Moderator: Welcome to the VA HSR&D Investigator Insights podcast series. In this episode, QUERI Dissemination Coordinator Diane Hanks, speaks with Research Health Scientist Maggie Freytes of the Gainesville Veterans Rural Health Resource Center. They are discussing her work developing a community-focused triage guide to engage veterans at high risk for suicide in VA mental healthcare treatment.

Diane Hanks: Your project is focusing on a community approach to suicide prevention. Could you tell us what that means?

Maggie Freytes: Just to give you a little bit of background, before being at the VA I used to do community mental health. I actually did mental health screening for people in the community that were at risk of suicide. They had to be admitted involuntarily. My training was in crisis intervention, so that is what I came from prior to joining the VA as a researcher.

Diane Hanks: This was general population.

Maggie Freytes: My previous job was general population, although veterans would come through.

Diane Hanks: They were part of it, yeah.

Maggie Freytes: They are part of the general population as well.

Diane Hanks: Right.

Maggie Freytes: Being in the community mental health area, one of the things that was very common for me to see, and I have continued to see this over time being a VA person, is that there are a lot of veterans that do not want to go to the VA for whatever reasons that could be. Maybe they had a bad experience. Some of them have no clue how they get in.

Diane Hanks: Right.

Maggie Freytes: The reasons why veterans choose not to go to the VA are multiple. It was not planned. I just happened to be here because the police picked me up and I said I was—

Diane Hanks: A veteran.

Maggie Freytes: Exactly, a veteran and I am struggling. I have been thinking about suicide. This is the facility they brought me to. There are many reasons why veterans will end up in the community. Now working at the VA in research, I have also learned a lot of people do not know how to access. I do not know. I am not service connected. I do not even know what service-connected means. There is a number associated with your service connectivity. I do not know what that is. Oh, I hear that you need the DD212. There is a lot of jargon that people do not know unless you worked in the VA.

Diane Hanks: Right.

Maggie Freytes: It puts people off, and it is too much work.

Diane Hanks: Right.

Maggie Freytes: The VA is a huge system, very complex, and things are always changing.

Diane Hanks: Yeah.

Maggie Freytes: For example, I have been at the VA for 12 years. Over the last 12 years, I have seen a change in the eligibility criteria that has changed in order for the VA to be more attractive to younger veterans. That is OEF, OIF, OND.

Diane Hanks: Right.

Maggie Freytes: They always thought, the VA is for the older Vietnam veterans.

Diane Hanks: Right.

Maggie Freytes: Young veterans do not go. PTSD, they do not identify themselves as someone needing mental health services or services at all. I would rather get older people. They need it more than we do.

Diane Hanks: Right.

Maggie Freytes: It does not matter. VA care is for all veterans. Some people are better than others. Actually, what brought me here today to this conference is that through the Innovation Network at the VA, we developed a little pocket guide. We went to the community because I came from the community. I knew that when a veteran called in and said I need services, we say sir, you are a veteran. Do you go to the VA for services? We got all kinds of responses as to why they did not. Suicide is a top clinical priority of the VA.

Diane Hanks: Right.

Maggie Freytes: Unfortunately, the numbers are just not good in terms of veterans committing suicide. The estimate is that 20 veterans die by suicide each day.

Diane Hanks: Right.

Maggie Freytes: Fourteen of those have not received VA care in the last year.

Diane Hanks: Wow.

Maggie Freytes: That is pretty significant.

Diane Hanks: Yes.

Maggie Freytes: That number and my background in community mental health is what brought me to say we have to focus on the community. The VA has done an incredible job bringing in resources to veterans, whole health initiative, suicide prevention coordinators, the veteran crisis hotline, they have social media campaigns, they have changed their enrollment criteria so anyone that is going in crisis can go. They can be seen that same day if they have a non-life-threatening issue going on. The VA has responded to the need over the last 20 years they have developed, and there are still issues.

Diane Hanks: Right.

Maggie Freytes: Suicide risk continues to rise. Veterans are still confused as to where I go. Do I qualify? Do I not qualify? I figure we need somebody in the community to help us bring those veterans back.

Diane Hanks: Right.

Maggie Freytes: Some of them we will not be able to bring back. Perhaps they had a bad experience, and they do not want to go to the VA. Maybe we can change that. Hopefully, we can change that, but some veterans do not know how to access services.

Diane Hanks: Right.

Maggie Freytes: That is after this innovation project two years ago. I developed this little homemade pocket guide for clinicians to help them figure out how you help a veteran get connected to the VA. Our main approach was to work with community providers. We work with the University of Florida, which is where I am from, my area. We work with the Community Mental Health Place, which is where I used to work. What are your needs in order for you to better serve veterans? What do you need? Based on those interviews, we talked to a lot of people. We developed this little pocket guide, and we did, I think, 500 of them at that innovation expo at our facility. What we learned was VA providers wanted and said they needed this guide. VA providers did not know how to help veterans either. We ran out. All of the VA providers took our little homemade pocket guide.

