SCRC Request for Applications - Pilot Grants Program 9-15-25

Thank you for your interest in the
UW Suicide Care Research Center (SCRC)
Pilot Grants Program!

SCRC works to improve the design and delivery of suicide care for adolescents and young adults ages 13-30 in outpatient medical settings. Learn more about SCRC in Appendix 1.

SCRC invites applications from Multiple PI teams for a **2-year R03-level award of $100,000** that will fund pilot or developmental research. In February of 2026, SCRC plans to fund 2 projects.

Questions?
uwscrc@uw.edu

Key Dates

RFA released	September 15, 2025
Informational session	October 6, 2025
Letter of Intent due	November 16, 2025
Invitations extended to submit a full application	November 25, 2025
Full applications due	January 11, 2026
Funding announcements made	February 20, 2026
Project start date	March 2, 2026

Who is eligible to apply for the Pilot Grants Program?

Projects must be led by Multiple Principal Investigators (MPIs).

MPIs must represent different disciplines. A discipline is defined either as working in different academic departments or with different training backgrounds (e.g., pediatrics, informatics, design, nursing, psychology, engineering, social work, etc.). Investigative teams with researchers from different disciplines offer complementary perspectives/methods to advance suicide prevention science.

One MPI must have evidence of suicide research expertise, which may include grants, publications, or thesis/dissertation in suicide research.

Applicants are welcome from along the career spectrum, to include: graduate students, postdoctoral trainees, early career researchers, and established researchers.

We are particularly interested in receiving applications from investigators with lived experience of suicidality or suicide loss, and those from groups experiencing elevated rates of suicide.

We are unable to accept applications from non-U.S. institutions.

Prior to submission of the LOI, Dr. Kate Comtois and Dr. Molly Adrian are available to review a written draft of materials and provide written feedback or one-to-one consultation with teams to assure alignment with SCRC's mission (see Pre-LOI Process in Appendix 3).

What types of pilot projects are funded by SCRC?

Projects must meet the following criteria:

1. Align with the SCRC's Suicide Care Pathway for adolescents and young adults in outpatient medical settings and include pilot or developmental research that aims to develop, refine, and/or implement scalable innovative interventions or service delivery models along this care pathway (see Appendices 1 and 2).
2. Be part of a trajectory of research that will lead to future grant applications to study the implementation and/or effectiveness of suicide care pathway innovations (for graduate students, this may be an NIH F32).
3. Utilize the Discover, Design, Build, Test + MOST framework (see Appendix 2) to identify needs and co-design innovations and strategies with providers, patients, and/or families to maximize usability and acceptability and therefore be implementable at scale. For Discover phase research, clinical epidemiology and health services methods are permissible if they directly relate to understanding the needs and capacity of the adolescent and young adult (AYA), family or provider context.
4. Will be relevant to AYA patient populations, especially those from groups with elevated rates of suicide.
5. Utilize common data elements (CDEs) when measuring core mechanisms and outcomes. Specific measures for quantitative outcomes and mechanisms are listed in Appendix 2. Note: Pilot projects are not expected to use all CDEs and may include unique data elements, as well (but projects will use agreed upon measures or deductive codes).
6. Build or incorporate partnerships between clinical or community partners and academic researchers.
7. Be completed within 2 years with $100,000 total (direct and indirect) costs

Preferred projects will also align with the following criteria:

1. Contribute to the design and delivery of interventions or strategies aligned with the Center's theoretical model of change (see Appendix 2).
2. Please refer to the following resource for preferred person-centered language for suicide: https://www.hse.ie/eng/services/list/4/mental-health-services/nosp/resources/language-and-suicide/

What are unique opportunities grantees have with the SCRC Pilot Grants Program in addition to state-of-the-art guidance from a transdisciplinary team of SCRC researchers?

1. Grantees will receive guidance and feedback from policy, lived experience, research, and outpatient medical setting advisors through the SCRC Policy Core, led by Julie Goldstein Grumet, Director of the Zero Suicide Institute and Colleen Carr, Director of the Action Alliance for Suicide Prevention. Central to the SCRC mission is the development of interventions that will "have legs" and will find the funding, policy support, and health care

organizational support they need to be widely implemented. This means not only co-design at the local level but also contextualizing within the larger policy and funding system of suicide care and assuring the interventions are meaningful and valued by people with lived experience of suicidality. The Policy Core will facilitate this through work-in-progress meetings three times/year where two research teams will present their intervention and research to a group of policy, funding, and outpatient medical setting clinic leaders and to a group of those with lived experience during a 90-minute meeting. All R03s will be expected to present at least once to gain perspective on how their work is likely to be received so course corrections can be made in the DDBT process.

2. Access to a variety of Center resources designed to help you implement your project and advance your research for future funding.
    - Methodologic experts, webinars, and asynchronous webinars in human-centered design, the DDBT and MOST frameworks, among others (see SCRC's YouTube channel for more from our Methods experts: https://www.youtube.com/@UWSCRC/playlists)
    - A monthly 1-hour seminar to support project implementation with the Team Science Core
    - SCRC All-Hands Internal Seminars (teams will present their work at All-Hands Works-In-Progress twice over the course of the grant)
    - Dissemination funds for manuscripts, conferences, etc.
    - A grant writers bootcamp to get support on future grant submissions
    - *See the Pilot Grants Funding Agreement in Appendix 4 for a complete list of activities*

3. Be invited to be a Collaborating Scholar as part of SCRC's Collaborating Scholars Program

    In addition to resources already available to grantees, early career or established investigators interested in obtaining mentorship in suicide care research may opt to participate in our Collaborating Scholars Program, which includes mentorship matching for a quarterly 1:1 virtual meeting between mentors and mentees. Other opportunities may be available, such as project-based apprentice style mentorship in which Scholars can participate in a project's meeting or other activities, as well as peer mentorship. Mentorship matches will be made based on Scholar preference and mentor availability. Scholars also have access to funds for additional training and education in areas needed to advance their career in suicide care research.

Additional Funding Requirements

Budget

Internal UW Applicants: $50,000 direct costs per year, maximum award $100,000 direct costs for a two-year project. Awardees will receive a UW Grant Worktag to direct charge project costs.

External Applicants: $50,000 total costs (direct cost plus indirect costs) per year, maximum award $100,000 total costs for a two-year project. Proposal budget should

include your institution's required indirect cost rate. If your institution does not have a federally negotiated indirect cost rate, a de-minimus rate of 10% should be used. External applications will receive a cost reimbursable subaward contract with the University of Washington and are required to register as a supplier and follow steps to become an eligible subrecipient of the University of Washington.

External applicants invited to submit a full application will need to meet with SCRC administration to familiarize themselves with the subcontract process.

Unallowable Costs:

- Funds for manuscript publication, conference attendance, or presentations (these costs will be covered by SCRC)

Allowable Costs

- Salary and benefits (suggested 10-20% FTE for early career and 5-10% for established PI or MPIs)
- Consultant costs
- Subject reimbursement (providers, patients, families, others)
- Software or technology needed to conduct the research

Project Timelines

- Full applications for those invited to submit are due 11:59pm Pacific Time on January 11, 2026. Funding announcements will be made by February 20, 2026.
- Projects are expected to start March 2, 2026, and continue for 2 years.
- Funding for Year 2 is contingent upon progress made in Year 1.

Progress Reporting

- Timely reporting on projects' progress and successes in meeting center-wide aims is important and required. The Corresponding MPI will be responsible for the following reports related to the pilot projects:
    - Project updates and data for the annual Research Performance Progress Report (RPPR) for NIMH
    - Sociodemographic information about investigators
    - Routine updates on project progress
    - Updates on grant-related products and future grant submissions related to the project.
- MPIs will coordinate with the Team Science Core and Coordinating Core to complete these reports and provide these updates.

Human Subjects

- Pilot grants projects must be reviewed and approved by the UW Human Subjects Division IRBs

- Human subjects approval is expected within 3 months of Year 1 funding. This timeline may be extended based on the timeline for the initial Methods faculty review and feedback for the funded project.

Funding Agreement

- Before funds are released, each Investigator will be asked to sign the Funding Agreement. For details on the agreement, see Appendix 4.

What is meant by outpatient medical setting?

Outpatient medical settings are those in which patients seek and receive non-emergency medical care that also does not require overnight hospitalization. Outpatient medical settings may provide general, primary, preventive care (e.g., primary care clinic) or specialty care (e.g., cancer care, diabetes, autism).

SCRC does not accept proposals for research on interventions to be deployed in clinics that focus on specialty mental health care (e.g., public behavioral health clinic, Community Behavioral Health Support services).

