

## **BVS POC REPORT**

### **BEHAVIORAL HEALTH & REHABILITATIVE SERVICES**

1. **Date of Report:** June 2024
2. **BVS POC(s):** David Ashe, Carlton Kent
3. **Service Area/Program:** Behavioral Health & Rehabilitative Services, Suicide Prevention
4. **VDVS Director/Program Manager:** Virginia Veteran and Family Support (VVFS) Director - Brandi Jancaitis, and Suicide Prevention and Opioid Addiction Services (SOS) Director – Dr. Angela Porter
5. **Mission of service area/program:**

The Virginia Veteran and Family Support Program (VVFS) is operated by the Virginia Department of Veterans Services and provides OUTREACH, CONNECTION and SUPPORT to Service Members, Veterans, caregivers, and family members as they address the challenges of military service, transition, deployments, Post Traumatic Stress, and other behavioral health concerns, as well as Traumatic Brain Injuries and other physical injuries. VVFS also provides housing/homeless, and justice services care coordination.

**SERVICES THEY PROVIDE:** VVFS provides peer and family support, care coordination, and community resource linkages to Service members, veterans, and their families (SMVF). Referrals are coordinated with Community Services Boards, community nonprofits, brain injury service providers, VA medical facilities and other public and private agencies. VVFS also provides outreach and support to justice-involved service members and veterans interfacing with courts, diversion/veteran treatment docket programs, during incarceration in jails and prisons, and while on probation and/or parole, and community supervision.

In July 2022, VVFS began to build a new Suicide Prevention and Opioid Addiction Services (SOS) subprogram. The 5 person SOS program designed the agency's first behavioral health grant program for community services providers and researchers. Through grant funds and ongoing coordination of the statewide Governor's Challenge to Prevent Suicide (began in 2018), SOS builds internal (to DVS) and community-based training and direct services capacity for suicide prevention, mental health, and substance use disorders.

6. **Who does the service area/program serve?**

VVFS direct services - Veterans of any era (regardless of discharge status) who are Virginia residents; members of the Virginia National Guard and Armed Forces Reserves;

transitioning service members, and family members/caregivers. VVFS staff work hard to provide a "no wrong door approach", meaning if they can't provide that service within the program, they'll do their best to connect them to a resource/provider that can.

SOS grant program – grants are currently offered for community services providers, and public in or out of state higher education institutions (as long as the work benefits SMVF in the Commonwealth).

7. What are the service line's primary objectives?

VVFS provides care coordination, peer and family support services to Service Members, Veterans, and their families (SMVF).

VVFS facilitates access to behavioral health, rehabilitative, and supportive services at the Federal, State, and local levels for SMVF.

SOS aims to enhance understanding of suicide prevention and opioid addiction among Service Members, Veterans, and their Families (SMVF) and build community support capacity to ensure the **right help is widely available right now** to military-connected citizens and families.

8. What are the key results that support the objectives?

In FY24 (thru June 12, 2024), VVFS served an average of 411 total clients (new and existing clients) each week. Of these clients, 1,919 were new clients. This included connecting veterans and their family members for resources to approximately 4,220 service needs. These include housing needs (41%), behavioral health support (12%), benefits assistance (11%), employment (9%), and homeless assistance (7%).

In addition, VVFS provided 100 trainings (e.g. Applied Suicide Intervention Skills Training, Military Cultural Competency, Crisis Intervention Training, Mental Health First Aid) to approximately 2,791 participants (community partners and providers).

9. What specific objectives has the service line established and what progress has the service line/program made toward achieving the objectives.

**FY24 Data Overview (thru June 12<sup>th</sup> 2024):**

- 90% of all new VVFS clients will have a needs assessment completed in 7 days of initial client contact for the purpose of creating a coordinated resource plan **(95% out of 1,302)**
- 90% of veterans with a identified behavioral health need will be connected to an appropriate resource **(100% out of 218)**
- 90% of veterans experiencing literal homelessness will be connected to a shelter/housing resource **(98% out of 195)**
- VVFS and Benefits will screen 95% of new SMVF for suicide risk **(94% out of 17,733)**

10. What are some operational highlights from the past year?

VVFS increased our focus on customer service metrics over the past year. As a result, VVFS has set new levels for new clients. VVFS served 1,919 new clients in FY25 compared to 1,167 in FY24.

VVFS launched an online resource platform (also includes broader agency services) called Virginia Veterans Network (VVN) in April 2024 that will help SMVF link with DVS and community resources. VVFS is actively recruiting community partners to join the network and provide critical supports (in addition to what DVS can offer) such as housing, financial, mental health services.

For suicide prevention, VVFS has been integral in training and supporting DVS Benefits staff in suicide screening efforts. Over 1,000 veterans monthly are now being screened for suicide risk in VVFS and Benefits. This is key because we lower the chances that SMVF are engaging with our regional staff, and we do not know that they are struggling. We can build trust, ask about their needs/suicide risk, and get them connected to life saving support.

**SOS Program**-The Suicide Prevention and Opioid Addiction Services Program grant totals as of November 1, 2023.

- Forty-one community grants were awarded totaling almost \$4.1 million.
- Eight Research grants awarded totaling almost \$1,650,000 million.

Governor's Challenge to Prevent Suicide (GCPS) – Nationwide Federal Call to Action from Veterans Affairs (VA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) to implement a comprehensive public health approach to suicide prevention.

DVS/VVFS and DBHDS coordinate the Challenge activities including:

- Virginia's Identify, Screen, and Refer program
- Lock and Talk Virginia lethal means safety campaign
- Veterans Affairs, DVS, and local peer recovery support to enhance connectedness and care transitions.

11. What type of outreach did the service line conduct and what are the results?

VVFS continues outreaching to state and community partners and building resource connections to assist clients. The outreach consists of both in-person and virtual events as well as training on military culture, suicide prevention, and resources for veterans. VVFS also regularly participates in state workgroups for behavioral health and suicide prevention, housing/homelessness, peer support, and criminal justice.

