



Statement for the Record

House Committee on Veterans' Affairs Subcommittee on Health Hearing:
SSG Fox Suicide Prevention Grants: Saving Veterans' Lives Through Community Connection

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Background

Successfully addressing and preventing veteran suicide requires a comprehensive and holistic approach at the individual, community, and policy levels. This collective approach must include addressing the variety of upstream, non-medical drivers of mental health that contribute to a veteran's overall health outcomes and risk of suicide. Examples of non-medical drivers of health include socioeconomic status, financial strain, housing stability, food security, and access to reliable transportation. The complex nature and interactions of these contributing factors present *multiple opportunities to intervene* when a veteran is at risk of suicide. At each of these steps, community-based organizations and government agencies have the chance to prevent further deterioration of the veteran's health by providing resources to meet the veteran's material and non-material needs. Due to their long-standing presence and trusted partnerships, non-profit community-based organizations (CBOs) are particularly well poised to intervene and assist veterans who are at risk of suicide.

Established in 2020 with the passing of the Commander John Scott Hannon Veterans Mental Health Care Improvement Act, the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program (SSG Fox SPGP) plays a vital role in addressing the pressing issue of veteran suicide in the United States. By providing funding to CBOs to address underlying causes of veteran suicide in addition to facilitating referrals for clinical care, the SSG Fox SPGP recognizes the complex nature of factors leading to veteran suicide and takes *meaningful action to partner with and support communities in the prevention effort*.

In September, the D'Aniello Institute for Veterans and Military Families (IVMF) at Syracuse University hosted several events in recognition of National Suicide Prevention Month at the National Veterans Resource Center. In addition to local attendees, we invited our community partners that are recipients of the SSG Fox SPGP to join in person. During the gathering, we convened a roundtable where SSG Fox SPGP grantees had the opportunity to share valuable insights on both the program's successes and the challenges it faces. The feedback provided in this document represents the collective viewpoints of eleven grantees from across the country who actively engaged in this discussion.

Eligibility

One topic the roundtable participants discussed related to eligibility was restrictions based around level of risk. Participants noted that these restrictions prevent them from potentially capturing high-risk individuals who don't meet the administrative eligibility, such as the 24-month requirement. the potential expansion of the SSG Fox SPGP to support additional populations.

Participants also recognized instances where individuals scored within an eligible range for some assessment metrics but fell short in others, leading to disqualification from SSG Fox SPGP intervention. For example, grantees noted that individuals who score high on psychosocial assessments but not on the Columbia Suicide Severity Rating Scale (C-SSRS) still present a potential risk and should be eligible. In a few more dire cases, despite exploring other avenues to assist these individuals, communities reported they had witnessed tragic outcomes, including suicide. Our discussion emphasized that understanding the *motivations behind* individuals declining assessments could lead to a more comprehensive approach.

Grantees also highlighted constraints to eligibility regarding covered services. They raised significant concerns about barriers to entry into the SSG Fox SPGP, both in terms of outreach and getting to the point of screening. Many individuals struggle with transportation, as it isn't covered until a client becomes officially enrolled in the program. Others are more responsive to initial outreach efforts that are more social in nature, rather than focused specifically on mental health. Providing veterans with material resources such as food and transportation assistance simultaneously reduces risk factors and builds trust with individuals in their communities.

Additionally, specific barriers were recognized as potentially addressable by non-SSG Fox SPGP funding, such as the Supportive Services for Veteran Families (SSVF) for housing. Still, these programs may have their own entry challenges, and keeping track of different federal funding sources for similar activities can be burdensome.

One other topic that arose was the idea of expanding populations eligible for the program. These populations might include Reservists, National Guard members, and even family members. For example, if a veteran enrolled in SSG Fox SPGP dies by suicide, their spouse may subsequently experience suicidal ideations. However, the program is currently unable to provide the needed support.

Screening

In addition to the eligibility side of screening, a range of crucial issues regarding screening tools and process emerged. While supportive of the selected assessments in general, as noted above, grantees want to eliminated situations where a veteran would be automatically disqualified despite the potential risk still present. This dilemma prompted discussions on how to make the screening process more comfortable and conducive to open conversations, as well as addressing its labor-intensive and formal nature. Suggestions included actively seeking feedback from grantees to enhance comfort, promoting organic and conversational interactions, involving non-

clinicians in the screening process, and exploring ways to distill necessary information from more natural conversations.

One of our presenters in another session (Joe Geraci, PhD, Director of the Transitioning Servicemember/Veteran and Suicide Prevention Center at the VISN 2 MIRECC) shared a 17-question screener used by his team, which *includes the C-SSRS questions*. Many participants seemed to believe this screener would be a valuable asset, relative to the host of other screeners currently part of SSG Fox SPGP.

