AMERICA'S WARRIOR PARTNERSHIP

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The Honorable Mark Takano, Chairman
House Veterans' Affairs Committee
B234 Longworth House Office Building
Washington, DC 20515

The Honorable Phil Roe, Ranking Member
House Veterans' Affairs Committee
3460 O'Neill House Office Building
Washington, DC 20024

Dear Chairman Takano and Ranking Member Roe,

I appreciate the opportunity to review the Amendment in the Nature of a Substitute to H.R. 3495. I am very pleased to see included consultation with the Centers for Disease Control and Prevention (CDC) in Monitoring Activities and Measuring Program Effects to timely collect information about suicide attempts and suicide deaths and to assess the change in number or rate of suicide in the areas served by the funded organizations. CDC is well equipped to support in this manner, and it is very important to measure the change in suicide rates to judge the success of interventions funded by the bill. I am also pleased to see included in the interim and annual program reports to Congress will include data regarding veteran status, characterization of discharge, and Veterans Affairs health enrollment of individuals supported by each grant recipient. These data points align with America's Warrior Partnership's ongoing Community Integration work and our Operation Deep Dive veteran suicide study.

While I am pleased with the inclusion of these important items, I am concerned that the bill authorizes funding for only one approach or "model" to end veteran suicide. Beyond "Collective Impact," there are other proven, effective, affordable, and scalable approaches that can be used to enhance the quality of life for veterans and their families with the demonstrated end-state of preventing suicide.

As a discussion point, I want to differentiate "collective impact" from "community integration." Collective Impact originated from Stanford University research as an approach for communities to organize community-based programs to work toward a common goal. From my years of leading community-based programs, I refer to this approach as "organizing organizations." The "Collective Impact" model currently used to serve veterans across the country can be effective in suburban and urban areas but does not seek to connect with veterans who are not seeking services or who isolate themselves. This is the population the Department of Veterans Affairs has identified as the greatest risk for preventable suicide. Additionally, this approach in rural areas with limited resources can be difficult, costly, and impersonal to implement.

An alternative and effective approach is called "Community Integration," which focuses on the person, understanding them, understanding their environment, and holistically connecting the person and their family to community resources that improve the individual's quality of life.
These resources can be a formal government or non-government organization, or it can be a neighbor.

From the Commission on Accreditation of Rehabilitation Facilities (CARF), the world's leading accrediting body for rehabilitation and continuing care programs and the Department of Veterans Affairs programs have been achieving CARF accreditation since 1997. CARF states, "Community integration is designed to help persons to optimize their personal, social, and vocational competency to live successfully in the community. Persons served are active partners in determining the activities they desire to participate in. http://www.carf.org/Programs/ProgramDescriptions/ECS-Community-Integration/

The University of Pennsylvania writes that "Community integration encompasses housing, employment, education, health status, leisure/recreation, spirituality/religion, citizenship, and civic engagement, valued social roles (e.g., marriage and parenting), peer support, self- determination." http://tucollaborative.org/wp-content/uploads/2017/05/What-Is- Community-Integration.pdf

Community Integration is used world-wide to address public health issues. The Centers for Disease Control and Prevention (CDC) supports the use of this model when addressing a public health crisis for a study improving chronic disease outcomes through wide-ranging community involvement) and has supported its use for veteran suicide. (see https://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/communities/steps/index.htm

"Community Integration" uses the tenets of "Collective Impact" in connecting veterans to services, but never loses focus on the person, the veteran, and their family. "Community Integration" also scales to a rural community – America's Warrior Partnership is using this approach in the Navajo area of Arizona, where population density is low, and resources can be physically distant.

The distinction between these approaches is critically important because the goal of the PREVENTS Executive Order and the Improve Well-Being for Veterans Act is to end veteran suicide. Most of the veterans taking their lives are not seeking services. Veteran suicide is not just about mental health, or homelessness, or isolation, but a combination of factors that are as diverse as the veteran population. The key to ending veteran suicide is creating a community of veterans within the community. Whichever approach best fits a community, there must be broad outreach and sustained engagement with veterans and their families within that community.

Including Community Integration as a funded model for ending veteran suicide and including the distinct tenets of Community Integration will promote greater improvement to the well-being of veterans.

I respectfully recommend that all references to the "collective impact model" in the bill be modified to include "community integration."

I would also suggest the following edits and additions (in yellow highlight) to Section 14:

(1) The term ''collective impact mod and/or "community integration model" means community organization that coordinates a partnership between at least six *(this needs to scale in a rural community)* that —

a entities

(A) seeks to develop a proactive relationship with the majority of veterans and their families living in their community

(B) collectively provides at least ten covered services *(this needs to scale in a rural community)* to reduce the risk of suicide among covered individuals through a holistic, integrated services approach;

(C) shares the common goal of ~~reducing~~ ending ~~the risk of~~ suicide among ~~covered individuals~~ veterans and their families;

(D) has a shared measurement system;

(E) offers mutually reinforcing services by which each partner entity understands and supports the services of the other partner entities;

(F) engages in continuous communication using a common information system;

(G) includes an organization that acts as the supporting infrastructure of the model by creating a highly structured process for the purposes of—

(i) strategic planning;

(ii) project management;

(iii) marketing and message support; and

(iv) supporting all the partner entities through ongoing facilitation;

(H) technology and communications support;

(I) data collection and reporting;

(J) administrative support; and

(K) problem solving to address veteran and family critical life issues that are beyond the reach of the local community

I would suggest changing Section 7 Paragraph 1 to read "give preference to organizations that demonstrate a proactive relationship with the majority of veterans and their families living in their community and effectively network and partner with community partners that offer service for individuals, including covered individuals;"

I would suggest adding to the list of covered services in Section 5(8) recreational activities and volunteer opportunities

I would suggest changing Section 3(1)(D) to include networking with local non-profit and human services organizations. The reference to regional health systems should be removed as it leaves out many rural areas that are not covered by regional health systems.

I have also attached a joint letter provided to your offices and the Senate Veterans Affairs Committee

leadership dated May 21, 2019, that was signed by myself and the leadership of Syracuse University's Institute of Veterans and Military Families as well as Houston's Combined Arms program outlining our concerns and wishes that compliment this letter. I applaud Congress for developing the legislation to end veteran suicide by creating strong, more collaborative communities that focus on the veteran. I thank you for your steadfast leadership in crafting this important bipartisan bill and call on all members of Congress to seize this historic opportunity to improve the lives of veterans, their families, and caregivers by empowering communities to end veteran suicide. The men and women who have served, are serving and will serve in the future are counting on Congress' support.

Respectfully,

Jim Lorraine
President and CEO
America's Warrior Partnership