# SSG FOX SUICIDE PREVENTION GRANTS: SAVING VETERANS' LIVES THROUGH COMMUNITY CONNECTION

## HEARING

BEFORE THE

## SUBCOMMITTEE ON HEALTH

OF THE

## COMMITTEE ON VETERANS' AFFAIRS

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# C O N T E N T S

**TUESDAY, DECEMBER 12, 2023**

# SSG FOX SUICIDE PREVENTION GRANTS: SAVING VETERANS' LIVES THROUGH COMMUNITY CONNECTION

**TUESDAY, DECEMBER 12, 2023**

U.S. HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON HEALTH,
COMMITTEE ON VETERANS' AFFAIRS,
*Washington, D.C.*

The subcommittee met, pursuant to notice, at 10:31 a.m., in room 360, Cannon House Office Building, Hon. Mariannette Miller-Meeks [chairwoman of the subcommittee] presiding.

Present: Representatives Miller-Meeks, Radewagen, Bergman, Murphy, Van Orden, Luttrell, Kiggans, Brownley, Deluzio, and Landsman.

## OPENING STATEMENT OF MARIANNETTE MILLER-MEEKS, CHAIRWOMAN

Ms. MILLER-MEEKS. Good morning. The Subcommittee on Health will come to order. It is a sad reality that roughly 17 veterans, on average, are losing their lives to suicide every single day. One death alone from suicide is one too many. It is a sobering reality, and the loss of just one veteran has a profound ripple effect on their fellow veterans, their families, and their communities. Like most of my colleagues across this dais, one of my top priorities on this committee is to decrease the number of veteran suicides. As we have examined this year through multiple hearings, there are many factors that come into play when a veteran loses hope. As we have also examined, there should be no limits on what we can examine as potential solutions.

As a 24-year Army veteran, I have seen unique challenges that many of my fellow Service members and veterans face, both in service and as they adjust to living back in their communities. It is imperative that we continue to work on solutions, such as the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant program to give veterans and their family members the support that they so desperately need and deserve, and that support is available wherever they live.

Over 60 percent of veterans who died by suicide in 2021 were not seen in Veterans Health Administration (VHA) in 2020 or 2021, and over 50 percent had received neither VHA nor Veterans Benefits Administration (VBA) services. In order to reach all veterans, we must continue to expand our work in the community. Fox Grants assist veterans and their families by providing veteran

based outreach, veteran suicide prevention services, connections to the VA, and additional community resources, with the focus on reducing the number of veteran suicides. Throughout this process, veterans and their families are provided assistance on how to connect with VA clinical or nonclinical help if eligible.

According to the VA's just released Annual Suicide Prevention Report, through June 2023, grantee organizations reached more than 10,000 veterans and their families in need. Coordinated assessments by these organizations identified approximately 130 imminent risk veterans and resulted in 800 nonemergency referrals and approximately 1,800 social service referrals to address drivers of risk such as homelessness, unemployment, income supports, and legal services. These are not just numbers; these are veterans' lives.

The committee recently sent out a request for information to grantees of the program and received an overwhelming amount of positive feedback. As we look to the future of this grant program, I am eager to better understand what can be done to address any process challenges and expand on any potential opportunities. I would like to thank the VA for their commitment in providing aggressive technical assistance to grantees through various forums and working groups. The program office responsible for implementing this pilot embraced this mission, and we look forward to continued dialog with them as we move forward.

Thank you all for being here, and I look forward to hearing the perspectives from our witnesses on this important program, especially now as we continue to struggle with the stubborn suicide rate among veterans. With that, I yield to Ranking Member Brownley for her opening statement.

**OPENING STATEMENT OF JULIA BROWNLEY, RANKING MEMBER**

Ms. BROWNLEY. Thank you, Chairwoman Miller-Meeks. Today's hearing will focus on one of the most complex topics and biggest challenges our subcommittee faces, and that is suicide amongst our Nation's veterans. At the outset, if anyone listening today is struggling with thoughts of suicide, or if you know a veteran or service member who is in crisis, please reach out to the Veterans Crisis Line. Simply dial 988 and press 1. You can also send a text message to 838255 or go to veteranscrisisline.net for an online chat. You will reach trained responders who are ready to help.

Last month, the Department of Veterans Affairs released its 2023 National Veteran Suicide Prevention Annual Report, which provided data on suicide mortality among veterans and nonveteran U.S. adults over 2 decades from 2001 through 2021. Sadly, the overall number of suicides among veterans rose between 2020 and 2021. Women veterans were among the most heavily impacted subpopulations in 2021, as there was a 24.1 percent increase in the age adjusted suicide rate for women veterans, compared to 6.3 percent among male veterans.

Any life lost to suicide is a tragedy, and this committee continues to examine all possible suicide prevention strategies and ways to increase veterans' access to quality mental healthcare. Over the past several years, Congress has passed more than 40 veterans

mental health bills through standalone and omnibus legislation. These include the Commander John Scott Hannon Veterans Mental Health Care Improvement Act, the Veterans Comprehensive Prevention, Access to Care and Treatment (COMPACT) Act, and the Support the Resiliency of our Nation's Great Veterans (STRONG) Act. These bills contained dozens of provisions that aim to increase veterans' access to mental health care, strengthen VA's suicide prevention programs, bolster VA's research and mental health workforce training, establish pilots to examine complementary and integrative approaches, and improve the transition from active duty to veteran status.

One such pilot program was the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program. It was created in 2020 under the Hannon Act. It took some time for VA to stand up this program and publish the necessary regulations. In September 2022, VA awarded the first round of grants to 80 organizations in 43 states, the District of Columbia, and American Samoa. The second round of grants was awarded about 3 months ago, with 77 of the original grantees receiving grants again, along with three new grantees. These are now grantees in 43 states, Washington, DC, Guam, and American Samoa.

The goal of the Fox Grant Program is not to expand access to direct clinical care, rather it is to partner with organizations that provide services to address some of the upstream factors that can contribute to veteran suicide risk. Such factors include housing instability, employment instability, legal trouble, lack of social support and engagement, and unstable interpersonal relationships. The primary population Congress aims to reach through the Fox Grant program is the approximately 60 percent of veterans dying by suicide each year who have had no recent engagement with VA healthcare.

I hope to hear more today about how grantees are putting Fox Grant funds to use, and hopefully we will hear some success stories about veterans whose lives may have been saved by this program. I will acknowledge that it will be some time before the potential benefits of this program will show up in VA's annual suicide prevention report, as each report published reflects data from 2 years earlier. However, before we consider reauthorizing the Fox Grant Program, the subcommittee needs to know more about the impact that the funds have had and see some clear measures of success.

In accordance with the Hannon Act, within 18 months of awarding the first Fox grants, that is, by March 19, 2024, VA is required to provide an interim report to the House and Senate Veterans Committees about the effectiveness of the Fox Grant Program. Perhaps today's hearing can provide a preview of VA's findings. I look forward to a robust discussion.

Madam Chairwoman, before I yield back, I wanted to take a moment to recognize the service of the Republican Staff Director of the Health Subcommittee, Ms. Christine Hill, who I understand will be retiring soon. Back in early 2020, about 6 weeks before the pandemic, Christine and I had an opportunity to travel with several other committee Staff to South Dakota and North Dakota, where we visited the Cheyenne River Sioux Indian Reservation and

Standing Rock Sioux Indian Reservation. We had a lot of fun and learned a lot.

We learned a lot on the trip about veterans' barriers to healthcare, housing, and transportation, and we also got to know each other a little better as we traversed several hundred miles through Indian country. Counting her 20 years in the Air Force after graduating from the academy, some time working in the Senate and at the VA, and most recently, her 10 years with the committee, Christine has spent over 36 of her career in Federal service. We are sorry to lose her wealth of experience and institutional knowledge, but Christine, your retirement is very well deserved, and I wish you all the very best in your third chapter. Thank you for your service to your fellow veterans and to our Nation. With that, Chairwoman Miller-Meeks, I yield back.

Ms. MILLER-MEEKS. Thank you, Ranking Member Brownley. I am going to say ditto and save any comments for later. I would like to introduce our witnesses on our panel today. Joining us today Dr. Erica Scavella, Assistant Under Secretary for Health and Clinical Services, Department of Veterans Affairs, Todd Burnett, Senior Consultant for Operations, Suicide Prevention, Department of Veterans Affairs, Psy.D. in Psychology, Missy Meyer, Director of Community Integration, American Warriors Partnership, Ken Falke, Chairman/Founder, Boulder Crest Foundation, and Joyce King, Project Director, Staff Sergeant Fox Veteran Suicide Prevention Program, Sheppard Pratt. Dr. Scavella, you are now recognized for 5 minutes to deliver your opening statement on the VA.

## STATEMENT OF ERICA SCAVELLA

Dr. SCAVELLA. Thank you. Good morning, Chairwoman Miller-Meeks, Ranking Member Brownley, and distinguished members of the subcommittee. Thank you for the opportunity today to discuss the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program. Accompanying me today is Dr. Todd Burnett, our senior consultant for operations within the Suicide Prevention Program.

The grant program honors veteran SSG Parker Gordon Fox, who served in the Army and joined the Army in 2014. Unfortunately, he died by suicide in July 2021—2020, excuse me. The grant program, authorized by Section 201 of the Hannon Act, represents an important step in leveraging community networks and expertise in veteran suicide prevention efforts beyond what we can do within VA. The grant program complements VA's 10-year national strategy for preventing veteran suicide. It supports and aligns with the priority goals and the White House's strategy for reducing military and veteran suicide.

Given the multiple factors that may lead to suicide death, preventing suicide requires a comprehensive public health approach. What this means in practical terms is that VA must harness the full breadth of the Federal Government in close partnership with States, Territories, Tribes, and local governments, as well as collaboration with industry, academia, communities, community-based organizations, families, and individuals to prevent veteran suicide.

I am proud to report that the grant program is providing resources toward community-based prevention efforts to meet the needs of veterans, their families, and other eligible individuals

through outreach, suicide prevention services, and connection to VA and community resources.

The impact of this program has been meaningful. I would like to share two stories that illustrate just how this program has affected those who have sacrificed for our Nation. The first is a young woman who was pregnant, she was a veteran, and she fled from a domestic violence situation and engaged a grantee for services. She was enrolled in prenatal care and other healthcare supports at VA. She is quoted as saying, "I could not have survived without your help."

Another example is a Marine Corps veteran who presented to a grantee with suicidal thoughts seeking help for combat related trauma. After getting linked to help, he confided that he had been engaged in steps toward ending his own life, and had he not contacted the grantee, that would have happened. He says that the services saved his life.

VA has collected and received many more examples like these. These engagements within grantee communities are critical interventions needed across the Nation to prevent veteran suicide. As of October 31, 2023, grantees have completed approximately 20,000 outreach contacts and engaged over 3,500 participants. The grant program facilitates engagement within clinical mental health care, but it is unique in that most services that are provided are actually not clinical.

As the Nation continues to recognize, as we as physicians recognize, as we as healthcare community recognize, research evidence confirms that the social determinants of health are drivers of suicide risk. The grant program takes a bold step to acknowledge and meet the need for suicide prevention interventions outside of clinical care. The grant program is proudly in its second year. Beyond the formal evaluation process, we are implementing solutions for lessons learned in real time to improve the grantee and participant experience.

Just last week, VA convened its fourth two-day technical assistance meeting in Orlando, Florida, with over 150 grantee representatives present. Attendees received tailored technical assistance as well as the opportunities to connect with grantee peers.

In conclusion, we are grateful for the enactment of the Hannon Act and other laws that have helped to fuel advancement in veteran suicide prevention. The grant program is one tool that VA has rolled out in its public health approach to veteran suicide prevention. We need everyone at the table. We need everyone working in the same direction. This requires both moving away from the belief that suicide prevention rests solely on the shoulders of our mental health providers and moves us further toward engaging within and outside of clinical healthcare organizations and delivery systems to decrease both the individual and societal risks of suicide.

Suicide is preventable, and each of us has a role to play. This is our mission, and we are so thankful that you are with us along this journey. This concludes my testimony. My colleague and I are prepared to answer your questions.

[THE PREPARED STATEMENT OF ERICA SCAVELLA APPEARS IN THE APPENDIX]

Ms. MILLER-MEEKS. Thank you, Dr. Scavella. Ms. Meyer, you are now recognized for 5 minutes to deliver your opening statement.

**STATEMENT OF MISSY MEYER**

Ms. MEYER. Chairwoman Miller-Meeks, Ranking Member Brownley, members of the subcommittee, thank you so much for your invitation to testify today regarding the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant. America's Warrior Partnership is a proud recipient of the Fox Grant, and we utilize a unique upstream community integration model to accomplish the goals set forth by this grant to work with communities to prevent suicide.

I would like to share a story. On November 13, a post-9/11 Army veteran called our national network with an active plan to end his own life. He had moved from Florida—from New York to Florida after a divorce, and he was facing bankruptcy. He was in crisis. He was not happy with his care he received from the VA in New York. He was tired of taking all the pills he said that were prescribed for both his Post-Traumatic Stress Disorder (PTSD) and bipolar disorders. He had an appointment the following morning for a medical evaluation with the Fort Myers, VA. This gentleman, we wanted to get a referral for mental health the next morning. He was in agreement with that. I reached out to the local suicide prevention coordinator there in Fort Myers and was unable to get a call back. I left a message that we had an actively suicidal veteran that needed care and that call has still not been returned. However, we were able to connect with the 988 crisis line and get that veteran the support that he needs. We are still working with him and walking with him for as long as he will let us.

American Warriors Partnership (AWP) network staff worked hard to connect that veteran with the services that he needed and we are so thankful for the 988 crisis line being available to us. While he states he loved his girlfriend too much to take his own life, he certainly needed the support we were able to offer.

Our goal is to improve the quality of life for veterans and to end veteran suicide by empowering local communities to serve them proactively and holistically before a crisis. In September 2022, outreach began with the Fox Grant and by March 2023, AWP began enrolling Fox participants. Since that time, AWP has completed intakes and suicide risk assessments for 1,057 warriors via the Columbia-Suicide Severity Rating Scale, as required by the VA. One hundred eighty-five of those men and women indicated some level of suicide risk. This means over 17 percent of that 1,057 had some level of suicidal ideation.

Once AWP knows a veteran or service member is experiencing some level of suicidality, we must find them local and national resources. In an acute suicidal crisis, as I said, that results in a call to the crisis line and a referral to other local counseling centers. However, there is no expedited care for Fox participants. There is no special number or special intervention to serve those people immediately. This is one of the major shortcomings of the Fox program. There is no program. It is a transaction. It needs to be relational, not a VA sponsored phone call for assessments with no plan or infrastructure on the backend connecting to services. The Fox Grant Program needs to have follow up available for veterans in

need and making sure that that infrastructure is in place and not having veterans disclosing these thoughts with no services available to them.