SCRC *does* accept proposals for interventions deployed in comprehensive care settings in which outpatient medical care is provided. Additionally, SCRC accepts proposals for interventions to be deployed in non-medical settings that have relevance to outpatient medical settings, such as a tribal suicide prevention program with an intervention that could equally well be provided in a clinic but is provided in a community program (e.g., YMCA, military family program).

What is meant by co-design?

SCRC, along with all the funded NIMH P50 Centers, promotes transdisciplinary research. Transdisciplinary research is collaborative research with investigators from multiple disciplines and includes clinical and/or community partnerships with engaged individuals and groups (e.g., clinical partners).

Co-design is a design process that aligns with team science, transdisciplinary research and SCRC's DDBT human centered design framework. Co-design refers to a participatory research process in which a subset of people from engaged groups and end user groups (e.g., AYAs, caregivers, clinicians) are included as members of the research team or otherwise play a substantive and meaningful role in the development of the intervention or service delivery model through key informant interviews, co-design workgroups, or through innovative strategies such as crowdsourcing patient preferences or perspectives. Our goal at SCRC is to design interventions that are scalable and used because they make sense and are practical for the people who need them.

What are the common data elements?

Common metrics will ensure synergy across center projects. Both quantitative and qualitative approaches will be useful in addressing the center mechanisms and outcomes. **Please specify in your application which mechanism and outcome construct(s) and measurement strategy make sense for your particular project.** The center requires specific measurement

when measuring suicide outcomes and mechanisms to assure consistency. Examples of key quantitative measures are included in Appendix 2.

Qualitative approaches for usability issues will be required if usability is a relevant construct for your project. Methods core will help facilitate common coding consistent with usability issues identified in textbox 1 of Munson et al., 2022.

Following award decisions, the Methods Core will meet with you to understand your project and ensure alignment with the measurement strategy.

It is expected that pilot projects will involve other constructs and measures and thematic analysis will identify new themes. Center-wide consistency, however, is thus required only for the above.

What is the application process?

We have a 2-part application process designed to help applicants develop competitive and responsive applications without undue burden:

Part 1: Letter of Intent

Investigators express interest in applying for the program by submitting a Letter of Intent (LOI), which is then reviewed by SCRC's Team Science Core (see Appendix 3).

Optional Review of Draft LOI and Written Feedback or Consultation

Prior to submitting a LOI, potential applicants may opt to have a draft of their LOI reviewed with written feedback or obtain one-to-one consultation with either Dr. Molly Adrian or Dr. Kate Comtois. The purpose is to maximize scientific rigor and alignment with SCRC's mission. Investigators will be also offered help identifying an MPI or clinical partners at that time, if needed.

Prior to review/obtaining consultation, we ask that investigators watch SCRC videos on the Center's Suicide Care Pathway, and DDBT+MOST framework (see Appendix 2) and draft a Specific Aims page as well as complete an initial response to the LOI in Word (see Appendix 3). Many questions you will have about responding to the LOI are explicitly addressed in these videos and the videos are also an opportunity to determine if the SCRC approach is consistent with where you would like to take your work.

Send your Specific Aims page and responses to the pre-LOI consultation questions in a word document to uwscrc@uw.edu by **October 24, 2025** for review.

You may request and schedule a 1:1 consultation without your materials, but written materials will be needed **3 days prior**, emailed to uwscrc@uw.edu.

Pre-LOI meeting requests will be available **October 6, 2025** until **October 31, 2025.**

Letter of Intent Submission

The Corresponding MPI should complete the LOI form available via REDCap. See Appendix 3 for the information you will need. After you start the form, you can save the content and return later to complete it. Email uwscrc@uw.edu if you have technical problems.

After LOIs are submitted, SCRC's Team Science Core faculty will review letters to determine if investigators and pilot projects meet the eligibility criteria and align with the Pilot Grants Program priorities. Along with recommendations from representatives of SCRC leadership, the Team Science Core will select a subset of applications to be invited for a full application.

Letter of Intent Due: November 16, 2025 11:59pm

Part 2: Full Application

Those applicants invited to complete a full application for SCRC's Pilot Grants Program will receive a link to the full application by November 25, 2025 (applicants not invited will also be notified).

Applicants who submit a full application will receive written feedback on their LOI from SCRC faculty.

Please review the Full Application Instructions for the format and content of the full application (see Appendix 4).

Full Application Due: January 11, 2026 11:59pm

What is the Review Process?

These R03-level pilot grants will follow a process similar to that of NIH, with some additions for criteria specific to SCRC.

Process

1. Grant applications will be reviewed by a team of 2-3 SCRC faculty members for scientific merit. These faculty may consult with content or methodological experts as needed.
    - Projects will be scored using NIH criteria and reviews from faculty will be compiled into an overall summary and detailed strengths and weakness for each review criteria (described below). A review committee meeting with culminate in an impact score between 10-90, with applications having lower scores being considered for funding.

2. SCRC Leadership will make final decisions on funding based on scientific merit, availability of funds, contribution to the SCRC mission, and the potential to result in future funding.

Review Criteria

1. **Clinical or public health significance:** Does this study address the design and delivery of interventions or service delivery strategies relevant to the suicide care pathway for adolescents and young adults in outpatient medical settings? Of particular interest are studies addressing the needs of underserved communities and those at highest risk of dying by suicide.
   Methodological approach: Are the conceptual or clinical frameworks, design, methods, and analyses adequately developed, well-integrated, well-reasoned, and appropriate to the aims of the project? Does the project utilize the Multiphase Optimization Strategy (MOST) framework and illustrate how their research trajectory will lead to an optimized intervention? Does the application specify how they will align with the DDBT+MOST framework and the use of Human Centered Design methods as part of that framework? Do they specify how they will use Center common data elements and how Center-wide mechanisms of usability and acceptability will be measured?
   Do projects that include pilot testing of innovations explicitly address whether the innovation under study engages the target(s)/mechanism(s) known to underlie either the intervention or service delivery effects? Are the mechanisms that account for proposed clinical outcomes clear and consistent with the SCRC approach (e.g., therapeutic alliance and/or self-efficacy but could include others)? Are the mechanisms that account for proposed design and implementation outcomes clear and consistent with the SCRC approach (e.g., usability, acceptability, and/or reach but could include others)?
2. **Innovation:** Is the project original and innovative? Does the project challenge existing paradigms or practice? Does the project develop or employ novel concepts, approaches or methodologies, tools, or technologies?
3. **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 investigators? Do the investigators have a demonstrated track record of peer-reviewed publications commensurate with their experience and with past funding? Do the MPIs represent different disciples and contribute unique disciplinary perspectives to the research enterprise? Does at least one of the MPI team represent novel disciplines to the study of suicide care? Does one MPI have suicide research experience? Does the MPI team include an MPI who has lived experience of suicidality or suicide loss, or other personal experience or an MPI from a group experiencing elevated rates of suicide?
4. **Clinical or community partnerships:** How will projects build on and/or develop partnerships with outpatient medical settings that will lead to strong partnerships that allow the research to be substantively impacted by the partners and thus lead to practice change and research translation? When relevant, how do projects plan to co-design with outpatient medical settings (e.g., patients, families, providers, and/or other interested parties such as risk managers for the clinic)?
5. **Potential for external funding:** If successful, how will the proposed research lead to a competitive grant application for external funding from federal funding agencies (e.g., NIH, PCORI, VA, NSF, SAMSHA), or a private foundation.

The scoring system that we use 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. https://grants.nih.gov/grants/peer-review.htm

> 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.

The table below 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

How can I learn more about the Pilot Grants Program?

Contact SCRC's Team Science Core:

Email uwscrc@uw.edu

Join SCRC's mailing list! UW SCRC Mailing List

Register to attend an RFA informational session on Monday, October 6, 2025 at 9:00am Pacific Time: https://washington.zoom.us/meeting/register/qFxn6KElQ-6KvzUm1XvYIg

Suicide Care Research Center – Department of Psychiatry & Behavioral Sciences (uw.edu)

Link to the RFA and LOI submission form: https://redcap.link/SCRC-R03-2025

UNIVERSITY of WASHINGTON
Psychiatry & Behavioral Sciences

Suicide Care Research Center

The Suicide Care Research Center (SCRC) is a NIMH-funded interdisciplinary center working to improve the design and delivery of suicide care for adolescents and young adults ages 13-30 in outpatient medical settings.

The Challenge

Stepped up mandates for suicide care and system change have come from The Joint Commission and national Zero Suicide programs. Due to these efforts, there has been substantial expansion of suicide screening, assessment, and safety planning, but treatment has lagged. As a result, too many adolescents and young adults disclose suicidality to health care providers who are not prepared to offer them treatment onsite. Patients and families are often referred to the emergency room even when an outpatient intervention is better suited to their needs. This approach results in overwhelmed systems and negative experiences for patients and providers.

