Bridging the Gap: Enhancing Outreach to Support Veterans' Mental Health

Prepared for:
Senate Committee on Veterans Affairs

Testimony by:
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Introduction

Mr. Chairman, Ranking Member, and distinguished Members of the Committee, thank you for the opportunity to provide testimony today about community-based suicide prevention efforts and the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program (SSG Fox SPGP) on behalf of the D'Aniello Institute for Veterans and Military Families (IVMF) at Syracuse University.

About the IVMF

The IVMF was founded in 2011, as higher-education's first interdisciplinary academic institute singularly focused on advancing economic, social, and wellness outcomes on behalf of the nation's military, veterans, and their families. Each year, more than 20,000 individuals participate in IVMF programs and services, from entrepreneurship and career training to connecting individuals with local resources in their communities.

The IVMF's programs are underpinned by our sustained and robust data collection, applied research on the most pressing issues impacting veteran well-being, and evaluation services for public and private partners who also serve the military-connected population. Accordingly, the IVMF's policy priorities are directly informed by insights from our programmatic, research, and evaluation efforts, as well as from engagements with the IVMF's external partners that include the public sector, higher education, national and community nonprofits, philanthropy, and the private sector.

Our Role in Community-Based Suicide Prevention

As part of our support to communities, for over a decade the IVMF has provided technical assistance to organizations and government agencies seeking to improve access to health and non-clinical services for veterans and their families. These organizations work alongside the IVMF to share learnings, best practices, and identify opportunities for growth and sustainability.

These combined efforts have demonstrated the power of a coordinated approach between the Department of Veterans Affairs (VA) and communities in the fight to prevent suicide. We are grateful for the persistent focus of this Committee to advance and make helpful improvements to these critical policies and programs. We greatly appreciate the opportunity to share the evidence we have gathered from research, evaluation, and practice toward this shared goal.

Relevant Suicide Prevention Evidence

Veteran Suicide Risk

While this committee, the VA, and community-based care organizations have taken significant steps toward addressing the complex issue of veteran suicide prevention, the most recent VA National Suicide Prevention Report shows that the rate of suicide among veterans is still too high. On average, 17.6 veteran suicides happened each day in 2022, the most recent year for which we have statistics. Furthermore, the rate of suicide among veterans remains significantly higher than the civilian population. In 2022, 13.4% of those who died by suicide in the U.S. were veterans, despite the fact veterans are only 6% of the U.S. total population.

Further, research has shown that each additional unmet stressor, such as unemployment or housing instability, is highly correlated with increases in the likelihood of suicide ideation among veterans. These needs frequently require resources beyond the scope of what the VA alone can provide, reinforcing the key role of communities in delivering assistance for non-clinical risk factors.

Our own research in partnership with the VA reinforced the value of community-based wraparound support in several ways. First, we found that 30% of the veterans served by our community partners in the study were not connected to VA healthcare (VHA). Evidence has consistently shown that the rate of suicide is higher for veterans not enrolled in VHA. Second, this finding means 70% of veterans served by these organizations were, in fact, enrolled in VHA, regardless of whether there was any formal partnership with their local VA Medical Centers (VAMCs). However, our study showed that veterans' stressors were better addressed when community organizations and VAMCs worked together.

The Importance of the SSG Fox SPGP

This committee is to be applauded for establishing the Commander John Scott Hannon Veterans Mental Health Care Improvement Act, in particular the SSG Fox SPGP, to address the persistent issue of veteran suicide. As a partnership between the VA and community-based organizations, it has become a critical upstream effort to reduce the frequency of veteran suicide. Specifically, by allocating funding for veteran serving organizations and agencies, communities have been empowered to offer a dedicated program that focuses on root causes of veteran suicide in addition to providing referrals for clinical care.

Furthermore, the SSG Fox SPGP increases broad access to treatment programs for veterans. As previously mentioned, given that those who die by suicide are less likely to be using VHA care, this program fills the fundamental gap we currently face in reaching veterans do not utilize VHA regularly or at all. In other words: the SSG Fox SPGP has created an essential mechanism to provide vital suicide prevention care to veterans who are high-risk.

