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| **Meeting/Project Name:** |  ORD SPR Advisory Group Monthly Meeting |
| **Date of Meeting:**  | Tuesday, January 23rd , 2024 | **Time:** | 3:00-4:00 PM ET |
| **Meeting Facilitator:** | J. Constans  | **Location:** | MS Teams |

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| MEETING OBJECTIVE |
| Provide the committee with updates and address next steps for future initiatives and projects |

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| ATTENDEES LIST *(check mark indicates attendance)* |
| **Committee Members:** | ☒ Dr. Bob O'Brien☒ Dr. Joseph Constans | ☐Dr. Miriam Smyth☒ Dr. Peter Hunt | ☒ Dr. Vetisha McClair |
| **Advisory Group:** | ☐ Dr. Steven Dobscha☒ Dr. Stephanie Gamble☒ Dr. Brian Marx☒ Dr. Bradley V. Watts | ☒ Dr. Stephen O’Connor☒ Dr. Susan Strickland☒ Dr. Melissa Mehalick | ☒ Dr. Wendy Tenhula☒ Dr. Lisa Brenner☐ Dr. Matthew Miller☐ Dr. Jodie Trafton |
| **Speakers:** | ☐ Caroline Mwonge ☒ Maharsi Naidu☒ Max Shpilband ☒ Carol Fowler | ☐ Aman Mehmood |  |
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| **Support Staff:** | ☒ Imani Braxton-Allen (Titan Alpha) |  |  |

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| MEETING NOTES |
| **Agenda:*** Portfolio Stand-up- Summary of portfolio documentation timeline and progress
	+ Completed- What we’ve done
		- Role charter
		- Executive committee charter
		- Purview statement
		- Portfolio analysis report
		- Portfolio analysis PPT
	+ In progress- What we’re doing
		- Timeframe: November-March 2024
			* Position description
			* Critical research priorities
	+ Future items- What we plan to do
		- March-May 2024
			* Portfolio RFAs
			* Funding Model SOP
			* Portfolio performance metrics

 * Purview Statement:
	+ *The Suicide Prevention Actively Managed Portfolio (AMP) will include research involving preclinical, translational, clinical, and health services/implementation studies that seek to improve the understanding of suicide and prevent suicidal behavior. Contained within this portfolio will be research using a wide variety of methods and approaches including, but not limited to, studies involving animal models, human tissues and genetic samples, clinical trials of pharmacological and non-pharmacological treatments, application of new technologies, implementation studies (including hybrid studies), observational and epidemiological studies, development of assessment measures, studies concerning risk identification, and studies that seek to understand or address the influence of community on suicidality including investigations on family, caregiver, and peer support, as well as investigations on education, public service announcements, recreation, housing, geospatial location, and employment.*

 * Phases to determine Critical Research Priorities
	+ Reviewing existing literature around suicide prevention research priorities
	+ Refunding the collected priority list by conducting surveys and discussing priority topics with focus groups. Ranking of topics using structured surveys.
	+ Holding consensus panel with the portfolio's executive committee to review priorities and rank based on urgency, impact and feasibility.

 * Phase 1: Critical research Priority Setting for Suicide Prevention
	+ - The team gathered priorities from a total of 26 sources, resulting in 186 cumulative priorities
		- These priorities were coded into research categories to reflect method/procedure and characteristic of prioritized population.
* Phase 2: Gathering input from various stakeholders
	+ Priority Questionnaire Distribution to Field (November 17, 2023)
		- A survey was sent out to investigators within the SPRINT database. We collected responses from 54 respondents, each listing ranked research priorities. These priorities were coded into the categories developed in Phase 1.
	+ Veteran’s Engagement Council Discussion (December 7, 2023)
		- Our team met with a Veteran’s Engagement Council in December to hold a discussion and gather research topics of interest to veterans.
	+ VISN Suicide Prevention Lead – Open Discussion (January 11, 2024)
		- Understanding Research Priorities from the perspective of VISN Leads for Suicide Prevention Coordinators.
	+ Discussion with VA Investigators (January 19, 2024)
		- Discussion of qualitative data obtained and solicitations of recommendations for quantitative survey.
* Phase 3: Pain/Opioid Use AMP Survey
	+ Basing our survey off the Pain and Opioid Use AMP’s survey
* Phase 3: Recommendations from Investigators
	+ Use the count data
	+ Include themes that are important to non-investigator stakeholders
	+ Different from pain and opioid survey
	+ Define what is deemed as “important”
	+ Make categories more broad
	+ Gather additional data to gather different ratings of categories
	+ Rank populations separately

Next steps are creation and solicitation of priority survey. Survey will be sent to VA investigators, VA SP admin leads, VA SP clinicians, and Veteran Engagement Council.  |
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| **ACTION ITEMS** |  |
| **Email specific suggestions about getting feedback from focus groups, providers, etc. to Joe** |  |