

THE CENTER FOR ACCELERATING PRACTICES TO END SUICIDE (CAPES)

IMPACT REPORT

**YEAR 1:
4/1/2023-3/1/2024**



UMass Chan
MEDICAL SCHOOL

**Developed by the Evaluation Unit (EVU):
Alexandra Boland, MA
Ekaterina Pivovarova, PhD**

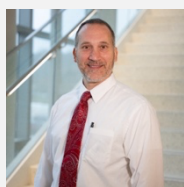
JULY 23RD, 2024

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A Message from Our Directors

We should celebrate! The first year of CAPES was an astonishing success! We succeeded in pulling together a nationwide network of world-class organizations and engaged a "dream team" of suicidologists, mental health professionals, implementation scientists, research methodologists, and digital health experts. What we're most proud of is that this collaboration is not just surface level; it is deep and interwoven through the fabric of the Center, embodying the highest ideals of transdisciplinary research. Every project is being co-led by a suicide prevention expert and a methodologist, which substantially differentiates our projects from the norm where one or the other discipline is typically a subordinate rather than an equal. Each project is being informed by the diverse expertise within each of our Units, providing a breadth of perspectives and guidance truly unique to CAPES. Moreover, partner engagement has permeated all that we do, from transforming Jaspr implementation by tapping into clinicians working in the ED to having people with lived experience co-design content for our website. The integrated expertise of our investigators, partners, and advisors has created a synergy that has improved every project and deliverable from CAPES.

We should be really proud of the way we are doing the work. And we should also be proud of our impact. In just the first year, CAPES Faculty have led 63 presentations at leading scientific conferences, published 79 peer-reviewed articles in high-impact journals, and submitted 38 new grants. This level of productivity in the first year of a Center is rare. It means CAPES is already changing the way patients receive care in healthcare settings. It means we are already having a positive influence on a diverse range of disciplines. It means we are already saving lives. We would like to sincerely thank all faculty, staff, partners, and advisors for their contributions, creativity, patience, hard work, and positive attitudes. It is really a pleasure to work with such an outstanding team.



Edwin Boudreaux, PhD

Professor of Emergency Medicine, Psychiatry, and Quantitative Health Sciences
Vice Chair of Research

Department of Emergency Medicine, University of Massachusetts Chan Medical School



Catarina Kiefe, MD, PhD

Professor of Population and Quantitative Health Sciences
Melvin S. and Sandra L. Cutler Endowed Chair in Biomedical Research
University of Massachusetts Chan Medical School

Mission Statement and Vision

“To prevent suicide by accelerating delivery of evidenced-based, compassionate suicide care.”

“P50: To study how suicide-care technologies can support this primary mission.”



Who We Are

ADMIN CORE UNIT DIRECTORS



Basheer Rahmoun, M.D
Operations Unit



Anthony Nunes, PhD
Education and Scientific
Development Unit



Lourah Kelly, PhD
Dissemination and
Community Engagement Unit



Denise Dunlap, PhD
Business Development
Unit



Camille Nebeker, EdD
Ethis Unit



Ekaterina Pivovarov, PhD
Evaluation Unit

Operations Unit:

- Support the Center's infrastructure and operations.
- Establishes/Follows milestone-driven management plan, communication plan, and meeting plan.
- Disseminates study-related deliverables, including updating the Center website and social media.
- Assists in the management of community partner panels and Healthcare System Consortium.

Education and Scientific Development Unit:

- Builds infrastructure for soliciting, reviewing, selecting, and executing pilot feasibility projects by early-stage or established investigators and trainees.
- Organizes training opportunities across a range of topics and disciplines important for suicide-related care translation and research: didactics, workshops, mini-courses, and hands-on project experiences.
- Vets and selects the Emerging and Advanced Collaborating Scholars.

Dissemination and Community Engagement Unit:

- Builds and engages Community Partner Panels and Healthcare System Consortium to maximize their potential for synergy across Center projects.
- Executes the dissemination plan, including developing direct-to-community materials with community partners

Business Development Unit:

- Mentors each project team in business, commercialization, and intellectual property related issues.
- Provides consultation with senior advisors on a range of practical and academic business and tech transfer topics
- Establishes and supports connections with businesses and organizations designed to foster commercialization.

Ethics Unit:

- Provides guidance related to digital health ethics and human subjects' protections.
- Provides training opportunities in digital health ethics.

Evaluation Unit:

- Evaluates center-wide outcomes and products
- Provides annual reports to Internal and External Advisory Boards
- Develop end of year Impact reports for dissemination across multiple settings

What the Administrative Core Does

1



Support CAPES operations

2



Create and implement a peer-review process to award & fund Pilot Projects

3



Train graduate students, postdoctoral researchers, early-stage scholars, & advanced scholars

4



Engage and organize experts, stakeholders, & healthcare system affiliates

5



Provide updates of the latest technology developments

6



Disseminate CAPES resources

7



Evaluate CAPES progress & plan future efforts

Who We Are

METHODS CORE UNIT DIRECTORS



Bruce Barton, PhD

Design, Data, and Analysis Unit



Chengwu Yang, MD, MS, PhD

Design, Data, and Analysis Unit



Emmanuel Agu, PhD

Machine Learning Unit



Stephenie Lemon, PhD

Implementation Science Unit



Karen Clements, MPH, ScD

Economic Evaluation
Unit



Serena Rajabiun, Ph.D.

