

SVAC

Veteran Community Networks to Reduce Suicide

June 19, 2019

Panel I Witnesses: VA Sec Robert Wilkie and Dr Kieta Franklin, Director of Suicide Prevention

Panel II Witnesses:

-Col Miguel Howe (U.S. Army, Ret), George Bush Institute

-Dr. Michael Haynie, Institute for Veterans and Military Families

-Jessica Kavanagh, VetLinks

-Maj Gen Matt Quinn, Montana National Guard Adjutant General

-Lt Col James Lorraine (U.S. Air Force, Ret), America's Warrior Partnership

PANEL I

Secretary Wilkie, thank you for being here and for bringing Dr. Franklin with you to talk about this important issue.

You and I have spent quite a bit of time talking about what we need to do differently in suicide prevention.

Congress has provided significant resources to the VA to decrease veteran suicides, yet the number of veterans who take their own lives everyday remains unchanged.

In 2010, the VA requested \$62 million for suicide prevention outreach. In 2020, that number nearly quadrupled to \$222 million. In mental health funds, more generally, we have gone from about \$4.5 billion to almost \$9.5 billion.

Despite the sharp increase in funding, the rate of veterans' suicide has remained roughly unchanged at 20 per day.

You have helped to highlight that many of those 20 per day do not have a connection to the VA. Only six of the 20 are receiving healthcare services at VA.

This points to a significant need to empower VA to work through community partners to expand outreach, so the topic of this hearing – leveraging community networks to reduce veterans’ suicide – could not be more appropriate.

Earlier today, I introduced legislation with Senator Warner and some of my colleagues on this committee to enable the VA to harness the potential in what is going on in the community.

The legislation, called the *IMPROVE Wellbeing for Veterans Act*, creates a new grant program at the VA to expand the reach of services aimed at preventing veterans’ suicide.

As I was putting this bill together, I put myself in the shoes of a veteran who needs help. What I discovered was that there are really amazing services available, but they are hard to find and access.

As you all know, a veteran at risk of suicide may have multiple needs – housing, employment, help with a difficult relationship, medical care, counseling, and other things.

The veteran who has to search for help with every individual need, is a veteran unlikely to actually access and use the

support. Rather than those services helping prevent a slide toward hopelessness and suicidal thoughts, the experience may be an added stressor that becomes another risk factor for suicide.

A quick search on GuideStar for the term “veteran suicide prevention” gets you results for almost 40,000 organizations. That tells me that the help is out there, it just needs to be coordinated.

I addressed this in my bill by requiring the VA to work with outside groups – before the first grant is awarded – to develop a framework for data collection and information sharing to make it easier for currently disparate organizations to coordinate. As we will hear in our next panel, there are groups that have already figured out what is needed to enable that broader coordination.

Another thing that I focused on as I drafted this bill was the need to measure more than just capacity. I am the chairman of the VA appropriations subcommittee, so I believe in capacity. I fund it in my bill, and as I said earlier, we have significantly increased funding to support capacity.

But, we need to get beyond measuring what we have the capacity to do and start measuring the impact of our efforts. As I have been around and talked to different groups operating in this space, I have become convinced that we can work together

to create and use a standard measurement tool that helps us in this area. The bill also directs the VA to work with outside groups on that.

I have talked to mental health experts and read up on mental health measurement, and I think this is a gap in what is currently being done nationally.

VA has a real opportunity to work with its partners to develop a measurement tool that can be used to measure not just what services were made available to a veteran but the effects.

Did the services they received improve their mental outlook and mental resiliency? Are they less reactive to stress? Are they eating better and making healthier decisions? Are they more connected with family, friends, church, and community? Do they feel like their life has purpose?

This is an area where some organizations have already started to develop their own tools for measuring these types of outcomes. If we could have a common measuring tool, then we could really unleash the power of our collective efforts.

So the bill will provide VA with the ability to reach far more veterans by tapping into what is going on within communities already and it provides a framework for better coordinating those community efforts and measuring the results.

Questions:

- Sec Wilkie, I understand you have seen the bill, and I believe that the grant it would authorize can be a game changing tool for you to work more through partners. I would welcome your comments on the bill.
- I hope that you will tap into the wealth of experience, resources, and knowledge that is already doing great work in the community. Can you talk a little bit about how you are currently working with outside groups, and what you think the future could look like.

PANEL II

I know you all were here for the first panel and heard my description of the bill that my colleagues and I introduced today.

I won't rehash the whole thing, but as a recap, the legislation will accomplish three broad objectives:

1. It will enable the VA to directly or indirectly reach more veterans;
2. It will increase coordination among currently disparate organizations that all play a part in reducing the purposelessness that ends in suicide; and
3. It will drive adoption of a standard measurement tool that will help us determine the effects and outcomes of our services.

I would emphasize that we believe organizations like those on this panel have already figured out how to do some of the work that needs to be done.

It's simply a matter of taking the best of what works, sharing ideas, and working together within a shared framework.

Dr Haynie: You talked in your written testimony about the fact that resources already exist in the community but that they are often unknown or inaccessible. Some of your organization's work is based on the idea that if existing resources were well organized, a veteran could have access to a continuum of resources and care.

1. Can you talk briefly about the initiative that IVMF has to enable this continuum.

Col Lorraine: I know that America's Warrior Partnership has been using tools to measure hope. In your written testimony, you said you measure hope because it provides for the veteran's future perspective and correlates well to suicide.

1. Can you talk a little bit about how you do that and what you have been able to learn through that measurement?

Col Howe: In your testimony, you talked about the value of having an integrated approach to address all risk factors to set conditions for a veteran to thrive, focused on overall wellbeing and a life worth living.

1. Can you talk about why you believe this holistic approach is necessary, and can you share what your organization is doing to help create the environment that would support the drive toward wellbeing?

Ms. Kavanagh: Thank you for sharing the story about what you and your husband went through to try to find the type of support that he needed. I am so sorry he lost his battle with PTSD, but I deeply appreciate your work that is borne out of that experience. I think your story illustrates so perfectly the challenge of finding and piecing together the services that a single veteran might need in order to get help.

1. You mentioned that you are working with Code of Support. Can you talk a little more about how you all are working together and the benefit that you all get from that.

Gen Quinn: I appreciate you representing the unique needs of our Guardsmen. We have worked to include them in our legislation because we recognize that the Guard has some unique experiences. In Arkansas, we have experienced suicide among our Guard, and it is usually when they are in their civilian capacity. It's as you described it in your testimony: when they left a drill location at the end of a weekend or after an annual training period and returned to their community – sometimes without a blanket of care.

1. I hope you will let us know what more we can be doing.