



**Written Testimony of
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**Before the
U.S. Senate Committee on Veterans Affairs**

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Testimony on "Harnessing the Power of Community: Leveraging Veteran Networks to Tackle Suicide"

Chairman Isakson, Ranking Member Tester, and Members of the Committee:

Thank you for the invitation to testify today on the implementation of a community-based strategy to eliminate suicide among our nation's military veterans. My name is Jim Lorraine, and I am the president and CEO of America's Warrior Partnership. I served as an Air Force Officer and Flight Nurse for 22 years. I was the founding director of the United States Special Operations Command Care Coalition; a Department of Defense wounded warrior advocacy organization that has been recognized as the gold standard in supporting wounded, ill or injured warriors along with their families. I also served as Special Assistant for Warrior and Family Support to the Chairman, Joint Chiefs of Staff, where I helped to transform the Chairman's "Sea of Goodwill" concept into a strategy. America's Warrior Partnership is a national nonprofit organization dedicated to empowering communities to empower veterans, their families and caregivers. Our organization intimately understands the importance of building collaborative partnerships between national resources and the local community groups who interact with veterans on a daily basis.

Empowering communities is a proven approach, and I have seen for myself what coordinated networks of veteran-serving organizations can accomplish and how our approach of developing a relationship with veterans before the crisis occurs has paid dividends on improving the quality of life for veterans, their families and their communities. This has been the core of our work at America's Warrior Partnership since we launched our Community Integration service model in June 2012. Our service model is currently active in six affiliate communities and has positively impacted the lives of more than 48,000 warriors in the last seven years.

We are not alone in emphasizing the role of communities in serving veterans. Groups such as Combined Arms in Houston and the AmericaServes programs of the Institute for Veterans and Military Families (IVMF) at Syracuse University have built local collaboratives that bridge the gaps between disconnected service providers.

The VA has documented the impact that suicide is having on veteran communities across the country. The latest report from 2018 found that, on average, 20 veterans die by suicide every day, 6 of whom are under Veteran Health Administration care and 14 who are not. These numbers may speak for themselves, but for many of us in the veteran-serving community, suicide prevention has become a personal mission. Ask any veteran and you will likely hear stories similar to the ones I have to share. Stories of fellow service members who died even after we begged them to reach out for assistance. Stories of trying to comfort the friends and family members who are left wondering if there was more they could have done. Stories of close friends leaving behind notes asking for our forgiveness.

It cannot be overstated how dire of a public health crisis that veteran suicide has become.

The PREVENTS Executive Order signed by the President in March of this year provides the nation the greatest opportunity to change how our whole nation ends veteran suicide. Mr. Chairman, I know you understand this because in 2016 you made it your top priority to change the paradigm at the Department of Veterans Affairs in delivery of quality services in unique ways that benefit veterans. Both you and the Ranking Member, Senator Tester, have recognized in words and legislation that communities where veterans live provide the greatest opportunity for positive, sustained, collaborative impact toward ending veteran suicide. Harnessing the services and compassion that exist in our nation's communities to end veteran suicide is both unique and revolutionary.

The PREVENTS Executive Order established a Department of Veterans Affairs Task Force to develop a roadmap to help veterans achieve an improved quality of life while strengthening community-based programs to prevent suicide among veterans. I strongly encourage the Department to not only begin the Task Force's work, but also look beyond government membership and include national leaders in community integration programs to play an active role in implementing the PREVENTS Executive Order.

As Congress determines how to operationalize this initiative, I would like to offer a joint recommendation developed by three of the leading authorities in community-based services for veterans: Combined Arms, IVMF and our own team at America's Warrior Partnership. We developed this recommendation based on our organizations' combined history of developing and operating veteran community integration programs with more than 1,000 partners in 26 rural and urban communities representing 18 states. Our programs have collectively impacted more than 70,000 veterans, military families and caregivers across the country.

We strongly recommend that the PREVENTS Executive Order be implemented through a community-focused grant program that requires grantees to facilitate collaboration between national and local veteran-serving organizations in a coordinated effort to serve veterans holistically. The support provided by grantees should be delivered proactively to addresses both the mental health and social determinants affecting veterans' outlook on life.

Along with our collective experience, we have based our recommendation on the successful roadmap established by the Supportive Services for Veterans and Families Program (SSVF). In 2008, Public Law 110-387, Section 604 of the Veterans' Mental Health and Other Care Improvements Act, authorized the VA to develop the SSVF program, which awards grants to select private non-profits and consumer cooperatives that assist low income veteran families who are residing in or transitioning to permanent

housing. These grants continue to enable communities to reduce veteran homelessness through integrated networks of government and non-government resources, which empower veterans to thrive even after they secure stable housing. The community-based approach of the SSVF program was a great success, and we strongly believe it should serve as the foundation of the mission to end veteran suicide.

