

HSR&D Suicide Prevention Research Roadmap: Transition to Veteran Status

NOTE: The Roadmap aligns with the JOINT ACTION PLAN FOR SUPPORTING VETERANS DURING THEIR TRANSITION FROM UNIFORMED SERVICE TO CIVILIAN LIFE (a response to Executive Order 13822) to ensure seamless access to a continuum of high-quality mental health care and suicide prevention resources during the transition from uniformed service to civilian life, especially during the first year following discharge. As outlined in the Joint Action Plan, the Roadmap will use the Prevention Classification Framework from the National Academy of Medicine: 1) Universal strategies for all Veterans; 2) Selective strategies for Veterans at greater risk; 3) and Indicated strategies for high-risk Veterans.

EPIDEMIOLOGY	RISK IDENTIFICATION	INTERVENTIONS	HEALTH SERVICES	IMPACTS
<p>Objectives: 1) To fully characterize military personnel transitioning to civilian status on medical, psychological, social, and economic factors, and 2) to gain an understanding and knowledge of patterns and trends in suicidality among Veterans</p> <p>Partners: CDC, DoD, States, SAMHSA, NIH/NIMH, VA Office of Policy and Planning, VBA</p>	<p>Objective: to identify specific risk factors or special populations at risk for suicide</p> <p>Partners: DoD, NIH/NIMH, BLRD, CSRD, CSP, VBA</p>	<p>Objective: to test and evaluate novel outreach strategies and clinical interventions, particularly in high risk Veteran populations</p> <p>Partners: DoD, NIH/NIMH, CSRD, CSP, RRD, VBA</p>	<p>Objective: to test, disseminate, and implement effective outreach strategies and interventions, in partnership with operations</p> <p>Partners: QUERI, VA OMHSP, VISNs/VA medical centers, Diffusion of Excellence hubs</p>	<ol style="list-style-type: none"> 1) Develop Risk prediction algorithms applicable to Veterans during the transition period. 2) Make DoD/VA data on Veterans during the transition period available to researchers. 3) Increase the number of suicide prevention intervention studies targeting Veterans during the transition period. 4) Increase the number of Veterans receiving evidence based suicide prevention interventions. 5) Decrease the number and rate of suicides among Veterans during the first year following discharge from the military.

Reviewed National Research Action Plan (NRAP) for Suicide Prevention, Post-traumatic Stress Disorder, and Traumatic Brain Injury - Suicide Research Portfolio Overview
(Note: Numbers below reflect active projects in FY16 for NIMH, active projects between FY13-16 for the VA, and all open projects between FY12-16 for the DoD)...

Active FY13-16	NIMH = 9, VA = 3, DoD = 10 N = 22	NIMH = 11, VA = 7, DoD = 2 N = 20	NIMH = 32, VA = 14, DoD = 65 N = 111	NIMH = 7, VA = 10, DoD = 5 N = 22
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Active FY16-17	<p>Comparative Safety of Benzodiazepines and Opioids Among VA Patients with PTSD (Hawkins)</p> <p>TVMI-- The Veterans Metrics Initiative: Linking Program Components to Post-Military Well-Being study --longitudinal post-9/11 veterans' transition and reintegration experiences, while simultaneously assessing outcomes impacted by specific components of transition assistance programs used</p>	<p>Millennium Cohort Study - examination of mental health and suicidality</p> <p>Leveraging intensive home telehealth data for suicide prediction and prevention (Depp)</p> <p>Genomic study of acute suicidality with MVP patients</p>	<p>RCT of Behavioral Activation for Depression and Suicidality in Primary Care (Funderburk)</p> <p>An Adjunctive Behavioral Sleep Intervention to Prevent Veteran Suicides (Pigeon)</p>	<p>Mindfulness-Based Cognitive Therapy for Preventing Suicide in Military Veterans (Interian)</p> <p>Evaluation of Caring Contact Initiative (QUERI)</p>	<p>Improving Sleep as a Strategy to Reduce Suicide Risk Among at-Risk Veterans: A Real World Clinical Trial (Pigeon)</p> <p>Veterans Coping Long Term with Suicide (Primack)</p>	<p>Facilitating use of the Veterans Crisis Line in High-Risk Patients (Ilgen)</p> <p>Increasing Treatment Seeking Among Suicidal Veterans Calling the Crisis Line (Stecker)</p>	<p>Risk Stratified Enhancements to Clinical Care: Targeting Care for Patients Identified Through Predictive Modeling as Being at High Risk for Suicide, with the Office of Mental Health Operations (Landes)</p> <p>Incorporating Treatment Outcomes into Quality Measurement of Depression Care (Pfeiffer)</p>
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JOINT ACTION PLAN FOR SUPPORTING VETERANS DURING THEIR TRANSITION FROM UNIFORMED SERVICE TO CIVILIAN LIFE -- GOALS

