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BE CONNECTED

A Legislative Report of a Suicide Prevention Program for Service Members, Veterans, and Family Members in Arizona

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Executive Summary

Purpose: This is an initial report on the Be Connected community outreach pilot program intended to reduce deaths by suicide in Arizona among military service members, veterans, and family members.

Discussion: Public Law 114-2, Sec. 5 Pilot Program on Community Outreach of the Clay Hunt Suicide Prevention for American Veterans Act (Clay Hunt SAV Act) requires that the Department of Veteran Affairs (VA) provide reports on the Department's activities to establish suicide prevention pilot programs at five Veterans Integrated Service Networks (VISN). The Be Connected program in Arizona was not among these five pilot sites selected in 2015, and therefore has not been extensively discussed in subsequent VA reports. This report contains an overview of the implementation and structure of the Be Connected pilot program to be compared and contrasted with existing pilot programs and provide foundational information for other states seeking to implement a similar program.

The Be Connected program in Arizona was launched in April of 2017 and includes a single, 24/7 support line, an online resource matching tool and network of navigators, and online and in-person training. Current data collection includes utilization of Be Connected program services and statewide compilation of deaths by suicide among members of the military and veteran community. Data collection is ongoing, and outcomes will become more apparent with time.

Unlike the pilot programs currently undergoing evaluation by the Department of Veterans Affairs (VA) that are zoned by Veterans Integrated Service Networks (VISN), the Be Connected program in Arizona is a statewide effort encompassing three VA Health Care Systems in northern, central, and southern Arizona. The Be Connected program structure in Arizona is unique for two primary reasons: 1. the multi-sector collaboration among stakeholders and 2. the upstream intervention model that emphasizes providing support across all social determinants of health to prevent mental health crises before they occur. This report details opportunities for improvement within the Be Connected program and recommendations for other states looking to implement a similar model.

Introduction

Veterans accounted for 18% of all deaths from suicide in the U.S., while they only make up 8.5% of the U.S. population.[1] Compared to non-veterans, veterans are at a 21% greater risk for suicide.[1] A survey of U.S. veterans found that one in ten veterans reported suicidal ideation (SI) within the last two weeks of taking the survey.[2] The number of veterans receiving specialized mental health treatment has increased significantly, from over 900,000 individuals in 2006 to more than 1.6 million individuals in 2016.[3] However, of the veterans who have died by suicide, 70% had not previously sought care from a Veterans Affairs (VA) facility.[4] While veterans and the extended military community are not typically thought of as a vulnerable population, these statistics show the significant health disparity experienced by veterans. This has led to the U.S. Congress to take action to increase efforts to connect service members, veterans, and family members to supportive resources in order to reduce suicide rates among the military and veteran community. In 2015, Congress passed the Clay Hunt Suicide Prevention for American Veterans Act which, among many things, directed the Department of Veterans Affairs to establish pilot suicide prevention programs for veterans around the United States.[5] Arizona established Be Connected, a suicide prevention program for veterans, service members, and family members in 2017 following the Clay Hunt Act. Due to the unique nature of the Be Connected program, this report seeks to document the implementation and model of the program and develop recommendations to improve the evaluation and efficacy of Be Connected. Additionally, a literature review of suicide prevention and mental health efforts within and outside the military was conducted to contrast and compare Be Connected to other models.

Background

Long-term evaluations of suicide prevention programs are rare, as exhibited by the notable gap in literature. This rarity is increased when narrowing searches to suicide prevention within the military and veteran community. Among peer-reviewed journals, there are few publications about mental health and suicide prevention specifically for the U.S. veteran and military populations.[2,6] Additionally, among research within this field, many studies focus on subsets of the U.S. military population such as veterans utilizing Veterans Health Administration care, specific war experiences, or college veterans, and may not be representative of the entire U.S. veteran or military population.[2] This section includes a brief overview of publications with significant relevance to suicide prevention among the military and veteran population and provides an evidence-based background.

Ethnographic research among suicidal ideation in veterans points to three primary themes: military culture, difficult deployment experiences, and post-deployment adjustment challenges.[7] Pertaining to military culture, many veterans feel they must “keep silent” and that the military is not sensitive to issues of suicide and mental health.[7] These perceptions persist during active duty and following the transition back to civilian life.[7] Difficult deployment

experiences refer to the intensity and stress experienced during active duty, such as violence, living in a dangerous environment, or dealing with being away from home.[7] Finally, post-deployment adjustment challenges includes the differences between active duty and civilian life and the difficulties of transitioning.[7] Notably, multiple studies have found that deaths by suicide among the military and veteran community are not necessarily related to deployment.[8–10] Suicide rates among non-deployed veterans are often equal or higher compared to their deployed counterparts in certain populations.[8–10]

In past decades, many publications addressing community-based suicide prevention efforts focus on crisis intervention.[11–13] The efficacy of crisis intervention has been debated in literature due to the difficulties of determining impact across a large population.[11] Telephone-based crisis centers are also challenging to evaluate, due to the multiple factors influencing suicide rates.[12] More recently, the development of the theory of gatekeeper training has become popular in discussion of suicide prevention research. Gatekeeper training refers to the education of community members to better equip them to identify and refer individuals who may be at risk for suicide.[14–18] The Department of Veterans Affairs uses gatekeeper training curriculums for its staff members, with positive results through increasing the knowledge and self-efficacy of trainees in regard to suicide prevention counseling strategies, particularly among nonclinical staff members.[14] However, a one-year follow-up study indicated that knowledge decreased to near pre-survey levels, and 90% of survey participants were interested in learning more about suicide and suicide prevention.[15]

Modern-day suicide prevention experts recommend the incorporation of community participation and education.[12] This can be achieved through combining crisis intervention with gatekeeper training for community members, as well as other health promotion-based approaches. Long-term evaluations of public health-oriented suicide prevention programs typically look to suicide attempts, gestures, and completions over time to demonstrate impact, although there are very few studies that accomplish this rigorous analysis.[19,20] This review primarily demonstrates the need for an extensive evaluation method of the Be Connected program, because there is very little literature available on this type of suicide prevention program among the U.S. military population.

