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FOREWORD

Welcome to your Toolkit. The Together With Veterans Rural Suicide Prevention Toolkit is the culmination of many years of work by many collaborators, all with one shared goal—to develop a set of practical, useful, and effective resources to support rural communities in reducing suicide risk among Veterans.

We began this effort as a collaboration between the VA’s Rocky Mountain Mental Illness Research, Education, and Clinical Center (MIRECC) for Suicide Prevention and the Western Interstate Commission for Higher Education (WICHE) Behavioral Health Program. Our goal in 2015 was the same as it is today—to find effective solutions to strengthen community response to the needs of rural Veterans. This work was made possible with funding provided by the VA Office of Rural Health.

In the first two years, the Veterans Coalition of the San Luis Valley provided an ideal partnership and helped shape the form of Together With Veterans. In 2018, we were fortunate to bring on two critical demonstration sites through partnership with the Veterans Coalition of Northwest Montana and the Veterans Coalition of the Crystal Coast. The Tools in this Toolkit are the culmination of our work with these three communities and the tireless efforts of their leaders. In particular, we are grateful for the leadership and advocacy of Mr. Richard Nagley, founding president of the Veterans Coalition of the San Luis Valley, and Nan Wise and the Board of Directors of the Veterans Coalition of Northwest Montana.

We would also like to thank all of our collaborators within the Rocky Mountain MIRECC who contributed to this work and the Toolkit, in particular Nazanin Bahraini, Ph.D., Director of Education, and Bridget Matarazzo, Psy.D., Director for Clinical Services, who were Co-Principal Investigators when we began this work and were instrumental in designing the project and securing funding.

We are excited to share these resources and guidelines with you to enhance your community’s suicide prevention efforts for Veterans. And a special thanks to all the Veterans and community partners who work diligently to support Veterans and their families. Together we can prevent Veteran suicide.
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Together With Veterans Mission

The Together With Veterans (TWV) Program enlists rural Veterans and their local partners to join forces to reduce Veteran suicide in their community.

Framing the Problem of Veteran Suicide

Suicide is a major public health problem\(^1\) that disproportionately impacts Veterans living in rural communities.\(^2\) Suicide is also preventable — and preventing Veteran suicide is the top clinical priority of the U.S. Department of Veteran Affairs (VA).\(^1\)

The VA Suicide Data Report of June 2018 revealed that 2015 suicide rates among U.S. Veterans were 2.1 times higher than suicide rates among non-Veteran adults.\(^3\) Veterans represent 14.3% of all suicide deaths among U.S. adults, despite making up only 8.3% of the U.S. population.\(^3\) Further, from 2005 to 2015, age-adjusted suicide rates of Veterans who did not receive Veterans Health Administration (VHA) care increased faster than suicide rates among Veterans using VHA care (by 32.6% versus 27.1%, respectively).\(^3\)

Rural Veterans have a 20% greater risk of suicide compared to urban Veterans.\(^2\) Rural Veterans represent nearly one-fourth of the Veteran population.\(^4\) Compared to urban Veterans, rural Veterans are less likely to use VHA primary care, mental health care, and specialty care.\(^5\) Veterans who reside in rural communities also report lower quality of life related to both mental health and physical health, compared to Veterans who reside in urban areas.\(^6\) Rural Veterans’ lower access to and use of health care, as well as their health status, may partially explain their elevated risk for dying by suicide. However, living in a rural community is associated with higher suicide rates among Veterans after taking into account mental health, population differences (such as gender and age), and availability of care nearby.\(^2\)

To reduce rural Veteran suicide deaths, all social, economic, and cultural factors related to rural communities and Veterans must be addressed. For example, rural communities experience inequalities related to income, education, job opportunities, and community resources,\(^7\) all of which play a more significant role in health than do individual behaviors.\(^8\) Military culture and experiences unique to Veterans introduce another set of factors that can further influence suicide risk.\(^9\)\(^-\)\(^13\) Further, attitudes towards seeking help are widely cited as a barrier to suicide prevention in both rural and military cultures.\(^10\)\(^,\)\(^14\) An effective suicide prevention process must address the community and social factors affecting rural Veterans’ health.
The Solution: Community-Based Suicide Prevention

VA has adopted the National Strategy for Preventing Veteran Suicide 2018-2028. The National Strategy is a comprehensive public health and community-based approach, which emphasizes involvement of Veterans and family members. The National Strategy states that "collaboration with partners and communities nationwide to use the best available information and practices to support all Veterans" (p. 1) is a critical component of preventing suicides. Other critical components include:

- Emphasis on population-level strategies to improve health on a large scale;
- Focus on primary prevention by addressing a broad range of risk and protective factors to prevent all forms of suicidal self-directed violence; and
- The use of multidisciplinary strategies that bring together many different perspectives and foster collaboration among diverse groups in a community.

The Veterans Health Administration has historically focused on providing clinical care to Veterans. However, various estimates suggest that, at best, only 10-15% of preventable deaths can be attributed to medical care, and that social determinants of health outside the control of the medical system are far more impactful. The National Strategy recognizes that suicide prevention must continue to address these approaches but must also expand beyond medical care and crisis services to address community and social factors. Therefore, the public health model to suicide prevention includes "upstream" strategies to prevent crises from ever emerging, as well as crisis services—strategies that reach all members of a community, programs for select groups, and clinical interventions for individuals at elevated risk of suicide. Effective models and programs that take this public health approach are needed to improve health outcomes and prevent suicide in rural Veterans.
Together With Veterans (TWV) is a community-based suicide prevention program for rural Veterans. TWV involves partnering with rural Veterans and their communities to implement community-based suicide prevention. TWV aligns community strategies with five suicide prevention best practices:

1. Reduce Stigma and Promote Help-Seeking
2. Promote Lethal Means Safety
3. Provide Individual Suicide Prevention Training
4. Enhance Primary Care Suicide Prevention
5. Improve Access to Quality Care

The evidence behind these strategies and the Together With Veterans approach is described on page O-5.

The Partnership

TWV is funded by the Veterans Administration Office of Rural Health and carried out via collaboration between the Rocky Mountain Mental Illness Research, Education and Clinical Center (MIRECC) for Suicide Prevention, the Western Interstate Commission for Higher Education Behavioral Health Program (WICHE BHP), local Veterans, and other community stakeholders. Through these partnerships, TWV supports the dissemination of best practices in public health suicide prevention to rural communities consistent with the goals of the National Strategy for Preventing Veteran Suicide.

At the heart of the TWV model is local Veteran leadership. TWV is grounded in the principle of “Nothing about us without us.” Through the leadership of rural Veterans, TWV engages broad community partners in assessing community needs and planning local efforts. The TWV mission statement and guiding principles reflect this intent.
Mission
The Together With Veterans Program (TWV) enlists rural Veterans and their local partners to join forces to reduce Veteran suicide in their community.

Guiding Principles

Veteran-Driven
- Veterans provide permission and work together to implement TWV in their community
- Veterans provide leadership to guide the TWV process

Collaborative
- Community partners play a key role in successfully supporting Veterans and their families
- Informed and educated community partners are better equipped to address the needs of Veterans
- Collaboration and education will strengthen the suicide prevention network for Veterans, their families, and friends

Evidence-Informed
- TWV strategies are drawn from well-researched models that have been shown to effectively reduce suicide

Community-Centered
- TWV partnerships develop a unique suicide prevention action plan based on community strengths and addressing community needs
- TWV action plans are reviewed and revised as needed to promote success

TWV Strategies
Five suicide prevention strategies are used by TWV to support the local planning efforts. These strategies are for community-wide implementation to improve community response to the needs of local Veterans.

Reduce Stigma and Promote Help-Seeking
Challenges with mental health, emotions, and substance use are common factors related to suicide. One study found that of Veterans who died by suicide, 62.2% of them experienced a mental health problem or depressed mood prior to their death. Although obtaining help for mental health problems can reduce risk of suicide, research suggests that individuals who attempt suicide may be less likely to seek professional help. As such, it is critical to reduce stigma as a barrier to seeking help for suicide, mental health, and substance use problems. Merriam-Webster dictionary defines stigma as a “mark of shame” and the stigma of suicide is known to be a factor in people not seeking care. Conducting public awareness campaigns can shift knowledge, attitudes, and behaviors about seeking help.

The TWV Teams will develop a public awareness campaign tailored to their specific community. Elements of an effective public awareness campaign involve multiple media such as flyers, billboards, social media, websites, and public service announcements. In addition, TWV action items might include hosting community events, disseminating information through Veteran social networks, holding public awareness events and talks, and providing media guidelines for reporting on suicides.
**Promote Lethal Means Safety**

Lethal means are methods, such as medications, firearms, and sharp objects, that can be used to attempt suicide. Almost 50% of suicide attempts occur within one hour of the decision to attempt suicide, and approximately 25% occur within five minutes of the decision. Therefore, temporarily decreasing access to lethal means during periods of elevated suicide risk can save lives. Firearms-inflicted injuries are responsible for approximately two-thirds of Veteran deaths by suicide and rural Veterans are more likely to use firearms as a means of suicide. Research has shown that increased risk for death by suicide is associated with both accessibility to firearms and unsafe storage practices. About 90% of firearm-related suicide attempts are fatal, as compared to approximately 5% of suicide attempts by all other mechanisms combined.

TWV recommends promoting lethal means safety by partnering with local firearm retailers and shooting clubs regarding suicide prevention awareness and safe firearm storage. Specific TWV action items can include distributing gunlocks, flyers, and other resources that promote safe firearms storage, as well as distributing awareness materials and suicide prevention education to individuals within the firearms community.

**Provide Suicide Prevention Training**

Suicide prevention training identifies and refers individuals who may be at risk for suicide and provides improved knowledge, skills, and attitudes in the community. It may also be associated with decreases in suicide, suicide attempts, and suicidal ideation. Training community members who may interact with at-risk individuals is considered an essential component of public health suicide prevention.

The TWV Teams identify target audiences based on those who may know and serve Veterans and coordinate appropriate training for them. Based on need, the TWV Teams may increase the number of trainers in their community who have specific expertise in Veteran suicide prevention. Target audiences for suicide prevention trainings may include Veterans and Veteran groups, family members of Veterans, clergy, college instructors, emergency medical technicians, law enforcement professionals, and others. The trainings are designed to increase the number and reach of individuals in the community who can identify Veterans at risk for suicide and refer them to appropriate services. The anticipated impact of this intervention strategy is that it will increase the community’s ability to identify and provide help to Veterans who are at elevated risk for suicide.

**Enhance Primary Care Suicide Prevention**

Rural areas tend to have limited mental health practitioners and fewer medical specialists. In addition, the stigma of seeking mental health treatment can be particularly severe in rural communities. For these reasons, rural primary care providers may be responsible for covering an even broader range of services, including mental health care. Approximately 80% of people who die by suicide have seen a primary care provider in the last year and 45% have seen one in the last month. As a result, screening for suicide risk in primary care settings may improve the detection of suicide risk among Veterans who are not seeking or receiving treatment from mental health specialists.

To address this issue, TWV seeks to enhance primary care providers’ knowledge of suicide and use of best practices for identifying and treating individuals who are at risk for suicide. This may occur by facilitating evidence-based suicide prevention trainings for rural providers and offering guidelines for caring for at-risk Veterans.
**Improve Access to Quality Care**

Ensuring that individuals have access to crisis and support services is essential. If an individual has access to high-quality crisis services and mental health care, it can help them survive a suicidal crisis and effectively manage their ongoing risk.

To make certain that individuals are aware of the potential resources available to them, TWV seeks to increase public awareness of crisis resources. This includes information related to local and national crisis resources, such as the Veterans Crisis Line (VCL), local crisis centers, “warm lines” and crisis living rooms, and local mental health centers.

Additionally, several interventions and strategies have been developed to enhance the quality of care delivered to Veterans at elevated risk. Safety Planning is a brief intervention for patients at elevated risk for suicide. Therapeutic Risk Management (TRM) is an approach to assessing and managing suicide risk among Veterans. The Home-Based Mental Health Evaluation (HOME) program seeks to engage Veterans in care after they have been discharged from psychiatric hospitalization. Additionally, VA has developed a Suicide Risk Management (SRM) Consultation Program, which offers free consultation on suicide risk assessment and management practices for any provider who works with Veterans, including both VHA and non-VHA providers (www.mirecc.va.gov/visn19/consult).

Lastly, military cultural competency is an important aspect of enhancing care delivered to Veterans. Several online and in-person trainings are available to support this.

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**The TWV Process to Prevent Veteran Suicide**

The Together With Veterans Suicide Prevention Strategies above are implemented using a five-phase process to support rural communities in developing a local Veteran suicide prevention action plan. The five phases in this toolkit guide the community through identifying Veterans and other key partners, learning about suicide prevention, specific community strengths and needs, and developing and carrying out an effective local Veteran suicide prevention action plan. These phases are:

1. **Phase 1. BUILD YOUR TEAM**
2. **Phase 2. LEARN ABOUT YOUR COMMUNITY**
3. **Phase 3. TEACH YOUR TEAM**
4. **Phase 4. PLAN FOR ACTION**
5. **Phase 5. FOLLOW YOUR PLAN AND MEASURE RESULTS**


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Community Capacity

A community interested in establishing the Together With Veterans program will need the local capacity to conduct a community assessment and implement an action planning process to address rural Veteran suicide prevention.

Conducting the community assessments and developing an action plan will require meeting regularly for an estimated 10-12 months. Implementation of the plan is ongoing and is intended to create long-term relationships between Veterans and community service providers, deepen community awareness about Veteran needs, and improve services and support for Veterans and their families.

Key Roles and Responsibilities

Together With Veterans emphasizes shared decision-making among Veterans and community partners. The TWV Team includes a Steering Committee to provide overall leadership and a Coordinator to provide logistical support. Team meetings require skillful facilitation to ensure successful implementation of the TWV process.

The TWV Team

The TWV Team is made up of all members who provide input throughout the process, assist in developing the TWV Action Plan, and support ongoing implementation efforts. The Team includes Veterans, health care partners, other service providers, and community members. These partnerships are key to creating a successful community-based Veteran suicide prevention plan.

The membership includes at a minimum:

Veterans
TWV requires Veteran leadership throughout the process.

Health care
TWV requires behavioral health and/or health care partners to actively participate in the TWV planning efforts.

Community
Community stakeholders include those who work with and serve Veterans, including local businesses, higher education institutions, housing and employment services, churches and faith organizations, law enforcement, hospitals, first responders, etc.
Steering Committee

The Steering Committee provides leadership to the Coordinator and Team throughout the TWV process. The Committee sets priorities and monitors all activities of the TWV Team. The Steering Committee membership must include a majority of Veterans. The Steering Committee begins forming in the early phases of the process. Initial discussions address how the Team will make decisions less formally until the Steering Committee is established.

Over time, the Steering Committee is formalized to offer ongoing leadership and guidance to the Team. Some communities opt to create a formal coalition, establishing an independent nonprofit. Other options include developing agreements of cooperation between participating agencies. The formal Steering Committee will record membership, key discussions, decisions made, and actions taken in meeting notes in accordance with Meeting Preparation Guidelines.

Steering Committee members will provide leadership and visibility in the community. In addition, they work with the Coordinator to set monthly meeting dates, manage budgets, and assure that TWV is consistently focused on preventing Veteran suicides in the community. Commonly, Steering Committee meetings occur monthly before or after TWV Team meetings. During early phases in the TWV process, Steering Committee meetings may need to occur in between TWV Team meetings.

TWV Coordinator

The Coordinator role provides support to the Team to ensure that logistics, supplies, activities, and communication are in place to move the TWV process forward.

The role of the Coordinator includes:

- Scheduling and coordinating meetings — reserving a room, arranging lunch delivery, and printing handouts as needed
- Sending out meeting reminders
- Taking meeting notes and tracking Action Plan accomplishments
- Editing Action Plan as needed
- Scheduling trainings and events
- Collecting data and submitting monthly reports
- Ordering suicide prevention materials
- Taking meeting notes

Meeting Facilitation

The Coordinator or another member of the Team or community will function in a Facilitation role to lead discussions and planning exercises. Facilitation ensures that meetings are conducted in an effective and respectful manner, so that objectives are met and all members have the opportunity to participate fully.

Facilitation responsibilities include:

- Maintaining neutrality and setting personal opinions aside
- Encouraging an atmosphere where everyone has equal opportunity to participate
- Keeping the group focused and moving forward on the agenda
- Planning and distributing an agenda for each meeting
- Developing materials as needed for meetings
- Providing information relevant to topics being addressed
- Leading discussions and group exercises to obtain information and perspectives from the Team
- Starting and ending meetings at the designated time
Training and Support

The Together With Veterans Academy

Community Teams are provided with instruction, skills, tools, and consultation to support their local Together With Veterans program. The TWV Academy is designed to support the TWV process in rural communities by training key members of new TWV Teams. Academy trainers may include community partners from existing TWV sites in addition to experts in suicide prevention, facilitation, and strategic planning.

The Academy educates attendees on:

- Evidence-based suicide prevention strategies
- Assessment processes
- Action planning for measurable results
- Facilitation methods, including active listening and creating an open meeting structure that allows all members to participate

Participants will learn to use the Together With Veterans Toolkit as a guide for implementing the five-phase process of developing a Community Team, assessing their community’s strengths and needs, and developing a local plan to promote Veteran suicide prevention.

Ongoing Consultation and Support

Once a community has received training at the TWV Academy, they will be offered regularly scheduled consultation via monthly phone/video conferencing and intermittent site visits. The MIRECC team will also be available as needed for additional consultation. TWV Summits are held annually to bring together key members from each community that is implementing TWV to share information and achievements. Summits are offered to provide updates regarding program expansion and refinement, discussion of lessons learned in the implementation of TWV, and cross-training on relevant topics to support program development.
Meeting Preparation Guidelines

As stated above, the TWV assessment and planning process requires approximately 10-12 months of regularly scheduled meetings, preferably monthly. Upon developing a completed Action Plan, Teams may opt to meet quarterly. TWV meetings are designed to promote community-building, increase awareness about Veteran suicide, grow skills and knowledge about suicide prevention strategies, and create a collaborative plan for action. The following information is designed to support the Coordinator in effectively preparing for and leading TWV meetings. The Meeting and Activity Preparation Timeline (Pg. O-17) lists monthly meetings and preparation activities by phase.

Plan to take 2-4 hours to prepare for each meeting in accordance with the Meeting and Activity Preparation Timeline. Print all needed documents and review materials and tools for each meeting.

Meeting Times and Locations

Meetings are held regularly so that relationships are built among Team members. Monthly meetings seem to work well for TWV Teams. Occasionally, it may be necessary to hold two meetings in one month or skip a month due to scheduling issues.

Meeting Location Considerations:

• Convenience to Veterans and community partners
• Adequate space for between 10 and 30 participants to engage comfortably
• A welcoming environment that encourages open and honest communication
• Enough space for serving a light meal
• Accessible for persons with limited mobility

Meeting Space Considerations:

• Do you want to facilitate conversation among participants?
• How will you arrange the chairs/tables for maximum participation?
• Are you presenting a slide show? If so, can all participants see the front of the room?
• Can the Coordinator move throughout the room as they present?
• Can individuals with vision or hearing impairments easily participate?
• Will you be using flip charts? Do you need wall space for posting flip chart papers throughout the room?
• Is there a need for small group discussions in breakout rooms?

Based on these factors, it is important for participants to be able to see and hear the Coordinator, see and hear each other, and have tables for writing and eating.

Food

Offering a modest meal for participants is a way of showing appreciation for their time and effort. TWV meetings generally include a lunch (or dinner if held in the evening). Food should be reflective of community culture and taste, and be easy to eat in a meeting setting.
Meeting Invitations

It is optimal for invitations to be disseminated by local individuals who are familiar to most invitees. This is most significant for initial meetings. Give as much notice as possible to participants when sending out invitations.

Make sure to include the following information or use the Invitation Template (Pg. T-5) as a guide:

- Date, time, and location of meeting
- Subject of meeting
- Whether meals are provided
- Other important information (parking, bus access, etc.)

Maintaining Contact Information

The Contact Spreadsheet (Pg. T-6) is used to collect and update contact information of all members of the TWV Team, TWV Steering Committee, state and local contacts supportive of the project, and individuals participating in focus group or survey activities. This document is updated regularly to include newly identified contacts in preparation for community assessment activities and after each Team meeting.
Meeting Activity Preparation

Each TWV phase has preparation activities to support the process. These preparation activities should be reviewed before the Team enters into each phase of the process.

Each meeting has specific objectives and tasks. Each meeting will require preparation, including reviewing materials to be presented, printing documents, and thinking through how the meeting activities will work with the specific group in the space provided for the meeting. Create handouts based on the tasks of the meeting as described in the Meeting and Activity Preparation Timeline (Pg. O-17).