> In 2021, Biden proclaimed "My Administration is committed to advancing suicide prevention best practices and improving non-punitive crisis response."

We are at a crucial point in the development of care for adolescents and young adults (AYA) who experience thoughts of suicide.

Our Goal

Our goal is to improve the design and delivery of suicide specific care in outpatient medical settings, so they are effective, feasible in busy clinic environments and supportive of adolescent and young adult (AYA) patients, their providers, and their families.

Who We Are

SCRC is a partnership between UW Departments of Psychiatry and Behavioral Sciences, Pediatrics, Family Medicine, and Biomedical Informatics and Medical Education. Our team brings a wide array of expertise, including:

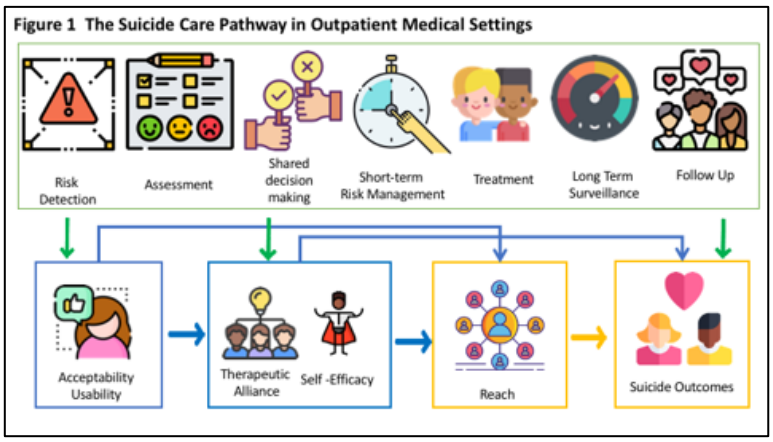
- suicide prevention experts
- people with lived experience of suicidality and their families
- clinician-researchers and healthcare organizations treating patients with suicidality in outpatient medical settings
- informatics researchers and operational experts designing innovative and cutting-edge technology, such as improved EHR workflows, which allow clinicians to do their jobs and communicate efficiently

Conceptual Model

SCRC's work focuses on intervention components along the Suicide Care Pathway.

In our model, the acceptability and usability of new interventions are implementation mechanisms that combine with the clinical mechanisms of therapeutic alliance and provider self-efficacy to maximize the reach of our interventions and the outcomes for AYA and their families (see Figure 1).

Connect with us: uwscrc@uw.edu



Research Projects

Each SCRC research project will have its own unique contribution to improving the Suicide Care Pathway for AYA. All studies will use the same outcome and mechanism measures. Together, these projects will inform a full-spectrum model that can be implemented in part or in full, based on system and setting specific needs.

> **Swift Outpatient Alternatives for Rapid Stabilization (SOARS R01)**
SOARS, SCRC's Signature Project, is the optimization of an innovative brief outpatient crisis intervention where adolescents can be referred as an alternative to the ED through Seattle Children's Hospital.

> **Augmented Momentary Personal Ecological Risk Evaluation (AMPERE R34)**
The AMPERE study aims to co-design an ecological momentary assessment (EMA) suicide risk monitoring system using human-centered design and then conduct a pilot to inform further system revision and development.

> **Integrated Screening & Safety Planning (ISSP R34)**
The ISSP study goal is to use human-centered design strategies with youth, parents, and healthcare providers to build and optimize an integrated screening and safety planning (ISSP) tool for use with youth who screen positive for suicidal ideation.

> **Suicide Treatment & Recovery in Integrated Behavioral Health (STRIBH R34)** The STRIBH study goal is to co-design the Aeschi Model in integrated behavioral health settings and then pilot test the intervention components compared to treatment as usual.

> **WisePath (Pilot R03)**
This project is partnering with a digital mental health app, WisePath, designed to improve parent and youth communication and parental self-efficacy to prevent risk behaviors. It aims to adapt and test a prototype for assessing for suicidal thoughts and behaviors in primary care.

> **HOPES (Pilot R03)**
With feedback from patients and caregivers, HOPES aims to develop two innovative interventions to be delivered in a primary care setting: an adapted caring contacts protocol and a system to provide short-term, centralized remote monitoring of patient's suicide risk.

> **Pilot Studies, To Be Awarded**
Each year SCRC awards funding to two pilot R03 projects to bring new voices, talents, and disciplines to the field of suicide care.

Collaboration as a Value

SCRC believes that meaningful collaboration is the key to maximizing intervention scalability, ensuring better outcomes, and improving the suicide care delivery experience. Beyond our interdisciplinary team and partnerships, SCRC also has:

> **a Collaborating Scholars Program**
This program will provide ongoing mentorship to scholars who do not traditionally work in suicide prevention research but who will bring much-needed skillsets and perspective to the field.

> **Advisory Boards**
SCRC convenes four boards to offer perspective and guidance on all SCRC activities. These include:

1. Lived Experience Advisory Board
2. Outpatient Medical Setting Advisory Board
3. Research Advisory Board
4. Policy and Financing Advisory Board

Let's Connect

If you have questions or would like to learn more about our work, email us or join our mailing list for updates and upcoming opportunities.

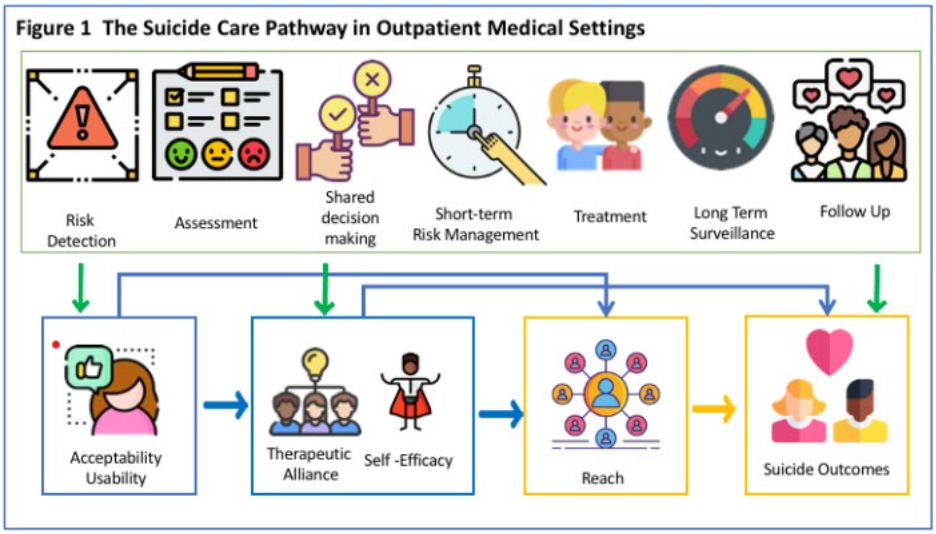
- Email: UWSCRC@uw.edu
- Newsletter sign-up: http://tiny.cc/SCRC-Newsletter
- Webpage: psychiatry.uw.edu/research/suicide-care-research-center/

Appendix 2

SCRC's Theoretical Model of Change, Methodologic Framework, & Common Measures 9-15-25

The Center is unified by a focus on interventions and service delivery strategies along the suicide care pathway for adolescents and young adults in outpatient medical settings that will be implementable at scale due their co-design for acceptability and usability.

A coherent theoretical model of change and methodologic framework underlies each of the Center R34 and R01 projects. The theoretical model of change proposes that usability and acceptability are mechanisms leading to improved scalability of innovations and that therapeutic alliance between patients, families and providers as well as self-efficacy to address suicidality among patients, families, and providers are mechanisms leading to improved suicide care outcomes.

