HR0011SB20254-02
Language Models for Veteran Suicide Prevention (LM4VSP)
Frequently Asked Questions (FAQs)

1. Are there any recommended or preferred datasets (anonymized mental health, battlefield data, etc.) that we should use for this project?
   A: No.

2. Will DARPA facilitate access to any proprietary or governmental datasets, or are we expected to source all data independently?
   A: No.

3. Are there any restrictions on the types of data we can use, especially concerning sensitive information related to veterans' mental health?
   A: Phase 1 explicitly does not allow for efforts that require an IRB determination.

4. Does DARPA have existing partnerships or preferred contacts with mental health professionals that we can collaborate with during Phase I? **A: No**
   If not, are we expected to identify a partner upon submission? **A: Yes.**

5. Are there specific qualifications or experience levels required for the mental health SMEs we engage?
   A: No

6. Are there existing frameworks or guidelines that we should use when identifying key trigger points and appropriate responses?
   A: It is up to the proposer to identify appropriate clinical pathways.

7. Can the sponsor provide any prior research or resources on trigger points and intervention strategies that we should consider?
   A: No

8. What specific capabilities or functionalities are expected from the proof-of-concept model in Phase I?
   A: This is dependent on a proposer's individual approach.

9. What level of performance or accuracy is expected from the proof-of-concept model at this stage?
   A: DARPA will evaluate all proposals to determine the expected accuracy.

10. In regard to IRB or HRPO approvals that may be required for Phase I, what is the anticipated timeline for obtaining them?
    A: During Phase 1 in preparation for Phase 2. Note there is no determination being made that there will be or that any performer will be selected for a Phase 2.

11. What level of detail is expected in the final feasibility study report and proof-of-concept model documentation?
    A: **This is dependent on a proposer's individual approach.**
12. What are the key metrics or criteria that will be used to evaluate the success of Phase I activities?
    A: This is dependent on a proposer's individual approach.

13. Are there specific benchmarks or comparative models that the proof-of-concept should be measured against?
    A: This is dependent on a proposer's individual approach.

14. What specific data privacy and security protocols must be followed when handling sensitive mental health information?
    A: PHI must be handled in accordance with IRB and HRPO requirements.

15. Are there guidelines for anonymizing data to meet ethical standards?
    A: PHI must be handled in accordance with IRB and HRPO requirements.

16. Should we consider scalability or integration with existing clinical systems in the design of the proof-of-concept model?
    A: This is dependent on a proposer's individual approach.

17. Are there other DARPA projects or initiatives related to mental health or AI that we should align with or be aware of?
    A: This is dependent on a proposer's individual approach.

18. Is there an opportunity to participate in any forums or working groups during Phase I to share insights and receive feedback?
    A: This is up to the individual performer.

19. What are the critical milestones or achievements in Phase I that will influence the decision to proceed to Phase II?
    A: This is provided in the solicitation.

20. Will DARPA provide access to any computational resources or cloud services for developing and testing the language models, or should we plan to secure these independently?
    A: No

21. Are there preferred platforms or environments for deploying the proof-of-concept model?
    A: No

22. Do you have specific preferences for the required compute, GPU capabilities, and storage, particularly regarding options like commercial cloud, ITAR-compliant government cloud, or on-premises deployment?
    A: No

23. What population is the study looking to support (i.e. strictly veterans or also active/reserve members?)
    A: DARPA will evaluate any population relevant to suicide prevention though the long-term goal is to support current and separated service members.

24. Is the interest to look into past suicides (clinical notes, etc.) and to proactively identify intervention methods if an individual is high risk for suicide?
    A: Yes, this is of interest.

25. Given the reference to after-hours being a high-risk period, is providing a LLM interface to guide interventions of veteran suicide prevention call center potentially in scope? Is the focus solely on enabling clinical care providers?
    A: This is in scope. The. focus is on enabling clinical care providers.

26. What is expected from the "assessment of current approaches in the use of language models to detect mental health classes?" Are these experimental assessments or a literature review?
    A: At a minimum, a literature review.

27. The topic mentions that we will be developing a proof-of-concept model of the LM4VSP clinical co-pilot. When it says "proof-of-concept model," is the focus just the language model or can it be a proof-of-concept of the clinical co-pilot system?
    A: It can be either based on the proposer's specific efforts.

28. For our Phase 1 proof-of-concept, how much emphasis should be placed on assessing the quality of detection/identification of mental health concerns vs. quality of LLM-generated responses?
    A: The emphasis should be on the detection/identification of mental health concerns.

29. How is the LLM co-pilot anticipated to interact with the veterans and clinicians? Will the LLM directly interact with veterans or work only under the supervision of a clinician?
    A: This is dependent on the proposer's individual approach.

30. We are unfamiliar with the term "mental health classes" and it doesn't seem to be a common term. Could you provide more details about this term?
    A: Interpret "mental health classes" as "classes of mental health disorders".

31. Would a phase 2 evaluation on a non-vulnerable population be acceptable?
    A: No.