

U.S. Department of Veterans Affairs

Veterans Health Administration VISN 2 MIRECC & VISN 17 Center of Excellence Transitioning Servicemember/Veteran And Suicide Prevention Center (TASC)



Predictive Analytics to Reduce Suicide Attempts for Transitioning Veterans

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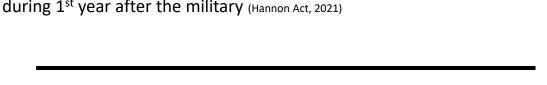
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Suicide Among Veterans (18 to 34 years old)

- o Suicide rate: Veterans aged 18 to 34 years old (VA, 2021)
- -Almost <u>doubled</u> since 2001 (24/100k to 44/100k)
- -1.65 times higher than older veterans (35+ yo)
- -2.73 times higher than non-veterans of the same age
- O Deadly Gap (Sokol et al. 2021; Geraci et al. 2020)
- -Highest Risk: 3x risk first 1 year post-discharge (Shen et al., 2016; Ravindran et al., 2020)

o Not using VA care

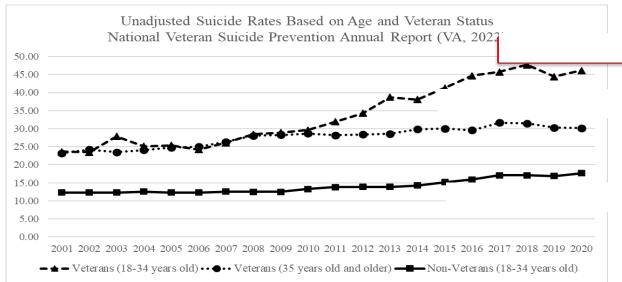
-Only $\underline{24\%}$ of active-duty Servicemembers (SMs) enroll in VA care during 1^{st} year after the military (Hannon Act, 2021)

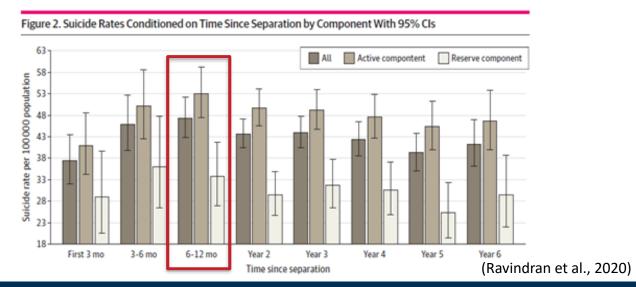


o VA's Response

-Public health approach:

"The goal is to implement more <u>universal and preventive interventions</u> that <u>are</u> <u>upstream to address social determinants of health and risk factors for suicide</u> (e.g., lack of connectedness, financial concerns/ unemployment, relationship distress)" (Carroll et al. 2020).

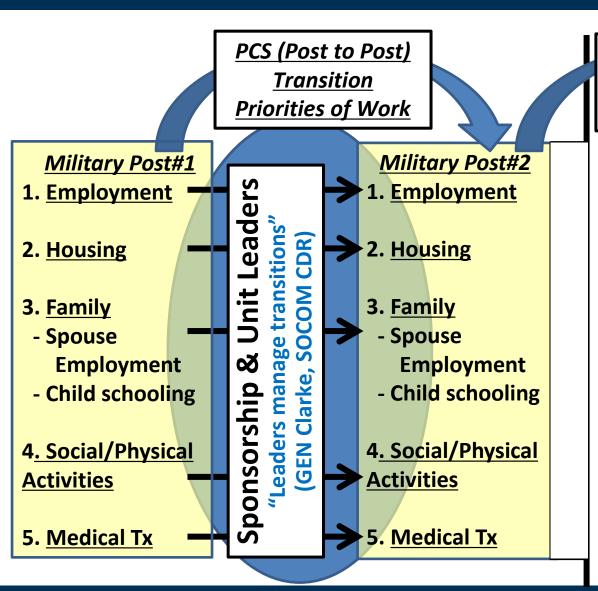








Problem- The Deadly Gap



ETS (Post to Civilian) Transition Priorities of Work



Veteran Suicide Rates (18-34 yo)

