

Veteran Suicide Prevention: Capitalizing on What Works and Increasing Innovative Approaches

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Testimony submitted by Michael Blecker, Executive Director of Swords to Plowshares

Good morning. Thank you, Chairman Takano, and thank you members of the House Veterans Affairs Committee for hosting this very important hearing today. I am 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.

First, I would like to thank the U.S. Department of Veterans Affairs for the recent creation of the SSG Fox Suicide Prevention Program. Swords to Plowshares was notified just last week of our selection to participate in that critical program that will bring mental health services to the community-based level.

Swords to Plowshares provides comprehensive wrap-around care including supportive housing, housing support services, counseling and case management, employment and training, and legal services to the most vulnerable veterans: those who experience homelessness and poverty, co-occurring physical and mental health disabilities, bad paper discharges and other barriers to care and benefits. These veterans are at the highest risk for suicide:

- The highest number of veterans who die by suicide are between 55 and 74 years old.
- Veterans who have experienced homelessness are almost eight times more likely to have attempted suicide and twice as likely to have completed suicide.
- Veterans Other than Honorably discharged are twice as likely to complete suicide.
- Veterans who identify as LGBTQ are more than twice as likely to die by suicide.

The common thread among these veteran cohorts is social marginalization and barriers to social support systems, VA, and other community care.

We cannot have a dialogue about veteran suicide without talking about the veterans who are most underserved. Those veterans who are most marginalized, who are the poorest, oldest, and those often cast aside by our own rules and regulations that systemically deny them the reprieve that life demands. It is the veterans who are stripped of the benefits and care that they deserve and need, and in doing so are excluded from the community within the veteran space. And these systemic oppressions that too many Vietnam veterans of my generation faced have also stripped them of their dignity and honor. We do not equally afford that honor, dignity, respect, and acknowledgment. My generation of Vietnam veterans undoubtedly faced the most brutal discrimination, refusal of service and recognition, and they suffered in silence with shame and isolation.

Just picture a Vietnam veteran who returned in the early 1970s to an entire nation that rejected them. Most of us returned to our roots of poverty, lack of opportunity, lack of family connection

and barriers to the services and care promised. That is a recipe for despair. We saw that on the ground, among our peers and tried to connect and react. My generation started what we called “rap groups,” to talk out our issues and support one another. The Vet Centers were modeled on those community efforts.

The 1980s saw the epidemic of veteran homelessness. Our veteran peers were grossly overrepresented on the streets, and we started to respond together, working on housing and employment, and holding the first Stand Downs. The VA followed suit and developed the Office of Homeless Services.

Veterans and their allies at home in their communities envisioned and created programs to prevent veteran suicide and homelessness. I applaud the theme of this hearing, to capitalize on what works, to pay attention to and accelerate sustainable funding of community interventions. Now, before more are lost.

We have come a long way in ensuring access and eligibility for recent generations of veterans, but veteran suicide remains endemic. And senior veterans have the largest number of deaths by suicide than any other veteran cohort.

We can learn from this legacy of neglect by intervening early and throughout veterans' lives. Some of these lessons have been learned—there have been improvements. But importantly, now aging veterans who bear the scars of that neglect need suicide prevention based in community.

Swords to Plowshares History

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

Swords to Plowshares is a community-based 501(c)3 nonprofit organization that provides a full continuum of supportive services for 3,000 San Francisco Bay Area Veterans annually. Our vision is that all veterans will have access to the care and services they need to rebuild their lives.

Every year, we help approximately 3,000 veterans with coordinated services under our continuum of care. Last year, we served 3,277 unduplicated veterans: 51% were experiencing homelessness, an additional 21% were at risk of imminent homelessness, 60% were living below the federal poverty line, and 33% had no income at all when they came to us for services.

In 1974, a group of Vietnam veterans founded Swords to Plowshares to help their fellow Veterans find jobs and access benefits from the Department of Veterans Affairs (VA). For 48 years, Swords to Plowshares has provided veteran-specific supportive services to build the health and stability of vulnerable Veterans, including many experiencing risk factors for suicide. Since our foundation in 1974, our services have targeted the most vulnerable veterans, homeless veterans with disabilities with multiple and compounded barriers to stability.

Today, we offer a full continuum of veteran-specific care to meet the needs of veterans experiencing homelessness, poverty, disability, substance use conditions, mental health disabilities, unemployment, and other conditions that increase the risk of suicide. Our in-house

continuum of care includes drop-in services, emergency housing, food resources, support groups, mental health counseling, case management, housing placement services, money management, financial empowerment classes, stabilization and permanent supportive housing, and legal services to help veterans access VA benefits and healthcare. Many of these services are also considered suicide prevention services under the SSG Fox Suicide Prevention Program.