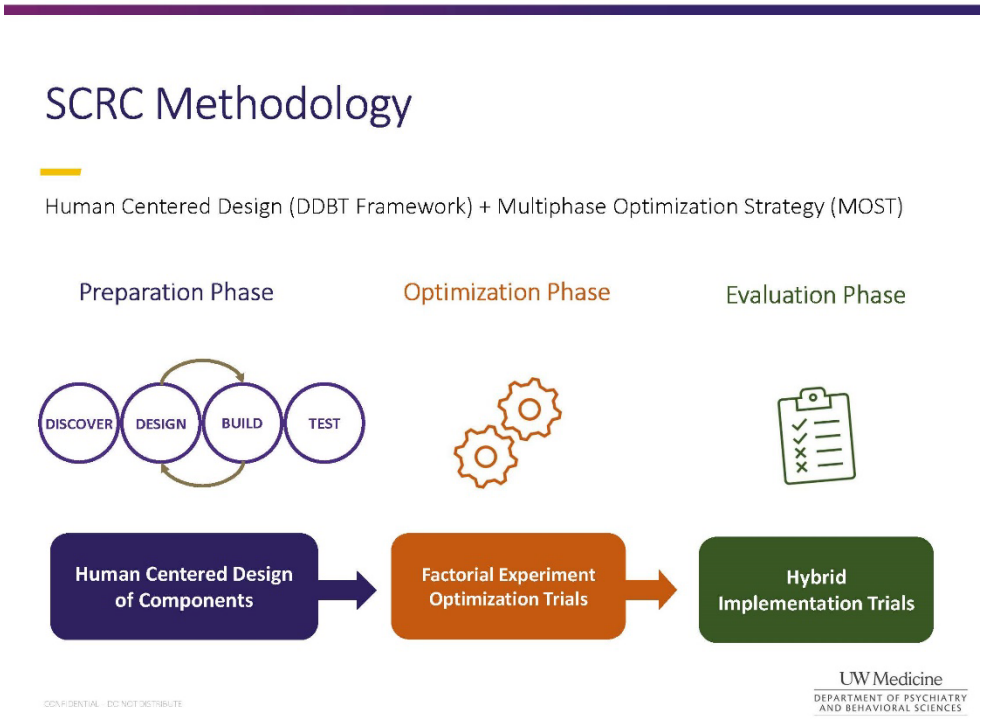


To enhance the scalability of innovations, Center R01, R34 and R03 projects utilize a methodologic framework that embeds Human Centered Design (HCD) methods into the Preparation Phase of the Multiphase Optimization Strategy (MOST), which then leads to confirmatory implementation-effectiveness hybrid clinical trials.

Watch the measurement of the suicide care pathway recording here

Note: Although pilot grants may not be able to study each part of the conceptual model, teams should still flesh out how they are thinking about the model and may want to comment on how parts of the model not addressed in the pilot project may be a focus of subsequent research projects.

Figure 2. SCRC Methodology



Videos on SCRC's Methodologic Framework

1. Discover, Design/Build, Test (DDBT) Framework Overview
2. Introduction to the Multiphase Optimization Strategy (MOST) Framework
3. Human Centered Design Methods to Achieve Preparation Phase Goals in the Multiphase Optimization Strategy Framework

Additional Resources:

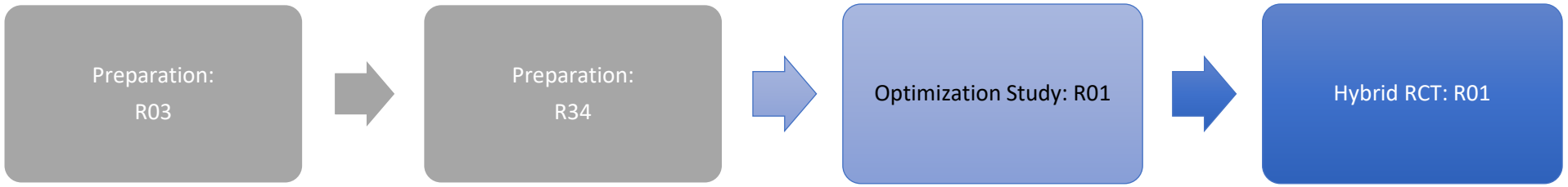
O'Hara, K. L., Knowles, L. M., Guastaferro, K., & Lyon, A. R. (2022). Human-centered design methods to achieve preparation phase goals in the multiphase optimization strategy framework. *Implementation Research and Practice*, *3*, 26334895221131052. https://doi.org/10.1177/26334895221131052

Applying the Multiphase Optimization Strategy (MOST) to Your Field

Speaker Kate Guastaferro, PhD, MPH presents Applying the Multiphase Optimization Strategy (MOST) to Your Field: A Case Study in Child Maltreatment Prevention.
Part of the Annual UAB COERE Methods Symposium 2022. https://youtu.be/gtJEa6th-G8

See Figure 3: Figure of HCD+MOST-->Hybrid RCT Pipeline

Figure 3: Trajectory of Funded Research along the DDBT + MOST → Hybrid RCT Framework 9-15-25



Preparation Phase Goals

- Derive/revise the conceptual model for the intervention
- Develop a set of candidate components
- Define the optimization objective of the intervention package (i.e., operational definition of the best-expected outcome under key constraints of the setting)
- Pilot testing of the candidate components

Optimization Phase Goals

- Identify an optimized intervention comprising only components that meet the prespecified optimization objective
- Optimization objective balances effectiveness with affordability, scalability and/or efficiency

Evaluation Phase Goals

- Evaluate the effectiveness of the optimized intervention
- Evaluate hypothesized mechanisms
- Evaluate Reach & other implementation outcomes

Example R03 Activities

- Literature review & synthesis
- Clinical epidemiology
- Needs assessment
- Implementation context assessment
- Operationalize the optimization objective
- Describe and provide the rationale for the conceptual model of the intervention and candidate components
- Usability test one or more intervention components
- Pilot test an intervention component for usability, acceptability, feasibility

Example R34 Activities

- More extensive or rigorous pilot of the intervention components to assess usability, acceptability, and feasibility
- Pilot an optimization trial for feasibility
- Refine the conceptual model, candidate components, and optimization objective based on the pilot study

Intervention components = Any part of the intervention that can be separated for experimental study (Collins, 2018), such as:

- Intervention content (e.g., cognitive restructuring, behavioral activation),
- Engagement strategies (e.g., coaching calls, text reminders),
- Delivery of content structures (e.g., intervention algorithms, measurement-based care)
- Delivery fidelity approaches (e.g., clinician checklist, training, and supervision protocol)

Affordability = deliverable within budget; responsive to budgetary constraints
Scalability = can be widely implementable with fidelity in the intended setting(s) (NOTE: the Center HCD incorporation into the Preparation Phase aims to increase scalability)
Efficiency = comprised of active components; doesn't waste resources (e.g., time, staffing)

Constraint = Aspect of the implementation setting that would constrain (restrict, impede) the delivery of the intervention (e.g., cost, time, staffing, other implementation barriers)

Reach = The absolute number, proportion, and representativeness of individuals who are willing to participate in a given initiative, intervention, or program, and reasons why or why not. https://re-aim.org/learn/what-is-re-aim/reach/

Required Common Data Elements for SCRC Research Projects

Read more details about required and recommend measures here: Measures_P50_Methods Core.xlsx

Suicide Outcomes		
Suicidal ideation	Harkavy-Asnis Suicide Scale (HASS-I)	Asarnow J, McArthur D, Hughes J, Barbery V, Berk M. Suicide Attempt Risk in Youths: Utility of the Harkavy-Asnis Suicide Scale for Monitoring Risk Levels. Suicide Life Threat Behav. 2012;42(6):684-698. doi:10.1111/j.1943-278X.2012.00122.x
Suicidal ideation & behavior	Columbia–Suicide Severity Rating Scale (C-SSRS)[1]	Posner K, Brown GK, Stanley B, et al. The Columbia–Suicide Severity Rating Scale: Initial validity and internal consistency findings from three multisite studies with adolescents and adults. AJP. 2011;168(12):1266-1277. doi:10.1176/appi.ajp.2011.10111704
Patient-Reported Moderators		
Functional Impairment	EuroQol 5 Dimension – Youth version (EQ-5D-Y)	Byford S. The validity and responsiveness of the EQ-5D measure of health-related quality of life in an adolescent population with persistent major depression. J Ment Health. 2013;22(2):101-110. doi:10.3109/09638237.2013.779366
Demographics & Social Determinants of Health	SCRC Demographics[2]	https://www.phenxtoolkit.org/sub-collections/view/30
Intervention Mechanisms		
Therapeutic Alliance	Helping Alliance Questionnaire (HAq-II)[3]	Luborsky L, Barber JP, Siqueland L, et al. The Revised Helping Alliance Questionnaire (HAQ-II). J Psychother Pract Res. 1996;5(3):260-271.
Provider Self-Efficacy	Provider Suicide Intervention Questionnaire (PSIQ)	Tierney RJ. Comprehensive Evaluation for Suicide Intervention Training. University of Calgary; 1988. doi:10.11575/PRISM/13356 https://prism.ucalgary.ca
Patient Self-Efficacy	Suicide-Related Coping Scale (SRCS)	Stanley B, Green KL, Ghahramanlou-Holloway M, Brenner LA, Brown GK. The construct and measurement of suicide-related coping. Psychiatry Res. 2017;258:189-193. doi:10.1016/j.psychres.2017.08.008
Family Self-Efficacy	Parent Suicide Prevention Self-Efficacy Scale	Czyz EK, Horwitz AG, Yeguez CE, Ewell Foster CJ, King CA. Parental self-efficacy to support teens during a suicidal crisis and future adolescent emergency department visits and suicide attempts. J Clin Child Adolesc Psychol. 2018;47(sup1):S384-S396. doi:10.1080/15374416.2017.1342546
Implementation Mechanisms		
Acceptability	Acceptability of Intervention Measure[4]	Weiner, B. J., Lewis, C. C., Stanick, C., Powell, B. J., Dorsey, C. N., Clary, A. S., ... & Halko, H. (2017). Psychometric assessment of three newly developed implementation outcome measures. *Implementation science*, *12*, 1-12.
Feasibility	Feasibility of Intervention Measure[5]	
Usability	System Usability Scale	Brooke J. SUS: A "quick and dirty" usability scale. In Jordan PW, Thomas B, Weerdmeester BA, & McClelland AL, eds. *Usability Evaluation in Industry*. London: Taylor and Francis; 1996:189-194.

