Statement before the

Senate Committee on Veterans' Affairs

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

Recommendations Promoting Veteran Wellbeing and Reducing Suicide Risk

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Promoting Veteran Wellbeing and Reducing Suicide Risk

Testimony of Colonel (Ret.) Miguel Howe
The George W Bush Institute[1]
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Chairman Isakson, Ranking Member Tester, Members of the Committee, thank you for the opportunity to testify today. I am Colonel Miguel Howe. I served for 24 years in the Army as an Infantry and Special Forces officer deployed throughout Latin America, Iraq, and Afghanistan. Military service has been my family legacy. My grandfather, father, and father-in-law served in World War II and Vietnam. My son is an Army ROTC Cadet on his way to West Point, and my daughter will soon be an Army ROTC Cadet. Six years ago, I retired from the Army and was honored to be asked by President Bush to lead his Military Service Initiative. Today I serve as the April and Jay Graham Fellow for the Military Service Initiative at the George. W. Bush Institute in Dallas Texas.

Since 2013, the Military Service Initiative has honored the service and sacrifice of all post-9/11 veterans by fostering their successful transition and reintegration from military to civilian life. We believe our nation has a duty to honor our warriors and empower them after their service.

For many veterans the transition process will be smooth, but still others face challenges finding new and meaningful education and employment opportunities. Some are adjusting to life with a wound, injury, or illness - either visible, invisible or both. Many face challenges re-establishing a sense of purpose, belonging, mission and identity. All of these factors are not only elements for ensuring successful transition, but they can also represent risk factors for veteran suicide.

While public awareness campaigns and acute crisis response are essential to a sustainable and comprehensive suicide prevention program, by themselves, they are not sufficient to address such a pervasive social, economic, and health challenge.

The PREVENTS Executive Order contains important elements to prioritize research, coordinate and align effort across the Federal Government, and to develop proposals to offer grants to state and local governments to support community level efforts toward a comprehensive approach to prevent veteran suicide. These mandates are key elements to a more expansive approach to suicide prevention while bringing to fruition several key goals and objectives of the VA's National Strategy to Prevent Veteran Suicide.

[1] The George W. Bush Institute is a non-profit, nonpartisan organization advancing policy, programs and leadership development to address our nation's most pressing challenges.

RECOMMENDATIONS

To address the systemic challenges associated with reducing suicide risk among veterans and to promote a life worth living among our nation's veterans, I offer five recommendations designed to create more effective solutions for supporting veterans.

1. Establish Overarching Vision for Veteran Health and Wellbeing

At the Bush Institute, we advocate for an integrated and comprehensive approach focused on setting conditions for veterans to thrive by promoting overall wellbeing and a life worth living. This includes ensuring education, economic opportunity, and health and wellbeing - the three elements that are key to a successful transition. These three areas of transition success also incorporate key aspects of the social determinants of health that mitigate risk for not only suicide, but a host of other veteran outcomes. Our framework acknowledges those social determinants of health and applies a public health approach that simultaneously addresses the entire veteran population, those veterans at an elevated risk, and most critically veterans at highest risk, including those in acute crisis.

This focus on the full continuum of wellbeing drives our veteran transition work at the Bush Institute, and our work with other nonprofit organizations, businesses, government entities and partners to advance positive outcomes. We believe a common vision and comprehensive framework should be established that focuses specifically on veteran outcomes and aligns services and resources, especially across federal agencies. This framework can be the basis of a national blueprint that promotes collaboration with private, non-profit, and philanthropic organizations that support veterans.

A comprehensive approach and holistic framework would empower veterans as leaders, provide them economic opportunities, ensure access to high quality health care for those in need, and guarantee needed social support and basic services for the most vulnerable. It would also more effectively leverage the full continuum of veteran services from the government and non-government sectors across the full continuum of transition issues. The primary goal should be to drive services for veterans that lead to positive outcomes.

The framework also should instill a culture of accountability and measurement for not only the government, but also for non-government entities and funders that serve veterans. It should include measurable goals and objectives for all spheres of veteran social, economic, and health and wellbeing outcomes. Federal resourcing should not only facilitate public-private partnerships at national, state, and local levels to deliver the full continuum of resources, services, and solutions to advance veteran outcomes, but also include resources to collect data and measure the effectiveness and impact of services.