Swords to Plowshares also has more than 35 years of experience providing behavioral health services to homeless Veterans with mental and behavioral health challenges, including mental health and substance use counseling by licensed clinicians, and group therapy in our San Francisco Drop-in Center and Supportive Housing Program. Our legal department has been representing veterans seeking VA benefits and discharge review matters for over three decades.

In 2000, Swords to Plowshares opened our first Permanent Supportive Housing site—The Veterans Academy, and since then we have added five PSH housing sites, including one newly developed and opened in 2020—Edwin M. Lee Apartments. Over the years, we have worked under a variety of housing assessment and placement restrictions based on government funding streams for our housing programs, including GPD, SSVF, CoC priority placement funded by HUD, Shelter +Care and HUD-VASH. Last year, we provided housing for 550 veterans formerly experiencing homelessness.

Capitalizing on What Works: Our Plans as a SSGT Fox Grantee

We are particularly pleased with the theme of this hearing on veteran suicide, Swords to Plowshares' entire model of care is very similar in type and scale to the SSG Fox SPGP program.

Our history, outlined above, demonstrates the many innovations developed at the community level and later adopted by the VA. Working on the ground, Swords to Plowshares and our colleagues throughout the country respond to the needs we see in our towns and cities. We have the agility and vantage point to act, funding, however, can be more challenging.

The SSGT Fox suicide prevention grant will allow us to expand our services and provide consistent support for three years. We hope that the VA will permanently adopt community funding for the services proposed.

As a SSGT Fox suicide prevention grantee, we will outreach to and serve participants from California's San Francisco and Alameda counties. Program services will take place at our San Francisco Veterans' Community Center, our East Bay Service Center in Oakland, and our six permanent and two stabilization supportive housing sites in San Francisco. Through this program, we expect to provide 350 eligible participants and their families annually with suicide prevention services.

The Veterans Community Center (formerly the Drop-in Center) will be located at 1060 Howard Street in San Francisco. The Veterans Community Center is a new program for Swords to Plowshares which will combine extended evening and weekend drop-in services; a place to find respite, warm meals, and community for veterans experiencing homelessness; classes, activities and support groups for veterans to promote wellness and build community; and connection to our

continuum of veteran-specific care in mental health services, clinical case management, legal services, employment and job training, SSVF homelessness prevention and housing placement, Access Point services for veterans seeking to access supportive housing through the San Francisco Continuum of Care (CoC), community referrals for substance use treatment, linkage to healthcare and disability benefits and more.

Swords to Plowshares will also provide program services for Alameda County veterans through our East Bay Service Center at 330 Franklin Street in Oakland. Our East Bay Service Center provides drop-in services for veterans experiencing poverty and homelessness, SSVF services, employment and job training, support groups for substance use, access to legal VA benefits services, and coordinated referrals to our other in-house services. Both centers welcome veterans from all walks of life, including unsheltered, treatment-resistant, recently incarcerated, actively using, senior, highly acute, and severely mentally ill veterans and their family members, many of whom will benefit from our Veteran Suicide Prevention Program.

The suicide prevention services that we will offer for eligible veterans and their families at both locations will include outreach; intake and risk assessment; mental health baseline screening; referrals to VA and other health care providers for clinical services for emergency treatment and ongoing care; education and safety planning for veterans and family members; case management; individual and group mental health services; legal services for accessing VA benefits and healthcare; assistance with obtaining Social Security disability benefits; financial literacy and money management services; coordination and referral for additional public benefits and healthcare; access to temporary income support services; and transportation services.

This program will also outreach to residents at our six permanent and two stabilization supportive housing sites to provide services on site or at our Veterans Community Center. Currently, we offer Equine Therapy and Expressive Arts Therapy through our Supportive Housing program, and we partner with another organization to train Veteran residents on readying service dogs for their fellow veterans in need of a companion/service dog. These alternative programs have been extremely therapeutic. SSG Fox SPGP funds will allow us to train additional clinical staff and expand these services for all participants.

Consistent with the goals as set out by VA for this grant, our overall goals for the Veteran Suicide Prevention Program are to reduce veteran suicide risk; improve baseline mental health status, well-being and social support; and improve financial stability for eligible individuals and their families. Through this program, we also aim to embed suicide prevention services throughout our entire organization. To do this, we will train all client-facing staff on veteran suicide prevention, provide continuous re-training for staff, and provide suicide prevention services that are highly individualized and aimed at reducing the suicide risk factors identified in the baseline mental health assessment.