Economic Evaluation
Unit



Ben Gerber, MD, MPH

Person-centered Design
Unit



Bengisu Tulu, PhD

Person-centered Design
Unit

Design, Data and Analysis Unit:

- Support design & analysis of CAPES projects
- Track analytic and publication activity across projects
- Perform database development/management/QC
- Harmonize data collection across all projects
- Offer psychometric expertise
- Develop/disseminate new stat/epi methods for suicide prevention

Machine Learning Unit:

- Work with ADAPT and LEMURS on ML system design & implementation
- Develop innovative ML learning approaches for suicide prevention
- Provide ML expertise for new study design
- Work with Ethics Unit regarding ethics in AI

Implementation Science Unit:

- Support integration & measurement of EPIS framework
- Help select implementation strategies adapted from ERIC
- Harmonize implementation outcome measures using Proctor taxonomy
- Support Community Partners Panels and dissemination efforts using Implementation Science
- Contribute to the development of new implementation measures

Economic Evaluation Unit:

- Advise on economic evaluations for CAPES projects, funded and future
- Identify data capture needs for economic evaluations
- Perform economic valuations
- Participate in policy-relevant discussions

Person-centered Design Unit:

- Engage partners to refine prototypes
- Develop innovative design approaches for suicide prevention
- Ensure user-centric, culturally and equity tailored interventions
- Help development and support new studies involving person-centered designs

What the Methods Core Does

1



Provide implementation science, study design, data analysis and management, economics, machine learning, and person-centered design expertise & technical infrastructure

2



Advance methods, including analytic and implementation methods, to study the implementation of suicide care technologies

3



Create guidance on best practices in health system implementation of suicide care technologies, including operationalizing how they can facilitate Zero Suicide & identifying trans-setting & setting-specific implementation drivers

4



Evaluate all CAPES research activities, plan future efforts.

Affiliated Institutions

Primary Faculty



Affiliate Faculty



Corporate Partners



Thank you for continued partnership!



Scientific Impact

CAPES faculty and staff bring expertise from a wide range of disciplines and research fields to ensure that our work has high scientific impact and drives forward research and translation of empirically-based practices in preventing suicide. Broadly, CAPES measures our scientific impact across three interrelated areas:

1) Improved identification of suicide risk

2) Decreased suicidal behavior in healthcare and community settings

3) Implementation of suicide care technologies in healthcare settings

In the first year, our core CAPES team was successful in producing high-impact work!



We presented on suicide care and related topics at **63 international, national, and regional conferences.**



We published **79 peer-reviewed articles** in high impact journals such as JAMA and Journal of American Medical Informatics Association.



We submitted **38 grants**, most to the National Institutes of Health.

Spotlight on Publications

JMIR Publications Advancing Digital Health & Open Science **25 years** Articles Search articles

JMIR Mental Health Journal Information Browse Journal

Published on 24.10.2023 in Vol 10 (2023)
Preprints (earlier versions) of this paper are available at <https://preprints.jmir.org/preprint/49783>, first published June 09, 2023.

 **Comparing the Acceptability and Quality of Intervention Modalities for Suicidality in the Emergency Department: Randomized Feasibility Trial**

Celine Larkin¹; Bengisu Tulu²; Soussan Djamassbi²; Roscoe Garner¹; Fatima Varzгани²; Mariam Siddique¹; John Pietro¹; Edwin D Boudreaux¹

Article Authors Cited by Tweetations (9) Metrics

Original Investigation | Diabetes and Endocrinology

September 29, 2023

Mobile Health Intervention in Patients With Type 2 Diabetes A Randomized Clinical Trial

Ben S. Gerber, MD, MPH^{1,2}; Alana Biggers, MD, MPH²; Jessica J. Tilton, PharmD, BCACP³; et al

Author Affiliations | Article Information

JAMA Netw Open. 2023;6(9):e2333629. doi:10.1001/jamanetworkopen.2023.33629

PLOS DIGITAL HEALTH

OPEN ACCESS PEER-REVIEWED
RESEARCH ARTICLE

Digital exposure notification tools: A global landscape analysis

Camille Nebeker, Daniah Kareem, Aidan Yong, Rachel Kunowski, Mohsen Malekinejad, Elijah Aronoff-Spencer

Published: September 1, 2023 • <https://doi.org/10.1371/journal.pdig.0000287>

Article Authors Metrics Comments Media Coverage Peer Review

JAMA Psychiatry | Original Investigation

Effect of an Emergency Department Process Improvement Package on Suicide Prevention The ED-SAFE 2 Cluster Randomized Clinical Trial

Edwin D. Boudreaux, PhD; Celine Larkin, PhD; Ana Vallejo Sefair, PhD; Yunsheng Ma, PhD; You Fu Li, MD, MS; Ameer F. Ibrahim, MD; Wesley Zeger, DO; Gregory K. Brown, PhD; Lori Pelletier, PhD, MBA; Ivan Miller, PhD; for the ED-SAFE 2 Investigators

IMPORTANCE Suicide is a leading cause of deaths in the US. Although the emergency department (ED) is an opportune setting, ED-initiated interventions remain underdeveloped and understudied.

OBJECTIVE To determine if an ED process improvement package, with a subfocus on improving the implementation of collaborative safety planning, reduces subsequent suicide-related behaviors.

TRANSACTIONS ON ENGINEERING MANAGEMENT

A Window of Opportunity: Radical Versus Repurposing Innovation Under Conditions of Environmental Uncertainty and Crisis

Denise R. Dunlap¹, Roberto S. Santos², and Scott F. Latham

Spotlight on Tipsheet

Best Practices for Public Dissemination and Language around Suicide Research

Many of us are aware of the media guidelines for responsible media reporting around suicide.^{1,2,3}

Irresponsible communication around suicide in the media has been shown to increase risk and can even contribute to higher suicide rates.^{4,5}

As researchers, we have a part to play in responsible reporting and sharing of suicide research findings with the public. As you share any suicide-related research, please keep these simple guidelines in mind.