2001= <u>24</u> per 100k 2019= <u>44</u> per 100k

75%= 18-34 yo

"DoD did not screen for suicide risk" (DoD IG, 2021)

43% SMs not career-ready to transition (DoD IG, 2021)

Civilian Transition

- 1. Employment
- 2. Housing
- 3. Family
- Spouse Employment
- Child schooling
- 4. <u>Social/Physical</u>
 <u>Activities</u>
- 5. Medical Tx

*Reintegration
difficulties persist for
over 6 years (Sayer,
2014) & increase
suicide ideation
(Kline et al., 2011)





Comparing Two Veteran Transitions

Transition as Usual



<u>Veteran:</u> 30s y/o Asian-American, woman, single, 10 years of military service

Military Discharge: September 2022

<u>Prescribed DoD psychotropic meds</u> & attended <u>7 mental health appts</u> in last year of military service

Jul 2022 - DoD Psychiatrist Note:

"The SM will try to get her medication from the VA after she gets out of the Army...The SM is anxious about what the future holds for her, but she is excited as well. I will write for an 8w supply of her medication today..."

Sep 2022 - Veteran calls local VAMC:

VA call center/admin enters note from her call, "This is my first appointment after getting out of active duty and need to continue getting medication...Please have someone call me to make my first appointment."

No follow-up from local VAMC



DoD STARRS analysis shows that about 1% of Servicemembers will have a suicide attempt within the first-year post-military discharge (Kearns et al., 2023)





Veteran Sponsorship Initiative

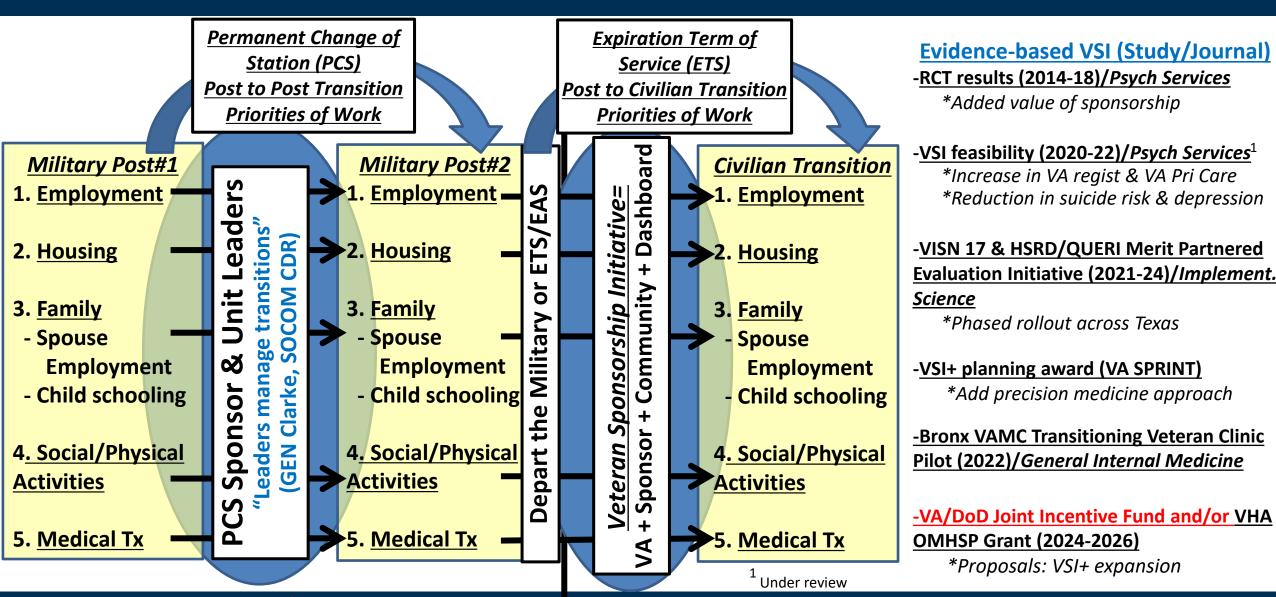
- The Veteran Sponsorship Initiative (VSI) is an innovative, evidence-based program (reintegration difficulties and social support) designed to reduce suicide risk factors of Servicemembers going through the military-to-civilian transition.
- Under VSI, Servicemembers are paired 1:1 with VA-trained, volunteer, community-based peers who are managed by vetted VHA community partners who support them during the transition
- VSI connects Servicemembers to VA healthcare and benefits as well as community services based on suicide risk-level
- Jointly funded by:
 - VISN 17 Heart of Texas Network
 - VISN 17 Center of Excellence for Research on Returning War Veterans
 - VISN 2 MIRECC (Bronx VAMC)
 - Bronx VAMC
 - VHA National Center for Healthcare Advancement And Partnerships
 - VHA OMHSP Demonstration Project Grant
 - VHA HSRD/QUERI Grant
 - Suicide Prevention Research Impact Network Grant (VA HSRD/CSRD)







