VA NATIONAL CENTER ON HOMELESSNESS AMONG VETERANS

Promoting data-driven, evidence-based solutions to end Veteran homelessness

HOMELESS EVIDENCE AND RESEARCH SYNTHESIS (HERS) ROUNDTABLE PROCEEDINGS

Suicide and Homeless Veterans

February 27, 2018

Homeless Evidence and Research Synthesis (HERS) Roundtable Series

The National Center on Homelessness among Veterans (the Center) in the Veterans Health Administration (VHA) established the Homeless Evidence and Research Synthesis (HERS) Roundtable Series in 2015 as a policy forum. The virtual symposium convenes researchers and subject matter experts to discuss research findings on key issues in homelessness. The online webinar is available to interested parties within and outside of the U.S. Department of Veterans Affairs (VA). Topics covered to date include: **Enumeration of Homelessness** (July, 2015), **Aging and the Homeless Community** (November, 2015); **Women Veterans and Homelessness** (May, 2016); **Opioid Use Disorder and Homelessness** (February 2017); **Rural Veterans and Homelessness** (June, 2017); and **Suicide and Homeless Veterans** (February, 2018). Links to the recorded webinars and proceedings are available on the Center website. https://www.va.gov/HOMELESS/nchav/research/HERS.asp

Suicide and Homeless Veterans

The Suicide and Homeless Veterans Proceedings are a summary of the presentations and roundtable discussion that took place on February 27, 2018 in a virtual symposium. A portion of the recorded webinar and downloadable copies of the individual presentations are available here

Presenters

Lisa Brenner, PhD, Director, Rocky Mountain Mental Illness Research, Education, and Clinical Center (MIRECC) |Professor of Psychiatry, Neurology, and Physical Medicine and Rehabilitation, University of Colorado, Anschutz School of Medicine

Dennis Culhane, PhD, Research Director, National Center on Homelessness among Veterans, Homeless Programs Office, Veterans Health Administration |Dana and Andrew Stone Professor of Social Policy, University of Pennsylvania

Aaron Eagan, RN, MPH, National Program Director, REACH Vet, Office of Mental Health and Suicide Prevention, Veterans Health Administration

Keita Franklin, PhD, LCSW, Acting National Director for Suicide Prevention, Office of Mental Health and Suicide Prevention, Veterans Health Administration

Roundtable Panel

Roger Casey, PhD, LCSW, Acting Director, VA National Center on Homelessness among Veterans

Keita Franklin, PhD, LCSW, Acting National Director for Suicide Prevention, Office of Mental Health and Suicide Prevention, Veterans Health Administration

Michele Fuller-Hallauer, Manager, Clark County Social Service, Las Vegas, Nevada

Richard T. McKeon, PhD, MPH, Chief, Suicide Prevention Branch, Division of Prevention, Traumatic Stress, and Special Programs, Center for Mental Health Services, U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA)

Jeffery Quarles, MRC, LICDC, Acting Executive Director, Homeless Programs, Veterans Health Administration

Planning Committee

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Michal Wilson, MD, National Center on Homelessness among Veterans
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Executive Summary

Suicide is a major public health issue in the United States; it claims over 42,000 lives a year making it the tenth leading cause of death in the United States (1). In August 2016, VA published a comprehensive report, *Suicide Among Veterans and Other Americans 2001 – 2014,* which revealed that in 2014 an average of 20 Veterans died by suicide every day (2). Fourteen of the 20 were not receiving VA services in the year of their suicide or the year prior. Sixty-five percent of Veteran suicides occurred in individuals 50 or older and 67% of Veteran suicides involved a firearm. After accounting for differences in age and gender, Veteran risk for suicide is 22% greater than that of civilian adults. Preventing Veteran suicide is a top clinical priority for the Department of Veterans Affairs and the identification of Veterans at elevated clinical or statistical risk for suicide is an important strategy in this effort.

Recent research on cause of death and mortality risk in homeless Veterans by John Schinka and colleagues has shown that homelessness is associated with an increased rate of all-cause mortality and of suicide in Veterans (3,4). A study published by John McCarthy found that the suicide rate among Veterans with homelessness in the past year was 81.0 per 100,000 as compared to Veterans without recent history of homelessness with a rate of 35.8 suicides per 100,000 (5).