DON'T:



- » **Don't** include methods of suicide in publication titles⁶
- » **Don't** provide detailed description of methods or describe novel methods of suicide¹
- » **Don't** provide simplistic explanations of suicide, such as single "triggers" or "causes" of suicide⁶
- » **Don't** harp on statistics: citing lots of numbers without also balancing with hope or resources can reinforce hopelessness
- » **Don't** use sensational language, such as "surge," "crisis," "tsunami," or "epidemic"⁶
- » **Don't** use images that depict methods or stereotypes, like the classic "head-clutcher" image⁷
- » **Don't** publicize celebrity suicides or suicide clusters; publicize resources instead
- » **Don't** use stigmatizing language, such as "commit suicide" or referring to suicide as "successful," "unsuccessful" or a "failed attempt."¹
- » **Don't** dehumanize a person by saying "suicidal patient" or "suicide attempter". Rather, use person-first narrative (e.g. "patient who struggles with suicide").



DO:

- » Include **messages and narratives of hope and recovery**
- » List **resources** that can support those experiencing suicidal thoughts/behaviors and suicide bereavement
- » Use **carefully selected images** that represent a variety of lived experience and communities⁷
- » Assume that any content can go **viral**⁸
- » **Monitor interactions** with your posts; consider disabling comments for certain posts⁸
- » **Invite input of those with lived experience**, while prioritizing safe messaging. What's validating for persons with lived experience may not be an ideal message or visual for the broader public and could instead be shared in specific settings (e.g., settings for persons with lived experience with suicidal thoughts/behaviors)
- » **Use appropriate language**, like "died by suicide," "attempted suicide" or "took their own life"¹
- » When talking about someone who struggles with SI and SA, **please use "person first" language** (e.g. "a person who struggles with suicide," "a person who has attempted suicide").

REFERENCES

¹ <https://reportingonsuicide.org/wp-content/uploads/2022/12/ROS-One-PageUpdated2022.pdf>

² <https://iris.who.int/bitstream/handle/10665/372691/9789240076846-eng.pdf?sequence=1>

³ <https://www.samaritans.org/about-samaritans/media-guidelines/>

⁴ Niederkrötenhaller, T., Fu, K. W., Yip, P. S., Fong, D. Y., Stack, S., Cheng, Q., & Pirkis, J. (2012). Changes in suicide rates following media reports on celebrity suicide: a meta-analysis. *J epidemiol community health*, 66(11), 1037-1042.

⁵ Niederkrötenhaller, T., Braun, M., Pirkis, J., Till, B., Stack, S., Sinyor, M., ... & Spittal, M. J. (2020). Association between suicide reporting in the media and suicide: systematic review and meta-analysis. *Bmj*, 368.

⁶ Knipe, D., Hawton, K., Sinyor, M., & Niederkrötenhaller, T. (2021). Researchers must contribute to responsible reporting of suicide. *BMJ*, 372, n351-n351.

⁷ https://training.cochrane.org/sites/training.cochrane.org/files/public/uploads/Images%20Checklist%20for%20Evidence%20Dissemination%20-%20Final%2C%20version%201.0_2.pdf

⁸ <https://www.orygen.org.au/chatsafe/Resources/International-guidelines/US-English>

*If unsure, check with CAPES
suicidologists to make sure your
messaging is safe.*

CAPES

Follow us on Social Media!



CAPES Suicide
Prevention



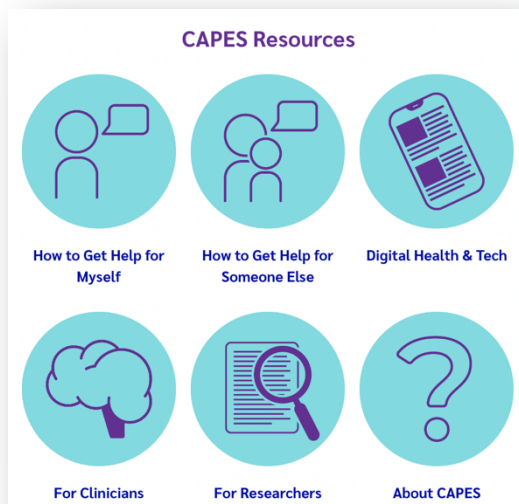
@CAPESuicide

Center for Accelerating Practices to End Suicide

Social Media Highlights

The Social Media team has bolstered dissemination and engagement in several ways! Our first step was to rebrand the types of posts we put up on our social media. We created a branding package, with specific fonts, colors, and motifs to ensure consistency and familiarity across our social media platforms. We supplemented this with a more frequent posting schedule to maximize our outreach.

In addition to posting, the team has met with our CAPES Lived Experience Advisory Board and the weSPARC Insight Advisory Board (comprised of adults with lived experience with mental health conditions) to obtain valuable insight into what viewers would value and expect from CAPES social media platforms. This insight allowed us to diversify our posts and specify our audiences across our social media platforms (e.g., LinkedIn, Facebook, X, Instagram). The team collaborated with partner social media accounts such as UMass Chan, Worcester Polytechnic Institute, Jaspr Health, and Education Development Center (EDC.org).



CAPES launched their official website!

<https://www.umassmed.edu/capes/>

The goal is to boost CAPES work and researchers' visibility, foster new collaborations, enhance access to suicide prevention resources and trainings, and increase community engagement, understanding, and trust in research.

X (Formally Twitter)



Launched: 8/14/23

159

Followers

FOLLOW



- 108 Posts;
- 135 Retweets;
- 27,550 Impressions;
- 905 Engagements;
- 54 Replies;
- 105 Clicks;
- 454 Likes

LinkedIn

Launched: 2/28/24

137

Followers

- 6,162 Impressions;
- 276 Clicks;
- 275 Likes;
- 57 Shares;
- 33 Comments

Instagram



...