12. What, if any, new initiatives / innovative solutions were launched during the past year?

## SOS (Suicide Prevention and Opioid Addiction Services) Community and Research Grant Status Updates:

- Grants Management software/portal developed and launched- [grants.dvs.virginia.gov](https://grants.dvs.virginia.gov)
- Request for Application (RFA 4) – Community will close June 30, 2024- <https://www.dvs.virginia.gov/wp-content/uploads/2024/04/Tutorial-Applying-for-New-Funding-WebGrants.pdf>
- Suicide Mortality Review (SMR)
- Data Analytics Boot Camp Training
- Grants Administration certification
- SOS –fully staffed
- The VISR initiative provides training and technical assistance for community services providers in military and veteran culture and , suicide prevention, and lethal means safety. Challenge issued to all partners to become certified by September 30, 2024, in honor of National Suicide Prevention month.

Another important highlight is the continued roll out of the new 988 crisis and suicide lifeline number. This replaced the previous suicide crisis hotlines and will streamline access to those needing behavioral health supports. The Veterans Affairs Veterans Crisis Line (VCL) has been combined with 9-8-8 (veterans can dial 1). Here's more information on the connection between 988 and the VCL <https://www.veteranscrisisline.net/about/what-is-988> Now we have one (easy to remember) lifeline for all individuals that need support.

### 13. What are the biggest challenges facing the service area / program at present?

Justice service needs – Veteran treatment dockets are expanding in Virginia (9 current dockets). There has been a slow growth in veteran treatment dockets mainly due to the lack of veteran identification in local jurisdictions. In addition, there is a lack of veteran identification in local and regional jails. Due to lack of discharge planning and veteran identification in local and regional jails, veterans are released without resource connections and access to care. In the VVFS Justice Involved Services (JIS) program, more capacity is needed to outreach to local jails.

Housing service needs-Affordable housing continues to be a challenge as well as the impact on inflation to our clients. Since COVID funding has ended, there have been increases in evictions which is putting a strain on staff and clients. Statewide rents have increased on average about 24% throughout Virginia and production issues have slowed the development of affordable housing. More than 60% of Virginia's renters have experienced an increase in rent this fiscal year. Stable housing is a key protective factor for behavioral health and in-turn suicide prevention.

VVFS has also experienced significant direct services staff turnover (~40% since 2020) due to competitive positions in other human services sectors and in Federal Veterans Affairs facilities (higher salary and telework eligibility). Current vacancy rate is 12% (6 positions)

among regional staff that provide direct services. While this is improvement, turnover among customer facing positions continues to be a challenge.

14. How does delivering the service/program help Virginia's veterans?

VVFS helps Service Members, Veterans, and their families access care and support for behavioral health, rehabilitative, and supportive services needs. Often this can prevent a crisis and/or suicide. VVFS staff strive to help SMVF link to services and benefits in federal, state and local systems. In addition, leadership team members serve on statewide advisory committees (on justice, housing, peer support, behavioral health and suicide prevention services) and form strategic partnerships that enhance systems of care for SMVF.

15. By helping the veteran, how does it help the Commonwealth?

By helping the veteran, it helps the Commonwealth by continuing to ensure Virginia is the most military and veteran friendly state and provides comprehensive and wrap-around services for those residing in Virginia. Ready access to care and supportive services helps veterans and families Stay, Work, and Thrive in Virginia.

16. What strategic opportunities are there for the future?

Expanding justice services in VVFS. VVFS would like to grow to 2 Veteran Justice Specialist positions in all regions. The program will need 3 new VJS positions (West, Central, and East regions) to continue to support outreach to Veteran Treatment dockets, and local and regional jails.

17. What else do you want the Board to know about this service area?

VVFS assists a range of veterans and their family members with complex needs including criminal justice involvement, caregiver support, homelessness and other housing issues, and behavioral health needs. VVFS staff are a crucial touchpoint and provide support to navigate through complex systems of care.

With the new \$5.1 million in general funds for Suicide Prevention and Opioid Addiction Services (SOS), DVS/VVFS received the largest general fund investment in veteran suicide prevention (at the state level) to date.

*Report Prepared by:*

*Brandi Jancaitis – VVFS Director*

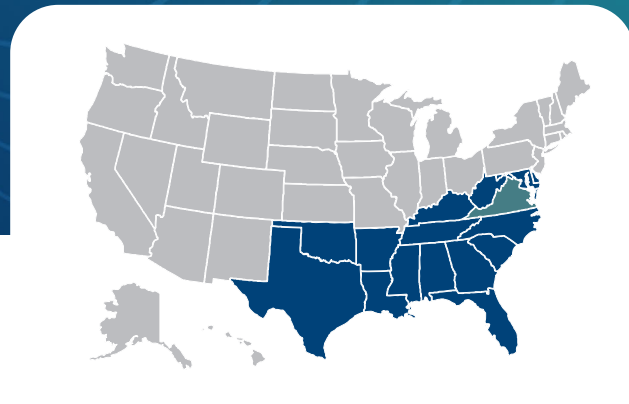
*Dr. Angela Porter – Suicide Prevention and Opioid Addiction Services (SOS) Director*

*Donna Harrison – Housing and Criminal Justice Services Director*

*Erika Sisson – Quality Assurance and Training Manager*

# Virginia

## Veteran Suicide Data Sheet, 2021



The U.S. Department of Veterans Affairs (VA) is leading efforts to understand suicide risk factors, develop evidence-based prevention programs, and prevent Veteran suicide through a public health approach. As part of its work, VA analyzes data at the national and state levels to guide the design and execution of the most effective strategies to prevent Veteran suicide.

The 2021 state data sheets present the latest findings from VA's ongoing analysis of suicide rates and include the most up-to-date state-level suicide information for the United States.<sup>a</sup> This data sheet includes information about Virginia Veteran suicides by age, sex, and suicide method and compares this with regional and national data.

