SSVF Afternoon Session

Agenda

Time	Topic
1:00pm-1:45pm	Suicide Prevention
1:45pm-2:15pm	Returning Home Initiative
2:15pm-2:30pm	Break & Move Into Regions
2:30pm-4:30pm	Rapid Resolution Clinic
4:30pm-5:00pm	Regional Break Out & Dialogue

#BeThere

S.A.V.E.

Veterans Crisis Line
1-800-273-8255 PRESS 1

U.S. Department of Veterans Affairs

A Little Housekeeping Before We Start:

- Suicide is an intense topic for some people.
  - If you need to take a break, or step out, please do so, with one condition:
    - Let me know if you are okay, by giving me a “thumbs up.”
    - If you aren’t okay, give me a discreet “thumbs down” so I can follow-up with you.
  - Resources:
    - National Suicide Prevention Lifeline: 800 273 8255
    - Veterans Crisis Line: Press 1

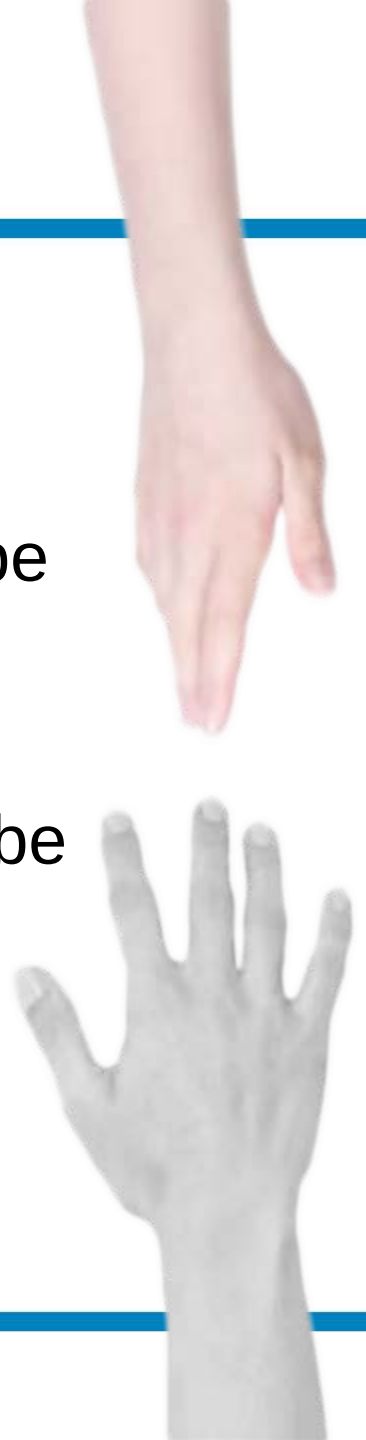
Overview

- Objectives
- Veterans and VA
- Facts about Suicide
- Myths/Realities about Suicide
- The Steps of S.A.V.E.
- Resources & References

Objectives

By participating in this training you will:

- Have a general understanding of the scope of suicide within the United States.
- Know how to identify a Veteran who may be at risk for suicide.
- Know what to do when you identify a Veteran at risk.



Department of Veterans Affairs

- What is the Department of Veterans Affairs (VA)?
  - Veterans Health Administration
  - Veterans Benefits Administration
  - National Cemetery Administration

U.S. Department of Veterans Affairs

- What does VA do for Veterans?

- How do Veterans know if they are eligible for care through VA?
  - VA Benefits: http://www.vba.va.gov/VBA/

Suicide in the United States

- **More than 42,000** deaths from suicide per year among the general U.S. population.[1,2]
- Suicide is the **10th** leading cause of death in the U.S.[3]
- Every **12.3 minutes** someone dies by suicide.