Launched: 5/7/24

96 24

Followers

Posts

- 26 Comments;
- 2,177 Impressions;
- 1,222 Post reach;
- 218 Likes



Facebook

Launched: 5/17/23


60

Posts



- 29 Fans;
- 33 Page Likes;
- 251 Reactions;
- 309 Page & Post engagements;
- 2,042 Post impressions;
- 1,066 Post reach

Top Performing Social Media Posts



CAPES Suicide Prevention
@CAPESuicidePrev

We are thrilled to share a best practices tipsheet for responsible reporting of suicide research. This work was led by CAPES faculty Dr. Celine Larkin and provides concrete guidelines of sharing suicide-related research with the public and with key communities.

Best Practices for Public Dissemination and Language around Suicide Research

Many of us are aware of the media guidelines for responsible media reporting around suicide.^{1,2,3} Irresponsible communication around suicide in the media has been shown to increase risk and can even contribute to higher suicide rates.^{4,5}

As researchers, we have a part to play in responsible reporting and sharing of suicide research findings with the public. As you share any suicide-related research, please keep these simple guidelines in mind.

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DO:


- Include messages and narratives of hope and recovery
- List resources that can support those experiencing suicidal thoughts/behaviors and suicide bereavement
- Use carefully selected images that represent a variety of lived experience and communities
- Assume that any content can go viral!
- Monitor interactions with your posts; consider disabling comments for certain posts
- Invite input of those with lived experience, while prioritizing safe messaging. What's validating for persons with lived experience may not be an ideal message or visual for the broader public and could instead be shared in specific settings (e.g., settings for persons with lived experience with suicidal thoughts/behaviors)
- Use appropriate language, like "died by suicide," "attempted suicide" or "took their own life."
- When talking about someone who struggles with SI and SA, please use "person first" language (e.g., "a person who struggles with suicide," "a



CAPES Suicide Prevention
@CAPESuicidePrev

A highlight from the #Massachusetts @MassDPH Suicide Prevention Conference on April 2. CAPES faculty Drs. Boudreaux, @Dlourah, & Davis-Martin presented on suicide risk screening & assessment & safety planning. For more trainings, check out DPH's calendar buff.ly/3SikWin






CAPES

Meet the Faculty

Edwin Boudreaux, Ph.D. He/Him
Principal Investigator (MPI)
Dr. Boudreaux is a clinical psychologist and Co-Director of CAPES. He is passionate about accelerating the transformation of suicide related care in healthcare settings. Dr. Boudreaux believes that CAPES will lead to accelerated adoption of evidence-based suicide care and that it will save lives and avert morbidity.





National Strategy for Suicide Prevention

Care. Connect. Collaborate.

National Strategy for Suicide Prevention

on:

suicide & Crisis Life

h equity

ection of suicide

ubstance use

and social media

l means safety

2024

www.hhs.gov/nssp



CAPES Suicide Prevention
Published by Buffer • May 9 •

We're happy to have our CAPES Lived Experience Advisory Board partner WITH us on our research in delivering compassionate suicide care, in line with the new 2024 National Strategy for Suicide Prevention from National Action Alliance for Suicide Prevention SAMHSA U.S. Department of Health and Human Services

See the full strategy here: <https://buff.ly/3UPron1>



What is CAPES?

The Center for Accelerating Practices to End Suicide through Technology Translation

Our goal is to improve compassionate suicide care through technology translation to practice

[View post on network](#)



Check out CAPES on the Voices of UMass Podcast!

[View post on network](#)



NEW PUBLISHED RESEARCH

[View post on network](#)



Best Practices for Public Dissemination and Language around Suicide Research

The DO's

[View post on network](#)



CAPES Suicide Prevention
Published by Buffer • June 6 at 2:01 PM •

The Person Centered Design Unit hosted a workshop on using eye-tracking to enhance understanding of user-experience in technology-based interventions.

User Experience (UX) research is instrumental in guiding the creation, testing, and refinement of human experiences, which play a pivotal role in developing successful people-centered products and services. The mission of CAPES is to improve patient care through technology translation - eye tracking helps us understand HOW patients are using the technology and their level of engagement.

Dr. Soussan Djasasbi led this workshop - she is faculty at Worcester Polytechnic Institute in Worcester, MA. Dr. Djasasbi's work centers on investigating the intricacies of human cognition. Utilizing eye-tracking technology, she focuses on investigating attention and effort at a micro-cognitive level to seamlessly enhance design. One noteworthy application of eye tracking in her research involves measuring engagement with various visual information, ranging from embedded content in organizational websites to the complex information found in medical decision aids.

#suicidpreventionresearch #research #personcentereddesign #technology @umasschan @umasschanemergencymedicine @WPI



17

Capacity Building: Training



CAPES Scholars: Established

Dr. Nancy Byatt DO, MS, MBA. Dr. Byatt is a perinatal psychiatrist and physician-scientist focused on improving systems of care to promote the mental health of parents and children. Her passion is deeply rooted in her experiences as a clinician, researcher, daughter, and mother. She is a Professor with Tenure of Psychiatry, Ob/Gyn, and Population and Quantitative Health Sciences at UMass Chan Medical School. She developed the Massachusetts Child Psychiatry Access Program (MCPAP) for Moms. MCPAP for Moms is a

statewide program that has 1) increased access to

mental health care for thousands of perinatal individuals 2) become a national model for perinatal mental health care, and 3) impacted state and national policies and funding. She is the Founding Executive Director of the Lifeline for Families Center and Lifeline for Moms Program at UMass Chan Medical School. The Center's activities include capacity building, consultation, and research. Dr. Byatt's research uses implementation science methods to design, implement, and evaluate scalable approaches for improving parental and child mental health services and outcomes. With over ten years of continuous federal funding for her research, Dr. Byatt's achievements have led to over 90 peer-reviewed publications and book chapters, over 250 presentations, and numerous national awards.