In the non-governmental sector, educational institutions and employers each also have a role to play. In partnership with the Department of Defense (DOD), Department of Veterans Affairs (VA), and the Small Business Administration (SBA), corporate America should recommit and act to codify a new era in veteran and military spouse employment by improving recruiting, hiring, onboarding, integration, development and retention of veterans and their spouses. Leaders in higher education must foster a national effort for veteran recruiting, admissions, on-campus interaction, and education and career placement success. Both sectors must ensure mental health

resources, peer-to-peer networks and environments that leverage and values veterans while promoting treatment seeking behaviors for those in need.

By setting the conditions for veterans to thrive across and within all settings we promote holistic wellbeing and life of continued purpose, belonging, and identity. Developing and acting on a cohesive national blueprint would ensure successful transitions across the lifecycle, as well as promote more effective and sustainable crisis response efforts to not only suicide prevention but, homelessness, chronic unemployment, substance abuse, and other mental health conditions.

2. Reduce Barriers and Increase Access to Effective Mental Health Care

As you know, some of our warfighters return home or leave the military with a visible injury. Many come home with invisible wounds of war -- both physical (Traumatic Brain Injury [TBI]) and psychological (Post Traumatic Stress [PTS]). Mental health conditions (inclusive of the invisible wounds), substance abuse, and access to lethal means are critical factors that contribute to veteran suicide.[2] While most servicemen and women return home without any injuries or recover successfully from these conditions, the number of post-9/11 veterans experiencing the invisible wounds has been high compared to historical rates. At any given time, as many as 10%-20% of service members who have deployed to Iraq and Afghanistan experience symptoms consistent with PTSD.[3] Since 2001, more than 383,000 have been diagnosed with TBI.[4] Some veterans may also experience comorbid conditions like depression or anxiety.

Although evidence-based treatments exist for the invisible wounds of war, barriers to seeking or accessing high-quality care include: stigma about seeking help, difficulty navigating a confusing landscape, and limited capacity of effective mental health care.[5] Below, I outline two specific methods for reducing barriers and increasing access to mental health care:

2a. Improve Connections to Care through Peer Networks

Veteran and military culture and perceived societal stigmas still serve as significant barriers to care seeking behavior. We know from our research that 8 out of 10 post-9/11 veterans think that embarrassment or shame is an extreme or moderate barrier to seeking care for conditions such as PTS or TBI.[6] Less than 50% of those who need care seek care for their issues, and less than 50%

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[2] Department of Veterans Affairs, National Strategy for Veteran Suicide Prevention, 2018

[3] Ramchand et al., Prevalence of, Risk Factors for, and Consequences of Posttraumatic Stress Disorder and Other Mental Health Problems in Military Populations Deployed to Iraq and Afghanistan; Curr Psychiatry Rep (2015) 17:37; DOI 10.1007/s11920-015-0575-z

[4] Department of Defense Worldwide Numbers for Traumatic Brain Injury, available at https://dvbic.dcoe.mil/dod-worldwide-numbers-tbi

[5] Matthew Amidon, Christopher Lu, Miguel Howe, Dr. James Kelly, Dr. Charles Marmar, and Terri Tanielian, *Addressing the Invisible Wounds of War: Creating a Collaborative Tomorrow.* Dallas TX: George W. Bush Institute http://gwbcenter.imgix.net/Resources/gwbi-addressing-invisible-wounds.pdf

[6] Confronting the Invisible Wounds of War: Barriers, Misunderstandings and a Divide. Dallas TX: George W. Bush Institute. https://gwbcenter.imgix.net/Resources/GWBI-invisiblewoundsperceptionssurvey.pdf

of those receive an evidence-based care.[7] Our research also indicates that over 80% of veterans indicate concern of family, employer, or educator reaction as a barrier to seeking care.[8]

Veteran peer-based organizations can help to reduce these barriers to access and better connect veterans to care. As a promising practice, the Bush Institute established the Warrior Wellness Alliance to increase the number of Warriors seeking and accessing comprehensive and effective care, improve the delivery of effective high-quality care, and increase accurate awareness and understanding of invisible wounds and their impact. The Alliance links peer-to-peer veteran networks with effective clinical care providers so that ultimately more veterans get the care they need.[9]