Suicide in the United States

- It is estimated that close to **one million people** make a suicide attempt each year, one attempt every **35 seconds**.
- Gender disparities:

Women **attempt suicide 3 times** more often than men.[1]

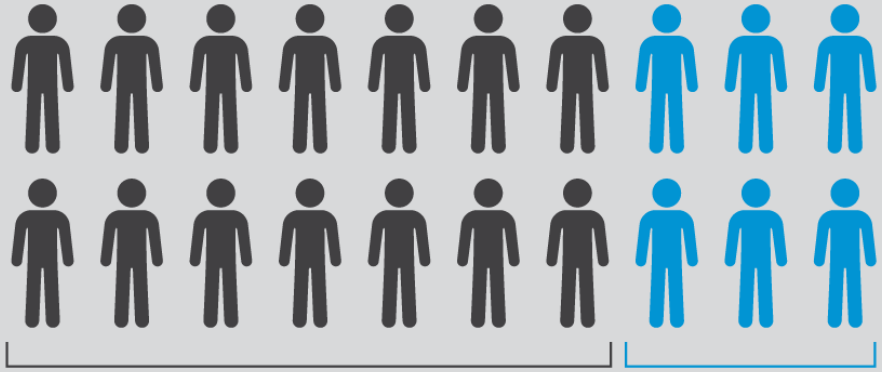
Men **die by suicide** **4 times** more often than women.[1]

Facts about Veteran Suicide

- **18%** of all deaths by suicide among U.S. adults were Veterans.[4]
- Veterans are more likely than the general population to use **firearms** as a means for suicide.[4]
- On average, there are **764 suicide attempts** per month among Veterans receiving recent VA health care services.[5]
- **25%** of Veterans who died by suicide had a history of previous suicide attempts.[5]

Veteran Statistics

20 **Veterans** die by suicide each day.



14 *Of these Veterans are **not under VHA care**.*

6 *Are **in VHA care**.*

123

Americans die by suicide each day.

1-2

Active duty service members die by suicide each day.

Common Myths vs. Realities

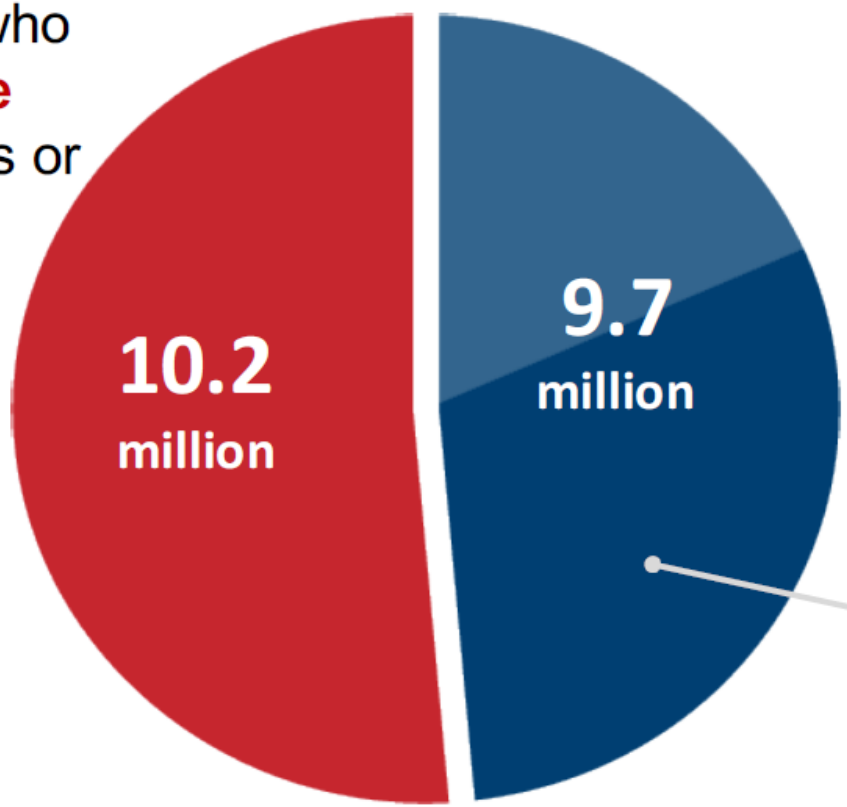
Myth	Reality
Asking about suicide may lead to someone taking his or her life.	

Common Myths vs. Realities

Myth	Reality
	Asking about suicide does **not** create suicidal thoughts. The act of asking the question simply gives the Veteran permission to talk about his or her thoughts or feelings.

50% of Veterans Do Not Use VA Services

Veterans who **do not use** VA benefits or healthcare



Veterans who **use at least one** VA benefit or healthcare service.

Of this group, about **6 million Veterans** use VA health care **(about 30 percent of all Veterans)**.

Common Myths vs. Realities

Myth	Reality
If somebody really wants to die by suicide, there is nothing you can do about it.	