Set the Meeting Agenda

Use the Together With Veterans Agenda Template (Pg. T-7) to create an agenda for each meeting. Agendas include the following items:

- Time/Date
- Summary of accomplishments from last meeting
- Tasks for this meeting
- Next Steps
- Closing feedback

Attendance

Use the Attendance Sheet Template (Pg. T-8) to track attendance at each meeting. The Attendance Sheet should include the following items:

- Time/Date
- Training or Meeting
- Topic
- Attendee Information
  - Name
  - Organization
  - Email Address
  - Phone Contact Information
  - Veteran Status

Notes from Previous Meetings

Provide a summary of notes from the most recent meeting. These notes should briefly describe the following or use the Meeting Notes Template (Pg. T-9) as a guide:

- Tasks Accomplished
- New Information (which informs Next Steps)
- Decisions Made
- Next Steps
### Prepare for PHASE 1: BUILD YOUR TEAM

**Goals:**
- a. Inform Veterans and community members about Veteran suicide and Together With Veterans
- b. Establish a Together With Veterans Team
- c. Begin identifying TWV Steering Committee

**Preparation:**
- Gather data on Veteran suicide
- Prepare TWV Program Summary
- Identify Veterans
- Identify initial community partners

### Prepare for Meeting One

**2-4 hours**

- Follow meeting preparation guidelines
- Prepare to present Veteran Suicide Data Sheet and TWV Program Summary
  - *Print documents to hand out at meeting*
- Use the Introductory Meeting Talking Points — Veterans to prepare for discussing the information
- Prepare to ask for permission and discuss decision-making process

### Hold Meeting One: Meet with Veterans

**2 hours total (1.5 meeting; .5 meal)**

**Meeting Tasks:**
- Provide data on Veteran suicide
- Provide TWV Program Summary
- Ask permission
- Discuss initial community partners to invite
- Discuss decision-making process, leadership, and Steering Committee
Prepare for PHASE 2: LEARN ABOUT YOUR COMMUNITY

**Goals:**
- a. Continue to build the Team by adding community partners
- b. Assess community strengths and needs

**Preparation:**
- Review Readiness Assessment Focus Group Guide
  - Identify and invite Focus Group participants
- Review SWOT Analysis Guide
- Review PARTNER Tool survey process
  - Identify community agency representatives to be surveyed

**Prepare for Meeting Two**
**2-4 hours**
- Follow meeting preparation guidelines
- Send out invitations
- Prepare to present Veteran Suicide Data Sheet and TWV Program Summary
- Print documents to hand out at meeting
- Use the Introductory Meeting Talking Points—Community Guide to prepare for discussing the information
- Use SWOT Analysis Guide to prepare for conducting SWOT Analysis

**Prepare for Readiness Assessment Focus Group**
**2 hours**
- Follow meeting preparation guidelines
  - Coordinate with MIRECC to determine date/time
- Prepare to use Readiness Assessment Focus Group Guide to conduct focus group

**Hold Meeting Two: Add community partners to TWV Team and conduct SWOT Analysis**
**3 hours (2.5 meeting; .5 meal)**

**Meeting Tasks:**
- Provide data on Veteran suicide
- Provide TWV overview
  - Briefly describe assessments
    - SWOT
    - Readiness Assessment
    - PARTNER Tool
- Conduct SWOT
- Continue discussion about formation of Steering Committee

**Hold Readiness Assessment Focus Group**
**1.5 hours**
- Follow Readiness Assessment Guide to conduct focus group
## Prepare for PHASE 3: TEACH YOUR TEAM

**Goals:**
- a. Team members learn individual suicide prevention skills
- b. Team members learn community-based suicide prevention strategies that will be used for developing the Action Plan

**Preparation:**
- Coordinate a suicide prevention training for Team using Training Menu and local training resources
  - Identify and schedule a Trainer
- Review TWV Community-Based Suicide Prevention Strategies Presentation

### Prepare for Meeting Three

**2-4 hours**
- Follow meeting preparation guidelines
  - Coordinate date and time with suicide prevention Trainer

### Hold Meeting Three: Train Team on Individual Suicide Prevention

**2-5 hours (depending on training selected; .5 meal)**

**Meeting Tasks:**
- Offer suicide prevention training
- Track attendance of training

### Prepare for Meeting Four

**2-4 hours**
- Follow meeting preparation guidelines
- Prepare to present Community-Based Suicide Prevention Strategies

### Hold Meeting Four: Train Team on Community-Based Suicide Prevention Strategies

**3 hours (2.5 hours training; .5 meal)**

**Meeting Task:**
- Use TWV Community-Based Suicide Prevention Strategies Presentation to train Team on community-based suicide prevention strategies
- Discuss PARTNER Tool survey to be disseminated

### Initiate PARTNER Tool

**2 hours**
- Identify community agency representatives to be surveyed
- Follow PARTNER Tool survey process
# Meeting and Activity Preparation Timeline

## Prepare for PHASE 4: PLAN FOR ACTION

### Goals:
- a. Review assessment results to understand community strengths and needs
- b. Identify available resources to support community-based suicide prevention strategies
- c. Develop Action Plan for each community-based suicide prevention strategy

### Preparation:
- Obtain assessment results
  - SWOT themes
  - Readiness Score and recommendations to improve community readiness
  - PARTNER Tool results
- Insert results into Action Plan Template
- Add known resources into Action Plan Template

## Prepare for Planning Meetings Five through Nine: Plan for Action

### 2-4 hours prep time for each meeting

These meetings can occur in any order based on the needs and preferences of the TWV Team. Planning meetings are approximately **3 hours (2.5 meeting; .5 meal)**

- Prepare to present assessment results
- Prepare for planning discussion on each Community-Based Suicide Prevention Strategy—one per meeting
- Upon completion of each planning session, record action items in Action Plan to be reviewed and refined at the next meeting

## Planning Meeting: Reduce Stigma and Promote Help-Seeking

### 3 hours (2.5 hours training; .5 meal)

- Follow meeting preparation guidelines
- Review relevant information from Reduce Stigma and Promote Help-Seeking module of TWV Community-Based Suicide Prevention Strategies Presentation
- Review Community Readiness and Recommendations to improve readiness
- Use planning questions from TWV Toolkit
- Review VA Resource List for distribution
- Determine measures for program evaluation

## Planning Meeting: Promote Lethal Means Safety

### 3 hours (2.5 hours training; .5 meal)

- Follow meeting preparation guidelines
- Review relevant information from Promote Lethal Means Safety module of TWV Community-Based Suicide Prevention Strategies Presentation
- Use planning questions from TWV Toolkit
- Review VA Resource List for distribution
- Determine measures for program evaluation
### Prepare for PHASE 4: PLAN FOR ACTION

#### Planning Meeting: Provide Suicide Prevention Training

- **3 hours** (2.5 hours training; .5 meal)
  - Follow meeting preparation guidelines
  - Provide relevant information from Provide Suicide Prevention Training module of TWV Community-Based Suicide Prevention Strategies Presentation
  - Use planning questions from TWV Toolkit
  - Review Suicide Prevention Training Menu
  - Determine measures for program evaluation

#### Planning Meeting: Enhance Primary Care Suicide Prevention

- **3 hours** (2.5 hours training; .5 meal)
  - Follow meeting preparation guidelines
  - Review relevant information from Enhance Primary Care Suicide Prevention module of TWV Community-Based Suicide Prevention Strategies Presentation
  - Use planning questions from TWV Toolkit
  - Determine measures for program evaluation

#### Planning Meeting: Improve Access to Quality Care

- **3 hours** (2.5 hours training; .5 meal)
  - Follow meeting preparation guidelines
  - Review relevant information from Improve Access to Quality Care module of TWV Community-Based Suicide Prevention Strategies Presentation
  - Use planning questions from TWV Toolkit
  - Review SWOT Results to identify priorities
  - Determine measures for program evaluation
### Prepare for PHASE 5: FOLLOW YOUR PLAN AND MEASURE RESULTS

**Goal:**
- a. Track activity and results of action items
- b. Review information from TWV Community-Based Suicide Prevention Strategies Presentation in preparation for discussing each strategy
- c. Continually refine actions as needed

**Preparation:**
- Determine measures for program evaluation for each action item
- Track activities of Team members
- Prepare data for reporting activity

**Implementation Meetings**

**1.5-2 hours**
Meet regularly (minimum of quarterly) to:
- Follow meeting preparation guidelines
- Coordinate action items
- Track activity
- Refine Action Plan
TOGETHER WITH VETERANS
RURAL VETERAN SUICIDE PREVENTION PROGRAM
Implementation Toolkit

PHASE ONE
BUILD YOUR TEAM
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Overview

Together With Veterans (TWV) is a community-based program that partners rural Veterans and community agencies to prevent Veteran suicide in their communities. By joining forces as one team, both the Veterans and the community partners gain a better understanding of how to most effectively reach Veterans at risk. The first phase in the TWV process is forming a TWV Team that is led by Veterans and involves community leaders and agencies most likely to provide assistance with Veteran suicide prevention. A Coordinator guides the Team through completing the TWV process.
Meeting and Activity Preparation Timeline

Prepare for PHASE 1: BUILD YOUR TEAM

Goals:
- Inform Veterans and community members about Veteran suicide and Together With Veterans
- Establish a Together With Veterans Team
- Begin identifying TWV Steering Committee

Preparation:
- Gather data on Veteran suicide
- Prepare TWV Program Summary
- Identify Veterans
- Identify initial community partners

Prepare for Meeting One

2-4 hours
- Follow meeting preparation guidelines
- Prepare to present Veteran Suicide Data Sheet and TWV Program Summary
- Print documents to hand out at meeting
- Use the Introductory Meeting Talking Points — Veterans to prepare for discussing the information
- Prepare to ask for permission and discuss decision-making process

Hold Meeting One: Meet with Veterans

2 hours total (1.5 meeting; .5 meal)

Meeting Tasks:
- Provide data on Veteran suicide
- Provide TWV Program Summary
- Ask permission
- Discuss initial community partners to invite
- Discuss decision-making process, leadership, and Steering Committee
A. Prepare for Phase 1

Gather Data on Veteran Suicide

Before reaching out to Veterans and community agencies, the Coordinator will collect data about Veteran suicide. A key source of data is the VA State Suicide Data Sheet (Pg. T-10) for each state. Other data can be sought through state public health or office of suicide prevention officials. This data establishes background information for Veterans and community partners to help them understand the importance of implementing Together With Veterans locally.

VA State Suicide Data Sheet

The link for these data sheets can be found at: http://www.mentalhealth.va.gov/suicide_prevention/suicide-prevention-data.asp

Data collected is then used to revise the TWV Program Summary Template (Pg. T-12). A finished version of the TWV Program Summary Template (Pg. T-12) includes information about the TWV process, local data related to the community of interest, and TWV Coordinator contact information.

Sample TWV Program Summary

These documents will be used throughout the process of educating Veterans and state and local resources about Together With Veterans.
Identify Veterans

The TWV Team starts with Veterans. To initiate the program, begin by inviting Veterans to meet about Veteran suicide prevention. “Veterans” include all who have served in the United States Armed Forces, Army/Air Guard, and Reserves. Veterans of all ages and deployment eras are encouraged to participate. Veterans groups are welcome and may include Veteran organizations such as Vietnam Veterans of America (VVA), the American Legion, and Veterans of Foreign Wars (VFW), among others.

To help identify Veterans who may be interested and willing to provide guidance and leadership throughout the process, begin by reaching out to state and regional partners who are likely to work with and know Veterans in the community.

Suggested state and local organizations to contact include, but are not limited to:

- State Department of Military and Veteran Affairs
- Non-VA suicide prevention Coordinator(s) in your state
- VA state/regional suicide prevention Coordinator
- Local VA Community-Based Outpatient Clinic (CBOC)
- Veteran Service Officer
- Local/Regional Veteran Center
- Veterans Organizations

Maintain the Contact Spreadsheet (Pg. T-6) as a reference tool to track organization, email, and phone contact information of each individual involved in TWV.

Identify Community Partners

In addition to local Veterans, community service providers and other partners are key to building your team. Agencies and individuals who serve or come in contact with Veterans bring information about how the local service system works, what services are available to Veterans, and how Veterans connect to and use those services. Prior to meeting with Veterans, generate a list of possible partners. Be prepared to review this list with Veterans.

- Health Care (at least one member required):
  - Public health agencies
  - Primary care
  - Behavioral health
  - Hospitals and emergency departments
- Local, regional, and state political delegations
- Law enforcement and dispatch
- Faith communities
- Local colleges
- Army/Air Guard and Reserves
- Local suicide prevention coordinator
- Local suicide prevention Trainers

The TWV Coordinator should keep track of state and local contacts who can be helpful in reaching out to local Veterans. Maintain the Contact Spreadsheet (Pg. T-6) as a reference tool to track organization, email, and phone contact information of each individual involved in TWV.
B. Meet with Veterans

Meeting Preparation
Use the Meeting Preparation Guidelines to:

- Identify time and location for the meeting
- Prepare logistics for the meeting
- Send out an invitation using the Invitation Template (Pg. T-5) for the meeting three to four weeks before date of the meeting
- Prepare handouts and the completed TWV Program Summary Template (Pg. T-12)
- Prepare an Attendance Sheet using the Attendance Sheet Template (Pg. T-8)
- Create an Agenda using the Agenda Template (Pg. T-7) that includes the following topics:
  » Information about Veteran Suicide
  » Together With Veterans Program
  » Permission to proceed in the community
  » Community partners to invite
  » Decision-making process
- Use the Introductory Meeting Talking Points Veterans (Pg. T-14) to prepare for discussing the information

Introductory Meeting Talking Points — Veterans

Veterans Meeting
Talking Points

1. Introductions
   a. Provide an introduction to the team about who you are and why you choose to work on Veterans issues (are you a Veteran, a family member?)
   b. Ask each individual to introduce themselves to the group, providing
      i. Name, organization, what brings you to the meeting (are you a Veteran/family member? Do you serve Veterans?)
   c. Request that each person sign in and provide contact information

2. Review TWV Program Summary (handout)
   a. Review suicide data
   b. Review TWV Process
      i. Discuss Mission and Guiding Principles
   c. Clarify TWV does not provide counseling services, though we hope to improve coordination and access to meeting services
   d. TWV is not here to change the overall VA system — though we look at coordination with VA and other services at a local level

3. Questions/dialogue about TWV (handout)
   a. Q & A on details of info sheet

4. Ask permission of Veterans to begin Together With Veterans Assessment and Planning

5. Brief discussion about decision-making
   a. Steering Committee — eventually, a steering committee will form to provide leadership to the Coordinator and Team throughout the TWV process. The committee sets priorities and monitors all activities of the TWV team
      i. What would membership of this group look like ideally?
      ii. Would leadership be majority of leadership are Veterans? TWV process requires majority of leadership are Veterans
      iii. How would the group make decisions to be made until then?

6. Next steps
   a. Other individuals and organizations (intervet and non-veteran) to invite
   b. Proposed monthly meetings
      i. Discuss optimal time, date and location for meetings
B. Meet with Veterans (continued)

Meeting with Veterans

At the initial meeting with Veterans, the Coordinator presents an overview of the Together With Veterans program, the mission of the program, and how the program will work in your community.

The Coordinator can use the VA State Suicide Data Sheet (Pg. T-10) and TWV Program Summary Template (Pg. T-12) as guides for discussion about Veteran suicide and the TWV Program. After a facilitated discussion and an opportunity to answer questions, ask the Veterans for permission to work in their community.

If permission is given, proceed to discuss what community members should be invited to be on the Team. Discuss an initial list of identified partners and discuss required membership of at least one health or behavioral health care provider.

Potential Team partners come from both traditional and nontraditional sources. Traditional partners may include Veterans service officers, Veteran serving-organizations, official community leadership, health care, social services, and first responders. Nontraditional partners are equally important and may include unelected community leaders who may not have any official organizational leadership position, champions of Veterans’ issues, Veterans and their family members, and representatives from social clubs and businesses.

Discuss how the Coordinator, Veterans, or others involved with TWV can assist in reaching out to potential community team members through phone calls or personal contact. Determine who will reach out to each contact and when this will be completed.

Briefly discuss the Steering Committee that will ultimately guide the local TWV Process. Ask for initial decision-making and leadership preferences of the group. Questions to determine these could include:

- How would you like to make decisions?
- Who should be in positions of leadership as we develop the Steering Committee?

Document these responses and use the information to guide future actions.
C. Meet with Veterans and Community Members

Meeting Preparation

Use the Meeting and Activity Preparation Timeline (Pg. O-17) to:

- Identify the meeting time and location for the meeting
- Prepare logistics for the meeting
- Send out invitations for meeting three to four weeks before date of invitation
- Prepare handouts of the VA State Suicide Data Sheet (Pg. T-10) and the completed TWV Program Summary Template (Pg. T-12)
- Prepare to conduct the SWOT Analysis — See Phase 2

- Prepare an Attendance Sheet using the Attendance Sheet Template (Pg. T-8)

- Create an Agenda using the Agenda Template (Pg. T-7) that includes the following topics:
  - Information about Veteran suicide
  - Together With Veterans Program
  - SWOT Analysis (per Phase 2)
  - Decision-making process

- Use the Introductory Meeting Talking Points Community (Pg. T-15) to prepare for discussing the information

Meeting with Veterans and Community Members

Use the VA State Suicide Data Sheet (Pg. T-10) and TWV Program Summary Template (Pg. T-12) to provide information about TWV and discuss how the program will be launched in their community.

Use the SWOT Analysis Guide from Phase 2: LEARN ABOUT YOUR COMMUNITY to conduct a SWOT Analysis.

Briefly discuss the Steering Committee and initial decision-making processes.

Veterans and Community Partner Meeting

Talking Points

1. Introductions
   a. Provide an introduction to the team about who you are and why you choose to work on veterans issues (are you a Veteran, a family member?)
   b. Ask each individual to introduce themselves to the group, providing:
      i. Name, organization, what brings you to the meeting (are you a Veteran, family member?)
      ii. Request that each person sign in and provide contact information

2. Review TWV Process (hardcopy)
   a. Review suicide data
   b. Clarify TWV does not provide counseling services, though we hope to improve coordination and access to existing services
   c. TWV is not tasked to change the overall VA system — though we look at coordination with VA and other services at a local level

3. Questions/Dialogue about TWV
   a. What would membership of this group look like ideally?
      i. Veterans only in leadership? Shared leadership with Community partners? (TWV process requires majority of leadership are Veterans)
      ii. How would the group like decisions to be made until then?

4. Begin PHASE 2: LEARN ABOUT YOUR COMMUNITY
   a. Begin SWOT Analysis from Phase 2 using SWOT Analysis Protocol

5. Brief Discussion About Decision Making
   a. Steering Committee — eventually, a Steering Committee will form to provide leadership to the coordinator and Teams throughout the TWV process. The Committee sets priorities and monitors all activities of the TWV Teams.
      i. What would membership of this group look like ideally?
      ii. Veterans only in leadership? Shared leadership with Community partners? (TWV process requires majority of membership are Veterans)
      iii. How would the group like decisions to be made until then?

6. Next steps
   a. Other groups to engage
   b. Identify meetings — Time, date and location for meetings

Introductory Meeting Talking Points — Community
D. Establish a TWV Steering Committee

Once the TWV Team is formed, the group will establish a core group of Veterans and partners to serve as a Steering Committee. Members of the Steering Committee will provide support, guidance, and oversight of the TWV Process in the committee. It is advised to include those with helpful skills and experience related to organizational development, public speaking, facilitation, budget, board process, or behavioral health care systems. Some communities opt to limit membership of the Steering Committee solely to Veterans, while other communities include non-Veteran community partners. Veterans must hold majority membership of the TWV Steering Committee.

See also Steering Committee under TWV Requirements and Guidelines (Pg. O-12)
TOGETHER WITH VETERANS
RURAL VETERAN SUICIDE PREVENTION PROGRAM
Implementation Toolkit

PHASE TWO
LEARN ABOUT YOUR COMMUNITY
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## Overview

TWV Team members work together to understand community strengths and needs by conducting community assessments. These assessments provide useful information about:

- Local attitudes towards Veterans
- Awareness of Veteran suicide
- The connection and coordination across local Veteran-serving agencies
- What is working well for Veterans in the community
- What needs improvement

There are three types of assessments used to assist the TWV Team in learning about their community:

1. Readiness Assessment
2. SWOT Analysis
3. PARTNER Tool
Meeting and Activity Preparation Timeline

Prepare for PHASE 2: LEARN ABOUT YOUR COMMUNITY

Goals:
- Continue to build the Team by adding community partners
- Assess community strengths and needs

Preparation:
- Review Readiness Assessment Focus Group Guide
  - Identify and invite Focus Group participants
- Review SWOT Analysis Guide
- Review PARTNER Tool survey process
  - Identify community agency representatives to be surveyed

Prepare for Meeting Two

Month 3

2-4 hours
- Follow meeting preparation guidelines
- Send out invitations
- Prepare to present Veteran Suicide Data Sheet and TWV Program Summary
- Print documents to hand out at meeting
- Use the Introductory Meeting Talking Points—Community Guide to prepare for discussing the information
- Use SWOT Analysis Guide to prepare for conducting SWOT Analysis

Prepare for Readiness Assessment Focus Group

Month 4

2 hours
- Follow meeting preparation guidelines
  - Coordinate with MIRECC to determine date/time
- Prepare to use Readiness Assessment Focus Group Guide to conduct focus group

Hold Meeting Two: Add community partners to TWV Team and conduct SWOT Analysis

3 hours (2.5 meeting; .5 meal)

Meeting Tasks:
- Provide data on Veteran suicide
- Provide TWV overview
  - Briefly describe assessments
    - SWOT
    - Readiness Assessment
    - PARTNER Tool
- Conduct SWOT
- Continue discussion about formation of Steering Committee

Hold Readiness Assessment Focus Group

1.5 hours
- Follow Readiness Assessment Guide to conduct focus group
A. Prepare for Phase 2

Assessments will occur as early as possible to enable a clear understanding of the current status of the community at the beginning of the TWV process and may occur concurrently with Phase 1: BUILD YOUR TEAM.

