



Massachusetts Veterans Suicide Prevention Institute

Frontline Connect Phase I Pilot Report

Technology, Connection, and Early Lessons in Veteran Wellness Engagement

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Prepared by:

David M. Campisano

President, Massachusetts Veterans Suicide Prevention Institute

Founder, 22Mohawks

*Advancing upstream approaches to veteran suicide prevention through research, innovation,
and community connection.*

<https://mvspi.org/>

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Disclaimer

This report presents preliminary operational findings from an early-stage pilot program. Findings should not be interpreted as evidence of clinical effectiveness, treatment outcomes, or suicide risk reduction. The observations discussed herein are intended to inform future research, platform development, and program evaluation efforts.

About the Massachusetts Veterans Suicide Prevention Institute

The Massachusetts Veterans Suicide Prevention Institute (MVSPI) advances upstream approaches to veteran suicide prevention through research, innovation, education, community engagement, and evidence-informed program development. The Institute seeks to identify and strengthen protective factors that support long-term wellness, belonging, and resilience among veterans and first responders.

Executive Summary

Overview

Frontline Connect is an early-stage wellness engagement platform developed by 22Mohawks in partnership with the Massachusetts Veterans Suicide Prevention Institute (MVSPI). The Phase I pilot was designed to explore whether a low-barrier technology platform could encourage wellness check-ins, self-reflection, resource engagement, and connection before individuals experience crisis.

The pilot sought to better understand how veterans engage with technology-supported wellness tools and what features they consider most valuable.

While the pilot generated useful feedback regarding platform functionality and user experience, the most important finding emerged elsewhere.

Participants consistently expressed a desire for stronger human connection.

Rather than requesting additional automation, participants frequently recommended features that would connect them with peers, local communities, support networks, and shared experiences.

This observation may have significant implications for future development and for the broader role of technology within suicide prevention efforts.

Key Findings

- 32 veterans enrolled in the Phase I pilot.
 - 11 participants completed post-pilot feedback surveys.
 - Participants consistently requested peer-to-peer engagement opportunities.
 - Human connection emerged as a stronger theme than automation.
 - Participants valued trust, accountability, and shared experience.
 - Feedback suggests future development should prioritize community activation and peer support.
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Primary Conclusion

Early findings suggest that technology may be most effective when used to strengthen human connection rather than replace it.

The highest-value role of Frontline Connect may not be as an artificial intelligence platform alone, but as a mechanism that helps veterans reconnect with people, communities, resources, and support systems before crisis develops.

Background

Why Frontline Connect Was Developed

Veteran suicide prevention efforts have traditionally focused on intervention after significant distress becomes visible. While crisis response remains essential, increasing attention is being directed toward upstream prevention strategies that address isolation, disconnection, loss of purpose, and diminished social support before they escalate into crisis.

Frontline Connect was developed to explore one central question:

Can technology help individuals remain connected to wellness resources, self-reflection, and supportive relationships before crisis develops?

The platform was never intended to replace clinical care, crisis intervention services, or peer support programs.

Instead, it was designed to serve as an additional point of engagement—a low-barrier opportunity for individuals to check in, reflect, and potentially reconnect with support systems.

Pilot Overview

Objectives

The Phase I pilot sought to explore:

- User engagement with wellness check-ins
- Perceived usefulness of a technology-supported wellness platform

- Participant recommendations for future development
 - Opportunities to strengthen connection and support
 - Operational lessons to guide future platform design
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Participants

Metric	Result
Total Participants Enrolled	32
Survey Respondents	11
Survey Response Rate	34%

Data Collection

Participant feedback was collected through post-pilot surveys and follow-up conversations. Findings were analyzed to identify recurring themes, strengths, limitations, and opportunities for future development.

Given the limited sample size and response rate, findings should be interpreted as exploratory observations rather than definitive outcomes.

Findings

Finding One: Participants Desired Greater Human Connection

The most consistent theme throughout participant feedback was the desire for stronger connection with other veterans.

Participants frequently suggested:

- Veteran cohorts
- Peer support opportunities
- Local networking

- Veteran gatherings and events
- Accountability partnerships
- Community-building features

Participants repeatedly emphasized the value of being connected to others who shared similar experiences and backgrounds.

The feedback suggests that veterans may view technology not as a replacement for human relationships, but as a mechanism for facilitating those relationships.

Finding Two: Shared Experience Matters

Participants frequently described trust, accountability, and shared understanding as among the most valuable aspects of engagement.

The findings suggest that support systems grounded in shared experience may carry unique value within veteran communities.

Technology can facilitate access to these relationships, but it cannot fully replace the protective effects of belonging, mission, and mutual understanding.

Finding Three: Trust Influences Digital Engagement

Participants also identified several areas for improvement.