[1] Very Young Child/Cognitively Impaired ("Pediatric") version of C-SSRS adapted for administration as self-report online survey + items that have performed well with young adults in Center Director Kate Comtois' other studies (e.g., assessing treatment received; specifying any friends, family, romantic partners, etc who are aware suicidal behavior occurred. These additional items aid in describing participants' suicidal behavior and managing risk.

[2] The P50 grant science specified PhenX Toolkit Social Determinants of Health Core https://www.phenxtoolkit.org/sub-collections/view/30 but items from other measures were included to ensure most appropriate question format (e.g., for assessment of sexual orientation). Ultimately, many of the PhenX items were not appropriate for adolescents, and many items are interview items infeasible for administration in a survey. Those were also replaced. Final documentation of the center demographics items will specify the source measure from which each item was taken.

[3] Patient and provider versions both required

[4] Required in trial phase; recommended in DDBT phase

[5] Only required from clinicians

Appendix 3

SCRC 2025 Pilot Grants Program - Pre-LOI Instructions 9-15-25

We look forward to reviewing and/or consulting with you about your project ideas for SCRC's 2025 Pilot Grants Program!

You can either receive written comments or have a one-to-one consultation with Kate Comtois, Center Director or Molly Adrian, Methods Core Director (Neither will participate in the scientific review process).

Prior to Requesting Feedback

1. Watch the following videos to familiarize yourself with our Center's hypothesized mechanisms along the Suicide Care Pathway and Center methodology:
    - Methods Core Asynchronous Seminar: Measurement of the Suicide Care Pathway (youtube.com) (23 minutes)
    - Methods Core Asynchronous Seminar: Discover, Design/Build, Test (DDBT) Framework Overview (youtube.com) (26 minutes)
    - Methods Core Asynchronous Seminar: Intro to the Multiphase Optimization Strategy (MOST) Framework (youtube.com) (70 minutes)
    - Methods Core Synchronous Seminar: HCD Methods to Achieve Preparation Phase Goals in MOST Framework (youtube.com) (50 minutes)

2. Review the Center-wide common data elements because all SCRC studies are required to collect the following common data elements during each of the DDBT Phases.
    - See Appendix 2
    - Acceptability of Intervention Measure (AIM) (Weiner et al., 2017)
    - Feasibility of Intervention Measure (FIM) (Weiner et al., 2017)
    - System Usability Scale (SUS) (Bangor et al., 2008)

Receiving Written Feedback

1. Email your draft LOI materials to uwscrc@uw.edu by October 24, 2025
   Find details on what to include below.

Arranging a One-to-One Consultation

1. Consultation is available between October 6 – October 31, 2025
2. Email uwscrc@uw.edu by October 24, 2025 to request a consultation. After booking, email uwscrc@uw.edu with your draft LOI materials at least 3 days prior to allow time for adequate review. Find details on what to include below.

What to Include in Your Draft LOI Materials

Format: must be an editable word document, *not a PDF.*

- 1-page Specific Aims
- 1–2-page response to the LOI questions for Sections A-G, as indicated below.
  You will later enter the final versions into REDCap as part of your LOI submission.

Section A. *Investigator Information*

1. Provide the names, disciplines, institutional affiliations, and emails for the MPIs.
2. Designate a Corresponding PI.
3. Would you like assistance from SCRC in identifying another PI from another discipline to make up your MPI team? Please describe the help you need.

Section B. *Description* of the suicide care intervention, service, or practice

1. What is the suicide care intervention, service, or practice that is the focus of this project?
2. What is the current state of the development and implementation of the suicide care intervention, service, or practice the project investigates?
3. What part(s) of the Suicide Care Pathway will the project investigate?
4. What care process mechanism(s) will the project examine in the Suicide Care Pathway?
5. Are you developing an intervention with future plans to integrate it with operational EHR (Epic) infrastructure at the point of care? Briefly describe how you hope to integrate with EPIC or another EHR.

Section C. Description of the setting

1. SCRC specifically funds research focused on outpatient medical settings. Please describe the specific anticipated clinics and clinical setting (e.g., Collaborative Care) you plan to investigate.
2. Do you need help connecting with an outpatient medical setting clinical partner?

Section D. *Description of the population*

1. Who are the primary users of the suicide care intervention, service, or practice? (e.g., adolescents)
2. Who are the secondary users of the suicide care intervention, service, or practice? Secondary users are individuals who do not explicitly use an intervention, service, or practice, but may be impacted by its use (e.g., family members).
3. In 1-3 sentences, please further describe the study population (i.e. users), highlighting any specific demographics of interest (e.g. age ranges, race & ethnicity, rural vs urban, etc).

Section E. *Description of methodology and data collection*

1. All SCRC R03 pilot projects will align with the Discover, Design, Build, Test (DDBT) plus the Multiphase Optimization Strategy (MOST) framework. The purpose of DDBT's Discover phase is to define user needs and the context of use for the intervention, service, or practice. Have Discover Phase findings already been documented in prior work (your or published work)? If so, please describe what is known. Describe any additional Discover work you plan to do during your pilot study.

2. The purpose of DDBT's Design/Build phase is to define design requirements and iteratively refine prototype(s) with user feedback. Has this already been accomplished in prior work? If so, please describe what has been done. Describe any additional Design/Build work that you plan to do during your pilot study.

3. The purpose of DDBT's Test Phase is to evaluate the final version (i.e. "high fidelity prototype") of the intervention, service, or practice in a real-world clinical setting. At this phase, patients are

receiving the intervention, service, or practice. Test Phase implementation is not necessarily a fully powered RCT or optimization trial. Has the Test phase been completed in prior work? If so, please describe what has been done. Describe any additional Test Phase work that you plan to do during your pilot study.

4. What suicide, service use, and implementation outcome(s) will the project collect from adolescents and young adults?

5. Will the project collect or perform a secondary analysis of Electronic Health Record (EHR) data? If yes, please describe.

6. Using the DDBT + MOST framework includes clarifying and iterating on a conceptual model of your intervention. If you can base it on completed Discovery work, please draft a version of the conceptual model of your intervention. Refer to the Conceptual Model template/example at: https://redcap.link/SCRC-R03-2025

7. Using the DDBT + MOST framework includes identifying setting constraints that will inform the "optimization objective". If known, which constraints do you anticipate will inform your optimization objective (e.g., cost, time, efficiency)? Describe plans to further identify constraints in your pilot project.

Section F. Future products

1. What are the anticipated products and next steps from this project in terms of grant submissions, peer-reviewed publications, intervention protocols, etc.?

Section G. Human Subjects

1. Do you anticipate the project needing approval from a Non-UW IRB? SCRC has an agreement with UW to be the single IRB of record for studies funded by the center.

SCRC 2025 Pilot Grants Program - Letter of Intent Instructions 9-15-25

Thank you for your interest in SCRC's Pilot Grants Program!

LOIs must be submitted via our REDCap form: https://redcap.link/SCRC-R03-2025

The Corresponding Principal Investigator will submit a Letter of Intent (LOI) that contains a **Specific Aims page** plus **responses to questions in survey format** about the nature of the proposed project.

The survey questions match the requested information for the Pre-LOI consultation.

For reference, see a PDF version of the REDCap form on the next page ---------->

LOI DUE DATE: November 16, 2025 11:59pm Pacific

SCRC 2025 Pilot Grants Program - Letter of Intent Form

Thank you for your interest in SCRC's Pilot Grants Program!

Letter of Intent DUE DATE: November 16, 2025 (11:59pm Pacific)

LOIs must be submitted via this REDCap form.

This LOI form contains 3 sections:

Section 1: Project Details & Specific Aims

This section asks you to provide PI information, overarching details on your project, and locate the research along SCRC's Suicide Care Pathway. Watch SCRC's Measurement of the Suicide Care Pathway recording before completing this section.