The Readiness Assessment and SWOT Analysis involve face-to-face meetings. These two assessments can occur on the same day or may be conducted on different dates. The PARTNER Tool survey can be distributed electronically.

To be ready for implementing Phase 2, the Coordinator will:

- Review the three assessments used in the TWV process
- Prepare to implement processes for conducting assessments
- Become familiar with the types of results each assessment provides

Identify appropriate community representatives to participate in the Readiness Assessment (Pg. T-20) and PARTNER Tool (Pg. T-30) survey

Preparation includes determining the appropriate time and date to conduct each assessment. Generally, the SWOT Analysis (Pg. T-21) occurs during the first meeting with Veterans and community partners per Phase 1: BUILD YOUR TEAM. The Readiness Assessment (Pg. T-20) and PARTNER Tool (Pg. T-30) survey processes require an understanding of which agencies and representatives are most appropriate to involve in the assessments. For this reason, it may take a bit more time to be ready to initiate these assessments.

The Coordinator should use the following timeline to complete all three assessments:

1. **Readiness Assessment** (Pg. T-20) takes approximately 1.5 hours and involves a small group. Ideally, this should occur prior to the first Team meeting with an early group of stakeholders and should include representatives of the community partners identified in Phase 1: BUILD YOUR TEAM.

2. **SWOT Analysis** (Pg. T-21) takes about 3.5 hours and involves the entire Together With Veterans Team.

3. **PARTNER Tool** (Pg. T-30) survey is emailed out to key individuals from organizations throughout the community. This requires identifying who from each organization should receive the survey and obtaining their email address. As a result, this survey will occur after the first few TWV meetings so that there is enough information available about which agencies should be surveyed and which representative from these agencies should be asked to complete the survey.
B. Readiness Assessment

The Community Readiness Assessment (Pg. T-20) determines local awareness, attitudes, and commitment towards addressing Veteran suicide prevention. The process is based on the Community Readiness Handbook¹, a tool that assesses community readiness for change.

The Together With Veterans Community Readiness focus group brings selected individuals together to collect descriptions and examples of community readiness. Community readiness is the degree to which the community is willing and prepared to take action on suicide prevention efforts for Veterans. The Readiness Assessment asks questions about the following topics related to the issue of local Veteran suicide prevention:

- Community knowledge and attitudes towards Veteran suicide
- Resources and commitment dedicated to addressing Veteran suicide (people, time, money, space, etc.)
- Community awareness of existing programs, activities, and policies for addressing Veteran suicide
- Formal and informal community leadership
- Community climate

Individuals invited to participate in the focus group can be Veterans or representatives of key community services. It is helpful to include community leaders, residents, or professionals who have firsthand knowledge about the community. Focus group participants should know what is going on in the community and have some connection to Veterans or suicide prevention.

This diagram shows six sectors — law, business, education, health, government, and other involved citizens. A representative from each sector is ideal in order to gain a relatively accurate picture of the community’s attitudes and knowledge about the issue of Veteran suicide.

Use the Focus Group Invitation (Pg. T-17) in the Community Readiness Focus Group Protocol (Pg. T-16) to invite participants. Follow the Community Readiness Focus Group Protocol (Pg. T-16) to facilitate the Readiness Assessment.

Readiness Assessment: Interpreting Your Results

The focus group responses to the questions are scored to determine the community’s level of readiness to address the issue. These scores are rated from 1–9, as described in the table below.

<table>
<thead>
<tr>
<th>Stage of Readiness</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 No Awareness</td>
<td>Not generally recognized or not an issue.</td>
</tr>
<tr>
<td>2 Denial / Resistance</td>
<td>At least some community members recognize that there is a concern, but there is little recognition that it might be occurring locally.</td>
</tr>
<tr>
<td>3 Vague Awareness</td>
<td>Most feel that there is a local concern, but there is no immediate motivation to do anything about it.</td>
</tr>
<tr>
<td>4 Preplanning</td>
<td>There is clear recognition that something must be done, and there may even be a group addressing it. However, efforts are not focused or detailed.</td>
</tr>
<tr>
<td>5 Preparation</td>
<td>Active leaders have begun planning in earnest. Community offers modest support of efforts.</td>
</tr>
<tr>
<td>6 Initiation</td>
<td>Enough information is available to justify efforts. Activities are underway.</td>
</tr>
<tr>
<td>7 Stabilization</td>
<td>Activities are supported by administrators or community decision-makers. Staff are trained and experienced.</td>
</tr>
<tr>
<td>8 Expansion/ Confirmation</td>
<td>Efforts are in place. Community members feel comfortable using services, and they support expansions. Local data are regularly obtained.</td>
</tr>
<tr>
<td>9 Community Ownership</td>
<td>Detailed and sophisticated knowledge exists about prevalence, causes, and consequences. Effective evaluation guides new directions. Model is applied to other issues.</td>
</tr>
</tbody>
</table>

These results will be applied during Phase 4: PLAN FOR ACTION. Based on these results, the Community Readiness Handbook makes specific recommendations designed to increase the community’s ability to successfully address the issue of Veteran suicide prevention.

C. SWOT Analysis — Strengths, Weaknesses, Opportunities, Threats

A SWOT Analysis guides the team through evaluating the community to determine:

- **Strengths and Opportunities** that can be helpful in addressing Veteran suicide. Examples include a community that is supportive of Veterans, the availability of many local Veterans organizations, a strong system of health and behavioral health care providers, or local funding opportunities to support Veteran initiatives.

- **Weakness and Threats** that create challenges for Veterans or create barriers to implementing a community-based suicide prevention plan.

The Coordinator follows the **SWOT Analysis Protocol** (Pg. T-21) to lead the TWV Team through a process of reviewing community Strengths, Weaknesses, Opportunities, and Threats related to Veteran suicide. The following factors are considered during this exercise:

- How Veterans are supported by the community
- How Veterans get connected to social supports and activities
- How Veterans know about, access, and receive services
- How well-informed service providers are about Veteran/military culture
- How equipped Veterans and community partners are to identify Veterans who are in crisis and get them the support and help they may need

The SWOT Analysis may occur during the first TWV community meeting after the Coordinator has provided an overview of the program. This allows the Coordinator to collect information from a cross-section of the community.

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**SWOT Analysis Protocol**

**Strengths, Weaknesses, Opportunities and Threats (SWOT)**

1. **Supplies:**
   - Post-it Flip chart (2) for recording group input of examples for each of the Strengths and Challenges
   - 2 different colored index cards, enough for 1 of each color per participant and displayed in the room as a reference for participants to ensure the correct color is used for each task (Strengths, Challenges)
   - Pens for all the participants to record their responses
   - Markers (the colors of the index cards) for flip chart recording of responses from participants

2. **How Long?** 3 hours including 30 minute meal

3. **Preparation for SWOT:**
   - Before attendees arrive, place pens and 2 index cards, one of each color, at the participants’ seats.

4. **Introduce the intent of the exercise with attendees:**
   - **SWOT Analysis**:
     - Strengths, Weaknesses, Opportunities and Threats
     - Identifies local community strengths, weaknesses, opportunities and threats
     - Informs rural Veteran suicide prevention project planning and development
     - Helps WICHE and VA learn how to help other communities in developing Veteran suicide prevention programs

5. **Facilitate Your SWOT:**
   - **Strengths and Opportunities**:
     - Encourage participants to consider the following areas during the evaluation process and display these in the room:
       - How Veterans are supported by the community
       - How Veterans get connected to social supports and activities
       - How Veterans know about, access, and receive services
       - How well-informed service providers are about Veteran/military culture
       - How equipped Veterans and community partners are to identify Veterans who are in crisis and get them the support and help they may need
     - Ask participants to individually record one color designated index card, the local community Strengths and Opportunities, as they relate to the rural Veteran suicide prevention. Allow 5-10 minutes for this task, observing to see when most participants are finished.
     - Ask participants to share some of the Strengths and Opportunities they identified, recording these on the flip chart pages with markers that match index card colors. Request clarification when needed. Allow approximately 10 minutes for this sharing process. This is a good opportunity for the participants to get to know each other and their perspectives about the community, therefore it is ideal to foster sharing and not rush this process.
     - **Challenges and Threats**:
     - Continue this above process for the Challenges and Threats using the other color index card.
     - Ask participants to share some of the Challenges and Threats they identified, recording these on the flip chart pages with markers that match index card colors. Request clarification when needed. Allow approximately 10 minutes for this sharing process. This is a good opportunity for the participants to get to know each other and their perspectives about the community, therefore it is ideal to foster sharing and not rush this process.

6. **Wrap up:**
   - Close the process by informing the participants that their input will be organized and shared with them for any additional input during an upcoming meeting and its role in the action planning for TWV community development.
   - Collect the index cards and flip chart pages to record the information for dissemination and review at a subsequent meeting.

---

Sample SWOT Analysis Protocol
SWOT Analysis: Understanding Your Results

SWOT Results inform the TWV Team about what is working, what is not working, and what could be improved related to services and supports for Veterans. Themes are drawn from the Strengths, Weaknesses, Opportunities, and Threats listed by the TWV Team to determine what are the most commonly identified community needs, areas of concern, and available resources. These results will guide the TWV Team in deciding key areas of focus during the planning process of Phase 4: PLAN FOR ACTION.

Sample SWOT Results and Themes

**Strengths/Opportunities**
- Community support and recognition of veterans
- Veteran population, experience and organizations
- Congressionaland funding supports
- Training for suicide prevention and risk assessment
- Health, mental health, educational and social services
- Strong faith community
- State pride/community identity
- Outdoor recreational activities
- Increase community partner understanding of Veterans needs
- Improve coordination and access to services
- Increase community knowledge of suicide prevention strategies
- Involvement of State and local leadership
- Veteran organizations networking together

**Weakness/Threats**
- Inadequate funding, services and service coordination
- Need more support and training for families of Veterans
- Need to improve how Veterans know about and receive services
- VA service eligibility barriers
- Need education on risk of losing membership
- Employment availability
- Lack of housing
- Need more support and training for families of Veterans
- Need to improve how Veterans know about and receive services
- Workforce and VA services and VA services are not effective
- Need education on risk of losing membership
- Employment availability
- Lack of housing
- Need more support and training for families of Veterans
- Need to improve how Veterans know about and receive services

**Strengths/Opportunities**
- Community support and recognition of veterans
- Veteran population, experience and organizations
- Congressionaland funding supports
- Training for suicide prevention and risk assessment
- Health, mental health, educational and social services
- Strong faith community
- State pride/community identity
- Outdoor recreational activities
- Increase community partner understanding of Veterans needs
- Improve coordination and access to services
- Increase community knowledge of suicide prevention strategies
- Involvement of State and local leadership
- Veteran organizations networking together
D. PARTNER Tool

The PARTNER Tool (Pg. T-30) surveys key representatives from across the community to measure collaboration among people and organizations. Results provide information about how organizations work together, including strengths and gaps in relationships. Based on these results, the Team can identify how to strengthen local systems to address issues of concern.

The Coordinator identifies which organizations should be surveyed and which representative of each organization should complete the survey. Organizations selected to be surveyed would include those that make up the local service network and/or organizations who would be participating in Together With Veterans activities. This could include Veteran organizations, health care agencies, public health, social services, clinics, and governmental organizations such as a local Veterans Center. The representative is an individual who has the authority to answer on behalf of the organization. Once the contact information of each representative is provided to MIRECC and the Visible Network Labs (see Glossary Pg. T-1), the survey will be emailed to each of the community representatives.

PARTNER Tool Results

The Visible Network Labs reviews survey results and provides a report describing local community connections. This information will help the TWV Team understand what organizations in the community may need to be more informed or involved to support Veteran suicide prevention efforts. It will assist in formulating strategies to strengthen the network of support for Veterans. The following sample tool is provided courtesy of the Veterans Coalition of Northwest Montana.
TOGETHER WITH VETERANS
RURAL VETERAN SUICIDE PREVENTION PROGRAM
Implementation Toolkit

PHASE THREE
TEACH YOUR TEAM
Overview

TEACH YOUR TEAM involves two types of training: Individual Suicide Prevention Training and Community-Based Suicide Prevention Training.

Individual Suicide Prevention Training offers individuals the skills to know what to do when speaking with someone who may be at risk of suicide. The trainings focus on how to have a conversation about suicide and how to assist individuals who are at risk for suicide in getting to needed services.

Community-Based Suicide Prevention Training uses the five TWV Community-Based Suicide Prevention Strategies designed to reduce Veteran suicide using strategies that are implemented at a community level, rather than one-on-one with Veterans. These strategies are taught to the TWV Team to provide a basis for the action planning process.
## Meeting and Activity Preparation Timeline

**Prepare for PHASE 3: TEACH YOUR TEAM**

<table>
<thead>
<tr>
<th>Month</th>
<th>Goals:</th>
</tr>
</thead>
</table>
| 4     | a. Team members learn individual suicide prevention skills  
b. Team members learn community-based suicide prevention strategies that will be used for developing the action plan |

**Preparation:**
- Coordinate a suicide prevention training for Team using Training Menu and local training resources  
  > Identify and schedule a Trainer  
- Review TWV Community-Based Suicide Prevention Strategies Presentation

**Prepare for Meeting Three**

2-4 hours
- Follow meeting preparation guidelines  
  > Coordinate date and time with suicide prevention Trainer

**Hold Meeting Three: Train Team on Individual Suicide Prevention**

2-5 hours (depending on training selected; .5 meal)

**Meeting Tasks:**
- Offer suicide prevention training  
- Track attendance of training

**Prepare for Meeting Four**

2-4 hours
- Follow meeting preparation guidelines  
- Prepare to present Community-Based Suicide Prevention Strategies

**Hold Meeting Four: Train Team on Community-Based Suicide Prevention Strategies**

3 hours (2.5 hours training; .5 meal)

**Meeting Task:**
- Use TWV Community-Based Suicide Prevention Strategies Presentation to train Team on community-based suicide prevention strategies  
- Discuss PARTNER Tool survey to be disseminated

**Initiate PARTNER Tool**

2 hours
- Identify community agency representatives to be surveyed  
- Follow PARTNER Tool survey process
A. Prepare for Phase 3

To be ready for implementing Phase 3, the Coordinator will:

- Identify options for individual suicide prevention training
- Prepare to educate the Team about Community-Based Suicide Prevention Strategies

Phase 3 is initiated within 1-2 months after the first meeting of your Team and may extend as far as month 6. Due to this, training will likely overlap with the community assessments conducted in Phase 2.

First, team members will undergo Individual Suicide Prevention training. Later, at approximately month 5, the Team will be educated about Community-Based Suicide Prevention Strategies to provide them with a foundation for TWV suicide prevention planning that will occur in Phase 4.

B. Individual Suicide Prevention Training

Prepare for Individual Suicide Prevention Trainings

Options for Individual Suicide Prevention training are listed in the Individual Suicide Prevention Training Options (Pg. T-35). It is advisable to discuss options with the TWV Steering Committee or the Team as a whole to determine which training best suits the community needs. Information to consider when choosing trainings may include the amount of time needed for trainings, the trainings that already occur in the community, the availability of Trainers to teach the trainings, or Team members’ interest in a Trainer’s certification or other credentials. Based on these answers, the Coordinator can identify a Trainer and schedule a training.

Types of trainings that may be applicable to individuals on the TWV Team may include:

- Question, Persuade, Refer (QPR)
- Signs of suicide, Asking about suicide, Validating feelings, Encouraging help, and Expediting Treatment (SAVE)
- Applied Suicide Intervention Skills Training (ASIST)

The coordinator will use the Individual Suicide Prevention Training Options (Pg. T-35) and discuss the following questions, as well as those in Prepare for Phase 3, to determine which suicide prevention trainings the Team would like to take:

- What trainings are offered in their community?
- Which trainings have been most often used in the community to date?
- What is the most efficient way to offer TWV Team members training?
- What trainings will be most sustainable over time in the community?

Based on the preferences of the TWV Team and what is most readily available, the Coordinator will schedule opportunities for the Team to obtain Individual Suicide Prevention Training.
C. TWV Community-Based Suicide Prevention Strategies

Prepare for Community-Based Suicide Prevention Strategies

The Coordinator should review the Community-Based Strategies Presentation (Pg. T-40) to prepare for presenting the material to the Team. Reviewing slides, related notes, and the Overview section (Pg. O-2) of the TWV Toolkit can be helpful in preparing for this meeting.

Teach about Community-Based Suicide Prevention Strategies

Five evidence-based suicide prevention strategies are used by TWV to support the local planning efforts. These strategies, described in the TWV Program Overview, are designed for community-wide implementation to increase awareness and knowledge about Veteran suicide and improve community response to the needs of local Veterans. The five evidence-based strategies are the following:

1. Reduce Stigma and Promote Help-Seeking
2. Promote Lethal Means Safety
3. Provide Suicide Prevention Training
4. Enhance Primary Care Suicide Prevention
5. Improve Access to Quality Care

These strategies address community needs as described in the table on the following page. The TWV Community-Based Strategies Presentation (Pg. T-40) can be used to provide rationale for the Team on why the strategies were selected based on their known effectiveness to reduce suicides and how to implement the strategies, with examples to inform action planning.
### C. TWV Community-Based Suicide Prevention Strategies (continued)

<table>
<thead>
<tr>
<th>TWV Community-Based Strategies</th>
<th>Strategy Rationale</th>
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</thead>
</table>
| **Reduce Stigma and Promote Help-Seeking**                         | • Barriers to seeking care are more common in rural areas, including beliefs such as a lack of trust in mental health care, a culture of taking care of oneself, and stigmas.  
  • Stigma is negative social judgment based on being “different.”  
  • Stigma can cause people to avoid talking about their problems.  
  • Stigmas can also cause people to believe themselves to be less worthy than others because of their problems, which can make symptoms related to suicide, such as depression and social isolation, worse. |
| **Promote Lethal Means Safety**                                     | • Time between deciding to attempt suicide and the attempt is usually brief. Lethal means that can be accessed quickly pose a higher risk for self-harm.  
  • TWV aims to promote strategies that increase the space and time between thinking about suicide and accessing the lethal means to act on those thoughts.  
  • Firearm storage, medication packaging, bridge and building barriers, and poison control policies have all been shown to save lives. |
| **Provide Suicide Prevention Training**                             | • Lack of knowledge among community members regarding suicide risk leads to people not seeing warning signs.  
  • Lack of confidence and knowledge of what to do if you recognize someone at risk may lead to not asking someone if they need help, and therefore, not helping people in need.  
  • Misinformation about suicide risk can lead people to spread myths and stigmas. |
| **Enhance Primary Care Suicide Prevention**                        | • 80% of people who die by suicide have seen a primary care provider in the last year. Approximately 45% have in the last month.  
  • Rural primary care providers report less training and comfort in screening for and treating suicidality. |
| **Improve Access to Quality Care**                                  | • Crisis services are more limited in rural areas, making it more challenging for people to access local services when they are experiencing a crisis.  
  • The emergency response system of police and EMTs may lack training in managing suicide crisis situations.  
  • The transition to home from hospital care is a very high-risk time period.  
  • Rural providers are often generalists and may lack specialized training in suicide risk management and treatment. |
Overview

The Together With Veterans Action Plan (Pg. T-52) builds on the work the TWV Team has accomplished to date. The Team uses information learned from the assessments in Phase 2: LEARN ABOUT YOUR COMMUNITY and links this information to the TWV Community-Based Suicide Prevention Strategies presented in PHASE 3: TEACH YOUR TEAM.

The Readiness Assessment and SWOT results offer information about local strengths, challenges, and resources. PARTNER Tool survey results illustrate how community partners might better collaborate to improve the community’s response to Veteran needs.

TWV Community-Based Suicide Prevention Strategies Trainings help guide actions by providing the Team with a menu of strategies to implement based on what has worked to reduce suicide in other communities. These strategies follow an evidence-based public health model that includes five areas for intervention. The strategies advise specific activities and describe expected outcomes.

