

Statement for the Record

SVAC Hearing

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

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The Problem

Despite a massive effort and billions of dollars spent by the government, and tens of thousands nonprofit organizations dedicated to supporting the military/veteran community over the past 18 years of war, the needle hasn't moved for Service Member and Veteran suicide. Americans who have served in our Armed Services are twice as likely to die by suicide than their civilian counterparts.

And, while it's not talked about openly (or tracked) military/veteran spouses and children are taking their own lives as well. As an Army wife, and the CEO of Code of Support Foundation (COSF), I myself have personally known five wives and caregivers who have died by suicide. COSF has also covered the funeral cost for a 13-year-old boy - whose father, a veteran died by suicide after losing his battle with PTS. Four years later, his son Alex - wearing his Dad's dog tags - took his own life as well (see attached Huffington Post article "Collateral Damage"). The one thing we do know for certain about suicide - is that its ripple effects and impact on family and community, are wide spread and devastating.

So, with all this effort, why aren't we seeing better outcomes?

Simply put – Service Members, Veterans and their Caregivers/Family Members (SMVCF) are adrift in a sea of resources available to serve them. This fragmentation of effort, and lack of coordination exists within government agencies (i.e. VA, DoD and HHS), it's happening between these agencies, between government agencies and community-based organizations, and between nonprofits themselves.

Forty plus years ago, when our Vietnam Veterans returned home, they had next to no services to address their needs. This generation of Post 9/11 veterans has so many, it's almost impossible to navigate. Either way, the end state is the same - too many SMVCF are not getting the support they need to stabilize and thrive.

We know that our approach to preventing suicide must be a holistic one. The number of veterans receiving mental health care from the VA had steadily risen, yet the number of veterans dying by suicide has remained essentially the same. This is in no way to suggest that there are enough mental health resources available to meet the needs of our military/veteran community (or for civilians for that matter). Additional investments must be made to increase capacity - especially within the community.

A whole health approach to suicide prevention includes providing services to address not just physical, mental health and substance abuse issues, but family unrest, access to benefits, transportation, employment services, legal problems, financial instability, housing insecurity and social disconnection.

As such, COSF strongly supports the funding of local coordination hubs as proposed the draft legislation (**Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019**) co-sponsored by Senators Moran and Tester. But local coordination hubs won't be enough. Building and maintaining high functioning local hubs require 1) a sustainable funding stream 2) a "backbone" organization responsible for delivering case coordination 3) a local culture willing to work together and 4) technology platform(s) to facilitate the coordination. Obtaining and sustaining all four of these capabilities in every city, or every state for that matter, is a bridge to far.

Providing the necessary coordination of services for SMVCF across the country requires a national strategy, and integration of effort between public and private sector organizations that does not currently exist.

How Do We Fix It?

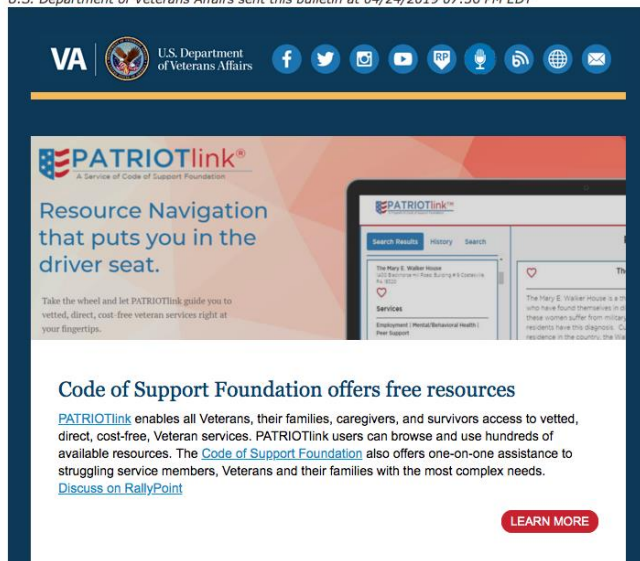
National Case Coordination Center and a Centralized Veteran Resource Navigation Platform Integrated into Transition Assistance Program

"Collaboration" and "Collective Impact" have become buzzwords in the veteran support sector over the past several years. And, there are some encouraging trends. The VA's Office of Veterans Experience has executed Memorandums of Understanding and is working closely with a number of nonprofit organizations (including COSF, AWP and America Serves/IVMF).

