Request for Applications (RFA): BD² Integrated Network Learning Health Network Consultant

December 2025

PERTINENT DATES	
RFA Released	December 8, 2025
Submission Deadline	February 9, 2026
Projected Award Notification	March 2026
Anticipated Project Start Date	May 2026

The Opportunity Snapshot

Breakthrough Discoveries for thriving with Bipolar Disorder (BD²) seeks applications from qualified organizations or teams to serve as a consultant to the Integrated Network's Learning Health Network (LHN).

The Integrated Network is part of a multidisciplinary initiative to increase understanding of the heterogeneity, progression, and underlying biology of bipolar disorder and, ultimately, to identify novel strategies for improved care and intervention. The consultant selected through this RFA will play a pivotal role in advancing the continued evolution of BD²'s LHN into a coordinated, collaborative system that harnesses real-world data and shared learning to drive measurable improvements in care and outcomes for people living with bipolar disorder. BD² plans to award between $250,000 and $400,000 USD over a one-year period to the successful applicant.

About BD²

Bipolar disorder is a highly complex and heterogeneous condition that is often debilitating. Even though it affects up to 3% of individuals worldwide and is recognized as a leading cause of disability, little is known about its biology. Advancements in our understanding of illness development and its implications for treatment decisions remain inadequate, with major care gaps and morbidity that prevent people from thriving.

BD² is the first organization focused on funding and advancing research and care for bipolar disorder on a global scale. Our collaborative, open-science approach is intentionally designed to transform and shorten the time it takes for scientific breakthroughs to make a meaningful difference in the lives of the tens of millions of people with bipolar disorder.

About the BD² Integrated Network

The purpose of the Integrated Network is to improve the health and well-being of people living with bipolar disorder by engaging a network of collaborating investigators and clinicians to:

    i.   Build an unprecedented data ecosystem for bipolar disorder comprised of longitudinal clinical and biological data