Planning involves reviewing these issues and opportunities to decide the best steps for promoting Veteran suicide prevention locally.
Meeting and Activity Preparation Timeline

**Prepare for PHASE 4: PLAN FOR ACTION**

**Goals:**
- a. Review assessment results to understand community strengths and needs
- b. Identify available resources to support community-based suicide prevention strategies
- c. Develop Action Plan for each community-based suicide prevention strategy

**Preparation:**
- • Obtain assessment results
  > SWOT themes
  > Readiness Score and Recommendations to improve community readiness
  > PARTNER Tool results
- • Insert results into Action Plan Template
- • Add known resources into Action Plan Template

**Prepare for Planning Meetings Five through Nine: Plan for Action**

**2-4 hours prep time for each meeting**

These meetings can occur in any order based on the needs and preferences of the TWV Team. Planning meetings are approximately **3 hours (2.5 meeting; .5 meal)**

- • Prepare to present assessment results
- • Prepare for planning discussion on each Community-Based Suicide Prevention Strategy—one per meeting
- • Upon completion of each planning session, record action items in Action Plan to be reviewed and refined at the next meeting

**Planning Meeting: Reduce Stigma and Promote Help-Seeking**

**3 hours (2.5 hours training; .5 meal)**

- • Follow meeting preparation guidelines
- • Review relevant information from Reduce Stigma and Promote Help-Seeking module of TWV Community-Based Suicide Prevention Strategies Presentation
- • Review Community Readiness and recommendations to improve readiness
- • Use planning questions from TWV Toolkit
- • Review VA Resource List for distribution
- • Determine measures for program evaluation

**Planning Meeting: Promote Lethal Means Safety**

**3 hours (2.5 hours training; .5 meal)**

- • Follow meeting preparation guidelines
- • Review relevant information from Promote Lethal Means Safety module of TWV Community-Based Suicide Prevention Strategies Presentation
- • Use planning questions from TWV Toolkit
- • Review VA Resource List for distribution
- • Determine measures for program evaluation
### Meeting and Activity Preparation Timeline

<table>
<thead>
<tr>
<th>Month</th>
<th>Planning Meeting: Provide Suicide Prevention Training</th>
<th>Planning Meeting: Enhance Primary Care Suicide Prevention</th>
<th>Planning Meeting: Improve Access to Quality Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>3 hours (2.5 hours training; .5 meal)</td>
<td>3 hours (2.5 hours training; .5 meal)</td>
<td>3 hours (2.5 hours training; .5 meal)</td>
</tr>
<tr>
<td></td>
<td>• Follow meeting preparation guidelines</td>
<td>• Follow meeting preparation guidelines</td>
<td>• Follow meeting preparation guidelines</td>
</tr>
<tr>
<td></td>
<td>• Provide relevant information from Provide Suicide Prevention Training module of TWV Community-Based Suicide Prevention Strategies Presentation</td>
<td>• Review relevant information from Enhance Primary Care Suicide Prevention module of TWV Community-Based Suicide Prevention Strategies Presentation</td>
<td>• Review relevant information from Improve Access to Quality Care module of TWV Community-Based Suicide Prevention Strategies Presentation</td>
</tr>
<tr>
<td></td>
<td>• Use planning questions from TWV Toolkit</td>
<td>• Use planning questions from TWV Toolkit</td>
<td>• Use planning questions from TWV Toolkit</td>
</tr>
<tr>
<td></td>
<td>• Review Suicide Prevention Training Menu</td>
<td>• Determine measures for program evaluation</td>
<td>• Review SWOT Results to identify priorities</td>
</tr>
<tr>
<td></td>
<td>• Determine measures for program evaluation</td>
<td></td>
<td>• Determine measures for program evaluation</td>
</tr>
</tbody>
</table>
A. Prepare for Phase 4

To be ready for Phase 4, the Coordinator enters the assessment results into the cover sheet of the Action Plan (Pg. T-52) in preparation for discussion with the Team. State, local, and national resources that have been identified during the SWOT Analysis and throughout the Team discussions are also recorded in the Action Plan (Pg. T-52).

The Coordinator prepares copies of the Community-Based Suicide Prevention Strategies—Sample Activities (Pg. T-59). This tool provides examples of activities within each strategic area that can guide the Team when developing a TWV Action Plan. The Coordinator can also review the Community-Based Suicide Prevention Strategies Presentation (Pg. T-40) to become more familiar with the strategies.

The Coordinator provides the following assessment results for review by the Team during planning:

- SWOT Themes
- Readiness Assessment Score and Recommendations
- PARTNER Tool Report (Note: the PARTNER Tool Report may not be complete at the beginning of the planning process. It can be introduced to the Team as it becomes available.)

The Coordinator reviews available resources that can be brought to planning discussions by reviewing the TWV Suicide Prevention Resources (Pg. T-60) and the MIRECC Ordering Catalogue (Pg. T-84). These documents may also be printed as a resource for the Team during the planning process.
B. The Planning Process

The Coordinator will guide the TWV Team through a series of discussions to determine how the Team will address each Suicide Prevention Strategy:

1. Reduce Stigma and Promote Help-Seeking
2. Promote Lethal Means Safety
3. Provide Individual Suicide Prevention Training
4. Enhance Primary Care Suicide Prevention
5. Improve Access to Quality Care

Developing the Action Plan will likely take a total of 4 to 6 meetings. The strategies can be addressed in any order, as two or more strategies often interconnect. For example, the Team may choose to initiate a local public awareness campaign about Veteran suicide prevention. This might involve posting information about upcoming dates and times for a local suicide prevention training (Provide Individual Suicide Prevention Training) while also offering information about how to access the suicide prevention hotline (Reduce Stigma and Promote Help-Seeking).

For each strategy, the Action Plan (Pg. T-52) should identify the activities or actions, due dates, individuals/agencies responsible for completing each action, and how the Team will measure progress.

Team meetings are facilitated using the TWV Meeting and Activity Preparation Timeline (Pg. O-17) to review tasks for each strategy-specific planning meeting.
Review Assessment Results

The Coordinator will distribute and present the Readiness Assessment Score and Recommendations to the TWV Team to inform them about the current readiness of the community and recommended actions from the Community Readiness Handbook to improve awareness of and investment in Veteran suicide prevention.

The Coordinator will then facilitate a brief discussion (10 minutes) based on the following questions:

- Which recommended strategies seem to be most important in this community at this time?
- Who are the target audiences for recommended activities?

The Coordinator will provide the TWV Team with SWOT Analysis Results and Themes, allowing Team members to spend 10-15 minutes reviewing the results and identifying themes that raise the greatest concern, and identifying available resources and opportunities.

The Team will spend 5 minutes offering their thoughts in a facilitated discussion.

Lastly, the TWV Coordinator will present the PARTNER Tool Report to the TWV Team and facilitate a brief conversation (10 minutes) to answer the following questions:

- Which are the strongest relationships?
- Which relationships need to be strengthened to support Veteran suicide prevention efforts?

Once the results of all three Assessments have been reviewed with the Team, the Coordinator will facilitate a discussion to identify common themes across the assessment results. The Coordinator will use the following questions as a guide for this discussion (10-15 minutes):

- Are there common issues that are identified across assessment results?
- Are there common strengths/resources/opportunities found across assessment results?

- Are there themes that stand out as areas of focus for us at this time?

Once the assessment results are reviewed and discussed, the TWV Team will have a good idea of what types of activities are most needed, what will be effective, and what strengths and opportunities the Team can leverage to implement Together With Veterans strategies.

The Team will then discuss the completed cover sheet of the Action Plan (Pg. T-52) to review key results based on assessments conducted in Phase 2: LEARN ABOUT YOUR COMMUNITY. This information and the Suicide Prevention Strategies—Sample Activities (Pg. T-59) are tools that inform their planning process.

Identify Resources

Resources that can be used to support suicide prevention efforts include training, marketing, expert consultation, community leadership, programs, and funding sources. Local, regional, and state resources are identified during Phase 2. LEARN ABOUT YOUR COMMUNITY and continually revised throughout the process.

Useful information for all strategies can be found in the TWV Suicide Prevention Resources (Pg. T-60) and the MIRECC Ordering Catalogue (Pg. T-84). Additionally, the Community-Based Suicide Prevention Strategies Presentation (Pg. T-40) has more detailed information about some available resources. Team members may have learned about local resources as they reach out to community members about TWV. The Team will discuss which resources may be most useful to improve local Veteran suicide prevention efforts.
B. The Planning Process (continued)

Develop Action Items
The Team participates in a facilitated discussion to answer the questions below to develop actions, due dates, individuals/agencies responsible for completing each action in the time allotted, and ways of measuring progress under each strategy below:

1. Reduce Stigma and Promote Help-Seeking

How do we increase awareness about Veteran suicide, prevention strategies, and how to get help?

Planning questions
1. Who needs information about Veteran suicide?
2. How can we expand awareness about Veteran needs and involvement in Together With Veterans?
3. What public awareness strategies make the most sense in our community—radio interviews, public service announcements, events, presentations, meetings?
4. Who can we enlist to help with our public awareness campaign?
5. Can we link public awareness about suicide to other strategies?
   » Lethal means safety information
   » Announcing suicide prevention trainings
   » Providing information about available crisis services and how to access them
6. What should be distributed?
7. Where and how often?

Resources
- VA Community Partner Suicide Prevention Tools and related Ordering Catalogue
- TWV Community Resource Packet

2. Promote Lethal Means Safety

How do we expand time and space between the thought of suicide and the ability to act on that thought?

Planning questions
1. What are the most common lethal means used by Veterans for self-harm in our community?
2. Who should we involve (e.g., gun shops, firing ranges, pharmacists, medical takeback programs, etc.)?
3. How will we involve them?
4. What is our message about lethal means?
5. How will we get the message out—using what distribution and public awareness strategies?
6. How can we link this distribution to the Reduce Stigma and Promote Help-Seeking public awareness campaign?

Resources
- VA Community Partner Suicide Prevention Tools and related Ordering Catalogue
B. The Planning Process (continued)

Develop Action Items (continued)

3. Provide Individual Suicide Prevention Training

How many individuals will we train? (Optimal for suicide prevention impact: 75% of community population trained in suicide prevention strategies)

Planning questions
1. What suicide prevention training(s) should we use?
2. Who should be trained?
3. How many should be trained? By when?
4. How will we notify them?
5. How can we link training announcements to the Reduce Stigma and Promote Help-Seeking public awareness campaign?

Resources
• Individual Suicide Prevention Training Menu

4. Enhance Primary Care Suicide Prevention

How many primary care providers will we reach? (Optimal for suicide prevention impact: providing toolkits and/or training to 75% of primary care providers)

Planning questions
1. Are primary care providers knowledgeable and skilled enough to identify and refer individuals experiencing suicidal thoughts?
2. Are primary care providers knowledgeable about Veteran/military culture?
3. How do we reach out to the medical community?

Resources
• Suicide Prevention Toolkit for Primary Care Practices: http://www.sprc.org/settings/primary-care/toolkit
• Veteran-specific Suicide Prevention for Primary Care Toolkit Training
• VA Community Provider Toolkit: https://www.mentalhealth.va.gov/communityproviders/
Develop Action Items (continued)

How do we increase awareness about services and improve quality of care?

Planning questions
1. Where are the biggest gaps in coordination?
   » What services are missing or need improvement?
   » What are the most important connections that need to be made?
   » What is the best approach for building those connections?
2. How do we get the word out about the National Suicide Prevention Lifeline?
3. How do we improve community providers’ knowledge about Veteran/military culture?
4. How can we use the Reduce Stigma and Promote Help-Seeking public awareness campaign to get the word out about crisis services?

Resources
• VA Home-Based Mental Health Evaluation Training for Providers in Non-VA Settings
• VA Community Provider Toolkit:
  https://www.mentalhealth.va.gov/communityproviders/
• https://suicidepreventionlifeline.org/

Using these questions and resources as a guide, the Team works together to complete each section in the TWV Action Plan (Pg. T-52). Coordinators and other facilitators should use active listening skills and open-ended questions to build consensus around chosen strategies and activities.
B. The Planning Process (continued)

Set Priorities
Once the Team has identified resources, they then discuss which action items should take priority over others. To do this, they can use the following questions as a guide:

• What findings were the most concerning?
• What areas of change can easily lead to results?
• Which actions might be the best strategies to expand community interest and investment?

Assign Tasks and Timelines
Generally, the TWV Coordinator will be responsible for tracking action steps and supporting Team efforts to accomplish actions per Phase 5: FOLLOW YOUR PLAN AND MEASURE YOUR RESULTS. However, there may be others on the TWV Team who are more appropriate to be the person responsible for specific actions. For example, a local suicide prevention Trainer may be a member of the TWV Team. That person could be responsible for completing suicide prevention trainings within the timeline stated in the Action Plan.

The Team identifies the person(s) responsible and organizations involved in each component of the Action Plan based on who would be most effective in accomplishing each action. For example, if the Team plans to “provide Primary Care Suicide Prevention Toolkits to local community primary care clinics,” which partners would help with this?

• What medical professionals are already involved with the Team?
• Who has connections to medical clinics and is available to create links between the clinics and the Team?

Some individuals may not be responsible for accomplishing a task, but may assist in the task completion. This is also an important role to play.

Timelines for action steps should be reasonable to accomplish, and informed by:

• Team priorities
• Community events
• Availability of needed resources

For example, the Team could prepare in advance to attend a local “Stand Down” or have a table at a gun show to display Veteran suicide prevention materials. Other timelines may be based on scheduling meetings with key community leaders, availability of trainers, or space considerations for holding large events.
Establish Program Evaluation Measures

Program evaluation measures define how the Team will measure achievements. The Team uses this section of the Action Plan to describe what will be tracked and reviewed in Phase 5. Elements and factors include:

- How will we gather information?
- When will we collect information?
- Who is responsible?
- When will we complete the task?

For example, the Team may track the number of trainings provided, the number of people trained, the amount of suicide prevention materials distributed, or the number of events attended. Information will be tracked and reviewed monthly and quarterly as described in Phase 5: FOLLOW YOUR PLAN AND MEASURE YOUR RESULTS.

When determining evaluation measures, consider the categories that will be reported upon monthly, to include:

**TWV Team Meeting:** Promotes the planning or implementation of Together With Veterans.

**TWV Steering Committee Meeting:** Provides leadership to support the TWV Coordinator as needed in setting the agenda and priorities for TWV Team meetings and implementation activities.

**Public Event:** Host or attend a public event to represent TWV. Examples include hosting a community meeting to discuss health care for Veterans or having a table at a health fair to distribute TWV materials.

**Presentation:** Formally present on Veteran suicide and Together With Veterans activities. Examples include presenting at a city council meeting about TWV, providing a keynote address at a local Veterans Day event, or participating as a panelist at a conference.

**Resource Distribution:** Provide resources or materials for suicide prevention and TWV to community stakeholders. Examples include taking Veteran suicide prevention materials to medical, behavioral health, or other public offices to be available for patients/customers or giving posters to a college for display on campus. Any resources distributed at public events, presentations, or trainings should be captured in the reporting of that event.
FOLLOW YOUR PLAN AND MEASURE RESULTS
TOGETHER WITH VETERANS
RURAL VETERAN SUICIDE PREVENTION PROGRAM

Implementation Toolkit

PHASE FIVE
FOLLOW YOUR PLAN
AND MEASURE RESULTS
Table of Contents

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B. Recording and Measuring Results ...................5-3
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   • Monthly and Quarterly Reports ....................5-5

Overview

As described in Phase 4, the Team identifies specific measurements for their Action Plan. Knowing whether an Action Plan is being implemented and making a difference is key to managing a successful and sustainable program. Collecting data helps monitor progress and strengthen the Team’s work. The data can also be used to support program expansion and development activities, including fundraising and grant writing. Reviewing the data, Action Plan, and current priorities in regularly scheduled meetings keeps Together With Veterans programs relevant and effective.
## Prepare for PHASE 5: FOLLOW YOUR PLAN AND MEASURE RESULTS

### Goal:
- a. Track activity and results of action items
- b. Review information from TWV Community-Based Suicide Prevention Strategies Presentation in preparation for discussing each strategy
- c. Continually refine actions as needed

### Preparation:
- Determine measures for program evaluation for each action item
- Track activities of Team members
- Prepare data for reporting activity

### Implementation Meetings

**1.5-2 hours**

Meet regularly (minimum of quarterly) to:
- Follow meeting preparation guidelines
- Coordinate action items
- Track activity
- Refine the Action Plan

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### Meeting and Activity Preparation Timeline

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<tr>
<th>Month</th>
<th>1</th>
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<td>Goal</td>
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<td>b.</td>
<td>c.</td>
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<tr>
<td>Implementation Meetings</td>
<td>1.5-2 hours</td>
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</tr>
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</table>
A. Regular Meetings to Sustain TWV

The TWV Steering Committee, Coordinator, and Team continue to meet regularly to review the Action Plan, discuss accomplishments, and identify next steps. This keeps TWV Team members involved and invested in the program. Over time, new members may join the Team to expand the number of individuals and agencies in the community who know about and can assist with Veteran suicide prevention. Agenda items for ongoing meetings include:

- Monitoring achievements
- Discussing any issues that may need to be addressed
- Reviewing the need for changes to the Action Plan
- Scheduling and setting the agenda for future TWV meetings

B. Recording and Measuring Results

The Program Evaluation section of the TWV Action Plan (Pg. T-52) records detailed information about Team activities. This information is recorded in the After Action Report (Pg. T-102), TWV Monthly Report (Pg. T-107), and TWV Quarterly Report (Pg. T-108) to track activities and measure success. Examples of evaluation measures may include:

- Number of trainings provided
- Events held or attended
- Percentage of community’s primary care clinics, gun shops, and other targeted organizations reached

The Reporting Instructions document (Pg. T-102) provides information on how to complete these reports.

The Coordinator tracks data on evaluation measures and reports Action Plan accomplishments to the Team. The Team uses the data to refine action items and determine priorities and next steps.

Data collection, for example, may inform the team that trainings are not well attended. In this scenario, the Team may opt to advertise trainings to different audiences or in different locations, increase public awareness about when and where the trainings are offered, or find a training that is more appealing to the community.

TWV After Action Report (AAR)

Recording Instructions

When an Action Report (AAR) is filled out by any TWV Team member to note and report important information from any contact or activity related to TWV implementation, complete the After Action Report (AAR) to provide following an activity. AARs ask team members to provide the following information:

- Activity details
- Event or activity
- Material(s) distributed
- TVW Quarterly Report

If a section or portion of a column is not applicable, please write N/A. More details that are included the better. Please do not include names of individuals, such as private citizens, on the form for privacy reasons unless the individual is a formal contact representing an organization in the community.

When the form is completed, it will be returned to the TWV Coordinator.

Activity Details

- What did you do?
- Provide basic information of what was done: include date, the name and type of activity, and provide details on the number and type of attendees. Add any community partners who assisted with the activity.

Notes

- What else did you do?
- Report what went well and what can be improved from the activity. This provides feedback to the Coordinator and Team for future planning.

Action Items

- What is left to do?
- Describe what needs to occur to follow up on the activity. If needed, specify who on the Team is most appropriate to complete follow up.

Referrals Made

- If the activity resulted in connecting a Veteran to resources, describe the type of service.

Materials Distributed

- Record the number and type of materials distributed to support the Coordinator in tracking inventory and knowing which items were provided at specific events. Record any public service announcements (PSA) shown in this section.

Number of TWV Team Members Involved

- Record the number of TWV Team members who participated in the activity.

Time Spent on Activity

- Record the number of total hours preparing, conducting, and following up on the described activity.

AAR Scenario

Two TWV Team members visited Big River Health Clinic to distribute materials. They met with two Dolphins, a nurse, and the front desk staff from the clinic. Clinic staff reviewed the information cards on VA services, and agreed to take a Veteran Resource Guide to put in the lobby. The clinic asked for a presentation on staff awareness to tell the rest of the clinic staff about the work the Team is doing. Team members spent 1.5 hours preparing for the visit, 30 minutes in the clinic, and 30 minutes discussing next steps with the Coordinator.

Please see the following example of how this activity is recorded on an AAR.

TWV Reporting Instructions
After Action Report

Throughout implementation of the TWV process, Team members will have interactions in the community about Veteran suicide prevention and Together With Veterans. The After Action Report (AAR) (Pg. T-102) serves as a quick record of suicide prevention activities of the TWV Program. Team members complete AARs immediately after interactions, tracking the type of interaction, distribution of materials, and any follow-up that may be needed. AARs are collected monthly by the Coordinator to inform monthly and quarterly reports.
B. Recording and Measuring Results (continued)

Monthly and Quarterly Reports

The Coordinator will record progress on the TWV Action Plan monthly using the **TWV Monthly Report** (Pg. T-107). This data will be used to prepopulate a more detailed **TWV Quarterly Report** (Pg. T-108). These reports track the number and types of meetings held or attended by Team members, what was accomplished in those meetings, suicide prevention materials that were distributed, and how many Veterans were impacted by Team activities.