For this program, we have an active liaison with San Francisco VAMC and the San Francisco and Oakland Outpatient Clinics. We will also utilize our strong referral relationship with the Vet Centers in San Francisco and Oakland. For veterans not served by VA, we will outreach to and refer participants to San Francisco General Hospital, Alameda County Behavioral Healthcare

Services, the Tom Waddell Urban Health Clinic, the Suicide Prevention Program at the Felton Institute, and Crisis Support Services for Alameda County.

Our program will serve all veterans seeking our services with a focus on veterans experiencing homelessness. Swords to Plowshares has expertise in serving veterans seeking stable housing, and we will use our current outreach services from our SSVF and other programs to identify at-risk veterans and their family members. Currently, Swords to Plowshares partners with the VA's Outreach Team, law enforcement, Bay Area Rapid Transit Police, and the VA's Veterans Justice Outreach Team to engage in street and direct outreach to veterans at risk of homelessness—those exiting the criminal justice system and living in unsheltered situations or short-term institutional settings – to bring veterans in for services. These outreach efforts are primarily one-on-one contact with the veteran.

We also currently have staff who coordinate on-site with the VA Medical Center (Fort Miley), VA Community-Based Outpatient Clinics, emergency shelters, transitional housing programs, and Project Homeless Connect. Our Legal Services Program has an active referral relationship with the Vet Centers in San Francisco and Oakland. We will utilize and expand upon these relationships for this program. All outreach staff will be trained to recognize the signs of suicide risk and how to bring these participants in for suicide prevention services.

For our current active outreach and referral relationships, we will provide updated outreach for our Veteran Suicide Prevention Program. For all planned outreach locations, our outreach team will provide presentations on available services and engage in one-on-one follow-up contact to establish a robust referral relationship for at-risk veterans and their family members to and from our program. As practicable, referral will be by “warm hand-off” between program staff, VA staff and other service providers. Program staff will help the veteran to make an appointment with the provider, complete referral forms, and provide transportation to the appointment, as needed to ensure the appointment takes place.

We will also receive in-house referrals from our San Francisco Veterans Community Center, East Bay Service Center, and other programs. Our Supportive Housing Program will be an important source of referral. Swords to Plowshares already coordinates closely with VAMC staff for our stabilization housing programs for veterans experiencing homelessness and severe mental and behavioral health challenges associated with an increased suicide risk. Additionally, our six permanent supportive housing sites serve veterans with disabilities and histories of chronic homelessness, and we anticipate that many of our residents will benefit from our suicide prevention services. For our residents enrolled in HUD-VASH case management, we will partner with the VA to address the needs of veterans in these units for emergency and other services, as approved by VA.

Once potential participants have been identified, our intake staff will conduct the initial screening for suicide risk. Staff will use the Columbia Suicide Severity Rating Scale to determine the level of risk, and eligible individuals will be considered at the highest risk of suicide if they present with a recent suicide attempt, an active plan or preparatory behavior for suicide, or a recent hospitalization for suicidality.

Following intake and risk/eligibility assessment, participants will be assigned to a Case Manager for the baseline mental health assessment/screening, completed in consultation with Swords to Plowshares' clinical staff, and eligible individuals will be referred to VA medical services. Referrals will be via warm hand-off, as practicable. Ineligible participants will be referred to other appropriate health care services, San Francisco General Hospital, Alameda County Behavioral Healthcare Services, and the Tom Waddell Urban Health Clinic. To ensure that participants receive care at VA or other health care providers, our outreach staff will assist with making appointments and transportation to the appointment, as needed.

Through the individual case management process, participants will also be referred to Swords to Plowshares suicide prevention and other in-house supportive services through a warm hand-off to other program staff. Our in-house programs available to address risk factors for suicide are rapid re-housing and eviction prevention services, emergency housing and food resources, San Francisco Continuum of Care Access Point services, financial empowerment services, money management, assistance with VA benefits and Social Security disability benefits, and employment and job training services. For services that we do not provide in-house, we will refer to long-standing community partners for assistance.

Our referral process is warm hand-off whenever possible. As practicable, we will assist participants with introductions and making appointments, fill out all necessary referral forms, and send contact information for the participants' Suicide Prevention Case Manager to the staff at the other organization.

Lessons Learned with Regard to Suicide Prevention

Over the decades that Swords to Plowshares has been serving veterans, we have worked with VA and community partners to deliver wraparound care and services. We have also learned how to operate a sustainable CBO, manage and administer government and foundation grants, and advocate for funded innovative community services.