- Improve actions to ensure all transitioning Service members are aware of and have access to mental health services. [All]
- Improve actions to ensure the needs of at-risk Veterans are identified and met. [Some]
- Improve mental health and suicide prevention services for individuals that have been identified (indicated populations) in need of care. [Few]

FY18 VA / DOD Research Data and Analysis Center: 1) Coordinate regulatory issues; 2) Manage data access to researchers; 3) Generate data sets relevant to transitioning Veterans; and 4) Adapt predictive models to population of transitioning service members

Priority Research Questions	<ol style="list-style-type: none"> 1) What are the relevant physical and psychosocial characteristics of Veterans currently transitioning out of the military and reintegrating into civilian life that affect suicide risk or resilience? 2) Following discharge from the military, how does the receipt of benefits from VBA, from VHA, or both affect risk of suicide? 3) What are the periods of highest risk for suicide and other hazardous behaviors within the first three years following discharge from the military? 	<ol style="list-style-type: none"> 1) What are similarities and differences between risk factors for suicide and those for other hazardous behaviors such as substance use, unsafe motor vehicle driving, unintentional injuries, and overdose. 2) Are there geographic regions or specific VA medical centers/VISNs that are "hot spots" for suicide and associated risk factors? 3) What are efficient strategies for identifying those at highest risk for suicide during the transition period? 4) How do geographic, community-level, household-level and other social factors (e.g. connectedness) affect risk or protection from suicide? 	<ol style="list-style-type: none"> 1) What are community level and/or public health outreach strategies (e.g. messaging campaigns; mental health screening) that can effectively ensure all transitioning service members are aware of and have access to mental health services, and promote engagement with all Veterans who are being discharged from the military? (universal prevention strategy) 2) Which targeted suicide prevention interventions and delivery approaches are most effective for Veterans in at-risk groups (e.g. those most recently transitioning out of the military, those with mental health conditions, etc.)? 3) What suicide prevention strategies are most effective for individual Veterans at highest risk during the transition period (e.g. those with a previous suicide attempt)? 4) Are there effective alternative delivery approaches (e.g. telehealth, IVR) to provide evidence-based interventions for Veterans transitioning out of the military in hard to reach/high risk geographic areas? 	<ol style="list-style-type: none"> 1) Which approaches are most effective for disseminating and implementing suicide prevention outreach strategies and interventions for Veterans transitioning out of the military? 2) What are the barriers and facilitators to implementing effective suicide prevention outreach strategies/interventions for Veterans recently discharged from the military who are at risk for suicide and associated hazardous behaviors? 3) What are the guidelines and/or protocols in place with DoD and/or VBA to ensure coordination of services for Veterans as they are discharged from the military? What are the opportunities for improvement?
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	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	
Suicide Prevention during Transition Roadmap	Quarter 1	Quarter 1	Quarter 1	Quarter 1	Quarter 1	
	1) Meet w/ DoD, NIH, VBA, and TVMI to: a) examine relevant data sources to characterize Veterans during transition; b) formulate a plan for collecting, storing, and sharing data in preparation for release of updated suicide prevention RFAs focusing on transition period. 2) Hold Q1 semiannual meeting w/ VA research and operations partners with the aims of: a) sharing information regarding operational initiatives related to suicide prevention and b) discussing the dissemination and implementation of evidence-based outreach strategies, interventions, and/or products from HSRD research. 3) Discuss development of an MOU for a Core Data group to: a) coordinate with DoD in developing a DUA for research purposes; b) merge, prepare and organize DoD/VA data; c) prepare and perform predictive modeling for suicide risk identification using DoD/VA data; d) manage the access to identifiable and de-identifiable data for suicide prevention research.	1) Hold Q1 semiannual meeting w/ VA research and operations partners to review progress of aims in year 1 and establish new aims for year 2. 2) Meet w/ DoD through the Data Core Group to finalize (a) data use agreement (DUA), including use of data for research purposes 3) Meet with DoD to draft a joint solicitation focused on suicide prevention during the transition period.	1) Hold Q1 semiannual meeting w/ VA research and operations partners to review progress of aims in year 2 and establish new aims for year 3.	1) Hold State of the Art (SOTA) meeting to assess overall progress of suicide prevention during transition initiative and identify remaining knowledge gaps. 2) Hold Q1 semiannual meeting w/ VA research and operations partners to review progress of aims in year 3 and establish new aims for year 4.	1) Hold Q1 semiannual meeting w/ VA research and operations partners to review progress of aims in year 4 and establish new aims for year 5.	
	Quarter 2	Quarter 2	Quarter 2	Quarter 2	Quarter 2	
