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Senator Johnny Isakson
Chairman
U.S. Senate Committee on Veterans' Affairs
Russell Senate Building
Washington, D.C. 20510

Dear Mr. Chairman and distinguished members of the committee:

My name is Wanda A. Wright, Director of the Arizona Department of Veterans' Services (ADVS), member of the National Association of State Directors of Veterans Affairs (NASDVA) and the VA Advisory Committee on Women Veterans. I am honored to present my state's efforts to reduce suicide in the veteran community.

National Landscape of Veteran Suicide

According to the Department of Veterans Affairs, we lose 20 veterans to suicide on average each day. While veterans make up just 8.5% of the total U.S. population, they account for [18% of total deaths from suicide nationally](#). Despite significant efforts and financial investment in programs and initiatives, the rate of suicide among veterans has been steadily increasing and is [32% higher than it was in 2001](#). Additionally, we know that completed suicides are only the tip of the iceberg of a larger ongoing mental health crisis and that many more veterans are struggling with suicidal ideations and attempts.

According to the CDC Preventing Suicide Technical Package, for every 1 completed suicide, an estimated 227 people have experienced serious thoughts of suicide. Applying these same estimates to the 6,079 known veteran suicides recorded by the Department of Veterans Affairs in 2016, this translates into over 1.3 million veterans who had thoughts of suicide in that year alone. Additionally, we can estimate that over 164,000 veterans attempted suicide and over 54,000 veterans were treated in hospital emergency rooms for self-harm injuries. While there are a confluence of complex factors contributing to this tragic loss of life, it is clear that immediate and collective action is necessary. In order to truly honor the service and sacrifice of our veterans, we must identify, innovate and support initiatives that help those that served and their families in not only navigating, but also thriving, in civilian life.

Veteran Suicide in Arizona

In Arizona and the west, we are witnessing some of the highest veteran suicide rates in the country. A [2017 survey of Arizona service members, veterans and their families](#) revealed that half of all respondents know of a service member or veteran who has died by suicide and 41% reported experiencing thoughts of suicide themselves. Approximately one-third of Arizona veterans have had traumatic experiences that put them at risk for elevated chronic physical and

mental health conditions. One in three respondents reported a current mental health condition related to depression, anxiety or Post Traumatic Stress Syndrome and another third know a service member or veteran with unmet mental health needs. 43% of our service members and veterans report having sustained physical injuries or issues as a result of their military service. Additionally, 1 in 10 Arizona veterans use and/or abuse substances to cope with trauma, depression and anxiety. When considering the role of location, veterans in our rural communities appear to carry a heavier burden than their urban counterparts regarding this issue with [20% higher risk of suicide compared to urban-dwelling veterans](#) and less access to services that address their social determinants of health.

Crisis Intervention vs. Upstream Suicide Prevention

Historically, suicide prevention has been primarily focused on crisis intervention. Though this is a critical and necessary service in the spectrum of suicide prevention tactics, it represents only a narrow window of opportunity for intervention. While we continue to advocate for the expansion of the existing national, state and local crisis intervention infrastructure, particularly in rural areas with limited access, we also believe that it is time to take a different approach to suicide through upstream prevention. Upstream suicide prevention creates a wider window of opportunity to reach individuals and ideally provides support before an individual reaches the point of a mental health crisis. However, it is critical that we work towards added coordination and state-level infrastructure to connect existing resources in urban and rural areas as well as continue to educate the community on their role.

The Collective Impact

Arizona is responding to this crisis through a collaborative statewide suicide prevention initiative led by ADVS and Arizona Coalition for Military Families (ACMF), a nationally-recognized public/private partnership that focuses on building Arizona's capacity to care for, serve, and support service members, veterans, their families, and communities. Through the use of a collective impact model, we have successfully engaged and convened key stakeholders across Arizona to lead a coordinated and targeted effort to reduce suicide among the military and veteran community. Collective impact is a model defined by Stanford University that brings together people, organizations and systems in a structured way to achieve social change. There are five key elements: 1) common agenda, 2) shared measurement, 3) mutually reinforcing activities, 4) continuous communication, and 5) strong backbone team. It's important to note that with a collective impact model, many different efforts can be aligned to work toward a common goal.

Arizona's collective impact initiative around suicide prevention is built upon a highly effective program implemented at the height of the post-9/11 deployments. In partnership with the Adjutant General and numerous state partners, ACMF led the development of a program specifically for the Arizona National Guard called "Be Resilient" which focused on reducing stigma, shifting military culture regarding suicide and mental health through training, and increasing access to care. Be Resilient included 24/7 support by phone and training for all Arizona National Guard members on resiliency, suicide prevention, and recognizing stress levels. Using this approach, Be Resilient successfully reduced suicide rates from their highest-ever level in 2010 to zero suicides during the three years the program was in operation.

