

Comment Prepared by: The Institute for Veterans and Military Families (IVMF)

Submitted to: United States Senate Veterans' Affairs Committee

Regarding: Coping during COVID: Veterans' Mental Health and Implementation of the Hannon Act

March 24, 2021

The Institute for Veterans and Military Families would like to thank the Committee for passing the Hannon Act last year and applaud the Committee members for your continued focus on the next and crucial step: implementation. We appreciate the opportunity to provide our thoughts and reflections for your consideration.

[IVMF's contribution](#) to veteran suicide prevention stems from our experience with our AmericaServes initiative, a care coordination network of over 1,000 providers across 18 communities and 11 states, serving over 40,000 clients since its launch in 2015. Data and feedback from communities demonstrate that helping veterans navigate social services is integral to comprehensive suicide prevention, which requires more than acute mental health interventions. Evidence continues to indicate that veteran mental wellness is impacted by diagnosable mental health challenges such as post-traumatic stress, as well as other economic and social stressors that present during the military-to-civilian transition. These stressors include a range of challenges such as unemployment, financial uncertainty, housing instability, and food security to list a few.

Addressing Precursors to Suicidality

[Research shows](#) that each additional social or economic stressor such as those listed above is correlated with a 64 percent increase in suicidal ideation. In other words, a veteran dealing with simultaneous stressors such as housing instability, unemployment or other challenges experience a heightened likelihood of suicidal ideation. AmericaServes and other care coordination initiatives address this problem by *integrating the health and social care available to veterans*, including clinical care at VA hospitals and social care in communities provided by nonprofit organizations.

During the COVID-19 crisis, supporting veteran mental health has become an even bigger challenge. Factors such as social isolation and difficulties accessing healthcare were in the forefront. At the same time, [unemployment skyrocketed](#) and [food insecurity](#) increased. A national moratorium on evictions has often been the only thing standing between many veteran families and homelessness.

To understand the needs of veterans and their families during crisis, [the IVMF launched a polling effort last April](#) in partnership with Military Times. We found that many of the top needs for veterans and their families in the early months of the pandemic were social and economic needs. Some challenges were cited more frequently than a need for immediate mental healthcare (32%). Fifty-nine percent of respondents cited needing community support, 41% needed financial assistance, and 30% needed food assistance. Data from our AmericaServes program confirm this trend. During April and May this year, food assistance was the most requested service nationally. In nearly six years of supporting coordinated care networks around the country, food assistance has never cracked the top three requested services overall.

Accessing social services for many different needs at once is challenging under normal circumstances and were exacerbated during the pandemic. The severity of need increased, and the types of needs increased for veterans and their families across the board. These moments of crisis highlight the increasing importance of coordinated social services.

Before the COVID-19 outbreak, about 45% of AmericaServes clients requested multiple services at once, and 76% of those (or 34% overall) requested services across multiple service categories. With the pandemic's onset, the number of AmericaServes clients experiencing simultaneous needs **increased**. Fifty-one percent (51%) of clients requested multiple services and 77% of those, 40% overall, requested services across multiple service categories. This change tells us veterans and their families are experiencing more needs across more categories, with each additional stressor risking a measurable impact on their mental health.

Figure 1. COVID-19 Related Client and Service Requests in AmericaServes Networks (Feb 2020-Feb 2021)

