STATEMENT FOR THE RECORD
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES

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

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by the

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Chairman Takano, Ranking Member Bost and Distinguished Members of the Committee:

On behalf of our organizations, we thank you for the opportunity to submit a statement for the record for today's hearing on the U.S. Department of Veterans Affairs' (VA's) efforts to prevent veteran suicide. As a collective group who has previously presented statements for the record to your committee, we want to convey our appreciation for your leadership on this issue and commitment to ensure the provision of life-saving services. We have published on this topic in peer-reviewed journals, contributed to the President's Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS) and know firsthand the piercing anguish of losing a veteran patient to suicide.

There are many components to the VA's Office of Mental Health and Suicide Prevention suicide prevention program, and our comments will focus on four that we consider to be most pressing – lethal means safety, clinician training, staffing and research.

Although we will discuss consequential gaps in program resources, let us state up front that VA is widely recognized as the national leader in suicide prevention. It is bold and forward-thinking in its community-based and individual-based interventions that prevent veterans dying by suicide and help them build lives of purpose and connection. As detailed below, VA is also collaborating with firearm industry stakeholders in unprecedented ways that will ultimately have major new impacts in preventing suicide among veterans and civilians alike.

Veteran Suicide Data

In 2020, 6,146 U.S. veterans died by suicide, approximately 17 per day.[1] Without question, far more needs to be accomplished. But there are strong indicators in last week's National Veteran Suicide Prevention Report that VA's efforts are producing positive results:

- After years of gradual yearly increases in rates and raw numbers, veteran suicide deaths peaked in 2018 and decreased in each of the following two years.
- Compared to 2018, the 2020 age and sex-adjusted rate of veteran suicide deaths decreased by 9.7% (nearly twice the decrease of non-veterans over those two years).

VA's 2022 National Veteran Suicide Prevention Report bases its data analyses on multiple federal data sources that identify all known veterans, and on CDC's National Death Index, which identifies all possible veteran matches for death by suicide. This comprehensive methodology ensures that the results contained in the report present the most accurate depiction possible of national veteran suicide trends.

Lethal Means Safety

Approximately 72% of male veteran suicide deaths and 48% of female veteran suicide deaths are by firearms, rates that exceed already high percentages among non-veterans.[1]

Although suicide is often contemplated over an extended period, for most individuals the attempt occurs only minutes after making the decision to end their life. In those moments, increasing the time and space it takes to access firearms has been shown to prevent suicide deaths.

No sincere effort to stem suicide – of veterans and non-veterans – can ignore the role of firearms. Promoting secure storage save lives. On this score, the VA's lethal means safety initiatives have been far ahead of the field:[2]

- VA distributes firearm storage practice resource kits to its primary care, mental health and women's health clinics, and Vet Centers.
- VA offers free, individualized lethal means risk management consultation to all non-VA clinicians who work with veterans.
- VA distributes free firearm cable locks to any veteran who requests one.
- VA produces lethal means safety social media messages and websites.
- VA collaborates with firearm advocates disseminating material and reaching out to rural veterans, a notably at-risk population.

Those advances have been underway for years. The current VA lethal means suicide prevention program leaders have continued to break new ground.

- VA astutely understands that no public health strategy or clinical approach to encourage vulnerable veterans to voluntarily store their firearms safely will be effective without partners from the firearms industry/community. In that regard, VA forged an historic partnership with the National Shooting Sports Foundation (NSSF), the firearms industry

trade association.[3] Having NSSF as a partner helps ensure that VA's lethal means safety initiatives are culturally relevant, come from a trusted source and contain no antifirearm bias.

