



**SUICIDE CARE
RESEARCH CENTER**

SCRC Pilot Grants Program RFA Informational Session

Suicide Care Research Center (SCRC)

NIMH: P50 MH129708

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Introductions



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Learning Objectives

- By the end of this session, you should be able to:
 - Describe the SCRC Pilot Grants Program 2025
 - Explain the RFA process and timeline

Suicide Care Research Center (SCRC)

Multi-disciplinary center funded by NIMH



Our Purpose

- Improve suicide care for adolescent and young adult patients (13-30 years), their families, and their clinicians in outpatient medical settings

Our Vision

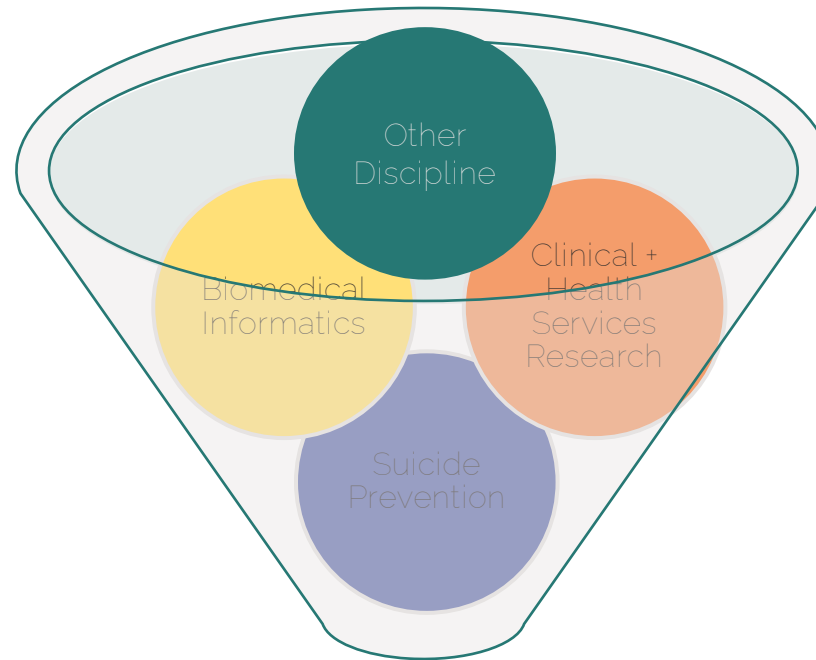
- Develop a better model for suicide care that can easily be used (in full or just parts) by diverse primary care and other outpatient medical settings

The Problem

- Most mental health care is provided in outpatient medical settings such as primary care
- Outpatient medical settings often rely on emergency department, but this is:
 - Often unnecessary
 - Overwhelming to ED
 - Overwhelming to suicidal patients and their families
 - Pointless when the ED refers the patient right back to primary care
- While collaborative care and other integrated behavioral health models are spreading, suicide care lags behind