Diane Hanks: Right.

Maggie Freytes: We had to go back and print more. We did a little bit of interviews after that, and we were just really shocked. We never thought that VA providers would have a need for this. It is people from all over. Including mental health people, from all different services like primary care, cardiology, and you name it, women’s clinic.

Diane Hanks: Right.

Maggie Freytes: They feel like, oh wow, this would be great for me to know this information. They have local funding from a facility to create a new version of the mental health resources for veterans’ quick reference for providers. It is just a little flip book with little tabs of the different resources for veterans within the VA. What we are hoping is that we are going to have all clinicians within the VA now.

Diane Hanks: Right.

Maggie Freytes: Now this one is more targeting the VA clinicians, but still we have come to find out that people are giving them out to veterans.

Diane Hanks: Yeah.

Maggie Freytes: We went to the vet centers, the homeless programs, even fire departments, and police departments.

Diane Hanks: Oh great, yes.

Maggie Freytes: We talk about this is how you triage. This is a little decision tree. Are you a veteran? Are you in crisis? Are you service connected? Yes, go here. No, then these are the steps you are going to follow. There is a lot of misconceptions and a lack of knowledge, not just from the community, but even from our own clinicians. Again, it is a big system. Each facility works a little bit differently. We have come to find out that if we want veterans to get care wherever it is, it does not matter if they want to come to the VA or not, they need to have a way to understand what they are eligible for and where to go.

Diane Hanks: Like a map.

Maggie Freytes: A map.

Diane Hanks: Yeah.

Maggie Freytes: Now we are distributing these, like I said, within the facility, but also fire departments, police departments, hospitals, the universities, the community college, and homeless shelters. Veterans are everywhere.

Diane Hanks: How about with the DoD? Could they give these out to people who are exiting the service?

Maggie Freytes: They could. What I am hoping is first of all this can serve as a model for other facilities.

Diane Hanks: Right.

Maggie Freytes: One of the things is that once you print this out, it becomes obsolete. Right?

Diane Hanks: Right.

Maggie Freytes: The moment you have it in print, something changes.

Diane Hanks: Right.

Maggie Freytes: We were very careful. We did not have any names.

Diane Hanks: Yes.

Maggie Freytes: We just had names of offices and programs and the contact information.

Diane Hanks: General, yeah.

Maggie Freytes: One of the difficulties of this above initiative is also the timing of it. This is something that we always look at. When do you give this out? We did a lot of stuff with OEF, OIF, veterans with the \_\_\_\_\_ [00:09:06]. Some people need it right away, but some people just want to move on.

Diane Hanks: Right.

Maggie Freytes: At what point do you intercept the veterans, their families, their communities, the fire department, and police. It is not one answer.

Diane Hanks: Right.

Maggie Freytes: It varies for everybody.

Diane Hanks: Right. Most veterans, especially the younger ones, are aware that there are VA hospitals?

Maggie Freytes: That transition between DoD and the VA has improved significantly over the last ten years when OEF, OIF, and OND started returning. I think they know there is a VA. I think a lot of people thought that was for the older veterans.

Diane Hanks: They do not know that there are services for younger veterans.

Maggie Freytes: They do not identify. Exactly. The VA had to very quickly. They did not expect all these people to come back with this type of injuries.

Diane Hanks: The more invisible injuries, right.

Maggie Freytes: The survival rate is very high, which is good.

Diane Hanks: Yeah.

Maggie Freytes: They are coming back with all kinds of issues that the VA had to quickly adapt and come up with hire new staff to treat those.

Diane Hanks: TBI was new.

Maggie Freytes: TBI and PTSD.

Diane Hanks: Yeah.

Maggie Freytes: I think over the last year, we all, community and DoD VA has been a lot of change in a quick amount of time with an incredible need for services. It is a system that was doing the best it could to be able to quickly develop things to provide. It was rough initially. I think we have come a long way, and the VA now has things like the Whole Health Initiative. They have changed their eligibility criteria and the suicide prevention coordinators. The amount of services that have been developed now that we better understand the issues that we are facing with these younger veterans is making them aware.

Diane Hanks: It is just making them aware of what is available.

Maggie Freytes: Because it is such a big system, it is a challenge. There are so many veterans. How do you pass on that information? Who thought that a little booklet going back to the basics where people could quickly look it up could be a tool?

Diane Hanks: Yeah. Right.

Maggie Freytes: That is the thing.

Diane Hanks: Right.

Maggie Freytes: That is the thing about technology, apps, this, and that. Some people are not attracted to that.

Diane Hanks: It is something to put in your pocket.

Maggie Freytes: Exactly. We just need to be able to provide different approaches because different people gravitate to different things.

Diane Hanks: Right exactly. Were veterans at all helpful when you were putting this together? Did you reach out to veterans to get their input?

Maggie Freytes: Because it is mostly explaining and describing how you get to the services, what each of these programs do, most of the input for this version and from the original too came from providers. Once we put all that together, we give it to veterans and say, can you look at this?

