



Testimony of the
Department of Military and Veterans Affairs

Senate Veterans Affairs & Emergency Preparedness (VAEP) Committee
Suicide Prevention

March 16, 2023

Brigadier General Laura McHugh Deputy Adjutant General - Army
and
Brigadier General (PA) Maureen Weigl Deputy Adjutant General for Veterans Affairs

OPENING STATEMENT: Chairman Mastriano, Chairwoman Muth, and members of the VAEP committee, thank you for the opportunity to talk with you about a topic that is important to all of us. I'm Brigadier General Laura McHugh, and I will be providing a brief update on suicides by individuals who are members of our National Guard. I will also update you on the various programs and services we have available to full-time members of our National Guard. One of my previous assignments, from 2011-2014 was the Division Chief for Service Member and Family Support. That assignment included oversight of programs like Suicide and Sexual Assault Prevention, Family Programs, and Employment Outreach just to name a few. Since then, I have seen a tremendous increase in the number of resources and effort placed on the topic of suicide prevention.

Time, stigma, and awareness are several challenges that we face:

Time is our most important resource, which is very limited when it comes to understanding the struggles of our service members. Unlike active-duty leadership, the National Guard typically are only able to see our service members two days a month. If one of our service members is having problems, we would only know about it if they shared that information with us. This contrasts with the active-duty leadership who can maintain continuous and consistent contact with their service members. Therefore, we must continue to work to provide much needed support services.

While we have seen service members more readily able and willing to ask for help, we recognize and continue to combat long-standing stigmas by expressing and emphasizing that asking for help is a sign of strength and not weakness. Many of our Guardsmen do not have medical care nor do they choose to purchase the uniformed services health care plan, Tricare. Having medical insurance would allow them to be treated by civilian providers outside of their chain of command. There are federal efforts to allow all Guardsmen to have Tricare at no-cost (same as active-duty), but that is likely a few years away.

While we offer resources to our Guardsmen, our challenge is ensuring that all 17,000 Guardsmen are

aware of the resources available to them and know where to go. Our collective outreach, family programs, social media, and training efforts continue to work to achieve success, but one loss due to suicide is too many.

1. **STATISTICS:** Dating back to 2007, the PA National Guard has experienced 84 deaths by suicide (76 Army/8 Air). We have seen a downward trend over the past 5 years, but there is always more that we can be doing for our service members and their families. I believe this downward trend is indicative of the full court press that we have implemented across our formations. What I have seen increasing are suicidal ideations. While this may be perceived in a negative light and justifiably a cause for concern, Guardsmen were able to help and report someone who was in a moment of crisis. A Soldier failed to report to their first formation for a unit's In Active-Duty Training (IDT) period in August of 2021. When the Soldier (who was normally very reliable and punctual) failed to answer or return repeated phone calls, the unit sent leadership representatives to his home of record. When getting to his house in Northeastern PA, the unit reps learned that he had just broken up with a long-term girlfriend and they didn't know where he was. The unit reps were able to use social media to reach the Soldier and convince him to meet with them. Instead of focusing on his failure to report, the unit members had a dialogue with the Soldier about what was happening in his life, where he admitted to having thoughts of loss of purpose and suicide in the past several days. The unit linked him up with their chaplain and assisted him in finding a therapist. He was able to pass through the crisis and was returned to his former standing as a reliable unit member.

PROGRAMS/INITIATIVES TO PREVENT SUICIDE:

Soldier Services Division – This division currently employs over 50 full-time civilian personnel who are charged with the responsibility to assist our service members. This division simultaneously advocates

and promotes resilience, family programming and employment outreach to name of few. Some example programs and initiatives to assist our service members are:

Commander's Ready and Resilient Council (CR2C) – (both Army and Air) – This quarterly council is co-chaired by the Deputy Adjutant General-Army and Air. The body evaluates and assesses the various programs to determine trends and where resources or focus needs to be applied.