In addition to serving as critical assets to facilitate connection to quality care, peer-based organizations can also serve to address other key aspects of suicide prevention. These veteran peer-based organizations can help to empower members promoting use of self-care skills, improving identification of individuals at risk, and promoting their member awareness of acute crisis response and intervention tools and resources. All of these efforts are part of comprehensive suicide programs[10]. Peer organizations can also help educate their members on the benefits of healthy lifestyles - better sleep, fitness and diet, and reduced alcohol use – to reduce suicide risk. Peer-based organizations can also raise awareness of the dangers of firearm access for those veterans at elevated risk and in acute crisis, and promote safe storage and removal when necessary.

To increase numbers of warriors seeking and accessing care, federal, state, and community leaders should empower all veteran peer-based organizations and nonprofits, health care providers, and community organizations that foster effective connectivity and referrals. Congress should authorize and appropriate federal grant funding to support infrastructure requirements for organizations conducting peer referrals to VA mental health care, and referrals back to peer-based organizations upon completion of clinical care.

To ensure effectiveness of services, accountability of outcomes, and better understand the veteran population and their needs, Congress should mandate the use of common data, measurement and evaluation elements for recipients of federal aid. All recipients of federal grants that support veterans in the community should be required to adhere to common data collection on individuals and population served-requirements that should be defined by and reported to the VA. Reporting should also include not only outputs of services provided, but impart of services provided, and most importantly outcomes for the population served. Federal grants should include resourcing that supports infrastructure required for data collection, storage

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[7] Tanielian, Terri and Lisa H. Jaycox, eds., Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery. Santa Monica, CA: RAND Corporation, 2008. https://www.rand.org/pubs/monographs/MG720.html

[8] Confronting the Invisible Wounds of War: Barriers, Misunderstandings and a Divide. Dallas TX: George W. Bush Institute. https://gwbcenter.imgix.net/Resources/GWBI-invisiblewoundsperceptionssurvey.pdf

[9] Warrior Wellness Alliance: Connecting Best-In-Class Health care Providers and Peer Veteran Networks https://www.bushcenter.org/publications/resources-reports/reports/invisible-wounds.html Dallas TX. George W. Bush Institute

[10] Ramchand Rajeev, Joie D. Acosta, Rachel M. Burns, Lisa H. Jaycox, and Christopher G. Pernin. *The War Within: Preventing Suicide in the US Military*. https://www.rand.org/pubs/monographs/MG953.html CA: RAND Corporation, 2011

and analysis, and federal contracts must be awarded only to those entities who are able to commit to the common data elements established by the VA.

2b. Foster Meaningful Community Coordination and Partnerships

Connection to comprehensive services and solutions is most essential at the community level. Congress should provide additional resourcing and oversight to successful public-private partnership opportunities as a mechanism to connect veterans to high-quality health care and needed social support and basic services at the local level.[11] Congress should ensure adequate funding for infrastructure and connectivity to the full continuum of health and social services at the local level, inclusive of community, state, tribal, and federal providers, as well as appropriate non-governmental entities. The VA, supported by other agencies, should provide appropriate infrastructure to facilitate meaningful partnerships and provide access to national level resources, services, and solutions, while improving integration and coordination of effort across all sectors, from the national to the community level. Such an effort can better facilitate local and state connectivity and coordination of federal resources, programs, and services.

In order to maximize current grant funding in support of veteran services, Congress should consider repurposing Support Services for Veteran Families (SSVF) that focus primarily on ending homelessness, and consolidate that program with new community-based grants to more broadly support the full continuum of economic and health and human service needs in community-based networks that support My-VA communities.

Again, these recipients should be held to the standards of accountability as outlined above through the use of common data measurement and evaluation. Federal grants should include resourcing that supports infrastructure required for data collection, storage, and analysis.