Following the intake and suicide risk assessment, we create a holistic service plan. If the veteran is willing, we conduct additional assessments for the participant. There are nine different assessments and questionnaires required for the participant to be enrolled. Several assessments have ended with an additional call to the 988 crisis line. Once the participant has received referrals and has been connected to support, we are required to then readminister the baseline assessments. We have only had 6 of our 180 Fox participants complete that entire process, and both Staff and veterans describe the assessments as both repetitive and exhausting.

To eliminate redundancy, the psychosocial, Interpersonal Support Evaluation List-12 (ISEL–12), and General Self-Efficacy (GSE) assessments could be removed or combined and shortened with other assessments. We already know that depression, isolation, and financial hardships are risks for suicide. How does continually assessing known stressors better our prevention model?

In addition, the amount of data gathered is significant. AWP has submitted thousands of forms to account for outreach efforts and Fox Grant requirements, necessitating the hiring of additional administrative staff to handle the load. We are in year two of the grant's lifecycle, and the data collection tool was made available to AWP just yesterday. We have not tested that system to see how it will work from here on.

Finally, there is no clear measure of success for the Fox Program. Is it a number or an outcome? Does success come with potential increase in funding, and are those organizations unable to meet their metrics held to account, removed, or reduced? There is no bigger picture on how all this data will impact VA policy to improve the lives of our veterans. Thank you, subcommittee members, for the opportunity to testify today.

[THE PREPARED STATEMENT OF MISSY MEYER APPEARS IN THE APPENDIX]

Ms. MILLER-MEEKS. Thank you, Ms. Meyer. Mr. Falke, you are now recognized for 5 minutes to deliver your opening statement.

## STATEMENT OF KEN FALKE

Mr. FALKE. Good morning. I want to begin by thanking this committee for its essential and hugely impactful work on behalf of our Nation's veterans and their families. Chairwoman Miller-Meeks and Ranking Member Brownley, thank you for your leadership and the opportunity to speak to the subcommittee regarding the Staff Sergeant Fox Suicide Prevention Grant Program. I also want to thank Representatives Bergman and Houlahan, who as veterans themselves took the lead on the creation of this legislation with the assistance of so many others.

I served in the U.S. Navy for 21 years as a Special Operations bomb disposal specialist. Since my retirement in 2002, I have become an advocate for my brothers and sisters. A major driver of my work is the nearly unspeakable truth that since 9/11, we have lost more members of the bomb disposal community to suicide than we did on the battlefields. This truth is nearly unspeakable because

the work that my community does on the battlefield is considered to be the world's most dangerous job. Sadly, this epidemic is not limited to the bomb disposal community.

In response to these challenges, my wife Julia and I founded two nonprofit organizations, the Explosive Ordnance Disposal (EOD) Warrior Foundation in 2004 and Boulder Crest Foundation in 2010. Since then, our organizations have served over 100,000 program participants. Boulder Crest Virginia is the Nation's first privately funded wellness center dedicated to combat veterans and their families. Our vision was to create a place and programs where combat veterans could transform their struggles into strength and growth.

Broadly speaking, our Nation's mental health system is not focused on accomplishing this goal. The mental health system is nearly exclusively focused on one thing when it comes to clients and patients, and that is managing and mitigating symptoms associated with times of struggle, often through a combination of medication and talk therapy. This approach is not working for far too many people, something made evident by the highly distressing statistics around veterans mental health and suicide.

In 1995, Dr. Richard Tedeschi coined a term posttraumatic growth to describe how people reported growth in areas of their lives in the aftermath of traumatic events. In 2014, we partnered with Dr. Tedeschi in the development and delivery of our Warrior Progressive and Alternative Training for Helping Heroes (PATHH) program. Warrior PATHH is the first training program ever designed to enable our Nation's combat veterans to transform deep struggle into profound strength and lifelong post-traumatic growth. It is a 90-day program, nonpharmacological, peer delivered, and delivered at nine permanent locations in the United States and through two mobile training teams for a total of 11 Warrior PATHH programs per month. In short, we have developed a program that achieved the vision set forth to ensure that veterans could be as productive at home as they were on the battlefield and live extraordinary lives filled with passion, purpose, growth, connection, and service.

In 2022, Boulder Crest was one of the 80 organizations awarded a grant from Staff Sergeant Fox Suicide Prevention Program. Our grant's for $725,000, which only covers the delivery of 12 Warrior PATHHs and the administration and reporting functions required by the grant. Boulder Crest and our partners have delivered over 465 Warrior PATHH programs to over 3,000 students. Across the more than 10 clinically validated measurement tools that we use to measure the impact of Warrior PATHH to include those required by the Fox Grant program, participants report experiencing symptom reduction and improved growth more than any other program.

The establishment of the SSG Fox Grant Program is a realization of something I have long believed was necessary and that is a true public-private partnership based on the goals of ensuring at-risk veterans do not fall through the cracks and the identification of innovative and effective programs that are effectively and sustainably addressing the suicide epidemic amongst veterans.

In light of the ongoing conversations with the VA and the data from the VA funded Warrior PATHH participants, we propose five

key recommendations to enhance the program. The first one is to remove the funding caps. Today, only 24 of the 132 annually delivered Warrior PATHH programs are funded under this grant. Revise the eligibility criteria. We need to rethink the use of the Columbia-Suicide Scale, primarily because we often see the Patient Health Questionnarire-9 (PHQ–9), which is a depression scale, scores out of sync with the Columbia scale. As you know, depression is a leading cause of suicide.

We need to broaden the veteran eligibility. My personal belief is that all veterans should be eligible for this program, regardless of the score on a test that is only taken for one day. Number four, we need to include traumatic brain injury (TBI) centers. We need to expand the eligibility to include leading privately funded clinical TBI centers. TBI is a significant risk for veteran suicide and needs to be treated clinically.

Finally, we believe that we need to expand the collaborative partnership between the VA. We believe that the more people that understand post traumatic growth, the better chance they will learn to thrive in the aftermath of trauma and help others do so. I believe these steps are vital to our united mission to support our veterans' well-being and reduce the veteran suicide epidemic. My team and I are committed to being active contributing partners in this mission. I am deeply thankful for the opportunity to address you today and look forward to any questions.

[THE PREPARED STATEMENT OF KEN FALKE APPEARS IN THE APPENDIX]

Ms. MILLER-MEEKS. Thank you, Mr. Falke. Ms. King, you are now recognized for 5 minutes to deliver your opening statement.

## STATEMENT OF JOYCE KING

Ms. KING. I would like to begin by thanking the committee for this transformational work on behalf of our Nation's veterans and their families. I applaud Chairwoman Miller-Meeks and Ranking Chair Member Brownley for their leadership, and I greatly appreciate the opportunity to speak to the subcommittee regarding the Staff Sergeant Fox Suicide Prevention Grant Program.

My name is Joyce King. I serve as the director of the Staff Sergeant Fox Suicide Prevention Grant Program at Sheppard Pratt. I am a board-certified mental health therapist and substance abuse counselor as well as a 16-year Air Force veteran with more than 25 years of mental health, substance use, and social services experience. Sheppard Pratt is the Nation's largest private, nonprofit provider of mental health, substance use, developmental disability, special education, and social services in the country. We provide specialized services for veterans, including supportive services for veteran families, SSVF, Homeless Veteran Reintegration program, HVRP, and clinically intensive grant per diem transitional housing. Many of these programs are funded by the U.S. Department of Veterans Affairs.

Collectively, Sheppard Pratt's veteran services assists approximately 1,200 homeless veterans every year in urban, rural, and suburban communities across Maryland and in select counties in West Virginia. Many of our staff are veterans, including some staffs who were previous clients. The dedication and commitment

of our team drives our impact. We have helped over 5,235 homeless veteran and veterans' families to obtain permanent housing. Our HVRP program helps homeless veterans to obtain employment with an average wage of just under $20 an hour.

In 2022, the VA released a Staff Sergeant Fox Grant notice of funding opportunity. Its deep focus on community connection, well-being, and suicide prevention responded to a clear gap in the community-based services for veterans. Accordingly, we jumped at the opportunity to better serve our veteran community. The application process was well organized and transparent with significant flexibility and approach provided by the VA. The staff of the VA deserve credit for designing and implementing a disciplined, efficient application process.

Sheppard Pratt was honored to be awarded the Staff Sergeant Fox Grant in September 2022. Our implementation strategy combines a comprehensive and holistic strategy set selected based on the best available evidence for the greatest potential to prevent suicide among veterans across Maryland. We leverage current programming in relationships with veterans that are high risk yet disengaged with the VA in mental health care. Peer support is a critical component of our Staff Sergeant Fox implementation strategy. Through this new funding, we have trained veterans with lived experiences related to suicide and mental health.

Our peer support specialists work directly with the veterans and their families to promote connectedness, provide holistic case management, and reduce risk factors associated with suicide. In addition, case managers help veterans with a range of health, housing, employment, and other needs. As the Staff Sergeant Fox Grant Program was only recently launched, our data is preliminary, but suggestive. During enrollment, 95 percent of our veteran clients indicate a need for mental health services, 75 require connection or reconnection to the VA services and supports, 65 percent report benefits challenges, 60 percent request peer support and connection, and another 60 percent report health, housing, employment, and other challenges best addressed through case management.

The need, therefore, is clear. The impact of the Staff Sergeant Fox Grant Program is best demonstrated through stories. I would like to share a story of one of the participants. I will call her Alice. Alice's story illustrates the power of the Staff Sergeant Fox Grant Program as well as the way in which community-based veteran services, including SSVF and HVRP, combine to prevent suicide and promote well-being more generally. Alice is a 48-year-old single veteran, single female Navy veteran with a history of post-traumatic stress disorder and traumatic brain injury.

Alice recently experienced two traumatic events. In 2022, she was laid off. To make ends meet, she moved in with her sister. In 2023, her sister passed away unexpectedly. With the loss of both her job and her sister, she fell behind on her rent. She had to make a choice between paying her rent or buying food. In September 2023, she called Sheppard Pratt. Our Staff Sergeant Fox Program team collaborated with SSVF to help Alice find a more affordable housing option. To help Alice gain employment, our Staff Sergeant Fox and HVRP teams worked together to provide Alice with both a computer and technological training. Alice dedicated herself to

her job search. Within a month of her calling Sheppard Pratt, she had a new job in the IT field.

While Alice was working to obtain a new job and housing, she was simultaneously grieving the loss of her sister. The Staff Sergeant Fox peer support specialists were instrumental in modeling healthy and effective coping strategies. Today, Alice is working, living stably in safe housing and in a healthy home. She shared the impact of Staff Sergeant Fox in her exit survey. "I can say for sure that the program and all of the team went above and beyond my expectation. I honestly never felt like I was alone during the process. In fact, the opposite almost. I literally felt like a team was assigned to me for different stages and aspects. I could not be more grateful."

Alice's comments about the Staff Sergeant Fox program are echoed by other participants. John Woodard, a former Marine, similarly was struggling with PTSD, a job loss, and eviction when he connected with the Staff Sergeant Fox program. John tells his story better than I can. He said, "Sheppard's veteran services got me and my family out of a situation that I was in before where I was not appreciated and was not being supported for my mental illness. Now I am in a better location with my family, with a peaceful mind instead of a crime infested area where I could hardly sleep because of fear and hyper vigilance. I would like to thank the veteran services programs for coming to my rescue. I have been using this time to heal and to get help with my PTSD."

[THE PREPARED STATEMENT OF JOYCE KING APPEARS IN THE APPENDIX]

Ms. MILLER-MEEKS. Thank you, Mrs. King. We appreciate your testimony. We will now proceed to questioning. I will defer my questions to the end. I now recognize Ranking Member Brownley for any questions she may have.

Ms. BROWNLEY. Thank you, Madam Chair. Dr. Scavella, I wanted to ask you with regards to metrics and what the VA uses as metrics to measure the success of these grants.

Dr. SCAVELLA. Thank you for the question, Ms. Brownley. As you heard from our fellow witnesses, there are a number of metrics that we do use to assess how our veterans are doing. There are some that are required, some that are taking place later on in the process. I am going to ask Dr. Burnett to add the details on which ones are required at the beginning and which ones we conduct during the course of the care.

Dr. BURNETT. Thank you. There are three primary areas that we use to evaluate success of this program, the first being reduction in suicide risk factors. The second, of course, being perceptions of well-being. Hannon 201 requires that we make assessments not only of immediate suicide risk, but also overall well being to push the interventions as upstream as possible to prevent the escalation of people who are feeling suicidal. Third, is the connection to veterans who are most at risk and currently unconnected to services.

Ms. BROWNLEY. Certainly the first one is important. All three are important. In my opinion, the two and three are a little bit harder to actually assess and put into a metric. What about, I mean, one of the other objectives of this grant program is helping veterans who are not enrolled to enroll in VA healthcare. Is that something

that you measure? Also, one of the other objectives of the program was to reach out to the approximately 60 percent of veterans who have had no connection to the VA at all. Are those metrics that you will be collecting?

Dr. BURNETT. Yes. We will provide information on both of those things to you in the interim report that is coming to you in the spring.

Ms. BROWNLEY. Okay. Can you speak to in the VA's testimony, they talked about the number of organizations and the amount of money that has been awarded so far. If you break that down on a per veteran basis, it is pretty expensive. Do you have any way to explain why the cost per veteran of this grant program seems to be so high?

Dr. BURNETT. Thank you for that question. It is not unexpected in the first year of this pilot program, as these grantees are establishing their services. The first half of last year, they were really getting their programs up. They were not required to begin seeing veterans until January 2023. What you have seen is that trend increase pretty dramatically. As of December, for example, we had approximately 100 veterans that were participating in the program, and by October 31, we had 3,500. You had just around 120 outreach events in December, and that reached 20,000 by the end of the year. We expect that trajectory to continue into the second year here. That does help give some context to why that cost was so disproportionate at the beginning of the year as they ramped services.

Ms. BROWNLEY. Thank you. Mr. Falke, I think in your testimony, I think it was you who mentioned that it does not cover all the costs. Am I quoting you correctly?

Mr. FALKE. I think in my written testimony, I talked about the cost. The Warrior PATHH program, it is a cohort-based program of eight veterans per program, and we deliver 11 of those programs a month. Only two of them are funded.

Ms. BROWNLEY. Two of them?

Mr. FALKE. Two of them are funded by the grant. The rest of it is all funded philanthropically through private donations. I would love to see it expand and cover all of them, you know, assuming that Warrior PATHH is, in fact, identified by the VA as one of the critical programs to solve this problem.

Ms. BROWNLEY. Thank you for that. I want to thank all the grantees who are here for the work that you do for our Nation's veterans. We appreciate it very, very much.

I wanted to also ask, as I mentioned in my opening statement, that the age adjusted suicide rate among women veterans has increased significantly in 2021. If any of the grantees can speak to that and wondering if any of your organizations are specifically targeting programming toward women veterans.

Mr. FALKE. We run, our Warrior PATHH programs are run as male and female cohorts. Initially, we were doing, if you take Boulder Crest Virginia, we were running 12 programs a year, two of those were for women veterans, 10 for male, which is a little disproportionate to the amount of women who serve versus men. I think it is 90/10, and we were doing 80/20.