Consistent with the reported high rates of death by suicide in homeless Veterans are studies examining the suicidal behaviors of ideation and suicidal attempt. A systematic review of published studies presented by Lisa Brenner reported rates of suicidal ideation among Veterans of 1.3 to 7% for the past week, 12.1%–18% for the past 30 days, and as high as 74% for lifetime. For suicide attempts, reported rates within samples of homeless Veterans ranged from 0% to 6% for the past 30 days and 30.7%–31.5% for the past 5 years (6).

National Center on Homelessness among Veterans researchers Dorota Szymkowiak and Dennis Culhane recently examined the temporal sequencing of episodes of homelessness and the occurrence of suicidal behaviors, specifically of attempts and ideation. They found a clear temporal relationship between homelessness and suicidality. Notably, it appears that suicidality peaks just before onset of homelessness and not after. There is a sharp acceleration in suicidal behavior in the eight weeks prior to onset of homeless with a mirror deceleration in the eight weeks post onset. Nearly a third (29.3%) of Veterans receiving care for suicidality showed evidence of homelessness. Homelessness appeared especially prevalent among Veterans with primary diagnoses of suicidality in acute care settings, 39.7% of whom showed evidence of homelessness before and/or after the acute care encounter.

Keita Franklin and Aaron Eagan of VHA's Office of Mental Health and Suicide Prevention discussed VA's multifaceted strategy to impact the overall Veteran suicide crisis. Efforts include identifying Veterans at elevated clinical and/or statistical risk for suicide, outreaching to high risk Veterans, expanding community partnerships, improving use of data for surveillance and decision making, and advancing lethal means safety. As discussed by the Roundtable Panel, these broad actions are relevant to homeless Veterans. The elevated baseline suicide risk amongst homeless and at risk for homelessness Veterans and the high percentage of Veteran suicides outside of the VA system suggest additional opportunities may exist to both tailor prevention work for the homeless population and leverage the experiences of VA's homeless efforts to advance outreach and engagement for unenrolled Veterans.

Presentations

Suicide among homeless US Veterans: What do we know?

Lisa A. Brenner, PhD

Systematic review of research

Dr. Lisa Brenner and her colleagues conducted a systematic review of literature published between 1990 and 2015 to investigate suicidal self-directed violence and homelessness among U.S. military Veterans and identify suicide prevention strategies (7). They found sufficient evidence exists to suggest that homelessness is a risk factor for suicide, suicide attempt, and suicidal ideation.

- Suicide ideation rates were 1.3% (current), 7.0% (past week), 12.1%–18% (past 30 days), and 74% (lifetime).
- Suicide attempt rates were 0%–6% (past 30 days), 30.7%–31.5% (past 5 years), and 15%–46.6% (lifetime).
- The death by suicide rate was 81.0 per 100,000.

A comprehensive public health approach to suicide prevention needs to focus on vulnerable populations, including homeless Veterans" Lisa Brenner

Conclusions

The complexity of cases (e.g., homelessness plus substance use plus mental health) and design methods employed made it difficult to draw conclusions regarding demographic and clinical correlates of suicidal ideation, suicide attempt, and suicide among homeless Veterans. The authors were unable to identify any interventional studies to prevent self-directed violence, suggesting the need for research to examine preventive strategies. A comprehensive public health approach to suicide prevention needs to focus on vulnerable populations, including homeless Veterans.

Suicidality before and after onset of homelessness among Veterans

Dennis Culhane, PhD

New explorations of temporal relationship between suicidality and homelessness

Building on the evidence that homelessness is a risk factor for suicidal self-directed violence among homeless Veterans, Dr. Dennis Culhane shared recent work with Dr. Dorota Szymkowiak at the National Center on Homelessness among Veterans examining the temporal sequencing of episodes of homelessness and the occurrence of suicidality, specifically of suicidal ideation or attempt. Study data were derived from medical records containing diagnostic and treatment information on services provided by VHA. For all analyses, suicidality was indicated by primary or secondary diagnoses of suicidal ideation or suicide attempt/self-inflicted injury in inpatient or outpatient settings.