VA clinical care must be supported

The VA is an excellent partner and has the most comprehensive healthcare under one roof for our veterans. VA provides comprehensive mental healthcare alongside the primary care needs of our veterans for an effective integrated approach. But even with excellent models, traditional mental health services are severely strained. The demand for mental healthcare far exceeds clinicians' capacity. The pandemic brought the shortage of mental health professionals to a crisis level.

- Congress must act to help the VA fill mental health and HUD-VASH staff roles.
- Congress must act to ensure adequate VBA staff and training to reduce eligibility barriers and speed the way to service-connected care and resources.

Increasing Innovative Approaches: VA should contract with community-level CBOs

Even before Covid, one of the missing elements that had been evident among community-based providers like Swords to Plowshares is that mental health services and the prevention of suicide must happen at the community level.

Suicide prevention happens in places where veterans are seeking care, community, camaraderie, and accessible services that welcome them regardless of their military discharge status, regardless of their eligibility for VA healthcare, regardless of their geography and proximity to a VA Medical Center, regardless of their gender, gender expression, or sexual orientation, regardless of their race, or their heritage. One of the perspectives that Swords to Plowshares brings to this conversation is not just the importance of delivering accessible services embedded in appropriate community settings: services that reduce isolation, build community, and connect veterans to a host of critical services needed to first stabilize their lives. Swords to Plowshares brings the perspective of embedding suicide prevention in wrap-around care, to address social determinants of health including housing, community connection, as well as access to medical care.

Permanent supportive housing partnerships with the VA have been transformational in reducing veteran homelessness. However, the VA cannot provide the 24/7 model necessary for the most vulnerable and marginalized veterans. For example, HUD-VASH case management is limited to business hours and to clinical one-to-one interactions. Organizational staffing, if funded, can provide for staggered availability on nights and weekends when a crisis is more likely to occur. From a prevention standpoint, it also allows for groups and activities that reduce isolation and help shepherd veterans to VA services.

- Funding for community-based organizations who can connect with and serve veterans at risk to reduce barriers to VA's professional medical and mental health care resources should be a priority.
- This funding must go beyond periodic grantmaking to permanent contracts so that CBOs can maintain programs and staff.
- HUD-VASH case management should be contracted to permanent supportive housing providers.

Suicide Risk Impacts All Veterans, Not Just Combat Veterans

Our nation has been more and less willing to nurse our warriors back to health but that has applied mainly to those who served honorably in combat theater. Major studies on suicide, though, show not only that suicide is far more relevant for veterans than non-veterans, but that combat and non-combat deployed veterans share the same high risk of suicide.

Veterans' invisible wounds are complex and military service and warrior culture alters the mind, body, and spirit. We need to look beyond the invisible wounds of war and combat to address complex military traumas when and where they occur.

- Increase access to community-based care: When we look to underserved veterans—many who do not have any combat experience—we find they are more likely to connect with the communities who “meet them where they are” and accept who they are. These service models should be sustained.
- Ensure research focuses on all veterans, not just recent era veterans who served in combat: Research is often conducted on current era service-connected veterans who are

in VA care; but often the most underserved veterans are outside of VA care and therefore outside the pool of research participants. This means less is known about their needs.

State and Local Action: There is Federal responsibility to ensure consistent long-term funding

The central purpose of this hearing is to increase support for innovative approaches. We are very proud of our wonderful state of California and of the California Department of Veterans Affairs, CalVet. This year, CalVet is creating several critically important programs that work in concert to address mental health, housing stability, senior isolation, and access for “bad paper” vets.

One is a VSSR program to enhance on-site care for senior and highly acute veterans who reside in permanent housing communities. These are our poorest—often chronically homeless—veterans typically with multiple disabling conditions who rely on a community-based model of care to remain stably housed. The goal of this crucial pilot is to decrease housing displacement and allow veterans to age in place in a community of care.

Additionally, California will be launching a California Veterans Health Initiative that will bring dollars directly into the community to specifically reduce and prevent veteran suicide.

And finally, California will launch a program to help “bad paper” veterans to access the legal services they need to fight for their benefits and VA eligibility.

- While these state and federal initiatives will meet urgent needs, none of these programs are proposed beyond one to three years. That is inadequate. Ongoing sustainable funding is needed, and other states should replicate effective state and local models.
- While we all bear the responsibility to assist veterans, Congress bears the final responsibility to fund veteran services. Only the Federal system can ensure consistent long-term funding.

Today, I call upon Congress to examine the viability of 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.

Thank you.