Importantly, the SSG Fox SPGP also empowers flexible interventions that can be tailored to an individual veteran's needs. If a veteran is facing financial stressors, such as unemployment, grantees can help the veteran find jobs in the local market. If, at a later point, they are facing homelessness, the grant allows organizations to assist the veteran with securing shelter. In other words: the SSG Fox SPGP allows community-based organizations the flexibility to meet veterans where they are and provide the help that they require, often before the point of acute crisis.

Improvement Areas

Background

At the outset of the program, the IVMF pulled together eleven of our partners who are also SSG Fox SPGP recipients to offer additional technical assistance, resources, and space to connect with one another about the administration of the program. These partners represent nine states and the District of Columbia and range from regional veteran-serving organizations to statewide organizations and agencies. For almost two years, we gathered on a regular basis to discuss successes and challenges, share information, and provide training. This effort is not funded by the grant and is provided at no cost to our partners in addition to the support they receive as grantees of the program.

What these conversations have made clear is just how valuable the community has found the grants to be to those they serve. It has also illustrated clearly that a few simple changes could make the program that much more comprehensive and effective, ultimately helping us all meet our shared goal of serving more veterans and saving more lives.

As the SSG Fox SPGP is considered for reauthorization, we are grateful that legislative proposals have taken into consideration much of the feedback from advocates and grantees like us and our partners – feedback based on individual veteran experiences obtaining access to what can be lifesaving services. Below we have outlined some of the main areas of focus shared by our partners, and the provisions that we think best support key improvements.

Program Coverage and Expansion

First, potential added funding and covered services will empower the most successful grantees to scale their efforts. The provision that would increase the allowance for administrative and incidental costs (like food and beverage) acknowledges two important aspects of program operations: the need to augment staff outreach and screening activities. With this change, our

partners will be empowered to reach more veterans who require services the grant can provide, do so in a way that builds trust in non-clinical settings, and screen them for eligibility. More individualized, peer-based approaches to outreach are backed by the evidence and are just common sense. A simple gathering over pizza or coffee can build trust and open the door for a veteran to reach out for help.

Additionally, the IVMF and our partners appreciate proposed changes in legislation that would provide financial reimbursement to veterans for transportation and ride-shares to appointments. The cost of an Uber ride should not be the barrier that stops a veteran from getting the critical care that might save their life.

Taken together, these provisions that may be critical for program expansion, outreach, and addressing access challenges for veterans will not only result in more veterans obtaining the mental help support they may need, but also open the door to other services grantees provide directly or indirectly through referrals to partner organizations.

Screening and Eligibility

The proposed training on the Columbia-Suicide Severity Rating Scale (C-SSRS, or Columbia Protocol) for grantees is also important. While some of our community partners support adoption of the Columbia Protocol's as the main required screening, others would prefer more guidance on implementing the Protocol or an adjustment to when and how it is used within the program. Most essentially, grantees have expressed that while evidence-based risk assessments are necessary, they hope that moving forward, the intake and screening process can balance standards with burden considerations for both veterans and program staff.

VA Collaboration and Compliance

Some of the most necessary proposed changes to the legislation are the provisions designed to increase support of the program by the VA, and to hold the VA accountable for their role in making this program successful. Our partners have routinely experienced inconsistencies in awareness and compliance by their local VAMCs once a veteran has been deemed eligible for the program, and by extension VA care. Training for the VA is essential to ensure that the SSG Fox SPGP is implemented appropriately across the enterprise. This implementation must include ongoing, formal collaboration and streamlined enrollment processes between VAMCs and grantees.

Therefore, the proposed reports back to the committees monitoring these activities are a welcome add. We would encourage strengthening this area to the greatest practical extent so that oversight can be exercised when the program is not being carried out in alignment with congressional intent.

At the same time, we appreciate the proposal to allow veterans to be covered by emergent suicide care coverage if the VA is nonresponsive. This provision will ensure grantees can effectively help veterans get the care they need. Relatedly, the Committee may wish to ensure grantees can offer

interim mental health support while veterans are waiting for appointments, particularly in regions that have limited resources in the VA or otherwise.

Conclusion

The evidence for reauthorizing this program is clear, and the proposed changes address key improvements sought by our partners. We deeply appreciate the Committees' steadfast commitment to increasing the VA's investment in prevention so that we can reduce the number of veterans in crisis and ensure they thrive in their post-service lives. We reaffirm our own dedication to sharing insights from our research and practice, ensuring our community partners can provide feedback of their "boots on the ground" experiences, and ultimately contribute to this critical shared mission.