With NSSF's multi-year collaboration, VA has:

- co-branded an educational, training, and resource toolkit to foster community coalitions and gun retailers to encourage veterans to securely store firearms.
- co-sponsored a COVID-19 firearm suicide prevention video in May 2020 with the NSSF, U.S. Concealed Carry Association and American Foundation for Suicide Prevention.[4]
- aired public service announcements appropriately entitled "Space Between Thought and Trigger" and "Keep It Secure."[5] These sensitively crafted spots, the first of their kind, feature veterans promoting secure storage and delayed access at points of heightened crisis. They had over a billion impressions/730 video views between October 2021 – March 2022.[6]
- co-organized the first-ever firearm industry lethal means safety roundtable, in July 2022, meant to meaningfully address firearm suicide within the industry. Attendees — including manufacturers Smith & Wesson, Glock, Ruger and Magpul — pledged to contribute to the effort and make this event annual. The summit demonstrated that Second Amendment rights advocates and government suicide prevention advocates can benefit from joining hands. It paved the way for more bipartisan collaboration on the need to counsel voluntary safe storage. Plus, it may finally lead to softening of apprehension among the 21% of post 9/11 veterans who won't come for needed mental health care at VAs because they fear confiscation.[7] VA and NSSF deserve huge credit for organizing this game-changing summit.

- Finally, VA ensured that lethal means safety was a core recommendation in the 2020 Trump Administration "President's Roadmap to Empower Veterans and End the National Tragedy of Suicide" (PREVENTS) initiative.

Clinician Competence and the Veterans Community Care Program (VCCP)

There must be ironclad assurance – and it is clinically indicated -- that **every provider who sees a veteran with suicide ideation be trained in suicide prevention**.

The VA has such a training requirement. The department honed a course in cultural competence counseling with at-risk veterans to voluntarily, temporarily reduce access to firearms and other lethal means. All VA mental health, pain, primary care, women's health and Emergency Department providers, and Veterans Crisis Line responders are required to take the course.

By contrast, VCCP providers have no requirement to be educated in lethal means safety counseling -- or even basic suicide risk identification and intervention. Just two-tenths of one percent of VCCP providers have completed a lethal means safety course.[8]

Previous surveys have revealed that community providers rarely screen or counsel their patients — even those at high risk — about firearm access,[9] an inquiry that can be lifesaving. Assessing patients who report suicidal ideation about their access to firearms results in a fourfold reduction in suicide attempts and/or death in the subsequent 180 days.[10]

From the outset of the VCCP, community providers have been given a free pass to treat veterans without any expectation that they are appropriately trained. VA's stated rationale for this lack of standards is the fear that providers will choose to drop out of the network if they have training requirements (even a single hour-long course in suicide prevention). VA is electing to assemble a large pool of available community providers with unknown competence instead of a reliable pool with demonstrated caliber. VA should never take such chances with suicidal veterans. Congress must do right by veterans by **legislatively mandating that providers who undertake the honor of treating veterans must be trained in suicide prevention, including lethal means safety.**

Earlier this month, the independent RAND Corporation review of "The Promise and Challenges of VA Community Care"[11] reminded VA of what needs to occur: "As a payer, VHA can hold third-party administrators responsible for implementing and managing the Community Care Network and accountable for the quality and adequacy of community care providers. To do this, VHA needs to set quality standards and performance metrics and either require providers to report on their ability to meet those expectations or conduct its own evaluations."

At the July HVAC Subcommittee on Health hearing on community care, the subject of preventing veteran suicide was raised in the testimony of co-founders of an East Coast, private, for-profit mental health and addiction treatment company. Using suicide prevention as a justification, they advocated that Congress upend the veterans' care eligibility and delivery system in three ways:

- eliminate VA's role as the pre-authorizer of community care,
- eliminate VA's role determining the intensity of community care that a veteran needs for mental health and substance use disorder problems,
- allow VCCP providers to render treatment to veterans without pre-approval and be paid by VA anyway.

These exceptions are covered by the Veterans COMPACT Act of 2020 for instances when a veteran requires emergency suicide care. But **any actions that bypass suicide risk assessment for veterans, or equate any substance use disorder with the highest emergency level of suicidal risk, are a priori clinically unsound, and run contrary to providing the highest standard of mental health care.**

Such alterations would accelerate funds flowing away from VA and out to the community. As elaborated below, more, not less, funds are needed to staff VA mental health and suicide prevention programs. More, not fewer, veterans benefit from VA's suicide prevention components. That's because they are far superior to the community on a host of metrics, including training standards, mental health care quality standards, specialized suicide prevention

coordinators (SPCs), predictive analytics of Recovery Engagement and Coordination for Health – Veterans Enhanced Treatment (REACH-VET).