	1) Meet w/ DoD/NIH to develop joint solicitation focused on suicide prevention during transition period. 2) Assign update of suicide prevention ESP focused on the transition period, and form technical expert panel.	1) Release HSRD/DoD joint solicitation focused on suicide prevention during the transition period.	1) Initiate research projects funded under DoD/VA suicide prevention during transition joint solicitation.	1) Interim progress review for research projects funded under DoD/VA suicide prevention during transition joint solicitation. 2) Meet w/ DoD partners to develop action plans to disseminate information/products (if any) obtained from awards from joint DoD/VA suicide prevention during transition solicitation. 3) Assign update of suicide prevention ESP and form technical expert panel.	1) Interim progress review for research projects funded under joint DoD/VA suicide prevention during transition solicitation. 2) Meet w/ DoD partners to develop action plans to disseminate information/products (if any) obtained from awards from joint DoD/VA suicide prevention during transition solicitation.	
	Quarter 3	Quarter 3	Quarter 3	Quarter 3	Quarter 3	
	1) Hold Q3 semiannual meeting w/ VA research and operations partners to review progress of aims established at the Q1 semiannual meeting; discuss HSRD suicide prevention RFA; review current plans and develop plans for year 2.	1) Hold Q3 semiannual meeting w/ VA research and operations partners to review progress of aims established at the Q1 semiannual meeting; discuss HSRD suicide prevention RFA; review current plans and develop plans for Year 3.	1) Hold Q3 semiannual meeting w/ VA research and operations partners to review progress of aims established at the Q1 semiannual meeting; discuss HSRD suicide prevention RFA; review current plans and develop plans for Year 4.	1) Hold Q3 semiannual meeting w/ VA research and operations partners to review progress of aims established at the Q1 semiannual meeting; discuss HSRD suicide prevention RFA; review current plans and develop plans for Year 5.	1) Hold Q3 semiannual meeting w/ VA research and operations partners to review progress of aims established at the Q1 semiannual meeting; discuss HSRD suicide prevention RFA; review current plans and develop plans for future activities.	
	Quarter 4	Quarter 4	Quarter 4	Quarter 4	Quarter 4	
	1) Review and disseminate suicide prevention ESP report focused on the transition period. 2) Develop and release HSRD suicide prevention RFA focused on the transition period (including characterizing Veterans, outreach strategies to link Veterans to needed VA and non-VA care, and targeted individual and community level interventions).	1) Update and re-release HSRD suicide prevention RFA focused on the transition period.	1) Assess progress and need for continued HSRD suicide prevention during transition period RFA. 2) If necessary, update and re-release HSRD suicide prevention RFA focused on the transition period.	1) Access progress and need for continued HSRD suicide prevention RFA focused on transition; if necessary, re-release HSRD suicide prevention RFA focused on transition period. 2) Develop and release HSRD suicide prevention supplemental funds RFA, to support implementation and scaling up effective interventions/approaches funded previously under HSRD suicide prevention RFA. 3) Support HSRD investigators to submit to Diffusion of Excellence Hub to scale interventions to medical centers/VISNs. 4) Review and disseminate suicide prevention during transition period ESP report.	1) Update and release HSRD suicide prevention supplemental funds RFA. 2) Support HSRD investigators to submit to Diffusion of Excellence Hub to scale interventions to medical centers/VISNs.	
	Benchmarks / Deliverables	1) Meet twice with VA operational partners; develop action plan for suicide prevention during transition. 2) Complete and disseminate suicide prevention ESP report focused on the transition period. 3) Meet with DoD to develop a HSRD/DoD joint solicitation focused on suicide prevention during transition period. 4) Release HSRD suicide prevention RFA with focus on the transition period. 5) MOU drafted for a Core Data Group that will: a) coordinate with DoD in developing a DUA for research purposes; b) merge, prepare and organize data between VA/DoD; c) prepare and perform predictive modeling for suicide risk identification; d) manage the access to identifiable and de-identifiable data for suicide prevention research.	1) Meet twice with VA operational partners; update action plan for suicide prevention during transition. 2) Meet w/ DoD; finalize data use agreement (DUA); finalize joint solicitation focused on suicide prevention during the transition period. 3) Release HSRD/DoD joint solicitation focused on suicide prevention during the transition period. 4) Update and release HSRD suicide prevention RFA with focus on the transition period.	1) Meet twice with VA operational partners; update action plan for suicide prevention during transition. 2) Disseminate products from suicide prevention roadmap activities (CIDER, AcademyHealth, etc.).	1) Meet twice with VA operational partners; update action plan for suicide prevention during transition. 2) Meet w/ DoD; develop action plans to disseminate information/products obtained from joint DoD/VA suicide prevention solicitation. 3) Release HSRD suicide prevention supplemental funds RFA. 4) Disseminate products from suicide prevention roadmap activities (CIDER, AcademyHealth, etc.). 5) Hold State of the Art (SOTA) meeting focused on suicide prevention during the transition period. 6) Complete and disseminate suicide prevention during transition ESP report.	1) Meet twice with VA operational partners; update action plan for suicide prevention during transition. 2) Meet w/ DoD; develop action plans to disseminate information/products obtained from joint DoD/VA suicide prevention solicitation. 3) Release HSRD suicide prevention supplemental funds RFA 4) Disseminate products from suicide prevention roadmap activities (CIDER, AcademyHealth, etc.).