    ii. Implement and inform data-driven improvements in care

    iii. Generate novel insights for interventional approaches

In partnership with people living with bipolar disorder, clinicians, and researchers, BD² established the Integrated Network in 2022 to accelerate research and dramatically improve systems of care for bipolar disorder. It embraces a two-pronged approach: a traditional Longitudinal Cohort Study (LCS) designed to generate in-depth phenotypes of bipolar disorder over time and a Learning Health Network (LHN) to iteratively improve outcomes.
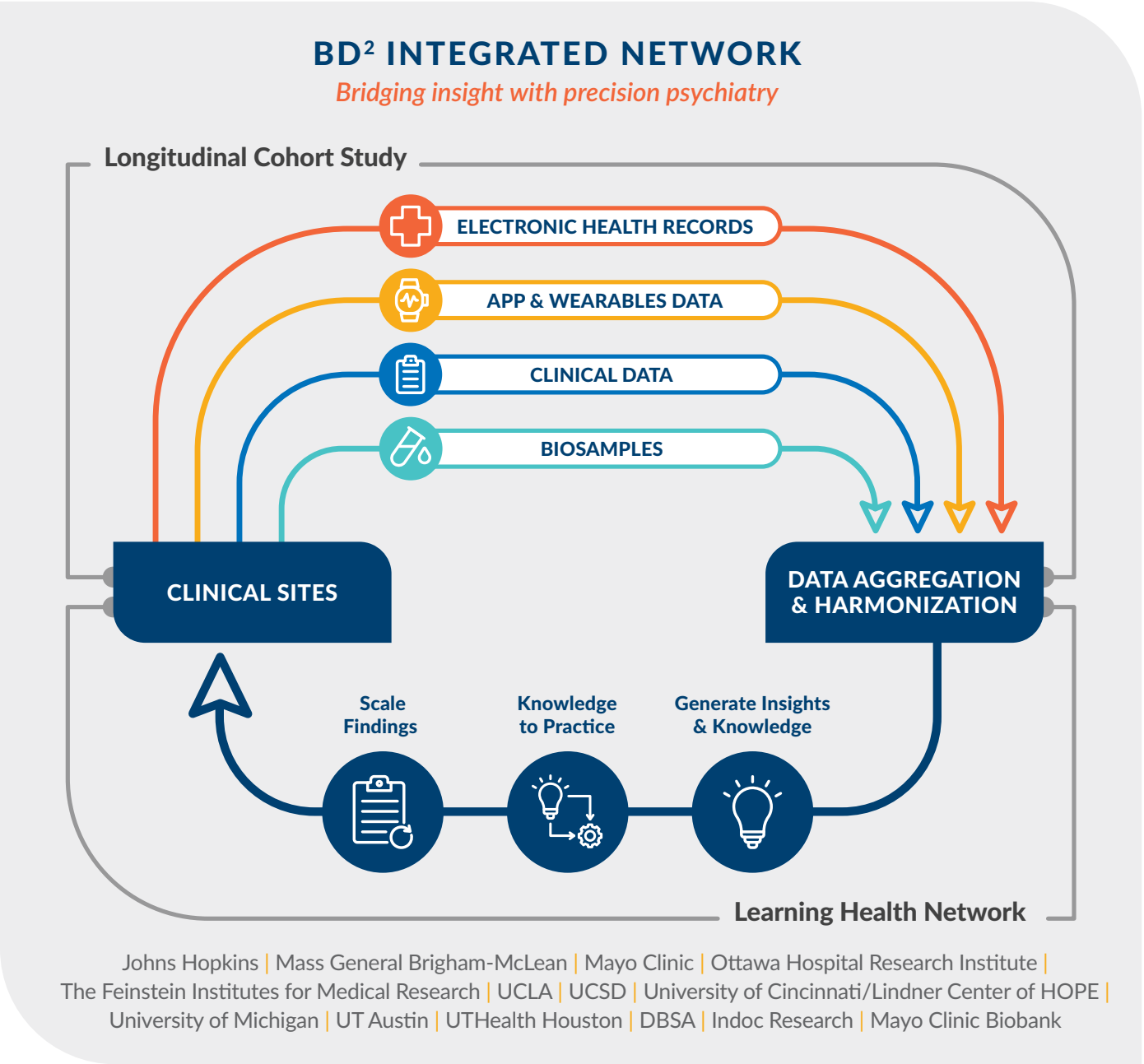
The Longitudinal Cohort Study (LCS)

The Integrated Network is conducting deep phenotyping of a diverse group of people with bipolar I disorder to accurately capture the trajectory of the disease and to clarify its underlying biology. This enables the identification of key clinical (e.g., recurrence rate, comorbid diagnoses, early life adversity, sleep disruption, cardiovascular risk), neural (e.g., structural changes in gray matter, white matter disease, cognitive deficits), and biological (e.g., inflammation, elevated stress hormones, genomics) processes that drive outcomes in bipolar disorder. The overall goal is to recruit and retain 4,000 participants with bipolar I disorder across 15 unique study sites. As of November 2025, over 1,000 participants have been enrolled in the LCS.

The Learning Health Network (LHN)

BD² bridges research and clinical practice through cross-disciplinary collaboration, data sharing, and innovation. It aspires to a world where scientific discovery and clinical care operate as a learning system that continuously improves the lives of people with bipolar disorder. To advance toward this aspiration, BD² developed a novel, integrated approach that connects research and care to accelerate discovery research and dramatically improve systems of care (Figure 1). As part of this effort, the BD² LHN was established to provide the necessary infrastructure, governance, and coordination to support continuous learning and collaboration across participating sites.

At each study site, a core team of clinicians implements best clinical practices with their patients and learns from other teams within the network to enhance their care through evidence-based approaches. These clinicians, with local IT support, will be champions of the LHN within their institution and work to implement on-the-ground, near-real-time improvements in clinical care based on emerging insights generated from network data.

Figure 1. Overview of the BD² Integrated Network.