Context

Clay Hunt Suicide Prevention for American Veterans Act

Clay Hunt was a decorated Marine veteran who died by suicide in 2011.[21] He was a well-known veterans' advocate who openly expressed his dissatisfaction with the care he received from the VA Health Care System and the lack of access to mental health services for veterans.[21] In 2015, U.S. Congress passed the Clay Hunt Suicide Prevention for American Veterans Act in his memory.[5] The Clay Hunt Suicide Prevention for American Veterans Act, also known as the Clay Hunt SAV Act, was first introduced to the U.S. House of Representatives by Representative

Timothy Walz [D-MN-1] on January 7, 2015. The bill passed unanimously in both the House of Representatives and the Senate before being signed into law by President Barack Obama on February 12, 2015. A summary of the act is provided below:

H.R.203

(Sec. 1) Clay Hunt Suicide Prevention for American Veterans Act or the Clay Hunt SAV Act.

(Sec. 2) Requires the Secretary of VA to arrange an independent evaluation of the VA's mental health care and suicide prevention programs and submit a report to Congress by 12/1/2018 and each following year.

(Sec. 3) Directs the Secretary of VA to publish a website for veterans about VA's mental health care services. → https://www.mentalhealth.va.gov/

(Sec. 4) Requests a 3-year pilot program to repay education loans of psychiatrists willing to commit to working in the Veterans Health Administration.

(Sec. 5) Requests a 3-year pilot program at five or more Veterans Integrated Service Networks to assist veterans transitioning out of active duty and to improve access to mental health services.

(Sec. 6) Authorizes the Secretary of VA to collaborate with nonprofit mental health organizations to exchange training sessions and best practices.

(Sec. 7) Extends the eligibility of combat veterans for 1 year to receive VA care for illnesses not attributable to their service.

(Sec. 8) Prohibits additional appropriations to carry out the Act's provisions.

The full text of Sections 5 and 6 of the Clay Hunt SAV Act are included below:

SEC. 5. PILOT PROGRAM ON COMMUNITY OUTREACH.

(a) IN GENERAL. —The Secretary of Veterans Affairs shall establish a pilot program to assist veterans transitioning from serving on active duty and to improve the access of veterans to mental health services.

(b) LOCATIONS. —The Secretary shall carry out the pilot program under subsection (a) at not less than five Veterans Integrated Service Networks that have a large population of veterans who—
  (1) served in the reserve components of the Armed Forces; or
  (2) are transitioning into communities with an established population of veterans after having recently separated from the Armed Forces.

(c) FUNCTIONS. —The pilot program at each Veterans Integrated Service Network described in subsection (b) shall include the following:
  (1) A community oriented veteran peer support network, carried out in partnership with an appropriate entity with experience in peer support programs, that—
    (A) establishes peer support training guidelines;
    (B) develops a network of veteran peer support counselors to meet the demands of the communities in the Veterans Integrated Service Network;
    (C) conducts training of veteran peer support counselors;
    (D) with respect to one medical center selected by the Secretary in each such Veterans Integrated Service Network, has—
      (i) a designated peer support specialist who acts as a liaison to the community oriented veteran peer network; and
      (ii) a certified mental health professional designated as the community oriented veteran peer network mentor; and
    (E) is readily available to veterans, including pursuant to the Veterans Integrated Service Network cooperating and working with State and local governments and appropriate entities.

(2) A community outreach team for each medical center selected by the Secretary pursuant to paragraph (1)(D) that—
(A) assists veterans transitioning into communities;
(B) establishes a veteran transition advisory group to facilitate outreach activities;
(C) includes the participation of appropriate community organizations, State and local governments, colleges and universities, chambers of commerce and other local business organizations, and organizations that provide legal aid or advice; and
(D) coordinates with the Veterans Integrated Service Network regarding the Veterans Integrated Service Network carrying out an annual mental health summit to assess the status of veteran mental health care in the community and to develop new or innovative means to provide mental health services to veterans.

(d) REPORTS. —
(1) INITIAL REPORT. —Not later than 18 months after the date on which the pilot program under subsection (a) commences, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the pilot program. With respect to each Veterans Integrated Service Network described in subsection (b), the report shall include—
(A) a full description of the peer support model implemented under the pilot program, participation data, and data pertaining to past and current mental health related hospitalizations and fatalities;
(B) recommendations on implementing peer support networks throughout the Department;
(C) whether the mental health resources made available under the pilot program for members of the reserve components of the Armed Forces is effective; and
(D) a full description of the activities and effectiveness of community outreach coordinating teams under the pilot program, including partnerships that have been established with appropriate entities.
(2) FINAL REPORT. —Not later than 90 days before the date on which the pilot program terminates under subsection (e), the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives an update to the report submitted under paragraph (1).