In the last 3 years, we have had to increase the number of female programs because of the demand. That is kind of how we respond as a small nonprofit is based on the demand. We will transform one of the male cohorts into a female cohort. With the network we have created around the United States, 11 programs now delivering it, we are at about 27 percent of the veterans who go through our program is female.

Ms. BROWNLEY. I know my time is up, but I would love to follow up with you and talk in greater detail about some of the differences between men, women, et cetera. It seems that there is a lot of good information in there. Thank you. I yield back.

Ms. MILLER-MEEKS. Thank you Ranking Member Brownley. The chair now recognizes Representative Bergman for 5 minutes.

Mr. BERGMAN. Thank you, Madam Chair. You know, when you turn on the evening news, they start with good evening, and then for the next 27 minutes, they tell you why it is not. Then for the last 3 minutes, they give you good feeling stories so to come back and take the abuse the next night.

We are going to flip that on its backside. A couple of years back, Chairman Bost and I had the honor of visiting Boulder Crest Virginia. We are grateful, Mr. Falke, for your selfless efforts to serve so many in the mil vet community. Twenty-two years naval service, followed by the creation of two nonprofits that have served more than 100,000 folks is an incredible achievement and one you should be proud of.

What we saw at Boulder Crest was, quite simply, visionary. In your testimony, you mentioned that traditional mental health is focused on one thing only, "managing and mitigating the symptoms associated with times of struggle often through a combination of medication and talk therapy." If I were to appoint you as the new mental health tsar at VA, do you think you could spend that $16.5 billion in a more focused manner? I know you stated a lot of it in your comments, but if there are a couple of things you would like to share with us here, because we are still in the good news phase of my 5 minutes.

Mr. FALKE. Do you have any harder questions, sir? I served in the Navy 21 years. I was in the government contracting business for 10. I have been through this contracting process. I will say hands down, this VA process has probably been the smoothest thing I have ever seen. I am not just saying that because I am here. It has really been a great process, how the grant was rolled out, how the outreach programs work, the partnerships in Orlando.

You are right. I think, you know, I tell people all the time, I have raised $200 million in the last 20 years for veteran causes, nearly $200 million. I have been shot at. I have disarmed bombs in the middle of the night. I have jumped out of airplanes, been diving in deep, dark waters. There is nothing harder than raising money.

One of my frustrations with the VA, and I have been fairly outspoken, three of the last four secretaries have been to Boulder Crest Virginia. Bob McDonald is on our honorary board. One of the problems that I have seen, and we were instrumental, I think, in part of the lobbying efforts around this grant, is that there is not real good community partnerships, and there does not seem to be a sense of urgency that I saw in the Pentagon.

Mr. BERGMAN. I am going to cut you right there.

Mr. FALKE. Yes, sir.

Mr. BERGMAN. You just made the key phrase that in my 7 years here on Veterans' Affairs, the idea of when—by the way, thank you. We have had countless testimonies here where we have asked the VA, how will you get a sense of urgency behind your efforts? You know, Dr. Scavella, there is growing frustration on both sides of the aisle because the news does not get better. We are still, even though we may have a dip from year to year, the overall rise is still unacceptable.

Put bleakly, over $150 billion has been spent since 9/11 on this issue. When you look at the ratio of suicide in the community, it has only gone up, never down. In fact, in comparison to the general population, it only continues to get worse, not better despite significant resources spent.

You know, in the 116th Congress, I, along with some of my colleagues, worked very hard because we had grown frustrated with the VA's lack of progress over time on this. Could you outline the VA's specific objectives to reduce veteran suicide over the next 5 years going forward, ideally broken down by year? What achievable metrics will you use to measure success? You have only got 20 seconds to do that. If you would like to take it for the record, I would really like to see a timeline, however you want to put it, because no results is just that, no results. We need to put the money where we are going to get the results for our veterans. With that, I yield back.

Madam Chairwoman, may I have 30 seconds to say that to our Christine, you know, in naval terms, you have served honorably and fair winds and following seas we will see in the future.

Ms. MILLER-MEEKS. So recognized. Is that it is better to ask for forgiveness than ask for permission? Dr. Scavella, if you will, please follow up with the question from Representative Bergman and send in that response, which would have taken much longer than 20 seconds. I, too, would like to see that data. If you could submit that in writing to the subcommittee, that would be greatly appreciated. The chair now recognizes representative Deluzio for 5 minutes.

Mr. DELUZIO. Thank you, Madam Chair, and good morning, everyone, and thank you for your commitment to helping solve a crisis in our veterans community.

Dr. Burnett, I will start with you to follow up a bit on what Ranking Member Brownley was asking about the report that this committee and our counterparts in the Senate will see. What is most useful from where I sit is understanding are grantees effective and are they effective relative to VA? On the cost question, I heard you answer part that, you know, is this a cost effective, are we seeing cost effective performance again relative to VA? My first question on reducing suicide risk factors, do you plan to report to us that success or failure relative to how VA is doing here?

Dr. BURNETT. Preliminary indications are very good. 73 percent of the people who have started and completed this program have seen an improvement in well-being or reported an improvement in well-being, which is a good first year start for this.

Mr. DELUZIO. Let me dig in a bit there then. Do you have that same data and have that same metric for those who are seeing care within the VA? Will you be reporting that data about grantees and/or VA to us in the report?

Dr. BURNETT. Keep in mind, many of these, so 80 percent——

Mr. DELUZIO. Some are not eligible.

Dr. BURNETT. Well, so you have 7,000 support recommendations or referrals that were submitted. Almost half of those are for non-emergency mental health care and 80 percent of those are coming to VA for services. When you look at emergency services, so when they are screened, as we talked about the screeners earlier, more than 300 are identified at the time of that screening as being at high immediate risk. 78 percent of those are going to the VA or vet centers for care. About 22 percent are going to the community or other organizations. We can provide you with that information.

Mr. DELUZIO. You get the thrust of what I am interested in seeing there.

Dr. BURNETT. Yes, of course.

Mr. DELUZIO. Similarly, I heard the explanation on some of the high costs——

Dr. BURNETT. Yes.

Mr. DELUZIO [continuing]. per veteran. It will still be useful from where I sit to see how the financial performance is relative to what, you know, a similar cost per care metric is within VA.

Dr. BURNETT. Of course, understood. We evaluate that as a part of our business operations process in reviewing all grantees.

Mr. DELUZIO. Good. This could be either Dr. Burnett or Dr. Scavella, the grant recipient in my district and region, Veterans Leadership Program, they run the PA Serves Care Coordination Network across the Commonwealth. We say Commonwealth in Pennsylvania. They have a good relationship with the Pittsburgh VA. I have, you know, seen that coordination. I have seen the referrals that pass through both directions. I would like to know if VA is assessing and whether we have a way to assess whether that is happening elsewhere and if you have tools in place or you need different ones to encourage that kind of coordination for other grant recipients.

Dr. SCAVELLA. Yes. Thank you for that question. When our veterans are engaging with any of the grantees, they are required to try to get them in for services with us. That is one way we are doing that structurally as part of the program, part of the procedures. As far as data related to how many have actually done that and how many are engaged, we can get that information, and that is something that we are very interested in because we are trying to tackle that 60 percent, you know, group of veterans who are not enrolled engaged with us.

Mr. DELUZIO. Yes. I think it is another way for us to assess whether this is successful or not is to see that level of coordination reported to us. I would encourage you to include it as well. Madam Chair, I yield back.

Ms. MILLER-MEEKS. Thank you, Representative Deluzio. The chair now recognizes Representative Van Orden for 5 minutes.

Mr. VAN ORDEN. Thank you, Madam Chair. Just to go over a couple of numbers here, $16.5 billion requested last year, $150 bil-

lion since 9/11 applied to this problem set, and we have an increase in veteran suicide. As an enlisted guy who does not have the high-falutin degrees and whatnot, to me that is just abject failure. How much of this money have you guys given to faith-based programs? I am talking to you, ma'am.

Dr. SCAVELLA. I am going to defer to my colleague. I do not know the answer to that question.

Mr. VAN ORDEN. Very well. Dr. Burnett.

Dr. BURNETT. Nineteen percent of our current grantees report providing are faith-based service offerings, sir.

Mr. VAN ORDEN. Okay. I would like a list of those, please.

Dr. BURNETT. Mm-hmm.

Mr. VAN ORDEN. Are you familiar with the program called Mighty Oaks Foundation?

Dr. BURNETT. Yes, sir.

Mr. VAN ORDEN. Do you know what their success rate is?

Dr. BURNETT. Not off the top of my head.

Mr. VAN ORDEN. They have treated approximately 5,000 veterans, two of which have committed suicide. That smokes any of your programs you got going on. I have some very basic questions here. You guys are failing. I am not going to sugarcoat anything. You are failing. You are failing my brothers and sisters. The master chief is not. Ms. King, you are not. Ma'am, sorry, I took my glasses off. I cannot read your name right now. Yes, you know who I am talking to. Anyway, you guys are doing God's work. I know you guys are trying, but you are just not pulling it off at all.

If I understand this program correctly, you guys are failing completely. We are now giving you money to give to people that are succeeding. Is that right? I mean, that is what this is, right? We are cutting you checks through the chairwoman to give you money to give to people whose programs are succeeding. Did I miss something? I mean, that is what we are doing, right? The very basic question is, why does your office exist? It is like an incredibly expensive middleman? What can we do differently?

My colleague Mr. Luttrell has got some language in for psychedelic treatments. I do not particularly agree with it completely. However, it works. Faith-based programs work. We have got to do something different. You have to do something fundamentally different because your treatment modalities are failing. With Senior Chief Mike Day, I have had 21 of my Navy Sea, Air, and Land (SEAL) friends commit suicide to date. I will guarantee you there are going to be more.

This is a statement. You guys need to do something different. If that means we hack half your staff and take those salaries and benefits and give it to those three people, then that is what we need to do. It is not about me. It is not about you. It is not about your job. It is not about your career. It is not about an agency. It is about saving our brothers' and sisters' lives.

Ms. Meyer, I want to thank you. Master Chief, thank you very much. Ms. King, thank you for your efforts. I appreciate it. I understand you are trying but it is not working. From our previous line of work, that means you got to go. With that I yield back.

Ms. MILLER-MEEKS. Thank you, Representative Van Orden. The chair now recognizes Representative Landsman for 5 minutes.

Mr. LANDSMAN. Thank you, Madam Chair. Thank you all for being here and working on what is one of the most significant crises that we face as a country and getting at the question of what is working, what is not working, and where we go from here. Several members and I, in a bipartisan fashion, kicked off last week a What Works Caucus to help us as lawmakers and the administration do a better job at ensuring legislation, programming is evidence-based, that we are using data to not just see what is working, but getting better, continuous improvement. This is for everyone across the board. What are we measuring now? What are the inputs, outputs that you think are most important? What should we be measuring? You know, what is the best way forward for us to track this as a committee, because getting this right is so hugely important. I will just turn it over and maybe go right to left, left to right. In any event, what are the most important measures in your mind? Are we tracking them? How do we make sure that this committee has visibility into that and can be as helpful as possible?

Dr. SCAVELLA. Yes, thank you for that question. One of the main things we are tracking is going to be the looking at the number of the suicides. Not only has it risen within the Department of Veterans Affairs and our patients, but in the community as well. We want to keep track of all those instances that have been successfully avoided. We will be documenting and reviewing that data, and we will continue to do that.

Also, you know, we know that this is a complicated problem. One of the concerns is that how do we make sure that we are looking at things that are not purely clinical? This program has been impactful and visionary in the fact that it is not only looking at clinical services, but also looking at community services, faith-based organizations that are helping us, as well as other innovations. That is really where we are pushing the needle into territory that is new. That is what I would offer. I will turn it over to Dr. Burnett.

Dr. BURNETT. Thank you for that question. Two things in particular. Are we reaching the right people, and are we making a difference for them? Your question earlier was about how do we know we are reaching women veterans, or American Indian, Alaskan Native veterans, or veterans 35 to 54? Those are three populations that you saw significant increases in the 2021 report. 23 percent of the participants in this program are women, 40 percent are veterans or individuals who are 35 to 54, and about 10 percent are American Indian, Alaskan Native, Asian American, Pacific Islander, Native Hawaiian veterans.

More than that, and the information you will see is what is the risk at the time that they are coming into this program? About 70 percent of each of those groups are coming into these programs as identified as being at high risk or moderate risk for suicide. Then what is the impact when they leave this program? Did we make a difference? Now, I shared with you about 73 percent of those so far. We are just in our first year, so we do not have all the information we are going to have, but that is the information we need to be presenting to you and making decisions based on what works and how we know it works.

Mr. LANDSMAN. I have got a minute left, so maybe we could circle back or you could submit to the committee what measures that you all are using. Maybe you already have done that. I just wanted to say, as we think about this, and this may end up being something we work on as a committee. In Cincinnati, where I am from, we have one of the best children's hospitals in the country, and they will tell you that they got to be in the top two or three because they focused entirely on this idea of getting better, being the best at getting better, and using data and continuous improvement to provide the greatest possible care. With something so complicated as this, something so important as this reducing veteran suicide, I would love to see us do more, especially with this grant program, to ensure that every dollar is going to the highest impact program possible. Thank you. I yield back.

Ms. MILLER-MEEKS. Thank you, Representative Landsman. The chair now recognizes Representative Luttrell for 5 minutes.

Mr. LUTTRELL. Thank you, Madam Chairman. Veteran suicides, we have been parked on 6,000-plus veterans for about 20 years now. That is a fair assessment, correct? Anybody say yes because that is the number. You should be screaming, that one, which is 6,000 way too many. Dr. Scavella, you, previous just said we are moving into kind of a more innovative approach on how to address these things. Now, when people read these numbers, they see the number.

Dr. SCAVELLA. Yes, sir.

Mr. LUTTRELL. I am a researcher by trade before I showed up to this place. You guys are researchers, too. We know the underlying factors. We do. For 20 years, we have known the underlying factors. Is that a fair assessment?

Dr. SCAVELLA. Yes.

Mr. LUTTRELL. Why is it 20 years later, we are just now moving to an innovative approach? All right. I say this on just about every single committee I sit in front of the VA is I cannot imagine the rucksack that you are carrying every single day. You two sitting right there. It is unforgivable. It is. You should be the two people in this room that go to bed every night and get up every morning sick to your stomach because we have 6,000-plus veterans dying every year. It is not a fun job. I understand that.

You have these three organizations that are pushing the envelope as best they can. If they did not exist, imagine what those numbers would be. To my colleague to my right here and he stated those faith-based and the organizations, they grow. I think there are more veteran service organizations in America than any other organizations possible, 40,000 or 400,000. It is crazy numbers.

When the VA grants these nonprofits or for profits money, does the information that they gather annually come back to the VA and does the VA share that with other organizations so they can tailor their processes to be similar or to grow? Either one of you too.

Dr. SCAVELLA. Sure. I will start and then I will pass it on to Dr. Burnett. One of the important factors with this is that we are not being prescriptive to the T for every single program. We are allowing the programs to innovate and to set forth programs that they think will impact the actual community that they are taking care of.