BD² INTEGRATED NETWORK
Bridging insight with precision psychiatry

Longitudinal Cohort Study

ELECTRONIC HEALTH RECORDS

APP & WEARABLES DATA

CLINICAL DATA

BIOSAMPLES

CLINICAL SITES

DATA AGGREGATION & HARMONIZATION

Scale Findings | Knowledge to Practice | Generate Insights & Knowledge

Learning Health Network

Johns Hopkins | Mass General Brigham-McLean | Mayo Clinic | Ottawa Hospital Research Institute | The Feinstein Institutes for Medical Research | UCLA | UCSD | University of Cincinnati/Lindner Center of HOPE | University of Michigan | UT Austin | UTHealth Houston | DBSA | Indoc Research | Mayo Clinic Biobank

The BD² Integrated Network brings together research and care in a unique way that sets the stage for personalized care. The ultimate model of change will come from combining these data streams and processes in novel ways. Through the Learning Health Network, we facilitate the application of findings from the Longitudinal Cohort Study data to care settings. The Integrated Network is supported by centralized service partners that provide expertise in data management, clinical coordination, and communications, ensuring coordination and consistency across sites.

Centralized Service

A foundational characteristic of this initiative is the use of centralized service providers. This includes a Clinical Coordinating Center (CCC) and a Data Coordination Center (DCC). These providers standardize clinical and data processes, including the administration of psychological assessments as well as data capture and distribution. Personnel from the centralized service teams will work closely with the application service provider to ensure successful integration into the study.

The Clinical Coordinating Center

The CCC, led by the Feinstein Institutes for Medical Research, is managed by a team of bipolar disorder clinicians and care providers. The CCC team coordinates the central IRB approval and works with each study site to obtain local IRB ceding approval. Members of the CCC team perform a variety of clinical assessments, including structured interview-based validation of the bipolar I diagnosis and comorbid psychiatric diagnoses, mood symptom ratings, sleep surveys, and more. Centralizing these services allows for improved standardization of the assessments.

The Data Coordination Center

The DCC and the Central Data Repository (CDR) are both managed by Indoc. The DCC is responsible for supporting program data standardization and harmonization efforts, as well as aggregating and integrating data that are collected across sites and modalities. The DCC-operated BD² Data Platform (Indoc Pilot Platform) houses clinical data, biosample data, neuroimaging data, and mobile health data collected from study participants. The app service provider sends data directly to the BD² Pilot Data Platform. Data scientists work with the app service provider to ensure that incoming data are correctly standardized, packaged, and meet the initiative's criteria.

Funding

This Request for Applications (RFA) seeks a qualified organization to consult on and advance BD²'s LHN infrastructure by strengthening a coordinated, data-driven environment that (1) accelerates continuous learning and (2) translates new knowledge into clinical practice to improve outcomes for people living with bipolar disorder. The successful applicant will be awarded between $250,000 and $400,000 (USD) over a 12-month period to undertake the work described in the "Scope of Work" (below).

Eligibility

Participation in this RFA is by invitation only. Proposals will be accepted solely from organizations identified by BD².

Scope of Work

BD² seeks to engage a qualified organization to serve as a consultant in helping mature and scale the LHN within the Integrated Network. The consultant will work collaboratively with BD², its centralized partners, and participating sites to strengthen the governance, operations, and sustainability of the LHN. This engagement aims to enhance the LHN's capacity as a continuous learning system that integrates discovery and care, advances shared learning, and improves outcomes for people living with bipolar disorder.