(e) CONSTRUCTION. —This section may not be construed to authorize the Secretary to hire additional employees of the Department to carry out the pilot program under subsection (a).

(f) TERMINATION. —The authority of the Secretary to carry out the pilot program under subsection (a) shall terminate on the date that is 3 years after the date on which the pilot program commences.

SEC. 6. COLLABORATION ON SUICIDE PREVENTION EFFORTS BETWEEN DEPARTMENT OF VETERANS AFFAIRS AND NONPROFIT MENTAL HEALTH ORGANIZATIONS.

(a) COLLABORATION. —The Secretary of Veterans Affairs may collaborate with non-profit mental health organizations to prevent suicide among veterans as follows:
(1) To improve the efficiency and effectiveness of suicide prevention efforts carried out by the Secretary and non-profit mental health organizations.
(2) To assist non-profit mental health organizations with the suicide prevention efforts of such organizations through the use of the expertise of employees of the Department of Veterans Affairs.
(3) To jointly carry out suicide prevention efforts.

(b) EXCHANGE OF RESOURCES. —In carrying out any collaboration under subsection (a), the Secretary and any non-profit mental health organization with which the Secretary is collaborating under such subsection shall exchange training sessions and best practices to help with the suicide prevention efforts of the Department and such organization.

(c) DIRECTOR OF SUICIDE PREVENTION COORDINATION.—The Secretary shall select within the Department a Director of Suicide Prevention Coordination to undertake any collaboration with nonprofit mental health organizations under this section or any other provision of law.[5]

Clay Hunt Pilot Programs

Following the passage of the Clay Hunt SAV Act, the Department of Veterans Affairs worked to identify the top Veteran Integrated Service Networks (VISNs) projected to have significant numbers of transitioning veterans.[22] In January of 2016, pilot programs were established at five

Veterans Integrated Service Networks (VISNs) in eight geographic locations: VISN 6: Hampton, VA; VISN 7: Atlanta, GA, Birmingham, AL, and Columbia, SC; VISN 16: Little Rock, AR; VISN 17: Houston, TX and San Antonio, TX; VISN 22: Loma Linda, CA.[3,22,23] The primary aim of these pilot programs is to assist veterans transitioning from serving on active duty or in the reserve and to improve access to mental health services.[22] The Clay Hunt SAV Act also requires interim reports to be submitted to Congress by the Department of Veterans Affairs including descriptions of the pilot programs, participation data, mental health related hospitalizations and fatalities, recommendations for improvement, evaluation of the effectiveness of pilot program mental health resources, and a summary of community outreach efforts.[22] Several subsequent pieces of legislation and reports have added additional reporting requirements:

- **Public Law 114-92**: National Defense Authorization Act for Fiscal Year 2016; Requires reporting of additional data on veterans transitioning from serving on active duty.[24]
- **Public Law 114-188**: Female Veteran Suicide Prevention Act; Amended the Clay Hunt SAV Act to require reports to stratify data analyses by gender and provide recommendations specifically for women veterans.[25]
- **Senate Committee on Veterans' Affairs Report 114-34**: Requires reporting of additional data on opioid prescribing and safety.[26]

Reports published by the Department of Veterans Affairs center on the development of a peer support model program as required by the Clay Hunt SAV Act. The peer support programs at the pilot sites include three main elements: a VA Community Outreach Team, a Community-Oriented Veteran Peer Support Network, and a Veteran Transition Advisory Group.[22] A summary of key results reported thus far are listed below:

- **Hospitalizations and fatalities**: The reports include VA administrative data analysis of past and current mental health related hospitalizations and fatalities.[3,22] However, due to limited availability of data the reports have been unable to conclusively determine the impact of community outreach programs.[22]
- **Opioids**: Of over a million veterans prescribed opioids in 2015, 31.5% had a mental illness diagnosis and 46.1% received mental health services from VHA.[3]
- **Veterans' satisfaction**: 78.3% of men and 75.8% of women reported being "Somewhat Satisfied" or "Very Satisfied" following participation in the Intensive Community Mental Health Recovery (ICMHR) and Psychosocial Rehabilitation and Recovery Centers (PRRC) programs.[3]
- **Best practices**: Interviews of experts are ongoing to identify best practices in mental health and suicide prevention to be implemented across VA.[3]
- **Cost Effectiveness Analysis (CEA)**: CEA of VA mental health programs is ongoing.[3]
- **Veterans Outcome Assessment (VOA)**: Telephone surveys of veterans are being conducted to evaluate effectiveness and satisfaction with VHA mental health services.[3] 15,500 baseline surveys have been completed thus far.[3]

History of Be Connected

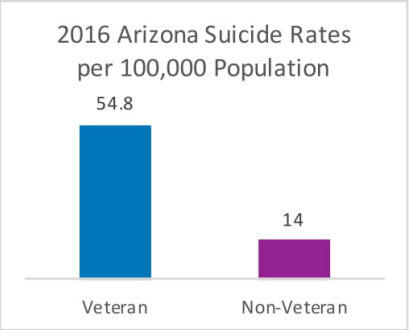
The Be Connected program in Arizona is the only statewide veteran suicide prevention effort in the country. The delayed start following the passage of the Clay Hunt SAV Act and the unique coverage area (statewide vs. VISN) resulted in Be Connected being excluded from Department of Veterans Affairs reports. However, through the advocacy of Senator John McCain and others, there remains extensive interest in documenting and evaluating the program for the purpose of replicating the program model in other states.