Dr. Linda Isbell, PhD. Dr. Isbell is a professor of psychology at the University of Massachusetts Amherst. She received her BA from the State University of New York at Stony Brook (1993) and her MA (1995) and PhD (1999) from the University of Illinois at Urbana-Champaign. She joined the UMass faculty in 1999. Dr. Isbell's research primarily examines the interaction between affect and cognition and focuses extensively on the impact of affective experiences on social cognitive processes.



CAPES Scholars: Emerging

Dr. Lourah Kelly, PhD. Lourah Kelly is a Clinical Research Associate I in the Behavioral Health Division of the Calhoun Cardiology Center. Her Ph.D. is in Clinical Psychology, awarded from Suffolk University in Boston, MA. Her program of research focuses on the intersection of substance use problems and suicidality, particularly among young people. She is Principal Investigator of a K99 Pathway-to-Independence Award, funded by the National Institute on Alcohol Abuse and Alcoholism. This project includes intensive mentorship, training, and aims to develop an avatar-guided mobile health intervention for young adults with alcohol use problems and suicidal thoughts who present to the emergency department.



Dominic Denning, B.A. Dominic's program of research focuses on the course, phenomenology, treatment/prevention, and assessment of self-damaging behavior (e.g., suicide, nonsuicidal self-injury, disordered eating), difficulties regulating emotions, and borderline personality disorder in understudied and underserved populations (i.e., men & LGBTQIA+).



Martha Zimmermann, PhD.

Martha Zimmermann's research focuses on developing scalable interventions to prevent perinatal mood and anxiety disorders.

Arielle C. Graham, MD. Arielle Graham is an Associate Professor at UMass Chan Medical School and specializes in psychiatry.



CAPES Interns

Interns

Alan Ardelean

Swashna Avneeta

Roche Declan

Taylor McGinty

Lani Faith Gacula

Hope Zouzas

Summer Interns

Aliza Bloostein

Melissa Fornagiel

Arba Kamberi

Morgan Reed

Owne Teh



Capacity Building: Workshops

Workshops- Eye Tracking

The Person-Centered Design Unit hosted a workshop led by Dr. Soussan Djamasbi, on using eye-tracking to enhance understanding of user-experience in technology-based interventions.



Dr. Djamasbi's work centers on investigating the intricacies of human cognition. Utilizing eye-tracking technology, she focuses on investigating attention and effort at a micro-cognitive level to seamlessly enhance design.

The mission of CAPES is to improve patient care through technology translation - eye tracking helps us understand HOW patients are using the technology and their level of engagement.



“The presenter clearly showed how to integrate quantitative and qualitative data to generate significant visibility feedback”- Workshop Attendee

“The interactive workshop! Very helpful to have practice with it”- Workshop Attendee

Community Collaborations

Advisory Board

Our board includes six people who all have personal lived experience with suicidal thoughts and/or attempts and with the healthcare system, as well as two co-facilitators, Rick Strait of the Education Development Center and Lourah Kelly of UMass Chan Medical School. Three of our members were recruited from the Massachusetts community, and three members are consultants and serve as faculty at the Education Development Center.

When asked about their reasons and experiences on the CAPES Lived Experience Advisory Board, one member shared:

"Existing digital mental health tools have allowed me to live a more fulfilling life. I'm happy to use my experience to advise on the future of this research."



Rick Strait is the program Manager and Suicide Prevention Coordinator at Integrated Treatment for Co-Occurring Disorders (ITCD), LPC. He is also a faculty member at the Education Development Center (EDC) and our co-facilitator for the CAPES advisory board. Rick's unique ability to bridge his knowledge and lived experience provides him with a depth of understanding and practical application the programs he works with.

Dr. Lourah Kelly, Lead, Dissemination and Community Engagement (DanCE) Unit and co-facilitator, has familial lived-experience, and is involved in extensive suicide prevention work, including leading a K99/R00 Pathway to Independence Award from NIAAA, involving designing, refining, and evaluating a novel avatar-guided technology-based intervention for emerging adults with alcohol use problems and suicidal thoughts, delivered within the emergency department.



Partnerships and Influencers



Out of Darkness event for American Foundation for Suicide Prevention (raised \$1,900)

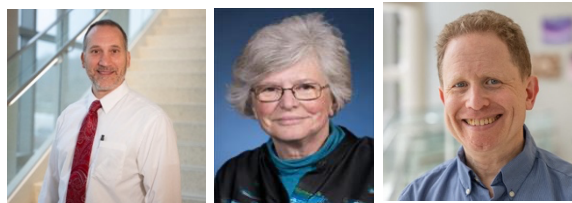
Partnered with Central Massachusetts Suicide Prevention Coalition



Supporting local initiatives such as suicide prevention month with UMass Chan Medical School

Research Updates

Jaspr (Signature Project): Get Better while you Wait!



[Edwin Boudreaux, PhD](#)

[Catarina Kiefe, PhD, MD](#)

[Ben Gerber, MD, MPH](#)

This signature project evaluates the efficacy-effectiveness-implementation of Jaspr, NIMH-funded suicide prevention software for use in the emergency department that provides assessment and interventions based on the Collaborative Assessment and Management of Suicidality (CAMS) and other evidence-based practices.



Screenshots of Jaspr on a tablet.

This study is a Complementary Randomized Controlled Trial and Real-World Study for Efficacy, Effectiveness, and Implementation Design (CREID) – where we are conducting an RCT trial of JASPR at UMass Chan Emergency Department and are implementing Jaspr in 2 states as part of standard clinical procedures in emergency departments in Ohio and Colorado.