### Southern Region

- Alabama
- Arkansas
- Delaware
- District of Columbia
- Florida
- Georgia
- Kentucky
- Louisiana
- Maryland
- Mississippi
- North Carolina
- Oklahoma
- South Carolina
- Tennessee
- Texas
- Virginia
- West Virginia

After accounting for age differences,<sup>b</sup> the Veteran suicide rate in Virginia:

- **Was significantly lower** than the national Veteran suicide rate
- **Was significantly higher** than the national general population suicide rate

### Virginia Veteran Suicide Deaths, 2021

Sex	Veteran Suicides
Male	182
Female	11
All	193

### Virginia, Southern Region, and National Veteran Suicide Deaths and Rates by Age Group, 2021<sup>c</sup>

Age Group	Virginia Veteran Suicides	Southern Region Veteran Suicides	National Veteran Suicides	Virginia Veteran Suicide Rate per 100,000	Southern Region Veteran Suicide Rate per 100,000	National Veteran Suicide Rate per 100,000
18-34	30	389	894	40.5	47.8	49.6
35-54	60	757	1,704	27.3	33.9	35.5
55-74	70	1,001	2,286	25.3	30.4	29.9
75+	32	636	1,467	24.4	35.6	32.1
All	193	2,798	6,392	27.5	34.4	33.9

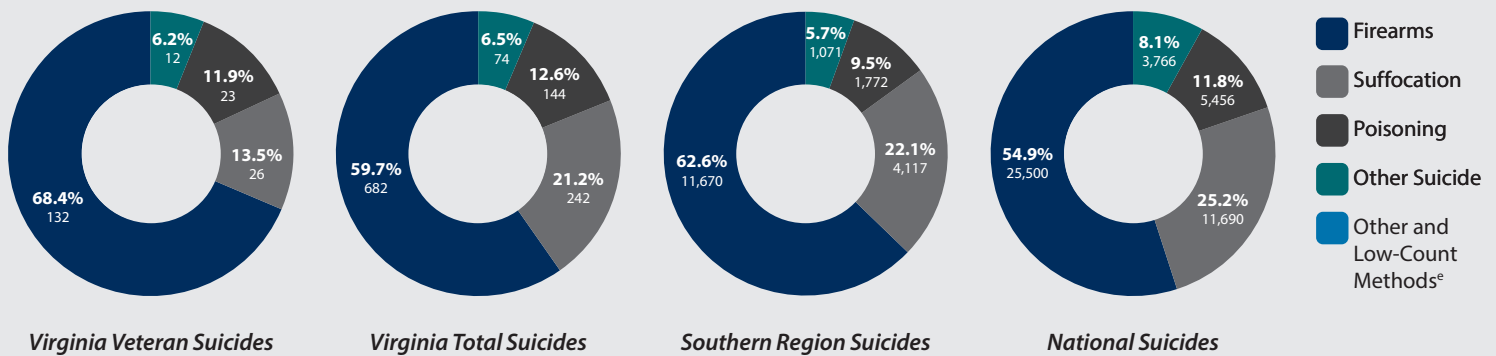
### Virginia Veteran and Total Virginia, Southern Region, and National Suicide Deaths and Rates by Age Group, 2021<sup>c</sup>

Age Group	Virginia Veteran Suicides	Virginia Total Suicides	Southern Region Total Suicides	National Total Suicides	Virginia Veteran Suicide Rate per 100,000	Virginia Suicide Rate per 100,000	Southern Region Suicide Rate per 100,000	National Suicide Rate per 100,000
18-34	30	364	5,667	14,230	40.5	18.4	19.7	18.8
35-54	60	355	6,141	15,263	27.3	15.8	19.0	18.2
55-74	70	312	4,970	12,411	25.3	15.8	17.2	16.2
75+	32	111	1,852	4,508	24.4	20.1	22.1	20.3
All	193	1,142	18,630	46,412	27.5	16.9	18.9	18.0



U.S. Department of Veterans Affairs

## Virginia Veteran and Total Virginia, Southern Region, and National Suicide Deaths by Method,<sup>d</sup> 2021



These 2021 state data sheets are based on a collaborative effort among the U.S. Department of Veterans Affairs (VA), the U.S. Department of Defense (DoD), and the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS). The statistics presented are derived from multiple data sources, including the VA Office of Enterprise Integration, the VA Serious Mental Illness Treatment Resource and Evaluation Center, VA Health Outcomes Military Exposures (HOME) Program, the VA Center of Excellence for Suicide Prevention, and the DoD Defense Suicide Prevention Office.

These sheets include information on the Veteran population and general U.S. population age 18 and older, with deaths reported in the contiguous United States, Alaska, and Hawaii. The total state, regional, and national counts and rates presented include both Veterans and non-Veterans.

Suicide deaths are identified based on the underlying cause of death indicated on the state death certificate. For Veteran decedents, this information comes from the NCHS National Death Index (NDI) and was obtained from the joint VA/DoD Mortality Data Repository (MDR). Suicide death counts for the general U.S. population were obtained from CDC WONDER (Wide-ranging ONline Data for Epidemiologic Research).<sup>7</sup> Underlying cause of death is defined as (a) the disease or injury that initiated the train of events leading directly to death, or (b) the circumstances of the accident or violence that produced the fatal injury.<sup>9</sup> The ICD-10 (International Classification of Diseases, 10th revision) codes used to define suicide deaths are X60–X84, U03, and Y87.0.

Suicide rates presented are unadjusted rates per 100,000, calculated as the number of suicide deaths in 2021 divided by the estimated population and multiplied by 100,000. Significance statements are based on the ratio of direct age-adjusted rates, using the 2000 projected U.S. population as the standard.<sup>10</sup> Linearly interpolated estimates of the Veteran Population Projection Model 2020 (VetPop2020) were used in calculating rates to estimate the Veteran population for each state and age group.<sup>11</sup> These estimates were calculated to reflect the Veteran population estimate as of July 1st. Based on guidance from the VA Office of Enterprise Integration, the interpolated July 1st Veteran population estimates were generated by calculating the population difference between current and prior year estimates on September 30th provided in VetPop and multiplying by an adjustment factor for the time difference between July 1st and September 30th. NCHS single-race population estimates were used to estimate the general U.S. population.<sup>12</sup>

Veteran age-specific counts may not sum to the total counts because there are a small number of deaths for which age information is unavailable. These deaths are included in overall counts and rates but are not distributed among age groups; therefore, they are not included in age-specific counts, age-specific rates, or age-adjusted rates. Rates are marked with an asterisk (\*) when the rate is calculated from fewer than 20 deaths. Rates based on small numbers of deaths are considered statistically unreliable because a small change in the number of deaths might result in a large change in the rate. Because suicide rates based on fewer than 20 suicide deaths are considered statistically unreliable, any comparisons between age-adjusted rates and underlying age-specific rates based on fewer than 20 suicide deaths should be interpreted with caution.