Section 2: Human-Centered Design to Accomplish MOST Preparation Phase

This section asks you to align your project with the Discover, Design/Build, Test (DDBT) framework for Human Centered Design that SCRC has adopted as part of our methodological framework. Watch the following recordings before completing this section:

- Discover, Design/Build, Test (DDBT) Framework Overview
- Introduction to the Multiphase Optimization Strategy (MOST) Framework
- Human Centered Design Methods to Achieve Preparation Phase Goals in the Multiphase Optimization Strategy Framework

Section 3: Common Data Elements

This section will gather information on your planned recruitment timeline as well as the selected common data elements/measures you will be using.

Section 1: Project Details Please watch SCRC's Measurement of the Suicide Care Pathway recording before completing this section.

Did you receive the optional feedback / consultation from Center faculty Kate Comtois or Molly Adrian prior to submitting this LOI?

◯ Yes
◯ No

If you would like Kate Comtois or Molly Adrian to review written materials or provide one-to-one consultation on your LOI to ensure projects are aligned well with the Center Suicide Care Pathway and methodology, please review Appendix 3 Pre-LOI Instructions.

The last day you can obtain a pre-LOI review/consultation is October 31, 2025.

Email uwscrc@uw.edu with questions - thank you!

Corresponding PI Information

First Name

_____

Last Name

_____

Degree(s)

_____

Email

Institution or Affiliation 1

Institution or Affiliation 2 (if applicable)

Discipline(s)

Would you like assistance from SCRC in identifying another PI for your MPI team?

- ◯ Yes
- ◯ No
- ◯ Don't Know

Please specify your need or interests

Other MPI Information

First Name

Last Name

Degree(s)

Email

Institution or Affiliation 1

Institution or Affiliation 2 (if applicable)

Discipline(s)

One or more of our MPI are interested in the Collaborating Scholars Program

In addition to resources already available to grantees, early career or established investigators interested in obtaining mentorship in suicide care research may opt to participate in our Collaborating Scholars Program, which includes direct mentorship with Center faculty. Mentorship matches will be made based on scholar preference and mentor availability. Scholars also have access to funds for additional training and education in areas needed to advance their career in suicide care research.

- ◯ No
- ◯ Yes
- ◯ Not sure / Maybe

Please specify who is or may be interested in the Collaborating Scholars Program

_____

Does one or more of the MPI identify with one or more of the following groups?

- With lived experience of suicidality or suicide loss

- From one or more groups experiencing elevated rates of suicide

- ◯ Yes
- ◯ No

Any additional comments about investigators or team:

_____

Proposed Project & Specific Aims

Upload your 1-page Specific Aims here:

What is the current state of the suicide care intervention, service, or practice the project investigates?

- ◯ Intervention, service, or practice currently exists and is in use in the target clinical setting
- ◯ Intervention, service, or practice currently exists but is not in use in the target clinical setting
- ◯ Intervention, service, or practice does not currently exist

Please describe the current state of the intervention, service, or practice in 1-3 sentences.

_____

What are the anticipated products and next steps from this project (e.g., grant submissions, peer-reviewed publications, intervention protocols, etc.)

_____

Who are the primary users of the suicide care intervention, service, or practice? (Select all that apply)

- ☐ Service providers (e.g., front-line providers, behavioral health staff, social work assistants)
- ☐ Adolescent and young adult patients (e.g., service recipients)
- ☐ Family members/caregivers
- ☐ Other user role(s) (e.g., administrators, risk management, interventionist).

Please describe other user roles

_____

Who are the secondary users of the suicide care intervention, service, or practice? Secondary users are individuals who do not explicitly use an intervention, service, or practice, but may be impacted by its use. (Select all that apply)

- ☐ Service providers (e.g., front-line providers, behavioral health staff, social work assistants)
- ☐ Adolescent and young adult patients (e.g., service recipients)
- ☐ Family members/caregivers
- ☐ Other user role(s) (e.g., administrators, risk management, interventionist).

Please describe other user roles

_____

In 1-3 sentences, please further describe the study population (i.e. users), highlighting any specific demographics of interest (e.g. age ranges, race & ethnicity, rural vs urban, etc).

_____

In 1-3 sentences, briefly describe the Outpatient Medical Setting(s) you plan to conduct research in.

SCRC specifically funds research focused on outpatient medical settings. Please describe the specific anticipated clinics and clinical setting (e.g., collaborative care) you plan to investigate if possible.

_____

What part(s) of the Suicide Care Pathway will the project investigate? Select all that apply

Refer to SCRC's Measurement of the Suicide Care Pathway recording for more details on the Suicide Care Pathway.

- ☐ Risk detection
- ☐ Assessment
- ☐ Shared decision making
- ☐ Short-term risk management
- ☐ Treatment
- ☐ Long term surveillance
- ☐ Follow up

What care process mechanism(s) will the project examine in the Suicide Care Pathway? It may be helpful to review SCRC's Measurement of the Suicide Care Pathway recording to answer this question.

- ☐ Therapeutic Alliance
- ☐ Self-efficacy of AYA Patients
- ☐ Self-efficacy of Family Members or Caregivers
- ☐ Self-efficacy of Service Providers
- ☐ Other

Please describe "other":

_____

What suicide, service use, and implementation outcome(s) will the project collect from adolescents and young adults? (Select all that apply)

- ☐ Self-reported: Suicidal thoughts and behaviors
- ☐ Self-reported: service use
- ☐ EHR extracted suicide outcomes
- ☐ EHR extracted service use
- ☐ No suicide or service use outcomes will be collected from adolescents and young adults
- ☐ Reach
- ☐ Other suicide or service use outcome

Please describe "other":

_____

Will the project collect or perform a secondary analysis of Electronic Health Record (EHR) data? If so, what data types (e.g. structured vs. unstructured) and variables do you anticipate using?

- ☐ No secondary EHR analysis is planned.
- ☐ Secondary EHR analysis is planned for structured data
- ☐ Secondary EHR analysis is planned for unstructured data

Please describe the variable(s) of interest.

_____

Are you developing an intervention with future plans to integrate it with operational EHR infrastructure (Epic) at the point of care?

- ◯ Yes
- ◯ No

Briefly describe how you hope to integrate with EPIC or another EHR.

_____

Do you anticipate the project needing approval from a Non-UW IRB? SCRC has an agreement with UW to be the single IRB of record for studies funded by the center, however, we recognize there are circumstances where other review boards are required.

- ◯ No
- ◯ Yes
- ◯ Unsure

Please specify

Section 2: DDBT to Accomplish MOST Preparation Phase SCRC's methodological framework utilizes the Discover, Design/Build Test (DDBT) framework (from the field of human centered design) to accomplish the activities of the Preparation Phase of the Multiphase Optimization Strategy (MOST) Framework. This section asks you to outline your anticipated methods for each phase of DDBT.

It may be helpful to refer to the following recordings while completing this section:

DDBT Overview Introduction to the MOST Framework Human Centered Design Methods to Achieve Preparation Phase Goals in the Multiphase Optimization Strategy Framework Note on Measurement

All SCRC studies are required to collect the following common data elements during each of the DDBT Phases:

- Acceptability of Intervention Measure (AIM) (Weiner et al., 2017)
- Feasibility of Intervention Measure (FIM) (Weiner et al., 2017)
- System Usability Scale (SUS) (Bangor et al., 2008)

Discover Phase

The purpose of DDBT's Discover phase is to define user needs and the context of use for the intervention, service, or practice. Have these findings already been documented in prior work?

- ◯ Yes, user needs and context of use are well-understood
- ◯ Somewhat, but more research on user needs and context of use is needed
- ◯ No, we plan to carry out Discover phase work

Briefly describe prior Discover phase findings in 1-3 sentences.

If you've completed the Discover phase, you should be able to...

- Succinctly articulate user needs (primary, secondary, etc.) backed by sufficient evidence.
- Specify the context of use for the intervention, service, or practice (including barriers, constraints, & facilitators).

_____

Briefly describe which research aim(s) aligns with the Discover phase

_____

Who will you engage to assess user needs and the context of use for the intervention, service, or practice? (Select all that apply)

- ☐ Service providers (e.g., front-line providers, behavioral health staff, social work assistants)
- ☐ Adolescent and young adult patients (e.g., service recipients)
- ☐ Family members/caregivers
- ☐ Other user role(s) (e.g., administrators, risk management, interventionist).

Please describe "other" user in 1-3 sentences

_____

MOST Preparation Phase Activities Associated with DDBT's Discover Phase. The following questions will ask you to describe how you've accomplished the MOST Preparation Phase activities associated with DDBT's Discover Phase. For a refresher on how DDBT fits into MOST, please review the Methods Core Synchronous Seminar: HCD Methods to Achieve Preparation Phase Goals in MOST Framework Recording.