Be Connected Arizona

In 2015, the Clay Hunt Suicide Prevention for American Veterans Act was signed into law and through the support and leadership of the late Senator John McCain, Arizona was selected as a pilot site to test new methods of preventing veteran suicide through VA/community partnership. Based on the successful program model of Be Resilient, ADVS and ACMF launched a statewide suicide prevention initiative for all service members, veterans, and their families called Be Connected in 2017. The Be Connected program includes a 24/7 support line, online and in-person resource navigation, and training on military culture and resources for everyone in the community. The Be Connected program is unique in its approach of reducing veteran suicide by formally recognizing and building support services to address the complex web of social, emotional, economic and systemic factors that contribute to mental health crises experienced by our veterans and their families, with a focus on upstream prevention before crises develop. By leveraging all the existing resources of national, state, and community-based agencies serving veterans, Be Connected provides a statewide point of coordination for any service member, veteran, family member, or helper to turn to for help and support.

Role of the VA in Community Suicide Prevention

We know that as many as 70% of veterans who have died by suicide were not actively seeking care from the VA at the time of their death. This illustrates the importance of crafting solutions that think outside of the health care system and use every possible community resource to connect with our veterans and get them the support they need. We also feel it is important to get our veterans engaged with the VA for assistance, care and support if they aren't connected already. We know that veterans are less likely to die by suicide if they are supported by their health care system. Be Connected drives traffic back to the VA to give the veteran an opportunity to seek care with providers who understand the complex issues that can surround a veteran's health. The more veterans we can get enrolled in the VA, the better their health outcomes will be overall. Be Connected acts as a care coordination model to connect veterans to health-related services provided by the VA as well as the many social services offered in the community. The goal of this model is to provide the right resource at the right time to the right individual. No matter the need, if a veteran requests support from Be Connected, they should know that we will do everything in our power to get them the help they need.

Kevin's Story

To demonstrate the power of Be Connected, let me share with you the story of Kevin. Kevin is a disabled Air Force veteran who called the Be Connected support line because he was struggling financially and in fear of losing his home. During his first couple of phone calls, Kevin reported that he would likely commit suicide if he lost his home and the belongings inside. The Be Connected support line responder contacted several organizations in Kevin's community that were able to provide him with legal assistance, donations, and volunteers to help him make necessary home repairs. Kevin is now financially stable and able to live in his own home. He told the responder that he is very grateful for Be Connected and that thanks to these efforts, he now has hope again. Kevin's story is one of thousands whose lives have been changed for the better by Be Connected.

Expansion of Be Connected Arizona

In the past two years of operation, Be Connected has fielded over 10,000 support line calls, provided resource navigation to over 8,000 individuals, and provided training to thousands of community members. The majority of those requesting assistance from Be Connected are not explicitly seeking mental health services. Analysis of support line data shows that 44% of calls were related to housing, employment, or financial concerns, while only 6% of calls were specifically requesting mental health services. In addition to expanding access to mental health care and crisis services, we urge this Committee to also consider the importance of addressing the “upstream” factors of suicide. This upstream approach not only recognizes the importance of access to health care services, but also the daily impact of a myriad of other social determinants outside of the clinical walls. Restricting our interventions to health care specific issues presents missed opportunities to address these upstream factors. As such, it is imperative that we tackle this devastating issue collaboratively and purposefully as an entire community to ensure that we are properly meeting our duty to those that met theirs.

Next Steps

We are encouraged by Congress’s interest in this issue and the White House’s action through the President’s Roadmap to Empower Veterans and End a National Tragedy of Suicide, also known as PREVENTS. We ask that Congress continues to build on this roadmap and explore legislation that supports and expands the capacity of Be Connected and other developing initiatives across the country through three main recommendations: 1) capacity building on the state level to ensure states and communities are coordinated 2) funding for backbone teams in states, such as the Arizona Coalition for Military Families 3) support for initiatives using the upstream suicide prevention model, such as Be Connected.

This is in contrast to an approach that is purely service delivery oriented with no focus on organizing and connecting efforts. In order to create an effective national strategy to preventing veteran suicide, we need to embrace a national collective impact initiative that engages, equips and connects states and communities. Those states and communities will then be able to engage, equip and connect serve members, veterans and family members through an upstream suicide prevention model with a collective impact approach. Every state and community does not have to have the exact same program, however every state and community needs to be working toward a common goal with common standards.

Sincerely,



Col. Wanda A. Wright, USAF, Ret.
Director
Arizona Department of Veterans’ Services