Mr. LUTTRELL. Does VA have a portal or an enclave of every single one of the facilities that exists? What is the turnaround time from a call to the VA hotline to Mr. Falke's organization?

Dr. SCAVELLA. Yes. If someone is calling a hotline, they are getting an answer on that call. That is not being called back. That is an actual answer. With regards to the reporting, our teams are getting regular engagement and information back from the organizations that are participating in the program on a monthly basis. Then we are also there for any technical questions and things like that that may arise. Is there anything I have missed, Dr. Burnett?

Dr. BURNETT. No, I think you captured it and I think what you are getting at is the foundation of a public health approach to suicide prevention, which is a big part of the difficulty.

Mr. LUTTRELL. The VA should be leading the charge on that. You should not be able to walk across the United States and you should be able to ask somebody who is leading the charge on suicides in America? The first words out of the mouth should be the VA. That does not happen.

Congress, I dare say this committee, subcommittee and committee would most likely give you as much rope as you needed to go out and take this from 6,000 to zero. I think what we are waiting on is for those, you individuals, to come to us and say, we hit 6,000 this year. I am going to promise that will not be the number next year. I have not heard that yet all year.

Dr. SCAVELLA. I did not hear a question there, but I do want to comment on your statement.

Mr. LUTTRELL. That was more of a statement——

Dr. SCAVELLA. Yes.

Mr. LUTTRELL [continuing]. but you can respond, if you would like.

Dr. SCAVELLA. I just want to just emphasize that this is our top clinical priority, our top priority, period, and that we are committed to this work.

Mr. LUTTRELL. How long have you been in this position?

Dr. SCAVELLA. I have been in this position since 2020.

Mr. LUTTRELL. Okay.

Dr. SCAVELLA. 2021, excuse me, sorry. I have been with the VA for my entire career as a physician. I have been committed to taking care of veterans from the time I became a physician. This is very important to us. We have gotten to this place because we have looked at the data and seen that despite all of our efforts, we do have a large component, 60 percent, who are not engaged with VA at all. We are trying to find ways to get to them to make sure that we are taking care of them as well.

Mr. LUTTRELL. That is a perfect point. I will close with this statement but thank you. I do not think we are catching it early enough. By the time those broken bodies and brains show up to these organizations, the round is downrange. I would like to hear, after what the VA working by, with, and through Department of Defense (DoD) is doing to catch the members as they leave our services so we can get in front of it. Statistically, there have got to be numbers out there that say these problem sets, these characteristics, these mannerisms, will inevitably lead to. We are Artificial Intelligence (AI) based. There has got to be a way we can fig-

ure this out. I would like for a follow up, if we could get those numbers and know exactly how the VA is working with the DoD to decrease these numbers. I yield back, Madam Chair.

Ms. MILLER-MEEKS. Thank you, Representative Luttrell. To correct for the record, when I thanked Mrs. Brownley, I meant to thank Representative Landsman. Thank you, Representative Landsman. I now recognize Dr. Murphy for 5 minutes.

Mr. MURPHY. Thank you, Madam Chairman. Apologize, this is one of those ping pong days, as we all know so very well. Thank you all for coming. This is an important, obviously, purpose, really, of our VA subcommittee. I do not know if there is anything necessarily greater, because these lives lost are tragedies that are absolutely, in my opinion, preventable.

I am very fortunate. About a 10th of my district, actually, one in 10 constituents, is a veteran. Camp Lejeune, Cherry Point, several other places are well within my district. It is one of the largest constituencies and the fabric, really, of eastern North Carolina. I cherish our veterans, and whenever I am ever driving anywhere, if I am stopping off for gas or something, I always give somebody a challenge coin because it is just a small thing that we can do to always help our veterans.

That said, I feel like we are failing these individuals, and I am going to pick up a little bit where Mr. Luttrell stepped. If we are not starting this from day one, day one being the day before they leave the service, we are failing our veterans. I have the Veterans Bridge Home in my district and the Bunkham Asheville Buncombe Community Christian Ministry. These agencies do a great job. We need to really, in my opinion, start this from day one. The fact that we cannot touch these folks is a big deal.

Hyperbaric oxygen is a big deal for me. I think it has changed lives. We have had hearings on psychedelic medicine, which is innovative and interesting. There are a lot of research studies going now on mitochondrial injury, on whether how that can produce suicide.

I just wonder if I could ask, and we theorize a little bit as we are encroaching now, literally a wheel formation in medicine and in technology with artificial intelligence. Where does the VA see that as being able to help our veterans, because so many times, I have been a physician now for 35 years, I am able to buildupon my experience to help take care of patients. With AI, we are going to be able to take care to use the knowledge base essentially instantaneously of millions, if not billions or trillions of experiences. How are we going to be able to use that to help prevent veteran suicide?

Dr. SCAVELLA. Yes. Thank you for that question. As I am sure you are aware of, we are in the middle of a tech sprint where we are asking companies who have innovations that can help us to take care of our veterans, to give those proposals to us so that we can put things into place to make changes in how we are delivering care. We see artificial intelligence, as well as the entire spectrum of those technologies, as potentially instrumental and impactful in what we are doing for our veterans.

Mr. MURPHY. How does that process look like? What is the timeline?

Dr. SCAVELLA. I am not sure when the tech sprints close, when we get all the proposals back, but they are ongoing currently.

Mr. MURPHY. Do you expect to have to come back and ask for further funding, or is there funding within the VA to do that?

Dr. SCAVELLA. I cannot answer that question. I would have to talk to the finance team about that.

Mr. MURPHY. Okay.

Dr. SCAVELLA. I am not sure.

Mr. MURPHY. This is a critical issue. Despite the number being taken down statistically and really just by administrative change, being taken down from the number being taken from 22 to 17, it is still the same number. It is still the same number. I think it is, you know, a ruse on the American people that we all of a sudden dropped five suicide deaths per day. That is not really true.

I applaud you all for what you are doing. This is critical. This is the life changing element that not only touches one lives, but it touches so many other lives. We cannot get caught in the bureaucratic nonsense either of outside the VA or within the VA. It is one life at a time. Thank you. With that, Ms. Chairman, I will yield back.

Ms. MILLER-MEEKS. Thank you, Mr. Murphy. The chair now recognizes Representative Kiggans for 5 minutes.

Ms. KIGGANS. Thank you, Madam Chair. Thank you all for all your work you are doing here. I do not need to restate some of the, just the statistics, and we all say that one veteran suicide is too many. I know that many of you mentioned just some of the assessments that I think, Ms. Meyer, you mentioned that only six of 180 of the assessments were complete.

Just reading the list of requirements of all the different scales and assessments you have to complete, I know we can get bogged down in some of these screenings, especially things like, I quickly reviewed the Columbia-Suicide Severity Rating Scale and can understand it. I am a nurse practitioner at a primary care, so really assessing patients mental health, I understand the importance of the scales, but there is a job that we are trying to do. Getting bogged down in that type of scales, it just seems like we have expanded government yet again and the requirements for you all.

There is, I think, a discussion we had about, do we really need all of those scales, because, you know, pretty quick, if you are dealing with somebody who is in trouble and who is not. One of the things that is not listed on these scales that I am interested in just from talking to veterans in my district and understanding depression and suicide, is, are we ensuring, and I guess this is a question maybe for Dr. Scavella or Dr. Burnett, but ensuring that we are looking at their med lists and what these guys are taking? I know that you talked about talk therapy and all the other components and the scales and everything else, but there is so much that chemical imbalance, and I have seen firsthand time and time again, when we administer medication to these patients, and most of them carry black box warnings about the risk, increased risk of suicidality. I have seen it like, night and day, like flipping a switch. I usually would have my patients come back a week or two after we start a new medication. Are you feeling better? Are you feeling worse? Do we need to change course? Are we looking at that, too?

Is that one of the assessments that we are doing? I do not feel like we have talked about that a lot.

Dr. SCAVELLA. Yes. Thank you for that question. One of the things we do at every visit is medication reconciliation. We are looking at the medications they are on. We are also questioning whether or not they need to remain on something they may have been on for a while. Can we reduce the strength? Can we reduce the frequency? Can we discontinue it altogether? Those are questions that our clinicians are asking at every visit. Looking at potential side effects from medications that they are currently taking, yes, that is something that is included. We do not just have our clinicians who are involved, but we have a group of clinical pharmacists who are also part of the care team who are also doing that look to assist our clinicians with those assessments and those reviews.

Ms. KIGGANS. Is that being done in some of our other care organizations? That the rest of you guys just not leaving out that medication component. I have heard even from Special Forces guys that say, we got a bag of medications. Their spouses would say, we found this bag of drugs. We do not know what it is. We do not know what it does, but this was given to them by their team doctor. Just making sure we are having those frank conversations about what medications you are ingesting. Do you know what they are for? Do you know what they are called? What side effects they carry. Are we looking at that from the other side, too?

Ms. MEYER. That is not something that we are currently assessing. We do not employ any clinical staff.

Ms. KING. As a clinician, that is something that I look at, and our staff are trained to look at as well, because it is instrumental in determining risk factors associated with veteran suicides.

Ms. KIGGANS. How about you, Mr. Falke.

Mr. FALKE. We do look at medication as part of the intake summary, and it has been amazing to me. We had a colonel in one of our programs, a retired colonel who was on 34 different medications. It has been super disappointing to me. I think I know how it goes. I am a patient of the VA as well, so I know how it goes. You just get one drug after another and you start to store them up and take them. We do look at it very closely.

Ms. KIGGANS. In my perfect world, I shorten this assessment list that you guys are required, and I would put in a medication assessment by a clinical provider who can understand those interactions and some of those side effects profiles. Thank you for that.

Let us see also for Dr. Scavella and Dr. Burnett, for just continuity of care, I feel like is a really important piece that I feel like when we have our initial assessments, it is a team effort by some of our other care organizations. Is the VA doing a good job with that continuity of care piece, because that is where we lose people. We get them either inpatient or these initial assessments, but then we lose them. Can you talk to me a little bit about what that looks like?

Dr. SCAVELLA. Yes. Care coordination is really important. We reach out both internally and externally when our veterans may receive care outside of our actual system to make sure that we have all the information, that we can do the proper follow up. Also, if

it is vice versa, they are leaving us to go somewhere else to do the same thing. Is there anything you would like to add, Dr. Burnett?

Ms. KIGGANS. Do your other care organizations provide continuity of care pieces as long as needed?

Mr. FALKE. One of the things that we have really talked to the VA about is how do we get our, most of the people that come to us do not go to the VA. What we want to do is make sure that they get over there. That is really what we believe. I believe that we make our participants better patients. That is one of the things that happens, is you lose agency and you start to believe things, and that is why you take drugs that maybe you do not need. To put a patient who has been through our program into the VA with better agency and to be a better patient, I think it really creates a win-win for this program because it is going both ways.

Ms. KIGGANS. Very much so. It cannot be overstated. I am out of time but thank you very much for all that you do.

Ms. MILLER-MEEKS. Thank you, Representative Kiggans. The chair now recognizes Representative Radewagen for 5 minutes.

Ms. RADEWAGEN. Thank you, Chairwoman Miller-Meeks and Ranking Member Brownley, for holding this hearing today. Thank you to all of the witnesses for your testimony. Dr. Scavella, how does the VA address organizations that are unable to meet established metrics of success within the Fox Grant Program? Are there accountability measures in place such as removal or reduction of funding?

Dr. SCAVELLA. I will start and I will pass on to Dr. Burnett eventually. We are still early in our process, so we do a lot of engagement in the support of the organizations who have applied to be part of our program, who are grantees. If we see something that is not going quite as expected as planned, we want to support those organizations to try to get them into compliance, but we do have a regular follow up with them. Dr. Burnett?

Dr. BURNETT. Yes. I would echo that. Most of these grantee sites are yet to complete a first full year of running their services, and so we are still evaluating those outcomes. Of course, we do operational oversight and business operation oversight to make sure that they are spending those funds appropriately, that they are using those funds for eligible veterans and partnerships that are within the scope of the legislation. As we get that information back, we will be happy to share that with you in the interim report that we will provide in the spring.

Ms. RADEWAGEN. Thank you. Dr. Scavella, how much flexibility do grantees have in using their funds? If, for whatever reason, the original grantee found themselves at risk of failing to execute the grant, could an otherwise qualified third party be designated to receive the grant so that funding remains within the target community?

Dr. SCAVELLA. That is a great question. I am actually going to look to my expert, Dr. Burnett, for this one.

Dr. BURNETT. Yes. If a grantee, if I understood your question correctly, if the grantee is underperforming or is unable to execute appropriate funding, can that funding be reallocated to another? There are a couple of answers there. Grantee site, of course, we want to promote innovation, and if they ask to change the scope

of their grant to provide different services, they always have the ability to request a change in the scope of their services, which we will support them with. If they are unable to provide those services or something happens at their facility, we will then pivot those funds to others to cover the veterans in that area the Notice of Funding Opportunity process.

Ms. RADEWAGEN. All right. Well, that is it, Madam Chairwoman. I yield back the balance of my time. Thank you.

Ms. MILLER-MEEKS. Well, thank you very much. I now yield myself 5 minutes. The advantage of being the chair is that you have to stay during the entire hearing, and so you get to listen to the questions and the answers by all of the Members of Congress. I am going to toss out what I thought were the questions that I was going to ask, and I am going to try to hit on some of the points made by our members. First and foremost, let me just say that I know that my colleagues, all of them here on the Health Subcommittee and on the Veterans Affairs Committee, are extraordinarily interested in this topic and want to see the number of veterans suicide and the brain health of veterans improve. They want to see the numbers decrease. They want to see brain health increase. I know that that, too, is the VA's priority and their mission.

I am going to first say thank you for all of those efforts. However, we know that the number of veterans suicide remains high. It has not dropped. In the spirit of innovation, I think what we are trying to say to you is it should not be Members of Congress coming up and touring in their districts or elsewhere, innovative programs coming back, talking to the VA, and/or passing legislation to force the VA to do something that if this is your priority, please, I ask you to go outside of the box and find those programs and those entities that are doing that work in concert with you, whether or not they are being given a grant by the VA. Incorporate those, bring those to us. Let us know that you really are thinking about how to best address this issue.

One of the things that we have heard today is the nine different assessments. As a physician and a veteran, I understand what the VA is trying to do. The VA is trying to standardize the entry process so that you have the data and metrics that members have asked you for so that we can assess the effectiveness of the program, and you are trying to apply the same standards done within the VA institution to these outlying organizations. I get it. I understand it. I do not fault you for that. Those assessments are not working.

What we hear from our veterans in our district is I go to the VA, even if I am trying to make an appointment on the phone, I am asked all these questions. They do not have anything to do with what I am doing. Perhaps I would say one of the things, Dr. Scavella and Dr. Burnett, you can take from this hearing is tailor that, narrow it, find out what it is that you need to do in order to have metrics and data for effectiveness, but tailor it for our communities.

Number two, the cost of medication. We are not figuring in, in the cost of all these programs. Dr. Scavella, how much is the VA spending per year on mental health and suicide prevention, all dollars?

Dr. SCAVELLA. I would have to get that information to you.