Figure 1 shows a clear temporal relationship between homelessness and suicidality. Notably, it appears that suicidality peaks just before onset of homelessness and not after. There is a sharp acceleration in suicidal behavior in the eight weeks prior to onset of homeless with a mirror deceleration in the eight weeks post onset. Analyses also indicate that nearly six percent of people who experience an initial indication of homelessness will have been treated for suicidality within 60 days of homelessness onset, and mostly just prior to homelessness onset. Assessment of the prevalence of homelessness among Veterans with evidence of suicidality (Figure 2) shows that 17.8% of Veterans had an episode of homelessness in the year preceding suicidality-related care, and 23.7% had an episode in the year after. In all, an unduplicated 29.3% of Veterans with a suicidality related encounter received an indication of

homelessness in their record within a year (before or after) of a suicidality-related care encounter. Among Veterans with primary diagnoses of suicidality in acute care settings, the corresponding figure is 39.7%.

Figure 1. Suicidality-related service use around onset of homelessness

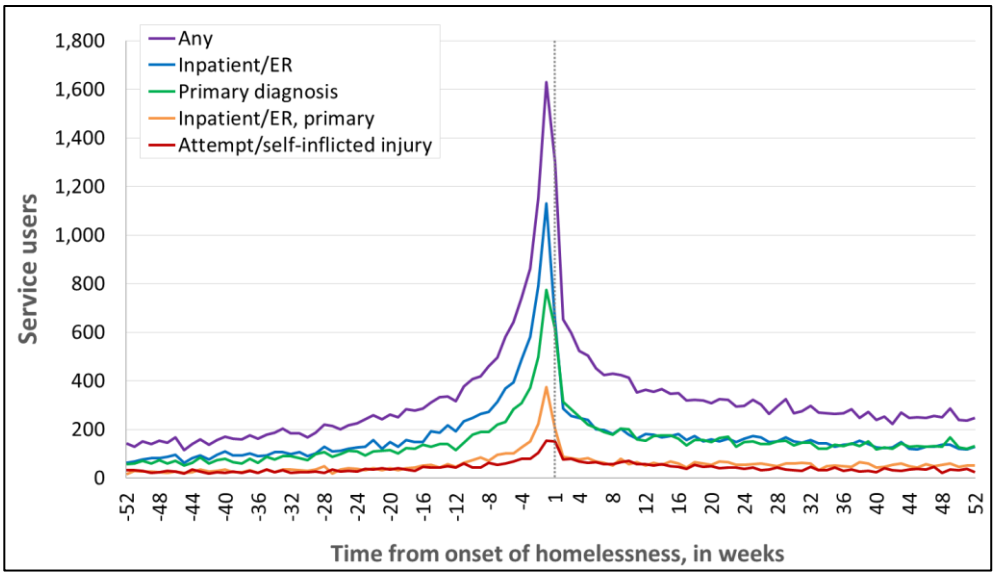
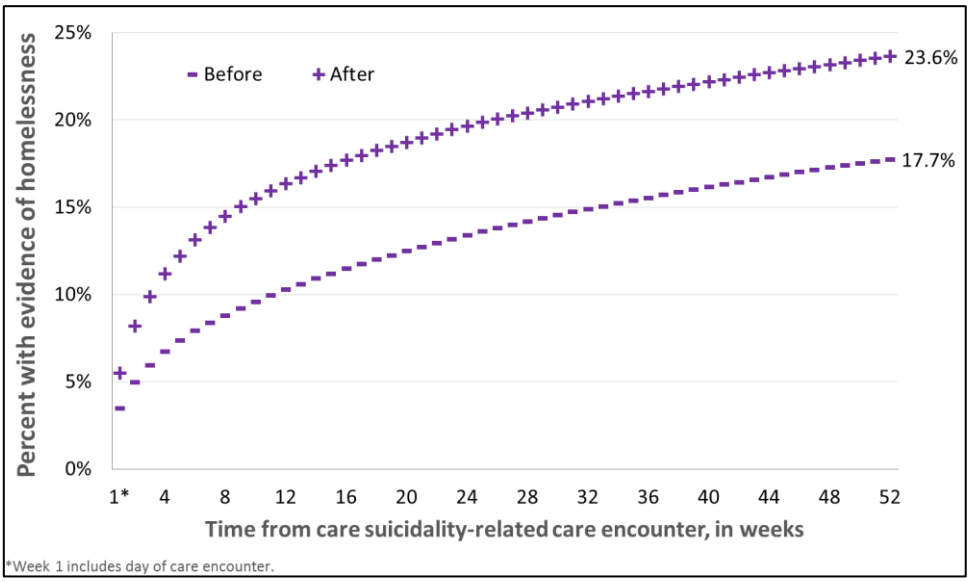


