- Involve multiple jurisdictions, including international partners if appropriate.

What we are looking for in a network

In selecting the one final network to be funded in Phase III, the Collaborating Selection Panel will focus on the strength of the evidence in the proposal that the Network integrates the right people in the right way, focused on the right goals, to make transformational change in five years. In particular, evidence that:

- a) The Network is a real partnership between 1) patients/family; 2) policy makers; 3) researchers; 4) service providers; 5) community organizations and others, with shared leadership, pooled resources, and equal commitment to success demonstrated by all key participants.
- b) The Network's strategy is creative, innovative, focused, and has high potential for transformational change within the five-year timeframe.
- c) The strategy is practical and demonstrates an understanding of the realities of health care financing, politics, policy and practice, and how change actually happens.
- d) The Network attracts and integrates the people, resources, investments and organizations - within and outside the health care system - most needed to realize and sustain the proposed transformation: the network must be positioned to influence the key levers of change.
- e) The Network structure will effectively support research into implementation needed to catalyze the wide-spread uptake of intervention approaches.
- f) A path to transformation is articulated, defining how progress towards change will be measured at five years, including evidence that the strategy has worked in at least one province.
- g) The Network has responded to the "metric challenge", by providing meaningful and measureable quantitative targets and indicators of how its outcomes can be evidenced.
- h) The Network will use TRAM funds, participant resources, and leveraged investments in ways most likely to improve the mental health outcomes of 11-25 year olds over the next five years.

3. The network development process

An Expression of Interest process has been designed to encourage a wide range of creative mental health leaders to share innovative ideas and to indicate the role they envision for their possible participation. Because Phase I is foremost about identifying key people and opportunities, Expressions of Interest can be submitted by either nascent pan-Canadian networks, or smaller teams which might ultimately be merged together or with a larger proposal. A unique, iterative development process will link and connect these ideas and people to prepare complete pan-Canadian network proposals, and ultimately, select one to fund.

The intent of this process is to encourage dialogue between applicants to create the strongest possible network proposal. TRAM's innovative and proactive approach to building a successful network included substantive input from the Collaborating Selection Panel in the design of the Call, and a Strengthening Workshop built into the selection process to bring together applicants, Collaborating Selection Panel members and other stakeholders. **Through this three-phase process, a network will emerge.**

Phases and Timeline – note changed dates in red

Phase	Major steps	Key points	Deadline
Phase I	Expressions of Interest due	Welcomes <u>two</u> kinds of proposals: 1) a nascent pan-Canadian research-to-practice network 2) a team which could become a part of a full pan-Canadian research-to-practice network	April 30, 2013
	Collaborating Selection Panel provides Expression of Interest decisions and advice	Panel will provide early feedback to applicants regarding potential mergers, expansions and other changes	May 31, 2013
	Strengthening Workshop	Mandatory for all Expression of Interest groups selected to participate in the network development process	June 26-28, 2013
Phase II	Letters of Intent due	Letters of Intent from Workshop participants for a <u>pan-Canadian network</u>	October 2, 2013
	Collaborating Selection Panel provides Letter of Intent decisions & advice for development	Panel provides feedback to successful Letter of Intent applicants to support the next phase of development	November 8, 2013
Phase III	Full Proposals due (from short-list of Letter of Intent applicants)	Applicants invited to submit a Full Proposal will receive a development grant of up to \$25k	February 28, 2014
	Final decision	<u>One network</u> will be chosen for support	April 30, 2014

Phase I: Expressions of Interest and Strengthening Workshop

In Phase I, the intent is to identify the key groups, resources and ideas which may be important components of a pan-Canadian network. In Phase I, submissions will be accepted from both **nascent pan-Canadian** research-to-practice networks and **teams that could become a part of** a full pan-Canadian network. The intent is to ensure that great ideas and teams all have a chance to participate in the Network development process, even if they are not yet integrated into a pan-Canadian network. In Phase I, participants **are applying to partake in a network development process, not for traditional grant funding.**

In Phase I, TRAM is looking for good ideas that could be or be part of a pan-Canadian network. A five-page submission will be judged primarily on the importance and relevance of the ideas presented, the potential of the ideas to contribute to transformational systems change and better mental health outcomes in five years and the quality and breadth of the group submitting the Expression of Interest. Applicants who respond to the Call for Expressions of Interest will be provided with guidance and advice from the Collaborating Selection Panel regarding potential approaches to merging and integrating with other groups who also submitted Expressions of Interest.

The Panel will select the groups invited to continue participating in the Network development process. The leadership of each selected group, representing all necessary stakeholder perspectives, will be

required to participate in a three-day strengthening workshop (June 26-28, 2013) where they will present their ideas. This workshop will provide substantial opportunities for exploring potential synergies and partnerships with other participants. The purpose of this workshop is to assist shortlisted applicants to strengthen their proposals in ways that ensure the desired transformative change is successfully delivered in this ambitious timeframe. Participants will also learn more about the specific objectives of the TRAM Partners, and what they expect from a “metric-driven” driven network. TRAM is currently developing a travel policy for participant groups.