3. Improve Access to and Delivery of High-Quality Mental Health Care for Veterans

Given that one of the most effective approaches to preventing suicide is the receipt of effective mental health care and substance abuse treatment, we must do more to ensure the delivery of high-quality mental health care in our nation. Demand for effective mental health care exceeds capacity. Nationwide, there is a shortage of mental health providers. In the U.S., 60% of counties are without a psychiatrist.[12] And, we know very little about the quality of care provided by mental health professionals in the private sector. Only 13% of community-based mental health providers are ready to deliver culturally competent, evidence-based care to veterans confronting the invisible wounds.[13] Congress should continue to support programs that increase the number of clinicians in the community who can provide effective mental health care.[14] Education and

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[11] Pedersen, Eric R., Nicole K. Eberhart, Kayla M. Williams, Terri Tanielian, Caroline Batka, and Deborah M. Scharf, Public-Private Partnerships for Providing Behavioral Health Care to Veterans and Their Families: What Do We Know, What Do We Need to Learn, and What Do We Need to Do?. Santa Monica, CA: RAND Corporation, 2015. https://www.rand.org/pubs/research_reports/RR994.html.

[12] American Medical Association, 2017

[13] Terri Tanielian, Coreen Farris, Caroline Batka, Carrie M. Farmer Eric Robinson, Charles C. Engel, Michael Robbins, and Lisa H. Jaycox, *Ready to Serve: Community-Based Provider Capacity to Deliver Culturally Competent, Quality Mental Health Care to Veterans and Their Families*, Santa Monica Calif.; RAND Corporation, RR-806UNHF, 2014 (https://www.rand.org/pubs/research_reports/RR1542.html)

[14] Martsolf GR, Tomoaia-Cotisel A, Tanielian T. Behavioral Health Workforce and Private Sector Solutions to Addressing Veterans' Access to Care Issues. *JAMA Psychiatry.* 2016;73(12):1213–1214. doi:10.1001/jamapsychiatry.2016.2456

training resources, many funded by the VA, Department of Defense, and the philanthropic sectors, are available to community providers, but are not frequently used. Incentive programs encouraging community providers to take advantage of these available training resources could help to improve the workforce capacity to deliver high-quality services to veterans with mental health conditions.

Public-private partnerships can help bridge the gap in access to high quality behavioral health care and connect more veterans to care.[15] These partnerships can also link veterans to effective social services wherever they exist, to both better treat veterans and their families, and address all of the social determinants of health that should be incorporated into a comprehensive strategy for suicide prevention. Health care providers, nonprofits, and community organizations all working to advance health and wellbeing must improve and streamline service delivery and improve integration and coordination effort across all sectors, from the national to the community level. The VA should set appropriate quality standards and apply them consistently across all care delivered and furnished by the VA and their funded community providers. Research indicates that veterans who receive evidence-based mental health care make fewer visits to the doctor in the next year.[16] This data indicates that veterans not only feel better, but it also saves money and reduces the overall cost to society.[17] Demanding consistently applied high-quality standards across the public and private sectors in order to receive federal reimbursement would help to elevate the quality of mental health care available in this country.

Challenges exist in finding, connecting, and ensuring completion of high-quality mental health care for some segments of the veteran population. The VA should use existing data and innovation to develop a consumer driven approach to mental health care to increase engagement in treatment and improve outcomes for all veterans, not only those veterans who are engaged directly with the VHA, peer networks, or community-based efforts. While there are innovative predictive analytics efforts that are underway to identify veterans who may be at risk earlier and with greater precision than clinical assessment (such as VA's REACH VET program), these existing efforts are only using data available from within the health care system, which is limited. Meanwhile there is a burgeoning research base that provides great hope that nonclinical data, such as social media and fitness tracker data, can be leveraged to identify veterans who may be at risk for suicide and months in advance before a downward spiral ensues. Research projects that are currently underway such as Our Data Helps,[18] and our own Warriors Connect,[19] are examples of best practices in how this type of data can be leveraged ethically for mental health and suicide prevention research ethically. In addition, although 14 of the veterans who die by suicide every day are not engaged in VHA, there are significantly more veterans who are engaging with VBA, Department of Labor, and other non-health care sources of support across

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[15] Terri Tanielian, Lisa S. Meredith, Caroline Batka, *Bridging Gaps in Mental Health Care, Lessons Learned From the Welcome Back Veterans Initiative,* Santa Monica Calif.; RAND Corporation, RR-2030-MTF, 2017 (https://www.rand.org/pubs/research_reports/RR2030.html)

[16] https://www.ncbi.nim.nih.gov/pubmed/23148769

[17] https://academic.oup.com/milmed/article/178/1/95/4210920

[18] https://OurDataHelps.org

[19] https://WarriorsConnect.OurDataHelps.org

the federal sector, and we recommend that innovative data science solutions that harness the power of existing available data be utilized.

