

PASSBACK

**STATEMENT OF
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Good morning, Chairman Roe, Ranking Member Walz, and Members of the Committee. I appreciate the opportunity to discuss preventing suicide among Veterans. I am accompanied today by Mike Fisher, Chief Officer, Readjustment Counseling Service (RCS).

Introduction

Suicide is a serious public health concern that affects communities nationwide. Nationally, suicide rates are rising for Veterans and non-Veterans alike, and after adjusting for differences in age, both male and female Veterans have an elevated rate for suicide across nearly all ages groups compared to their civilian counterparts. Veterans as a group tend to possess unique characteristics and experiences related to their military service (such as transition-related challenges or posttraumatic stress disorder (PTSD)) that may increase their suicide risk; however, they also tend to possess protective factors, such as resilience or a strong sense of belonging to a unit, that may minimize this risk. Our nation's Veterans are strong, capable, valuable members of society, and it is imperative that we eliminate Veteran suicide.

Suicide prevention is a top priority for the Department of Veterans Affairs (VA). According to recent data published by the VA Suicide Prevention Program, an average of twenty (20) Veterans, active-duty Service members and non-activated Guard or Reserve members die by suicide each day. Of those twenty (20), fourteen (14) have not been in our care. That is why we are implementing broad, community-based prevention strategies, driven by data, to connect Veterans outside our system with care and support. In June, VA published a comprehensive national Veteran suicide prevention strategy that encompasses a broad range of bundled prevention activities to support the Veterans who receive care in the VA healthcare system as well as those who do not come to us for care.

Since 2010, the Veterans Health Administration (VHA) has worked to reach all Veterans through a national suicide prevention media outreach campaign, which raises awareness about suicide prevention, the Veterans Crisis Line, and services available through VA. Established by VHA in 2007, the Veterans Crisis Line provides confidential support to Veterans in crisis. Veterans, as well as their family and friends, can call, send a text message, or chat online to speak with a caring, qualified responder, regardless of VHA eligibility or enrollment. VA is committed to providing free and confidential crisis

support to Veterans 24 hours a day, 7 days a week, 365 days a year. In addition, we as a nation must do more to support Veterans before they reach a crisis point in the first place.

VA Is Advancing a National Public Health Approach to Suicide Prevention

In order to be effective, suicide prevention efforts must be comprehensive and encompass a wide variety of initiatives. To cite one successful effort, the U.S. Air Force significantly lowered suicide rates among its Service members over a 16-year period by taking a broad, bundled approach that relied on community-based outreach. As VA advances a public health approach to preventing Veteran suicide, we are using data and the best evidence available to design and promote prevention strategies across many sectors.

As not all Veterans have the same risk for suicide, VA has relied on a framework developed by the National Academy of Medicine (formerly the Institute of Medicine) in designing our prevention strategies. This framework, which is also employed by the Defense Suicide Prevention Office, considers three levels of prevention strategies:

- **Universal strategies** aim to reach *all* Veterans in the U.S. An example of a universal strategy is VHA's ongoing suicide prevention media outreach campaign.
- **Selective strategies** are intended for *some* Veterans who fall into subgroups that may be at increased risk. An example of a selective strategy is our collaborative work with the Department of Defense and the Department of Homeland Security to support Service members transitioning out of the service with suicide prevention and mental health services.
- **Indicated strategies** are designed for the comparatively *few* individual Veterans identified as being at high risk for suicidal behaviors. An example of an indicated strategy is referring Veterans in crisis to the Veterans Crisis Line or providing a Veteran survivor of a suicide attempt or loss with enhanced support and expedited access to care.

This framework and other guiding principles are outlined in the recently published National Strategy for Preventing Veteran Suicide. The strategy is intended to serve as a framework for identifying priorities, organizing efforts, and contributing to a national focus on Veteran suicide prevention and is organized around four strategic directions:

1. Healthy and Empowered Veterans, Families, and Communities
2. Clinical and Community Preventive Services
3. Treatment, Recovery, and Support Services
4. Surveillance, Research, and Evaluation

Further, the Suicide Prevention Program has developed an evaluation framework for tracking and measuring both short- and long-term outcomes of suicide prevention activities related to the goals described in the National Strategy for Preventing Veteran Suicide.