Bridging the Gap: Veteran Sponsorship Initiative







Comparing Two Veteran Transitions

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Veteran Sponsorship Initiative

<u>Veteran:</u> 20s y/o African-American, man, married, one child (newborn); 5 years of military service, two deployments

Military Discharge: December 2022

<u>Prescribed DoD psychotropic meds</u> & attended <u>10 mental</u> <u>health appts</u> in last year of military service





Early-Dec 2022 - VA VSI Psych Clinical Intake: "We were able to get him VA enrolled...SM very concerned about not having psych med refills, which have stabilized him since April 2022. Currently negative for depression/suicide...starting new job."

Virtual VA PC consult submitted

Mid-Dec - Virtual Bronx VA Transitioning Veteran PC Clinic: Initial VA PC visit & mailed medication.

Traveling Veteran Consult submitted to Veteran's local VAMC (PC/MH follow-up confirmed)

With VSI, Veteran is enrolled and seen by VA PCP < 90 days from military discharge

- Proactive Approach - Earlier than first Solid Start Call - Earlier than VA receives electronic DD 214

17 Questions Predicting Suicide Attempts After Discharge

Psychological Medicine

cambridge.org/psm

Original Article

Cite this article: Kearns JC et al (2023). A practical risk calculator for suicidal behavior among transitioning U.S. Army soldiers: results from the Study to Assess Risk and Resilience in Servicemembers-Longitudinal Study (STARRS-LS). Psychological Medicine 1-10. https://doi.org/10.1017/S0033291723000491

Received: 16 December 2022 Revised: 3 February 2023 Accepted: 9 February 2023 A practical risk calculator for suicidal behavior among transitioning U.S. Army soldiers: results from the Study to Assess Risk and Resilience in Servicemembers-Longitudinal Study (STARRS-LS)

Jaclyn C. Kearns^{1,2}, Emily R. Edwards^{3,4}, Erin P. Finley^{5,6}, Joseph C. Geraci^{3,4,5,7}, Sarah M. Gildea⁸, Marianne Goodman^{3,5}, Irving Hwang⁸, Chris J. Kennedy⁹, Andrew J. King⁸, Alex Luedtke^{10,11}, Brian P. Marx^{1,2}, Maria V. Petukhova⁸, Nancy A. Sampson⁸, Richard W. Seim⁵, Ian H. Stanley^{12,13}, Murray B. Stein^{14,15,16}, Robert J. Ursano¹⁷ and Ronald C. Kessler⁸