Finally, Congress and the Administration must also work towards full parity in benefit coverage and reimbursement between physical and mental health care. The Mental Health Parity Act of 2008, which was signed by President George W. Bush, attempts to prevent health insurers from providing less favorable benefits for mental health needs. Unfortunately, insurers have not been held accountable for successfully implementing mental health parity. Mental health care providers in the field indicate that over 10 years later, they continue to experience significant challenges with reimbursement for the quality care they deliver, and many ultimately resort to only accepting private pay.

CONCLUSION

An integrated approach to address all risk factors for a successful veteran transition - benefits, housing, education, economic opportunity, and quality health care -will not only better reduce risk for suicide, homelessness, substance abuse, and unemployment, it sets the conditions for veterans to thrive. To do so, and to maximize national resources, we recognize that more must be done to establish a common vision for veteran services, especially across federal agencies and the full continuum of care, that promotes collaboration and instills a culture of accountability and measurement for not only the government, but for nonprofits and communities serving veterans.

We know that not enough veterans are seeking and accessing the care they need to treat the invisible wounds. Eight out of 10 post-9/11 warriors say that embarrassment or shame is a barrier to seeking out care. Some simply don't believe that effective care exists. And others believe that asking for help will impact their future successes, career and education opportunities, access to security clearances, or future deployments.

The reality is that most warriors will not seek care from the VA. Public-private partnerships help bridge the gap. And there are examples of these partnerships already at work. When the Bush Institute recognized the need to connect veteran peer networks, which instill purpose, camaraderie and reduce stigma, with best in class clinical care providers, we created the Warrior Wellness Alliance. I'm glad that the VA is a partner with us on those efforts. With community collaboration, clearer data, and a leading strategy, we can better serve our veterans, while maximizing national effort and resourcing.

We must improve access to, and delivery of quality mental health care for active duty service members, veterans, and their families. The Administration, Congress, and the VA should focus the full weight of the federal government on enforcing quality standards, and partnering with private, nonprofit, and philanthropic sectors to identify thorough solutions for providing effective care. Community-based collaboratives, such as those piloted by America's Warrior Partnership, Combined Arms, America Serves, San Diego 211, and many others are promising practices for how to better connect our veterans and their family members to the full continuum of health and social services at the local level.

For us, this *status quo* is not acceptable. Effective treatments are available, and we must reduce the barriers that veterans face in seeking and receiving high-quality care. The risks otherwise are too great.

When I was a young Lieutenant, my communications section chief, Sergeant First Class Terry Dennis, a Gulf War and Panama Invasion veteran who was the strongest man in our unit, died by suicide. Two years ago, one of my 7th Special Forces Group Green Berets Sergeant First Class Josh Burnette, a double amputee who struggled with his visible and invisible wounds, and all aspects of his transition, died by suicide. So, for me, like many of us here today, veteran suicide is not only very real, but personal.

I'll leave you with Corporal David Smith's story. He served in the Marine Corps during two deployments to Iraq. Afterward, he experienced severe PTS. He came home drunk one night and stared down the barrel of a shotgun, contemplating his own suicide.

Thankfully Dave put the gun down. With support from family and friends, he sought professional counseling and treatment. He graduated from the University of California at Berkeley. He found new purpose volunteering with Team Rubicon and connecting with other veterans while mountain bike riding with President Bush and our own Team 43. Dave's married now, has a fulfilling career, and welcomed a baby girl last year.

Dave's experience is proof that that all veterans can live a meaningful life and thrive. His story must be the rule and not an exception. I'm encouraged by the work you all are taking on now to help us ensure that and save lives.

Thank you again for inviting me to testify today. I look forward to your questions.