Diane Hanks: Yeah.

Maggie Freytes: Tell us what you think. Based on their feedback, we made changes. Oh, I think this part is confusing. They really help us with organizational information. They were able to think of areas that we were not thinking about – for example, LGBT that is something that was not on the first version of it.

Diane Hanks: Right.

Maggie Freytes: The Veteran Fath back we added. The justice outreach programs too, veterans just getting out of jail for whatever reason.

Diane Hanks: Just getting out, yeah.

Maggie Freytes: Yes, we go out. It is really a collaboration. I think that is the beauty of research and this type of work. You need everybody’s voices. Right? You can create a program, a service, or a little product with an audience in mind and then end up realizing that the audience is much bigger than you ever thought. Everybody’s voices need to be part of it. I think this is what makes this version so much better. We had a year and a half to learn, to get feedback, and to make it better.

Diane Hanks: What are your next steps?

Maggie Freytes: I am doing a very rough evaluation right now. We have a little Survey Monkey where it is like five questions. What do you think of the size? What do you think of the information and the organization? Then we are doing a little bit more in-depth interviews. They are still pretty short because people are busy.

Diane Hanks: Right.

Maggie Freytes: We have gotten such great feedback. Again, it is interesting that we were talking with the Director of the Mental Clinic at Gainesville. He said, I think it is great that you are planning a desktop app, but I need this little booklet because I take this with me. It is based on what we learn. What we want to do is develop a training using this little booklet. Again, this is just looking at \_\_\_\_\_ [00:14:15] with the potential that this could then be expanded maybe at the VISN level or have other facilities reproduce what we are doing and implement it across the board.

Diane Hanks: Right.

Maggie Freytes: Do a training based on this little booklet. Help everybody, VA, and community providers.

Diane Hanks: Right.

Maggie Freytes: This could also go to the clerks. This could go to the cafeteria people. Anybody. Anyone can come in touch with a veteran.

Diane Hanks: Right.

Maggie Freytes: Help them understand, this is how you would use this guide. This is a triage. If you come in contact with a veteran that seems to be in distress, going through a rough time, maybe made some comments that make you feel a little bit concerned for their safety and well-being. These are some questions you can ask them. Are you connected? If you are connected, what is your primary care provider? Let us give them a call. Do a warm handoff to somebody that is in a position to get this person services.

Diane Hanks: Right.

Maggie Freytes: This is as opposed to say, why do you not call a general number and tell them what your issue is? They will connect you.

Diane Hanks: Yeah. Yeah.

Maggie Freytes: We know that when you say, you go ahead and call blah-blah-blah, they are not going to do it. One of the things that we want to get feedback from the veterans is in your experience with a veteran, what type of VA employee -- clinician, clerk, maintenance people – who do you think needs to get this training? We started to define who was going to be. Who are we going to be training? Then teach them how to use this guide so that if and when they come in contact with a veteran that is in crisis or is at risk of suicide, they can use this little guide and say okay. It sounds like based on this set of questions that you asked, because you read the guide, you could call, let me see, the women’s clinic. This is the number. You could potentially make a phone call with them or hand them a phone and dial the number. There are some strategies that we can do to make sure that we just do not send them out with a number.

Diane Hanks: Right. Right.

Maggie Freytes: Here, use the book. Take it home.

Diane Hanks: Yeah, take it home and read it.

Maggie Freytes: Hopefully, you can find what you need there.

Diane Hanks: Yeah.

Maggie Freytes: We want to engage them. We want them to come back. We want them to get services. We do not want those 14 veterans out there ending their lives because they feel helpless and hopeless.

Diane Hanks: Right.

Maggie Freytes: The plan is to do our training so that people know how to use the guide.

Diane Hanks: Right.

Maggie Freytes: We want to empower VA employees and community employees to feel like I can do this referral myself instead of, for example, entering a consult.

Diane Hanks: Yeah.

Maggie Freytes: You know?

Diane Hanks: Yeah.

Maggie Freytes: We want to get. Once we do that study, we want to get feedback on, is the information we are presenting what people need to feel empowered to do a direct referral on the spot? Is it really helping with the referral rates to direct services as opposed to go call the VA and figure it out?

Diane Hanks: Right.

Maggie Freytes: It decreased the amount of consults that go for mental health for somebody else. You have to tell your story again.

Diane Hanks: Right.

Maggie Freytes: We are trying to increase access to services and care on the spot. This is the idea. We are going to meet with the veterans, engage with them, and get their feedback. What do they think? Do they think this would work? They are out there in the community.

Diane Hanks: Right.

Maggie Freytes: Tell us what. What are we missing? What are we not seeing here? What have we not considered yet?

Moderator: The views and opinions expressed in the preceding podcast are concerned with the scope of recently concluded or ongoing VA HSR&D-funded research, and do not necessarily reflect current or to-be implemented VA policy. To learn more about this research, visit the VA HSR&D website at www.hsrd.research.va.gov.