Utilize SCRC Conceptual Model Template Slide.pptx to create your conceptual model according to the DDBT & MOST Frameworks and upload a copy here.

Which constraints do you anticipate will inform your optimization objective (e.g., cost, time, efficiency)?Describe briefly in 1-3 sentences:

_____

Design/Build Phase

The purpose of DDBT's Design/Build phase is to define design requirements and iteratively refine prototype(s) with user feedback. Has this already been accomplished in prior work?

- ◯ Yes, Design/Build work is complete
- ◯ Somewhat, more design/build work is needed
- ◯ No, we plan to carry out work for the design/build phase
- ◯ No, the Design/Build phase is outside of the scope of work currently planned for our grant with SCRC

Briefly describe prior Design/Build phase work in 1-3 sentences.

If you've completed the Design/Build phase, you should be able to...

- Map user needs and context of use to design requirements for functional components of the intervention, service, or practice.
- Demonstrate that multiple concepts incorporating design requirements were brainstormed and prioritized based on acceptability, feasibility, and usability for potential prototyping.

- Demonstrate that prototype(s) were created for iterative feedback from involved parties on acceptability, feasibility, and usability.
- Demonstrate that finalized prototype(s) were selected for testing in real-world settings based on user feedback.

Briefly describe which research aim(s) align with the Design/Build phase

Who will you engage in the iterative assessment of prototypes?

- ☐ Service providers (e.g., front-line providers, behavioral health staff, social work assistants)
- ☐ Adolescent and young adult patients (e.g., service recipients)
- ☐ Family members/caregivers
- ☐ Other user role(s) (e.g., administrators, risk management, interventionist).

Please describe "other" user in 1-3 sentences

MOST Preparation Phase Activities Associated with DDBT's Design/Build Phase. The following questions will ask you to describe how you've accomplished the MOST Preparation Phase activities associated with DDBT's Design/Build Phase. For a refresher on how DDBT fits into MOST, please review the Methods Core Synchronous Seminar: HCD Methods to Achieve Preparation Phase Goals in MOST Framework Recording.

Which components of the intervention, service, or practice do you anticipate experimentally testing during the optimization phase in your project? (Select all that apply)	☐ Type of intervention content (Examples: Behavioral skills, motivational interviewing, education, reminders) ☐ How/where the intervention is delivered (Examples: Outpatient clinic, telehealth, number of sessions, length of sessions, who delivers the intervention.) ☐ Features to improve user engagement in the intervention (Examples: Accessibility, personalization) ☐ Features to improve fidelity of the intervention (Training materials for program leaders, technical assistance, automated feedback to clinicians on practice.) ☐ Other component(s)
Describe other components briefly	_____

Test Phase

The purpose of DDBT's Test Phase is to evaluate the final version (i.e. "high fidelity prototype") of the intervention, service, or practice in a real-world clinical setting. At this phase, patients are receiving the intervention, service, or practice. Test Phase implementation is not necessarily a fully powered RCT or optimization trial. Has the Test phase been completed in prior work?	◯ Yes, Test phase is complete ◯ Somewhat, more real-world testing is needed ◯ No, we plan to carry out work for the Test phase ◯ No, the Test phase is outside of the scope of work currently planned for our grant with SCRC
Briefly describe prior Test phase results in 1-3 sentences	_____
Briefly describe which research aim(s) aligns with the Test phase	_____
How will you create the final prototype for real-world testing (e.g., internal development team, hired consultants, external software company, other)? Please describe.	_____
What study design/methods will you use to test the final prototype of the intervention, service, or practice and in what setting will you test? Please describe in 1-3 sentences.	_____
In which group(s) will you test the intervention, service, or practice? (Select all that apply)	☐ Service providers (e.g., front-line providers, behavioral health staff, social work assistants) ☐ Adolescent and young adult patients (e.g., service recipients) ☐ Family members/caregivers ☐ Other user role(s) (e.g., administrators, interventionist).
Please describe "other" user in 1-3 sentences	_____

Section 3: Measurements Studies with research activities in the DDBT Test Phase phase must utilize SCRC's Common Data Elements for measuring patient-reported suicidal outcomes and suicidal ideation. The following sections will ask you about your anticipated measures for your study. Refer to SCRC's Measurement of the Suicide Care Pathway recording for more details on SCRC's Common Data Elements. Additionally, this PDF provides references for each of these measures: SCRC Required Measures Summary for R03 LOIs.pdf

If you have not indicated that your study will include research activities in the DDBT Test Phase, then this section of the form is not applicable. It will appear blank to you (i.e. there will be no additional questions you need to answer regarding measurements). Please simply complete the form.

Patient-Reported Suicidal Outcomes: Primary Outcomes

Suicide Risk & Suicidal Events Columbia-Suicide Severity Rating Scale (C-SSRS)+

Selected C-SSRS items facilitating placement on a 10-point ordinal scale plus additional items assessing suicidal behavior in more detail.

- ◯ Standard Administration (no modifications)
- ◯ Modified Version
- ◯ Not using
- ◯ TBD; my team needs more time to confirm if/how the measure will be used.

Please explain how you will modify the C-SSRS:

_____

Please explain why you are not using the C-SSRS:

_____

Suicidal Ideation Harkavy Asnis Suicide Scale (HASS-I) ideation subscale

- ◯ Standard Administration (no modifications)
- ◯ Modified Version
- ◯ Not using
- ◯ TBD; my team needs more time to confirm if/how the measure will be used.

Please explain how you will modify the HASS-I:

_____

Please explain why you are not using the HASS-I:

_____

Recommended Measures

Review the list of recommended measures and select the ones you plan to use.	☐ NSSI behavioral items from Self-Injurious Thoughts and Behavior Interview-Revised (SITBI-R) ☐ WHO ASSIST V3.0 for Substance use ☐ PHQ-9 for Depression Symptoms ☐ GAD-7 for Anxiety Symptoms ☐ Brief Pain Inventory-Short Form for Pain Interference ☐ General Help Seeking Scale for Therapeutic Alliance ☐ Suicide Interventionist Response Inventory (SIRI-2) for Provider Self-Efficacy ☐ Mental Illness Management (MIM) for Provider Self-Efficacy [strongly encouraged] ☐ Heuristic/expert review for Usability ☐ Child Trauma Scale (CTS) for Trauma ☐ PC-PTSD-5 for Trauma ☐ Strengths and Difficulties Questionnaire (SDQ) for Psychopathology

Study-Specific Measures

Please describe any study-specific measures you are planning to use not already specified.

Feel free to link to or upload a copy of these study-specific measures, if possible.

Appendix 4

SCRC 2025 Pilot Grants Program - Full Application Instructions 9-15-25

Thank you for your interest in applying to the SCRC Pilot Grants Program!

Grantees will be awarded **$100,000** over **2 years** for pilot or developmental research.

Multiple PI teams will submit 1 application

Only investigators and MPI teams that have been invited to complete a full application may submit (see Pilot Grants Program Request for Applications main section)

REQUIRED COMPONENTS & FORMAT

The full application will be submitted via REDCap survey. Only investigators who have been invited based on completing a Letter of Intent to submit a full application will be emailed a link to the application by the Team Science Core.

Reviewers will not review your Letter of Intent as part of the full application review process. **Only information added to the full application REDCap form and the documents uploaded there will be provided to reviewers**.

Investigators of funded grants will also be invited to participate in SCRC's Collaborating Scholars Program, which provides investigators early in their career or established investigators transitioning to suicide care research additional collaboration and mentorship opportunities as well as additional funds for advanced training and education needed to advance their work in suicide care research.

Please identify one PI who will be the corresponding PI.