The history of the Be Connected program begins with the creation of the Arizona Coalition for Military Families in 2009. The Arizona Coalition for Military Families is a public/private partnership that focuses on building Arizona's capacity to care for, serve, and support service members, veterans, and their families. The Coalition serves as the backbone organization for Arizona's statewide collective impact initiative focused on service members, veterans, and their families. The Coalition and their partners have been nationally recognized as a best practice for state and community collaboration by the Chairman of the Joint Chiefs of Staff, Office of the Secretary of Defense, White House Joining Community Forces Initiative, National Guard Bureau, the Substance Abuse and Mental Health Services Administration, and other national entities. The Coalition and the Phoenix VA Health Care System were also recognized for their collaborative efforts as winners of the 2018 VHA Community Partnership Challenge for their work on the Be Connected program.

In 2010, the Arizona National Guard was experiencing the highest rates of suicide in its recorded history. In collaboration with The Adjutant General and numerous stakeholders across the state, the Arizona Coalition for Military Families created the Be Resilient program for the 8,000-member Arizona National Guard. This program focused on culture change (prioritizing getting help), provided guidance on accessing support 24/7 by phone, and training for all National Guard members on resiliency, suicide prevention, and recognizing stress levels. For the three years of operation, Be Resilient reduced suicide rates among Arizona National Guard members to zero. The success of Be Resilient led to the program model being redeveloped for the entire statewide military and veteran community in Arizona, resulting in the creation of Be Connected.

The Be Connected program in Arizona was launched in April of 2017 after a year-long collaborative development process with public and private key stakeholders. The program includes a single, 24/7 support line, an online resource matching tool and network of navigators, and online and in-person training. The creation of the support line added a non-crisis focused, though crisis equipped, option for both the target audience (service members, veterans, and family members) and helpers, and provided an all-encompassing phone number for anyone to call and get connected to a wide range of services available for the military and veteran community all over Arizona. The Arizona Coalition for Military Families also conducted a statewide vetting of resources across 200 possible criteria to include in their resource network. The program uses existing and custom training curriculums to train and equip helpers and navigators to help identify at-risk individuals and connect them to resources.

The Arizona Violent Death Reporting System collects violent death data from various sources such as death certificates, police reports, and autopsy reports.[27] In 2016, it was estimated that there are 515,050 veterans living in Arizona, making up 10.10% of the state adult population.[28] That year, it was found that Arizona veterans had suicide rates of 54.8 per 100,000 population, compared to 14.0 per 100,000 population of non-veterans.[27] This disparity experienced by the veteran population in Arizona demonstrates an urgent need for action.



In 2017, the Arizona Coalition for Military families conducted a statewide Arizona Veteran Survey to identify the needs of the Arizona military and veteran community.[29] The survey received almost 5000 submissions across all 15 counties in Arizona. Survey respondents included service members (6%), veterans (72%), family members (15%), and community helpers (7%).[29] Pertinent highlights of survey results are listed below:

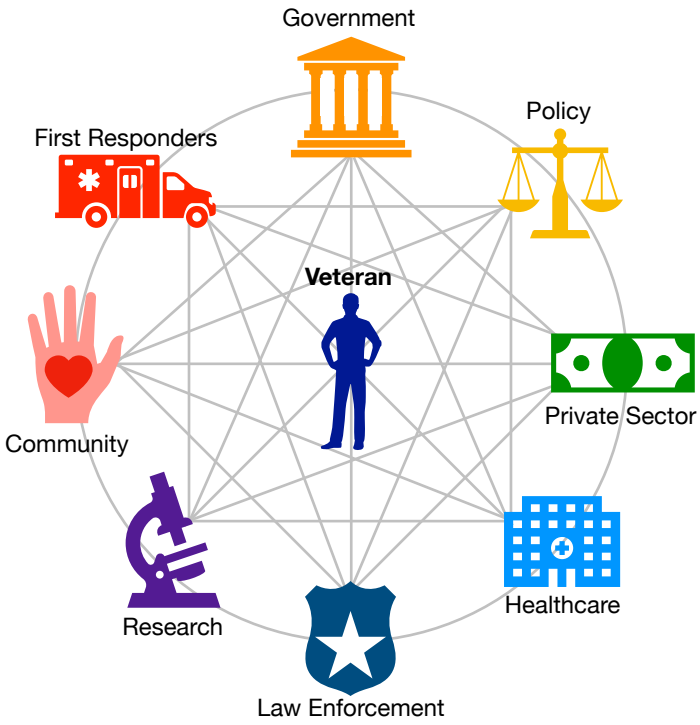
- 1 in 3 veterans and family members do not know of at least one number to call to get help in a time of crisis.
- The top 3 concerns of:
    - Service members are finances, relationship with spouse/significant other, and physical health concerns.
    - Veterans are finding quality employment, physical health concerns, and finances.
    - Family members are finances, debt or credit issues, and finding quality employment.
- 1 in 7 Arizona veterans reported concerns about losing their current housing.
- 1 in 3 Arizona veterans report a current mental health condition related to depression, anxiety or PTSD.
- 41% of Arizona veterans have had thoughts of suicide.
- 1 in 3 respondents know of a service member or veteran who needs mental health care but is not getting it.
- 1 in 10 Arizona veterans are using substances to cope with trauma, depression and anxiety.

The full Arizona Veteran Survey summary is available at: http://azveteransurvey.org/2018summary/.

