Virginia Governor’s Challenge to Prevent Suicide Among Military Service Members, Veterans, and Families (SMVF)

**Virginia’s Identify SMVF, Screen for Suicide Risk, and Refer for Services (VISR) Pilot**

**Background:**

Virginia is 1 of 7 States to join the Governor’s Suicide Prevention Challenge. The United States Department of Veterans Affairs (VA) Veterans Health Administration (VHA) has partnered with the Department of Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA) through a call to action for state and local communities to implement the VA’s [2018-2028 National Strategy for the Prevention of Veteran Suicide](https://www.mentalhealth.va.gov/suicide_prevention/data.asp). The aim of the National Strategy is to prevent suicide among Service Members, Veterans, and their Families (SMVF) using a comprehensive public health approach.

Virginia has the 8th largest veteran population (approximately 715,000 of our citizens) and 2nd largest active duty population (approximately 131,000 of our citizens) in the Nation. In addition, there are approximately 17,000 Reserve component and 8,700 Virginia National Guard (Army and Air components) Service Members in Virginia. **Virginia also has the largest number of military-connected children** in the Nation in our public schools. Military-connected individuals (including family members, caregivers, and loved ones) are an important part of all of our communities.

Of the 19.9 million veterans in the United States, only 30 percent use VA healthcare services; 70% of veterans utilize community settings for health and behavioral healthcare, or go without such care. However, many community (non-VHA) behavioral health providers are unaware of the number of veterans they are serving and the resources available to them. According to the “Ready to Serve” study conducted by RAND (2014), **only 8% of community providers reported high military cultural competency.**

**Suicide was the 10th leading cause of death in the U.S. in 2017** (47,173 suicide deaths). Veterans accounted for approximately 22 percent of the deaths. Nationwide, more than 6,000 veterans died by suicide each year from 2008-2017. On average, the VA estimates that 17 veterans die by suicide every day (2017); 11 were not connected with the VA for healthcare prior to their deaths.

From 2003 to 2017, **more than 3,250 veterans or service members died by suicide in the Commonwealth of Virginia.** The use of a firearm is the lethal means in most veteran suicide deaths with **72% dying by firearm** compared to approximately 50% for civilians.

The most dangerous time for a person who has been hospitalized for a suicidal crisis is the initial 30 days post hospitalization. Of patients who discharge from an emergency room after a suicide attempt, up to 70 percent do not attend their first outpatient appointment (Knesper).

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VA healthcare has instituted practices to support Veterans’ care transitions post suicide-attempt crisis, including Suicide Prevention Safety Planning in the Emergency Department, post-discharge engagement (caring) contacts after hospitalizations, and the High Risk Patient Record Flag system, with 90 days of enhanced care management.

**Theme of Virginia Governor’s Challenge is the “3Cs – Care, Connect, and Communicate”:**

- **Care:** The provision of accessible and culturally competent behavioral health services.
- **Connect:** Bringing military/veteran specific and community services together; forming systemic partnerships.
- **Communicate:** Educating Service Members, Veterans, and their Families on resources and educating community services providers on military culture and suicide prevention best practices.

**Activities for VISR Pilot participants:**

- Identify Service Members, Veterans, and Family members (SMVF) at intake for services. Staff should ask “Have you or a Family Member ever served in the U.S. Military?” Track number of SMVF identified.
  - When possible, collect military status (Active Duty, Reserve, National Guard), veteran status, and family member status.
- Offer military culture, suicide prevention, and safety planning training to direct services staff and track training completion.
  - A training resource list with free and low cost options will be provided.
- Screen identified SMVF for suicide risk. Track number of SMVF screened and risk level.
  - If identified SMVF are at risk of suicide, provide immediate safety planning and link to crisis care resources.
  - Information on suicide risk screening tool options will be provided.
- Provide resource referrals to identified SMVF to Veterans Health Administration, Military Treatment Facility and/or Virginia Department of Veterans Services if applicable.
  - Resource information to facilitate referrals will be provided.
- Provide all identified SMVF with a Military/Veteran Crisis Line and Virginia Veteran and Family Support resource cards.
  - Resource cards will be provided.
- If the agency provides inpatient behavioral health care, establish a discharge planning and caring contact partnership with nearest U.S. Department of Veterans Affairs Health Care Facility to streamline follow-on care for eligible veterans at discharge.
  - Connections to VA Health Care Facilities will be provided in order to facilitate referrals.

*The Governor’s Challenge Pilot Workgroup will assist each agency with training resources and data reporting (reports will be due every other month with 3 total reporting periods).*

**VISR Pilot Timeline:** Enroll by November 30, 2019; Screening by February 1, 2020; and Pilot Data Collection/Sustainability Planning by September 1, 2020.

For questions and to enroll, contact Brandi Jancaitis, Military and Veterans Affairs Manager for DBHDS at brandi.jancaitis@dbhds.virginia.gov. Please identify an agency lead to participate in monthly meetings. *Note: there is no monetary award for Pilot activities.*