In the nonprofit sector, there are some fantastic local coordination models and initiatives happening across the country (detailed below). However, our concern is that these few local coordination hubs, are not networked amongst themselves (i.e. existing in the same stove-pipes they were meant to breakdown). The fact is, most SMVCF don't know about these local hubs, and/or aren't fortunate enough to live near one. They need a national organization to turn to, one number to call. A non-governmental organization that knows where all the local coordination hubs operate, and can perform warm handoffs when appropriate, or provide one-on-one case coordination services to them directly.

Code of Support Foundation is the only national organization providing in-depth case coordination to troops, veterans and family members regardless of service era, discharge status or geographic location. As such, 65% of our clients are referred to us from partner organizations and agencies (including 20% from the VA), who are unable to serve the totality of their needs.

The need for a National Coordination Center was made even more clear on April 24th of this year, when the VA sent out a newsletter highlighting COSF's Case Coordination Program and our PATRIOTlink® resource navigation platform. *Within 48 hours, 250 veterans and caregivers applied for our case coordination services, and over 7,500 signed up for PATRIOTlink.*



As per our SOPs, our Veteran and Caregiver Peer Navigators (Case Coordinators) performed warm handoffs to local coordination hubs for the 80 veterans fortunate enough to live in their geographic coverage area. The rest of the cases, we took on ourselves. As we said in our report back to the VA, if the level of need for case coordination from one email isn't an indication of how badly SMVCF need help navigating the morass of resources out there, we don't know what does. We serve as the hub to the many spokes of local collaboratives and the thousands of points of service delivery across the country.

In addition, the transitioning service member and veteran support sector desperately needs one portal by which SMVCF can get connected to resources and opportunities (including local coordination hubs), regardless of their geographic location. Code of Support Foundation, with \$2 million dollars of seed funding from Bristol Myers Squibb Foundation, has developed this portal - PATRIOTlink®. Currently over 8,000 SMVCF and providers are using PATRIOTlink, quickly and easily identifying the help they need, while searching from over 12,000 (a number increasing every day) pre-vetted and verified services (additional information attached and demo's available upon request).

COSF is already working with the VA to deploy PATRIOTlink with Suicide Prevention Coordinators (SPCs), the Veterans Crisis Line (VCL), VA social workers and Vet Centers. We also have an MOU with the Army Reserve and are working with the National Guard to deploy the platform to the over 400 Family Assistance Centers across the country. Marine for Life and Soldier for Life are also actively using the platform. In addition, over 100 nonprofit organizations are using the PATRIOTlink – so we're off to a good start. PATRIOTlink compliments and enhances current coordination efforts and CRMs (i.e. case management/share technologies). A landscape analysis of coordination efforts and technologies is included below.

But it's integrating PATRIOTlink into the Transition Assistance Program (TAP), that will transform access to support for the 200,000 transitioning service members that leave the military every year. Service members will be able to identify and leverage resources - both public and private - where they are relocating (as most active duty members don't stay where they ETS). In addition to ensuring resource is getting to need, the aggregated search data PATRIOTlink captures will allow COSF and the VA to perform real time trend identification (hot spots of need around the nation) and gap analysis (local resource deserts). Currently, the needs assessments (which are often a year old by the time they're released) and VSO membership surveys (which can be skewed based on an organizations membership demographics), are what we have to inform program, policy and funding decisions. Real time data to inform real time decisions is what we need.