Psychological Health Coordinators –

- **Army Guard** - There is a team of 6 social workers who are regionalized within the state. They are essentially case managers who will direct Soldiers and Airmen to resources out in the community.
- **Air Guard** – Each of the Wings have a Director of Psychological Health assigned to address the needs of the Airmen.

Keystone Connections Readiness Training (KCRT) Update – (Army and Air) This program was created by our suicide prevention team as well as a psychologist, also a Major in the PA Air National Guard. We are thankful that this budget request was enacted in 2022. It allowed for \$444K to be allocated towards suicide prevention. Guardsmen will be able to benefit and participate in the program beginning June 2023. We will conduct a thorough assessment to evaluate effectiveness. Overall, the program focuses on connectedness of our service members with leadership and other members of their team. They will also individually and without stigma, meet one on one with a behavioral health specialist to talk about available resources and ultimately develop a safe plan. I am excited to see where this program goes and again, we are grateful to our legislature for funding and prioritizing suicide prevention.

Resilience and Suicide Prevention Training – (Army and Air) This mandatory training has been in existence since 2011 and I am truly honored that I was able to lead this effort. Suicide prevention

training is designed to ensure Guardsmen know the warning signs of suicide and where to go to get help.

Unit Risk Inventories (URI) - (Army only) The URI tells our commanders what type of risky behaviors exist within their formation, whether it be suicidal ideation, substance abuse, financial etc. It then allows the units to customize their training and focus in on the behaviors that are harmful to the men and women of that unit. *This is not to be confused with a Unit Climate Survey, which is intended to gauge the climate/culture of a specific unit – both Army and Air.*

- Once a unit completes the URI, a Risk Management Plan (RMP) is created with the unit's command team and our specialists to customize their training that has been identified through the URI.
- Once the RMP is developed our team of specialists will conduct Targeted Prevention Training (TPT), dependent upon the results of the URI. Last year 51/213 units received TPT resulting for 2,312 Soldiers. This fiscal year, we have already trained 18 units for a total of 1,868 Soldiers having received this customized training.

Applied Suicide Intervention Skills and Techniques (ASIST) – (Army only) We currently have a week-long training course specifically designed to train individuals on the proper techniques to intervene when one of our service members is exhibiting suicidal ideations or in crisis. We have twenty-six individuals who have completed the training already this calendar year. Ninety-two individuals completed the course during the previous calendar year. Upon completion of this course, Soldiers will receive a brassard to be worn on their uniform, so that others know who to go to in their time of need.

Chaplains – (Army and Air) Our chaplains are referred to as gatekeepers. These individuals provide spiritual wellness to those Guardsmen who choose to welcome this type of interaction.

171st Air Refueling Wing (Coraopolis) – This unit was awarded \$20k by the National Guard Bureau to test pilot a workshop for their Airmen. The course is titled “Building Resilience”. The project was awarded in mid-February of this year and will be evaluated upon conclusion.

WAY FORWARD: There are a few new programs or innovative ideas that we are implementing this fiscal year to enhance the programs that already exist. These efforts are specifically designed to counter the three challenges I mentioned earlier: time, stigma, and awareness.

- 1) **Battalion Soldier Program** – we are evaluating a program that is created for commanders to create a very small team of experts. After looking at the whole person, individuals within the unit will be identified for special focus. An example would consist of a Guardsmen going through a divorce. They would be elevated to a higher risk level to ensure leadership keeps in touch with them. This is an Army program now, but if we see success, we will widen the scope to include other Army units and potentially the Air Guard. This program would require no additional resources.
- 2) **Family Program Suicide Prevention Training** – Our families spend much more time around our service members than we do. It’s important they too know the warning signs, resources and who to reach out to when their loved one is faced with adversity. We expect a formalized program to be developed this fiscal year. An example of how effective this can be, occurred in the Spring of 2022, when a family member at home recognized that something was ‘just off’ with her husband and that he didn’t seem like himself. Her husband drills with a unit in Western PA. She had participated in a safeTALK suicide prevention course by LivingWorks that was offered by the unit’s Soldier and Family Readiness Specialist during the previous year. Due to this training, the service member’s spouse had the heightened awareness as well as the knowledge and skills that led her to quickly remove all weapons

from the home and get the Soldier connected with support resources to ensure he received the help that was needed in time. The family member also felt comfortable to reach out to the Soldier's chain of command for additional support and vigilance of that Soldier.