The Steering Committee will then have a detailed understanding about what is working, how Team members may need to support accomplishment of tasks, and which activities are best raising community awareness about Veteran suicide.

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<tr>
<th>Date</th>
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<tr>
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<td>5</td>
<td>3 Job Services, 2 Veterans referred to counseling</td>
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<tr>
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<td>3 Transportation, 2 Housing, 1 Furniture, 4 to SLV BHG, 1 VSO (mineral), 6 Crisis Line</td>
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<tr>
<td>1/30/19</td>
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**TWV Monthly/Quarterly Report**

<table>
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<tr>
<th>Date</th>
<th>Type of Activity</th>
<th>Describe purpose and outcome</th>
<th># of Attendees</th>
<th># Veterans, of total attendees</th>
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<tbody>
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<td>1/10</td>
<td>Presentation</td>
<td>Presenting to the county commissioners</td>
<td>400</td>
<td>50 Veterans, 50 county commissioners</td>
<td>Reduce stigma/Promote help seeking</td>
<td>50 pamphlets, 100 tote bags</td>
</tr>
<tr>
<td>1/20</td>
<td>Presentation</td>
<td>Meeting with health care providers</td>
<td>35</td>
<td>15 Veterans, 15 health care providers</td>
<td>Reduce stigma/Promote help seeking</td>
<td>30 gun locks, 100 tote bags, 100 gun locks, 100 tote bags</td>
</tr>
<tr>
<td>1/30</td>
<td>Public Event</td>
<td>Community outreach and awareness at county fair</td>
<td>300</td>
<td>100 Veterans, 100 county fair</td>
<td>Improve Access to Quality Care</td>
<td>75 VCL coasters, 125 VCL pens</td>
</tr>
</tbody>
</table>
### Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>After Action Reports</strong></td>
<td>The After Action Report (AAR) serves as a quick record of suicide prevention activities of the TWV Program. Team members complete AARs immediately after interactions, tracking the type of interaction, distribution of materials, and any follow-up that may be needed. AARs are collected monthly by the Coordinator to inform monthly and quarterly reports.</td>
</tr>
<tr>
<td><strong>Assessments</strong></td>
<td>Assessments are methods to better understand the community's strengths, needs, attitudes, and functioning in relation to Veteran suicide prevention. Assessments are conducted in Phase 2 of the TWV Process and include: SWOT Analysis; Community Readiness Assessment; and PARTNER Tool survey.</td>
</tr>
<tr>
<td><strong>Behavioral Health Agencies</strong></td>
<td>State-funded or private agencies whose mission is to treat mental health and substance use disorders.</td>
</tr>
<tr>
<td><strong>Community Agencies</strong></td>
<td>Agencies that have a mission to provide health or human services. Services could include housing, employment support, behavioral health, or domestic violence shelter.</td>
</tr>
<tr>
<td><strong>Community Climate</strong></td>
<td>See Community Readiness Assessment.</td>
</tr>
<tr>
<td><strong>Community Leaders</strong></td>
<td>Community members who are considered by the community to be most influential in supporting change. May include city council, county commissioners, sheriff's office, chief executives of local businesses, or community agencies.</td>
</tr>
<tr>
<td><strong>Community Partners</strong></td>
<td>Agencies and individuals who serve or come into contact with Veterans. May include health care representatives, political delegations, law enforcement, faith communities, colleges, Army/Air Guard and Reserves, behavioral health providers, or suicide prevention trainers.</td>
</tr>
<tr>
<td><strong>Community Readiness</strong></td>
<td>See Community Readiness Assessment.</td>
</tr>
<tr>
<td><strong>Community Readiness Assessment</strong></td>
<td>The Community Readiness Assessment determines local awareness, attitudes, and commitment towards addressing Veteran suicide prevention. It is conducted using a focus group of 8 to 10 individuals from the community who may know about or serve Veterans. The group is guided through a series of questions to determine the level of readiness of the community to implement change regarding Veteran suicide prevention. Community Readiness results are scored on a 1 to 9 scale of readiness based on the focus group responses. The results suggest recommended activities to improve community readiness addressing the issue.</td>
</tr>
<tr>
<td><strong>Community Service Providers</strong></td>
<td>See Community Agencies.</td>
</tr>
<tr>
<td><strong>Community Systems</strong></td>
<td>Organizations that collectively address the social and health needs of the community. Ideally, organizations are well-coordinated to maximize resources and improve communication so that individuals receiving services know how to easily get the help they need and receive the best care possible.</td>
</tr>
<tr>
<td><strong>Health Care Providers</strong></td>
<td>Health care providers are hospitals, clinics, and individuals who offer medical services.</td>
</tr>
<tr>
<td><strong>Individual Suicide Prevention Training</strong></td>
<td>Suicide prevention training that offers individuals the skills to know what to do when speaking with someone who may be at risk of suicide. The trainings focus on how to have a conversation about suicide and how to assist individuals who are at risk for suicide to access needed services.</td>
</tr>
<tr>
<td><strong>Individual Suicide Prevention Training Menu</strong></td>
<td>Offers information about different types of individual suicide prevention trainings that may be available to take online or in person.</td>
</tr>
<tr>
<td><strong>Local Organizations</strong></td>
<td>Local organizations may include Veterans organizations and community agencies.</td>
</tr>
<tr>
<td><strong>MIRECC</strong></td>
<td>Mental Illness Research Evaluation and Clinical Centers (MIRECC) are part of the Veterans Health Administration and are regionally located throughout the U.S. Their mission is &quot;to generate new knowledge about the causes and treatments of mental disorders, apply new findings to model clinical programs, and widely disseminate new findings through education to improve the quality of Veterans' lives and their daily functioning in their recovering from mental illness.&quot; The Rocky Mountain MIRECC for Suicide Prevention oversees the research and development of the Together With Veterans Program.</td>
</tr>
<tr>
<td><strong>Non-Traditional Sources</strong></td>
<td>Groups or individuals who do not serve a formal function in the community, but have an investment in supporting Veteran suicide prevention.</td>
</tr>
<tr>
<td><strong>PARTNER Tool</strong></td>
<td>The PARTNER Tool surveys key representatives from across the community to measure collaboration among people and organizations. Results provide information about how organizations work together, including strengths and gaps in relationships. Based on these results, the Team can identify how to strengthen local systems to address issues of concern.</td>
</tr>
<tr>
<td><strong>Public Awareness Campaign</strong></td>
<td>Activities that make the community aware of an issue or of available services, training, or support. Public awareness campaign strategies can include public service announcements, news stories, notices posted in public places, and television and radio interviews.</td>
</tr>
<tr>
<td><strong>Public Awareness Strategies</strong></td>
<td>See Public Awareness Campaign.</td>
</tr>
<tr>
<td><strong>Public Health Agencies</strong></td>
<td>Public health agencies often operate at the county level and provide a wide range of services, which may include: monitoring and identifying health issues; providing health education; conducting public health planning; and in some communities, providing some health services.</td>
</tr>
<tr>
<td><strong>Readiness Assessment Score</strong></td>
<td>See Community Readiness Assessment.</td>
</tr>
<tr>
<td><strong>Regional Partners</strong></td>
<td>Regional partners represent a region beyond the community. Regional partners may oversee services provided in large portions of a state or across multiple states. These may include VA partners who serve multiple states.</td>
</tr>
<tr>
<td><strong>Resources</strong></td>
<td>Funding, services, knowledge, time, or any other asset that can support Veteran suicide prevention efforts.</td>
</tr>
<tr>
<td><strong>Social Service Agencies</strong></td>
<td>State-funded or private agencies whose mission is to provide services such as housing, economic assistance, and child protection.</td>
</tr>
<tr>
<td>----------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>State Organizations</strong></td>
<td>See State Partners.</td>
</tr>
<tr>
<td><strong>State Partners</strong></td>
<td>State Partners or Organizations provide guidelines and resources to support services provided by community agencies. State partners may include representatives of state behavioral health, criminal justice, military, and Veterans affairs departments.</td>
</tr>
<tr>
<td><strong>Suicide Prevention Coordinator</strong></td>
<td>Suicide prevention coordinators are VA, state, or county employees whose positions are dedicated to promoting suicide prevention activities.</td>
</tr>
<tr>
<td><strong>Suicide Prevention Trainer</strong></td>
<td>An individual who is certified to conduct individual suicide prevention trainings. Certifications vary depending on the type of suicide prevention training offered.</td>
</tr>
<tr>
<td><strong>SWOT Analysis</strong></td>
<td>A SWOT Analysis guides the Team through evaluating the community Strengths, Weaknesses, Opportunities, and Threats. Identifying Strengths and Opportunities can be helpful in addressing Veteran suicide. Identifying Weaknesses and Threats can flag challenges for Veterans or barriers to implementing a community-based suicide prevention plan. The SWOT Analysis process results in a list of Strengths/Opportunities and Weaknesses/Threats. These lists are then reviewed to identify common themes from the SWOT Analysis process.</td>
</tr>
<tr>
<td><strong>SWOT Themes</strong></td>
<td>See SWOT Analysis.</td>
</tr>
<tr>
<td><strong>Target Audiences</strong></td>
<td>Those individuals or groups who are most likely to benefit from increased awareness or training about suicide prevention. Target audiences will include individuals or groups who may come into contact with Veterans or individuals at risk for suicide.</td>
</tr>
<tr>
<td><strong>Themes</strong></td>
<td>Ideas that are found repeatedly throughout assessment findings.</td>
</tr>
<tr>
<td><strong>Traditional Sources</strong></td>
<td>Groups or individuals who officially represent a community agency, Veteran organization, or specific function in the community that may relate to serving Veterans or Veteran suicide prevention.</td>
</tr>
<tr>
<td><strong>TWV Action Plan</strong></td>
<td>See TWV Process.</td>
</tr>
<tr>
<td><strong>TWV Action Planning Process</strong></td>
<td>See TWV Process.</td>
</tr>
<tr>
<td><strong>TWV Community-Based Suicide Prevention Strategies</strong></td>
<td>Five evidence-based suicide prevention strategies that are used by TWV to increase awareness and knowledge about Veteran suicide and improve community response to the needs of local Veterans. The Strategies are: Reduce Stigma and Promote Help-Seeking; Promote Lethal Means Safety; Provide Suicide Prevention Training; Enhance Primary Care Suicide Prevention; and Improve Access to Quality Care.</td>
</tr>
<tr>
<td><strong>TWV Community Readiness Focus Group</strong></td>
<td>See Community Readiness Assessment.</td>
</tr>
<tr>
<td><strong>TWV Coordinator</strong></td>
<td>The TWV Coordinator provides support to the TWV Team to ensure that logistics, supplies, activities, and communication are in place to move the TWV process forward.</td>
</tr>
</tbody>
</table>
### Glossary

<table>
<thead>
<tr>
<th>TWV Process</th>
<th>The TWV Process guides the TWV Team through five phases: BUILD YOUR TEAM; LEARN ABOUT YOUR COMMUNITY; TEACH YOUR TEAM; PLAN FOR ACTION; and FOLLOW YOUR PLAN AND MEASURE YOUR RESULTS. This process results in developing Veteran-led community partnerships dedicated toward creating and implementing a Veteran suicide prevention TWV Action Plan. The TWV Action Plan addresses five community-based suicide prevention strategies: Reduce Stigma and Promote Help-Seeking; Promote Lethal Means Safety; Provide Suicide Prevention Training; Enhance Primary Care Suicide Prevention; and Improve Access to Quality Care.</th>
</tr>
</thead>
<tbody>
<tr>
<td>TWV Program</td>
<td>The TWV Program includes all rural sites implementing the Together With Veterans Process.</td>
</tr>
<tr>
<td>TWV Team</td>
<td>A team committed to developing and implementing a local Veteran suicide prevention plan. TWV Teams include Veteran leadership and representatives of community partner agencies.</td>
</tr>
<tr>
<td>Veteran Leadership</td>
<td>Veteran leadership means that Veterans: 1) give consent to implement the TWV Process in their community; and 2) represent the majority of membership of the TWV Steering Committee.</td>
</tr>
<tr>
<td>WICHE</td>
<td>The Western Interstate Commission for Higher Education (WICHE) is a regional higher education compact based in Colorado, serving 16 Western state and territorial members. A major goal of WICHE’s Behavioral Health Program is to improve behavioral health systems of care in the West and beyond. WICHE is responsible for implementation of TWV by providing training, technical assistance, and support to communities implementing TWV.</td>
</tr>
</tbody>
</table>
Together With Veterans (TWV) seeks to work with local Veterans to reduce Veteran suicide. TWV works with communities to evaluate and improve their capacity to serve Veterans at risk of suicide. Veterans organizations and community partners are supported in strengthening and coordinating local services and supports. Components of the program include:

**Community building – coordinating resources to better support Veterans**

**Suicide prevention training for community members, Veterans, and primary care providers**

**Community development of effective suicide prevention strategies for Veterans**

Together With Veterans is funded by VA Office of Rural Health and operates through the Veterans Affairs Rocky Mountain Mental Illness Research Education and Clinical Center (MIRECC) and the Western Interstate Commission for Higher Education (WICHE).
### Tabs in Spreadsheet

A. State Contacts  
B. Local Contacts  
C. Meetings by Date Attendance  
D. To Be Contacted  
E. Readiness Assessment  
F. PARTNER Tool  
G. Sign-In Sheet  
H. Training by Date Attendance
# TWV Team Meeting Agenda

**Date:** <###>  
**Time:** <###>  
**Location:** <#####>  
**Meeting No:** <#####>

## Agenda Topics:

<table>
<thead>
<tr>
<th>Introductions</th>
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<table>
<thead>
<tr>
<th>Summary of accomplishments from last meeting</th>
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<table>
<thead>
<tr>
<th>Tasks for this meeting</th>
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<tbody>
<tr>
<td>a)</td>
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<td>b)</td>
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<tr>
<td>c)</td>
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<tr>
<th>Next Steps</th>
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<td>a)</td>
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<tr>
<td>b)</td>
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<tr>
<td>c)</td>
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<tr>
<th>Next Meeting</th>
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<table>
<thead>
<tr>
<th>Closing/feedback</th>
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<tbody>
<tr>
<td>a) <em>Did we meet the objectives of the meeting?</em></td>
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<p>| |</p>
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<tbody>
<tr>
<td>b) <em>What do we need to support next steps?</em></td>
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</tr>
<tr>
<td>1</td>
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<td>14</td>
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<td>15</td>
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<tr>
<td>16</td>
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</tbody>
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TWV Team Meeting Notes

Date: <###>
Meeting No: <#####>

Meeting Notes:

<table>
<thead>
<tr>
<th>Tasks accomplished during meeting</th>
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<table>
<thead>
<tr>
<th>New information that informs next steps</th>
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<table>
<thead>
<tr>
<th>Decisions Made</th>
<th>a)</th>
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<tbody>
<tr>
<td></td>
<td>b)</td>
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<td></td>
<td>c)</td>
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<tr>
<th>Next Steps</th>
<th>a)</th>
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<td>b)</td>
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<td>c)</td>
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<table>
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<tr>
<th>Next Meeting</th>
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</table>
Colorado Veteran Suicide Data Sheet, 2016

The U.S. Department of Veterans Affairs (VA) is leading efforts to understand suicide risk factors, develop evidence-based prevention programs, and prevent Veteran suicide through a public health approach. As part of its work, VA analyzes data at the national and state levels to guide the design and execution of the most effective strategies to prevent Veteran suicide.

The 2016 state data sheets present the latest findings from VA’s ongoing analysis of suicide rates and include the most up-to-date state-level suicide information for the United States. This data sheet includes information about Colorado Veteran suicides by age, sex, and suicide method and compares this with regional and national data.

After accounting for age differences, the Veteran suicide rate in Colorado:

- Was significantly higher than the national Veteran suicide rate
- Was significantly higher than the national suicide rate

Colorado Veteran and Total Colorado, Western Region, and National Suicide Deaths by Age Group, 2016

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Colorado Veteran Suicides</th>
<th>Western Region Veteran Suicides</th>
<th>National Veteran Suicides</th>
<th>Colorado Veteran Suicide Rate</th>
<th>Western Region Veteran Suicide Rate</th>
<th>National Veteran Suicide Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>175</td>
<td>1,576</td>
<td>6,079</td>
<td>42.9</td>
<td>35.0</td>
<td>30.1</td>
</tr>
<tr>
<td>18–34</td>
<td>31</td>
<td>224</td>
<td>893</td>
<td>66.0</td>
<td>47.9</td>
<td>45.0</td>
</tr>
<tr>
<td>35–54</td>
<td>54</td>
<td>418</td>
<td>1,648</td>
<td>47.4</td>
<td>38.8</td>
<td>33.1</td>
</tr>
<tr>
<td>55–74</td>
<td>68</td>
<td>595</td>
<td>2,259</td>
<td>39.8</td>
<td>30.6</td>
<td>25.9</td>
</tr>
<tr>
<td>75+</td>
<td>22</td>
<td>337</td>
<td>1,274</td>
<td>29.3</td>
<td>33.4</td>
<td>28.3</td>
</tr>
</tbody>
</table>

Colorado, Western Region, and National Veteran Suicide Deaths by Age Group, 2016

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Colorado Veteran Suicides</th>
<th>Western Region Veteran Suicides</th>
<th>National Veteran Suicides</th>
<th>Colorado Veteran Suicide Rate</th>
<th>Western Region Veteran Suicide Rate</th>
<th>National Veteran Suicide Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>175</td>
<td>1,110</td>
<td>43,427</td>
<td>42.9</td>
<td>26.1</td>
<td>19.0</td>
</tr>
<tr>
<td>18–34</td>
<td>31</td>
<td>344</td>
<td>11,997</td>
<td>66.0</td>
<td>16.6</td>
<td>16.1</td>
</tr>
<tr>
<td>35–54</td>
<td>54</td>
<td>404</td>
<td>15,467</td>
<td>47.4</td>
<td>19.5</td>
<td>18.6</td>
</tr>
<tr>
<td>55–74</td>
<td>68</td>
<td>290</td>
<td>12,162</td>
<td>39.8</td>
<td>19.9</td>
<td>17.3</td>
</tr>
<tr>
<td>75+</td>
<td>22</td>
<td>72</td>
<td>3,801</td>
<td>29.3</td>
<td>25.5</td>
<td>23.0</td>
</tr>
</tbody>
</table>

To protect confidentiality, suicide death counts are presented in ranges when the number of deaths in any one category was lower than 10.
Colorado Veteran and Total Colorado, Western Region, and National Suicide Deaths by Method, 2016

These 2016 state data sheets are based on a collaborative effort among the U.S. Department of Veterans Affairs (VA), the U.S. Department of Defense (DoD), 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 Post-Deployment Health Services, the VA Center of Excellence for Suicide Prevention, and the DoD Defense Suicide Prevention Office. For additional information, please email VASPDataRequest@va.gov.

These sheets include information on the Veteran population and general U.S. population age 18 and older, with deaths reported in the contiguous United States, Alaska, and Hawaii. The total state, regional, and national counts and rates presented include both Veterans and non-Veterans.

Suicide deaths are identified based on the underlying cause of death indicated on the state death certificate. For Veteran decedents, this information comes from the NCHS National Death Index (NDI) and was obtained from the joint VA/DoD Suicide Data Repository (SDR). Suicide death counts for the general U.S. population were obtained from Centers for Disease Control and Prevention (CDC) WONDER (Wide-ranging Online Data for Epidemiologic Research). Underlying cause of death is defined as (a) the disease or injury that initiated the train of events leading directly to death, or (b) the circumstances of the accident or violence that produced the fatal injury. The ICD-10 (International Classification of Diseases, 10th revision) codes used to define suicide deaths are X60–X84 and Y87.0.

Suicide rates presented are unadjusted rates per 100,000, calculated as the number of suicide deaths in 2016 divided by the estimated population and multiplied by 100,000. Significance statements are based on the ratio of direct age-adjusted rates, using the 2000 standard U.S. population. The Veteran Population Projection Model 2016 (VetPop2016) was used in calculating rates to estimate the Veteran population for each state and age group. The U.S. Census Bureau American Community Survey (ACS) one-year estimates were used to estimate the general U.S. population.

Veteran age-specific counts may not sum to the total counts because there is a small number of deaths for which age information is unavailable. These deaths are included in overall counts and rates but are not distributed among age groups; therefore, they are not included in age-specific counts, age-specific rates, or age-adjusted rates. Rates are marked with an asterisk (*) when the rate is calculated from fewer than 20 deaths. Rates based on small numbers of deaths are considered statistically unreliable because a small change in the number of deaths might result in a large change in the rate. Because suicide rates based on fewer than 20 suicide deaths are considered statistically unreliable, any comparisons between age-adjusted rates and underlying age-specific rates based on fewer than 20 suicide deaths should be interpreted with caution.

To protect privacy and to prevent revealing information that may identify specific decedents, counts and rates are suppressed when based on 0–9 individuals. For suicide deaths by method, in cases where the number of deaths in any one of the categories was lower than 10, the categories with the smallest counts were combined until the minimum count of 10 was reached, to maintain confidentiality.