VA recognizes that our experience, expertise, and leadership make us well-positioned to lead the charge on suicide prevention. However, VA alone cannot end Veteran suicide. We are working with like-minded partners across numerous sectors — including health care, faith-based, and community organizations — to advance our public health approach. To date, the Suicide Prevention Program has established 21 formal partnership agreements with organizations in health care, research, government, and beyond to expand the network of support and care for Veterans. In addition, we have dozens of informal partnerships with Veterans Service Organizations, nonprofits, employers, and technology companies, among others.

One resource that many of our external partners and internal teams have found valuable is our S.A.V.E. (**S**igns of suicidal thinking, **A**sking the question, **V**alidating the Veteran's experience, **E**ncouraging treatment and expediting help) suicide prevention course, which was developed through a partnership with the education nonprofit PsychArmor Institute and educates people on how to support a Veteran in crisis. Since May 1, 2018, the S.A.V.E. course has been viewed 9,140 times on PsychArmor.org and social media and is one of PsychArmor's five most-viewed courses. This is just one example of our efforts to equip partners and networks across the country with the skills they need to support Veterans.

VA has also partnered with the Substance Abuse and Mental Health Services Administration (SAMHSA) to implement the public health approach at the local level. The Mayor's Challenge is a program that empowers city leaders to work together in preventing suicide among local Veterans.

As of today, seven cities nationwide have established coalitions to prevent Veteran suicide, and we are planning to expand the program to 20 more.

Suicide Prevention Is VA's Top Priority

As the largest integrated health care system in the United States, VHA's role in preventing Veteran suicide is imperative, and we are continuing to develop and implement innovative suicide prevention approaches and resources. While continuing to expand our crisis intervention services, we are also expanding our treatment and prevention efforts to address issues that arise well before a suicidal crisis:

- VA has expanded the Veterans Crisis Line to three call centers. Since its launch in 2007, the Veterans Crisis Line has answered more than 3.5 million calls and initiated the dispatch of emergency services to callers in crisis nearly 100,000 times. The anonymous online chat service, added in 2009, has engaged in more than 413,000 chat conversations. In November 2011, the Veterans Crisis Line introduced a text messaging service to provide another way for Veterans to connect with confidential, round-the-clock support and since then has responded to nearly 98,000 texts.
- Through innovative screening and assessment programs such as REACH VET (Recovery Engagement and Coordination for Health – Veterans Enhanced Treatment), VA identifies Veterans who may be at risk for suicide and who may benefit from enhanced care, which can include follow-ups for missed appointments, safety planning, and care plans.

- VA works continuously to expand suicide prevention initiatives by:
 - Bolstering mental health services for women
 - Broadening telehealth services
 - Providing free mobile apps to help Veterans and their families
 - Improving access to care by providing mental health screening and treatment services through Vet Centers and readjustment counselors
 - Using telephone coaching to assist families of Veterans

VA's Community Outreach and Mental Health Access

Every day, more than 400 Suicide Prevention Coordinators (SPC) and their teams — located at every VA medical center — connect Veterans with care and educate the community about suicide prevention programs and resources:

- In fiscal 2017, 100 percent of VA's facilities conducted monthly outreach events, for a total of over 14,000 events that reached more than 400,000 people.
- VA facilities have reported 14,511 outreach events in fiscal year (FY) 2018 to date.
- The estimated total attendees for year-to-date outreach events is more than 1.46 million.

VA has undertaken efforts to improve Veterans' access to VHA's high-quality mental health care; these efforts are proving effective:

- From 2005 to 2015, the number of male and female Veterans who had recently used VHA services increased by nearly 20 percent and 55 percent, respectively.
- From 2012 to 2017, the number of unique Veterans receiving mental health care from VHA has risen 20 percent and the number of outpatient mental health visits delivered by VHA has risen 24 percent.
- According to the National Academies of Science, Engineering, and Medicine's 2018 "Evaluation of the Department of Veterans Affairs Mental Health Services," VA provides mental health care of comparable or superior quality to care in the private sector and elsewhere in the public sector. This report – the result of a Congressionally mandated assessment of access to and quality of VA health care services for Veterans of the wars in Afghanistan and Iraq – indicated that Veterans who use VA services reported positive aspects of and experiences with VA mental health services. These aspects of care include the availability of needed services, the privacy and confidentiality of medical records, the ease of using VA mental health care, the mental health care staff's skill and expertise, and the staff's courtesy and respect toward patients.
- The quality of VA mental health care is generally as good or better than care delivered by private plans, and VHA outperformed private plans on seven of nine quality measures, according to a RAND study from 2011.