The compilation of these statistics illustrates the need for intervention among the Arizona military and veteran community to increase access and efficacy of mental health services. The Be Connected program is an innovative attempt to solve this problem, and long-term analysis will observe its impact.

Stakeholders

The Be Connected program model relies on the multi-sector collaboration of stakeholders across Arizona and the country. This model works by leveraging the efforts of the many organizations committed to the wellbeing of veterans into one, consolidated effort. Such collaboration is unprecedented in efforts by the Department of Veterans Affairs to improve the mental health of veterans. As a public/private partnership, the Arizona Coalition for Military Families is a neutral entity that played an instrumental role in facilitating interagency connections and vetting organizations. With strong relationships with the three state VA Health Care Systems, the Arizona Department of Veterans' Services, as well as many other organizations, the Arizona Coalition for Military Families was able to bring all stakeholders to the table. While other efforts to initiate such collaboration have failed due to competing interests and lack of centralized leadership, the Arizona Coalition for Military Families is able to mitigate these barriers. Other states might consider establishing similar umbrella organizations for more successful suicide prevention programs and other efforts to improve the wellbeing of military and veteran communities. Brief summaries of the major stakeholders that participated in interviews for this report are included in the following sections.



Office of U.S. Senator John McCain

Senator John McCain has long been a staunch advocate for veterans and has supported many efforts by Congress to increase access to mental health services and reduce rates of suicide among military and veteran communities. Senator McCain's influence helped established the Be Connected program in Arizona and attracted national attention in the development of this suicide prevention model. The Office of Senator McCain has also utilized its pre-existing relationships with various stakeholders to produce this collaborative effort. Additionally, the Office of Senator McCain is exploring a new relationship with Arizona State University to partner with graduate students to produce nonpartisan reports of Be Connected program efforts.

Arizona VA Health Care Systems

The Be Connected program involves all three VA Health Care Systems in Arizona (Northern, Phoenix, and Southern). The VA Health Care Systems are integrated health care facilities, providing medical and behavioral care to veterans all across the state. These VA facilities are a part of the national Department of Veterans Affairs Veterans Health Administration, which encompasses numerous efforts to improve the health and wellbeing of veterans in the United States.

Arizona Coalition for Military Families

The Arizona Coalition for Military Families is a nationally-recognized public/private partnership that builds Arizona's capacity to care for and support service members, veterans, and their families. Their vision is that, "Every service member, veteran and family member connected to the right resource at the right time." The Arizona Coalition for Military Families partners with public and private sector organizations across the state and works to identify and address the needs of the Arizona military and veteran community.

Arizona Department of Veterans' Services

The Arizona Department of Veterans' Services is one of 37 departments in the Arizona state government. The department director is appointed by the Arizona governor and focuses on the needs of all veterans. The department supports Arizona veterans in many ways, including helping veterans obtain VA benefits, operating skill-nursing facilities for veterans, and managing veterans' memorial cemeteries.

TriWest Healthcare Alliance

TriWest Healthcare Alliance is contracted by the Department of Veterans Affairs to expand access to health care services for veterans. TriWest Healthcare Alliance formerly administered the Department of Defense TRICARE program for active duty service members and currently supports the health care needs of veterans by coordinating the provider networks of the Patient-Centered Community Care (PC3) and Veterans Choice Program (VCP). TriWest also provides peer-to-peer support for the Defense Suicide Prevention Office's "BeThere" program.

Crisis Response Network

Crisis Response Network is a nonprofit crisis care service provider in Arizona. The Crisis Response Network manages crisis and support lines for Arizonans and provides additional services such as Serious Mental Illness (SMI) determinations, mobile team dispatches, crisis transportation, and rapid response and crisis stabilization. The Crisis Response Network operates the Be Connected program support line.

Arizona Health Care Cost Containment System

The Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid program and served 1.9 million individuals and families throughout Arizona.

La Frontera Arizona

For more than 45 years, La Frontera Arizona has been committed to working collaboratively with public and private partners to solve community problems. They have the resources and expertise to address issues related to behavioral health, affordable housing, children and youth, employment, crisis intervention/suicide prevention, military veterans, and community and cultural education.

Additional Stakeholders

In addition to stakeholders interviewed for this report, these organizations have also participated in the development of the Be Connected program:

- American Foundation for Suicide Prevention
- Aurora Behavioral
- Community Bridges
- Office of Congressman Gallego
- Office of Congresswoman Sinema
- Office of Senator Flake
- CRI Consulting
- Desert Vista
- Glendale CIT Program
- Mercy Maricopa Integrated Care

- Mesa Police Department CIT Program
- NAMI Arizona
- Operation Freedom Bird
- Phoenix Police Department CIT Squad
- Rally Point
- TERROS Health
- Connections AZ
- Veterans First Ltd
- Veterans Mental Health Advisory Council

Methods

This report includes a compilation of quantitative and qualitative data collected from the Be Connected program. Analysis of the Be Conducted program was conducted via semi-structured qualitative interviews of stakeholders. Themes from stakeholder interviews were identified from notes and transcripts. The fluid and flexible interview structure allowed free responses from participants to collect information regarding all aspects of the Be Connected program. Additionally, Be Connected support line data were compiled and provided by the Crisis Response Network. Data were de-identified and provided per month since the inception of the program in May of 2017. May 2017 to October 2017 data were provided in composite and had to be divided by six months to get an average data point for each month. Data for the match and learn components of the Be Connected program were provided by the Arizona Coalition for Military Families. Data collection is ongoing and data trends will become more apparent with time.