Participants acknowledged that screenings are subjective and contingent on a client's truthfulness, adding to the complexity of the process. There's also a culture clash between current military culture and openly discussing mental health. To overcome this hurdle, grantees stressed the importance of finding effective ways to communicate in the language of the service member and to reshape their perspective on mental health. In light of these challenges, participants and our team underscored the trusted standing that CBOs hold within their communities, and how they play a critical role in engaging with veterans and creating the space they need to obtain support and assistance.

And lastly, while the Fox grantees' programs and interventions differ from one another, the screening tools and eligibility criteria are uniform. Many of the participants expressed interest in collaboration and efforts to share resources more effectively, particularly when a practice was working well in one community but not another.

VA Referrals & Process

The process of referring eligible individuals to the VA has revealed both successful practices and areas necessitating improvement. One success reported was direct collaboration between the VA and the grantee, where they were able to work directly with the Suicide Prevention Coordinator (SPC) to create procedures for enrollment. These actions not only streamlined the referral process, but also enhanced understanding of the VA's capacity to accommodate these referrals.

However, there have been notable challenges in the referral process. Though well-intentioned, the Office of Mental Health and Suicide Prevention has sometimes fallen short in ensuring local VA Medical Centers (VAMCs) follow programmatic guidance and intent. Successful collaboration with SPCs as described above was the exception, and levels of support seem to vary highly from VAMC to VAMC. Even where partnerships were strong, they were not stable in the event of turnover.

Furthermore, VAMCs may not have the readiness to accommodate referrals through this channel. Suicide Prevention teams, often stretched thin, have cited capacity constraints. Another critical issue is the absence of a specific code in the intake to identify SSG Fox SPGP participants, leading to delays in care due to administrative hurdles. There is also a need for improved tracking of clients' treatment history across different systems to streamline the referral process and ensure seamless coordination between the VA and CBOs.

Grantees also noted that the referral process would benefit from being more bidirectional, particularly at the point where patients may be discharged from VA care. Communities faced discrepancies in whether their local VA was willing to take the appropriate steps to authorize releases of information. They noted that the services they are able to provide can often make an enormous difference to veterans' experiences managing their mental health and day-to-day lives.

Overwhelmingly, our partners remained positive about the potential of the SSG Fox SPGP. They believe that by continuing to build upon the partnerships with CBOs through the program, the VA can continue to provide comprehensive care for veterans that aims to address root causes of health and wellness that allow veterans to thrive.

Data Collection & Sharing

While grantees acknowledged ongoing improvements from the VA and MITRE, data collection remains a challenge. One prominent issue revolves around the lack of clarity on how the MITRE dashboard will display important and relevant information. Grantees agreed it feels as if they're sending data off without a clear sense of how it will be shared or utilized. Participants also emphasized the necessity for more immediate feedback and quicker turnaround on screening scoring. Others suggested more flexibility in the required data forms, depending on any changes that may come to screening process requirements.

We also noted other missed opportunities to capture meaningful data. For example, while this program is in its early stages and therefore still improving, it would be beneficial to track individuals who score high on psychosocial assessments but zero on the C-SSRS screening, those who screen positive but face administrative-caused ineligibilities, and those who refuse assessments. There is also a desire for more comprehensive data on those screened but not deemed eligible, including insights into their circumstances. Participants have expressed a perception of limited interest from the SSG Fox SPGP data team regarding information on individuals who do not strictly meet the eligibility criteria. Additionally, they expressed concern over the omission in collecting information about why individuals withdraw from the program. There was a strong willingness to collect and share this type of information with the VA, if more data was available in return.

As a final point on data collection and reporting, grantees conveyed the complexity with managing multiple federal grants that have specific coverage and measurement requirements. There was wide agreement that there is an opportunity to increase efficiency and consider the ways in which data can be standardized and aligned throughout the process of administering different programs.

In response to data challenges, programs have undertaken their own tracking and documentation of program data to understand the broader context better, integrate into their other operations more effectively, and address the pain points described above. We know that robust and accessible data is necessary to effectively address the underlying causes of poor mental health and veteran suicide. Both the IVMF and our partners strongly hope that data from SSG Fox SPGP is collected thoughtfully, incorporated into meaningful analysis, and transparently shared.

Conclusion

We thank the Committee for the opportunity to share these insights and for its continued focus on the target and shared goal of preventing veteran suicide. The SSG Fox SPGP provides the needed support to CBOs to address upstream factors of mental health that contribute to a veteran's risk of suicide. We look forward to seeing how veteran health continues to improve with the incorporation of this feedback to strengthen the SSG Fox SPGP and ensure its long-term viability and sustainability.