SCRC Transdisciplinary Research Team

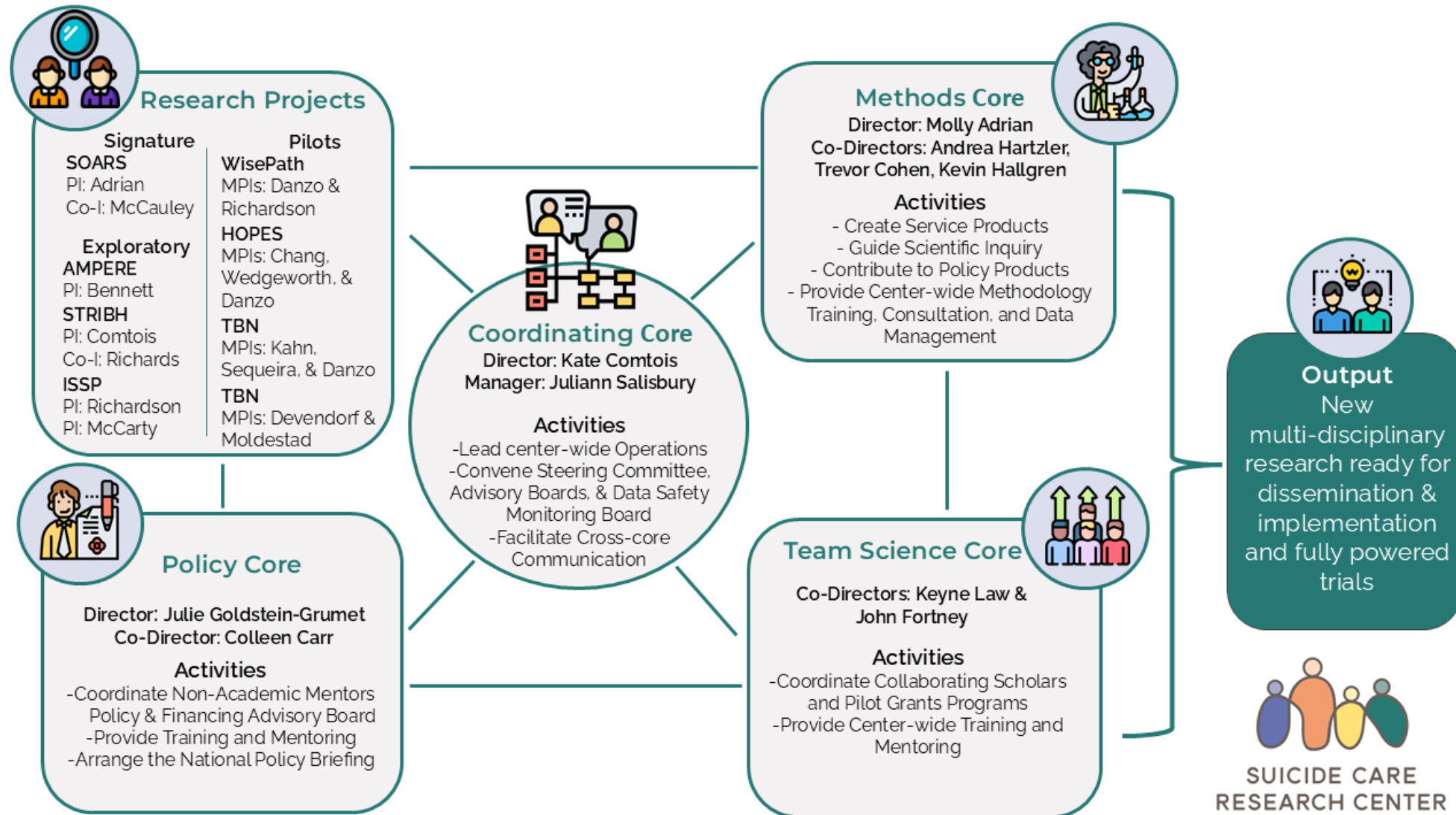


New Frameworks, Concepts,
and Methodologies

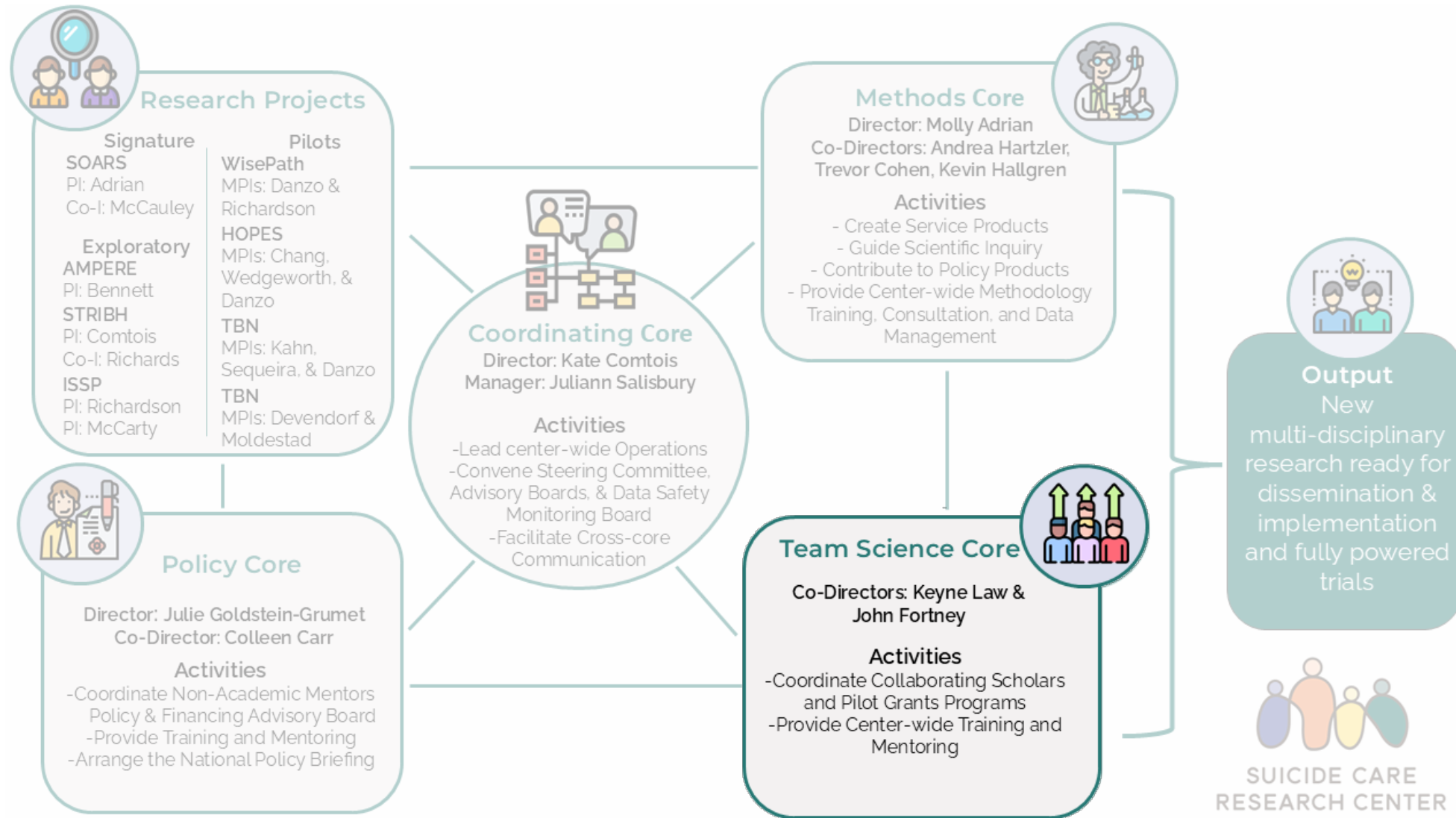


Improved Suicide Care for Patients, Their Families,
and Their Clinicians in Outpatient Medical Settings