Table 3. Predictor importance in the final lasso modela,b

	Multivariable	Univariable
	RR (95% CI)	RR (95% CI)
I. Self-injurious thoughts and behaviors		
Lifetime active suicidal ideation	1.58 (0.97-2.57)	2.85 (1.94-4.19)
Lifetime passive suicidal ideation	1.43 (0.94-2.19)	2.81 (1.99-3.97)
Lifetime suicide attempt	1.24 (1.06-1.45)	1.60 (1.31-1.96)
Suicidal ideation (active or passive) 2 years before leaving active service	1.21 (0.98-1.49)	1.59 (1.32-1.93)
Lifetime suicide plan	1.02 (0.75-1.39)	2.22 (1.62-3.03)
II. Externalizing disorders		
Frequency of substance use-related interpersonal problems (worst lifetime)	1.34 (1.12-1.61)	1.45 (1.19-1.77)
Frequency of school truancy in childhood	1.26 (0.98-1.61)	1.95 (1.43-2.66)
Frequency of running away from home in childhood	1.25 (1.03-1.52)	1.56 (1.29-1.89)
Antisocial personality traits: Physically assault others	1.11 (0.93-1.33)	1.32 (1.09-1.60)
Childhood conduct: How often bullied or threatened kids	1.11 (0.89-1.38)	1.48 (1.22-1.79)
III. Stressor exposure		
Victim of any criminal offense 4 years before leaving active service	1.36 (1.15-1.61)	1.60 (1.37-1.87)
Any lifetime life-threatening accident or other risky/near death experience ^c	0.55 (0.39-0.78)	0.66 (0.45-0.95)
IV. Socio-demographic and Army career predictors		
1+ dependent age 6–13 years old	1.63 (1.33-1.99)	1.45 (1.24-1.70)
Discharged Honorably or Under Honorable Conditions	1.46 (1.15-1.86)	1.38 (1.05-1.80)
Identify as gay, lesbian, or bisexual	1.20 (1.02-1.42)	1.36 (1.15-1.61)
34+ years old at the time of leaving active service	0.64 (0.42-0.97)	0.57 (0.39-0.83)
2+ Global War on Terror deployments	0.54 (0.36-0.83)	0.56 (0.34-0.95)



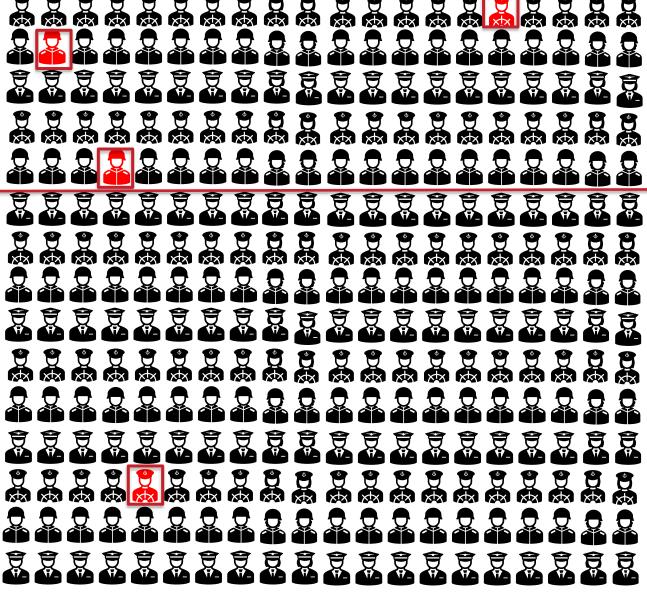


With the DoD STARRS Practical Risk Calculator for Suicide Behavior, we can now categorize based on suicide risk level.

-30% of Servicemembers with highest predicted risk account for 93% of medically serious suicide attempts within the first year post-military discharge

n=90











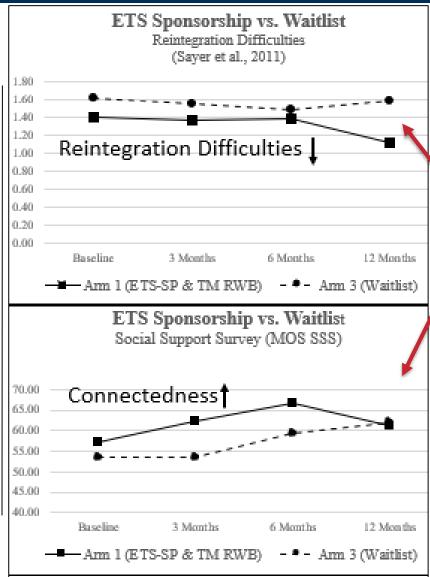
Supporting Servicemembers and Veterans During Their Transition to Civilian Life Using Certified Sponsors:

A Three-Arm Randomized Controlled Trial

Joseph C. Geraci^{1, 2, 3, 4}, Ariana Dichiara¹, Ashley Greene^{1, 4}, Molly Gromatsky^{1, 4}, Erin Finley^{2, 5}, Daniel Kilby^{1, 3}, Sheila Frankfurt^{2, 6}, Emily R. Edwards^{1, 7}, A. Solomon Kurz², Yosef Sokol^{1, 4}, Sarah R. Sullivan¹, Meaghan Mobbs¹, Richard W. Seim², and Marianne Goodman^{1, 2, 4}

Baseline (BL)Survey (n=200) SPONSORSHIP Results Arm1: Arm2: Team ETS-SP & TM Red, White, RWB **RWB** Blue 3 Months Post BL 6 Months Post BL 12 Months Post BL

VSI Randomized Controlled Trial (2015-2018)



Klonsky and May's 3-Step Theory of suicide (3ST; 2015)

<u>Step 1=</u> Psychological Pain (e.g., reintegration difficulties)

Step 2= Connectedness

<u>Step 3=</u> Capability for Suicide (sensitivity, habituation, access to lethal means)





Program Results

VSI vs. Transition as Usual (TAU)

VA Registration and VA Primary Care (encounter & consult)



92% increase in VA registration



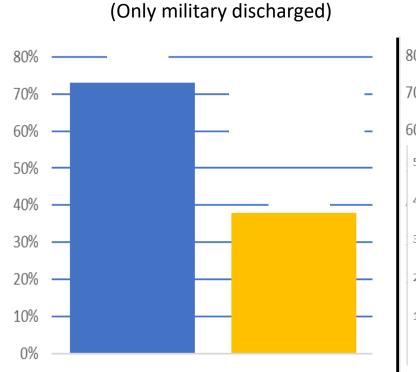
Increased VERA reimbursement



158% increase in VA primary care



"I got into a really dark place. If it wasn't for your help especially with VA medical I don't think I would've climbed out successfully. Know you made a difference in this combat veteran's life as well as his family"



VA Registration

(Only military discharged) 80% 60% 50% 40% 30% 20% 10% VSI TAU

n=541

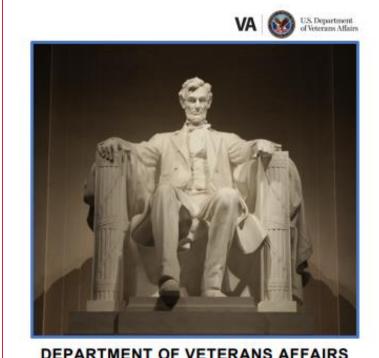
VA Primary Care





n=1,652

Evidence Based Act (2018)



https://department.va.gov/wpcontent/uploads/2023/04/va-annualevaluation-plan-2024.pdf