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<table>
<thead>
<tr>
<th>Method</th>
<th>Colorado Veteran Suicides</th>
<th>Colorado Total Suicides</th>
<th>Western Region Suicides</th>
<th>National Suicides</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firearms</td>
<td>15.4% (27)</td>
<td>5.1% (57)</td>
<td>9.7% (1073)</td>
<td>8.3% (3,595)</td>
</tr>
<tr>
<td>Suffocation</td>
<td>68.0% (119)</td>
<td>52.9% (587)</td>
<td>16.7% (1,854)</td>
<td>51.4% (22,383)</td>
</tr>
<tr>
<td>Poisoning</td>
<td>25.3% (281)</td>
<td>47.2% (5,239)</td>
<td>16.7% (1,854)</td>
<td>26.5% (2,393)</td>
</tr>
<tr>
<td>Other Suicide</td>
<td>1.1% (10)</td>
<td>1.7% (18)</td>
<td>0.4% (4)</td>
<td>0.2% (0)</td>
</tr>
<tr>
<td>Other and Low-Count Methods*</td>
<td>25.1% (419)</td>
<td>15.3% (1,623)</td>
<td>16.7% (208)</td>
<td>20.2% (936)</td>
</tr>
</tbody>
</table>

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* The 2016 state data sheets contain suicide information for all 50 states and the District of Columbia.
* Suicide rates presented in the tables are unadjusted for age. Age-adjusting suicide rates ensures that the differences in rates are not due to differences in the age distributions of the populations being compared. In some cases, the results of comparisons of age-adjusted rates differ from those of unadjusted rates. Comparison of rates is based on the ratio of age-adjusted rates; significance is determined based on a p-value <0.05.
* Rates presented are unadjusted rates per 100,000. To protect privacy, and prevent revealing information that may identify specific individuals, counts and rates are suppressed when based on 0–9 people. Rates calculated with a numerator of less than 20 are considered statistically unreliable, as indicated by an asterisk (*).
* Methods are based on ICD-10 codes X72 to X74 for firearms, X60 to X69 for poisoning (including intentional overdose), and X70 for suffocation (including strangulation). "Other Suicide" includes all other intentional self-harm including cutting/piercing, drowning, falling, fire/flame, other land transport; being struck by/against, and other specified or unspecified injury.
* "Other Suicide" refers to all methods of suicide death apart from firearms, suffocation, and poisoning. "Low-Count Methods" refers to methods used in fewer than 10 deaths in a given state or territory. In states or territories with fewer than 10 firearm deaths, suffocation deaths, or poisoning deaths, those data are represented in the "Other and Low-Count Methods" category to protect the privacy of individual suicide decedents.
* National, regional, and state general population suicide counts are obtained from the CDC WONDER online database. For more information on CDC WONDER, please refer to http://wonder.cdc.gov/ucd-icd10.html.
* Veteran Population Model 2016 (VetPop2016) Predictive Analytics and Actuary, Office of Enterprise Integration, Department of Veterans Affairs.
* U.S. general population estimates used for rate calculations are obtained from the U.S. Census Bureau, 2016 American Community Survey one-year estimates.

Download the full set of 2016 state data sheets:

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Program Summary

Together With Veterans

Mission
The Together With Veterans (TWV) Program enlists rural Veterans and their local partners to join forces to reduce Veteran suicide in their community.

Guiding Principles

VETERAN-DRIVEN
- Veterans provide permission and work together to implement TWV in their community
- Veterans provide leadership to guide the TWV process

COLLABORATIVE
- Community partners play a key role in successfully supporting Veterans and their families
- Community partners who are informed and educated about suicide prevention, and Veteran/military culture are better equipped to address the needs of Veterans
- Collaboration and education will strengthen the suicide prevention network for Veterans, their families and friends

EVIDENCE-INFORMED
- TWV strategies are drawn from well-researched models that have been shown to effectively reduce suicide

COMMUNITY-CENTERED
- TWV partnerships develop a unique suicide prevention action plan based on community strengths and addressing community needs
- TWV action plans are reviewed and revised as needed to promote success

Facts About Suicide
- Nationally, suicide is the 10th leading cause of death
- 20 Veterans die by suicide every day

Together With Veterans Process
The Together With Veterans is a five-step process to support rural communities in developing a local action plan to prevent Veteran suicide. The five steps guide the community through identifying Veterans and other key partners; learning about suicide prevention and specific community strengths and needs; and developing and carrying out an effective local Veteran suicide prevention action plan.

Development of this action plan requires active coordination, leadership, and community involvement over 10-12 months.

Implementation of the plan will be ongoing. This is intended to create long-term relationships between Veterans and community service providers, and improved services and supports for Veterans and their families.

Community Facilitation and Coordination is required to organize meeting logistics, facilitate TWV community partnership meetings and coordinate resources and tasks needed to implement TWV action plan.
# Together With Veterans Five-Step Process

<table>
<thead>
<tr>
<th>PHASE 1</th>
<th>BUILD YOUR TEAM</th>
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<tbody>
<tr>
<td></td>
<td>Building the Together With Veterans team starts with Veterans</td>
</tr>
<tr>
<td></td>
<td>Community service providers and other partners are also key to building a strong Veteran suicide prevention team</td>
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<tr>
<td></td>
<td>Building community partnerships can improve how Veterans use services and educate service providers on how best to serve Veterans</td>
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<tr>
<th>PHASE 2</th>
<th>LEARN ABOUT YOUR COMMUNITY</th>
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<tbody>
<tr>
<td></td>
<td>The TWV team works together to understand community strengths and needs by assessing:</td>
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<tr>
<td></td>
<td>o Local attitudes about Veterans</td>
</tr>
<tr>
<td></td>
<td>o Awareness about Veteran suicide</td>
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<td></td>
<td>o What is currently working for Veterans and what needs improvement</td>
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<tr>
<th>PHASE 3</th>
<th>TEACH YOUR TEAM</th>
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<tr>
<td></td>
<td>There are two types of suicide prevention involved in the TWV process:</td>
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<tr>
<td></td>
<td>o <em>Individual Suicide Prevention Training</em> – teaches individuals what to do when <em>speaking with someone who may be at risk of suicide</em>.</td>
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<tr>
<td></td>
<td>o <em>Community-Based Suicide Prevention Strategies</em> – guide local planning efforts to <em>increase awareness and knowledge about Veteran suicide and improve community response to the needs of local Veterans</em>.</td>
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<table>
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<tr>
<th>PHASE 4</th>
<th>PLAN FOR ACTION</th>
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<tbody>
<tr>
<td></td>
<td>The TWV Team will use what has been learned about the community through assessment and <em>what is known about community-wide suicide prevention</em> to develop an action plan</td>
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<tr>
<td></td>
<td>The TWV Team will use information about local, state and national resources that can assist in implementing an effective TWV Action Plan</td>
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<tr>
<td></td>
<td>The TWV Action Plan defines how the TWV Team will address <em>each evidence-based suicide prevention strategy</em> to meet local needs</td>
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<tr>
<td></td>
<td>Actions, timelines, individuals/agencies responsible, and how progress is measured will be included in the plan</td>
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<tr>
<th>PHASE 5</th>
<th>FOLLOW YOUR PLAN AND MEASURE YOUR RESULTS</th>
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<tbody>
<tr>
<td></td>
<td>The TWV Team meets regularly to implement actions described in the plan</td>
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<tr>
<td></td>
<td>The TWV Team records quarterly progress on the plan</td>
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<tr>
<td></td>
<td>The plan is revised as needed over time based on community needs</td>
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</table>

**Contact:** [LOCAL TWV COORDINATOR](mailto:local.twv.coordinator@va.gov)

Together With Veterans (TWV), an evidence-based Veteran suicide prevention intervention, is funded by VA Office of Rural Health and is a partnership with the U.S. Department of Veterans Affairs’ Rocky Mountain Mental Illness Research, Education and Clinical Center (MIRECC); the Western Interstate Commission for Higher Education Behavioral Health Program (WICHE BHP) and local organizations run by or serving Veterans.
Veterans Meeting

Talking Points

1. Introductions
   a. Provide an introduction to the team about who you are and why you choose to work on Veterans issues (are you a Veteran, a family member?)
   b. Ask each individual to introduce themselves to the group, providing
      i. Name, organization, what brings you to the meeting (are you a Veteran/family member? Do you serve Veterans?)
   c. Request that each person sign in and provide contact information

2. Review TWV Program Summary (handout)
   a. Review suicide data
   b. Review TWV Process
      i. Discuss Mission and Guiding Principles
   c. Clarify TWV does not provide counseling services, though we hope to improve coordination and access to existing services
   d. TWV is not here to change to the overall VA system – though we look at coordination with VA and other services at a local level

3. Questions/dialogue about TWV (handouts)
   a. Q & A on details of info sheet

4. Ask permission of Veterans to begin Together With Veterans Assessment and Planning

5. Brief Discussion about Decision-Making
   a. Steering Committee – eventually, a Steering Committee will form to provide leadership to the Coordinator and Team throughout the TWV process. The Committee sets priorities and monitors all activities of the TWV Team.
      i. What would membership of this group look like ideally?
         1. Veterans only in leadership? Shared leadership with Community partners? (TWV process requires majority of leadership are Veterans)
      ii. How would the group like decisions to be made until then?

6. Next steps
   a. Other individuals and organizations (Veteran and non-Veteran) to invite
   b. Propose monthly meetings
      i. Discuss optimal time, date and location for meetings
Veterans and Community Partner Meeting

Talking Points

1. Introductions
   a. Provide an introduction to the team about who you are and why you choose to work on Veterans issues (are you a Veteran, a family member?)
   b. Ask each individual to introduce themselves to the group, providing
      i. Name, organization, what brings you to the meeting (are you a Veteran/family member? Do you serve Veterans?)
   c. Request that each person sign in and provide contact information

2. Review TWV Program Summary (handout)
   a. Review suicide data
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   c. Clarify TWV does not provide counseling services, though we hope to improve coordination and access to existing services
   d. TWV is not here to change the overall VA system – though we look at coordination with VA and other services at a local level

3. Questions/dialogue about TWV
   a. Q & A on details of info sheet

4. Begin PHASE 2: LEARN ABOUT YOUR COMMUNITY
   a. Begin SWOT Analysis from Phase 2 using SWOT Analysis Protocol

5. Brief Discussion about Decision-Making
   a. Steering Committee — eventually, a Steering Committee will form to provide leadership to the Coordinator and Team throughout the TWV process. The Committee sets priorities and monitors all activities of the TWV Team.
      i. What would membership of this group look like ideally?
         1. Veterans only in leadership? Shared leadership with Community partners? (TWV process requires majority of leadership are Veterans)
      ii. How would the group like decisions to be made until then?

6. Next steps
   a. Other groups to engage
   b. Monthly meetings — Time, date and location for meetings
Community Readiness Focus Group Protocol

Focus Group Objectives:

The Together With Veterans Community Readiness Focus Group brings selected individuals together to collect descriptions and examples of community readiness. Community readiness is the degree to which the community is willing and prepared to take action on suicide prevention efforts for Veterans.

Potential Participants:

Individuals invited to participate in the focus group can be Veterans or representatives of key community services. It is helpful to include community leaders, residents or professionals who have firsthand knowledge about the community. Focus Group participants should know what is going on in the community and have some connection to Veterans or suicide prevention.

This diagram shows six sectors – law, business, education, health, government, and other involved citizens. Including a representative from each sector is ideal in order to gain a relatively accurate picture of the community’s attitudes and knowledge about the issue of Veteran suicide.

Preparation:

Invite at least 4 and no more than 10 participants to the Together With Veterans Community Readiness Focus group three to four weeks prior to the date of the focus group. A sample invitation is included on the following page.

The Focus Group is a facilitated process. The Coordinator should have adequate support to manage the logistics of the meeting, including refreshments, room setup and the electronic recording of the meeting. A day or two before the focus group, the Coordinator should confirm the appointment time and location with the participants. Ask the participants to arrive 15 minutes before the focus group. The Coordinator may invite additional participants to bring the focus group size to 10 if original invitees are not available.

Print the TWV Community Readiness Focus Group Guide for the Coordinator. Please make sure you coordinate with MIRECC to set up a teleconference. This phone call will be the recording device. The Focus Group will be audio recorded once all participants agree. Make sure to let the participants know before they attend that it will be recorded.

The facilitator will use the provided script to guide the discussion. Please make sure that the audio recorder is working. After the Focus Group, the Coordinator will call the MIRECC for a brief discussion of the process. The audio recording will be scored by the MIRECC team and results shared with the TWV Team.
Sample Invitation

We are inviting individuals to participate in a Focus Group to discuss the community’s willingness and preparedness to take action on suicide prevention efforts for Veterans. Focus Group participants can be Veterans and representatives of key community services. Participants should know what is going on in the community and have some connection to Veterans or suicide prevention. We anticipate the Focus Group will take approximately an hour and a half to complete.

Please attend our Focus Group to be held at [LOCATION] on [DATE] at [TIME].

Please RSVP by [DATE SET AT LEAST 2 WEEKS PRIOR TO DATE OF FOCUS GROUP].

Focus Group Script

Welcome
Hello to everyone, welcome, and thank you for agreeing to be a part of our Focus Group today.

Introductions
First, let me introduce our team: I’m (name of coordinator). We are part of the TWV Team in (name of community), tasked with understanding community readiness. Community readiness is the degree to which a community is willing and prepared to take action on an issue. We are interested in hearing about your perceptions of this community’s readiness regarding suicide prevention efforts for Veterans. Your opinions will help guide us in developing an action plan for preventing Veteran suicide in [community name].

Ground rules
Before we begin, let me mention a few things about how we usually conduct these groups:

1) I will be facilitating this group. My role is to ask the questions and to encourage everyone to participate. I won’t be doing much talking but may ask you to explain more or to give an example. It’s my job to see that everyone has a chance to voice their opinions, as well as to keep us moving along so that we have time to discuss address all of the questions.

   It’s important for us to hear from everyone because you each bring different experiences. So, if someone isn’t saying much, I may ask that person’s opinion. Keep in mind, though, that all responses are voluntary.

2) It’s important to remember: THERE ARE NO RIGHT OR WRONG ANSWERS! Each person’s experiences and opinions are valid, and we want to hear a wide range of opinions on the questions I’ll be asking.

3) Sometimes sensitive issues may be brought up during these discussions, and we want to be sure that everyone agrees before we begin the group that anything of a personal nature that is mentioned in this room will NOT be repeated to others outside of this discussion group.

4) Let me tell you about our recording process. As you know, we have someone on the phone today. We record these Focus Groups because we want to consider everything that all of you say, and we simply can’t write fast enough to get it all down. We won’t use any names in the transcript, and when we put together the results from all the groups, we don’t include any names or identifying information. Please avoid interrupting each other, so that we have a good quality recording and so that we can hear all of your comments.

5) We will use the recordings to determine the community’s readiness for Veteran suicide prevention. Once the results are ready, we will share them with you and others in the community who are helping with Veteran suicide prevention planning. As a community, we will discuss the results and use them to help us develop our action plan.
6) Additionally, the VA collects this information for program improvement. The VA will store our community’s transcript and results along with others. Again, your names will not be stored with this data — it will be anonymous. Our information may be used by the VA to improve Veteran suicide prevention programs across the country.

7) Person on the phone will introduce themselves and let everyone know the recording is starting.

8) So, now that you know what our process is and have the Focus Group description, does everyone agree to participate in this Focus Group? Does everyone agree to be recorded?

9) One last thing, we ask that everyone turn their cell phones off or to silent mode so that we can begin our discussion. Thanks.

**Focus Group**

Let’s first go around the room. Please tell everyone your name, your role in the community.

Now we’ll get started with more specific questions about community readiness.

*Note to facilitator: All questions in **BOLD** should be asked. Non-bolded questions are optional prompts or examples.*

**A. COMMUNITY KNOWLEDGE OF EFFORTS**

I’m going to ask you about current community efforts to address Veteran suicide. By efforts, I mean programs, activities, or services in your community that address Veteran suicide.

1. What are the efforts that exist for Veteran suicide?
2. About how many community members are aware of specific aspects of efforts - none, a few, some, many, or most?
   a. Have heard of efforts?
   b. Can name efforts?
   c. Know the purpose of the efforts?
   d. Know who the efforts are for?
   e. Know how the efforts work (e.g. activities or how they’re implemented)?
   f. Know the effectiveness of the efforts?
3. Are there misconceptions or incorrect information among community members about the current efforts? Please explain your answer.
4. Do people have correct information about Veteran suicide?

**B. LEADERSHIP**

I’m going to ask you how the leadership in [community name] perceives Veteran suicide. By leadership, we are referring to those who could affect the outcome of this issue and those who have influence in the community and/or who lead the community in helping to achieve its goals.

5. How much of a priority is addressing Veteran suicide to leadership?
   a. Can you explain why you say this? How is Veteran suicide addressed by leadership?
6. I’m going to read a list of ways that leadership might show its support or lack of support for efforts to address Veteran suicide. Can you please tell me whether none, a few, some, many or most leaders would or do show support in this way? Please explain your responses as we move through the list. How many leaders…
   a. At least passively support efforts without necessarily being active in that support?
   b. Participate in developing, improving or implementing efforts, for example by being a member of a group that is working toward these efforts?
c. Support allocating resources to fund community efforts?
d. Play a key role as a leader or driving force in planning, developing or implementing efforts? (prompt: How do they do that?)
e. Play a key role in ensuring the long-term viability of community efforts, for example by allocating long-term funding?

C. COMMUNITY CLIMATE
For the following questions, please answer keeping in mind your perspective of what community members believe and not what you personally believe. Community climate refers to general attitudes throughout the community.

7. How does [community name] support the efforts to address Veteran suicide?
8. What are the primary obstacles to efforts addressing Veteran suicide in [community name]?

D. KNOWLEDGE ABOUT THE ISSUE
9. Would you say that community members know nothing, a little, some or a lot about issues pertaining to Veteran suicide? Please explain your answers.
   a. Veteran suicide, in general
   b. Signs and symptoms
   c. Causes
   d. Consequences (of Veteran Suicide)
   e. How much Veteran suicide occurs locally?
   f. What can be done to prevent or treat Veteran suicide?
   g. The effects of Veteran suicide on family and friends?

10. What are the misconceptions among community members about veteran suicide, e.g., why it occurs, how much it occurs locally, or what the consequences are? Examples: If you seek mental health services you will have to give up your gun; People with mental health issues are suicidal.

E. RESOURCES FOR PREVENTION EFFORTS (time, money, people, space, etc.)
11. What are the resources available to support Veteran suicide prevention?
12. I’m going to read you a list of resources that could be used to address Veteran suicide in your community. For each of these, please indicate whether there is none, a little, some or a lot of that resource available in your community that could be used to address Veteran suicide? Please explain your answers.
   a. Volunteers?
   b. Financial donations from organizations and/or businesses?
   c. Grant funding?
   d. Experts?
   e. Space?

13. Would community members and leadership support using these resources to address Veteran suicide? Please explain (i.e., describe willingness).
14. Do you have any questions for us, or is there anything else you would like to add about your community?

Thank you for participating in this Focus Group.

*This manual is adapted from Tri-Ethnic Center Community Readiness Handbook 2nd edition, 2014
# Community Readiness Assessment Report

Date: <###>  
Community: <###>

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Readiness Level</th>
<th>Readiness Stage</th>
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<tbody>
<tr>
<td>Knowledge of Efforts — programs, activities, or services in your community that address Veteran suicide</td>
<td></td>
<td></td>
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<tr>
<td>Leadership — those who could affect the outcome of this issue and those who have influence in the community and/or who lead the community in helping address Veteran suicide</td>
<td></td>
<td></td>
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<tr>
<td>Community Climate — general attitudes throughout the community about Veteran suicide</td>
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<td></td>
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<tr>
<td>Knowledge of the issue — community members’ knowledge of issues related to Veteran suicide</td>
<td></td>
<td></td>
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<tr>
<td>Resources — time, money, people, space, etc.</td>
<td></td>
<td></td>
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<tr>
<td>Overall Score</td>
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Quote exemplifying the community’s readiness level:

Recommendations for a community at the Denial/Resistance readiness level:
SWOT Analysis Protocol

Strengths, Weaknesses, Opportunities and Threats (SWOT)

1. Supplies:
   ✓ Post-it Flip chart (1-2) for recording group input of examples for each of Strengths and Challenges
   ✓ 2 different colored large index cards, enough for 1 of each color per participant and displayed in the room as a reference for participants to ensure the correct color is used for each task (Strengths, Challenges)
   ✓ Pens for all the participants to record their responses
   ✓ Markers (the colors of the index cards) for flip chart recording of responses from participants

2. How Long? 3 hours including 30 minute meal

3. Preparation for SWOT:
   Before attendees arrive, place pens and 2 index cards, one of each color, at the participants’ seats.