Ms. MILLER-MEEKS. Please get that information to us. In this, if you have an individual who goes to Missy Meyer's program or goes to Ken Falke's program, or Joyce King gets someone to a program, or English River Outfitters in my district, or Heroes with Horses in Wyoming, if they go to one of those programs and they are on four or five medications and they are taken off, what is the cost of those medications, because that is also in the cost of success if an individual is off medications. I do not disagree with what Representative Kiggans, or Representative Luttrell said, or Ken Falke said. As a physician, I can tell you, and having worked with this and worked in the VA, someone comes in, they are prescribed a medication, they have a side effect or something else. Part of the medication's working, but something else has happened, they are prescribed another medication. We are not treating people holistically.

I am just going to make a comment from one of my colleagues, the reason you have the assessments that you do is that we need to know that we are treating people the same severity, the same support groups, the same attempts at care, whether they are within the VA or outside of the VA. Saying that x number of people went into this program and only x number of people committed suicide does not really tell you the data. It is anecdotal. What you are trying to do is get real data. You are attempting to apply structure and standardization to this program to validate and determine effectiveness.

We need to do better. That is what we are saying. We need to do better. We need to lower the rates of suicide. We have not seen that through the VA. I am going to also say that I actually support these programs. I have toured these programs. I have seen whether they are faith-based, non faith-based. We know that there is an individual, a holistic patient, and this includes the suicide risk and TBI, which should be included. This is a program that I think that we are all willing to support and see continue. It is really just in its infancy, even though it is three years. We would like to see the VA take greater steps, get more grants out there, simplify the assessment and the data so that we can determine effectiveness.

With that, I thank you, and I yield back. Does Ranking Member Brownley, would you like to make any closing remarks, seeing no other representatives here to ask questions?

Ms. BROWNLEY. Thank you, Madam Chair. I just want to say that this is an important hearing. The topic is obviously important and complex. This is not an easy issue. I think that this particular grant program has great opportunities to be wildly successful. It could be wildly a failure as well if we are not doing the proper oversight.

I feel as though the VA's role in terms of working with these grantees across the country is really to intervene with all of these grantees in a positive way to kind of check in to see how are you doing? Where are your metrics? What is driving your practices here? Maybe we need to adjust to get to where we are trying to get to. I just think that we have to approach this in a business model, if you will. That is very much a data driven, continuous improvement model, that every single grantee, you know, that we are fund-

ing is really focused in that way and knows that they have to be data driven. They have to be continually improving their program.

I do not know whether the VA even has that capability to be overseeing all of these grantees across the country. I know you are there to provide a service for grantees who need and want your assistance and help, but I am not sure that you are closely, closely following each and every one of these grantees.

That is what I think, if we do something like that, I think we can be wildly successful in this. I do not think the VA is going to solve this problem by itself, that we need the help of experts across the country to help us in this endeavor to help to solve this problem. We have got to be able to do it. I am not saying that we are doing it in a willy nilly way, but we have really got to approach it in a very serious business model and for it to succeed.

I think the grantees here are grantees that we can look to that have been successful and can help others. We have got to really approach this, I think, in a very data driven way. I worry that we are not going to be collecting all of the data points that we should be collecting. With that, I yield.

Ms. MILLER-MEEKS. Thank you, Ranking Member Brownley. I realize that in my question, I did not have a lot of questions that I asked, but I think that you understand the suggestions that I am making. In addition to the data that Representative Brownley and others suggested acquiring about medications, about sex, we also should be—and when you provide us the information, looking at active duty, National Guard, and Reserve broken down, i.e., members that are leaving active-duty military and transitioning, have a different transition out of the service than members of the National Guard or the Reserve who are deployed for a set period of time and then go back to a community. How they integrate back into their community.

I would like to thank everyone for their participation in today's hearing and for the productive conversation, and I appreciate everyone's focus on such, it really is a critically important topic and also all of your dedication to decreasing the number of veterans suicide. It is important to me and my colleagues on both sides of the aisle that all veterans seeking help receive it in a timely manner. It is our responsibility, this committee, the VA, and our communities, to lift veterans at risk out of isolation, get them out of trouble, treat them as whole people within a family and a community, not just a VA hospital community, and we get them the care that can save their lives.

If you are a veteran watching this right now who needs help, please know that help is available to you anytime by calling 988 and pressing 1 or texting 838255 or visiting veteranscrisisline.net.

I would also like to just say, if I can, I have to pull this up on my phone, so I apologize for the delay. You have already heard this from Ranking Member Brownley. As a closing note, I want to take a moment to recognize our outstanding Staff Director, Christine Hill, who will be retiring at the end of this year and over 30 years of Federal service. I have not worked with her as long as Ranking Member Brownley has, but in the 3 years I have been on the Veterans Committee and the Health Subcommittee, she has just been outstanding. For her time here, from her time in the Air Force, to

her work here as a Staff Director of the Health Subcommittee, Christine's life has been about service.

I am grateful to have been able to work closely with her on the Health Subcommittee this year. While she will be sorely missed, we wish her the very best in retirement and know that she will continue to serve. Thank you so much, Christine.

The complete record of statements of today's witnesses will be entered into the hearing record. I ask unanimous consent that all members have 5 legislative days to revise and extend their remarks to include extraneous material. Hearing no objections, so ordered. I thank the members and the witnesses for their attendance and participation today. This hearing is now adjourned.

[Whereupon, at 11:58 a.m., the subcommittee was adjourned.]

# A P P E N D I X

## PREPARED STATEMENTS OF WITNESSES

### Prepared Statement of Erica Scavella

Good morning, Chairwoman Miller-Meeks, Ranking Member Brownley, and distinguished members of the Subcommittee. Thank you for the opportunity today to discuss the Department of Veterans Affairs' (VA) implementation of the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program (SSG Fox SPGP). Accompanying me today is Dr. Todd Burnett, Senior Consultant for Operations, Suicide Prevention Program.

The SSG Fox SPGP honors Veteran Parker Gordon Fox who joined the Army in 2014. He died by suicide on July 21, 2020. His obituary [1] notes his legacy of "loyalty, thoughtfulness, joy, compassion, and deep friendships." Section 201 of the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019 (P.L. 116–171; the Hannon Act) authorized this Program, which assists VA in implementing a public health approach that blends community-based prevention with evidence-based clinical strategies through community efforts, bringing personalized support and care to Veterans. The SSG Fox SPGP represents an important step in leveraging community networks and expertise in Veteran suicide prevention efforts beyond VA's systems.

The SSG Fox SPGP enables VA to provide resources toward community-based suicide prevention efforts to meet the needs of Veterans and other eligible individuals, including their families, through outreach, suicide prevention services, and connection to VA and community resources. The impact of this Program has been meaningful. For instance, the following two examples are a brief sample of the incredible work SSG Fox SPGP grantees are rendering:

- A young, pregnant Veteran fled from a domestic violence situation and engaged in services provided by a grantee who helped her enroll in prenatal care at VA as well as other health care and mental health supports. She stated: "I could not have survived without your help."
- A Marine Corps Veteran presented to Boulder Crest Foundation, a grantee in Virginia, with suicidal thoughts and was seeking help for combat-related trauma. After getting connected to help, he confided that he had been engaged in preparatory behaviors to end his life prior to getting connected, and that the services he received saved his life.

VA has collected and received many more examples: lifesaving engagements through the Healing Warriors Program in Colorado to the Warrior Wellness Program, meeting the needs of Choctaw Nation of Oklahoma Veterans, and the Aleutian Pribilof Islands Association in Alaska, as well as many more. The engagements within grantee communities are part of the critical community-based interventions needed across the Nation to prevent Veteran suicide.

Congress authorized $174 million to be appropriated for fiscal years (FY) 2021 through 2025 to carry out the SSG Fox SPGP. Organizations can apply for grants worth up to $750,000 and may apply to renew awards from year to year throughout the length of the program. Grants are awarded to organizations that provide or coordinate suicide prevention services for eligible individuals at risk of suicide and their families, including but not limited to:

- Outreach to identify those at risk of suicide;
- Case management and peer support services;
- Baseline mental health screening for suicide risk and behavioral health conditions;
- Assistance in obtaining VA and public benefits;
- Assistance with emergent needs (e.g., personal financial planning, child care); and

[1] https://www.dignitymemorial.com/obituaries/johnson-city-tn/parker-fox–9282651.

• Non-traditional[2] and innovative approaches and practices.

VA first awarded grants in September 2022, to 80 awardees in 43 states, Washington, DC, and American Samoa. In March 2023, VA prepared for the second round of grant awards by publishing a Notice of Funding Opportunity (NOFO) for renewal grants and new organizations to apply. The application period opened March 2, 2023, and closed May 19, 2023. On September 20, 2023, VA announced the award list for FY 2023 grants totaling more than $52 million to 80 community-based organizations; this included 77 current grantees and 3 new grantees in 43 states, the District of Columbia, Guam, and American Samoa. Twenty-one grantees serve tribal lands including Navajo Nation, Cherokee Nation, Choctaw Nation, Alaskan Native tribes, and others. Funding decisions prioritize the distribution of grants to rural communities, tribal lands, territories of the United States, medically underserved areas, areas with a high number or percentage of minority Veterans or women Veterans and areas with a high number or percentage of calls to the Veterans Crisis Line.

As of September 30, 2023, grantees have completed over 20,000 outreach contacts and engaged 3,500 participants. Grantees have successfully intervened for many who are on a pathway to risk, as the program takes an upstream approach to reach Veterans with some, but not necessarily acute, risk for suicide. The SSG Fox SPGP facilitates engagement with (and reduces barriers to) clinical mental health care but is unique in that most services are non-clinical. As the Nation continues to recognize, and as research evidence confirms,[3] social determinants of health (e.g., economic hardship, unemployment, barriers to health care) are drivers of suicide risk; the SSG Fox SPGP takes a critical step to acknowledge and meet the need for suicide prevention services beyond just the clinical mental health continuum.

The grants are a core aspect of VA's 10-year National Strategy for Preventing Veteran Suicide. The SSG Fox SPGP also supports and aligns with the priority goals and cross-cutting implementation principles in the White House's strategy on Reducing Military and Veteran Suicide. Given the multiple factors that may lead to suicide death, preventing suicide requires a comprehensive public health approach that harnesses the full breadth of the Federal Government in close coordination with states, territories, tribes, and local governments, as well as collaboration with industry, academia, communities, community-based organizations, families, and individuals. Reducing suicide requires a long-term strategic vision and commitment designed to create and implement systemic changes in how we support Service members, Veterans, and their families across the full continuum of risk and wellness.

The SSG Fox SPGP is uniquely positioned to help tailor resources to meet the needs of diverse Veterans in their communities, while also building community capacity to deliver suicide prevention services. The strength of the SSG Fox SPGP is that it allows for different approaches to fit diverse community needs and to reach those individuals at risk of suicide who choose not to receive care at VA. The program also engages families, which is critical to reaching and serving those at risk.

**Eligibility Requirements**

Eligibility requirements are set forth by law through the Hannon Act. Eligible individuals are persons defined in section 201(q) of the Hannon Act who are at risk of suicide. For purposes of SSG Fox SPGP, risk of suicide means exposure to, or the existence of, any of the following factors, to any degree, that increase the risk for suicidal ideation and/or behaviors:

1. Health risk factors, including mental health challenges, substance use disorder, serious or chronic health conditions or pain, and traumatic brain injury.

2. Environmental risk factors, including prolonged stress, stressful life events, unemployment, homelessness, recent loss, and legal or financial challenges.

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[2] Nontraditional and innovative services that were included in grants funded include Adaptive Performance, Art Therapy, Creative Arts, Equine Therapy, Family Support Circles, Food Security, Healing Touch Therapy, Mindfulness, Moral Injury Education, Music Therapy, Native: Risking Connections (Hawaiian), Native: Alaska Native Cultural Health and Resilience Gathering, Outdoor Recreation, Recreation Therapy, Resilience Strength Training, Service Dogs, Warrior PATHH, Water Sports, and Yoga.

[3] U.S. Department of Veterans Affairs. (2023). 2023 National Veteran Suicide Prevention Annual Report. https://www.mentalhealth.va.gov/docs/data-sheets/2023/2023-National-Veteran-Suicide-Prevention-Annual-Report-FINAL–508.pdf.

3. Historical risk factors, including previous suicide attempts, family history of suicide, and history of abuse, neglect, or trauma, including military sexual trauma.[4]

Grantees use non-clinical tools to assess these areas to determine the degree of risk of suicide for eligible individuals and the drivers of stress to focus support recommendations to facilitate the individual's (and family's) well-being. To assist grantees in determining risk of suicide (and thus an individual's eligibility for suicide prevention services), VA provides grantees with a Columbia Suicide Severity Rating Scale screening tool, which is a brief, evidence-based form that can be administered quickly by responders with no formal mental health training and applied in a wide range of settings for adults to detect the presence of suicide risk.[5] VA has ensured that grantees are provided this tool before providing or coordinating suicide prevention services under the Program and have access to publicly available training materials to support their use of this tool.

**Grant Program Evaluation**

The SSG Fox SPGP evaluation plan has two components:

- The VA grant management program is evaluated using a formative evaluation design to collect mixed methods data on program-level impact using the Reach, Effectiveness, Adoption, Implementation, Maintenance (RE-AIM) framework.[6]
- The evaluation of the grantees uses a summative evaluation design with standardized outcome measures for community-based programs using a longitudinal and pre-and post-test survey methodology.[7]

The reporting requirements in 38 C.F.R. § 78.145 were designed to provide VA with the information required to assess the outcomes associated with grantee programs. Ultimately, evaluations of effectiveness are measured by one goal – reducing the number of Veterans at risk of suicide, which we evaluate through expectations laid out in every grant agreement, including but not limited to services provided, at-risk populations reached, and pre-and post-service surveys. Our data collection specifically evaluates the effects of SSG Fox SPGP engagement on Veterans' financial stability, mental health status, well-being, suicide risk, social support, treatment engagement, and service utilization.

Evaluation activities include demographic and geospatial analysis to ensure we are positioned to engage the broadest possible range of at-risk Veteran subpopulations. We will provide an overview of our outcomes to date in the interim 18-month report and final report.[8] These reports will include information on population engagements overall and by specific at-risk groupings (such as the number of American Indian/Alaska Native, women, minority, LGBTQ, Asian American, Native Hawaiian and Pacific Islander, rural, or other target population members engaged), the services provided to Veterans, active-duty Service members, or family members; assessed risk pre-and post-services, and the type of services. VA launched an online data collection tool in November 2023 to give grantees the ability to submit real-time information on the services they are providing. This allows VA and grantees to identify where service demands are expanding, the types of services needed, and where supports are needed to overcome barriers to engagement. The program is also positioned to identify, share, and scale emerging best practices for community-based suicide prevention.

**Operation of the SSG Fox SPGP**

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[4] 38 C.F.R. 78.10(b).

[5] Posner, K., Brent, D., Lucas, C., Gould, M., Stanley, B., Brown, G., Fisher, P., Zelazny, J., Burke, A., Oquendo, M., & Others. (2008). *Columbia-suicide severity rating scale* (C-SSRS). New York, NY: Columbia University Medical Center.