Common Myths vs. Realities

Myth	Reality
	Making one form of suicide less convenient does not usually lead people to find another method. Some people will, but the overwhelming majority will not.

Death by Suicide is Preventable

"Lethal Means" Safety

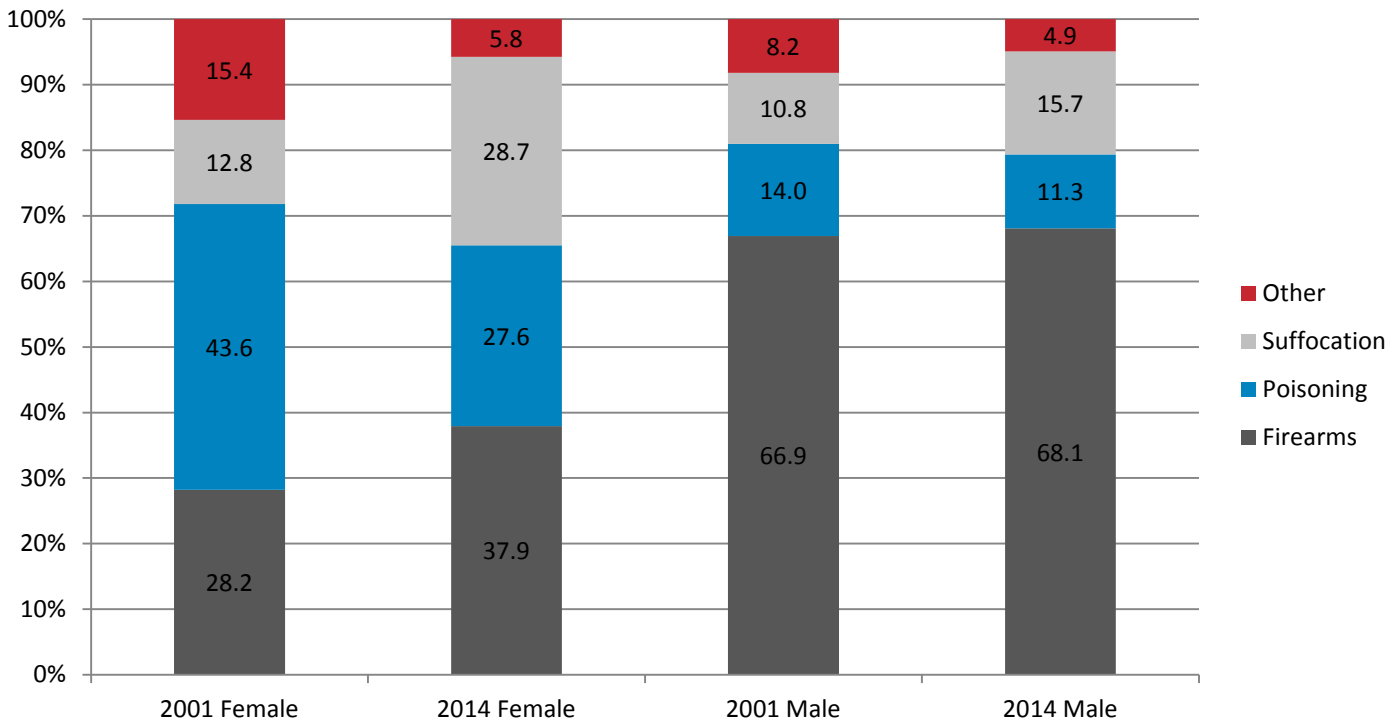
- Safe storage of lethal means reduces suicide.
  -- e.g., Firearms, abundance of analgesic doses per bottle, etc.

- How did we figure this out?
  -- e.g., Coal gas in the UK, placement of lethal items behind counters, fencing off bridges.

- 85-90% of people who survive a suicide attempt do not go on to die by suicide later.

Means of Suicide Among VHA Veterans

VHA Veteran Suicide Deaths by Mechanism and Gender, 2001–2014



- The highest proportion of VHA Veteran deaths by suicide occurred by firearm
- 90% of suicide attempts by firearm result in death

Common Myths vs. Realities

Myth	Reality
There are talkers, and there are doers.	

