WRITTEN TESTIMONY OF

Gilly Cantor, M.P.A.
Director of Evaluation and Capacity Building
D'Aniello Institute for Veterans and Military Families at Syracuse University

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Mr. Chairman, Ranking Member Moran, and Members of the Committee, thank you for the opportunity to testify on the topic of improving mental health and suicide prevention measures for our nation's veterans. My name is Gilly Cantor and I serve as the Director of Evaluation and Capacity Building at the D'Aniello Institute for Veterans and Military Families (IVMF) at Syracuse University.

The IVMF's contribution to this conversation is rooted in the research and practice related to upstream approaches to suicide prevention. For ten years, our institute has played a key role in creating, sustaining, and evaluating networks of health and social service organizations – originally as part of our AmericaServes initiative working alongside 18 communities across the country.

Mirroring a growing body of evidence in healthcare more broadly, these models have demonstrated that helping veterans navigate to the full scope of services and resources they need – beyond clinical interventions alone – is an integral component of suicide prevention efforts.

At the same time, we have witnessed unprecedented effort in recent years from Congress, the VA, and DoD through bipartisan legislation that better integrates communities into suicide prevention strategies, and we have observed both evidence of their success and opportunities to improve.

It is the strong belief of the IVMF and our partners that we must remain committed to bridging the gap between the VA and communities – between health and social needs. We must not give up on the promise of these efforts but rather ensure they live up to their potential.

To start, I'd like to make it clear why communities and accountable partnerships remain essential to effective suicide prevention solutions.

There are three findings I want to highlight from a recent VA-funded pilot study we conducted with the VA Center for Health Equity Research and Promotion. The study explored the extent and potential effects of collaboration between AmericaServes networks and local VA Medical Centers.

- First, we found a high percentage of overlap between AmericaServes and VA data, *even in communities with lower levels of formal partnership*. **In other words, many veterans enrolled at the VA are unquestionably receiving services in their communities.**
- Second, veterans served by both the VA and the community were comparatively younger; included more women, Black, and Hispanic veterans; and had more health-related social needs (such as stable housing, access to healthy food, etc.). **In other words, communities are part of the system of care for *the most marginalized veterans experiencing the most hardship*.**
- And third, when partnerships were strong, veterans receiving healthcare from the VA *and* social services in the community were more likely to have those needs successfully met. **In other words, *when we work together*, the stressors impacting veterans' wellbeing are more effectively addressed.**

Further, we know from research and data that establishing accountability and transparency between the VA and communities is both achievable and necessary if we want veterans to thrive.

- We know from research that economic, social, and interpersonal circumstances increase risk of suicide. Imagine what more we could learn and act upon if non-health data was examined regularly and transparently shared. We must support legislation like the Not Just A Number Act to bring *all* the data the VA has to bear on this issue. In fact, we should be looking beyond VA to DHHS, DoD, other health systems, and communities to ensure we have the fullest possible picture of veterans not currently served by the VA.
- From our evaluation of AmericaServes data in Pittsburgh, we know that hundreds of veterans are referred between the VA and the community annually. Because these cases are meticulously tracked, we know that individuals referred by the VA are most in need of household goods and transportation. We know that referrals are typically matched to an appropriate organization in under a day and successfully resolved the majority of the time. The VA has full access to this data. This level of transparency and monitoring is possible – it is also happening in places like North Carolina and Texas, to name a few.

Finally, I'd like to provide one of several opposing cases we heard at a recent roundtable we hosted with 11 of our partners who are recipients of the SSG Fox Suicide Prevention Grant Program.

- In one community, the local Suicide Prevention Coordinator was willing to sit shoulder to shoulder with the Fox grantee to develop a dedicated protocol to streamline enrollment for veterans whose risk level made them eligible for the program.
- In other communities, however, local Suicide Prevention Coordinators were hardly aware of the program and their ability to facilitate enrollment in VA care remained unchanged.

We need to make the first community the rule, not the exception. Effective practices require enterprise implementation. We have submitted a full brief on this roundtable and encourage the Committee and the VA to consider incorporating its findings into this important program.

If there is one message to leave you with it is this: There is more to feel hopeful about than there is to criticize.

We are all here because the stakes remain high, and the consequences of failure are quite literally existential – but we have collectively taken meaningful steps toward our shared goal. The evidence bears out. We simply need to monitor our progress and have the courage to adjust course along the way if necessary.

Thank you for the opportunity to share this with you today, and I look forward to your questions.