[6] Fetters, M.D., Curry, L.A., & Creswell, J.W. (2013). Achieving integration in mixed methods designs-principles and practices. *Health services research*, 48(6 Pt 2), 2134–2156. https://doi.org/10.1111/1475–6773.12117.

[7] Stone, D.M., Holland, K.M., Bartholow, B., Crosby, A.E., Davis, S., and Wilkins, N. (2017). Preventing suicide: A technical package of policies, programs, and practices. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

[8] Beginning not later 18 months after the date of the first grant award (September 19, 2022), VA must provide an interim report to the Committees on Veterans' Affairs regarding the provision of community-based grants to eligible entities through the SSG Fox SPGP. Additionally, VA is required to submit a final report no later than 3 years from the date of first award and annually thereafter for each year in which the program is in effect (P.L. 116–171, section 201(k)).

VA's collaborations with grantees are designed to facilitate eligible individuals' engagement in care, wherever, whenever, and however needed to reduce the risk of suicide. To ensure oversight of grants implementation, VA grants are subject to Federal laws, regulations, and VA policies. SSG Fox SPGP and grantees must comply with section 201 of the Hannon Act, VA's regulations (38 C.F.R. Part 78), other applicable VA policies, and the grant agreement. To support grantees with implementing their programs, VA offers guidance and technical assistance on key elements of the Program and best practice sharing. This supports grantees in optimizing efficiencies and resource stewardship to maximum benefits to eligible individuals and their families. VA guidance and technical assistance includes the following:

- The SSG Fox SPGP Program Guide, which was initially issued October 2022 and was updated and distributed in July 2023;
- Recurring onsite technical assistance events for all grantees;
- Monthly technical assistance webinars; and
- Monthly Grant Manager meetings, weekly data technical assistance, and 1:1 Grant Manager support services.

Prior to providing SSG Fox SPGP assistance to a participant, grantees enter into a written agreement between their agency and each participant. This agreement describes the grantee's SSG Fox SPGP services and any conditions or restrictions on the receipt of suicide prevention services by the participant. Agreements do not require sobriety, income limits, participation in suicide prevention services, or other unnecessary requirements as a condition of assistance to the extent practicable. Grantees work in coordination with the local VA medical center (VAMC), particularly around referral and linkage to VAMCs for clinical mental health assessment and services. The grantee must facilitate referral to an appropriate alternative, except in emergent situations. If all clinical mental health care is declined, individuals may still receive SSG Fox SPGP services, and grantees follow their policies and procedures for ongoing risk assessment and referral discussions.

A critical goal of the SSG Fox SPGP is to ensure the safety of all participants and grantee and community staff. Grantees are required to develop a comprehensive plan to maintain the safety of participants and staff and the confidentiality of the Program's participants and their records. In developing such a plan, VA requires that grantees complete the following:

- Establish goals and objectives that reduce and eliminate accidents, injuries, and illnesses related to administering suicide prevention services to participants;
- Develop plans and procedures for evaluating the safety program's effectiveness, both at the grantee service location office and in the field;
- Develop priorities for remedying the identified factors that cause accidents, injuries, and illnesses;
- Ensure that participant records are secured with all such information password-protected;
- Ensure that all staff, students, and volunteers receive initial and annual training on how to respond to and report critical incidents; and
- Develop a clear written procedure for following up on any incidents that may occur to ensure that the Program evaluates how they responded and to ensure any party involved was connected to any services needed.

VA conducts reviews of grantee programs that include an assessment of policies and procedures.

**Conclusion**

VA is grateful for Congressional support in advancing Veteran suicide prevention. The SSG Fox SPGP is just one tool that VA has rolled out in its public health approach to Veteran suicide prevention. We need everyone at the table and working in the same direction. This requires both moving away from a belief that suicide is solely a mental health problem and moving toward engaging within and outside of clinical health care delivery systems to decrease both individual and societal risk factors for suicide. Suicide is preventable, and each of us has a role to play in this mission. The public health approach reminds us that we each can and do make a difference. This concludes my testimony. My colleague and I are prepared to respond to any questions you may have.

**Prepared Statement of Missy Meyer**

Chairwoman Miller-Meeks, Ranking Member Brownley, and other honorable members of the Subcommittee

Thank you for the honor to testify before the House Veterans Affairs Subcommittee on Health. The issue of Fox Grants and ending veteran suicide means a lot to me personally, and my colleagues at America's Warrior Partnership (AWP).

The SSG Fox Suicide Prevention Grant, from the original idea and inception in this Committee, had a singular goal: find veterans in the community that are in need and help them.

While Congress has been very thoughtful and deliberate in crafting the law and providing generous funding, it is a big program that is still working through growing pains and in need of minor reforms and fixes to ensure it can meet the intended goal.

As a Fox Grant recipient that has done extensive work in the community, the process for how the grant was awarded was complex, time consuming, and met with repeated delays by the VA.

However, in September 2022, America's Warrior Partnership (AWP) began conducting outreach utilizing Fox Grant funds. This outreach is targeted at all veterans in each of our five communities across the country in alignment with AWP's upstream Community Integration (CI) Model. The idea behind CI is to find veterans that are not engaged in services and may have no connection to resources. This includes both veterans typically considered "at risk" which the Fox Grant has identified as primary candidates for outreach as well as community leaders, professionals, volunteers, etc. that may not currently need services or believe they do not qualify for benefits. Our mission is to partner with communities to prevent veteran suicide. Our programs accomplish this by starting at the community level and understanding the unique situations of veterans and their families. We connect local veteran-serving organizations with the appropriate resources, services, and partners that they need to support veterans, their families, and caregivers at every stage of veterans' lives. Our ultimate goal at AWP is to improve the quality of life for veterans and to end veteran suicide by empowering local communities to serve them proactively and holistically before a crisis occurs.

In March 2023, AWP was able to begin fully assessing and enrolling active service members, veterans, veteran spouses and caregivers in the SSG Parker Gordon Fox Suicide Prevention Grant Program. Since that time, AWP has completed intakes and suicide risk assessments, as required by the VA, via the Psycho-Social Assessment and Columbia-Suicide Severity Risk Scale for 1,057 warriors. 185 of those men and women have indicated some level of suicide risk. This means over 17 percent of those 1,057 veterans had suicidal ideations ranging from wishing they could fall asleep and not wake up to having active thoughts of taking their own life with a plan and an intention to act on that plan and/or having made a previous attempt to end their own life.

Once AWP knows a veteran or service member is in crisis, we must find them local mental health resources. In a crisis, this is achieved with a call to the "988" crisis line and a referral to their local counseling center. Veterans who do not wish to work with the VA are referred to community based mental health resources. There is no expedited care for Fox participants, there is no special number or intervention to get them services immediately.

As an example, on November 13th a veteran called AWP's "The Network" with an active plan to take his own life. He was disillusioned with his care at the VA in New York but had an appointment with the Fort Meyers VA for a medical appointment the following morning. He was "tired of taking so many pills for my PTSD and Bi-Polar that the VA doctors keep giving me." I called the Fort Meyers, FL Suicide Prevention Coordinator as required by the Fox Grant. I left several messages including the information that we had an actively suicidal individual that needed services. AWP was hoping to coordinate a mental health referral while the vet was in the VA for his other appointment. This call has still not been returned. The Network was able to connect with the 988 hotline and continued working with the veteran. He stated that he loved his girlfriend too much to kill himself, and we are still talking with him today to help improve his quality of life.

This is one of the major shortcomings of the SSG Fox Suicide Prevention Grant Program. There is no "program." It is a transaction. It is a VA-sponsored phone call and assessment with no plan on the backend for care, or funding for connected services. As stated before, AWP's mission is to assist veterans and end veteran suicide. We would serve these warriors exactly the same way even without Fox funding. However, these assessed veterans are not offered expedited care or a same day appointment for a mental health evaluation.

The next step in the Fox Grant, following the intake and suicide risk assessment, is to create a holistic service plan based around the veteran's needs and wants. We set goals and connect each veteran to various services as needed. Then AWP is mandated to conduct a series of additional assessments with each participant. There are nine forms over all that must be complete for the participant to be enrolled. The Veteran (or Veteran Family Member) Intake Form, Columbia-Suicide Severity Rating Scale, Psycho-Social, Socio-Economic Status, Personal Health Questionnaire, Participant Communication Confirmation Form, General Self-Efficacy Scale, Interpersonal Support Evaluation and Warwick-Edinburgh Mental Well-Being Scale. In addition, there is a service attendance form, referral form and various others that are submitted monthly or as needed.

The Columbia Scale has been a life saving measure since AWP integrated the questions into every warrior intake. This allows us to take a veteran reaching out for rental assistance and ensure they do not need immediate mental health support as well. In my opinion, this is the biggest success of the Fox Grant. All grantees are required to "ask the question." This gives our veterans the opportunity to express any ideations to someone they have already connected with.

Once the participant has received support and been connected to referrals, AWP is required to readminister the baseline assessments: PHQ–9, ISEL–12, GSE, SES and Warwick. AWP has only successfully completed both sets of assessments with 6 of our 180 Fox Eligible participants largely due to lack of engagement.

In addition, the program itself needs metrics and accountability. There is no clear measure of success for the Fox Grant program. The grantee has key performance indicators set forth in their grant agreement, but the Fox Program overall has no measurable indicator of success other than individual improvement that is supported solely by individual organizations. How will we use this data once we have it? What will the VA do differently with the knowledge from these assessments? We already know that depression, isolation and financial stressors are risks for suicide. How does continually assessing known stressors better our prevention model?

With this in mind, there are several recommendations below that may be good to focus on during upcoming discussions about changes and fixes to the program.

First, AWP is often asked about the Fox Program and what it entails. The honest answer is this program is a data gathering mission that gives the veteran the opportunity to share their feelings and experiences to help the VA improve future prevention measures. Yet there is no direct benefit to the veteran, and it may even be a detriment. These assessments ask people that are actively in crisis to elaborate on feelings of isolation, depression, and lack of resources with no licensed mental health professional present to assist in debriefing that individual. Many VA staff members have no idea what the Fox Grant is or why grantees are calling asking for assistance with a "Fox Participant." At the Fox Grantee Conference this past week there were several grantees that noted having an issue connecting with their local Suicide Prevention Coordinators. There needs to be more education that extends to frontline staff on the Fox Grant and what to do with those enrolled.

The Fox Grant program cannot be transactional. It needs to have follow-up programs available for veterans in need. Calling and asking for information, with no infrastructure to assist, is defeating for many veterans opening up to Fox Grant recipient organizations in hopes of getting help. Several assessments ended with an additional call to the 988 Crisis line. There needs to be a better plan for how to help these individuals. Again, these participants receive no preferential or expedited care for their time and efforts.

Next – the assessments need to be refined and slimmed down to eliminate redundancy. The Psycho-Social asks participants that have already indicated some level of suicide about suicide risk factors. The ISEL–12 and GSE ask questions already addressed in our holistic intake as far as support and self-efficacy. All three of these assessments could be done away with, as there are certainly similar assessments conducted as soon as the veteran enters the VA, or other resources, for mental health assistance.

Both AWP staff and clients describe the assessments as repetitive and exhausting. The amount of data gathered is significant. AWP has submitted thousands of forms to account for both outreach efforts to find veterans not connected with resources and complete Fox mandated forms. Every AWP outreach event requires its own form submitted in a PDF form via email. The massive amount of paperwork has resulted in AWP having to hire additional administrative staff to handle the data entry load. We are in year two of the grant's life cycle, and the Data Collection Tool is not yet available to AWP to lighten the load of saving and emailing individual PDFs by the dozens every month.

Finally, the VA needs to fully detail and expand their measures of success. Is it a number or outcome? Does success come with a potential increase in funding? And

are those organizations that are unable to meet those metrics held to account and removed, or reduced? Organizations like AWP take this very seriously and believe the Fox Grant can be incredibly helpful for outreach to veterans that are otherwise not in the VA system. Accordingly, we want this program to be successful, and it takes metrics and accountability to determine that success.

Metrics and goals with accountability build trust with veterans as well, but only if it fits the overarching aim of the program itself. Recently, during our in-person Fox Grant conference, VA staff outlined program goals: reduce suicide risk, improve mental health status and improve well-being of participants. However, the issue remains: there is no bigger picture on how the data grantees spend hours compiling and reporting will impact VA policy.

Members of the Subcommittee, thank you again for the opportunity to testify today. We look forward to our continued work together and would like to thank each of you for all your hard work and dedication to those who served in our nation's armed forces.

**Prepared Statement of Ken Falke**

BOULDER CREST
FOUNDATION

Statement for the Record
Ken Falke, Founder and Chairman, Boulder Crest Foundation

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

December 12, 2023

I want to begin by thanking the Committee for its essential and hugely impactful work on behalf of our nation's veterans and their families. I want to thank Chairwoman Miller-Meeks and Ranking Member Brownley for their leadership and the opportunity to speak to the Subcommittee regarding the Staff Sergeant Fox Suicide Prevention Grant Program. I also want to thank Representatives Bergman and Houlihan, who, as veterans themselves, took the lead on the creation of this legislation with the assistance of so many others. As someone who has advocated for the importance of public-private partnerships and deep and meaningful collaboration between the Department of Veterans Affairs and the nonprofit sector for years, please accept my sincere gratitude for everything each of you did to create this vital grant program.

I had the privilege of serving in the United States Navy for 21 years as a special operations bomb disposal specialist, and since my retirement in 2002, have become a tireless advocate for effectively supporting and taking care of my brothers and sisters in uniform. A major driver of my work is a nearly unspeakable truth: we have lost more members of the bomb disposal community to suicide since 9/11 than we lost on the battlefields in Iraq, Afghanistan, and Syria. This truth is nearly unspeakable because the work that my community does on the battlefield is widely considered to be the world's most dangerous job; and despite that fact, it seems that the greatest danger to these men and women are the demons they battle daily. Sadly, this epidemic is not limited to the bomb disposal community.

In response to these challenges, my wife, Julia, and I founded two non-profit organizations: the EOD Warrior Foundation (where I served as Chairman from 2004 to 2020) and the Boulder Crest Foundation, which I have Chaired since 2010. During this time, our organizations have served more than 100,000 military, veteran, and first responder community members.

My four decades of experience in and out of uniform provide me with a unique perspective on the struggles of veterans and their family members, as well as their opportunities to grow in the aftermath of trauma.