SCRC Organizational Structure



SCRC Organizational Structure

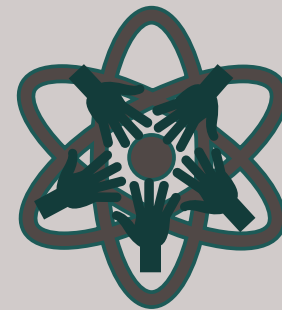


Pilot Grants Program

- Fund pilot/developmental research that will lead to future grants
 - That will enhance suicide care through transdisciplinary research
 - Are aligned with the Center's suicide care pathway and methodology
 - Are aligned with NIH funding priorities
- Support the dissemination of findings from pilot grants

Led by **Team Science Core**

- Doyanne Darnell
- John Fortney
- Keyne Law
- Tess Grover



Pilot Grants – NIH R03

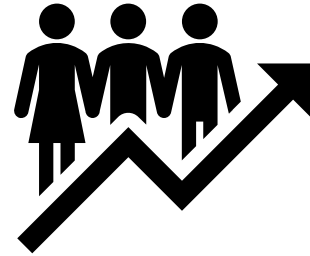
- Award Details

- Projects start: March 2, 2026
- \$100,000 total over two years (\$50,000/year)
- Aligned with SCRC suicide care pathway & methodology
- MPI Projects
 - Includes investigators within and outside of UW; SCRC can help identify MPI partners as part of the pre-LOI consultation process (see RFA)
 - One investigator should have previous suicide research experience
 - The other investigator should be from a different discipline
 - All career levels: Graduate student, postdoctoral, early career, mid and senior level faculty

2 grants funded
per cycle over 4
years

Pilot Grants Program Opportunities

- Monthly seminar with the Team Science Core
- SCRC didactics, webinars, and works-in-progress
- Grant writers bootcamp
- Methods faculty consultation
- Non-academic mentorship
- Curated methodologic and team science resources
- Dissemination funds (e.g., conferences, publications)



Collaborating Scholars Program

- Funded investigators will be invited to join
- Additional opportunities for Collaborating Scholars
 - Mentorship in area to help advance your career in suicide care research
 - Funding for training and education in areas needed to advance your career in suicide care research



Emerging Collaborating Scholars Application
Reviewing Applications in Jan 2026
https://redcap.link/SCRC_Scholars_2025

Benefits of Working with SCRC-

Hear from our grantees!

- "Being able to have access to experts in the different methods and analyses we're using is so helpful!"
- "Ongoing guidance and feedback that has been helpful in hiring a research assistant, identifying weaknesses in our initial research plan and how to address them, as well as helped us plan for navigating challenging recruitment areas."
- "I have particularly enjoyed having a chance to network with others in the field and learn from each other. It is not only inspiring and motivating, but very practical in that we share lessons learned and new ideas."
- "Monthly check-ins help keep us accountable and on track! Hearing about other projects and things folks are working on has helped us gain insight into existing and ongoing work that can inform our projects as well."

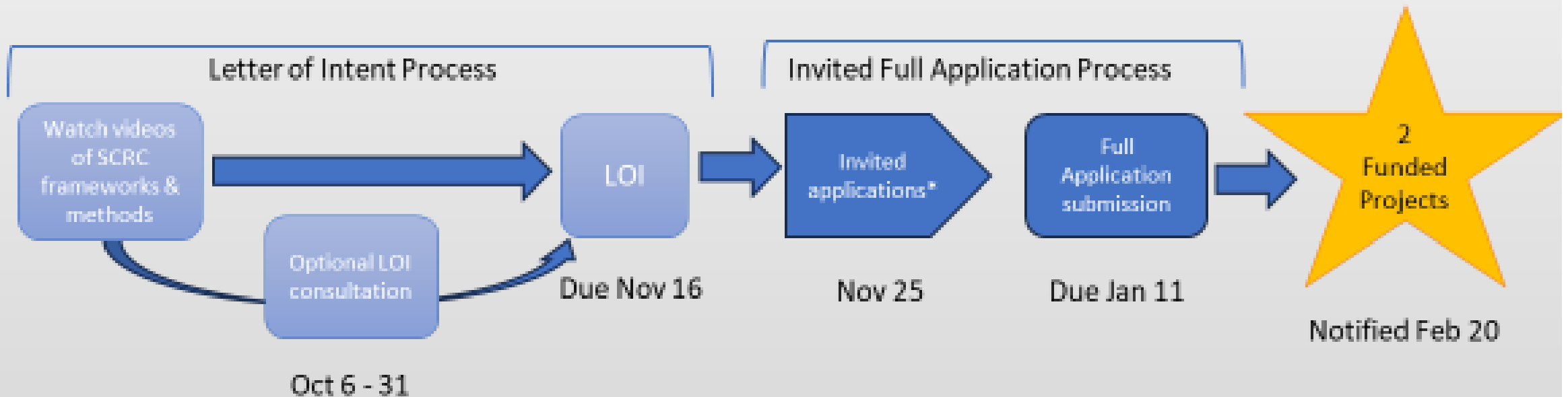
Additional Center Resources

- REDCap support, including pre-built projects and REDCap programmer support to adapt to the R03 study
- The center has created suicide care documentation in Epic into which R03 interventions can be integrated
- The center can harmonize participant level and EHR data from UW Medicine or Seattle Children's and provide tech assistance for doing so with data from other health systems
- Infrastructure for risk management – measures, IRB protocol language, risk assessment strategies, and training in all of the above are available
- Existing relationships with UW Medicine and Seattle Children's clinics and primary care networks like WPRN to assist MPIs to find real-world clinical partners
- Robust staff support – can train your staff and find FTE if needed!
- Advisory Boards and Panels provide ongoing feedback to R03 MPIs to assure their research will have broad interest and update