4. Introduce the intent of the exercise with attendees:

   SWOT Analysis:
   • Identifies local community strengths, weaknesses, opportunities and threats
   • Informs rural Veteran suicide prevention project planning and development
   • Helps WICHE and VA learn how to help other communities in developing Veteran suicide prevention programs

5. Facilitate Your SWOT:

   Strengths and Opportunities:
   • Encourage participants to consider the following areas during the evaluation process and display these in the room:
     o How Veterans are supported by the community
     o How Veterans get connected to social supports and activities
     o How Veterans know about, access and receive services
     o How well-informed service providers are about Veteran/military culture
     o How equipped Veterans and community partners are to identify Veterans who are in crisis and get them the support and help they may need
   • Ask participants to individually record on one color-designated index card, the local community Strengths and Opportunities as they relate to the rural Veteran suicide prevention. Allow 5-10 minutes for this task, observing to see when most participants are finished.
   • Ask participants to share some of the Strengths and Opportunities they identified, recording these on the flip-chart pages with markers that match index card colors. Request clarification when needed. Allow approximately 10 minutes for this sharing process. This is a good opportunity for the participants to get to know each other and their perspectives about the community, therefore it is ideal to foster sharing and not rush this process.

   Challenges and Threats:
   • Continue this above process for the Challenges and Threats using the other color index card. As the process proceeds, it may be necessary to return to Strengths to record an identified item.

   Wrap up:
   • Close the process by informing the participants that their input will be organized and shared with them for any additional input during an upcoming meeting and to initiate the action planning for TWV community development.
   • Collect the index cards and the flip charts pages to record the information for dissemination and review at a subsequent meeting.
SWOT Themes

**Strengths/Opportunities**
- Community support and recognition of Veterans
- Veteran population, experience and organizations
- Veteran-specific services
- Congressional and funding supports
- Training for suicide prevention and risk assessment
- Health, mental health, educational and social services
- Strong faith community
- State pride/community identity
- Outdoor recreational activities
- Increase community partner understanding of Veteran needs
- Improve coordination and access to services
- Increase community knowledge of suicide prevention strategies
- Involve State and local leadership
- Veteran organizations working together

**Weakness/Threats**
- Inadequate funding, services and service coordination
- Need more supports and training for families of Veterans
- Need to improve how Veterans know about and receive services
- VA service eligibility barriers
- Veteran organizations at risk of losing membership and being exploited
- Rural informal news delivery
- Geography and demographics effect access to care
- Reaching individuals in need due to stigma, addiction, lack of trust
- Challenges accessing VA benefits
- Quality and availability of care
- Funding
- Veteran organization sustainability
Community support and recognition of Veterans
- Vet Centric Community Support
- Acknowledge there is a need
- Community Patience/Listening

Veteran population, experience and organizations
- High Number of Vets
- Vet-to-Vet Response
- Military Life & Experience
- VFW has mental health campaign (Vet Orgs at large)
- Strong Vet organizations providing outreach

Veteran-specific services
- Vet Center
- Military 1
- Development of V.S.P.
- Vet home
- SPDAC* -Case Conferencing -VETS
- State VSO (veterans service officer) is constantly available
- Community college Vet Program

Congressional and funding supports
- MEDA Grant Station
- Congressional Support

Training for suicide prevention and risk assessment is available
- Armory has ASIST
- Trained Law Enforcement/Dispatch in CIT
- Hospital has Suicide Training (Vet Specific)
- Hospice Community strong knowledge of Vet Needs & trained with Risk Assessments
- FVCC offers Veteran suicide training to faculty/staff

Health, mental health, educational and social services are available
- Good Access to non-VA hospitals/health
- Mental Health
- Sunburst
- Samaritan House (Homeless shelter, food housing, veterans pod)
- Pathways 4 Care
- Community Health Center
- CES — coordinated entry services
- Humana — Hotline for Vet MH; SVS Outreach counselors
- Financial literacy (budgeting) training available
- Educational support for Vets with disability
- Upward Bound
- Employment availability
- Employment advantages points on applications

Strong faith community
- State pride/ community identity
- Outdoor recreational activities
Increase community partner understanding of Veterans needs
- Public info — resources, public awareness of Vet Suicide
- Community health services need to be made known to vet comm
- Link employers with Veteran community
- Accountability court - veterans treatment court or vet-specific track or docket

Improve coordination and access to services
- Health caregivers (Timeliness around care/approval)
- Increase coordination with County Health Center
- Veterans working with Health Care Systems (untapped)
- Free Mental Health Counseling at community college (have Vet trained)
- Critical Access Hospital Access Designation (25 or fewer beds)
- VA participate in SPDAC
- Partner with Native American Reservations
- Emergency department develop mental health component
- Enhance crisis service system

Increase community knowledge of suicide prevention strategies
- Increase training at community college
- Learn from other states (what works better elsewhere)
- Training depending on where you are at for suicide prevention
- Humana working with vets
- CIT Training
- Identify warning signs
- Cultural competency regarding Veteran needs

Involve State, local leadership
- Continue to work with Congressional delegation for support and resources
- City, County and State leadership

Veteran organizations working together
- Vet groups working together (develop common goals)
Inadequate funding, services and service coordination
  Lack of coordination on what is available/awareness
  Siloing of agencies/organizations
  Lack of local VA staff
  Waitlist at Vet Home
  Lack of timely access
  Lack of monetary opportunities (lag time-access)
  Turnover of staff & No Replacement (budget)
  Lack of PSA- Countywide
  Siloed services
  Lack of Housing
  Funding
  Lack of adequate VA resources - Both access and timely access to Medical care
  Must travel far for healthcare
  Consistency of care
  Telehealth is not the same as going in person
  No post-discharge care
  Transition back - reintegration assistance is inadequate
  VA recreational services do not exist
  Limited services for disabled Vets

Need more supports and training for families of Veterans
  Community/family awareness about Veteran needs and suicide prevention
  Lack of counseling for family/kids

Need to improve how Veterans know about and receive services
  Distance from military base
  Self-Medication
  Training Adjuncts at community college
  Vet-Centric Discussion- How to talk to Vets
  Fear of being treated correctly
  County community health services available to veterans but not communicated

VA service eligibility barriers
  Lack of centralization with VA (too many arms/hands)
  Lack of clarity around benefits/eligibility
  Lack of resources for non-combat vets
  ID Vet Status at Point of Emergency Response - Dispatch
  Eligibility barriers - vets and providers do not know who is eligible for what
  Constantly changing VA benefit requirements

Veteran organizations at risk of losing membership and being exploited
  Aging leadership of vet organizations (and membership)
  Management and exploitation of Vet Orgs

Rural informal news delivery
  Word of mouth spreads bad experiences with providers
  Informal reputation becomes reality
  Inconsistent circulation of information
Geography and demographics effect access to care
- Rural Setting
- Cost of living (displacement/lack of housing)
- Tourism influencing access to care
- Remoteness of region
- Self-isolation

Reaching individuals in need due to stigma, addiction, lack of trust
- Addiction
- Refusal to engage on the part of the veteran
- Stigma about seeking helping
- Understanding about firearm rights & MH services
- Lack of trust
- Family members/friends need support in getting help for their Veteran
- How can family members/friends get help for Veterans without being disloyal?
- Need to involve schools and first responders to support Veterans

Challenges accessing VA benefits
- Benefit challenges/mis-information
- Paperwork for care - complicated, lengthy process
- Paperwork for benefits - complicated
- Volatility of VA
- Unqualified disabilities
- Requirements for programs (criminal history excludes vets from many programs)

Quality and availability of care
- Turnover of Workforce
- Personnel at Agencies
- Prioritization of Prevention
- Military knowledge at community level
- Lack of availability of providers/resources
- Transition problems - no warm handoff, no post-discharge care
- United Way website not updated
- Lack of coordination
- One bad experience discourages Veterans from getting help

Funding
- Lack of Non-profit funding
- State Budget for Community Mental Health seriously reduced
- Money/Budget
- Fighting for Funding

Veteran organization sustainability
- Status of different Vet groups (generational, experiential)
SWOT Themes

Strengths/Opportunities

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Weakness/Threats

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Strengths/Opportunities
Weaknesses/Threats
In 2018, 41 organizations were identified as part of the Veteran Suicide Prevention Network in the Flathead Valley. All were invited to participate in a social network analysis survey, and 26 organizations responded (68% response rate).

Below is a summary of the results.

The network is made up of a number of diverse partners from many sectors, demonstrating a cross-sector collaborative initiative. While Veterans’ organizations make up 1/3 of the membership, other types of non-Veteran organizations are also participating.

The network map below shows the large number of relationships created throughout the network. The purpose of the study was to help identify needs, ways to leverage resources, and identify strengths in the community. The results can be used to build capacity in the Flathead Valley to help address the strategic issue area of Veteran suicide prevention and outreach.
Facilitators and Challenges of Participation in the Network. Understanding what factors facilitate participation, as well as what factors pose challenges in keeping organizations from participating fully in order to help determine the best methods for building a stronger network.

<table>
<thead>
<tr>
<th>Most Common Facilitators</th>
<th>Most Common Challenges</th>
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<tr>
<td>Peer learning/sharing among collaborative members (65%)</td>
<td>Time capacity (35%)</td>
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<tr>
<td>A collaborative that is responsive to needs of members (60%)</td>
<td>Navigating political environments (30%)</td>
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<tr>
<td>Strong/well-connected collaborative leadership (55%)</td>
<td>Funding capacity (30%)</td>
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<tr>
<td>Strong sense of trust among collaborative members (55%)</td>
<td>Communication with other agencies (30%)</td>
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Resource Contributions of Partners in the Network. Partners reported a number of resources that they contribute towards Veteran suicide prevention efforts in the Flathead Valley. The most commonly available resources included community connections, advocacy, information/feedback, and leadership and or facilitation. Resources that the fewest organizations are able to contribute are sustainment funding, expertise in primary care, media and marketing, and project administration and support.

<table>
<thead>
<tr>
<th>Resource</th>
<th>% of Organizations Contributing Resource</th>
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<tr>
<td>Community Connections</td>
<td>77%</td>
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<tr>
<td>Information/Feedback</td>
<td>58%</td>
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<td>Leadership and or Facilitation</td>
<td>46%</td>
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<tr>
<td>Advocacy</td>
<td>34%</td>
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</table>

When asked for the most important contribution to the network, partners most commonly stated that community connections (38%) and advocacy (21%) were the most important resources they contribute.

Respondents listed the top five priorities that the network should focus on:

1. Community support for those dealing with mental health issues (60%)
2. Improving the ability of community members to identify individuals in crisis and/or at risk for suicide (56%)
3. Improved services in mental health (48%)
4. Improved communication between organizations (48%)
5. Reduced stigma regarding suicide and mental health (40%)
Characteristics of the Community. Respondents were asked to rate seven items assessing characteristics of their community on a 7-point scale from Strongly Disagree (1), Disagree (2), Mildly Disagree (3), Neither Agree nor Disagree (4), Mildly Agree (5), Agree (6), and Strongly Agree (7). The grey bars show perceptions among respondents in agreement on where the community is particularly strong in supporting Veterans. The blue bars show where more work can be done. The chart has these arranged to see where the greatest agreement was among respondents from the most agreement to the least agreement (top to bottom).

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<tr>
<th>Item</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Mildly Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Mildly Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
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<tr>
<td>The community promotes lethal means safety (e.g., firearms locking devices, medication disposal kits) for Veterans struggling with suicidal thoughts. (Average=3.8)</td>
<td>10%</td>
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<td>75%</td>
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<td>Primary care providers have the training and resources they need to help suicidal Veterans. (Average=3.9)</td>
<td>5%</td>
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<td>75%</td>
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<td>There are crisis services Veterans can access when struggling with suicidal thoughts. (Average=5.05)</td>
<td>25%</td>
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<td>Veterans returning home after psychiatric hospitalization are seamlessly linked to follow-up community mental health care. (Average=3.4)</td>
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<td>Our community provides training for people to learn how to help Veterans at risk for suicide. (Average=3.55)</td>
<td>55%</td>
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<td>30%</td>
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<td>Our community prioritizes suicide prevention efforts among Veterans. (Average=4.5)</td>
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<td>50%</td>
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<td>The community openly encourages people who are struggling with suicide to seek help. (Average=5.25)</td>
<td>45%</td>
<td>40%</td>
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Providing training for people to learn how to help Veterans at risk for...
Training for Interacting with Veterans and Suicide Prevention. Members of the network were asked to provide additional thoughts to help build a strategy for suicide prevention training.

<table>
<thead>
<tr>
<th>What type of training does your staff have related to interacting with Veterans?</th>
<th>Has your staff or organization ever participated in suicide prevention training? If so, what kind? If not, why not?</th>
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<tr>
<td><strong>What we heard:</strong> While staff at some organizations have undergone training related to interacting with Veterans, all organizations could benefit from additional training targeting specific areas of interest relevant to the Veterans they come into contact with and tailored to their specific needs as an organization (e.g. Veteran mental health, suicide prevention training, etc.).</td>
<td><strong>What we heard:</strong> There is a need for comprehensive suicide prevention training at several organizations. Training could be implemented and held regularly (e.g. yearly for all staff or have a system in place to ensure that all new employees complete training upon onboarding). If the community decides to implement training, they should decide whether they want all organizations to complete the same training or if they want to leave that decision up to the organization.</td>
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<td><strong>Recommendations:</strong> Several organizations report no training for their staff so targeted trainings for these organizations would be important to prioritize.</td>
<td><strong>Recommendations:</strong> The community could consider working with organizations to create recommendations for minimum training requirements, focusing on things like content, duration, and frequency of training. The community and organization may benefit from collaborating and learning from one another in developing training requirements, so both may share their expertise and unique needs.</td>
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<tr>
<th>What training would be beneficial to your organization related to Veterans?</th>
<th>What are the costs to the Veterans for these services, if any?</th>
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<td><strong>What we heard:</strong> Some organizations are aware of the specific trainings they need while others are unsure.</td>
<td><strong>What we heard:</strong> Organizations seem aware of training costs. Most services provided by organizations are free for Veterans.</td>
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<td><strong>Recommendations:</strong> Those organizations which are unsure could benefit from education about the types of training available either in the community or online along with the pros and cons of each to aid them in their decision. Being provided with a list of possible trainings would also allow the organizations the opportunity to use additional listed trainings in the future.</td>
<td><strong>Recommendations:</strong> For those organizations which utilize a sliding scale, are income-based, or are free for “eligible” Veterans, information on specific sliding scales, income levels with corresponding copays, and eligibility criteria would be helpful to know.</td>
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The social network analysis of this network was conducted using the PARTNER Tool by Visible Network Labs,
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<tr>
<th>Category</th>
<th>Description</th>
<th>Length</th>
<th>Cost</th>
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<tr>
<td>Gatekeeper Level I (for lay audiences)</td>
<td>Teaches four essential skills in basic suicide prevention: recognizing the warning signs, talk to someone at risk, ask if they are thinking about suicide, listen non judgmentally, and refer to care.</td>
<td>30 min video of 2 slides.</td>
<td>Free</td>
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<td>2-day training Check with training agency.</td>
<td>2/day fee. $15 for examination and online course.</td>
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<td>3-credit free online course.</td>
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<td>SafeTALK</td>
<td>Trains students to ask, Talk, Stand for, Tell, Ask, Listen, refer.</td>
<td>Half day</td>
<td>Check with training agency. $15 fee for online exam.</td>
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<td>$29.95 per person</td>
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<td>2-4 hours</td>
<td>For information or availability, contact Alexandra Vancomcon @ <a href="mailto:alexandra.vancomcon@ucdenver.edu">alexandra.vancomcon@ucdenver.edu</a> or 303-724-8768.</td>
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<tr>
<td>QPR</td>
<td>Brief online suicide prevention training program that teaches the basic prevention skills.</td>
<td>60 mins</td>
<td>60 mins to half-day</td>
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<td>Check with training agency.</td>
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<td>Working Minds</td>
<td>This training program is taught in workshops from materials developed by the Carson J Spencer Foundation.</td>
<td>2-4 hours</td>
<td>For information on availability, pricing, etc. contact: Alexandra Vancomcon @ <a href="mailto:alexandra.vancomcon@ucdenver.edu">alexandra.vancomcon@ucdenver.edu</a> or 303-724-8768.</td>
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<tr>
<td><strong>Continuing Education Credit</strong> Train the Trainer Requirements</td>
<td>This program provides similar skills in recognizing warning signs and the steps needed to help, but is broader in scope. MHFA teaches about multiple behavioral health issues, including depression, anxiety, trauma, psychosis, and substance abuse. There is an adult and a youth version of the course. Additionally, MHFA courses are offered with focuses on public safety, higher education, military/veterans, older adults, and rural.</td>
<td>5-10 days</td>
<td>$79 per person, volume pricing available after completing online exam.</td>
</tr>
<tr>
<td><strong>Gatekeeper Level 2</strong> (for lay or professional community members who need additional intervention skills).</td>
<td>Competencies: General gatekeeper skills plus enhanced communication skills, basic risk assessment, safety planning, and basic knowledge of strategies for suicide prevention in the community or professional workplace.</td>
<td>2 days</td>
<td>$79 per person, volume pricing available.</td>
</tr>
<tr>
<td><strong>QPR</strong></td>
<td>From web: &quot;The QPR Triage Training is for those on the &quot;front lines&quot; of suicide prevention. This interactive course teaches you how to identify suicide risk, determine immediate risk of suicide, and help reduce the risk of a suicide attempt or completion through a safety planning and referral process. It is not intended for professional assessment or treatment, but the course covers important information you need to know to intervene safely. The Columbia Protocol is one best suited to this task. We believe that the QPR Triage Training is a critical component of your Suicide Prevention efforts.&quot;</td>
<td>6-10 hours and includes basic QPR certification.</td>
<td>$119 per person, volume pricing available.</td>
</tr>
<tr>
<td><strong>QPR for Veterans</strong></td>
<td>This course can be taught independently or can be combined with QPR T or other advanced QPR course. From web: &quot;This 6+ hour training program is designed by Veterans for Veterans, and for those who know, love, and counsel them. Its single purpose is to prevent suicide among warriors. Learn what you can do to prevent a Veteran suicide...&quot;</td>
<td>6 hours or longer if combined with other advanced training</td>
<td>6 CEUs</td>
</tr>
</tbody>
</table>

**Gatekeeper Level 2 (for lay or professional community members who need additional intervention skills)**

<table>
<thead>
<tr>
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<tr>
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<td>6 hours or longer if combined with other advanced training</td>
<td>6 CEUs</td>
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<td>CATEGORY</td>
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<td>Primary Care/Healthcare</td>
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<td>Zero Suicide</td>
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<tr>
<td>QPR for Various Professionals</td>
<td>QPR offers many tailored courses for different professional audiences—each profession has a specific role to play. A list of professional/organizational indicators that: identify potential risk to self or others, identify protective factors, and assist in connecting to services. This can be integrated with clinical groups. All of these, like the Veterans version, can be combined with or taught on their own. QPR course information.</td>
<td>3-10 hours depending</td>
<td>$50-$150 depending, varies by volume pricing available. Contact QPR for more information.</td>
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<tr>
<td>Training Title</td>
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<td>Length</td>
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<tr>
<td><strong>Train the Trainer</strong></td>
<td>Requires identification of a leadership team to implement and train their organization. Teaches skills and resources to implement Zero Suicide.</td>
<td>1 hour to 2 days</td>
<td>Free to 2 day access to online course</td>
</tr>
<tr>
<td><strong>Columbia Lighthouse Project</strong></td>
<td>The Columbia Lighthouse Project provides versions of the Columbia Protocol and a curricular plan (the “Columbia Suicide detonation training option”). Available for free to health care providers.</td>
<td>20 minutes for basic, A 65 min recorded webinar and downloadable recordable resources are available. No fee to cost.</td>
<td>Currently free. All online resources are free.</td>
</tr>
<tr>
<td><strong>The Columbia Suicide Management (TSM) Protocol</strong></td>
<td>The Columbia Suicide Management (TSM) Protocol is a risk management best practice for working with suicidal clients. Developed by the VA’s Rocky Mountain MIRECC for Suicide Prevention.</td>
<td>1 hour to 2 days</td>
<td>Free</td>
</tr>
<tr>
<td><strong>Collaborative Assessment and Management (CAMS)</strong></td>
<td>CAMS is a structured process of collaborative risk assessment and treatment planning. Includes enhanced risk assessment using structured and validated risk assessment tools, risk stratification by severity and temporality, with treatment best practices by risk; and collaborative safety planning including lethal means assessment per the Veterans Health Administration and clinical staff.</td>
<td>Self-directed and in-person workshops: $99 per 7-day access to online course</td>
<td>$99 for 7-day access to online course; 3 CEUs</td>
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**TRAINING OPTIONS**

**Training Description**

*Continuing Education Credit*

Train the Trainer Requirements: offers to a health care organization. The Columbia Lighthouse Project provides versions of the Columbia Protocol and a curricular plan (the “Columbia Suicide detonation training option”). Available for free to health care providers. The Columbia Suicide Management (TSM) Protocol is a risk management best practice for working with suicidal clients. Developed by the VA’s Rocky Mountain MIRECC for Suicide Prevention. CAMS is a structured process of collaborative risk assessment and treatment planning. Includes enhanced risk assessment using structured and validated risk assessment tools, risk stratification by severity and temporality, with treatment best practices by risk; and collaborative safety planning including lethal means assessment per the Veterans Health Administration and clinical staff.