To protect privacy and to prevent revealing information that may identify specific decedents, counts and rates are suppressed when based on 0–9 individuals. For suicide deaths by method, in cases where the number of deaths in any one of the categories was lower than 10, the categories with the smallest counts were combined until the minimum count of 10 was reached, to maintain confidentiality.

<sup>a</sup> The 2021 state data sheets contain suicide information for all 50 states and the District of Columbia.

<sup>b</sup> Suicide rates presented in the tables are unadjusted for age. Age-adjusting suicide rates ensures that the differences in rates are not due to differences in the age distributions of the populations being compared. In some cases, the results of comparisons of age-adjusted rates differ from those of unadjusted rates. Comparison of rates is based on the ratio of age-adjusted rates; significance is determined based on a p-value <0.05.

<sup>c</sup> Rates presented are unadjusted rates per 100,000. To protect privacy, and prevent revealing information that may identify specific individuals, counts and rates are suppressed when based on 0–9 people. Rates calculated with a numerator of less than 20 are considered statistically unreliable, as indicated by an asterisk (\*).

<sup>d</sup> Methods are based on ICD-10 codes X72 to X74 for firearms, X60 to X69 for poisoning (including intentional overdose), and X70 for suffocation (including strangulation). "Other Suicide" includes all other intentional self-harm, including cutting/piercing, drowning, falling, fire/flame, other land transport, being struck by/against, and other specified or unspecified injury.

<sup>e</sup> "Other Suicide" refers to all methods of suicide death apart from firearms, suffocation, and poisoning. "Low-Count Methods" refers to methods involved in fewer than 10 deaths in a given state or territory. In states or territories with fewer than 10 firearm deaths, suffocation deaths, or poisoning deaths, those data are represented in the "Other and Low-Count Methods" category to protect the privacy of individual suicide decedents.

<sup>f</sup> National, regional, and state general population suicide counts are obtained from the CDC WONDER online database. For more information on CDC WONDER, please refer to <http://wonder.cdc.gov/ucd-icd10.html>.

<sup>g</sup> World Health Organization, Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death, based on the recommendations of the Ninth Revision Conference, 1975; Geneva, 1977.

<sup>h</sup> Klein, RJ, and Schoenborn, CA. Age adjustment using the 2000 projected U.S. population. Healthy People Statistical Notes, No. 20. Hyattsville, Maryland: National Center for Health Statistics. January 2001.

<sup>i</sup> Veteran Population Projection Model 2020 (VetPop2020), Predictive Analytics and Actuary, Office of Enterprise Integration, Department of Veterans Affairs.

<sup>j</sup> CDC, NCHS, Single-race Population Estimates, United States, 2021. July 1st resident population by state, age, sex, single-race, and Hispanic origin, on CDC WONDER Online Database. Vintage 2021 estimates released by U.S. Census Bureau on June 30, 2022. Accessed at <http://wonder.cdc.gov/single-race-single-year-v2021.html>.



**Suicide Prevention and Opioid Addiction Services**  
**FY23-FY24 Community / Research Grant Recipients**

Award Recipient/Point of Contact	Location(s)	Number of SMVF Proposed for Year 1	Award Amount	Grant Funded Service
<b>COMMUNITY</b>				
REBOOT Recovery <a href="mailto:evan@rebootrecovery.com">evan@rebootrecovery.com</a> Evan Owens 615-715-2065	York, Stafford, Prince George, Hampton, Hanover	300	\$75,000	The goal of this program is to organize the “largest peer-led response to suicide ever built.” According to their application REBOOT courses are currently held in 43 states and 11 countries.
Edge Clinical Services <a href="mailto:ejones@eclinical.org">ejones@eclinical.org</a> Eric Jones 757-289-2571	Eastern and Western Regions of VA	72	\$100,000	The goal of this project would be to reduce the incidence of suicide and opioid addiction among SMVF populations in the eastern and western part of Virginia by providing culturally informed and tailored primary prevention-based strategies to homeless and incarcerated Veterans, especially in underserved areas.
Western Tidewater CSB <a href="mailto:Sreaves@wtcsb.org">Sreaves@wtcsb.org</a> Sheila Reaves 757-617-8795	Eastern VA	50	\$125,000	The goal of this program is to provide screening, assessment, and weekly or biweekly treatment for up to 40 concurrent SMVF in an outpatient setting for substance use treatment. The applicant is utilizing DVS funds to also improve capacity for treatment of substance use disorders in the Eastern Region by up to 50 individuals per year.