Pilot Grants – Application Process

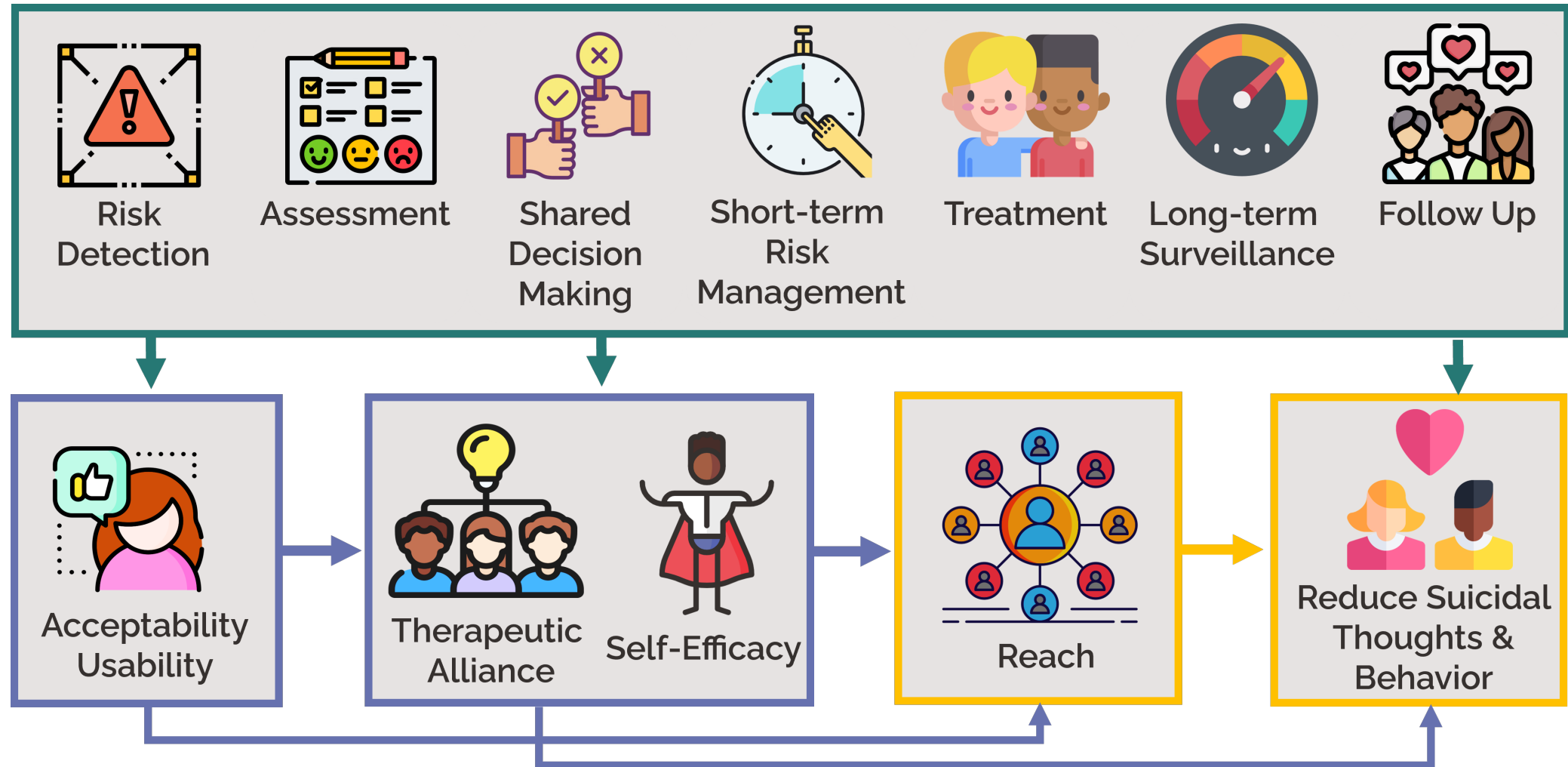
- REDCap Survey: <https://redcap.link/SCRC-R03-2025>
- Detailed Letter of Intent due: **November 16, 2025**
 - Pre-recorded SCRC Methods Core videos on pathway & methodology
 - Optional pre-LOI consultation – *Why get a consult?*
 - Improve alignment with Suicide Care Pathway & methodology
 - Get help finding an MPI or clinical partner
 - Address subcontract questions (if non-UW MPI)
- Invited Full Applications due: **January 11, 2026**
 - Only invited applicants may submit a full application – notifications sent out **November 25, 2025**