While we are talking to the VA about getting PATRIOTlink upstream in TAP, it's going to be difficult to do without legislation (to include appropriated funding) from Congress. PATRIOTlink is the one-stop-shop portal we've all been talking about for years, and once widely deployed and adopted, it will be a game changer in our collective efforts to drastically minimize negative outcomes for SMVCF – including suicide.

Additional Information

Hasn't a National Veteran Resource Navigation Platform Been Attempted Before?

Yes. The National Resource Directory (NRD), currently managed by the Office of Warrior Care Policy in the Office of the Secretary of Defense, has been in existence for ten years. Frankly, if NRD had worked, COSF wouldn't have had to develop PATRIOTlink. NRD has underperformed and been underutilized for several reasons.

The first, and most important of which, is that the government is not well-positioned to vet and verify non-governmental organizations, as they cannot be perceived as favoring one over another. Each resource in PATRIOTlink has undergone 90 minutes of vetting. NRD has limited capacity to keep data clean or to market the platform to SMVCF and community-based organizations, even though the majority of veterans and essentially all their family members are getting care and support outside of the VA. It doesn't allow for targeted searches based on eligibility criteria and does not have the ability to capture user behavior in the backend or integrate with other technology platforms, unlike PATRIOTlink, which has these capabilities

Coordination Models and Technology in the Veteran Support Sector: A Landscape Analysis

There is a fair amount of confusion about who is doing what to help troops, veterans and their family members navigate, identify and leverage the services, support and benefits they need, and how these organizations differ from each other.

COSF recognizes that we are not the only organization working to provide and facilitate service coordination - although we are the only one providing case coordination to SMVF in crisis,

regardless of when they served, discharge status or where they live. America Serves (14 sites/9 states), AWP (5 sites with 2 under development/5 states) and Mission United (22 sites/11 states), are all community integration initiatives providing valuable service coordination in local communities. These three nationally driven, locally implemented collaboratives are functioning in a total of 16 states combined, whereas COSF serves SMVF in every state.

National Veterans Intermediary (NVI), works primarily with the Community Veteran Engagement Boards (CVEBS) across the country (currently over 70 communities/32 states) to identify best practices and provide small grants to nonprofit organizations to facilitate collective effort, but they do not provide service coordination themselves. We are working with NVI to ensure CVEB member organizations have access to PATRIOTlink.

There are also a number of “homegrown” collaboratives (i.e. Houston Combined Arms; San Diego 211, BeConnected Arizona, Illinois Joining Forces, TexVet, etc.) actively providing coordination of services in their states and local communities. COSF is the national backstop for SMVF who aren't fortunate enough to have access to case coordination in their geographic location (which is the majority of SMVF).

All collective effort requires technology platforms to facilitate resource coordination and navigation between service entities. Organizations providing services to this community are all using some type of CRM (customer relationship management) platform. Many organizations are moving to Salesforce as their CRM, as it is highly customizable, and PATRIOTlink will have the capability of integrating with Salesforce by the end of 2019. That way, providers using the CRM can import search results from PATRIOTlink into their own case management systems. However, a CRM in and of itself does not address the challenge of ensuring troops, veterans and their families are connected to resources, benefits and opportunities.

There are four nationally deployed technology platforms in the veteran support space facilitating coordination of resources via several functionalities (PATRIOTlink, UniteUs, Warrior Serves, 211). Of the four, PATRIOTlink is the only pre-populated and centrally managed resource navigation platform. It complements the other three CRM platforms - all of which have some level of case share/coordination capabilities - but contain primarily local resources. PATRIOTlink is populated with local, regional and national resources, which opens the aperture of services for those communities. And of course, the majority of organizations across the country do not belong to a collaborative, so PATRIOTlink provides access to resources those organizations might not otherwise have known existed.

Collateral Damage

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Huffington Post
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Four years ago, combat veteran James Christian Paquette lost his battle with Post Traumatic Stress and shot himself in the head. This summer, his son Alex, wearing dog tags with his dad's picture, followed in his father's footsteps. His mother found a note in his room that read in part, "I'm going to see dad in heaven."