LivingWorks <a href="mailto:jerry.swanner@livingworks.net">jerry.swanner@livingworks.net</a> Jerry Swanner 910-670-9306	Charlottesville, Lynchburg, Staunton, Norfolk	1278	\$100,000	The goal of this program is to strengthen the suicide prevention Network of Safety by training up to 5,560 SMVF members using best practice LivingWorks suicide awareness and intervention skills programs.
Galax Treatment Centers/Acadia Healthcare- VA Treatment Centers <a href="mailto:scott.swinburne@CTCPrograms.com">scott.swinburne@CTCPrograms.com</a> Scott Swinburne 616-856-8352	Winchester City, Christiansburg, Cedar Bluff, Galax	30	\$124,968	The goal of this program is to screen and assess patients, develop individualized plans of care, share data at the clinic level and provide regular education for SMVF patients in addition to a Peer Recovery Support Specialist at each of their 4 clinics.
Lighthouse Beacon Church/Beacon Institute <a href="mailto:sharon.schlerf.newcomb@bi-vph.org">sharon.schlerf.newcomb@bi-vph.org</a> Sharon Schlerf 804-384-9325 804-384-9323	Williamsburg, Hampton Road area	44	\$60,000	The goal of program is to train 48 individuals to become Peer Support specialists which they estimate will serve 432 within the SMVF community over the course of one year.
Hope for the Warriors (HOPE) <a href="mailto:jhuffman@hopeforthewarriors.org">jhuffman@hopeforthewarriors.org</a> Jennifer Huffman 910-382-4940	Springfield	78	\$100,000	The goal of HOPE seeks to expand its presence in Virginia where, since 2021, it has partnered with the Virginia Governor's Challenge to Prevent Suicide Among Military Service Members, Veterans, and Families and uses VISR 2.0 to screen veterans throughout the state.
The Hazel Gray Foundation <a href="mailto:dsmith@hazelgrayfoundation.org">dsmith@hazelgrayfoundation.org</a> Desiree Smith 757-214-2934	Eastern VA, Hampton Roads	12	\$100,000	The goal of this program is to provide virtual individual and group psychotherapy for 8 to 12 eligible participants weekly for 90 minutes of intensive trauma recovery treatment with individual sessions scheduled as needed.
Veterans Moving Forward <a href="mailto:lsittner@vetsfwd.org">lsittner@vetsfwd.org</a> Lori Sittner 703-665-2129	Statewide	2500	\$100,000	With this project, the goal is to acquire and train four additional service dogs, six additional therapy/facility dogs, and one additional emotional support dog.
Warrior Canine Connection <a href="mailto:jenwilder@warriorcanineconnection.org">jenwilder@warriorcanineconnection.org</a> Jennifer Wilder 937-416-9245	Statewide	50	\$125,000	The organization seeks support to expand its services to more Virginia Veterans through the Rappahannock Regional Veterans Docket held at the Spotsylvania Circuit Court, at Fort Belvoir, and in partnership with fellow nonprofit organizations such as Veterans of Foreign Wars (VFW).

Objective Zero <a href="mailto:glori@objectivezero.org">glori@objectivezero.org</a> Gloria Fernandez 202-573-9660	Statewide	15	\$75,000	Objective Zero's goal is to use DVS grant funds to expand, design, test, and implement a new feature that enables Objective Zero to better serve the SVMF community and enable them to better connect with peer support Pathfinders through an app.
Trails of Purpose <a href="mailto:kyle.arestivo@trailsofpurpose.com">kyle.arestivo@trailsofpurpose.com</a> Kyle Arestivo 757-447-4173	Hampton Roads and Eastern VA	80	\$125,000	Trails of Purpose goal is to (provide Equine Assisted Psychotherapy (EAP) that will address Suicide Prevention and Opioid Addiction by expanding the program's capacity to serve more SMVF and provide a deeper level of engagement with participants.
Hero's Bridge <a href="mailto:mbrooks@herosbridge.org">mbrooks@herosbridge.org</a> Molly Brooks 540-341-5378	Fauquier, Culpeper, Tappahannock, Madison	150	\$75,006	Provides a Community Health Worker to support aging veterans and perform comprehensive suicide risk screenings/assessments utilizing the trauma informed care concepts to improve their Quality-of-Life scores.
Help Our Wounded (HOW) Foundation <a href="mailto:sarah@howfoundationsf.org">sarah@howfoundationsf.org</a> Sarah Crane 703-505-8682	Northern, Piedmont, Eastern, and Central VA	15	\$124,971	HOW's project goal to serve eight veterans impacted by TBI and PTSD with 20 daily 1-hour hyperbaric oxygen therapy (HBOT) treatments to decrease suicide ideation in SMVF by helping the brain recover from physical damage resulting from TBIs and PTSD.
The Up Center Andrea Long <a href="mailto:Andrea.Long@theupcenter.org">Andrea.Long@theupcenter.org</a> Kevin Ferguson <a href="mailto:kevin.ferguson@theupcenter.org">kevin.ferguson@theupcenter.org</a> office: 757-354-3819 X124	Eastern Region	600	\$125,000	TUC MFC will use the funds to continue the work with post 9/11 Veterans, active-duty military personnel and families SMVF from all military branches of services who are at risk of suicide in the Hampton Roads region with the primary focus in the five cities of South Hampton Roads.
Mount Rogers CSB <a href="mailto:Lakesha.mayes@mountrogers.org">Lakesha.mayes@mountrogers.org</a> Lakeisha Mayes 276-920-7001	Southwest VA	200	\$125,000	Mount Rogers' goal is to provide REVIVE! (Opioid overdose and Naloxone training) to community members, increasing the number of community members trained by 5% each year, with a minimum of 200 newly trained participants, and 2,400 medication deactivation kits to prevent the risk of medication misuse, Lock-and-Talk boxes, and Trigger Locks to SMVF and community stakeholders serving the target population.
Master Center for Addiction Medicine (MCAM) <a href="mailto:amckean@mastercenter.com">amckean@mastercenter.com</a>	Eastern and Central Region	40	\$124,788.33	Master Center will use the funds provided to 1.) Provide specialized care for SMVF in the Eastern and Central regions. They would host a weekly group therapy session specifically catered to member of the SMVF community.