SCRC 2025 RFA Timeline & Next Steps



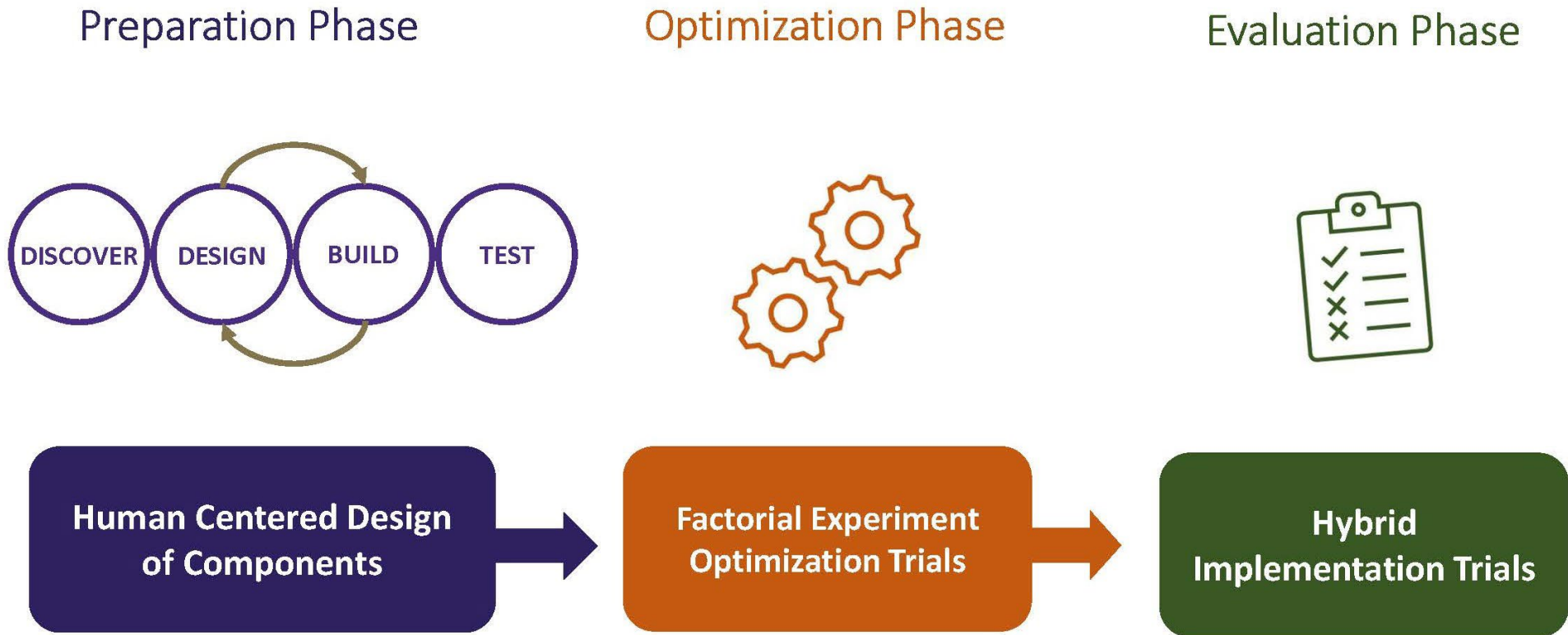
*All applicants notified on LOI decision. Invited applicants receive written feedback on LOI from Center faculty

Suicide Care Pathway in Outpatient Medical Settings

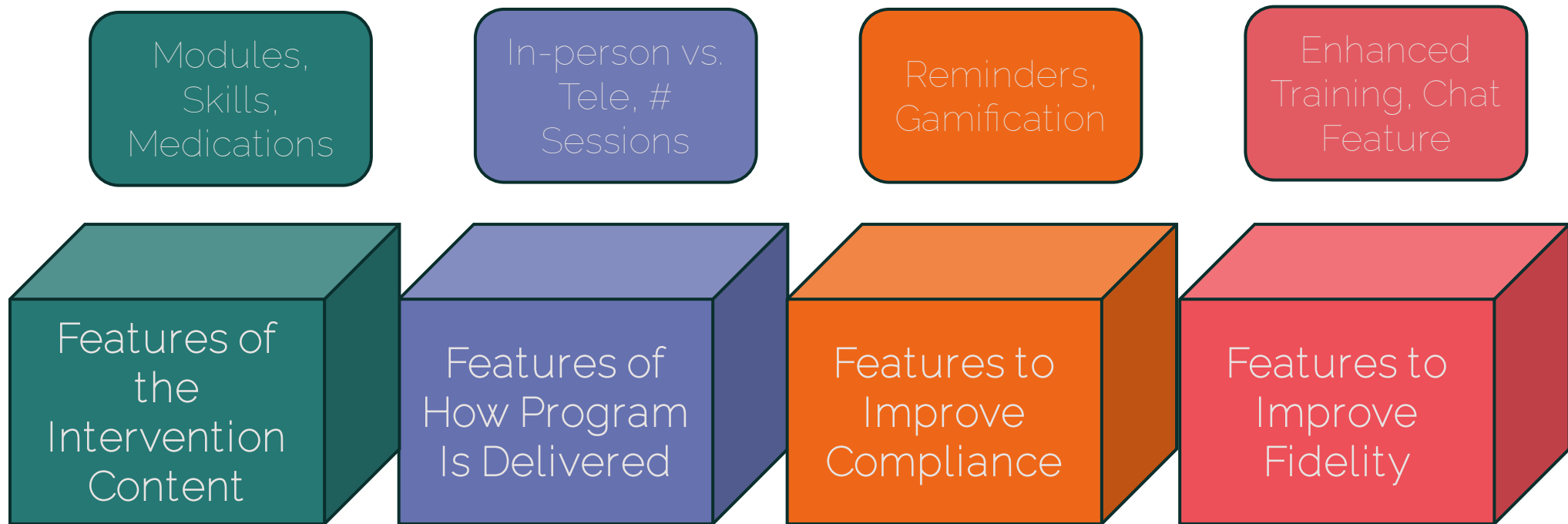


SCRC Methodology

Human Centered Design (DDBT Framework) + Multiphase Optimization Strategy (MOST)