Common Myths vs. Realities

Myth	Reality
	Many individuals who die by suicide or attempt suicide have given some clue or warning. Someone who talks about suicide provides others with an opportunity to intervene before suicidal behaviors occur.
	Suicide threats should never be ignored. No matter how casually or jokingly said, statements like, "You'll be sorry when I'm dead," or "I can't see any way out" may indicate serious suicidal feelings.

Common Myths vs. Realities

Myth	Reality
If somebody really wants to die by suicide, there is nothing you can do about it.	

Common Myths vs. Realities

Myth	Reality
	Most suicidal ideas are associated with treatable disorders. Helping someone connect with treatment can save a life. The acute risk for suicide is often time-limited. If you can help the person survive the immediate crisis and overcome the strong intent to die by suicide, you have gone a long way toward promoting a positive outcome.

Common Myths vs. Realities

Myth	Reality

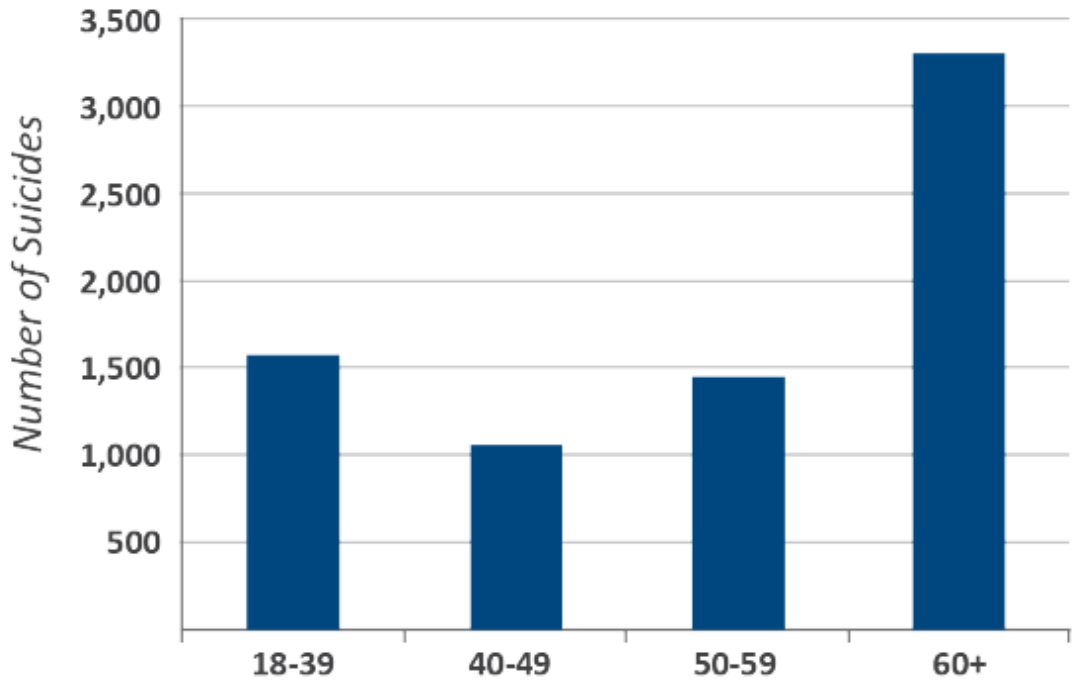
He/she won't die by suicide because…

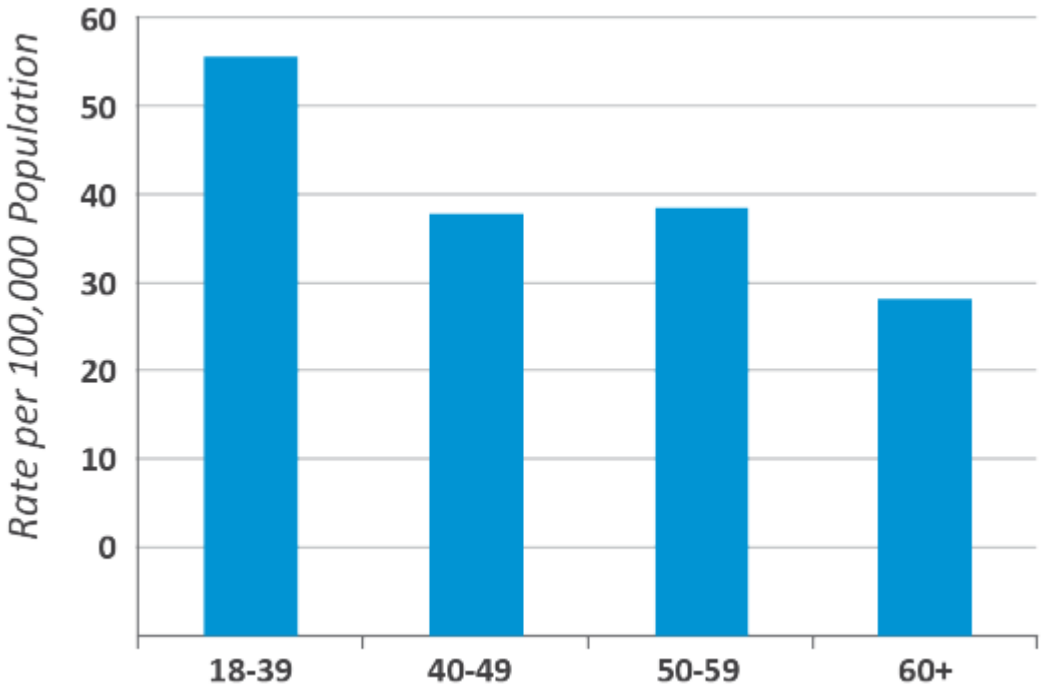
- He just made plans for a vacation.
- She has young children at home.
- He made a verbal or written promise.
- She knows how dearly her family loves her.

Common Myths vs. Realities

Myth	Reality
	The intent to die can override rational thinking. Someone experiencing suicidal ideation or intent must be taken seriously and referred to a clinical provider who can further evaluate his or her condition and provide treatment as appropriate.

Veteran Statistics – Count vs. Rate





S.A.V.E.

- S.A.V.E. will help you act with care and compassion if you encounter a Veteran who is in suicidal crisis.

- The acronym **"S.A.V.E."** helps one remember the important steps involved in suicide prevention:

S	Signs of suicidal thinking should be recognized.
A	Ask the most important question of all.
V	Validate the Veteran's experience.
E	Encourage treatment, and Expedite getting help.

Importance of Identifying Warning Signs

- There are behaviors that may indicate/reveal that a Veteran needs help.
- Veterans in crisis may show behaviors that indicate a risk of harming or killing themselves.

S Signs of Suicidal Thinking

Learn to recognize these warning signs:

- Hopelessness, feeling like there’s no way out.
- Anxiety, agitation, sleeplessness, or mood swings.
- Feeling like there is no reason to live.
- Rage or anger.
- Engaging in risky activities without thinking.
- Increasing alcohol or drug use.
- Withdrawing from family and friends.

S Signs of Suicidal Thinking

The presence of any of the following signs requires immediate attention:

- Thinking about hurting or killing themselves.
- Looking for ways to die.
- Talking about death, dying, or suicide.
- Self-destructive or risk-taking behavior, especially when it involves alcohol, drugs, or weapons.

Know how to ask the most important question of all…

A Asking the Question

“Are you thinking about killing yourself?”

A Asking the Question

- Are you thinking of suicide?
- Have you had thoughts about taking your own life?
- Are you thinking about killing yourself?

A Asking the Question

Do's

- DO ask the question if you've identified warning signs or symptoms.
- DO ask the question in a natural way that flows with the conversation.

Don'ts

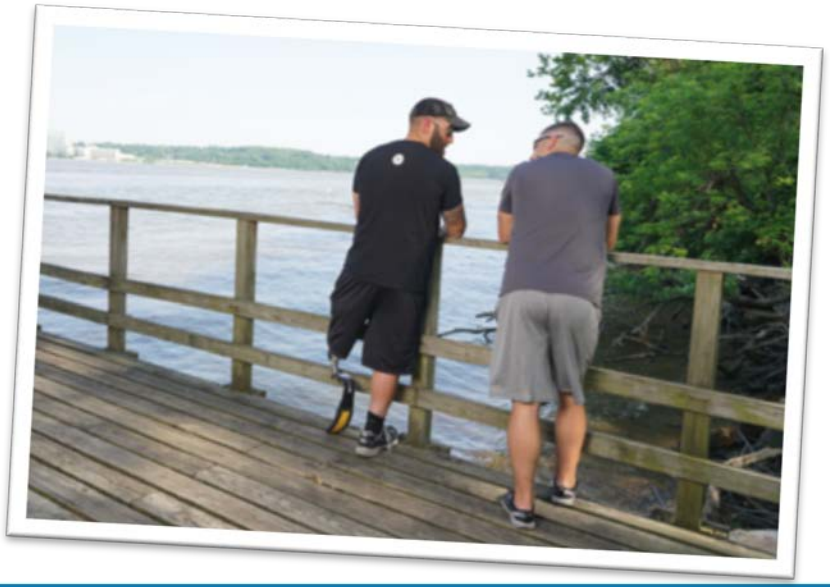
- DON'T ask the question as though you are looking for a "no" answer.
  - "You aren't thinking of killing yourself. Are you?"
- DON'T wait to ask the question when someone is halfway out the door.