- 3) **12+2 Stressor Form** – We know that the best individuals to intervene are those closest to the Soldier, their peers. This form is filled out by the Soldier at the lowest level and then submitted to their squad leader (immediate supervisor) for acknowledgement and discussion. We are testing this “tool” within one of our units and will disseminate it widely if we see success.

CLOSING COMMENTS: Thank you for the opportunity to spend time with you on this critically important topic. If we continue to promote connectedness, remove stigma and ensure that our service members know about the many programs available to them, we can work together to address service member mental health and help our members in crisis. Thank you. I will be followed by Brigadier General (PA) Maureen Weigl.

OPENING STATEMENT: Chairman Mastriano, Chairwoman Muth, and members of the VAEP committee members, thank you for the opportunity to speak with you about a topic that is near and dear to us all, suicide prevention.

Reducing the incidents of veteran suicide is a top priority for the Pennsylvania Department of Military and Veterans Affairs (DMVA) and we actively work with and support community partners to connect veterans in crisis to the best possible resources to help them live a safe, healthy, and quality life.

Every year thousands of service members transition from serving in the military to beginning their lives as veterans in the civilian world. Though many transition successfully, for some, that transition is not

always a seamless process, often leading to issues such as addiction, unemployment, homelessness and more.

Unfortunately, for some veterans, these challenges can lead to a host of behavioral and mental health challenges that can ultimately end in suicide. It is important for everyone here to know that if you're a veteran in crisis or concerned about one, free and confidential support is available 24/7. The Veterans Crisis Line can be reached simply by dialing 988.

The DMVA is working every day with community partners and every resource available to reduce the incidents of veteran suicide. DMVA makes suicide prevention a top priority.

Testimonial 1

We assisted a veteran through a family member in south central Pennsylvania. The veteran was struggling not only with their mental health, but a myriad of life issues that were heading to a dark place. The veteran completed multiple tours in Iraq and Afghanistan and returned home and continued to thrive. He used his VA benefits to reach high education goals, obtained his PhD and was teaching at a university. He was married with two young children and his family honored his character from his service.

In June 2022, he began to drink heavily, lost his job, separated from his wife, and was estranged from his family. He crashed his vehicle under the influence and subsequently moved in with his parents.

We connected with the veteran's brother who was the conduit to get the veteran to service. Through a collaborative effort across county, state, and other partners we were able to connect him with the federal VA's Veterans Justice Outreach Team. On September 21st, the family called to thank us. The veteran is now receiving mental health care service through the VA in Delaware.

Testimonial 2

A wheelchair-bound disabled veteran in Northeastern Pennsylvania, receiving assistance from Hands of Hope was living in a hotel, but was in search of housing in an American Disability Association's (ADA) accessible unit in the Scranton area. The veteran, who suffered from Post-Traumatic Stress Disorder (PTSD), had recently been released from incarceration and was afraid she would be sent back to prison if she did not find permanent housing. CEO, a local Supportive Services for Veteran Families organization, was providing case management and emergency hotel assistance. However, CEO had not offered the veteran any ADA-accessible units. Hands of Hope contacted DMVA's Region 4 Program Outreach Coordinator (RPOC) on May 6, 2022, for referral resources. The RPOC then spoke with the veteran's case manager, the veteran, and began coordinating efforts among all entities involved in the process of housing this veteran to include: the Lackawanna County Veterans Affairs Office, CEO, and the veteran's parole officer.