Stakeholder Interviews

The leadership partners of the Be Connected program were interviewed to gather the information regarding the Be Connected program model, development, and implementation included in this report. In addition, stakeholder interviews were analyzed to identify key barriers to the success of Be Connected. These barriers were grouped into themes and are discussed generally in this section.

Funding. The Clay Hunt Suicide Prevention Act did not allocate additional funding for the Department of Veterans Affairs to expand access to mental health services for veterans. As such, it has been necessary for the Be Connected team to secure the funding to sustain the program outside of federal resources to date. During the development and the first year of operating Be Connected, all funding and resources were provided by state and local stakeholders committed to the success of the Be Connected program. This lack of initial funding may have been beneficial by attracting organizations that are committed to the military and veteran population and the Be Connected program model, as well as prioritizing limited

financial resources to areas most needed. However, it is crucial to note that utilization of Be Connected program services has steadily increased since the program launched in April 2017, despite no coordinated marketing or advertising of the program. In order to expand the capacity and dedicated staff of the program, additional funding is necessary.

Stigma. As discussed in academic literature, the stigma surrounding mental health is especially prevalent in military and veteran communities. The culture of the military leads many to feel that they don't need help, that their struggles aren't real, or that they will be judged and ridiculed for asking for support. Numerous initiatives to educate service members about mental health and suicide prevention are ongoing in effort to change this narrative and encourage a more supportive military and veteran community. From a data collection perspective, this stigma extends to prevent the labeling of deaths as suicide or veterans, resulting in difficulties in reporting accurate veteran suicide rates.

Geography. Many veterans in Arizona live in rural areas without easy access to a VA Health Care System or other military and veteran-focused resources. While there is a plethora of resources within the population-dense Maricopa County, rural veterans and family members don't have as many options as their urban counterparts. Additionally, the lack of a centralized record system makes it difficult to track and coordinate care among different providers and resources for Be Connected program participants.

Data Collection

Since April 2017, the Be Connected program has been collecting data on utilization of program services. The primary area of data collection is within the Be Connected support line managed by the Crisis Response Network. The Arizona Coalition for Military Families also collects data regarding the number of matchable resources within the Be Connected program network, as well as data from peer support training held across the state.

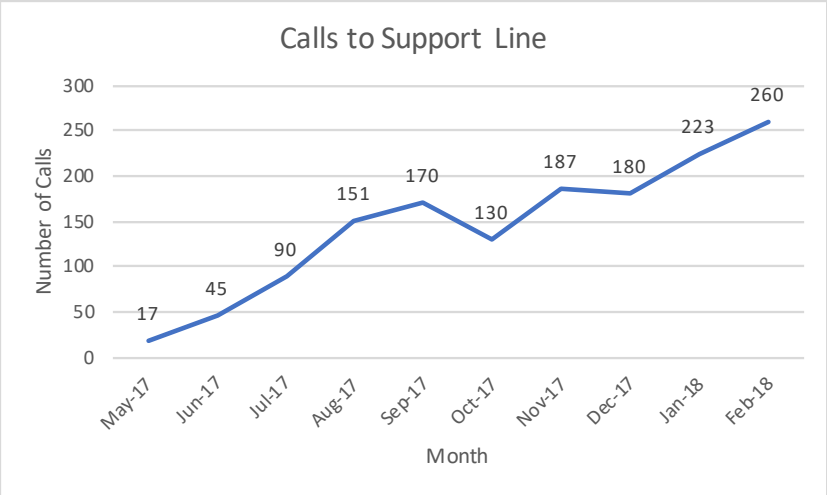
Call, Match, and Learn totals as of April 2018.

In addition to program utilization data, the Arizona Violent Death Reporting System is also currently collecting rates of suicide among veterans across the state. Long-term analysis of suicide rates will need to be completed before making final conclusions.

Current Efforts & Barriers

The Be Connected support line, managed by the Crisis Response Network, collects the following information:

- Call Volume
- Call Outcomes
- Call Origin
- Reasons for Call
- Military Status
- Military Branch
- Referral Source
- Age Group
- Referral or Intervention
- Disposition of Call (Resolved, Follow-Up Needed, or Connected to Crisis)



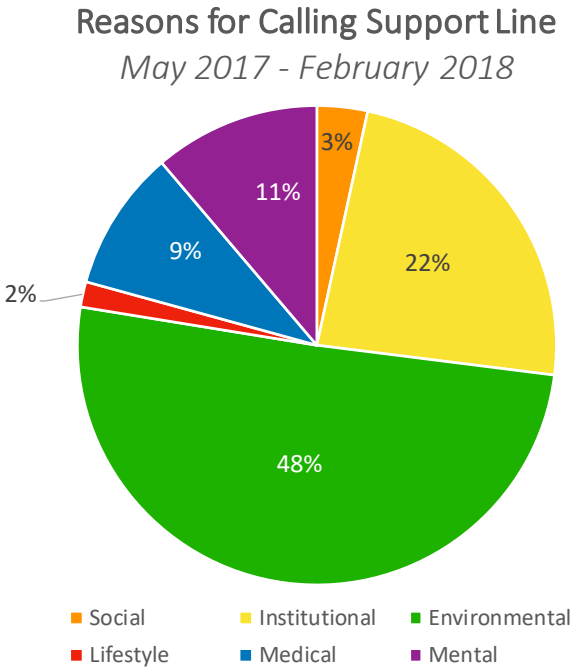
There are significant barriers to collecting additional information for several reasons. First, all data collected by the support line is provided optionally and anonymously, and many callers refuse to disclose demographic information. Additionally, since the Be Connected program is not only open to services members and veterans but also family members, friends, or interested community members, the program involves many different people. Unlike the Clay Hunt pilot programs are centralized around one Veterans Integrated Service Network (VISN) and one primary VA medical center, the Be Connected program includes a wide range of varied types of community organizations. Efforts to track individual program participants through VA administrative data, as attempted by Clay Hunt pilot program sites, is unlikely to be useful in the Be Connected program model.[3] Furthermore, the lag between data collection and analysis and its distribution to Be Connected program leaders results in a delay.