See the TRAM website www.tramcan.ca for the Phase I Call for Expressions of Interest (including application requirements and review criteria), as well as descriptions of the groups selected to continue in the network development process.

Phase II: Letters of Intent

What we are looking for

In Phase II, the Partners will accept Letters of Intent from proposed networks which have emerged through the Phase I process to date, and have achieved pan-Canadian scope.

Given the potential complexity of the ideas, strategies and proposal requirements which must be integrated to move from Phase I to a Full Proposal, and the potential investment of energy to do so, TRAM includes this Letter of Intent step to ensure that only those with a reasonable chance of building a competitive full application proposal move forward.

Post-workshop, groups will have an opportunity to describe their newly shaped network proposal and be assessed for their ability to meet TRAM’s goals *before* investing the time needed to fully build the partnerships and structures required for a successful full proposal.

How submissions will be judged

The Collaborating Selection Panel will be looking particularly for a vision and strategy with high potential for transformative change in mental health care delivery and outcomes in five years. The Panel will assess whether the described network leadership, structure and team(s) seems to include the appropriate people and organizations to make and sustain the proposed changes. The panel will be looking for evidence that the proposed network understands the goals of TRAM, and is based on compelling logic for how the proposed activities of the network will lead to the intended impacts on patients.

Those groups which are invited to submit a Full Proposal will be provided with a development grant of up to \$25,000 each to build their network, partnerships and full proposal.

An overview of the Phase II requirements is provided in section 4; for full instructions go to www.researchnet-recherchenet.ca/rnr16/vwOpprtntyDtls.do?prog=1779&view=search&terms=TRAM&type=EXACT&resultCount=25

Phase III: Full Proposals

In the final stage of the process, full proposals will be reviewed by the Collaborating Selection Panel, using selection criteria which will be based on the guiding principles outlined in this document.

Details of the application procedure will follow at a later date.

4. Overview of Phase II Lol requirements (new section)

Important note: This document provides a general overview only. For specific application instructions, see the full funding opportunity on CIHR website at

www.researchnet-recherchenet.ca/rnr16/vwOpprtntyDtIs.do?prog=1779&view=search&terms=TRAM&type=EXACT&resultCount=25

Eligibility to Apply to Phase II: Letters of Interest

In Phase II, the Partners will accept Letters of Intent from proposed networks which have emerged through the Phase I process to date, and have achieved pan-Canadian scope.

To be eligible to apply to Phase II, the network proposal must incorporate the following:

- 1) All Letters of Intent **must include** active participation and a lead from all stakeholder groups listed below with a direct interest in the mental health needs of 11-25 years olds:
 - a) Patient/family representatives;
 - b) Policy makers;
 - c) Researchers;
 - d) Service providers;
 - e) Community organizations
- 2) Pan-Canadian – participant representation from a minimum of three provinces/territories
- 3) Full age range of 11-25

Key elements of a Phase II Letter of Intent

As articulated in the TRAM funding opportunity, GBF and CIHR have embarked on a major initiative to significantly improve youth and adolescent mental health care in Canada. The network funded by TRAM must therefore lead to fundamental change in health outcomes within five years. **To do so, the network must implement evidence-based approaches which address both sides of the major care gap in Canada:**

1. **Substantially increase the number of 11 to 25-year olds identified as in need of services.**
2. **Substantially increase accessibility, quality, timeliness, appropriateness and effectiveness of the care they receive.**

Transformative change cannot be achieved by doing a bit more a bit better. It will require approaches that are conceptually different, rather than incrementally improving the status quo. For example, transformative change is expected to:

- Involve revolutionary, not incremental change: new ways of thinking about the problem.
- Require a systems approach, rather than addressing individual elements or issues.
- Make changes at many levels, and integrates them.
- Be driven by a compelling central vision, delivered at the front-lines by leaders who have become convinced of the importance of the change.
- Emphasizes the cultural change essential to achieving organizational and systems change so must be based in understanding of how organizations learn and systems change.
- Require building strong relationships and trust.

- Change identities and relationships, often requiring individuals to step out of their comfort zones.

If done successfully, this will lead to the integration of:

- Highly effective outreach strategies.
- Increased case identification including increased community capacity to help identify 11 to 25-year olds in need of care as early as possible.
- Shared decision making, with meaningful participation of 1) patients/family; 2) policy makers; 3) researchers; 4) service providers; 5) community organizations.
- Empowered youth and family members driving change at the systems level.
- Significant increase in access to care for 11-25-year olds in need.
- Standardized and effective treatment protocols and implementation of evidence-based best practices.
- Measurable improvements in patient health, health care and efficiency and effectiveness of service delivery.