Figure 2. Homelessness before and after suicidality



Conclusions

> *Suicide attempts should trigger a screen for a potential homelessness prevention intervention … positive risk for homelessness should trigger a screen for a potential suicide prevention intervention*
>
> Dennis Culhane

These findings may suggest that either the circumstances most often associated with homelessness onset (family conflict, unemployment, and acute behavioral health conditions) are similarly triggering suicidality, or that the sudden loss of housing itself has an independent or added effect on risk for suicidality. By isolating homelessness onset in this analysis, it would appear that a first time experience of homelessness is a particularly disruptive and disturbing experience, accompanied as it may be by interpersonally and economically devastating events. Suicidality may likely increase with the sense of hopelessness, despair, shame, and fear from the experience of homelessness itself, with its unexpected hardships like sleeping rough or in public shelters, the attendant risks for victimization and dehumanization, and the humiliation of public destitution. That the rate of suicidality within a year period of *any* homelessness indication rises to 9%, suggests that homelessness by itself conveys additional risk for suicidality, beyond the circumstances which may give rise to the onset of homelessness.

Predictive Analytics for Suicide Prevention: REACH VET

Aaron Eagan, RN, MPH

Aaron Eagan discussed VA's use of predictive modeling to identify Veterans at elevated clinical and/or statistical risk for suicide. REACH-VET (Recovery Engagement and Coordination for Health-Veterans Enhanced Treatment) is a tool that models risk of suicide death in the next month using data on demographics, prior suicide attempts, diagnoses, VHA utilization (including homeless programs), medications, and interactions. One year after full implementation the tool identifies roughly 6,700 Veterans per month who are in the top 0.1% of modeled risk and has identified more than 30,000 unique Veterans to date. REACH VET coordinators at each medical center assign clinicians who conduct and document a structured case review and outreach. The aim is to take a proactive approach and initiate a caring contact before there is a crisis.

> Initial evaluation of REACH VET's effectiveness shows an increase in outpatient mental health engagement, a decrease in inpatient engagement, and a decrease in all cause mortality
>
> Aaron Eagan

Initial evaluation of REACH VET's effectiveness shows an increase in outpatient mental health engagement, a decrease in inpatient engagement, and a decrease in all-cause mortality. The Office of Mental Health and Suicide Prevention is currently focused on updating the model, streamlining the process, sharing risk data, and expanding the use of predictive analytics. To this end, they have worked with the Veterans Crisis Line to build a tool called CRISTAL which displays several different forms of predictive analytics, including REACH VET and STORM (Stratification Tool for Opioid Risk Mitigation), along with other information from VA health records such as high risk flags and upcoming appointments. By accessing this online dashboard, the clinician can quickly view key pieces of information in one place and assess known health care needs and risks for callers who are VA patients

The Office of Mental Health and Suicide Prevention is also developing a comprehensive suicide risk assessment strategy with three phases: primary screen; secondary screen; and comprehensive assessment. This will allow standardization across the health system and data that will be used to develop targeted interventions.

Suicide Prevention 101

Keita Franklin, PhD, LCSW

A Comprehensive Approach to Suicide Prevention

REACH VET focuses on one of the strategies VA is employing to address suicide prevention. Dr. Keita Franklin broadened the lens to describe the public health approach VHA has adopted and the data that drives it:

- 20 Veterans commit suicide each day but only six of them have touched the VA health system
- 65% of Veteran suicides are among people age 50 or older and 67% of Veteran suicides are a result of firearm injury
- Only about 30% of all Veterans (6 million) use VA health care

These statistics speak to the need for suicide prevention efforts that begin upstream and operate at different levels and in multiple dimensions. VA is taking broad-based action beyond the health care setting in six areas:

- data and surveillance
- research and program evaluation
- innovation and program development
- policy, education, and training
- field operations
- partnerships and outreach

> *We know quite a bit about the six out of 20 Veterans who commit suicide each day who have touched our (VA health). We re trying to shake down the other 14.* **Keita Franklin**

The suicide prevention program seeks to integrate health, psychology, sociology, spirituality, criminal justice, and business practices in an array of activities and initiatives, represented in Figure 3.