Alex was 13 years old.

The American public hears stories about the devastating impact that mental wounds of war can have on a combat veteran, and how far too often, the Department of Veterans Affairs is failing them.

But there's an untold story behind these tragic deaths that no one is talking about, an invisible population of veterans' children whose entire lives have been shaped by a war that has come home. An estimated 22 veterans die by suicide every day in this country, leaving shattered families behind -- collateral damage from wars that have all but left the headlines.

We now have an entire generation of military families who know nothing but war. An estimated 30-35% of the 2.7 million troops who have deployed since 9/11 are struggling with Post Traumatic Stress (PTS), Traumatic Brain Injury (TBI) and/or substance abuse. These are conditions known to affect entire families, and can derail the mental health and development of the over two million children who have had a parent deployed over the past 14 years.

A growing body of evidence indicates that some children of military families -- especially those living in PTS/TBI households -- have been negatively affected by their parent's deployments. Research conducted by the [University of Southern California found that](#)

[military connected adolescents have a higher rate of suicidal thoughts than their civilian counterparts](#), and other [studies indicate that military spouses](#) -- particularly those serving as caregivers to support their wounded veterans -- are more at risk to suffer mental health problems.

To make matters worse, in most cases spouses and children of the over 60% of post 9/11 troops who have left active duty, are not eligible for healthcare from the Department of Veterans Affairs. No one federal agency is held accountable, and there is no coordinated system to respond to the needs of these families. In fact, for the most part they are invisible to the systems that could be providing them services. While the Department of Defense has been directed by Congress to start tracking suicides among active duty family members, the VA has no such mandate to track family members once they leave active duty.

We, as a nation, are failing these families, many of whom feel abandoned by the country their loved ones fought to protect. Helping these families isn't just a moral imperative, it's a public health concern. [RAND estimates that the lost productivity among post 9/11 caregivers](#) (mostly young wives) will confer a societal cost of almost 6 billion dollars. And the [National Center for Child Traumatic Stress](#) reports that poverty, addiction and mental illness are just some of the conditions that have their roots in untreated childhood traumatic stress.

What can be done?

[Children and Family Futures](#), a California based advocacy organization, recommends the Departments of Defense, Veterans Affairs and Health and Human Services expand their research program to better assess the behavioral health needs of veteran children. Currently, the bulk of research focuses on active duty families, who have far better access to care. In addition, mental health conditions related to wartime service sometimes take years to manifest, which means hundreds of thousands of veteran family members are at risk of falling through the cracks.

Second, an [estimated 350,000 veteran families lack health insurance](#). This requires a targeted outreach campaign -- at both the federal and local levels -- to educate and enroll these families in health coverage under the Affordable Care Act.

Third, the VA must do more to identify and help these families. Currently, there are no screening or assessment protocols used to determine the service needs of veteran caregivers or children. The VA is struggling to keep up with the growing demand in mental health services for veterans, and does not have the capacity (or congressional authority) to provide behavioral health support for family members. But, they can certainly do a far better job of ensuring warm hand-offs to community based mental health agencies.

The fact is, the majority of veteran families in need of behavioral health care will be seen by community based organizations. These agencies will require the funding, cultural competency and education in evidence based practices to expand their capacity and effectively serve veteran families in crisis. The VA's [Supportive Services for Veteran Families \(SSVF\) program](#), which grants \$300 million dollars a year to community based organizations, has been widely credited for helping to drastically reduce veteran homelessness. This same model can be used to support community based behavioral health care for veterans and their families.

The yellow ribbons have faded and the welcome home parades are a distant memory. But there's a price to pay for outsourcing our national defense to less than one percent of the population over 14 years of war. This isn't a military problem. It belongs to all of us.

Alex's mom, Jami, and her remaining son are now getting the counseling they need through a local veterans center. As painful as it is for her to speak openly about her tragic losses, she is committed to raising awareness. It's too late for Alex, but we can still save hundreds of thousands of families damaged by war, and give them a chance to become whole again