Jaspr Users Impact Statements



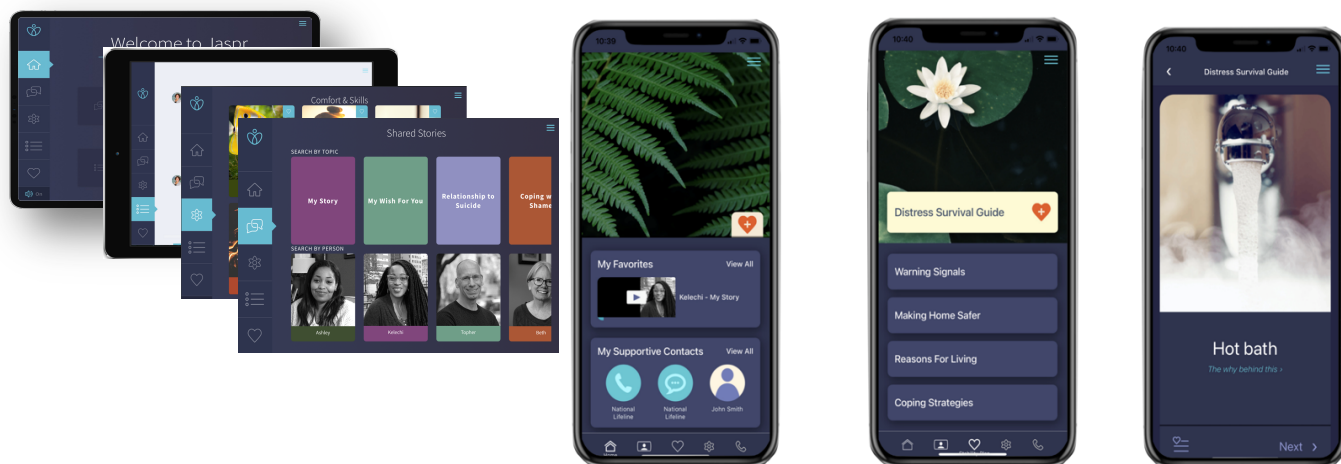
“The best part of app is suicide survivors of how talk about suicide and how to deal with guilt...”- Jaspr User

***“I liked the organization within the app, breaks down each option and makes you more mindful of ways to stay safe.”
- Jaspr User***

“Technology overall felt good, felt like it was working with live support, felt like working with a real person.” - Jaspr User

“[Jaspr] is easy to follow” - Jaspr User

Jaspr Implementation in Emergency Department



Jaspr App screenshots on tablet and iPhone.



Jaspr being administered in the Emergency Department (ED).

Jaspr implementation by **Gwyneth Gould**, Clinical Research Coordinator I from the Department of Emergency Medicine at UMass Chan Medical School.



Computerized Adaptive Tests (CATs) (Exploratory Project)