These efforts take place at different levels of prevention: *universal prevention strategies* designed to reach the entire population; *selective prevention strategies* targeting subgroups of the general population that are determined to be at risk; and *indicated prevention interventions* for individuals at the ground level who are then targeted with special programs, as illustrated in Figure 4.

VA is placing special focus on transitions as periods of high risk, lethal means safety, promoting models of social support, and supporting postvention programs for loved ones and friends after a suicide has taken place. These efforts are extending beyond the six million Veterans in the VA health care system to reach those who may also be at risk for suicide but not seeking treatment, newly separated from military service, or not ordinarily eligible for services, due to other than honorable discharges.

2018 Key VA Suicide Prevention Goals

Prevention goals for 2018 include expanding universal (upstream) prevention programs for Veterans and their loves ones, both within VHA and in communities; strengthening and further disseminating the Suicide Prevention Coordinator model to function at all VA medical centers; and working with the Department of Defense and community partners to ensure seamless and proactive mental health support treatment to Veterans transitioning from service.

Figure 3: Comprehensive Suicide Prevention Program

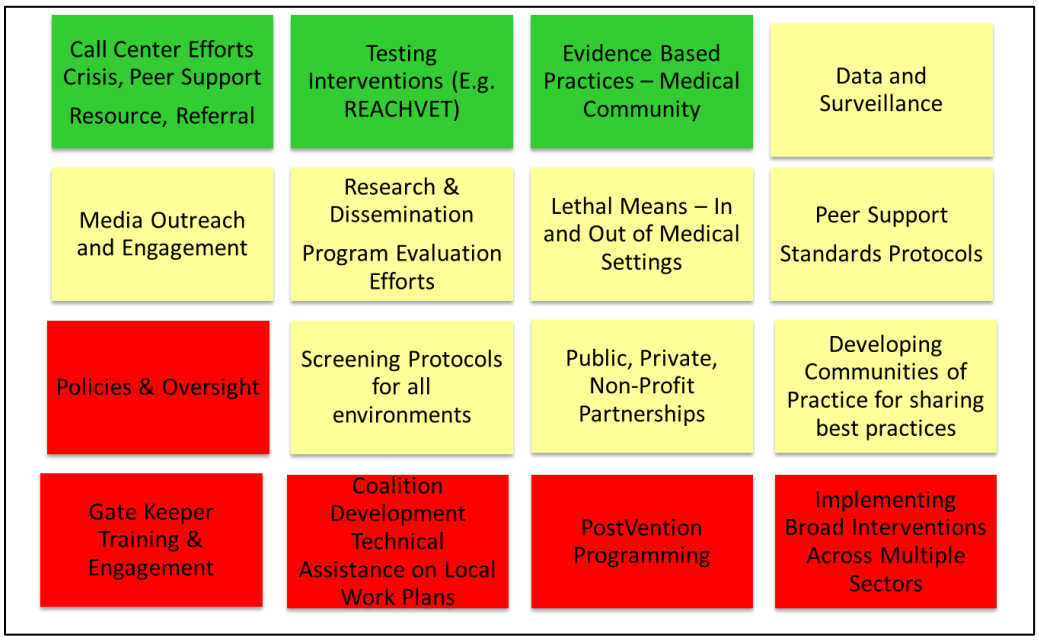