At the LOI phase of the network development process, the Collaborating Selection Panel will be looking particularly for a vision and strategy with high potential for transformative change in mental health care delivery and outcomes in five years. The Panel will assess whether the described network leadership, structure and members include the appropriate people and organizations to make and sustain the proposed changes. The Panel will also be looking for evidence that the proposed network understands the goals of TRAM, and its strategy is based on compelling logic for how the proposed activities of the network will lead to the intended impacts on patients. Finally, the network must outline its research plan, demonstrating that it will develop the sound evidence base required to support change.

The below LOI selection criteria and corresponding application requirements have been developed for the LOI stage of the network development process. Applicants will have the opportunity to obtain \$25,000 in development funds if approved at the LOI stage of the competition. A budget breakdown and explanation of planned activities for the development funds will be required in the LOI application.

LOI Selection Criteria	LOI Application Requirements
<p>1) Potential for Transformative Change: Vision, Rationale and Priorities</p> <ul style="list-style-type: none"> • Focus and coherence of the pan-Canadian network’s strategy including its vision, rationale and priorities. Pan-Canadian will be defined as a minimum of three provinces/territories. • Added-value the network will bring in terms of expected outcomes and impacts within the timeframe proposed. In other words, what is the likelihood that the activities of the network will increase the identification of 11-25 year olds in need of services who will subsequently be in need of quality, timely and appropriate care? 	<ul style="list-style-type: none"> • Describe the overall network strategy including its vision, rationale and priorities. • Explain how the vision is transformative to youth and their families and how it will impact system change to enhance service delivery. • Describe the network’s scope in terms of geography, types of settings and populations, and health issues addressed. • Explain how the network will transform: <ul style="list-style-type: none"> ○ How we identify more youth in need, sooner. ○ The quality of the care they receive. • Describe the role of the network in the current landscape, including a description of 1) how the network will complement existing activities 2) the added value of the network and 3) why the network is essential in ensuring the intended impact in the timeframe proposed.
<p>2) 2. Path to Transformation: Potential Impact, Sustainability and Feasibility</p> <ul style="list-style-type: none"> • A path to transformation is articulated, including evidence of a scale up and sustainability plan, also defining how progress towards change will be measured throughout and at five years, including evidence that the strategy has worked in at least one province. • Quality of the network strategy in that it is creative, innovative, focused, and has high potential for transformational change in mental health care delivery and outcomes, within the five-year timeframe. • Relevance and quality of a partner engagement strategy and how it demonstrates the leveraging of resources and long-term sustainability. • Relevance of self-assessed barriers and enablers to the strategy and appropriateness of the plan to address them. 	<p>Describe the path to transformation, i.e. how the network will demonstrably increase access to enhanced quality of care, and improve outcomes on an individual and systems level:</p> <ul style="list-style-type: none"> • How the needed (new) interventions address key access gaps and how new outreach and delivery systems will be identified. • How the approaches selected are expected to impact youth and their families, and health services and systems. • How approaches will be selected and tested, implemented, scaled up and sustained. • What services, delivery, organization structures, human resources, regional and provincial policy and funding structures, etc. will need to change in order to implement the changes. • Whose buy in and leadership will be required at each step in order to succeed in making these changes. • How the needed people and resources will be secured and integrated,

	<p>including:</p> <ul style="list-style-type: none"> ○ How patients and family will be engaged and effectively supported to be network participants and leaders. ○ How service providers and the community will be mobilized to help create awareness and identify youth needing care as early as possible. ○ How policy makers are engaged and demonstrate their commitments, including leveraged resources needed for scale-up and sustainability. ○ How researchers will contribute evidence-based approaches aimed at informing best practices and policy. <ul style="list-style-type: none"> ● Describe the strategies for ensuring relevant youth and adolescents’ access the resource(s). ● How progress towards change will be measured throughout and at five years. <p>Describe barriers and enablers:</p> <ul style="list-style-type: none"> ● Self-assessed barriers to the strategy and a description of the plan to address them. ● Enablers to the strategy and how they represent readiness for transformation. ● How health equity considerations have been incorporated. ● Existing and new resources, description of how they will be aligned/mobilized, leveraged and evidence to advance its strategic objectives. <p>Provide letters from current or planned partners and collaborators outlining their role, activities, authorities, accountabilities and contributions (including intellectual, financial and other resources).</p>
<p>3) Research Informing Transformation: Quality of the Program of Research</p> <ul style="list-style-type: none"> ● Quality of the proposed research program. ● Extent to which the research program is patient-oriented 	<p>Describe the program of research.</p> <ul style="list-style-type: none"> ● Why this research is essential to changing how we identify and care for