Feedback included concerns regarding:

- Repetitive interactions
- Delayed responses
- Limited contextual awareness
- Generic communication
- Automated risk indicators

Several participants expressed concern that overly sensitive monitoring systems could discourage openness if users felt they were being categorized too quickly.

These observations highlight a critical reality for technology-assisted wellness initiatives:

Trust is not simply a feature. It is the environment in which engagement occurs.

Discussion

The findings suggest that Frontline Connect may be evolving into something different than originally envisioned.

Rather than functioning primarily as an AI-driven wellness application, the platform may be better positioned as a community activation and engagement platform.

That distinction is important.

Digital tools can provide accessibility, structure, reminders, resources, and opportunities for reflection. These capabilities offer meaningful value, particularly for individuals experiencing isolation or reluctance to seek traditional support.

However, technology alone cannot create belonging.

It cannot replicate the experience of being understood by someone with shared life experiences.

It cannot fully replace the impact of hearing another veteran say:

"I've been there."

Across multiple 22Mohawks initiatives—including airborne retreats, mentorship programs, companion dog programs, and peer support efforts—the same protective factors consistently emerge:

- Purpose
- Identity
- Belonging
- Mission
- Connection

The Frontline Connect pilot appears to reinforce the importance of those same factors.

The strongest participant feedback did not point toward building a better chatbot.

It pointed toward building a stronger bridge between isolated individuals and human support systems.

Implications for Future Development

Several development priorities emerged from Phase I findings.

Priority One: Peer Cohorts and Community Networks

Future versions should explore veteran cohorts, local networking opportunities, peer accountability partnerships, and community engagement features.

Priority Two: Enhanced Conversational Experience

Participants requested:

- Faster responses
- Less repetition
- Greater contextual awareness
- More natural interactions

Improving usability will be essential for long-term engagement.

Priority Three: Trust-Centered Wellness Monitoring

Risk indicators and monitoring tools should be implemented carefully to preserve trust and encourage openness.

Monitoring systems should support engagement rather than discourage participation.

Priority Four: Clear Platform Positioning

Frontline Connect should not be presented as a digital therapist or replacement for crisis intervention services.

Its greatest value may lie in wellness engagement, connection, support navigation, and community activation.

Priority Five: Measuring Protective Factors

Future evaluations should examine outcomes related to:

- Connectedness
- Belonging
- Social engagement
- Resource utilization
- Peer interaction
- Community participation

These measures may ultimately prove more meaningful than traditional usage metrics alone.

Phase II Priorities

Based on Phase I findings, Phase II development will focus on:

1. Veteran peer cohorts
 2. Community networking capabilities
 3. Local event integration
 4. Enhanced conversational quality
 5. Connectedness and engagement measurement
 6. Improved pathways to peer support and resources
 7. Longitudinal evaluation of protective factors
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Limitations

This pilot was limited in both scale and scope.

Thirty-two participants enrolled, and eleven completed post-pilot surveys. A planned virtual feedback session was not completed due to technical difficulties, although additional follow-up conversations remain ongoing.

Because of the small sample size and response rate, findings should not be generalized.

The pilot does not establish clinical effectiveness.

It does not demonstrate reductions in suicide risk.

It does not prove improvements in mental health outcomes.

What it does provide is an operational signal.

And in early-stage program development, operational signals matter.

They identify where future investigation should occur.

Future Research Questions

Future development and evaluation efforts should focus on several important questions:

- Can technology increase veteran connectedness over time?
- Can digital wellness check-ins identify isolation before it becomes a crisis?
- Can peer cohorts improve engagement and retention?
- Can technology help users move from self-reflection to human connection?
- Can automated tools support—not replace—veteran-led prevention networks?
- Can protective factors such as purpose, belonging, identity, mission, and connection be monitored responsibly over time?

These questions may ultimately prove more important than determining whether users simply liked the platform.

The platform itself is not the objective.

Connection is the objective.

Conclusion

The Frontline Connect pilot began as a test of technology.

It may ultimately become something more valuable: a field observation about the role of human connection in upstream suicide prevention.

Participants did not simply evaluate software.

They revealed a need.

Across responses, participants consistently pointed toward the same requirement: meaningful connection through peers, community, and trusted support networks.

That lesson should shape the future of the platform.

Technology may open the door.

But it is not the destination.

The destination is the person on the other side of that door.

For the Massachusetts Veterans Suicide Prevention Institute, the lesson is clear:

Build technology that strengthens human connection, not technology that attempts to replace it.

If suicide prevention is going to move upstream, we need more than crisis response. We need systems that help people remain connected to purpose, identity, belonging, mission, and one another long before crisis becomes the only visible signal.

Frontline Connect is one attempt to build that system.

The first pilot did not provide all the answers.

It provided a better question:

How do we use technology to bring people back to each other?