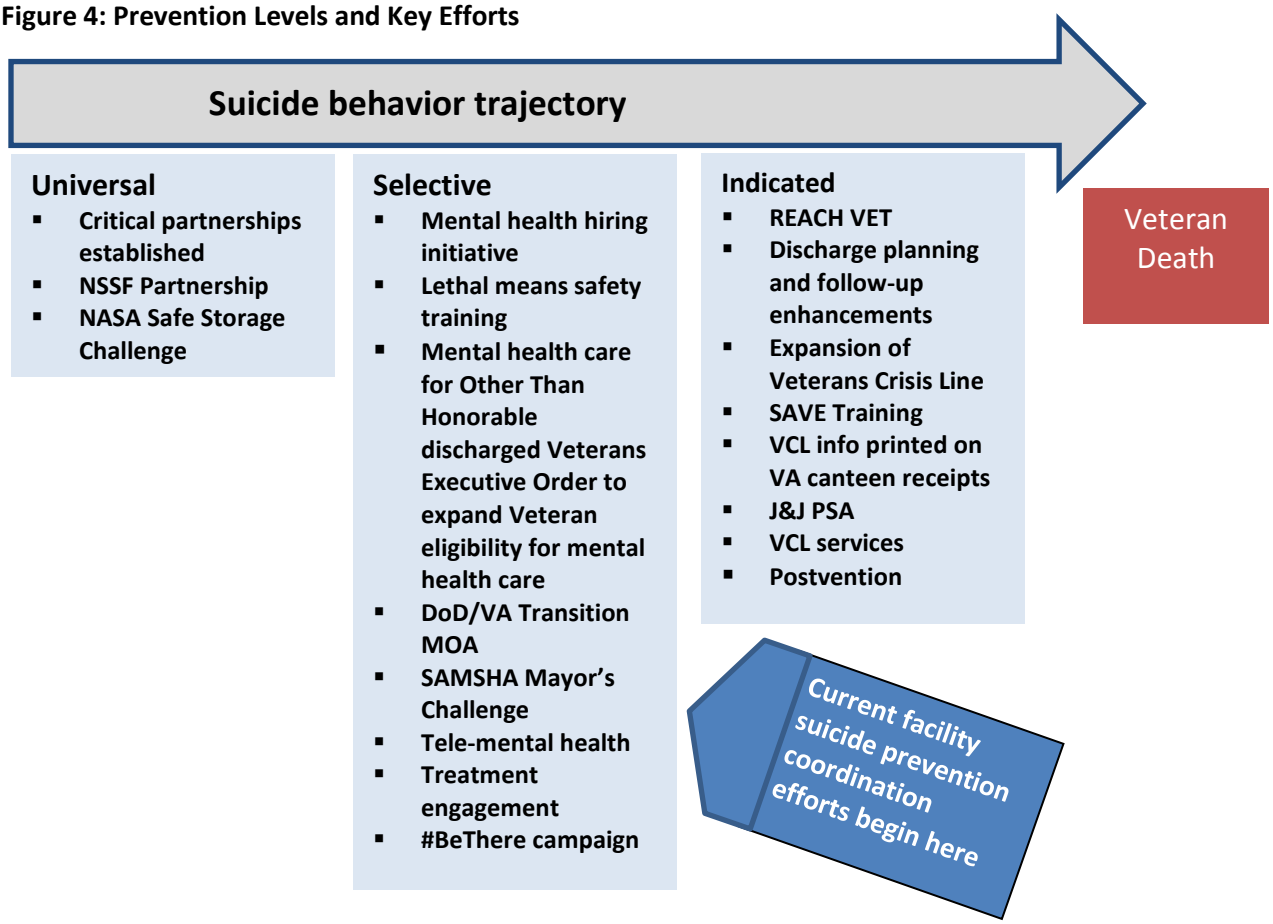


Figure 4: Prevention Levels and Key Efforts



Panel Discussion and Recommendations

The roundtable discussion, moderated by Dr. Roger Casey, featured leaders from the VA Office of Homeless Programs, SAMHSA's Suicide Prevention Office, and one of the seven cities participating in the recently launched Mayor's Challenge to Prevent Suicide among service members, Veterans, and their families. Key points and recommendations are summarized here.

Forge national partnerships that operate at the community level

Michelle Fuller-Hallauer spoke of the Mayors Challenge to End Veteran Homelessness launched in 2014 as a model for the new Mayors Challenge to Prevent Veteran Suicide among Service Members, Veterans, and their Families. She cited several activities key to success:

- Recruit champions and leaders in each community across the nation to push systemic change through consolidated efforts undertaken in partnership with VA, other federal agencies, state and local governments, and providers.
- Include organizations that are working with other sub-populations, so as to reach Veterans who are not being served by VA.
- Hold standing cross-sector meetings attended by representatives from all partner organizations
- Set clear goals with measurable outcomes that everyone understands.
- Use data to measure progress in short sprints so that efforts can be evaluated and corrections made.
- Understand that sustaining system change is as important as making system change.