<a href="mailto:mtenney@mastercenter.com">mtenney@mastercenter.com</a> Melanie Tenney 804-200-0702				2.) Open new access points in Norfolk and Virginia Beach. 3.) Hire Staff to meet the focused education and increased service needs
Stone Ridge Foundation/National Center for Healthy Vets <a href="mailto:morganfisk@healthyveterans.org">morganfisk@healthyveterans.org</a> Morgan Fisk 910-769-2178	Richmond, VA	40	\$106,857.14	Stone Ridge Foundation will provide (1) virtual programs, (2) Topic-based classes followed by hands on coaching, (3) Counseling overseen by Licensed Professional Counselors (LPC), (4) Speaking engagements to very large national training conferences (5) on-site and on-line small group sessions.
Center for Child and Family Services, Inc. <a href="mailto:michaeledmonds@healthyveterans.org">michaeledmonds@healthyveterans.org</a> Michael Edmonds 757-838-1960	Newport News	150	\$100,000.38	CCFS will use individual assessments to develop individual treatment goals for each client and they will also use pre and post assessments to measure depression, suicide, and posttraumatic stress symptoms throughout the client's duration of treatment evidence-based trauma treatments to include Dialectical Behavioral Therapy (DBT), Eye Movement Desensitization Reprocessing (EMDR), and Cognitive Behavioral Therapy (CBT).
Movers Development Centers, Inc. <a href="mailto:ColeenC@M3BridgeRecovery.org">ColeenC@M3BridgeRecovery.org</a> Coleen Cherici 804-986-9970 804-439-0612	Richmond/Chesterfield	120	\$100,000	MDC proposes to provide services in four life domains to include: Intensive Program of Education and Guided Groups- 30 to 90 days, Monitored Residential Housing Program- 6 months to 2 years, Individual Therapy, Family Counseling, and reunification, Aftercare Follow-up.
Recovering By Numbers, Inc. <a href="mailto:c.morgan@recoveringbynumbers.com">c.morgan@recoveringbynumbers.com</a> Courtney Morgan 757-593-9795	Newport News, Hampton, Chesapeake	120	\$100,000	RBN proposes to provide individual and family counseling for underserved groups within SMVF, specifically: 100 active service members and/or veterans, and at least one additional family member for a minimum of 200 served over 12 months.
IMend <a href="mailto:Sfernandez@imentherapy.com">Sfernandez@imentherapy.com</a> Sharon Fernandez 571-470-3266	Lorton, Fairfax, Loudoun, Prince William, Arlington, Alexandria	48	\$75,000	IMend intends to use its award to fulfill several objectives, including 200 SMVF for individual, couples, or family counseling, 50 SMVF for EMDR therapy, 100 SMVF for training in crisis intervention and suicide prevention strategies, and 500 SMVF for psychoeducation sessions on mental health-related topics.

<p>Zeno Wellness Group, LLC  <a href="mailto:Info@zenowellnessgroup.com">Info@zenowellnessgroup.com</a>          Prescilla Zeno          757-567-5854</p>	<p>Franklin, VA and East Region</p>	<p>125</p>	<p>\$99,984.86</p>	<p>Zeno Wellness Group (ZWG) aims to improve access to peer support services for service members, veterans, and their families (SMVF) and reduce rates of suicide, behavioral health needs, and substance use challenges (including opioid use) in the East region of Virginia.</p>
<p>Virginia Treatment Center  <a href="mailto:Scott.Swinburne@CTCPrograms.com">Scott.Swinburne@CTCPrograms.com</a>          Scott Swinburne          616-856-8352</p>	<p>Lynchburg, Roanoke</p>	<p>20</p>	<p>\$99,998</p>	<p>VTC goal is to develop the staff training program specific to SMVF and suicide prevention; have at least one counselor at each facility attend training and receive Addiction Treatment in Military and Veteran Culture Certificate; they will conduct individual and group counseling sessions with SMVF; each clinic will have a case manager/behavioral health assistant designated to provide case management and care coordination services to SMVF.</p>
<p>AA&amp; K Services LLC.  <a href="mailto:aakservices.23@gmail.com">aakservices.23@gmail.com</a>          Courtney Morgan          703-429-0105</p>	<p>Chesapeake</p>	<p>20</p>	<p>\$75,000</p>	<p>The goal is to provide a groundbreaking initiative designed to provide therapeutic and rehabilitative support to veterans through the power of music. The primary objective of the Veteran Music program is to support the process of healing and reintegration for veterans through the transformative power of creativity and personal growth.</p>
<p>Easter Seals Suicide Prevention Services  <a href="mailto:lbram@eseal.org">lbram@eseal.org</a>          Larry Bram          301-920-9711</p>	<p>Northern Virginia</p>	<p>200</p>	<p>\$100,000</p>	<p>The program is designed to improve behavioral health outcomes for veterans and their families so that they have the foundation they need to counter the effects of the balancing act in their everyday lives, helping to keep them from feeling overwhelmed to the point where they feel suicide is their only escape.</p>
<p>EveryMind Inc.  <a href="mailto:amazur@every-mind.org">amazur@every-mind.org</a>          Ann Mazur          301-424-0656</p>	<p>Northern Virginia</p>	<p>200</p>	<p>\$100,000</p>	<p>Provide immediate safety planning and link to crisis care resources for Veterans who are at-risk of suicide. Educate SMVF on best practices and educate community service providers on military culture and suicide prevention best practices.</p>
<p>GNUS Corporation  <a href="mailto:gnuscorp@gmail.com">gnuscorp@gmail.com</a>          Francine R Williams          571-606-8037</p>	<p>Richmond, Petersburg, and surrounding areas.</p>	<p>1500</p>	<p>\$100,000</p>	<p>GNUS will provide Peer Support and Community Stabilization Services with a Mobile Opioid Addiction and Suicide Prevention Support Group Program utilizing Peer Group Sessions open to SMVF struggling with Opioid Addiction and thoughts of Suicide.</p>