FISCAL YEAR 2024 ANNUAL

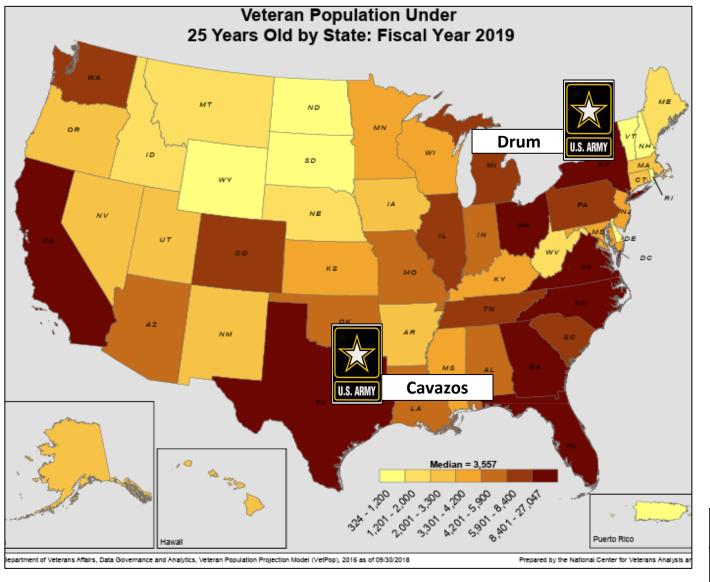
EVALUATION PLAN

VA FY 2024 Annual Evaluation Plan Table of Contents Background and Approach.... Criteria For Significance and Topic Selection3 VA Criterion #1: Existing Lines of Inquiry..... VA Criterion #2: Mission Focus on Veterans VA Criterion #3: Care and Services for At-Risk, Marginalized, Underserved and VA Criterion #4: Alignment of Learning Agenda with Evaluation Plans VA Criterion #5: Nomination Using Administrations' Existing Prioritization...... VHA Evaluation Plans A Access A.1. MISSION 401 Underserved Facilities and Populations..... A.2 Virtual Care A.3 PTSD Access To Healthcare (PATH) Study..... B. Suicide Prevention and Mental Health... B.1 Veteran Sponsorship Initiative (VSI) B. 2 VA Suicide Risk Identification Strategy (Risk ID) C. Opioids and Substance Use Disorder . C.1 Post-Incarceration Engagement (PIE) . C. 2 Rural Access for Opioid Use Disorder (OUD) with Buprenorphine C. 3 Homeless Overdose Prevention Expansion (HOPE)..... Completed evaluations VHA Evaluation Plans – Under Development..... Military Exposures...... Women's Health... Human Resource and Workforce Outcomes..... VBA Evaluation Plan





<u>Goal:</u> Successfully transition Servicemembers from their military installation to their new post-military community in the domains of *employment/education, housing, family, social connection and medical.*





US Army Soldier for Life/ETS Sponsorship

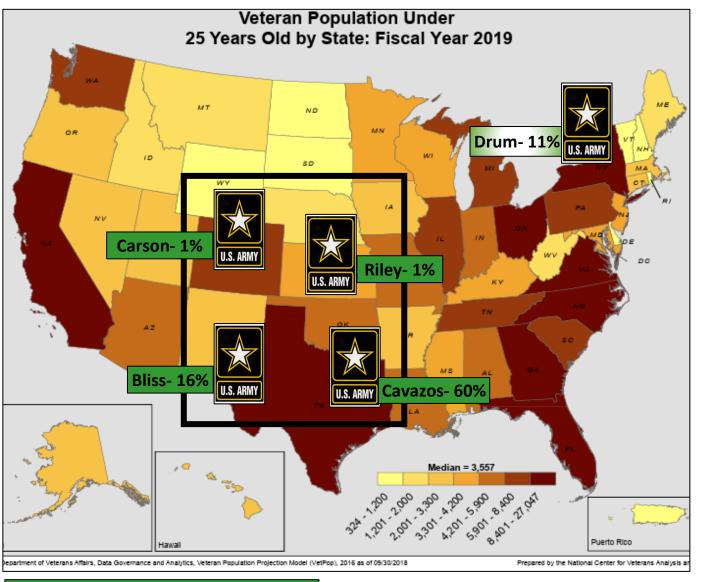
- Enroll Servicemembers on DoD bases
- ETS SPONSORSHIP
- Administer VSI+/Harvard Screener for Risk
- Data sharing agreement with VA VSI & Community Partners

Enrollment of Active-Duty Servicemembers

	FY2020	FY2021	
Total	279	282	



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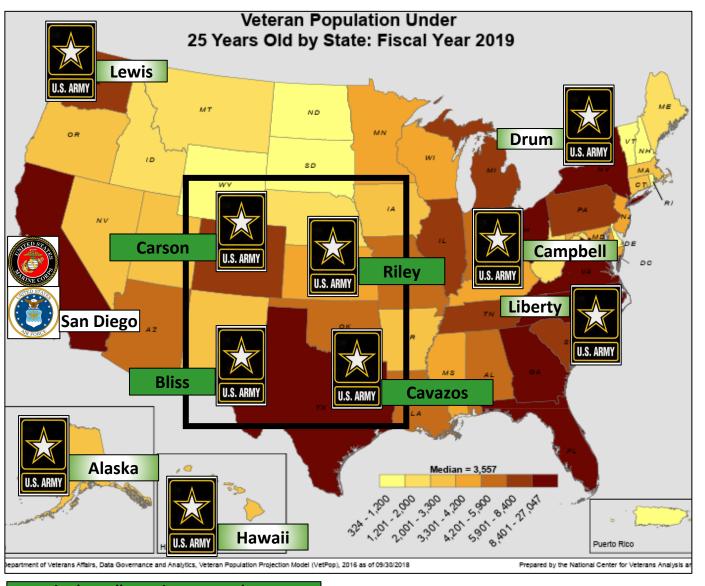
Enrollment of Active-Duty Servicemembers