Key Activities and Anticipated Results

Domains of Focus	Key Activities	Anticipated Results
Learning Health System Strategy and Implementation	• Guide the LHN's phased development as a true Learning Health System (data-driven, iterative, co-produced). • Co-develop a roadmap[1]-aligned implementation strategy. • Support network governance and scale-up planning.	• Engaged site participation across the network. • Clear roadmap-to-practice alignment. • Scalable and replicable LHN model.
Data and Learning Infrastructure	• Evaluate data and learning systems and integrate principles throughout LHN activities and the network to ensure continuous learning. • Identify opportunities to better leverage EHR and research data for shared learning and improvement. • Develop strategies to enhance data integration, feedback loops, measurement frameworks, and operational outcomes.	• Improved systems for data sharing and feedback across sites. • Stronger integration and evaluation between discovery research and clinical learning processes.
Capacity Building and Community Engagement	• Facilitate learning activities that connect clinicians, researchers, and people with lived experience. • Develop robust tools and curricula that strengthen shared learning, quality improvement, and collaboration. • Support mechanisms for cross-site exchange and knowledge dissemination.	• Deepened engagement of multidisciplinary stakeholders, including people with lived experience. • Increased network-wide capacity for learning and quality improvement.
Sustainability and Community Improvement	• Identify key functions and resources needed to sustain network operations beyond the contract period. • Develop and integrate sustainability principles and strategies for coaching, scaling, monitoring impact, and embedding sustainability processes into practice.	• A clear sustainability roadmap and metrics for ongoing monitoring. • Embedded, strengthened, and accountable culture of continuous learning and improvement within the network.

Specific activities, results, and timelines will be refined collaboratively during the initial assessment phase, in consultation with BD² and its centralized partners. Adjustments may be made to reflect findings, stakeholder input, and evolving program needs. All refinements will remain aligned with BD²'s objectives to strengthen and sustain the LHN.

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[1] Drafted by BD², the LHN roadmap is focused on strategic growth, structured learning, rigorous evaluation, and sustainable impact. It charts a path forward over the next five years and will be shared with the awardee.

Application Components

Interested applicants should complete the application through the online grant portal: [HERE](). The application assesses the applicant's suitability to join the Integrated Network and consists of a series of questions and prompts, as outlined below. These are designed to assess the applicant organization's prior experience and proposed approach to advancing the BD^2 LHN. They reflect BD^2's priorities for this engagement and align with the domains of focus outlined in the Scope of Work. Responses should demonstrate a clear understanding of BD^2's objectives, a thoughtful and practical approach to strengthening the LHN, and a commitment to advancing sustainable, data-driven improvement.

Written Responses

I. **Organization Profile**

1. Provide your organization's name. *[Max word count: 250]*

2. Provide the name and email of the primary contact at your organization. *[Max word count: 250]*

3. Provide a general overview of your organization, including team size and specializations. *[Max word count: 500]*

II. **Learning Health Systems (LHS) Experience**

1. Describe your organization's prior experience designing, supporting, or evaluating a learning health system (LHS) in a real-world clinical setting. What specific models or frameworks guided your approach? *[Max word count: 500]*

2. How do you apply principles such as quality improvement cycles, data feedback loops, and co-production in your work? Provide examples that demonstrate your organization's alignment with LHS core elements. *[Max word count: 500]*

III. **Curriculum Development and Training**

1. What is your experience designing and delivering structured training programs to multidisciplinary clinical and data teams? Include examples of how you adapted curricula for different real-world constraints. *[Max word count: 500]*

2. How would your team approach the development and delivery of a foundational LHN curriculum for the BD^2 Integrated Network? *[Max word count: 500]*

IV. **Data-Driven Implementation and Evaluation**

1. Describe how your organization has used improvement science and implementation methodologies to drive measurable change. What metrics or evaluation frameworks did you use to track progress and impact? *[Max word count: 500]*

2. How would you approach evaluating the success of LHN activities across diverse clinical sites using both quantitative and qualitative approaches? *[Max word count: 500]*

V. **Co-Production and Lived Experience Integration**

1. How has your team incorporated people with lived experience into design, implementation, and evaluation processes? What framework or practices ensure meaningful engagement? *[Max word count: 500]*

2. What specific approaches would you use to ensure equitable integration of lived experience into BD^2 LHN activities? *[Max word count: 500]*

VI. **Technical and EHR Systems Expertise**

1. What experience does your team have working with EHR systems (including Epic) to support clinical workflow integration? *[Max word count: 500]*

2. How would you approach aligning LHN tools with site-level technical capabilities and data standards, such as common data elements (CDEs)? *[Max word count: 500]*