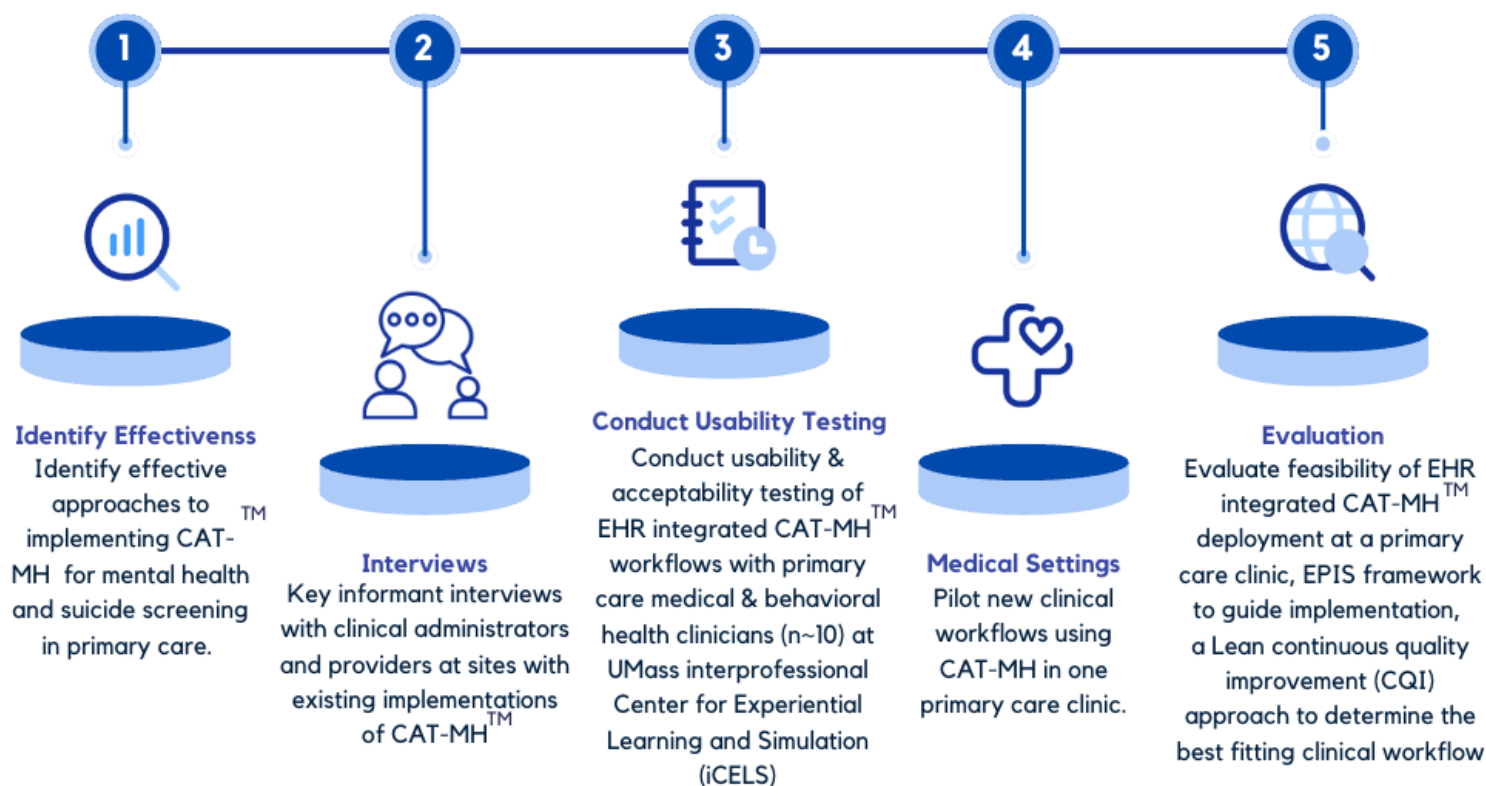


Rachel Davis-Martin, PhD



Bengisu Tulu, PhD

Computerized Adaptive Tests (CATs) uses complex calculations from large data sets to streamline primary care workflow integration to better identify and track mental health symptoms and suicide risk, and guide intervention delivery.



CATs applies a person-centered design approach to optimize effective primary care clinical workflow integration of multidimensional computerized adaptive tests (CATs) for identifying and tracking mental health symptoms and suicide risk and guiding intervention delivery.

Automated, Data-driven, AdaPtable, and Transferable learning for suicide risk prediction (ADAPT): Exploratory Project



Feifan Liu, PhD

Anthony J. Rothschild, MD



Machine Learning

ADAPT uses machine learning for suicide prediction has been gaining more attention



Current Limitations

ADAPT will assess and improve prediction model's generalizability



Current Gaps

ADAPT will address gaps between research results and clinical utility impede wide adoption



Goals

ADAPT will explore advanced AI techniques to build an automated end-to-end pipeline transferring existing suicide prediction models to other healthcare systems & clinical contexts for wide AI adoption & dissemination

ADAPT Specific Aims

Aim 1: Assess the generalizability and adaptability of MHRN risk algorithms for suicide risk prediction.

Aim 2: Develop a unified pipeline of Automated, Data-driven, AdaPtable, and Transferable learning (ADAPT) for suicide risk prediction.

Aim 3: (Exploratory): Aim 3a: Explore an innovative deep learning approach for suicide risk prediction. Aim 3b: Engage diverse partners to assess ADAPT's usability, acceptability, and feasibility as well as potential barriers and facilitators to implementation.

Pilot Projects

Reach Care



Rachel Davis-Martin, PhD



ReachCare, is a mobile application that facilitates creation of a safety plan, behavioral outpatient engagement, family support, and values-based living.

ReachCare was originally designed for clinician-guided activities that required calls to the patient to create plans in the app.

This pilot project aims to update the content for self-administration and conduct iterative user testing cycles among primary care patients to refine the updated ReachCare app.

Awaiting IRB Approval



Upon IRB approval, we will begin user testing with up to 15 primary care patients and conduct focus groups among 10 Latinx patients to identify additional considerations for making ReachCare more acceptable to diverse patient populations.

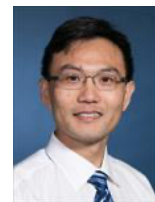
Mobile App Revision



1. Written scripts for the rule-governed chatbots that walk patients through creating the safety plan, behavioral health action plan, values discussion, and life plan.
2. Added animated video content that introduces each ReachCare activity
3. Created and incorporated notifications to enable timely ReachCare activities and promote engagement with the app.

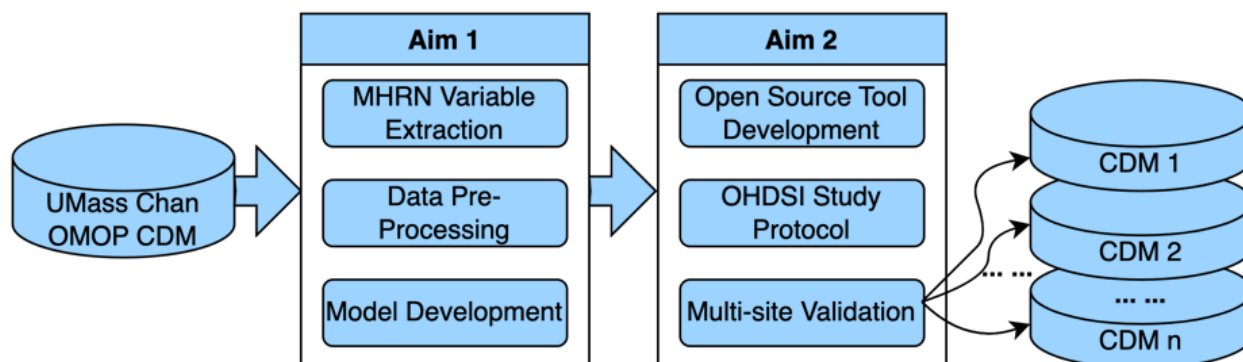
Multi-site Validation Study for Suicide Risk Prediction

Promising suicide risk prediction algorithms in research may not be readily translated into clinical practice due to data heterogeneity and healthcare system complexity. The lack of external validation across clinical contexts has delayed their adoption and wider implementation.



Feifan Liu, PhD

Observational Health Data Sciences and Informatics (OHDSI) is an international collaborative whose goal is to create and apply open-source data analytic solutions to a large network of health databases. Based on the Observational Medical Outcomes Partnership (OMOP) common data model, it provides a rigorous and elegant way to validate an algorithm's generalizability across different institutions without a need for actual data sharing.



This pilot study aims to build suicide risk prediction models using the OMOP common data model to leverage the OHDSI research network for a multi-site validation study.