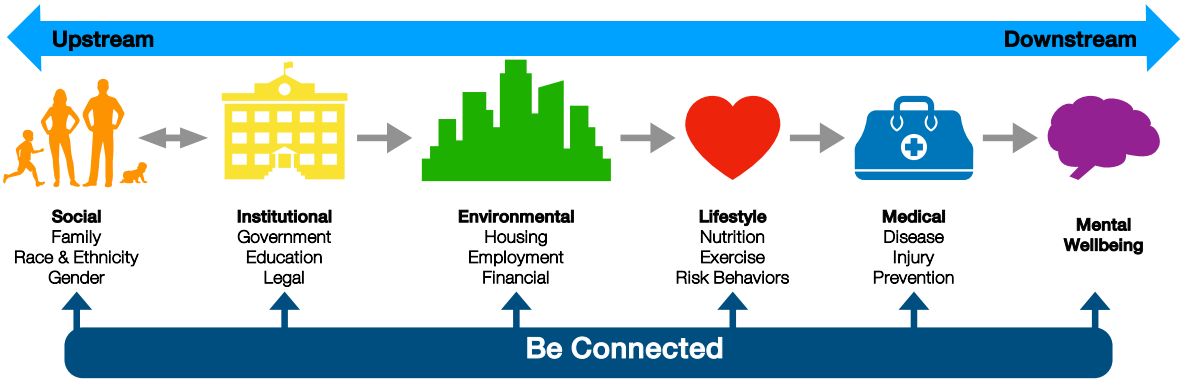
Upstream Intervention Model

Suicide prevention efforts in literature primarily revolve around secondary prevention efforts (i.e. identifying at-risk populations and connecting them to mental health resources) and tertiary prevention efforts (i.e. identifying suicidal populations and connecting them to mental health resources).[30] Secondary suicide prevention often includes methods of mental health

screenings and gatekeeper training to identify individuals at a high risk for suicide.[31] Tertiary suicide prevention is focused on suicidal populations and includes interventions such as psychotherapy, psychiatry, and others.[30] Primary prevention efforts, also referred to as upstream suicide prevention, targets a general population before suicidal thoughts or behaviors occur and involve interventions that address all of the social determinants of health.[30,31] Upstream suicide prevention has become more prevalent in literature in the recent decade, however most research of this concept revolves around child and adolescent populations.[30,31] An upstream suicide prevention approach would benefit the military and veteran population because of the ability to target risk factors specific to military lifestyle, such as the difficulty of transitioning to civilian life.[7]

The Be Connected program model utilizes the upstream intervention approach by providing resources that address a wide variety of social determinants of health. To determine whether this model was being used in Be Connected, the reasons for calling the Be Connected support line were categorized into six main areas of social determinants of health: social, institutional, environmental, lifestyle, medical, and mental. Analysis of data since the programs' inception in May 2017 through February 2018 demonstrated that the majority of calls were seeking support for factors other than mental health, which makes up 11% of total calls. 48% of total calls to the Be Connected support line were requesting assistance related to environmental factors, such as financial assistance, unemployment, or lack of housing. Another 22% of calls were experiencing institutional barriers including difficulty accessing VA benefits or pursuing additional education. This demonstrates the need for support among all social determinants of health. Although providing crisis support and mental health services is obviously crucial to preventing suicides, the Be Connected program demonstrates a way of thinking about suicide prevention





on a much broader scale. By supporting service members, veterans, and family members at all factors on the health spectrum, the Be Connected program model works to prevent a mental health crisis before it even occurs.

Future Opportunities

The Be Connected program in Arizona has shown early success, however this report will outline several opportunities for improvement to strengthen its credibility and utilize future academic partnerships.

1. Development of a data dashboard. A barrier identified by Be Connected program stakeholders is the lack of immediate feedback from the data already being collected. The development of a data dashboard that displays all metrics related to the support line, resource network, and training curriculums will give stakeholders immediate feedback about the needs of the Arizona military population and usage of Be Connected program services. This would allow stakeholders to quickly and easily see where more resources could be best used or identify weaknesses within the program.

2. Implementation of follow-up surveys. Current data collection efforts primarily involve analysis of utilization of Be Connected program services. To obtain feedback on impact of the Be Connected program in a short-term timeframe, follow-up surveys of program participants, such as support line callers, could obtain data regarding the effects on stress levels, suicidal thoughts, satisfaction, or other metrics. Such data are important to demonstrate the efficacy of Be Connected and support continued support and expansion of the program.

3. Cost effectiveness analysis. Clay Hunt pilot programs are also currently conducting cost effectiveness analyses to determine the financial implications of each program. Although the Be Connected program primarily operates without federal funding, a financial analysis of the program could be used to determine cost savings for different stakeholders and be used to support requests for additional funding.