Things to Consider when Talking with a Veteran At-Risk for Suicide:

- Remain calm.
- Listen more than you speak.
- Maintain eye contact.
- Act with confidence.
- Do not argue.
- Use open body language.
- Limit questions — let the Veteran do the talking.
- Use supportive, encouraging comments.
- Be honest — there are no quick solutions, but help is available.

V Validate the Veteran's Experience

- Talk openly about suicide. Be willing to listen, and allow the Veteran to express his or her feelings.
- Recognize that the situation is serious.
- Do not pass judgment.
- Reassure that help is available.



E Encourage Treatment, and Expedite Getting Help

- What should I do if I think someone is suicidal?
  - Don't keep the Veteran's suicidal behavior a secret.
  - Do not leave him or her alone.
  - Try to get the person to seek immediate help from his or her doctor or the nearest hospital emergency room.
  - Call 911.
- Reassure the Veteran that help is available.
- Call the Veterans Crisis Line at **1-800-273-8255 and Press 1**.

E Encourage Treatment, and Expedite Getting Help

Safety Issues:

- Never negotiate with someone who has a gun.
  - Get to safety and call 911.
- If the Veteran has taken pills, cut himself or herself, or harmed himself or herself in some way, call 911.
- Call the Veterans Crisis Line at 1-800-273-8255, Press 1.

E Encourage Treatment, and Expedite Getting Help

- Remember: Provide suicide prevention information to the at-risk Veteran and his or her family.
  - Veterans Crisis Line number **1-800-273-8255 and Press 1**
  - Veterans Crisis Line brochures and wallet cards.

Resources

Mental Health

- VHA provides specialty inpatient and outpatient mental health services at its medical centers and community-based outpatient clinics. All mental health care provided by VHA supports recovery, striving to enable a person with mental health problems to live a meaningful life in the community and achieve his or her full potential.
- For more information on VA Mental Health Services, visit www.mentalhealth.va.gov.

Vet Centers

- Vet Centers are VA community-based centers that provide a range of counseling, outreach, and referral services.
- For more information about Vet Centers and to find the Vet Center closest to you, visit www.vetcenter.va.gov.

Resources (cont.)

MAKE THE CONNECTION

Make The Connection

- ***MakeTheConnection.net*** is a one-stop resource where Veterans and their families and friends can privately explore information about physical and mental health symptoms, challenging life events, and mental health conditions. On this site, Veterans and their families and friends can learn about available resources and support. Visit ***MakeTheConnection.net*** to learn more.

Resources (cont.)

Post-Traumatic Stress Disorder (PTSD)

- Each VA medical center has PTSD specialists who provide treatment for Veterans with PTSD. For more information about PTSD and to locate the VA PTSD program nearest you, visit www.ptsd.va.gov.

- PTSD Coach App: The PTSD Coach application allows phone users to manage their symptoms, links them with local sources of support, and provides information on PTSD. Visit http://www.ptsd.va.gov/public/materials/apps/PTSDCoach.asp.

Resources (cont.)

Veterans Crisis Line/Chat/Text

- **1-800-273-8255 and Press 1**
- VeteransCrisisLine.net
- Text to **838255**

VA Suicide Prevention Coordinators

- Each VA Medical Center has a Suicide Prevention Coordinator (SPC) to make sure Veterans receive needed counseling and services.
- Find your local SPC at VeteransCrisisLine.net/ResourceLocator.

Role Play

- **Goal:** To develop a level of comfort and confidence in asking about suicide and helping a Veteran who is thinking about suicide.

Remember:

S.A.V.E.

