



VETS HELPING VETS SINCE 1974

OUR MISSION

War causes wounds and suffering that last beyond the battlefield. Swords to Plowshares' mission is to heal the wounds of war, to restore dignity, hope, and self-sufficiency to all veterans in need, and to prevent and end homelessness and poverty among veterans.

OUR PHILOSOPHY

Our model of care is based on the philosophy that the obstacles veterans face — including homelessness, unemployment and disability — are interrelated and require an integrated network of support.

OUR VISION

All veterans will have access to the care and services they need to rebuild their lives.

December 12, 2023

The Honorable Mariannette J. Miller-Meeks, M.D.
Chairwoman, Subcommittee on Health
U.S. House of Representatives
Washington, DC 20515

Dear Madam Chairwoman,

Thank you, Chairwoman Miller-Meeks, Representative Brownley, and the Subcommittee on Health for inviting my statement for the record in the oversight hearing titled, "SSG Fox Suicide Prevention Grants: Saving Veterans' Lives Through Community Connection."

My name is Michael Blecker, I am a Vietnam combat veteran, and I have been the Executive Director at Swords to Plowshares in San Francisco for over 40 years. Swords to Plowshares provides comprehensive wrap-around care to 3,000 of our most vulnerable veterans every year. Our core services are supportive housing and housing interventions, counseling, employment, and legal services for veterans to access VA care and benefits.

I would like to thank Congressional leaders for your support to establish the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program (SSG Fox SPGP) and the VA for selecting Swords to Plowshares to participate. We strongly support the SSG Fox SPGP and are grateful for the opportunity to provide outreach and preventative services to reduce veteran suicide. We also look forward to learning—through our work and that of our fellow pilot grantees—what types of supports, outreach and service delivery methods work best to improve outcomes for veterans. What we document will save the lives of veterans and prevent the pain and tragedy of death by suicide for decades to come.

You have asked for us to specifically address "the strengths and shortcomings of the program and discuss how Congress and VA can enhance and expand the grant program beyond the initial pilot phase to reach even more veterans." The few topics we outline are relatively minor given the overall complexity of the undertaking of such an important program. Such things are to be expected in pilots, and this exercise will help us all to streamline care and services for veterans and their families, build the research and knowledge base of veteran suicidology, and streamline programs for all.

Strength: Increased Access to VA Care

There is a complexity of factors that affect veteran suicide, and most strikingly, it is a veteran who is without VA and community support who is at highest risk. VA reports over 60 percent of veterans who died by suicide in 2021 were not seen in VHA in the past two years, and over 50 percent had received neither VHA nor VBA services. The VA's 2023 National Veteran Suicide Prevention Report defines the call to action for VA to continue to fully engage with other partners, including community-based organizations, "in order to address the complex interweaving of individual, relational, community and societal risks."

SWORDS TO PLOWSHARES

Administrative Office
401 Van Ness Ave, Suite 313
San Francisco, CA 94102
415.252.4788
swords-to-plowshares.org

The SSG Fox SPGP has made a marked difference in addressing critical need, meeting veterans where they are, in their own communities, and equipping CBO partners with resources toward community-based suicide prevention efforts. The program has allowed VA to take a proactive approach, moving upstream to impact a veteran's life before thoughts of suicide may assail them. The importance and magnitude of such a program is not taken lightly—community-based partners have long worked toward a shared goal of collaboration and shepherding veterans into VA and community-based care, understanding that this connection to services is vital for quality of life and lowering suicide risk.

Needs Improvement: VA and SSG Fox Operator Service Coordination

We rely on our relationship with SFVAHCS to ensure veterans receive the full access to health care and benefits that they need and deserve. It is this very partnership between VA and community-based care that will ensure the success of the SSG Fox SPGP. Yet it cannot go unstated that we have experienced challenges with cross-agency coordination of the SSG Fox SPGP.

According to the VA's SSG Fox SPGP Program Guide, the organizational structure for each VAMC can vary, and it is each grantee's responsibility to reach out to the VAMC to establish points of contact and verify roles and processes. In our experience, VA contacts have appeared unclear on how the SSF Fox SPGP will roll out in their local community and lack knowledge of grantees. Additionally, because of HIPAA and confidentiality issues, VA is unable to share information on veterans in crisis after they are referred to VA, including what services are being offered to those veterans, as well as information on veterans who call the VA crisis line.

The lack of clear directive leaves gaps in our combined efforts to reach as many at risk veterans as possible, and severely limits our ability to proactively respond, outreach, and engage veterans in services. It also limits our ability to define a success story for the veteran and understand when we should exit them from the program if we are unable to follow their navigation through VA care. Local VAs are under tremendous pressure to maximize patient treatment availability but must be afforded designated time to work with the community to coordinate services.