Staff Spotlight



Serena Rajabiun, MA, MPH, PhD, Assistant Professor at University of Massachusetts Lowell, is the Co-Lead of the CAPES Economic Evaluation Unit. As a health services researcher with implementation science training, Dr. Rajabiun's work focuses on developing and replicating evidence based and informed interventions to improve access to and the quality of health care services for vulnerable populations, including adults and youth living with HIV, cis and transgender women, immigrants, and people experiencing homelessness. Dr. Rajabiun is specifically interested in community-engaged, multilevel interventions that strengthen our health care workforce to address the social determinants of health and deliver care that is cost-effective and reduces inequities. Dr. Rajabiun uses implementation science frameworks to study the integration of non-clinical community health workers (CHWs), including peer/patient navigators on health care teams and the development, implementation, and evaluation of policies to enhance organizational capacity to deliver culturally relevant, patient centered care. Dr. Rajabiun has developed and tested training curricula for supervisors, CHWs and peers on the impact on team coordination, communication, and partnerships.

[Serena Rajabiun, PhD](#)

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Emerging Opportunities

Upcoming: National Suicide Prevention Conference in PA

Opportunities to present a suicide-related poster at the annual meeting of the Association of Behavioral and Cognitive Therapies in PA in October 2024.



The poster for the ABCT 58th Annual Convention features a teal and yellow color scheme. On the left, it says "opening our doors" in a diagonal banner, followed by "Inspiring Community Engagement, Advocacy, & Innovation to Advance CBT". The main text reads "58th Annual Convention November 14-17, 2024 | Philadelphia". At the bottom, the ABCT logo is displayed with the tagline "ASSOCIATION OF BEHAVIORAL AND COGNITIVE THERAPIES".

ABCT Convention Philadelphia

ABCT 58th Annual Convention, November 14 – 17, 2024

Opening Our Doors: Inspiring Community Engagement, Advocacy, & Innovation to Advance CBT

REGISTRATION OPENING IN JULY

Website for Registration:

<https://www.abct.org/2024-convention/>

Request for Application for RO3.



The poster for CAPES RO3-Like Project Grants has a blue and purple color scheme. At the top is the CAPES logo with the tagline "Center for Accelerating Practices to End Suicide". The main heading is "RO3-LIKE PROJECT GRANTS Request for Applications". The text invites submissions by August 16th, 2024, for a 1-year RO3-like Pilot Project award up to \$50,000. It lists research priorities and eligibility criteria. Contact information for Dr. Nunes is provided, along with a QR code for more information. A table of key dates is at the bottom.

CAPES
Center for Accelerating Practices to End Suicide

RO3-LIKE PROJECT GRANTS

Request for Applications

The Center for Accelerating Practices to End Suicide (CAPES) invites you to submit a **Letter of Intent (LOI)** by **August 16th, 2024** for a 1-year RO3-like Pilot Project award for up to **\$50,000** to fund research dedicated to suicide prevention technologies.

We are particularly interested in proposals which feature teams comprised of two or more experts in the following: behavioral healthcare, suicidology, implementation science, humanistic medicine, person centered design, digital health, clinical informatics, predictive analytics, machine learning, or artificial intelligence, proposals with an emphasis on implementation research, and proposals that support the career development of new investigators.

Research Priorities

- Integrates 1 or more CAPES technologies used in the CAPES Signature / Exploratory Projects
- Integrates 1 or more new suicide prevention tech with existing CAPES tech
- Integrate 1 or more CAPES tech with broader non-suicide healthcare technologies (i.e., Health Information Exchanges)

Eligibility

Any **CAPES Center** Faculty (Primary) and any trainee (e.g., Emerging, Established Scholar) may apply.

Contact Information:

Dr. Nunes:
anthony.nunes@umassmed.edu

For More Information:

Scan the QR code below for more information regarding project requirements and submission details.

Key Dates

| | |
|---|------------------|
| Request for Letters of Intent Announced | July 1, 2024 |
| Letters of Intent Due | August 16, 2024 |
| Letters of Intent Finalists Due | August 30, 2024 |
| Full Proposals Due | October 4, 2024 |
| Notice of Award | October 18, 2024 |



On the Horizon

Walk to Support Suicide Prevention

This year's American Foundation for Suicide Prevention Out of the Darkness Walk will occur on Saturday 9/28/24 at Polar Park in Worcester. CAPES has registered a team, and we'd love your support!

Walk to Support Suicide Prevention!

SAVE THE DATE

American Foundation for Suicide Prevention

Out of the Darkness Walk

Saturday, September 28, 2024
Polar Park, Worcester, MA 01608
Registration begins at 9:00 AM EST
Event begins at 10:30 AM EST



Our goal is to raise and support donations for suicide prevention.

WALK

Sign up to join our CAPES team and walk with us at Polar Park!

ORDER A T-SHIRT

We are ordering T-Shirts for the walk. Proceeds go to CAPES to reimburse the purchase.

DONATE

You don't have to walk to make an impact! You can either donate to AFSP and link your donation to UMass Chan CAPES **or** donate to CAPES to support our mission.

SHARE

Share this event with friends and family!

Additional Event Details:

Registration: Registration begins at **9:00 AM** on the **DCU Plaza**.

Parking: We encourage participants to use the **Green Island Blvd parking garage** located directly across from Polar Park. (Participants may be able to find free or metered parking in the Canal District, however we can't guarantee availability on event day.)

Route: The path is 5 kilometers (3.1 miles).

Dog Friendly?: The event allows service dogs only.

For More Information, visit the [Central MA Walk](#) page on the [American Foundation for Suicide Prevention \(AFSP\) website](#).

Join our team!

<http://bit.ly/3LsXiQU>



UMass CAPES Suicide Prevention

Central MA Walk

JOIN OUR TEAM

DONATE



CAPES Related Publications in our First Year!

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THANK YOU

If you would like to share any updates to CAPES, please contact the evaluation team:

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