Recommendations for Other States

The Be Connected program in Arizona is unlike any other suicide prevention effort among the military and veteran community in the country. The novel approach of an upstream intervention model is intriguing to many and there is much interest in scaling up this approach to be implemented in other states. Initial results are promising and have identified several factors that may be key to successful implementation of a statewide collaborative effort and replication. However, continuing evaluation of the Be Connected program is needed to draw conclusions about what makes Be Connected a success. Additionally, the complexities of each state and their individual populations must be considered. Some key recommendations have

been developed to initiate the implementation of suicide prevention programs similar to Be Connected in other states.

1. Create or identify an organization for state military and veteran communities. Be Connected in Arizona attributes much of its success to the Arizona Coalition for Military Families, which has developed relationships with many public and private organizations all over Arizona. These relationships allow the Arizona Coalition for Military Families to facilitate collaborations among the various stakeholders that are necessary for a community-based approach. The Arizona Coalition for Military Families also plays a major role within Be Connected by vetting these organizations to determine which are most effective and best suited for their program participants. Other states seeking to create a community-based suicide prevention program that expands beyond the VA should consider utilizing such an organization to create a network of organizations that are available statewide and have been consistently evaluated to meet the mission of the program.

2. Invite all stakeholders to the table. As noted by the Be Connected program model, the success of the program is possible because of the contributions of stakeholders from all backgrounds. A strong relationship between VA medical facilities and community-based organizations is the foundational level of an upstream suicide prevention approach. The support of the state government, as with the Arizona Department of Veterans' Services, helps establish validity within the statewide region and provides a connection to the state governmental branches. Including elected officials such as legislators or governors can be beneficial by further extending the program network and providing the public support necessary to start a new initiative, with the recommendation that efforts be kept as apolitical as possible to support sustainability. Additionally, utilizing academic institutions and research bodies to assist with data collection and program evaluation to develop an effort that is up to date with the most current science. Although just a few have been mentioned here, there are many other stakeholders whose inclusion is beneficial to a community-based effort.

3. Provide interventions that address all social determinants of health. Utilization data from Be Connected demonstrates that program participants are requesting services from a much wider spectrum than just mental health. Connecting with organizations and resources that can assist with financial, social, legal and other troubles provide a wide support net to help veterans, services members, and military families whenever they need it.

4. Begin data collection efforts early. Evaluating the success of any new program is crucial to its sustainability and impact. Focus on collecting data about utilization rates and efficacy from the initial stages of developing the program and continually reevaluate to identify opportunities to improve or expand.

Anecdotes

The personal stories of Be Connected program participants illustrate the potential of this model better than anything else. These are two stories of individuals who called the Be Connected support line and were connected to the resources they needed. The stories, as retold by Be Connected support line responders, have been edited for length and clarity and names have been changed to protect identities.

Sarah *is a female veteran who recently moved to Arizona to look for work. She had found an apartment to live in and withdrew all of her money to have cash to pay her rent and to enroll her child in a local school. Shortly after arriving in Arizona, Sarah was mugged and all of the cash she had was stolen. Sarah didn't have the money to find a place to stay and didn't know who to ask for help. She found the number for the Be Connected support line, and that same day was connected to a community organization that provided her with enough short-term funds to find housing and support herself and her child until she was able to start working.*

Kevin *is a disabled Air Force veteran who called the Be Connected support line because he was struggling financially and in fear of losing his home. During his first couple of phone calls, Kevin reported that he would likely commit suicide if he lost his home and the belongings inside. The Be Connected support line responder contacted several organizations in Kevin's community that were able to provide him with legal assistance, donations, and volunteers to help him make necessary home repairs. Kevin is now financially stable and able to live in his own home. He told the responder that he is very grateful for Be Connected and that thanks to these efforts, he now has hope again.*

Conclusion

The Be Connected suicide prevention program has two primary features that make it a unique and unparalleled effort. First, the multi-sector collaboration among federal, state, and private for-profit and non-profit organizations results in an unprecedented combination of resources available to the Arizona military and veteran community. Second, the Be Connected program model utilizes an upstream intervention model to provide not only services directly related to mental wellbeing, but at all social determinants of health. This model attempts to prevent a downstream mental health crisis by providing support at the upstream level, before a crisis even has the chance to occur. Early data collection and utilization rates demonstrates that this model is well-received by the Arizona military and veteran community, and ongoing long-term evaluation will continue to evaluate the efficacy of the model.

The policy implications of this analysis are numerous. Most importantly, any efforts by Congress to reduce veteran suicide rates must require financial backing in order to be effective. Legislators should consider incorporating the Be Connected upstream intervention model into policy and encourage multi-sector collaboration with the VA to provide upstream resources to prevent mental health crises. Additionally, stakeholder interviews have made clear that the Arizona Coalition for Military Families, a public/private partnership, played an instrumental role in facilitating interagency connections and vetting resources. Other states should consider establishing similar organizations to provide a basis for more successful suicide prevention programs.

The Clay Hunt Suicide Prevention for American Veterans Act of 2015 showed that Congress recognizes the issue of suicide rates among veterans and acknowledges that change needs to happen. The act has facilitated innovative efforts across the country that take different approaches to addressing this issue. Be Connected in Arizona is a stand-out among these initiatives and shows promise in better supporting Arizonan veterans, service members, and family members. However, the entire American military and veteran population deserves this support, and Congress should take additional action to facilitate the expansion of Be Connected across the country.

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