At the end of May, the veteran was relocated closer to Scranton. The case manager scheduled the county transport provider to assist the veteran with relocation. Unfortunately, on June 3, we received a call from the veteran, upset because the county transport would not move all her belongings. The veteran also received an ultimatum to be at the new hotel that evening or she would lose the space. This left the veteran distressed and discussing thoughts of suicidal ideation. We intervened, and contacted the Lackawanna County Director of Veterans Affairs, who found a volunteer to move the veteran and all her belongings to the new hotel in Scranton. With continued support from the Lackawanna County Director of Veterans Affairs and our regional staff, the veteran was eventually approved for a voucher through the U.S. Housing and Urban Development's (HUD) Veterans Affairs Supportive Housing (VASH) Program and located to an ADA-accessible unit.

STATISTICS: In 2018, the United States Department of Veterans Affairs review of more than 55 million death records estimated that approximately 20 veterans die by suicide each day. **As reported by the U.S. Department of Veterans Affairs' 2020 Veteran Suicide Data Sheet:** After accounting for age differences, the veteran suicide rate in Pennsylvania was not significantly different from the national veteran suicide rate but was significantly higher than the national general population suicide rate. For example, in 2020, the Pennsylvania veteran suicide rate was 30.1 compared to the 16.2 Pennsylvania suicide rate.

In accordance with the 2022 National Veteran Suicide Prevention Annual Report, hope serves as a key and necessary anchor to strengthen veterans amidst numerous life circumstances:

- Nationally, there were 343 fewer veterans who died from suicide in 2020 than in 2019, and 2020 had the lowest number of veteran suicides since 2006.
- From 2001 through 2018, the number of veteran suicides increased on average by 47 deaths per year. From 2019 to 2020, there were consecutive reductions, of 307 and 343 suicides, respectively, an unprecedented decrease since 2001.
- From 2018 to 2020, adjusted rates for veterans fell by 9.7%. By comparison, the adjusted rate for non-veteran U.S. adults fell by 5.5%.
- The age adjusted suicide rate for women veterans in 2020 was the lowest since 2013, and the age-adjusted suicide rate for veteran men was the lowest since 2016.
- From 2019 to 2020, among veteran men, the age-adjusted suicide rate fell by 0.7%, and among veteran women, the age-adjusted suicide rate fell by 14.1%. Among non-veteran U.S. men, the age-adjusted rate fell by 2.1%, and among non-veteran women, the age-adjusted rate fell by 8.4%.

- Assessment of veteran suicide rates by race showed decreases from 2019 to 2020 for all groups.
- Despite onset of the COVID-19 pandemic in 2020, age and sex-adjusted suicide rates among veterans fell 4.8% from 2019 to 2020, versus a 3.6% decline among non-veteran U.S. adults.

The above data are based on collaborative efforts among the U.S. Department of Veterans Affairs (VA), the U.S. Department of Defense (DoD), the Centers for Disease Control and Prevention (CDC), and the National Center for Health Statistics (NCHS). The statistics presented are derived from multiple data sources, including the VA Office of Enterprise Integration, the VA Serious Mental Illness Treatment Resource and Evaluation Center, VA Health Outcomes Military Exposure (HOME) Program, the VA Center of Excellence for Suicide Prevention, and the DoD Defense Suicide Prevention Office.

PROGRAMS/INITIATIVES TO PREVENT SUICIDE: PA VETConnect – Helps Connect Veterans to Important Resources

The DMVA works to identify and serve veterans in need through PA VETConnect, a new and innovative program that connects veterans to the best possible resources for assistance, anywhere in the commonwealth. The DMVA field staff networks in all 67 Pennsylvania counties and are well-versed in the social challenges veterans face.

Governor’s Challenge – Focuses on Veteran Suicide

The DMVA is proud to be Pennsylvania’s lead agency for the VA/SAMHSA (Substance Abuse and Mental Health Services Administration) Governor’s Challenge to Prevent Suicide Among Service Members, Veterans and Their Families. Pennsylvania is one of 27 states taking part in the Governor’s Challenge. Participants work to implement state-wide suicide prevention best practices and learn from

stakeholders nationwide. Through this program, DMVA spearheads efforts, such as gun safety, eliminating barriers to treatment, and raising awareness of available local, statewide, and federal resources. Governor Shapiro recently renewed Pennsylvania's commitment to participating in this essential group.