Collaborate with community partners on outreach, referral, and training activities

Jeff Quarles also stressed the importance of collaborating at the local level in the areas of outreach, referral, information sharing, and joint education and training activities. For example:

- Both VA Healthcare for Homeless Veterans (HCHV) and community partners are engaged in outreach to Veterans and can help them get connected with other VA services for which they are eligible as well as community resources. This includes Veterans who may not be eligible for VA health care but can be referred to VA programs such Grant and Per Diem (GPD) transitional housing and Supportive Services for Veteran Families (SSVF).

Focus on transitions as times of risk that offer opportunities for intervention

Several Roundtable participants discussed the need to focus on transitions in Veterans' lives, from leaving the military to dealing with the shame and humiliation of a "fall from glory," struggles with substance use, and loss of relationships.

- Keita Franklin emphasized the increased priority VA and the Department of Defense have placed on supporting military service members as they are discharged since this is a time of vulnerability. The two agencies are working together to ensure that everyone separating from the military has access to mental health care and pushing the message out through public awareness efforts such as the Be There Campaign and peer-to-peer support programs.
- Dr. Franklin, Richard McKeon, and Jeff Quarles also touched on the high risk period after discharge from a hospital stay. Mr. Quarles cited the new Hospital-to-Housing program currently being implemented in communities receiving VA Grant and Per Diem funding as one of the responses to this issue. Hospital-based step down models should also be expanded to promote caring contact with patients after discharge.

Pay more attention to suicidal ideation as a risk for homelessness and a point of intervention

The peak in suicidality right before onset of homelessness identified by Dennis Culhane and Dorota Szymkowiak raised questions for the panelists about the complex set of relationships between homelessness and suicidality. Ms. Fuller-Hallauer summed it up: "Homelessness equates to hopelessness." The experiences of fall from glory, dread, shame, humiliation, relationship loss - all are traumatic events. When the safety net is exhausted, the next step is homelessness.

- Dr. McKeon suggested we pay more attention to suicidality or suicide attempts. While suicidal ideation is not a strong predictor of suicide, it is a cause of tremendous human distress or misery. It is important to take a holistic view and consider suicidal ideation within the context of the whole human person and what other things are going on in this individual's life. What are the risks for homelessness, substance abuse, and relationship problems? These issues interact with each other in complex ways. This presents an opportunity not only to prevent suicidal behavior but also homelessness.
- Dr. Culhane suggested that it is likely suicidality may increase with the sense of hopelessness, despair, shame, and fear from the homelessness experience itself. He recommended that suicide attempts trigger a screen for a potential homelessness prevention intervention, and that a positive risk for homelessness, found through the VA Homeless Screening Clinical Reminder or an application to the Supportive Services for Veterans Families (SSVF) program should trigger a screen for a potential suicide prevention intervention.

References

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Proceedings Resources

REACH VET Intranet Site

http://vaww.mirecc.va.gov/reachvet/

STORM Homepage

https://spsites.cdw.va.gov/sites/OMHO_PsychPharm/Pages/Real-Time-STORM-Dashboard.aspx

VA/DoD Assessment & Management of Patients at Risk for Suicide Clinical Practice Guideline

https://www.healthquality.va.gov/guidelines/mh/srb/

ND/MCD Performance Element menu and guidance, including STORM implementation recommendations

https://vaww.portal2.va.gov/sites/PERC/PEC_Portal/SitePages/SPI_Recommendations.aspx

Risk Stratification Tool

https://www.mirecc.va.gov/visn19/trm/#tool

National Suicide Risk Management Consultation Program

https://www.mirecc.va.gov/visn19/consult

Suicide Prevention Training

- VHA employees: S.A.V.E. Training (TMS VA 33770); S.A.V.E. Online Refresher Training (TMS VA 30535)
- VHA clinicians and providers: Suicide Risk Management Training for Clinicians (VA 6201)
- Community Provider Toolkit https://www.mentalhealth.va.gov/communityproviders/
- Ways to Support Veterans in your Community https://www.mentalhea;th.va.gov/docs/Suicide-Prevention-Community-Support-Handout.pdf