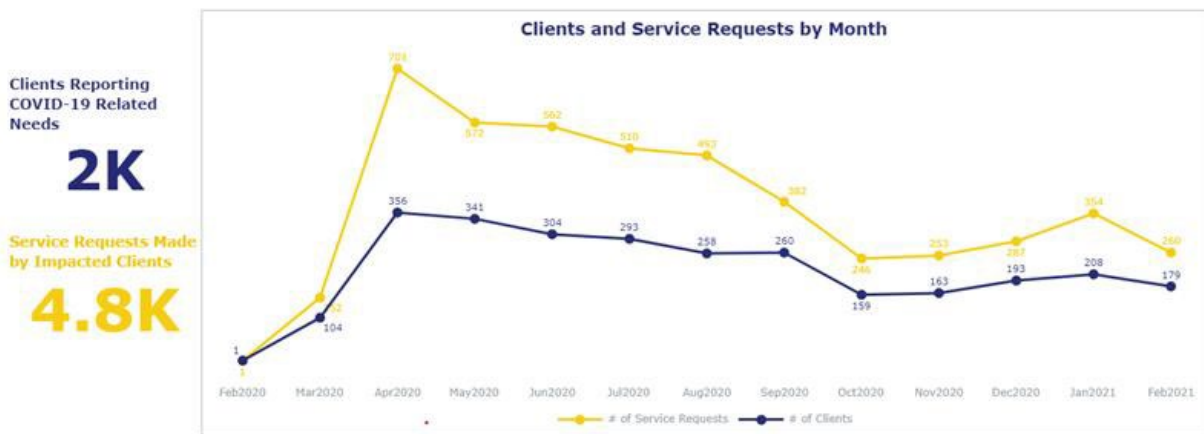
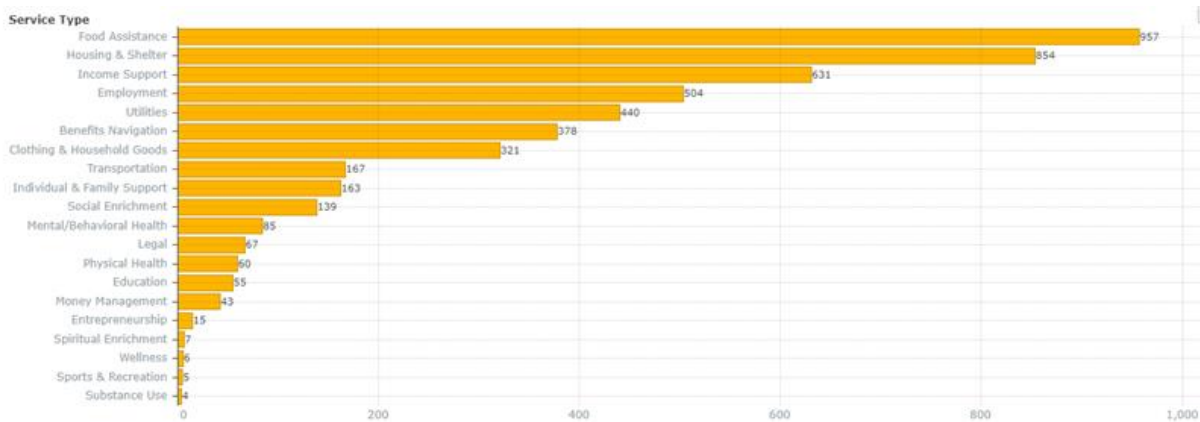


Figure 2. AmericaServes Total Service Requests by Type and Volume (Feb 2020 - Feb 2021)



Our AmericaServes network in Pittsburgh directly witnessed how these trends impacted veterans and military families throughout the pandemic. And, by monitoring our data and partnering with community organizations on the ground, the care coordination team addressed emergent community needs quickly and effectively. For example, the PAserves network saw an unprecedented increase in food assistance requests. The team responded to these data by finding new resources and community programs and tailoring their outreach approach to

specifically resolve the food insecurity need. [Research is increasingly showing that](#) food insecurity, specifically, is a stressor linked to suicidal ideation. To put it plainly, **this work is suicide prevention work.**

Key Insights for Hannon Act Implementation

The Hannon Act's Grant Section 201 has the potential to significantly improve our nation's efforts to prevent veteran suicide through initiatives like the AmericaServes network and others coordinating care across both health and social services. Yes, grant dollars will support community-based mental health organizations who are providing critically needed mental health services. Yet, in our view, the innovation of the bill lies in the [language](#) that gives preference to grantees that "demonstrated the ability to provide or coordinate suicide prevention services."

The best implementation strategy of the Hannon Act would be one that leverages the power of communities to **coordinate** the provision of suicide prevention services, to include direct mental health services **and** services addressing the social determinants of health. Grant dollars would be most effective going to organizations with a diverse, robust network of community partnerships already in place. These types of grantees will be able to connect veterans with both mental health services and social services that will address needs impacting their mental health, and track and monitor case outcomes through a closed-loop referral process. Effective suicide prevention work includes services treating the stressors and precursors to suicidality—not solely mental health services.

By prioritizing a *network* approach to preventing veteran suicide, grantees may be able to connect veterans with needed services outside of the veteran service organization sector. Veterans are served by a wide variety of organizations, some of which do not serve veterans exclusively. If used effectively, these grant dollars could break down silos that have traditionally separated veteran and non-veteran social sector organizations. Ideally grantees would be dynamic, well-connected community organizations positioned to coordinate services between clinical, non-clinical, veteran-specific, and non-veteran-specific programs and partners. As our research and community data show, COVID-19 increased the variation and severity of needs experienced by the veteran population. No one organization has what it takes to address these needs at once. The combination of the veteran suicide crisis and the pandemic necessitates coordinated community effort.

This approach would be unlike anything the VA has undertaken before. Ending veteran suicide is a mission that requires nothing less of us and it is a mission we can no longer fail to address.

Background on AmericaServes

AmericaServes was created in response to a persistence of concurrent, unmet social needs within the veteran community, despite an overwhelming array of available services. AmericaServes established the nation's first coordinated system of public, private, and nonprofit organizations working to serve veterans, transitioning service members, and their families. AmericaServes builds and supports regional networks of community-based human and social services organizations to improve veterans' access to and navigation of available resources with the help of a care coordination team housed at a local, trusted organization. The care coordination center employs a small core staff that cultivates strong connections with participating organizations and provides individualized care coordination for clients when appropriate, following clients until they no longer need or desire assistance. No matter how clients enter the network - whether self-directed via phone or web form, or by referral from a participating organization - demographic information, service requests, and outcomes are managed in a shared referral management technology platform to ensure accountability and transparency throughout the care process.