Table 1. Required components and format

Section	Required Component	Format
1	Information about the investigators applying and the R03-level pilot grant project that will be submitted (e.g., title, total amount of funding requested, community partners, etc.)	RECap form
2	Indicate your interest in participating in the Collaborating Scholars Program.	REDCap form
3	Submit the proposal for the R03-level pilot project, which should be submitted as **a single PDF document**, including 1) A 250-word abstract 2) The grant narrative[a] 3) Appendix: If relevant, include a conceptual model of the intervention, service, or program under study in your	Upload a PDF of the required components to the REDCap form

	project using the conceptual model template provided in the REDCap form (a copy also provided in RFA Appendix 4). Note: Although pilot grants may not be able to study each part of the conceptual model, teams should still flesh out how they are thinking about the model and may want to comment on how parts of the model not addressed in the pilot project may be a focus of subsequent research projects. 4) Citations 5) Budget & budget justification 6) NIH biosketch for key personnel (i.e., each MPI, consultants, etc.) 7) Letters of support from clinical or community partners The grant narrative[a] should be no longer than 7 pages (single-spaced, half inch margins, and Arial 11pt font), exclusive of references.	
4	Complete the Preliminary Funding Agreement: This section will confirm that each investigator has reviewed and understands that if funded, they will complete the Pilot Grants Program Funding Agreement before the pilot funds can be released. The details of this agreement can be found below.	REDCap form - checklist item

Table Footnotes:

[a]The grant narrative should include the following sections:

1 page for Specific Aims plus 6 pages for remaining sections (7 pages total, maximum)

1. **Specific Aims (1 page):** State concisely and realistically what the research is intended to accomplish. Indicate how the research relates to the overall mission of UW's SCRC and how the intervention or service delivery under study in your project aligns with SCRC's Suicide Care Pathway (see Appendix 2 for more information on SCRC's Suicide Care Pathway).
2. **Background and Significance:** Briefly sketch the scientific literature pertinent to the proposed study (and future grant application) by critically evaluating existing knowledge and identifying the gaps that the study intends to fill.
3. **Research Methods:** Briefly describe the study design and the procedures to be used to accomplish the specific aims of the project. Applicants must describe:
    - The end-users for the intervention, service, or program, how they will be involved in the project
    - Methods for engaging diverse end-users and recruiting diverse samples
    - How their research findings will be relevant to outpatient medical settings
    - The means by which the data will be collected, analyzed, and interpreted
    - How the project aligns with the Discover, Design, Build, Test and Multiphase Optimization Strategy frameworks

- How the team will measure Center-wide mechanisms, which may include usability and acceptability of the innovation as well as therapeutic alliance or patient, family, or provider self-efficacy
- The use of common data elements (CDEs) when measuring core mechanisms and outcomes
- How the project will engage in human-centered design methods to engage clinical and community partners (e.g., providers, patients, families)

4. **Research Team & Partnerships:** Briefly describe the qualifications and roles of the research team, including the experience of investigators in suicide care research and the interdisciplinary synergy between MPIs. Describe the nature of the relationship with clinical or community-based partners and include a description of how the proposed project will initiate or build on existing partnerships. The application should include letters of support from these partners.
5. **Timeline and Future Plans:** Include a timeline for the work planned, including a projected completion date. Describe any new instruments, tools, or materials that will be generated. Describe plans for how the proposed pilot study will support a grant application to the NIH, PCORI, VA, NSF, SAMSHA, or other federal funding agency. For graduate students, this may be an NIH F32.

QUESTIONS?

Contact SCRC's Team Science Core:

Email uwscrc@uw.edu

SCRC Pilot Grants Program Funding Agreement – COPY FOR REFERENCE 9-15-25

Congratulations on your funding award from the Suicide Care Research Center! We are looking forward to collaborating with and learning from you and your project! SCRC is highly invested in our pilot projects and grantees. We have a number of resources and opportunities that are part of the award designed to support investigators, project implementation, and the pursuit of future funding.

We ask the Corresponding MPI to complete and sign this funding agreement on behalf of all MPIs prior to receiving the pilot funds acknowledging that you are aware of the required grant activities, and that you may connect with our Team Science Core for guidance or questions at uwscrc@uw.edu.

Thank you!

I am aware that the pilot grant award includes the following required activities and have read about these in the Pilot Grants Program RFA:

Project Implementation, Future Funding, and Dissemination Support

- ☐ Attend a monthly seminar with the Team Science Core faculty
- ☐ Present and receive feedback from Center faculty on the proposed methods for the pilot project (at the project start) and subsequent findings from the pilot (at the project end)
- ☐ Receive consultation Center Methods faculty
- ☐ Receive non-academic consultation facilitated by the Policy Core
- ☐ Attend one annual grant writers bootcamp to support a future grant submission
- ☐ I am aware that there are dissemination funds available, in addition to the pilot project funds to support publications, conference attendance, etc.

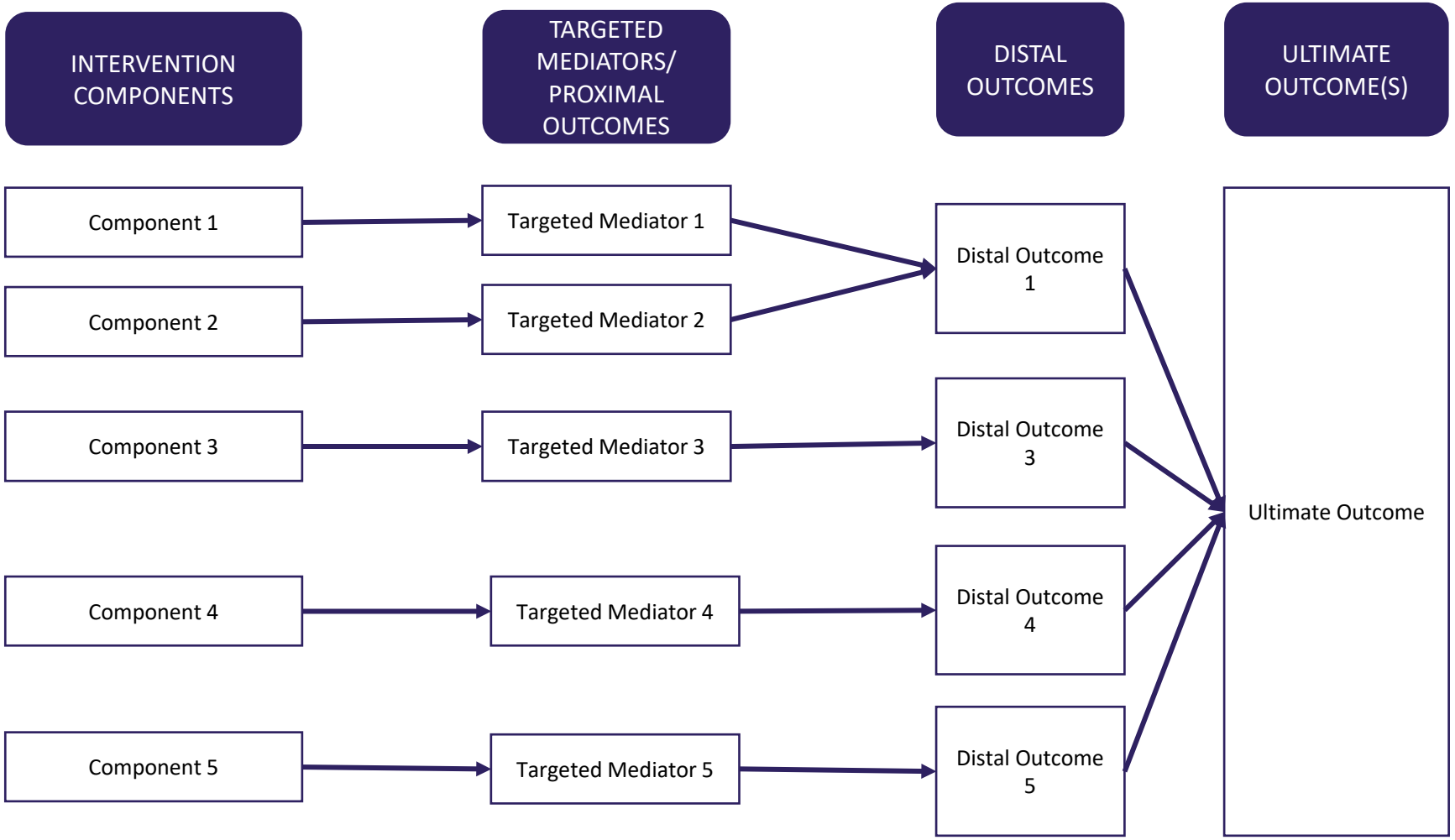
Pilot and Developmental Research Activities

- ☐ Utilize the DDBT & MOST frameworks
- ☐ Utilize common data elements (CDEs) when measuring core mechanisms and outcomes
- ☐ Oversample for participants from traditionally underrepresented racial and ethnic groups
- ☐ Receive IRB approval within 3 months of pilot funds distribution
- ☐ Complete the project within 2 years
- ☐ Disseminate research findings (e.g., peer-reviewed publication; conference presentation, etc.)
- ☐ Acknowledge SCRC in publications

Administrative Activities

- ☐ Complete a Center-wide demographics survey
- ☐ Complete an exit interview after project completion
- ☐ Complete tri-annual or quarterly reports for the Center manager needed for the NIMH progress report, including reports to update the Center on R03-level project progress and academic products (which continues past the pilot grant funding period)
- ☐ Complete occasional surveys for the Team Science seminar and evaluations of didactics

Conceptual Model



Conceptual Model