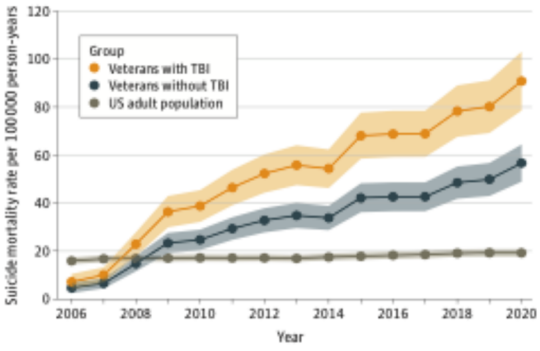
## A Journey to Understand What Works

In September 2013, we opened Boulder Crest Virginia – the nation's first privately-funded wellness center dedicated exclusively to combat veterans and their families. Our vision was to create a place — and programs – where service members and veterans could transform struggle into strength and growth. This would be a place where these individuals could receive what they needed to be as productive at home as they were on the battlefield. For our first nine months, we invited innovative nonprofits to use Boulder Crest Virginia, for free, as a platform to deliver their programs. These programs ran the gamut – from 1-15 days, clinical to non-clinical, focused on everything from Military Sexual Trauma (MST) and Posttraumatic Stress Disorder (PTSD) to relationship and familial challenges.

It soon became clear to us that these programs would not be sufficient to allow us to achieve our ambitious vision of ensuring that all members of the military and veteran communities could transform struggle into strength and growth.

In May 2014, leveraging all we had learned thus far, I began a journey to understand what actually worked when it came to mental health, PTSD, and suicide. I was committed to ensuring that my brothers and sisters could live great lives and thrive in the aftermath of trauma. I traveled around the country and met with leading psychiatrists, psychologists, social workers, life coaches, and trauma experts. Time and time again, when I asked them, "What works to allow people to live great lives in the aftermath of trauma?" – I was told, "Nothing."

**Figure. Adjusted Suicide Mortality Rates per 100 000 Person-Years From 2006-2020**

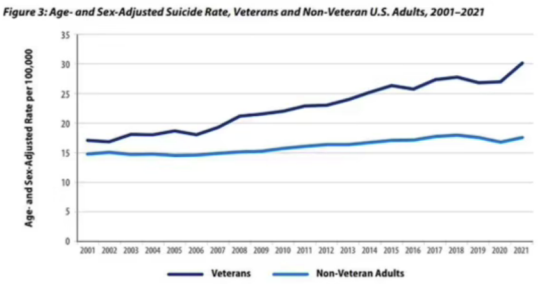



Average annual percentage change was 14.8% (95% CI, 10.5-19.2; $P < .001$) for veterans with traumatic brain injuries (TBIs), 14.4% (95% CI, 10.2-18.7; $P < .001$) for veterans without TBI, and 1.2% (95% CI, 0.9-1.4; $P < .001$) for the US adult population.

In principle, this is true because it is not what our mental health system – broadly speaking – is focused on accomplishing. The mental health system is nearly exclusively focused on one thing when it comes to its clients and patients: managing and mitigating the symptoms associated with times of struggle, often through a combination of

medication and talk therapy. This approach is not working for far too many people – something made evident by the highly distressing statistics around veterans' mental health and also by the words of one of the world's most esteemed medical journals, the Journal of the American Medical Association (JAMA).

In August 2015, JAMA called for a new and innovative approach to PTSD for veterans. In January 2017, JAMA Psychiatry declared that: "*These findings point to the ongoing crisis in PTSD care for service members and veterans. Despite the large increase in availability of evidence-based treatments, considerable room exists for improvement in treatment efficacy, and satisfaction appears bleak based on low treatment retention…we have probably come about as far as we can with current dominant clinical approaches."* In August 2023, JAMA Neurology highlighted the disparate rates of suicide among veterans with TBI, veterans without TBI, and the public. These numbers are significantly higher than the VA's claimed rates of suicide, but the trendline is still similar to theirs. Possibly most alarmingly among JAMA's research is their listing "increased risk of mental health diagnoses," as the first potential explanation for these increases in suicide and substance abuse.




A slide from the Department of Veterans Affairs annual report on veterans suicides shows higher death rates among former service members than the rest of the American public. (Courtesy of VA)

The first glimmer of hope I encountered on my journey was found at the University of North Carolina, Charlotte, in the person of Dr. Richard Tedeschi. Dr. Tedeschi, along with his colleague, Dr. Lawrence Calhoun, coined the term Posttraumatic Growth (PTG) in 1995 to describe how people reported growth in areas of their lives in the aftermath of traumatic events and experiences.

I asked Dr. Tedeschi if he was interested in partnering with us to develop a training-based program for combat veterans that would, for the first time ever, be designed to cultivate and facilitate Posttraumatic Growth in those who were struggling. Dr. Tedeschi agreed, and since 2014, we have been hard at work on the development and delivery of Warrior PATHH.

## Warrior PATHH

Warrior PATHH (Progressive and Alternative Training for Helping Heroes) is the first training program ever designed to enable our nation's combat veterans and first responders to transform deep struggle into profound strength and lifelong Posttraumatic Growth. Warrior PATHH is a 90-day, non-pharmacological, peer-delivered training program that begins with a 7-day intensive

and immersive initiation delivered at nine permanent locations across the United States (Virginia, Arizona, Washington, Texas, Arkansas, Florida, Georgia, South Carolina and Maine) and through Boulder Crest's two mobile training teams for a total of 11 Warrior PATHH programs delivered per month.

The first-ever Warrior PATHH was delivered at Boulder Crest Foundation's Virginia location in June 2014. Since then, there has been dramatic expansion fueled by Boulder Crest's addition of Boulder Crest Arizona (in Sonoita, Arizona) and the Avalon Action Alliance's investment in the Warrior PATHH network, which created a network of 11 training teams delivering Warrior PATHH.

We have now delivered 465 Warrior PATHH programs to 3,086 students; it took Boulder Crest Virginia, and Arizona approximately seven years to serve 1,000 Warriors. Since the Avalon investment, we are averaging 1,000 Warriors per year. The demand for the program, and its sustained effectiveness, explains why the most significant sources of referrals are program alumni, mental health professionals, and small pockets of VA personnel that primarily support the post-9/11 generation of veterans.

## Impact and Efficacy of Warrior PATHH

In January 2016, after more than two years of research, development, piloting, and success, the Marcus Foundation funded the development of the first-ever curriculum effort designed to cultivate and facilitate Posttraumatic Growth. The curriculum effort included Student and Instructor Guides, a Journal, Syllabus, and Schedule; four pilot programs; and an 18-month longitudinal study.

The 18-month study, led by Dr. Tedeschi and Dr. Bret Moore, was completed in January 2019 and focused on exploring the impact of Warrior PATHH in three key areas: Symptom Reduction, Quality of Life Improvement, and Posttraumatic Growth Experienced. With responses at the pre, post seven-day initiation, 1, 3, 6, 12, and 18-month marks and the use of 24 well-respected and bespoke measurement tools, this effort represents one of the most robust evaluations of a mental health effort ever initiated. The evaluation effort included 8 Warrior PATHH Programs (49 students) and a response rate of 95 percent. Key highlights include:

**Symptom Reduction:**

- 54% sustained reduction in PTSD symptoms
- 52% sustained reduction in depression symptoms
- 41% sustained reduction in anxiety symptoms
- 39% sustained reduction in Insomnia
- 44% sustained reduction in drug use
- 24% sustained improvement in positive emotions experienced; and 25% sustained reduction in negative emotions experienced

**Quality of Life Improvement:**

- 14% sustained improvement in Couples Satisfaction
- 33% sustained reduction in stress reactivity
- 11% sustained improvement in physical activity
- 26% sustained improvement in nutrition
- 12% sustained improvement in financial wellness

**Posttraumatic Growth:**

- 56% sustained improvement in personal growth (PTG)
- 78% growth in Spiritual-Existential Change
- 69% growth in Deeper Relationships
- 58% growth in New Possibilities
- 36% growth in Personal Strength
- 26% growth in Appreciation for Life
- 32% sustained improvement in ability to change perspective/psychological flexibility
- 23% sustained improvement in capacity to integrate problematic life experiences.
- 22% sustained improvement in self-compassion
- 40% sustained increase in reading
- 9% sustained decrease in disruption to core beliefs

Warrior PATHH is the subject of multiple journal articles, and we have a research partnership with Baylor University's Mind-Body Medicine Research Laboratory to continue reviewing and publishing the impact of PTG-based interventions.

We continue to assess the impact of Warrior PATHH using a comprehensive program evaluation methodology, which includes four measurement tools required by the Fox Grant Program. On nearly every measure, participants report experiencing greater symptom reduction and improved growth as we have expanded the program — speaking to the continued potential and opportunity for scale.

In short, we developed a program that achieved the vision we set forth – to ensure veterans could be as productive at home as they were on the battlefield and live extraordinary lives – filled with passion, purpose, growth, connection, and service.

## The Fox Grant and Warrior PATHH

In 2022, Boulder Crest was one of 81 organizations awarded a grant from the Staff Sergeant Fox Suicide Prevention Grant Program. Our grant is for $725,000, covering the delivery of 12 Warrior PATHHs (six each at our Arizona and Virginia locations) and the administration and reporting functions required by the grant. In addition, one of our Warrior PATHH partners — Permission to Start Dreaming Foundation, based in the Gig Harbor, Washington — is receiving funding for the delivery of six Warrior PATHH programs.

The establishment of the Fox Grant Program is the realization of something I have long believed was necessary — a public/private partnership based on the goal of ensuring at-risk veterans did not fall through the cracks and the identification of innovative and effective programs that are effectively and sustainably addressing the suicide epidemic amongst veterans.

From the initial grant application through the renewal of our funding for year two of the pilot program, partnering with the Department of Veterans Affairs has been an incredibly rewarding, efficient, and overwhelmingly positive experience. The VA's focus on capacity building, technical assistance, timely support and responsiveness, and training is absolutely top-notch, and it has made our organization better at everything we do.

As an entrepreneur and philanthropist, I tend to believe that impatience is a virtue — there is work to do, and we must get it done quickly, especially in the face of growing suicide numbers. The VA has exceeded my highest expectations for moving quickly, problem-solving, and allowing us to get to work helping veterans. We have been and remain committed to enhancing this partnership and working collaboratively with the VA as evidenced by the on-site visits of three of the last four VA Secretary's.

## Next Steps

Based on our conversations with the VA and the data related to VA-funded participants of Warrior PATHH and across our network, we firmly believe that the Fox Grant Program should be extended for the foreseeable future. We see the perfect analogy in the Department of Veterans Affairs Supportive Services for Veteran Families (SSVF) Program. SSVF was created to harness the power of public-private partnerships, to identify what was working, and to support the expansion of such efforts. It also featured significant technical assistance and training to tackle a complex challenge effectively and in a manner suited for scale.

As we look towards that future, we have five recommendations to enhance the experience for all parties — namely, veterans struggling with suicidality.

First, we believe that the cap for organizations should be lifted. This would ensure that organizations that have demonstrated efficacy and impact can expand their offerings and continue serving veterans. As an example, Boulder Crest Foundation is a single 501c3 that owns four teams delivering 48 Warrior PATHH programs annually at a cost of $50,000 per course, and with this cap, only 12 programs can be funded by this grant. Also, with 11 partners delivering Warrior PATHH, we hope this grant sees the value of Warrior PATHH and can ultimately support all organizations delivering Warrior PATHH.

Secondly, our concern centers on the restrictive and potentially inaccurate eligibility criteria for determining veterans' eligibility. Specifically, all potential veteran participants must complete the Columbia-Suicide Severity Scale (C-SSRS), a tool that assesses suicide risk on a 4-point scale: 0 indicates no risk, 1-2 indicates a mild to moderate risk, and 3 indicates a high risk. Under the Fox Grant Program, veterans scoring 1-2 qualify for services, while those scoring 0 are considered not at-risk enough, and those scoring 3 are deemed too high-risk. However, there are numerous cases where veterans have scored in the low to mid-20s on the PHQ-9

depression screening, indicating severe depression—a known precursor to suicide—and yet have received a 0 on the C-SSRS, rendering them ineligible for the program. Although we recognize the C-SSRS's role in ensuring that grant funds are directed toward suicide prevention, we are very concerned that it unfairly disqualifies candidates who are deeply struggling and at risk of suicide.

Thirdly, we know that veterans — as a collective — are a high-risk group when it comes to suicide. The latest 2023 JAMA research we referenced earlier, by UT-San Antonio, indicates a 10x rise in post-9/11 suicides (versus no growth in the adult rate) demonstrates this truth. We strongly believe that the next iteration of the Fox Grant Program should take that into account, particularly for organizations focused on serving veterans who are struggling mightily with a range of severe mental health conditions. In that spirit, we recommend that veterans applying for support from these organizations be deemed eligible based on their veteran status and by their expression of interest in a program focused on those with significant struggles.

Fourth, as you can see in the first chart displayed in this paper, veterans with traumatic brain injuries (TBI) are more likely to die by suicide. Most of the nation's premier privately funded TBI centers are clinical in nature, and I believe should be eligible for this grant program.

Finally, it's crucial to explore how the VA can collaborate with organizations delivering high-quality, effective outcomes, aiming to expand these successful approaches both within the VA and nationwide. This expansion could take various forms. For example, adopting a 'train the trainer' model would allow VA practitioners to learn about new and effective methods. Alternatively, the VA could fund organizations like Boulder Crest to train and oversee other non-profits. This approach has proven successful in extending the Warrior PATHH program to multiple partner organizations. The essential point is that if a strategy is proving effective, we must continuously seek ways to broaden its reach, ensuring that more veterans and their families have access to these vital resources and methods.

## Closing Thoughts: A Call to Unity and Action

In my 21 years of active-duty service in the Navy bomb disposal community, I didn't witness a single suicide. Yet, from 2002 to 2023, we have mourned the loss of more suicide victims than we did on the battlefields. This tragic pattern is reflected across our armed forces, a reality that is both heart-wrenching and intolerable. Words fall short of expressing my immense gratitude to this Committee for their dedicated efforts in combating this suicide epidemic. My team at Boulder Crest Foundation and I stand resolute in our commitment to be active, contributing partners in this mission. I am deeply thankful for the opportunity to address you today, to share our insights and the transformative work we are undertaking to heal the invisible wounds of war.

It's clear that no single organization can tackle this crisis alone. I firmly believe in the power of collective action and the wisdom of the African proverb: "If you want to go fast, go alone. If you want to go far, go together." By uniting our efforts and pooling our resources and wisdom, we have the potential to eradicate this scourge. We can create a future where our veterans thrive outside their uniforms just as effectively as they did while serving. Together, we can chart a course toward healing, strength, and lives worth living for our nation's heroes.

**Prepared Statement of Joyce King**

**Introduction**

I would like to begin by thanking the Committee for its transformational work on behalf of our nation's Veterans and their families. I applaud Chairwoman Miller-Meeks and Ranking Member Brownley for their leadership, and I greatly appreciate the opportunity to speak to the Subcommittee regarding the Staff Sergeant Fox Suicide Prevention Grant Program.

My name is Joyce King, and I serve as director of the SSG Fox Suicide Prevention Grant program at Sheppard Pratt. I am a Board-certified mental health therapist and substance abuse counselor, as well as a military Veteran with more than 25 years of mental health, substance use, and social services experience.

Sheppard Pratt is the Nation's largest private, nonprofit provider of mental health, substance use, developmental disability, special education, and social services in the country. We provide specialized services for Veterans including Supportive Services for Veteran Families (SSVF), Homeless Veteran Reintegration Program (HVRP), and clinically intensive Grant Per Diem (GPD) transitional housing. Many of these programs are funded by the U.S. Department of Veterans Affairs (VA).