<p>– that it reflects patients’ needs and is focused on improving patient outcomes and satisfaction.</p> <ul style="list-style-type: none"> • Relevance of the research program for end users (e.g. patients, health service providers). • Extent to which the research includes assessment of relevant outcomes. 	<p>youth with mental health needs.</p> <ul style="list-style-type: none"> • How the network will ensure internal and external validity of the findings. • Where the research fits in to the overall network strategy, and how it will be integrated with other network activities. • Who is involved, and how, in defining the research questions and the research plan? • Metrics to include the number of individuals identified in need of services and increased accessibility, quality, timeliness, appropriateness and effectiveness of the care they receive.
<p>4) Capacity of Network to Achieve Transformation: Strength of Team</p> <ul style="list-style-type: none"> • Strength of the network leadership demonstrating that it is a real working partnership by effectively integrating all key stakeholder groups including 1) patients/family representatives; 2) policy makers; 3) researchers; 4) service providers; 5) community organizations, and others as appropriate, with shared leadership, pooled resources, and equal commitment to success demonstrated by all key participants. • Evidence that the network is working to attract and integrate the right people, resources, investments and organizations - within and outside the health care system - most needed to realize and sustain the proposed transformation so that it is positioned to influence the key levers of change. • Evidence of shared leadership, as demonstrated by shared decision-making authority, clearly defined roles, responsibilities and contributions, pooled intellectual, financial, and other resources, and other demonstrations that all key participants are highly committed to making transformative change happen. 	<ul style="list-style-type: none"> • Provide a brief personal CV of all key network members (maximum four (4) pages per applicant); core team must include at least one leader from each of the five stakeholder groups. • In a table format (*sample below), name all key team members with their affiliation, province, relevant expertise and the key stakeholder group they are representing. • Describe what each partner or group brings to, and gains from, the network, and why their participation is required to successfully get better care to more youth. • Describe the plan to attract and integrate the people, resources, investments and organizations needed to realize and sustain the proposed transformational changes. • Explain how the network membership supports youth directed initiatives that enhance the power of young people to drive change at the systems level.

**5) Ability of Network to Optimize the Path to Transformation:
Governance**

- Appropriateness of the network's structure, functioning and governance to achieve defined goals, justified by using evidence of what works, and what does not, in successful research-to-practice networks.
- Presence of significant patient/family, policy maker, researcher, service provider, and community integration as well as participation in the governance of the network.
- Evidence that the network structure will effectively support the implementation of the research to catalyze the wide-spread uptake of intervention approaches.

- Organizational chart
- Description of the network's structure and governance, including all key stakeholder groups.
- Define the role of all major network participants, including their authorities and accountabilities in both decision making and network activities also demonstrating appropriate inclusion of all key stakeholder groups.

Performance measurement

TRAM will require the successful Network to provide annual reporting on agreed performance measures. TRAM will also require the successful Network to provide annual reporting to the Partnership Governance Committee (PGC) on agreed performance measures. Based on the recommendations of the PGC, the Parties may decide to withhold funding if appropriate milestones are not met by the Network, pending action to remedy the situation.

The Network will also be required to participate in any other evaluation or performance measurement activities deemed necessary by TRAM. These include, but are not limited to: completion of a CIHR end of grant report using the Research Reporting System; participation in an overall evaluation of CIHR's Strategy on Patient-Oriented Research Initiative; and any other evaluative activities mandated under the Treasury Board of Canada's Evaluation Policy (2009).

Longer-term effectiveness of the Network's activities will be assessed in follow-up research studies after the end of the funding period.

For more information

For questions on CIHR funding guidelines, how to apply, and the peer review process contact:

Colleen Gushue
Strategic Programs Design and Analytics
Canadian Institutes of Health Research
Email: colleen.gushue@cihr-irsc.gc.ca
Phone: 613-941-4394

For questions about this initiative and research objectives contact:

Jacques Hendlisz
Partnership Lead, TRAM Initiative
514-952-2739
j.hendlisz@icloud.com
<http://tramcan.ca/>

5. The TRAM partners

Canadian Institutes of Health Research (CIHR) (www.cihr-irsc.gc.ca)

The Canadian Institutes of Health Research (CIHR) is the Government of Canada's health research investment agency. CIHR's mission is to create new scientific knowledge and to enable its translation into improved health, more effective health services and products, and a strengthened Canadian health care system. Composed of 13 Institutes, CIHR provides leadership and support to more than 14,100 health researchers and trainees across Canada.

Graham Boeckh Foundation (GBF) <http://www.grahamboeckhfoundation.org/>

The Graham Boeckh Foundation (GBF) is a private foundation created by J. Anthony Boeckh and his family to fund initiatives in the area of mental health and other related disciplines. GBF aims to improve mental health care in Canada by strategically leading and funding projects in basic research, research translation, and community outreach.