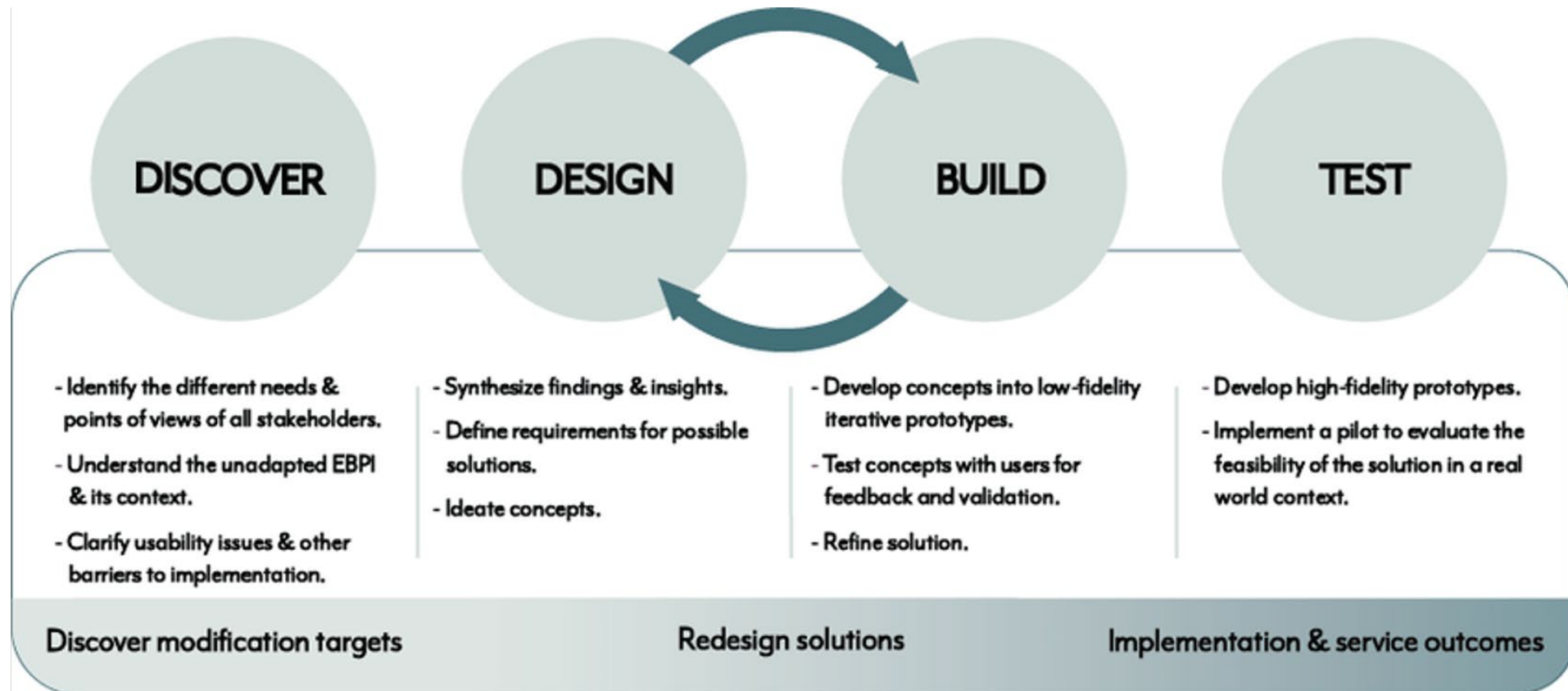
Components: An Intervention's Building Blocks



Human-Centered Design

Co-design

- Core principle of SCRC is that interventions need to be developed in partnership with the clinics where they will be used and with input from people with lived experience



Preparation Phase Activities

Requirements

Focus on scalable interventions or service delivery strategies



Along the suicide care pathway in outpatient medical settings for adolescents and young adults

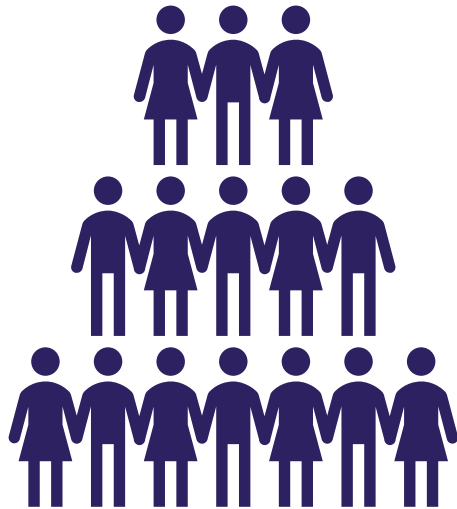
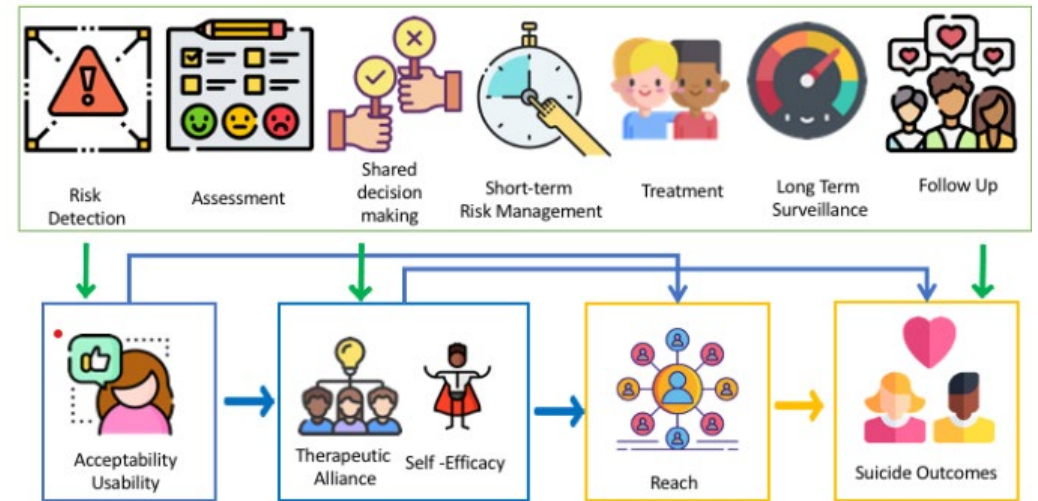