Collectively, Sheppard Pratt's Veterans services assist approximately 1,250 homeless veterans every year in urban, rural, and suburban communities across Maryland and in selected West Virginia counties. Many of our staff are Veterans, including some staff who were previously clients. The dedication and commitment of our team drives our impact: We have helped over 5,235 homeless Veteran and Veteran family members to obtain permanent housing. Our HVRP program helps homeless Veterans to obtain employment with an average wage of just under $20 per hour.

**Joining the SSG Fox Program**

In 2022, the VA released the SSG Fox Grant Notice of Funding Opportunity. Its deep focus on community connection, well-being, and suicide prevention responded to a clear gap in community-based services for Veterans. Accordingly, we jumped at the opportunity to better serve our Veteran community.

The application process was well-organized and transparent, with significant flexibility in approach provided by the VA. The staff at the VA deserve credit for designing and implementing a disciplined, efficient application process.

Sheppard Pratt was honored to be awarded a SSG Fox Grant on September 19, 2022. Our implementation strategy combines comprehensive and holistic strategies selected based on the best available evidence for the greatest potential to prevent suicide among veterans across Maryland. We leverage current programming and relationships with veterans that are at high-risk yet disengaged with VA and mental health care.

Peer support is a critical component of our SSG Fox implementation strategy. Through this new funding, we have trained Veterans with lived experiences related to suicide and mental health. Our peer support specialists work directly with Veterans and their family members to promote connectedness, provide holistic case management, and reduce risk factors for suicide. In addition, case managers help Veterans with a range of health, housing, employment, and other needs.

As the SSG Fox Grant program was only recently launched, our data are preliminary but suggestive. During enrollment, 95 percent of Veteran clients indicated need for mental health services; 75 percent required reconnection to the VA for services and supports; 65 percent reported benefits challenges; 60 percent requested peer support and connection; and 60 percent reported health, housing, employment, or other challenges best addressed through case management.

The need, therefore, is clear.

**The Impact of the SSG Fox Program**

The impact of the SSG Fox Grant program is best demonstrated through stories. I would like to share the story of one participant: I'll call her Alice. Alice's story illustrates the power of the SSG Fox Grant program, as well as the way in which community-based Veterans services – including SSVF and HVRP – combine to prevent suicide and promote well-being more generally.

Alice is a 48-year-old single female Navy Veteran, with a history of Post-Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI).[1]

Alice recently experienced two traumatic events. In 2022, she was laid off. To make ends meet, she moved in with her sister. In 2023, her sister passed away un-

[1] Some details have been altered to protect confidentiality.

expectedly. With the loss of both her job and her sister, she fell behind on her rent. Alice had to choose between paying for her rent or buying food.

In September 2023, she called Sheppard Pratt. Our SSG Fox program team collaborated with SSVF to help Alice find a more affordable housing option. To help Alice gain employment, our SSG Fox and HVRP teams worked together to provide Alice with both a computer and technology training. And Alice dedicated herself to her job search. Within a month of her calling Sheppard Pratt, she had a new job in the IT field.

While Alice was working to obtain a new job and housing, she was simultaneously grieving her sister's death. The SSG Fox peer support specialist was instrumental in modeling healthy and effective coping strategies.

Today, Alice is working and living stably in a safe, healthy home. She shared the impact of SSG Fox in her exit survey: "I can say for sure that the program and ALL of the team went above and beyond my expectations. I honestly never felt like I was alone during the process. In fact, the opposite almost, I literally felt like a team was assigned to me for different stages and aspects. I couldn't be more (sic) greatful."

Alice's comments about the SSG Fox program are echoed by other participants.

John Woodard, a former Marine, similarly was struggling with PTSD, a job loss, and eviction when he connected with the SSG Fox program.

John tells his story better than I could. He said, "Sheppard's Veterans Services got me and my family out of a situation that I was in before where I was not appreciated, and I was not being supported for my mental illness. Now I am in a better location with my family with a peaceful mind, instead of in a crime-infested area where I could hardly sleep because of fear and hypervigilance. I would like to thank the Veterans Services programs for coming to my rescue. I've been using this time to heal and get help with my PTSD, and I've been going back to school. Veterans Services made that possible."

Mr. Woodard adds, "I would like to say thank you for keeping your word and coming through in my time of need. I wasn't getting any support from anywhere and they came in and saved me, saved my whole year. I was depressed, I was upset, I was thinking about suicide. And I just want to say thank you."

John has advice for Veterans across the Nation: "To other vets who are where I was, I would say you can't get discouraged. You can find a way. Reach out for help when you need it. It takes a team, just like in the military. [Sheppard Pratt's] Veterans Services was part of my team."

John is better able to articulate the value of the SSG Fox Grant program than perhaps anyone.

**Enhancing the Impact and Scale of the SSG Fox Program**

As both our qualitative and quantitative data illustrate, the strengths of the SSG Fox Grant program are undeniable: our team is reaching Veterans who are at high-risk of suicide; the program is connecting Veterans with critical resources that are both community-based and VA-based; and this intervention is helping Veterans to improve their well-being and strengthen protective factors against suicide. Moreover, the VA has been responsive to community feedback and supported the evolution of the program based on both the community feedback and data analysis.

Like every new initiative, SSG Fox will need to evolve to achieve greater impact – and further contribute to the end of Veteran suicides.

How, then, can we enhance the impact of SSG Fox? What lessons have we learned thus far?

First, we must expand access to life-saving clinical behavioral health services for SSG Fox participants. There are two primary challenges that SSG Fox participants face when we connect them to mental health and substance use treatment services.

While 95 percent of Veterans enrolled in our SSG Fox program have requested mental health and other behavioral health services, we have experienced delays in connecting Veterans to outpatient services at the VA. We appreciate that the VA is working diligently to reduce wait times and recognize that significant progress has been made. In the meantime, we respectfully request a clear and direct path for high-risk SSG Fox clients to VA mental health services.

Further, we respectfully request an improvement in rates for community behavioral health service providers serving Veterans.

Sheppard Pratt is committed to providing behavioral health services to Veterans, but current rates for both Tricare and Community Care Network providers do not cover the cost of care. Raising rates to reflect provider costs is critical to expanding community-based mental health and substance use treatment services for Veterans across the Nation.

Finally, I would like to recommend that we continue to invest in the SSG Fox Grant Program, expanding its scale and reach over time. Current funding restric-

tions limit our ability as providers to serve Veterans in every community. Additional resources will allow us to better engage Veterans across the nation, particularly Veterans who are reluctant to seek support.

As John Woodard reminded us, "it takes a team, just like in the military." The SSG Fox Grant Program is an essential part of the team working to prevent Veteran suicide across our Nation.

**Conclusion**

Thank you again for the opportunity to speak to the Subcommittee regarding the Staff Sergeant Fox Suicide Prevention Grant Program. As a veteran and a clinician, my gratitude is both professional and personal.

**About Sheppard Pratt**

Sheppard Pratt is the nation's largest private, nonprofit provider of mental health, substance use, developmental disability, special education, and social services in the country. A nationwide resource, Sheppard Pratt provides services across a comprehensive continuum of care, spanning both hospital-and community-based resources. Since its founding in 1853, Sheppard Pratt has been innovating the field through research, best practice implementation, and a focus on improving the quality of mental health care on a global level. Sheppard Pratt has been consistently recognized as a top national psychiatric hospital by U.S. News & World Report for nearly 30 years. Thanks to support from the U.S. Department of Veterans Affairs and the U.S. Department of Labor, Sheppard Pratt provides Supportive Services for Veteran Families, Homeless Veteran Reintegration Program, Grant Per Diem Clinically Intensive Transitional Housing, and SSG Fox Suicide Prevention Services to veterans in Maryland and, for some services, in West Virginia.

# STATEMENTS FOR THE RECORD

## Prepared Statement of Swords to Plowshares


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.

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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."

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,

Michael Blecker
Executive Director, Swords to Plowshares

**Prepared Statement of Wounded Warrior Project**

Chairwoman Miller-Meeks, Ranking Member Brownley, and distinguished members of the Committee on Veterans' Affairs Subcommittee on Health – thank you for inviting Wounded Warrior Project (WWP) to submit this written statement for the record of today's hearing on the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program (SSG Fox SPGP). We share your commitment to easing the pain of veterans who are suffering from invisible wounds and appreciate the opportunity to offer our perspective on potential congressional action to improve how the U.S. Department of Veterans Affairs (VA) serves veterans through innovative mental health programming like the SSG Fox SPGP.

For 20 years WWP has been committed to our mission to honor and empower wounded warriors. In addition to our advocacy before Congress, we offer more than a dozen direct service programs focused on connection, independence, and wellness in every spectrum of a warrior's life. These programs span mental, physical, and financial domains to create a 360-degree model of care and support. This comprehensive approach empowers warriors to create a life worth living and helps them build resilience, coping skills, and peer connection. Our reach extends to more than 200,000 veterans who are being served in various ways across the United States.

In this context, assisting warriors with their mental health challenges has consistently been our largest programming investment over the past several years. In Fiscal Year 2022, WWP spent more than $82 million in mental and brain health programs – an investment consistent with the fact that more than 7 in 10 respondents to our 2022 Annual Warrior Survey self-reported at least one mental health condition, and nearly the same amount (66.3 percent) reported visiting a professional in the past 12 months to help with issues such as stress, emotional, alcohol, drug, or family problems.[1] Four WWP programs – Warrior Care Network, WWP Talk, Project Odyssey, and Complex Case Coordination – focus specifically on mental health; however, programs that focus on physical health, financial wellness, and social connection all play a critical role in improving quality of life and mitigating against mental health stressors like loneliness, financial insecurity, and chronic pain.

Wounded Warrior Project has proudly delivered these life-changing programs while also appreciating that a single organization cannot meet the needs of post-9/11 veterans and their families alone. Collaboration is at the core of all we do and serves as a critical driver of the innovation, efficiency, and excellence we strive to reach. Since 2012, WWP has supported 212 military and veteran-connected organizations through grants. These targeted investments help to expand our reach, diversify engagement opportunities, augment our programs and services, and ultimately improve outcomes for all veterans and their families. In FY 2021 alone, WWP grants to partner organizations extended our impact to more than 36,000 veterans, caregivers, family members, and military-connected children. These partnerships touched nearly every aspect of veteran well-being, targeting issues like social connection, support for the Special Operations community, brain health, family resiliency, emergency financial assistance, transitional housing, and many more.

This background in partnership and program delivery was critical to our advocacy in support of the historic *Commander John Scott Hannon Veterans Mental Health Care Improvement Act* and its centerpiece now known as the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program (P.L. 116–171 § 201) (SSG Fox SPGP). The SSG Fox SPGP is a three-year pilot program that will provide up to $174 million to community-based organizations and state, local, and tribal governments that provide suicide prevention services for veterans and their families. Suicide prevention services have been broadly defined to permit healthy interventions before veterans reach mental health crises and allow for spending on activities like outreach, case management services, peer support, and assistance in obtaining VA benefits. After two funding cycles, VA has awarded $52.5 million in both 2023 and 2022 to 80 community-based organizations, with only three organizations changing from year to year.[2, 3]

While VA's metrics and impact for this program are in the earliest stages of review, our perspective on the SSG Fox SPGP implementation to date is largely anecdotal and based on our organizational experience. We agree that no one organization – and no single agency – can fully meet all veterans' needs. We recognize that em-

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[1] WWP's 2022 Annual Warrior Survey can be viewed at https://www.woundedwarriorproject.org/mission/annual-warrior-survey.

[2] Fiscal Year 2022 SSG Fox SPGP Awards List, *available at* https://www.mentalhealth.va.gov/docs/SSG-Fox-SPSG-FY–2022-Grant-Awards-List–508.pdf.

[3] Fiscal Year 2023 SSG Fox SPGP Awards List, *available at* https://www.mentalhealth.va.gov/ssgfox-grants/docs/FY23-SSG-Fox-SPGP-Awardee-List.pdf.

pirically supported mental health treatment works when it is available and when it is pursued, but the best results will be found by embracing a public health approach focused on increasing resilience and psychological well-being and building an aggressive prevention strategy. WWP is not a SSG Fox SPGP grantee, but we support and encourage others to participate. In this context, we offer two important considerations for the Subcommittee.

First, organizations that WWP has worked with have expressed concern that the SSG Fox SPGP application and compliance requirements can be onerous. Although expectations were clearly laid out by VA[4], some participants have shared with WWP that aligning a veteran's eligibility with delivery of specific services can be challenging. A veteran must meet definitions set out in Section 201(q)(4) of the *Hannon Act*, which includes consideration of a myriad of health, environmental, and historical risk factors for suicide. While acknowledging these predispositions are important in early and direct conversations about suicide, approaching such considerations without a foundation of trust can sometimes discourage veterans from being honest with their responses or willing to accept and engage in services. Allowing some time to foster a relationship enables engagement in difficult conversations that stem from place of care and compassion, rather than obligation. Navigating discussions in such a way can foster more immediate connection to services that mitigate their risk for suicide and reduce emergent needs while also making the delivery of those services ineligible for grant purposes. Others have noted that the high volume of veteran assessments required can induce incentives (like providing small gifts) for completion that may skew the quality of data gathered and what practices are sound under the premises of the grant. We encourage more investigation into how administrative practices can better align with the intended purpose of connecting more veterans with support.

Second, the provision of clinical care under this grant program – generally not permitted beyond emergency treatment – should be more grounded in practical considerations for delivering veterans evidence-based mental health care. Currently, when grantees are treating eligible individuals at risk of suicide or other mental or behavioral health conditions, the grantee must refer that individual to VA for follow-on care. If they do not, any care given is at the expense of the grantee.[5] However, some veterans are not comfortable receiving care at VA for a variety of reasons. This puts the grantee in a difficult situation where they are forced to stop providing care or provide care at their own expense, something many programs may be unable to afford. Additionally, if a grantee is a part of VA's Community Care Network, they are still required to get additional VA authorization to provide a veteran follow-up care. We would ask the Subcommittee to consider if there are ways this process can be improved so that more veterans at risk of suicide can be connected to care they know and trust as soon as possible.

As the Subcommittee continues its oversight of the SSG Fox SPGP, WWP remains supportive of this critical new asset to assist veterans and their families lead healthy and fulfilling lives. We appreciate the support that Congress has provided both in authorizing this program and continuing appropriations, and we are grateful for this opportunity to provide our perspective on how this program can be improved over the duration of the pilot period and beyond. WWP stands by as your partner in meeting the needs of all who served – and all who support them. We are thankful for the invitation to submit this statement for record and stand ready to assist when needed on these issues and any others that may arise.

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**Prepared Statement of D'Aniello Institute for Veterans and Military Families (IVMF) at Syracuse University**

**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 pre-

[4] Funding Opportunity: Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program, 87 Fed. Reg. 22630 (Apr. 15, 2022).
[5] *Id.*

vent 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 last, 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 buildupon 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.