VII. **Facilitation and Stakeholder Engagement**

1. Describe your approach to building trust, supporting collaboration, and coaching diverse teams in a network-based model. How do you balance centralized guidance with site-specific adaptation? *[Max word count: 500]*

2. What strategies would you use to facilitate peer learning and cross-site exchange within BD^2's LHN? *[Max word count: 500]*

VIII. **Scalability and Sustainability Planning**

1. What experience does your organization have in helping networks scale and sustain LHS activities? How do you approach sustainability planning, especially after external consultation/funding ends? *[Max word count: 500]*

2. How would you help BD^2 develop a roadmap for long-term sustainability, replication, and payer of value-based care alignment? *[Max word count: 500]*

IX. **Behavioral Health Experience (Preferred)**

1. If applicable, describe your team's experience implementing programs in mental or behavioral health settings. How have you addressed the complexity and heterogeneity of conditions like bipolar disorder? *[Max word count: 500]*

Budget and Budget Justification

BD^2 anticipates awarding between $250,000 and $400,000 (USD) to support the costs associated with the services described in the Scope of Work. Applicants must submit a detailed **one-year budget** and a **budget justification** that describes how the funds will be used to support the proposed project.

Budgets should include the following categories, as applicable:

- **Personnel: List all staff supported by the project, including role, percent effort, and salary.**
- **Other Direct Costs: Include all additional costs required to complete the Scope of Work.**
- **Indirect Costs: All award totals are inclusive of indirect costs up to a maximum of 15% of the site budget.**

The budget justification should include a brief narrative explaining how each cost supports the project, and should include the basis for cost estimates. Project funds may be used only for activities directly related to the Scope of Work. Funds may not be used for construction, lobbying, or the purchase of unapproved equipment.

Review and Selection Process

Review Process

Proposals will be reviewed by the BD² Leadership Team, the BD² Scientific Steering Committee (SSC), members of the centralized service provider teams, as well as additional experts and stakeholders in the field of bipolar disorder and LHS models. Following an initial review of the written proposals, a subset of applicants will proceed to the final review stage, consisting of an interview with the applicant team. Members of the BD² Leadership Team and additional reviewers will meet virtually with the applicant team to further assess the organization's ability to contribute to the Integrated Network and its goals.

Final Selection

Following proposal review and finalist interviews, reviewers will convene to select the successful applicant. The evaluation of an organization's ability to contribute to the Integrated Network will be based on the application materials submitted, and, if requested, interviews and presentations. The successful applicant will be notified, and the BD² Leadership Team and Integrated Network partners will work with the selected organization to begin onboarding.

Administrative Information

Responding to this RFA or submitting an application does not entitle any individual or organization to receive funding from BD². Funding, if any, would be provided in BD²'s sole discretion pursuant to the terms of a written agreement executed by BD² and the selected organization, the terms of which BD² may require to be acknowledged by the awardee.

Once the organization is funded and the application is implemented, progress reporting and assessments will be required. Members of the BD² Leadership Team will conduct formal reviews periodically to monitor progress and ensure alignment with project goals.

NOTE ON ARTIFICIAL INTELLIGENCE USE

BD² understands that artificial intelligence (AI) tools are being used to support authors. The human authors who use these tools are accountable for anything that AI has developed or edited across all application materials for both the LOI and the full application. Applicants and awardees are expected to abide by best practices in research and publishing ethics and must address any questions pertaining to the accuracy or integrity of any of their work. As all applications are considered confidential, BD² and its peer reviewers will not analyze any submissions using AI.

Contact Information

You will receive an automated email confirmation once your application is submitted. If you do not receive confirmation within 24 hours of submitting your application, please check spam filters, then contact integratednetwork@bipolardiscoveries.org.

For inquiries about scientific priorities, eligibility requirements, and application submission, please contact integratednetwork@bipolardiscoveries.org. For all other questions, including general and media inquiries related to BD², please contact info@bipolardiscoveries.org.

Please complete the budget template below.

Appendix A

Budget Template