Together With Veterans (TWV) - Reaches Deep into Communities

As a by-product of the Governor's Challenge initiatives, the DMVA is also partnering with counties across the commonwealth on an initiative to reduce veteran suicide with a focus on rural communities. The collaborative includes the Together With Veterans (TFW) model, which requires an action plan to address veteran suicide prevention. TFW is a national program funded by the federal VA's Office of Rural Health in partnership with the Office of Mental Health and Suicide Prevention. The key elements of the plan include screening for suicide risk, promoting connectedness, improving care transitions, reducing access to lethal suicide methods and enhancing safety planning.

Northwest Pennsylvania Comprehensive Suicide Prevention Program.

DMVA is partnered with the Center for Disease Control (CDC), the Veteran Integrated Service Network (VISN 4), the University of Pittsburgh's Program, Evaluation and Research Unit (Pitt PERU) and a host of community partners to implement and evaluate a comprehensive approach to reduce veteran suicide by an average of 10% over a five-year period across fifteen counties in Northwestern PA. Those counties include Erie, Warren, McKean, Crawford, Forest, Elk, Clearfield, Jefferson, Armstrong, Clarion, Butler Venango, Mercer, Lawrence and Beaver. This program is expected to reduce suicide and to increase awareness of veteran suicide risk factors. Additionally, increased suicide prevention activities and improved access to mental health treatment and support services are central to these on-going efforts.

Veterans' Trust Fund Grants - Boosting Programs that Support Veterans in Need

The DMVA provides grants to various community organizations through the Veterans' Trust Fund (VTF). These grants are awarded to veteran advocates, such as charitable organizations and County Directors of Veteran's Affairs, whose area of emphasis is supporting Pennsylvania's diverse veteran population. This includes veterans who are homeless, unemployed, dealing with mental health challenges, facing financial hardship, looking for educational opportunities, and much more.

Other Multi-Agency Suicide Prevention Efforts Supported by DMVA:

The Suicide Prevention Task Force is made up of several state agencies, members of the General Assembly, and Prevent Suicide PA who continue to engage members of the public, stakeholders, county task forces, individuals, and families who are impacted by suicide every year.

The Governor's Special Council on Gun Violence, led by the Pennsylvania Commission on Crime and Delinquency (PCCD), includes representatives from public health, public safety, law enforcement, victim services, education, human services, criminal and juvenile justice, research institutions, and state/local government.

The Way Ahead: The DMVA will continue to align and coordinate our collective efforts to prevent suicide alongside our many partners across all levels of government by:

- Strengthening economic supports by promoting financial security and housing stabilization policies.
- Increasing coverage of mental health conditions in health insurance policies and reduce provider shortages in underserved areas.

- Creating more protective environments by reducing the access to lethal means aimed at persons at risk of suicide, assessing current organizational policies and cultures and advancing community-based policies to reduce excessive alcohol use.
- Promoting connectedness by reinforcing peer norm programming and community engagement activities.
- Teaching coping and problem-solving skills by instituting social-emotional learning programming to include parenting skills and family relationships.
- Identification and support of persons at risk of suicide by providing gatekeeper and crisis intervention training, while simultaneously getting treatment to those at risk of suicide to include preventive treatment on re-attempts.
- Lessening harms and preventing future risk by allowing for safe reporting mechanisms and messaging about suicide and postvention.

Governor Shapiro's Budget

- Governor Shapiro's proposed budget also includes a massive increase in mental health support to serve the needs of Pennsylvanians.
- The budget proposes increasing base funding to critical county mental health services and provides dedicated funding for the 988 emergency hotline.

CLOSING COMMENTS: Thank you for the opportunity to update you on this critically important topic.

We very much look forward to continued engagement and discussion on how we can strengthen and further integrate access and delivery of suicide prevention care across the commonwealth, not just for our Service Members, Veterans, and their Families, but to the many dynamic and diverse communities

to which they belong and rely upon for their own well-being and resilience. We are happy to answer any questions you may have at this time.