S	Signs of suicidal thinking should be recognized.
A	Ask the most important question of all.
V	Validate the Veteran's experience.
E	Encourage treatment, and Expedite getting help.

By Participating in this Training, you have Learned:

- Suicide prevention is everyone's business.
- General facts about suicide in the U.S.
- Facts about Veteran suicide.
- How to identify a Veteran who may be at risk for suicide.
- How to help a Veteran at risk for suicide.
- How to address a crisis situation.
- What resources are available and how to access them.
- http://spreadtheword.veteranscrisisline.net/materials/

References

[1] Suicide facts. (2016). Retrieved August 1, 2016, from SAVE Suicide Awareness Voices of Education, http://www.save.org/index.cfm?fuseaction=home.viewPage&page_id=705D5DF4-055B-F1EC-3F66462866FCB4E6

[2] United States Suicide Injury Deaths and Rates per 100,000 in 2014. Retrieved August 2, 2016, from Centers for Disease Control and Prevention WISQARS, http://webappa.cdc.gov/cgi-bin/broker.exe.

[3] Suicide Facts at a Glance. (2015). Retrieved August 1, 2016, from Centers for Disease Control and Prevention, http://www.cdc.gov/violenceprevention/pdf/suicide-datasheet-a.PDF

[4] U.S. Department of Veterans Affairs (2016). Suicide among Veterans and other Americans 2001-2014. Washington, DC: Office for Suicide Prevention.

[5] Based on suicide/ suicide attempts reported within the VA Suicide Prevention Application Network (SPAN) during calendar year 2014.

SSVF Returning Home Initiative

SSVF Returning Home Initiative

- Pilot project offering Veterans experiencing homelessness in high rent low vacancy rate communities an opportunity to return to a community where social supports and housing are available.
  - Pilot sites included Los Angeles, Seattle, Oakland/San Francisco, Santa Clara/San Jose, San Diego
- An available ***option***, driven by consumer choice.
- Must have better housing options and family/social supports prior to move.
- Allows flexibility in spending: gas cards, plane tickets, food gift cards, and lodging during a move.

Target Communities

Community	Rental Vacancy Rate, lowest quarter in 2017(%)	2017 Point In Time Count
LosAngeles/Long Beach	3.6	4,794
San Diego	2.7	1,067
San Francisco/Oakland	3.3	684
Santa Clara	1.4	660
Seattle	1.9	1,329

Benefits

- It will alleviate homelessness for Veteran participants.
- It will allow Veteran households to return to communities where they have familial and social support networks.
- Reduce competition for scarce affordable housing for homeless Veterans remaining in target communities with low vacancy rates.
- It may be used to link Veterans to employment.

Who is Eligible?

- Veteran must be literally homeless.
- Veterans who can move in with family permanently.
- Veterans with a confirmed affordable housing option in the receiving community.
- Grantee in departure city is responsible for confirming housing availability and social/family support.
- Veterans who currently have a VASH voucher are NOT eligible.

Grantee Responsibilities

- Departure community's Area Median Income (AMI) is used for Veteran's eligibility. Arrival community's AMI will only be used if/when recertification occurs.
- Grantee in Departure Community is responsible for coordinating the move.
- Communication among RCs, grantees in each community, local VAMCs, and the Veteran are integral.

Homeless Management Information System (HMIS) Considerations

- Veterans enrolled in RRH by SSVF in departure and arrival.
- Select Service Type “Other” enter “Returning Home Initiative.”
- Veterans will be enrolled in both departure and arrival community SSVF programs.
- Departure community exits Veteran in HMIS on “move in date” in arrival community.

Questions and Referrals

- Email us:
  - Maxine.Pulliam@va.gov
  - Rayme.Nuckles@va.gov
  - Catherine.Morrissett@va.gov

Break & Move to Regions

SSVF Rapid Resolution: Problem-Solving Conversations

Activity #1: Connecting the Dots

- Please take a post-it.
- Write it down:
  - Based on what you have heard throughout the RRHI, what questions do you have related to problem-solving conversations?

SSVF: A Culture of Learning and Innovation

2011

- SSVF Begins
- $60 million
- 85 grants

2012-2013

- Accreditation
- Practice Standards

2014-2017

- Priority 1 (Surge)
- Community Planning
- Coordinated Entry
- FZ/FCB*

2018

- Returning Home
- Rapid Resolution

Growth Mindset

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Fixed Mindset

- Doesn’t think change is possible
- Gives up easily
- Sees failure as an end state; no ability to adapt
- Blaming
- Hard on self
- Strives for perfection

Growth Mindset

- Recognizes the potential to grow
- Likes a challenge
- Tenacious and demonstrates grit
- Sees failure as an opportunity
- Asks for help
- Strives for continuous improvement in self, organization, and community

Transactional or Transformational?