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Total	279	282	2,210	4,005	18,926

=required enrollment in partnered programs



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=?%





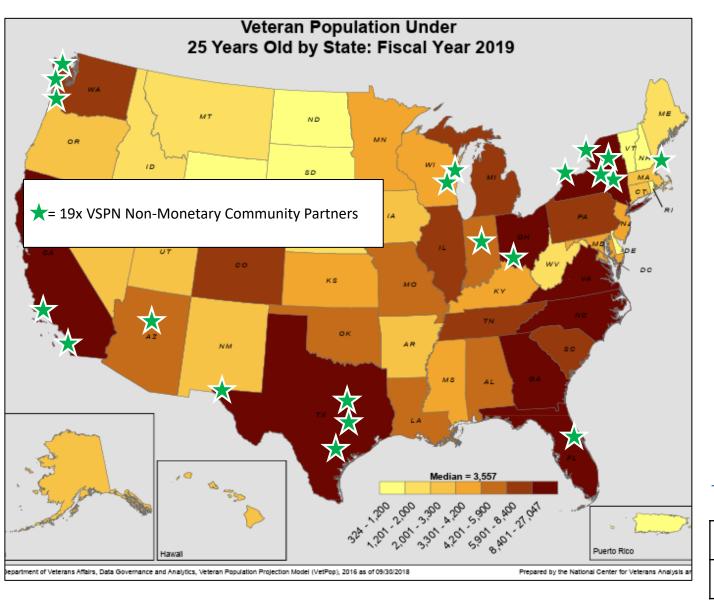
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Veteran Sponsor Partnership Network Community Partners

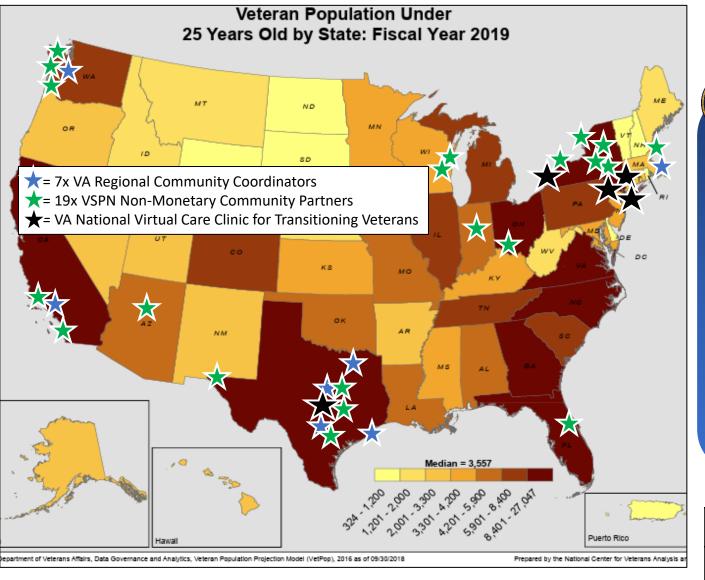
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- Recruit & ensure volunteer sponsors attend VA training
- Manage Servicemember & Sponsor relationship
- Provide local resources pre, during and post transition from the military

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VA Veteran Sponsorship Initiative (VSI)

- VA Regional Community Coordinators (Social Workers)
- Leverage existing VA programs (VA TAP, Post 9/11 M2VA, CEPCs, Homelessness)
- VA Case Management
- Regional Community Engagement/Partnership POC
- VA Sponsor training facilitator
- Liaison w/ DoD base leaders
- Referrals to VA Virtual Primary Care, Mental Health Care, In Person Primary Care

Veteran Sponsor Partnership Network Community Partners

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Questions

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