Participant Biographies

Lisa A. Brenner, PhD is a Board Certified Rehabilitation Psychologist, a Professor of Psychiatry, Neurology, and Physical Medicine and Rehabilitation (PM&R) at the University of Colorado, Anschutz School of Medicine, and the Director of the Department of Veterans Affairs Rocky Mountain Mental Illness Research, Education, and Clinical Center. She is the Research Director for the Department of PM&R, and the Marcus Institute for Brain Health. Her primary area of research interest is traumatic brain injury, co-morbid psychiatric disorders, and negative psychiatric outcomes including suicide.

Roger Casey, PhD, LCSW is the Acting Director for VA's National Center on Homelessness among Veterans. He has worked with VA homeless programs since 1986, providing direct services, implementing national pilot programs, and developing research initiatives regarding practice-informed residential treatment, housing, and case management design models.

Dennis Culhane, PhD is the Dana and Andrew Stone Professor of Social Policy at the School of Social Policy and Practice at the University of Pennsylvania and the Director of Research for the National Center on Homelessness among Veterans. Dr. Culhane is a nationally recognized social science researcher with primary expertise in the field of homelessness. He is a leader in the integration of administrative data for research and directs the Actionable Intelligence for Social Policy initiative, a MacArthur-funded project to promote the development of integrated database systems by state and local governments for policy analysis and systems reform.

Aaron Eagan, RN, MPH leads Innovation and Program Development in Suicide Prevention for the VA Office of Mental Health and Suicide Prevention and is the national program manager for the REACH VET initiative. He represents the office on a variety of topics including VA suicide prevention efforts, predictive analytics and data, innovation, and public health. Mr. Eagan has almost 25 years of nursing and health care experience and has developed a diverse array of medical, public health, and leadership experience.

Keita Franklin, PhD, LCSW, PhD is Director of the Defense Suicide Prevention Office in the U.S. Department of Defense and currently detailed as the Acting National Director for Suicide Prevention in the VHA Office of Mental Health and Suicide Prevention. A member of Senior Executive Service, Dr. Franklin serves as the principal advisor to senior leadership within the Department of Defense for all policy matters pertaining to suicide prevention. She leads a team of experts engaged in efforts that include research, program evaluation, policy, plans, outreach and education, and data surveillance.

Michele Fuller-Hallauer, MSW, LSW is a Clark County Social Service Manager in Las Vegas, Nevada. Her leadership responsibilities include continual collaboration, coordination, resource and development efforts within the homeless service and behavioral health continua of care (CoC) while spearheading system change in Southern Nevada. Michele serves as a board member on the Nevada Interagency Council on Homelessness. She has served as the CoC Coordinator for the past 13 years and has been a social worker for 30 years with extensive experience in mental health (both children and adults), HIV/AIDS, workforce investment, homeless services, grant writing and program development.

Richard McKeon, PhD, MPH is Chief for the Suicide Prevention Branch in the Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration, where he oversees all branch suicide prevention activities. In 2008, he was appointed by the Secretary of Veterans Affairs to the Secretary's Blue Ribbon Work Group on Suicide Prevention. In 2009, he was appointed to the Department of Defense Task Force on Suicide Prevention in the Military. He served on the National Action Alliance for Suicide Prevention Task Force that revised the National Strategy for Suicide Prevention and participated in the development of WHO's World Suicide Prevention Report.

Jeffery L. Quarles is the Acting Executive Director of Homeless Programs in the Veterans Health Administration and has been Director of the Grant and Per Diem (GPD) National Program Office since 2012. During his 24 year VA career, Mr. Quarles has directed vocational rehabilitation programs and residential services at the Cleveland VA Medical Center. He also served as the VISN 10 Network Homeless Coordinator. Prior to joining VA, Mr. Quarles was the director of a residential substance use disorder treatment program for adolescents in Cleveland, Ohio. He has a Master's Degree in Rehabilitation Counseling and is a Licensed Independent Chemical Dependency Counselor.