Activity #2: Listening Deeply

- Find a partner who you do not know.
- Spend 5 minutes sharing a problem or challenge that you are currently working through.
- The listener can ask open-ended questions only; they should not try to solve anything. Their main goal is listening.
- Switch roles.
- What did it feel like?

Creating Meaning & Exploring Opportunities

- Time and Space
- Perspective
- Compassionate Listening
- Unbundling Conflict
- Empowerment
- Giving Hope

Vision

Individual

Dialogue

Change

Transform

System

EXPERIENCE SHARING: COLLECTIVE BRAIN TRUST

System

- What does it mean for communities and systems What does rapid resolution look like?
- What did your planning process look like from a system level?
- Who did you include in the planning process?
- In retrospect, are there things that you would have changed with planning, process, or implementation?
- What changes needed to occur within SSVF (paradigm shift)?How do you frame that it is a service not a program?
- Not everyone has a challenging housing market? So why problem solving?
- Did you use training to build system capacity?

Practice

- What changes needed to occur within SSVF?
- How do you frame that it is a service not a program?
- Not everyone has a challenging housing market?
  - So why problem solving?
- What does staffing look like?
- What does training look like?
- What are you working through?

VIGNETTE: CONSIDERATIONS

STARTING TO PLAN:
A SYSTEM LEVEL RESPONSE

Getting Community Buy-In

- Problem solving conversations can make a significant positive impact on the homelessness response systems and on the people that are served
    - Ensures that more intensive intervention options are reserved and prioritized for those households with no alternative households
    - Empowers the clients by focusing on strengths not just barriers
    - Reduces the number of households that experience the trauma of shelter
    - Reduces inflow
- Broad community buy-in is important but can be challenging as problem-solving often requires a big paradigm shift

Source: Marcy Thompson, ICF

System Scan

- Is Coordinated Entry (CE) functioning effectively in the community?
- Describe the CE process (flow maps may be helpful as well).
- Is CE implementation in the beginning, middle, or advanced stage?
- Does the community currently practice problem-solving?
- Are there goals that the community is trying to accomplish?
- Are access points clearly identified? Where would rapid resolution be positioned in this specific community?
- Would the community benefit from reducing inflow?
- Is there existing work with problem solving conversations (diversion, rapid exit, etc.)?
- Does it appear that there would be community buy-in and commitment? What does this support look like?
- Does it appear that there would be support from the VAMC?
- Is there capacity to provide training? Would this training be system wide?

Planning for Rapid Resolution as a Community

1. Identify partners, their agency, and their specific role
2. Review data and other information like CE policies and procedures
3. Articulate system goals and any gaps
4. Describe past work with problem-solving conversations
5. Explain access points and how RR will be connected
6. Describe any changes that might need to be made
7. Indicate the current services that are offered and if mediation is part of these services
8. Identify additional services and resources that might be needed
9. Describe what data will be collected and how
10. What training is needed? What will staffing look like? Other grantee items?
11. Develop an action timeline

Where We Are Going

September 2018	• Email with Rapid Rehousing Institute (RRHI) attendees to provide overview of RRHI. Previews on regional calls as needed.
October/November 2018	• Rapid Resolution Break Out, Plenary Sessions at RRHI, Regional Mtgs • SSVF grantees and communities start pre-conversations/system scans
January 2019	• Regional Meetings at 10 sites focused on rapid resolution planning. Mentor support as needed.
March 2019	• Communities, VAMCs, and grantees submit collaborative rapid resolution plans
April 2019	• Regional Meetings focused on Rapid Resolution Conversations/Mediation

Bigger Picture Next Steps

1. Organize and review notes from RRHI

2. Do a system scan the CoCs that your grant serves
   - Work with grantees that may share geography
   - Review Community Planning Survey data

3. Identify stakeholders in the system, their role, potential questions, and needs

4. Start talking together

Regional Break Outs

Activity #3: Brief Action Planning

- Brainstorm with someone from your region.
- Write out next steps.