Eliminating suicide is the mandate of the PREVENTS Executive Order, so it is also essential to consider how grantees can improve the quality of life and hopefulness of veterans in a holistic manner. Every veteran is different, which means every veteran will be affected differently by the varying geographical and cultural characteristics of the community in which they live. That is why it is also critical that grantees should be required to coordinate programs and services that not only track and support the mental health of veterans, but also the wide range of social factors that can impact their outlook on life. Holistic resources should be available to support veterans with employment, healthcare, housing, benefits, education, personal and professional networking, and much more.

It is important to highlight that we believe access to mental health treatment is a critical element of preventing suicide, but it is only one element of the solution. In our annual survey, America's Warrior Partnership uses a validated measure of hope in the surveying of veterans across the nation. Using Dr. C. R. Snyder's Adult Hope Scale, we correlate hopefulness or hopelessness to what veterans are seeking within their community. We measure hope because it provides for the veteran's future perspective and correlates well to suicide. In our studies, we find that veterans with the greatest hope are seeking connection with other veterans, volunteer opportunities and recreational opportunities, whereas veterans with the lowest hope sought improved transportation, spiritual assistance and emergency financial assistance. We believe proactively developing a relationship with veterans ahead of the crisis and connecting them to a wide range of community services that not only provide support, but also provide purpose has increased veterans' hopefulness for the future. In the end, veterans know that someone in the community cares, can help them navigate barriers, and has their back.

With such a broad range of areas to support, grantees must balance the unique services that their community will prioritize with a systemic approach to tracking progress and monitoring results. This should all start with communities using established research methods, such as those endorsed by IVMF and other veteran-focused researchers, to form a baseline that indicates the current outlook of local veterans and the specific factors that are affecting those at greatest risk for suicide.

Registering a baseline of veteran suicide within the community and annually measuring the change as a result of the grant, planning appropriate measures to improve veterans' lives and establishing metrics to holistically track progress should all be monitored using a comprehensive information management system, such as America's Warrior Partnership's WarriorServe® system, throughout the duration of the grant. This information management system should also serve as a tool for grantees to coordinate outreach to veterans between various service providers and programs.

Lastly, to better understand veteran suicide there must be greater collaborative research and data sharing between academic institutions, the Departments of Veterans Affairs and Defense, and local coroner and medical examiner offices. In December 2017, America's Warrior Partnership joined the University of Alabama and the Bristol-Myers Squibb Foundation to launch Operation Deep Dive, a four-year research study that is the first of its kind to examine the community-level risk factors involved in

suicides and early mortality due to self-harm among veterans. The project is currently active in 14 communities across the country, with locally based Community Action Teams directing the study under the guidance of a national research team in order to coordinate prevention and postvention techniques on a community level that can adjust in real-time as data is collected and analyzed. When Operation Deep Dive concludes, we expect to understand the community-level factors contributing to veteran suicide, as well as have a methodology that any community can implement locally to identify the unique risk factors affecting their veterans, along with guidelines on how they can address these issues through proactive, holistic outreach programs. For Operation Deep Dive to succeed, both local, state and federal government in conjunction with non-government data must be available to researchers to understand the veteran most at risk, in a specific community to take their life.

In summary, as Congress decides on the best path forward to operationalize the PREVENTS Executive Order, I join the leaders of our country's largest veteran community collaboratives in urging this committee to consider the successful precedent of the SSVF program. We recommend a grant program adopt the community focus of the SSVF initiative and complement it with an emphasis on holistic measures that are inclusive of both the mental health and social factors that affect veterans at risk for suicide. A community's progress in coordinating services and bringing positive change to local veterans should be monitored using established research methods and a comprehensive information management system.

One final point I will add is that all grantees should authentically represent the communities in which they serve. This means that each organization actually resides within their community and has documented agreements in place that show they have the support of local government and non-government leaders. The goal of this initiative, after all, is not to supplant the hard work that community organizations have done to help their veterans, but to empower them to take it to the next level.

Thank you for the opportunity to present this recommendation to the committee. As Chairman Isakson has said, "*Suicide is a terrible, terrible, terrible loss, and a wasteful loss of life and a preventable loss of life.*" Veteran suicide is an undisputed public health crisis, and it will take a highly coordinated level of collaboration between local community groups and national veteran-serving organizations to end it. Our country's legislators have already taken the first steps toward providing communities the support they need. I speak for my fellow leaders within the veteran-serving community when I say that we are all here to offer our continuing help and support to complete this mission.