VA Readjustment Counseling Service (RCS)

RCS provides services through the 300 Vet Centers, 80 Mobile Vet Centers (MVC), 18 Vet Center Out-Stations, over 990 Community Access Points and the Vet Center Call Center (877-WAR-VETS). The Vet Center model of service is designed to decrease barriers associated with receiving care including providing

services during non-traditional hours or in communities distant from existing “brick and mortar” Vet Center facilities. Over 70 percent of Vet Center staff are Veterans, and the majority have served in combat zones.

RCS is aggressively focused on preventing Veteran suicide through partnership with other VHA programs, expanded access to Vet Center services, and innovation. In FY 2017, RCS increased the number of successful suicide interventions by 28 percent over the previous two FYs.

In 2017 RCS and the VHA Office of Mental Health and Suicide Prevention began collaborating to increase coordination between the Program Offices to address Veteran suicide. Since beginning this collaboration quality improvements include:

- Increased collaboration through regularly scheduled interaction with local Vet Center staff and SPCs to provide consultation, support, and joint care coordination to high-risk Veterans.
- Increased bi-lateral connection to services for high-risk Veterans.
- Increased training to local Vet Centers by SPCs. In addition, RCS held 29 mandatory face-to-face trainings for clinicians, outreach specialists, and office managers between May and September 2018. Each training had a focus on Suicide Prevention Strategies and Best Practices. Participants discussed warning factors, various suicide risk assessments, safety planning, VA’s REACH VET Program, and other available resources and trainings.

RCS has consistently increased access and delivered services to more Veterans, Service members, and families each year. In expanding access over the last two FYs:

- The number of unique Veterans, Service members, and families provided these services increased by 31 percent. Vet Center visits for Veterans, Service members, and families increased by 18 percent.
- Visits during non-traditional hours (before 8:00 AM, or after 4:30 PM), and on weekends and holidays increased by 41 percent.
- Community Access Points where services are available on a regularly scheduled basis, depending on the demand in communities located away from the brick and mortar Vet Centers increased by 76 percent.
- Visits provided specifically to Service members increased by 12 percent.

In addition to providing quality readjustment counseling, RCS staff focus on early intervention through targeted outreach designed to create face-to-face connections with the sole purpose of providing access to services.

- Over the last two FYs, the number of distinct outreach events Vet Centers hosted or participated in increased by 28 percent.
- RCS is coordinating with the National Guard Bureau and State Adjutant Generals to leverage Vet Center clinical and outreach staff and 80 MVCs to provide outreach, direct counseling, and referral to National Guard and Reserve Units during drill weekends to combat the rising suicide rate. This includes connection to other available services when National Guard and Reserve members are not eligible for other VA services.

VA is always looking for new and innovative suicide prevention strategies. Some examples of these strategies taking place at Vet Centers across the nation include:

- Provision of suicide prevention training to community stakeholders such as police, fire departments, and schools. First responders typically encounter more Veteran suicidal ideation and Veterans in crisis than other community stakeholders.
- Vet Centers have been working directly with the Suicide Prevention Resource Center in obtaining Suicide Alertness for Everyone (SafeTALK) training. SafeTALK is a training program that teaches participants (Veterans and non-clinical staff) to recognize and engage persons who might be having thoughts of suicide and to connect them with their local Vet Center. As a result of the training, several Veterans have entered into care due to interventions implemented by this first set of participants.

Conclusion

VA's goal is to prevent suicide among all Veterans, including those who do not — and may never — seek care from our health system. To do that, we are using a public health approach to suicide prevention, finding new and innovative ways to deliver support and care to all Veterans where they live and thrive. We are committed to advancing our outreach, prevention, and treatment efforts to further restore the trust of our Veterans and continue to improve access to care and support inside and outside VA. Our objective is to give our nation's Veterans the top-quality care they have earned and deserve. Mr. Chairman, we appreciate this Committee's continued support and encouragement as we identify challenges and find new ways to care for Veterans. This concludes my testimony. My colleague and I are prepared to respond to any questions you may have.