Guidelines for service coordination, cross-agency information sharing as an embedded team of providers, and mutual support of efforts between VAMC's, Vet Centers, and Community-Based Outpatient Clinic mental health personnel with SSG grantee operators within their geographical service areas should be standardized and required. We need our local VA to work alongside us as a grantee to ensure that veterans have access to the full array of community-based care and services regardless of what door they enter. This coordination should include:

- Regular meetings for Fox grantees and the local VAMC to case conference and inform one another of existing programs and referrals to support a no wrong door approach to prevention. This should include opportunities to inform all as to eligibility and referral protocols for veterans, active duty, and family members.
- VAMC, Vet Center, CBOC, and Suicide hotline personnel should have protocols to inform patients, clients and callers of the availability of Fox funded supports in their community. This should include informing service members and veterans of the availability of programs for their families and contact information for local SSG Fox community partners.
- Reports to Fox grantees regarding suicide hotline calls should be given so we may understand the full scope of need in our communities. Aggregate data can include number and general location of callers (by county, VISN), and general demographics to improve local outreach efforts based on the age, income, employment, student, and family status.

- Where possible callers should be given the opportunity to be connected to local SSG Fox operator personnel (above and beyond giving callers all necessary information to connect with local SSG programs).

Needs Improvement: Eligibility for SSG Fox SPGP

We appreciate that the eligibility is broad and defined under 38 U.S.C. 101(2), 38 U.S.C. 1720I(b), and 38 U.S.C. 1712A(a)(1)(C)(i) through (iv). However, we see that eligibility should be clarified and further expanded.

- We understand that Guard and Reservists who were not activated/deployed are only eligible for the SSG Fox program under narrow circumstances: for example, those who have experienced military sexual trauma. This is concerning as it excludes others who may have experienced trauma or other risk factors for suicide. It also forestalls community-based SSG Fox operators from establishing connections in order to identify risk and prior trauma.
- There is also a lack of clarity around current active duty service members. At present, they must be referred through Tricare with plans to allow them to be eligible for VA mental health assessment and referral. This process hinders the proactive outreach required to prevent suicide as it appears to require the individual to seek support for current mental health need and suicidal risk.

A particularly stark example in the San Francisco Bay Area is that of our local Coast Guard. They have only one clinician for over 2,000 service members and are looking for more mental health supports, especially for those who respond to deaths by suicide on and around the Golden Gate Bridge and must remove bodies from the water. These Coast Guard personnel are exposed to the constant presence and aftermath of suicide, other marine-based traumatic incidents as well as other stresses and risk factors. We reached out to the VA SSG Fox team to see if those folks could be eligible for the program, but they are unable to respond until pending VA rule changes regarding eligibility are in place.

Needs Improvement: Funds for Community-based Services to Those Disenfranchised

Our VA partners also rely on us to provide support to those who cannot seek VA services because of ineligibility, and we also serve those who do not seek VA services because of historical disenfranchisement.

As outlined in my previous testimony to the Subcommittee, our community-based services successfully reach those at highest risk of suicide, including aging veterans, veterans who have experienced homelessness, and veterans other than those Honorably discharged. As this pilot articulates, suicide prevention does not happen solely in a VA clinic or Vet Center; it is woven into places where veterans are offered community and companionship, where they are welcomed and not defined by their military discharge status, eligibility, trauma, or personal identity.

It is with this very fabric of wrap-around care that Swords to Plowshares addresses social determinants of health including housing, access to healthcare, benefits and income, community connection, and peer support. It is because of our approach that these veterans build trust and engage in services, and many wish to continue ongoing services at Swords. Under current grant guidelines, the grantee is to absorb these costs. Future Fox programs should consider additional funding for the continued well-being of these veterans.

In closing, as I stated in previous testimony, the SSG Fox SPGP comes to an end in two years' time and ongoing, sustainable funding is needed. It is the responsibility of Congress to effectively fund veteran services. Community-based organizations have long been doing this work of collaboration and shepherding veterans to VA care, and we are grateful for the resources to continue to do so. We hope that through your efforts, a permanent community-based mental health program that addresses veteran suicide, prioritizes the mental health supports our most vulnerable veterans need and compliments VA's effective homeless programs can be established.

Thank you for your consideration.

Sincerely,

A handwritten signature in blue ink that reads "Michael Blecker". The signature is written in a cursive style with a large initial "M".

Michael Blecker
Executive Director, Swords to Plowshares