<p>Headstrong Project Inc. (The)  <a href="mailto:Sknowlton@theheadstrongproject.org">Sknowlton@theheadstrongproject.org</a>  Shae Knowlton  480-310-6649</p>	Statewide	410	\$100,000	THP's goal is to provide comprehensive mental health services that effectively address specialized trauma and culturally sensitive mental health treatment, along with targeted suicide prevention services, to Service Members, Veterans, and their Families (SMVF).
<p>Hope Seekers Community Support Seekers  <a href="mailto:SDREHER@HOPESEEKERSCSS.COM">SDREHER@HOPESEEKERSCSS.COM</a>  Simone Dreher  757-224-1480</p>	Newport News	65	\$75,000	The project aims to provide comprehensive case management activities along with supportive housing that supports suicide prevention and/or opioid addiction services.
<p>JIA Staffing  <a href="mailto:Timi.Ugbade@Jiastaffing.com">Timi.Ugbade@Jiastaffing.com</a>  Timi Ugbade  301-404-2245</p>	Northern Virginia	100	\$75,000	The proposed project aims to address the urgent need for suicide prevention and opioid addiction services among SMVF, through virtual peer support.
<p>Mahogany (The Mahogany Projek) LLC.  <a href="mailto:shardeo.gray@themahoganyprojek.com">shardeo.gray@themahoganyprojek.com</a>  Sharde O'Rourke  757-945-4005</p>	Chesapeake	40	\$125,000	The desired high-level outcome is for both military couple's and children will report a decrease of depressive symptoms, anxiety symptoms, conflict, suicidal ideation, opiate use and an increase in communication, self-control, use of effective coping skills. The military service members and their family will report an overall increase in wellness and way of managing day to day stressors per the survey they are provided both pre and post services.
<p>Merging Vets and Players  <a href="mailto:lparmeter@vetsandplayers.org">lparmeter@vetsandplayers.org</a>  Lisa Parmeter  502-417-4223</p>	Statewide	1380	\$75,000	Our project intends to reach 500 veterans and 600 veteran family members through our suicide prevention and supportive services in and around the Arlington, Virginia, area. Our activities include (4) quarterly pop-up sessions, (6) MVP workouts, (20) MVP Core Sessions, and (12) virtual psycho-education courses. We plan to offer four total pop-up events, one per quarter, which will take place throughout Virginia to introduce our program and services to veterans and their families.
<p>Military Retirees Club of Richmond, Virginia, Inc.  <a href="mailto:sonjajohns13@hughes.net">sonjajohns13@hughes.net</a>  Dr. Sonja Johns  804-500-5000</p>	City of Richmond	100	\$75,000	The goal of our program is to prevent suicide and opioid abuse in the veteran community by bridging the gap between veterans in the Richmond Metropolitan Area and the resources available to them. One of our objectives is to have biannual resource fairs to connect veterans with invaluable resources, such as digital literacy assistance, counseling for emotional management, substance abuse groups, and shelters for veterans.

<p>Northern Virginia Veterans Association  <a href="mailto:President@novavets.org">President@novavets.org</a>;  <a href="mailto:Melissa@novavets.org">Melissa@novavets.org</a>;  <a href="mailto:SupportLead@novavets.org">SupportLead@novavets.org</a>  Angela H. McConnell  703-986-7444</p>	<p>Northern VA</p>	<p>250</p>	<p>\$125,000</p>	<p>We support the veteran underserved population which includes elderly, minorities, low income, disabled and marginalized subpopulations. NOVA Veterans is the bridging nonprofit that provides our vulnerable veterans direct access to services. We provide personal support and coordinate services for our most vulnerable veterans and their families, at no cost, to a vast system of community resources addressing needs that support their quality of life.</p>
<p>OMEGA (Innovative Strategies Consulting LLC.)  <a href="mailto:isclic.consulting@gmail.com">isclic.consulting@gmail.com</a>  Dr. Omega Wilson  804-218-1410</p>	<p>Richmond, Petersburg, Farmville, Hampton, Norfolk, Newport News and Chesapeake</p>	<p>50-100</p>	<p>\$100,000</p>	<p>They plan to enhance the well-being and quality of life through health therapeutic paths for mental health, resilience workshops, community cohesion initiatives, building a peer support network, providing opioid awareness and safety training, and hosting a holistic retreat. Other initiatives include, individual/family/group counseling services, youth engagement services, Highland Park movie nights, and a career and Technical Education program.</p>
<p>Panacea Behavioral Health &amp; Wellness Center  <a href="mailto:sandra@panaceabhwc.com">sandra@panaceabhwc.com</a>  Sandra Nichols  757-251-0879</p>	<p>Virginia Beach</p>	<p>500</p>	<p>\$125,000</p>	<p>The goal of Panacea is to provide community-based services that provides suicide prevention and opioid addiction services for SMVF.</p>
<p>Encompass Community Supports, Formerly Rappahannock Rapidan Community Services Board  Kristi South  <a href="mailto:Ksouth@ecsva.org">Ksouth@ecsva.org</a>  540-827-7122  <a href="mailto:georgenebrown@rrcsb.org">georgenebrown@rrcsb.org</a>  Georgene Brown  540-825-3100</p>	<p>Culpeper, Madison, Fauquier, Orange, and Rappahannock counties</p>	<p>150</p>	<p>\$100,000</p>	<p>The goal of this program is to increase the rate of engagement of local veterans in support and treatment programs, reduce SMVF involuntary crisis response call and to decrease SMVF Opioid overdose rates.</p>
<p>Stop the Addiction Fatality Epidemic (SAFE) Project  <a href="mailto:jeff@safeproject.us">jeff@safeproject.us</a>  Jeffrey Horwitz  703-216-9633   <a href="mailto:Kelley@safeproject.us">Kelley@safeproject.us</a>  Kelley Niedvwicecki  775-762-5821</p>	<p>Statewide</p>	<p>80</p>	<p>\$100,000</p>	<p>SAFE Project's primary goal for this project is to develop a TOT program for the "Veteran Wellness: Journey from Coping to Thriving" program. We are focused on training trainers in Virginia communities, coalitions, and veteran-serving organizations to scale and sustain the effectiveness and impact of this evidence-based, trauma-informed program.</p>