Suicide Prevention Coordinators and Mental Health Provider Staffing

In last week's Senate Committee on Veterans Affairs hearing on Veterans Access to Care, Secretary McDonough testified that community care accounted for 35% of health care workload.[12]

The hemorrhaging of patients and funds out of the VA is taking a toll on VA's suicide prevention and mental health care services. The workforce remains markedly understaffed to keep up with demand. As of the first quarter of FY 2020, 58% of facilities failed to meet VHA Directive 1161 (April 28, 2020) which requires facility outpatient mental health staffing ratio to be a minimum 7.72 outpatient clinical mental health FTEs per 1,000 mental health patients, a ratio that, when attained, has been shown to prevent suicide[13] as well as improve SAIL metrics for the provision of high-quality care, access, and satisfaction.[14]

While high levels of staffing reliably predict higher mental health treatment quality, goading providers to work even harder and be more productive could have the opposite effect. A recent published study[15] of VA mental health staff concluded, "**too high of productivity is associated with chaotic work environments and provider burnout**."

Even more alarming and pertinent to today's hearing is a 2021 GAO report[16] – "VA Health Care: Efforts Needed to Ensure Effective Use and Appropriate Staffing of Suicide Prevention Teams." It revealed that heavy program growth of workload has negatively impacted teams, leading to staff burnout and high turnover. GAO recommended that VA develop a new staffing model, and that recommendation has already been closed (i.e., completed).

VA must ensure that facility directors are held accountable for meeting the mental health staffing ratio and new suicide prevention coordinator workload-based model. Every Congressional member should inquire whether their local VAs comply with these models.

Shortages could easily get worse. The PACT Act is set to increase the number of veterans requiring VA suicide prevention services. The new 988 lifeline number is also predicted to increase Veterans Crisis Line call volume by 50%, resulting in more referrals to local SPCs.

A recent publication[17] that examined six years of VA services also demonstrated why additional SPCs are warranted to achieve maximum prevention impact. Each additional SPC contact with a VA patient identified as high risk for suicide was associated with 4% to 5% lower odds of suicide attempt, suicidal behavior, or reactivation of high-risk status in the next year.

Research

Last year, the Department of Justice's updated its interpretation of compensation paid by non-government sources for work done by federal employees. The reinterpretation would prohibit VA employees who are on federal salary from receiving auxiliary compensation from a non-

government source (e.g., private university, VA nonprofit corporation) in the conduct of VA research, even if it is performed outside the employee's tour of duty.

This guidance is beginning to have deleterious impact on VA's suicide prevention research (and indeed much of the VA research endeavor). We're learning about large numbers of VA researchers whose complementary funding is from grants administered through private entities who are seriously considering leaving VA employment or ending their work on vital veterans' health research. Among those is a senior researcher with a multimillion-dollar veteran suicide prevention grant.

VA's ability to address veterans' suicide is dependent on retaining its preeminent caliber researchers. Passage of the bipartisan veterans' legislative package that includes the relevant provisions of VA Infrastructure Powers Exceptional Research Act (VIPER Act, H.R. 5721) will solve this problem. It will enable VA to offer market rate salaries and successfully compete to recruit and retain top tier researchers.

Summary

Even with manifest successes, VA's suicide prevention program needs dedicated Congressional assistance to strengthen its ability to carry the mission forward. Staffing gaps must be filled by attentive enforcement of staffing directives and allocations where needed. Required training in lethal means safety counseling must achieve the bipartisan commitment it warrants. Community mental health care programs must be retained for their intended purpose — to supplement, not supplant, VA's superior suicide prevention services. Passage of the bipartisan veterans' legislative package that includes the VIPER Act is urgently needed.

We thank you for the opportunity to provide our perspectives on this urgent matter.

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