Figure 1 The Suicide Care Pathway in Outpatient Medical Settings



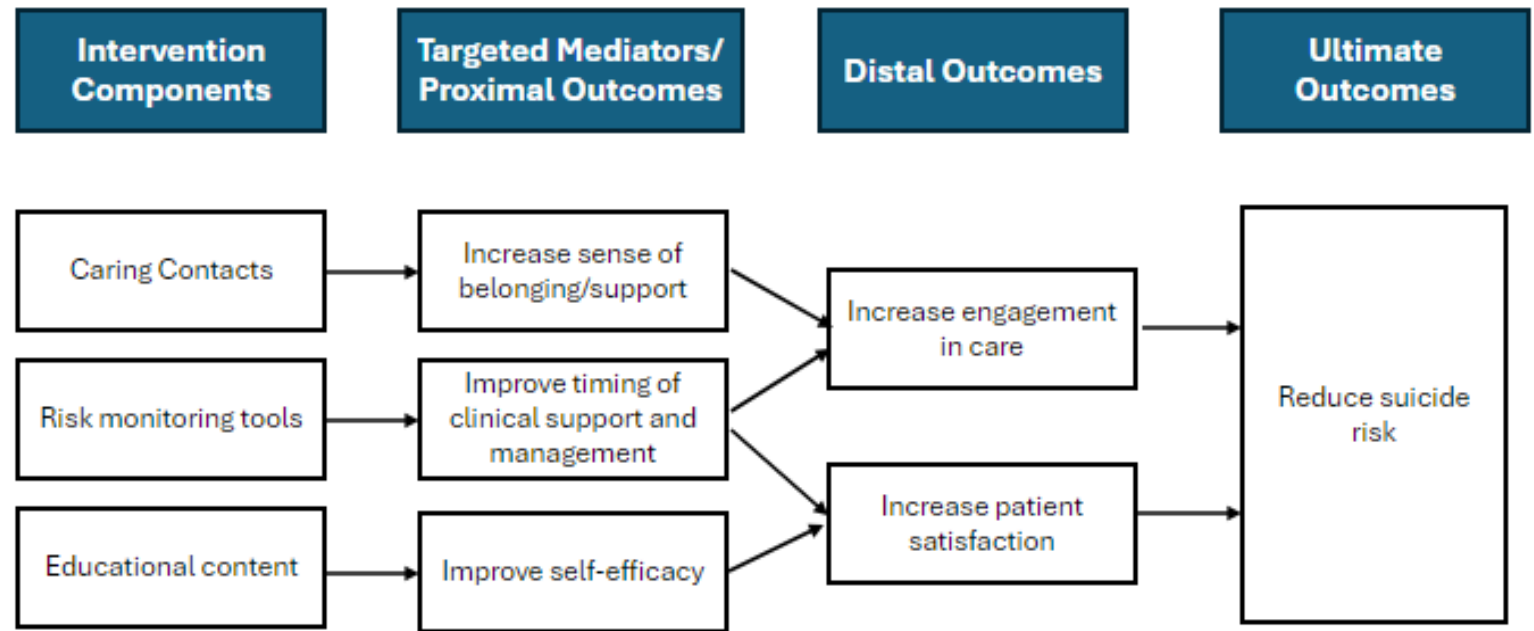
Preparation Phase Activities (Cont.)

- Preparation Phase Goals
 - Derive/revise the conceptual model for this intervention
 - Develop a set of candidate components
 - Define optimization objective of intervention package (i.e., operational definition of best-expected outcome under key setting constraints)
 - Pilot testing of the candidate components
- Example R03 Activities
 - 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 evaluation of one or more intervention components
 - Pilot test an intervention for usability, acceptability, feasibility

Conceptual Model

HOPES R03 (Chang, Danzo, & Wedgeworth)