Vision Hope Healing LLC. <a href="mailto:Teressa.bowman@visionhopeandhealing.com">Teressa.bowman@visionhopeandhealing.com</a> Dr. Teressa Bowman 571-210-0268	Statewide	100	\$125,000	VHH will provide wrap around counseling services for Service Members, Veterans, and their Families (SMVF) Specifically. Support men, women, and children by offering groups, Clinical counseling /therapy, Screening/assessment services, Peer support and Crisis intervention. Below you will find a detailed description of project services offered.
That ZEN Life Wellness Foundation Inc. <a href="mailto:admin@ThatZenLife.org">admin@ThatZenLife.org</a> Javieone Hibbler Luis Z.-Pimentel 757-544-9997	Suffolk, Norfolk, and Chesapeake	112	\$125,000	The overall goal of this project is to prevent opioid use and reduce the number of people who die by suicide while building the capacity to provide supportive services to SMVF in the urban areas of Suffolk, Norfolk, and Chesapeake City. Our proposed plan outlines a comprehensive approach to serve SMVF in a trauma-informed and culturally sensitive manner including recruitment, training, supervision, peer support, and referral to other supportive services.
<b>RESEARCH GRANTS</b>				
George Mason University (GMU) <a href="mailto:Krenshaw@gmu.edu">Krenshaw@gmu.edu</a> Dr. Keith Renshaw <a href="mailto:ospaor@gmu.edu">ospaor@gmu.edu</a> Magge Ewell 703-993-4806	Fairfax, VA	40	\$150,000	The primary purpose of the proposed study is the development and pilot testing of misuse of prescription drugs – demonstrating a clear link with suicide attempts and death by suicide.
Norfolk State University (NSU) <a href="mailto:imarshall@nsu.edu">imarshall@nsu.edu</a> Dr. Isiah Marshall 757-823-8648	Norfolk, VA	20 - 40	\$147,400	This research project is to examine the impact of belongingness and social support on cessation of suicidal ideation, plans, and behaviors among African American military veterans.
New River Community College (NVCC) <a href="mailto:dkennedy@nr.edu">dkennedy@nr.edu</a> Dr. Deborah Kennedy 540-674-3690	Dublin, VA	Numbers based on veteran student population	\$150,000	This research grant is to develop a database of all veterans attending NRCC and living in the NRCC Region with the purpose of developing a contact list for checking on them and inviting them to events at the college.
Virginia Military Institute (VMI) <a href="mailto:laroccama@vmi.edu">laroccama@vmi.edu</a> Dr. Michael LaRocca 540-464-7860	Lexington, VA	250	\$150,000	The proposed research is “Veteran Suicide: Examining the Role of Active Duty and Post-Discharge Experiences,” and our purpose is to investigate key risk and protective factors of veteran suicide that have not been adequately researched to date.

<p>Virginia Polytechnic Institute and State University  <a href="mailto:sbarrera@vt.edu">sbarrera@vt.edu</a>  Sergio Barrera  520-508-4296</p>	<p>Blacksburg, VA</p>	<p>Quality of Care Data</p>	<p>\$150,000</p>	<p>This research proposes to gain a better understanding of the obstacles to care, we propose to study both individual factors (including but not limited to demographic variables such as military service history, and disability rating) as well as greater systemic factors (such as access, policies, geography) that may impact veterans' decision to seek mental health care, as well as suicide and substance use risk. Penn State and Yale are collaborators.</p>
<p>Duke University/  <a href="mailto:gcmil@mc.duke.edu">gcmil@mc.duke.edu</a>  Jennifer McCalister  919-684-5175  Vanessa Gordon, M.B.A.  <a href="mailto:vanessa.gordon@duke.edu">vanessa.gordon@duke.edu</a>  Grants &amp; Contracts E-Mail  <a href="mailto:gntconml@dm.duke.edu">gntconml@dm.duke.edu</a>  Cristiane Kopper  <a href="mailto:cristiane.kopper@duke.edu">cristiane.kopper@duke.edu</a>  Natalie White, J.D.  <a href="mailto:natalie.white@duke.edu">natalie.white@duke.edu</a>  Ashley Price <a href="mailto:ashley.e.price@duke.edu">ashley.e.price@duke.edu</a></p>	<p>Statewide</p>	<p>50</p>	<p>\$218,603</p>	<p>Aim 1, we will pilot recruitment methods in the D.C.-Maryland-Virginia area designed to increase the representativeness and diversity of former service members included in suicide research studies and will collect and analyze interview data from the family and friends of this diverse group. In Aim 2, we will conduct a census of suicide and opioid overdose deaths among Virginia's former service members to provide veteran serving organizations with data on the former service members at high risk.</p>
<p>W2 Consulting/  <a href="mailto:Kwashington@w2consultingcorp.com">Kwashington@w2consultingcorp.com</a>  Dr. Kristin Washington  301-960-3717</p>	<p>Statewide</p>	<p>Quality of Care Data</p>	<p>\$297,215</p>	<p>Aim 1: To build a compendium of existing strategies and determine their effectiveness in facilitating the reach and delivery of program services to the targeted population and delineate why they did or did not work as intended. (Year 1)</p> <p>Aim 2: To explore with program stakeholders the extent to which existing suicide prevention programs can be improved by applying machine learning, out-of-care outreach, or educational communication strategies, and examine what other implementation strategies can optimally increase program effectiveness via implementation outcomes of applicability, acceptability, appropriateness, and sustainability. (Year 1)</p> <p>Aim 3: To spotlight successful implementation strategies utilized by Virginia's existing suicide prevention programs that have been impactful in</p>

				reaching and providing accessible services to SMVF communities. (Option - Year 2)
Yale University/ <a href="mailto:gcat@yale.edu">gcat@yale.edu</a> Danielle O'Brien 203-785-4689	Statewide	Quality of Care Data	\$299,096	Objective 1: Obtain extensive survey data from a large sample of Virginia Veterans to understand and identify a wide array of factors associated with suicide risk, protective factors, and factors related to opioid disorders and the extent to which these are present in the Virginia Veteran population.  Objective 2 has three parts: (1) Examine current practice of suicide risk assessment and prevention at Virginia institutions and services use by Veterans, including both VA and non-VA healthcare; (2) Compare these practices with "best practices" guidelines for suicide prevention, intervention and postvention; and (3) use data gathered in phase 1 (Objective 1) to examine the "goodness of fit" between veteran risk factors and needs in Virginia and the current practices for assessment, prevention, and intervention.

### **FY23 - 29 Grants**

FY23 – Community Grants – Total Awards - \$2,466,573.71

FY23 – MOA Grants - Total Awards - \$747,400

Total Awards - \$3,213,973.71

### **FY24 - 20 Grants**

FY24 – Community Grants – Total Awards - \$1,700,000

FY24 – Research Grants – Total Award - \$814,914

Total Award - \$2,514,914

**FY23 - 24 – 49 Total Grants - \$5,728,887.71**