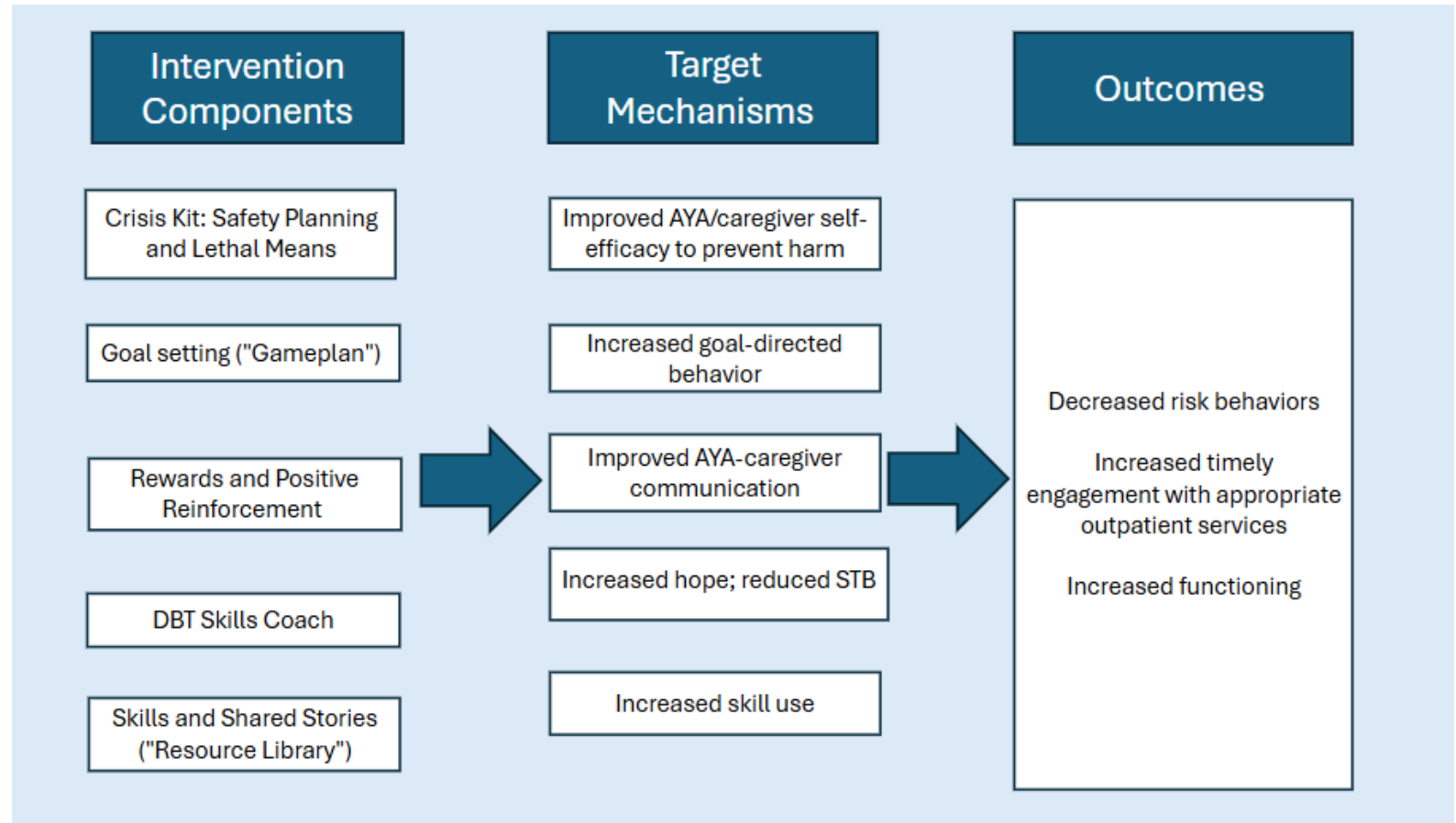
- Conduct a needs assessment with AYAs and caregivers to identify initial program requirements for a caring contacts protocol and a remote suicide risk monitoring system for use in primary care.
- Based on the needs assessment performed in Aim 1, our study team will create a caring contacts protocol and a proposal for a remote suicide risk monitoring system for use in primary care. We then will host a series of a co-design sessions.



Conceptual Model

Wisepath R03 (Danzo & Richardson)

- Develop clear design requirements and prototype intervention components for a prototype
- Develop a refined initial conceptual model and candidate intervention components to present and review with a co-design group
- Conduct user evaluation



SCRC's Key DDBT Common Data Elements

CONSTRUCT	INSTRUMENT	REQUIRED?	REFERENCE
Acceptability	Acceptability of Intervention Measure "AIM"	Required	(Weiner et al., 2017)
Appropriateness	Intervention Appropriateness Measure "IAM"	Optional	(Weiner et al., 2017)
Feasibility	Feasibility of Intervention Measure "FIM"	Required	(Weiner et al., 2017)
User Burden	User Burden Scale	Optional	(Bangor et al., 2008)
Usability	System Usability Scale "SUS"	Required	(Bangor et al., 2008)
	DDBT Phase Transition Process	Required	(Munson et al. 2012)

Required Common Data Elements

Suicide Outcomes		
Suicidal ideation	Harkavy-Asnis Suicide Scale (HASS-I)	Asarnow J, McArthur D, Hughes J, Barbary V, Berk M. Suicide Attempt Risk in Youths: Utility of the Harkavy-Asnis Suicide Scale for Monitoring Risk Levels. <i>Suicide Life Threat Behav.</i> 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. <i>AJP.</i> 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. <i>J Ment Health.</i> 2013;22(2):101-110. doi:10.3109/09638237.2013.779366
Demographics & Social Determinants of Health	PhenX Toolkit Social Determinants of Health Core ² + others	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). <i>J Psychother Pract Res.</i> 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. <i>Psychiatry Res.</i> 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. <i>J Clin Child Adolesc Psychol.</i> 2018;47(sup1):S384-S396. doi:10.1080/15374416.2017.1342546
Implementation Mechanisms		
Acceptability	Acceptability of Intervention Measure	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. <i>Implementation science</i> , 12, 1-12.
Feasibility	Feasibility of Intervention Measure	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. <i>Implementation science</i> , 12, 1-12.

Collaborating with the Methods Core



Pre-Award Feedback

Methods Core faculty will:

- Review LOI and give feedback to align with SCRC methods



Consultation & Mentorship

Following award, R03 grantees will:

- Submit a methods core intake
- Meet to align project with data collection strategies
- Meet during phase transitions



Seminar Series

For guidance on key methodological decisions



Technical Assistance

Support projects through centralized REDCap data capture, required and recommended measures

Questions? Comments?





SUICIDE CARE RESEARCH CENTER

UWSCRC@uw.edu

<https://psychiatry.uw.edu/research/suicide-care-research-center/>