**Protocol**

The Columbia Suicide Management (TSM) Protocol is a risk management best practice for working with suicidal clients. Developed by the VA’s Rocky Mountain MIRECC for Suicide Prevention. CAMS is a structured process of collaborative risk assessment and treatment planning. Includes enhanced risk assessment using structured and validated risk assessment tools, risk stratification by severity and temporality, with treatment best practices by risk; and collaborative safety planning including lethal means assessment per the Veterans Health Administration and clinical staff.
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<th>Cost</th>
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<tr>
<td>Train the Trainer Requirements</td>
<td>2-day training</td>
<td>$1500 service fee + $80/person + CEUs</td>
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<tr>
<td>Management of suicidal behavior collaboratively with the client. Results are mixed, with the most compelling evidence suggesting that CAMS bring a client to &quot;zero risk&quot; faster than treatment as usual.</td>
<td>8-12 hours</td>
<td>$3500 trainer fee + training travel + 2% Indirect + 3% service fee + $80/person + CEUs</td>
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<tr>
<td>QPR Suicide Risk Assessment and Management available as well. <strong>QPR</strong> for more information.</td>
<td>8 CEUs</td>
<td>$149 per person, check with QPR for more information.</td>
</tr>
<tr>
<td>Essential Skills for Clinicians (ERSC)</td>
<td>2-day training</td>
<td>$2500 trainer fee + training travel + 10% Indirect + 3% service fee + $80/person + CEUs</td>
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</tbody>
</table>

**Training**

**Coaching**

**Essential Skills for Clinicians (ERSC)**

**Suicide Risk:**

**Suicide Risk Management and Assessment Program (SRMAPP)**

**Suicide Assessment and Risk Management (SARM)**

**Suicide (CAMS):**

**Suicide Prevention Training Options**
Module 1: Introduction to Public Health Suicide Prevention

Disclaimer
This presentation is based on work supported, in part, by the Department of Veterans Affairs, but does not necessarily represent the views of the Department of Veterans Affairs or the United States Government.

Veteran Suicide Rates

Rural Veterans
Rural Veterans have a 20% increased risk of death by suicide after controlling for access to care, demographic factors, and diagnoses.

What could cause this?

VA National Strategy

- 10-year plan with a national focus on Veteran suicide prevention
- Uses public health approach to suicide prevention
- Focused on collaboration and urgency

Four strategic directions:
1. Healthy and empowered Veterans, families, and communities
2. Clinical and community preventive services
3. Treatment and support services
4. Surveillance (monitoring), research, and evaluation

What is the Public Health Approach?
The public health approach seeks to answer:
- Where does the problem begin?
- How could we prevent it from occurring in the first place?

Why the Public Health Approach?
It is a population-level approach that focuses on the well-being of an entire population rather than an individual.
Who does the Public Health Approach Target?

The Public Health Approach Involves Everyone

Module 2: Introduction to Together With Veterans

Together With Veterans Mission

What does Together With Veterans do?

Veterans in Rural Communities
Socio-Economic

- Higher percentage of individuals living below the poverty line
- Lower college graduation rates
- Higher rates of combined social and economic disadvantage
- Majority of wealth generated by rural economic activity goes to benefit urban areas and residents

Rural Life: The Challenges

Health Care

- Workforce shortages in health care and behavioral health
- Rural primary care providers report being less prepared to manage suicidal patients
- Rural residents in need are less likely to receive mental health or substance use treatment
- Rural residents are less likely to have health insurance
- National and state policies and programs are largely designed for urban settings

Rural Life: The Challenges

Health

- Rural residents are more likely to report fair to poor health
- Higher rates of significant health issues
- Greater rates of isolation

Rural Suicide Prevention: Based on Strengths

Guiding Principles of TWV

Veteran-Driven
- Veterans provide permission and work together to implement TWV in their community

Collaborative
- Community partners play a key role in successfully supporting veterans and their families

Evidence-Informed
- TWV strategies are drawn from well-researched models that have shown to effectively reduce suicide

Community-Centered
- TWV partnerships develop a unique suicide prevention action plan based on community strengths and needs

TWV Has Five Phases
Module 3: Reduce Stigma and Promote Help Seeking

Why reduce stigma and promote help seeking?

Stigma is social judgment based on being 'different'
- Stigma can cause people with emotional challenges to avoid talking about their problems
- Other "attitudinal barriers" to seeking care are more common in rural areas, including:
  - Lack of trust in mental health care
  - Culture of taking care of oneself
  - Public stigmas around suicide and mental illness

Planning: Reduce Stigma and Promote Help Seeking

Who
- Community members, veterans, and their families

What
- Conduct community outreach, social marketing, and media campaign strategies for raising public awareness
- Disseminate information through veteran social networks and at community events
- Follow media reporting guidelines

How
- Decrease in stigma about mental health and suicide
- Increase in seeking and offering help for emotional support

Anticipated Impact
- Promotional information about suicide awareness and how to get help can be posted in public places
- Materials can be obtained from the VA Rocky Mountain MIRECC for Suicide Prevention

Materials for Building Awareness
Public Awareness Campaigns Work!

Research shows that more frequent distribution of campaign materials is associated with decreased suicides in following months.

**Campaign materials included pamphlets with**
- Information about depression symptoms, treatment options, and encouragement for those struggling with mental illness to seek help
- Contact information for consultations about mental health and economic concerns
- Government website to visit with information about consultations and medical services


Safe Messaging About Suicide

**Instead of This:**
- Referring to suicide as "successful /unsuccessful," "committed," "failed"
- Describe as "died by suicide," "completed," "killed themselves," "attempted suicide"
- Sensational statements or headlines about suicide
- Include photos and images of location, event, grieving family, memorials
- Sensational terms, e.g. "rise in number of suicides"
- Describing suicide as comparable to an "without warning"
- Reporting or talking about suicide similar to crimes

**Do This:**
- Inform without sensationalizing
- Include hotline/crisis line number
- Carefully investigate most recent data
- Use non-sensational terms, e.g. "increase in number of suicides"
- Include "Warning Signs" and What to Do lists
- Report on suicide as a public health issue
- Seek advice and interviews from suicide prevention experts


Media Reporting Tips

In addition to the safe messaging table on the last slide, media reporting on suicide should:

- Always provide helpline information: 
  - Veterans Crisis Line: 1-800-273-TALK (1-800-273-8255)
- Share the message that suicide is preventable:
  - Suicide thoughts and behavior can be reduced with mental health support treatment
  - Suicide thoughts are not weaknesses or flaws
- Avoid reporting that a suicide was caused by a single event:
  - Research shows to date there is no single cause of suicide
  - Reporting a single cause is stigmatizing and exposing an individual to blame for their suicide
- Not use graphic descriptions or images of a suicide death or method used:
  - Avoid details about location and sharing notes left behind


Operation Veteran Strong

**Digital application to support Veterans to**
- Identify their needs
- Access services
- Get support
- Connect with other Veterans

**T-44**
What are lethal means?
- Objects such as medications, firearms, and sharp objects that can be used to attempt suicide

What is the link between lethal means and Veteran suicide?
- Approximately two-thirds of Veterans who die by suicide die as the result of firearms-inflicted injuries
- Rural Veterans are more likely to use firearms as a means of suicide

Why promote lethal means safety?
- Almost 50% of suicide attempts occur in less than 1 hour between the decision to attempt suicide and the actual attempt
- Approximately 25% occur within less than 5 minutes between the decision and the attempt
- Research has shown that firearms accessibility and unsafe storage practices are associated with increased risk for death by suicide

Restricting lethal means reduces suicide
- Multiple studies indicate that restriction of lethal means leads to decreased suicide rates by that method and often, overall suicide rates
- Restrictions were placed on pesticide sales and imports in 1995 and 1998 in Sri Lanka. 9,800 fewer suicides happened from 1996-2005 compared to 1986-1995
- Gas inhalation was the lead means of suicide in UK. In 1958, natural gas (free of CO₂) was introduced. As CO₂ in gas decreased, so did suicides.
TOGETHER WITH VETERANS

RURAL VETERAN SUICIDE PREVENTION PROGRAM

Module 5: Provide Suicide Prevention Training

Why provide suicide prevention training?

• Teach warning signs of suicide and what to do if they are apparent
• Increase awareness that mental health treatment can help
• Provide information about how to get someone who is suicidal to appropriate services
• Reduce fears of talking to someone who may be at risk

References

Training Competencies:

• Recognize the warning signs
• Talk to someone at risk and ask if they are thinking about suicide
• Listen non-judgmentally
• Refer to care

Examples of Trainings:

- S.A.V.E (VA)
- QPR
- safeTalk (LivingWorks)
- The Columbia Protocol

S.A.V.E Training

24-minute video

Provides viewers with:

• An understanding of suicide in the US
• Signs that a Veteran may be at risk for suicide
• Tips for those encountering Veterans at risk for suicide

QPR Gatekeeper Training

• Sixty minute online course

Teaches viewers to:

- Question, persuade, and refer someone at risk of suicide
- How to get help for yourself or learn more about preventing suicide
- Recognize causes and warning signs of suicide
- How to get help for individuals in crisis
- $29.95 but discounts available

Longer-Format Training

For professionals or lay audiences seeking more in-depth training

Competencies:

• Recognize the warning signs
• Talk to someone at risk and ask if they are thinking about suicide
• Listen non-judgmentally
• Refer to care

Examples:

- MHFA for Military and Veterans
- ASIST
- QPR-T, QPR for Veterans, QPR for Law Enforcement
- The Columbia Protocol

Applied Suicide Intervention Skills Training (ASIST)

• Two-day interactive workshop in suicide prevention

Teaches participants:

• Signs that someone may be having thoughts of suicide
• How to work with those at risk of suicide to create a plan for their immediate safety
• Widely used by healthcare providers but can be taken by anyone 16 and older

References

Module 6: Enhance Primary Care Suicide Prevention

Why do primary care providers need to know about serving Veterans?

- Unique health history based on military experience, including the possibility of:
  - Hearing loss
  - Traumatic brain injury
  - Exposure to hazardous materials and infectious diseases
  - Physical and psychological trauma
- Cultural identity and pride associated with service history
- Increased risk of suicide in the Veteran population

Why enhance primary care suicide prevention?

- Approximately, 80% of people who die by suicide have seen a primary care provider in the last year and 45% have in the last month.1
- Rural primary care providers often are responsible for covering a broader range of services including mental health2 due to fewer specialists in rural areas3 and stigma related to using mental health care.4

Planning: Enhance Primary Care Suicide Prevention

Who
- Primary Care Practices

What
- Enhance knowledge of suicide, knowledge of military culture, and use of best practices for identifying and treating people at risk
- Distribute evidence-based training and resources
- Encourage the use of evidence-based suicide risk screening
- Increase knowledge and provision of reliable suicide screening and risk assessment
- Office Protocols for care of Veterans at risk

Anticipated Impact
- Suicide Prevention Toolkit for Primary Care Practices
  - Assists rural primary care in implementing suicide prevention best practices and treating suicidal patients
  - Supports medical office staff in developing protocols for serving suicidal patients
**Columbia-Suicide Severity Rating Scale (C-SSRS)**

Questionnaire asks about suicidal ideation, intensity of ideation, and suicidal behavior in lifetime and over the last 3 months

- Addresses acute and chronic risk
- Recommends actions based on risk
- 30-minute training is recommended
- Several versions available for clinical use

**COLUMBIA SUICIDE SEVERITY RATING SCALE**
*Screen Version*

- **Recent Past Month**
- **Lifetime (Worst Point)**

Ask questions that are bolded and underlined.

1. **YES**
2. **NO**

**Ask Questions 1 and 2**

1) **Have you wished you were dead or wished you could go to sleep and not wake up?**
2) **Have you actually had any thoughts of killing yourself?**

If **YES** to 2, ask questions 3, 4, 5, and 6. If **NO** to 2, go directly to question 6.

3) **Have you been thinking about how you might do this?**
   E.g. “I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it….and I would never go through with it.”

4) **Have you had these thoughts and had some intention of acting on them?**
   As opposed to “I have the thoughts but I definitely will not do anything about them.”

5) **Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?**

**How long ago did the Worst Point Ideation occur?**

__________

6) **Have you ever done anything, started to do anything, or prepared to do anything to end your life?**
   Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn’t swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn’t jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.

If **YES**, ask: **Was this within the past three months?**

**Low Risk**

**Moderate Risk**

**High Risk**

**Other Resources/Training**

- Therapeutic Risk Management of the Suicidal Patient
- Counseling on Access to Lethal Means
- Safety Plan Quick Guide for Clinicians
- VA/DOD Clinical Practice Guidelines (full booklet and pocket card available)
- Community Provider Toolkit (includes information on military service screening and military culture)
- PsychArmor courses (whole section for healthcare providers)

**References**

Why improve access to quality care?

- Crisis and support services (e.g., phone lines, crisis centers, wellness drop-in centers) are more limited in rural areas
- First responders may lack training in managing situations involving suicidal crisis
- Local behavioral health providers may have limited training in treating suicidal clients, managing suicide risk, and working with Veterans

Planning: Improve Access to Quality Care

Who
- Veterans who are at risk of suicide
- Providers who serve Veterans who are at risk

What
- Market crisis and support services
- Provide training and resources in effective treatment for suicide and Veterans

How
- Distribute information about available crisis services
- Offer training in suicide risk management and military culture to behavioral health providers

Anticipated Impact
- Increase awareness and utilization of available VHA and community crisis and support services
- Increase use of best practices in care

Promotional Materials Available Via MIRECC Ordering Catalogue

Coaching into Care
- A 10-30 minute call with a coach who specializes in helping callers determine the best way to help the Veteran they care about and how to navigate the VA system
- For family members or friends of Veterans that are seeking care or services for them
- Coaches are licensed psychologists or social workers
- It is a free service

Suicide Risk Management Consultation
- To place a consult, email srmconsult@va.gov
- For more information: https://www.mirecc.va.gov/visn19/consult/

Give an Hour
- National nonprofit organization with volunteer mental health professionals who offer mental health counseling to all active duty service members, Veterans of any era, and their loved ones
- Free and confidential counseling
- In-person, phone, and video options available

http://giveanhour.org/
Training and Resources for Clinicians

- Therapeutic Risk Management of the Suicidal Patient (TRM)
- Safety Planning
- Lethal Means Safety

VA Community Provider Toolkit
- https://www.mentalhealth.va.gov/communityproviders/
- Military Cultural Competence Training
- Screening for military service
- "Mini-clinics" on special population and health topics relevant for working with service members and Veterans.
### SWOT Analysis Results — Themes

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<tr>
<th>Strengths/Opportunities</th>
<th>Weaknesses/Threats</th>
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#### Suggested Activities to Improve Readiness:

**Readiness Score:**

**Assessment Results and Resources**

Together With Veterans Community Action Plan — Insert Community Name Here
<table>
<thead>
<tr>
<th>Available Resources</th>
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<tbody>
<tr>
<td>• VA Community Provider Toolkit – online training.</td>
</tr>
<tr>
<td>• WICHE Team provides brief Veteran-specific Suicide Prevention Screening &amp; Resources.</td>
</tr>
<tr>
<td>• Rocky Mountain MIRECC catalogue of suicide prevention resources (including gun locks).</td>
</tr>
<tr>
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**Together With Veterans Community Action Plan – Insert Community Name Here**
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<thead>
<tr>
<th>Intervention/Strategy: Reduce Stigma and Promote Help-Seeking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who is responsible?</td>
</tr>
<tr>
<td>Person(s) Responsible</td>
</tr>
</tbody>
</table>

Together With Veterans Community Action Plan – Insert Community Name Here
### Intervention/Strategy: Promote Lethal Means Safety

#### How do we expand time and space between the thought of suicide and the ability to act on that thought?

<table>
<thead>
<tr>
<th>Person(s) Responsible</th>
<th>Partner Organizations</th>
<th>By When</th>
<th>Program Evaluation Measures</th>
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</thead>
<tbody>
<tr>
<td>Who is responsible?</td>
<td>How and when do I report?</td>
<td>How am I collecting them?</td>
<td>What are my measures?</td>
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**Together With Veterans Community Action Plan – Insert Community Name Here**
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**Program Evaluation Measures**

**Intervention/Strategy:** Provide Suicide Prevention Training

**Performance Benchmark:** Optimal for suicide prevention impact: 75% of community population trained in suicide prevention strategies.

**How many will we train?**

Together With Veterans Community Action Plan – Insert Community Name Here
**Intervention/Strategy:** Enhance Primary Care Suicide Prevention

**Performance Benchmark:** Community wide, providing toolkits and/or training to 75% of primary care providers is optimal for suicide prevention impact.

<table>
<thead>
<tr>
<th>Who is Responsible?</th>
<th>How and when do I report?</th>
<th>How am I collecting them?</th>
<th>What are my measures?</th>
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**Program Evaluation Measures**

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<tr>
<th>Person(s) Responsible</th>
<th>Partner Organizations</th>
<th>By When</th>
<th>Action(s)</th>
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**How many primary care providers will we reach?**

**Prevention Impact:**

Together With Veterans Community Action Plan – Insert Community Name Here
<table>
<thead>
<tr>
<th>Who is responsible?</th>
<th>How and when do I report?</th>
<th>How am I collecting them?</th>
<th>What are my measures?</th>
</tr>
</thead>
</table>

**Program Evaluation Measures**

- What are my measures?
- How am I collecting them?
- How and when do I report?
- Who is responsible?

**Action(s)**

- Person(s) Responsible
- Partner Organizations
- By When

**Strategy/Intervention:** Improve Access to Quality Care

**Together With Veterans Community Action Plan – Insert Community Name Here**
# TWV Community-Based Suicide Prevention Strategies

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<thead>
<tr>
<th>Strategy</th>
<th>Who</th>
<th>What</th>
<th>How (Examples)</th>
<th>Anticipated Impact</th>
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<tr>
<td>Reduce Stigma and Promote Help Seeking</td>
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<tr>
<td>Lethal Means Safety</td>
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<tr>
<td>Provide Suicide Prevention Trainings</td>
<td>- Community members who know Veterans&lt;br&gt;- Professionals who serve Veterans</td>
<td>Help community members identify and refer Veterans who are at risk for suicide to appropriate service</td>
<td>Provide suicide prevention training (e.g. SAVE, ASIST, QPR)</td>
<td>Increase community capacity to identify and refer Veterans who are at risk for suicide</td>
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<tr>
<td>Enhance Primary Care Suicide Prevention</td>
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<tr>
<td>Improve Access to Quality Care</td>
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</table>
# Suicide Prevention Resources

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**TOGETHER WITH VETERANS**  

**T-61**
Reduce Stigma and Promote Help-Seeking

Conducting public awareness campaigns can shift knowledge, attitudes and behaviors about seeking help and towards those who experience mental health problems. The TWV Teams will develop a public awareness campaign tailored to their specific community. Elements of an effective public awareness campaign involve multiple mediums such as flyers, billboards, social media, websites, and public service announcements.
#BeThere

#BeThere is a suicide prevention campaign launched by VA, which encourages people to be there for others. The #BeThere website has different resources for preventing suicide.

**WEBSITE:**

www.veteranscrisisline.net/support/be-there

> Suggestions of different ways to help if you notice a Veteran in crisis including ideas for emails, texts, and calls

**How to:** Share the link with community members who interact with Veterans and put the link on informational materials that you distribute.

**PSA:**

www.veteranscrisisline.net/support/be-there

> 60 second PSA encouraging viewers to "be there" for Veterans

**How to:** Show PSA at community events and air it on local tv stations

**VIDEO:**

www.youtube.com/watch?v=MCSZ7FJq5I

> 60 second video demonstrating how small actions can have a big impact on Veterans and Service members facing a difficult time

**How to:** Show video at community events and share link with community members who interact with Veterans
Suicide Prevention Month Toolkit

> Web banners, posters, graphics, and suggestions for content in newsletters and on social media

*How to:* Order posters using order catalog and display at community events and around areas where Veterans hang out. Use graphics and content suggestions on own informational materials and on social media/websites.
Make the Connection

WEBSITE:

maketheconnection.net/stories-of-connection?conditions=11

> Shareable videos which can be filtered by era, branch, combat experience, gender, and family/friend

How to: Browse materials and decide which are best for your community. Share videos with individuals in your community or play them at local events.

Now it's time for me
I'm not a victim anymore
I've never been happier
Finding support to manage bipolar symptoms
Vulnerability is where healing happens
I started to feel like I wasn't so alone
Overcoming an opioid addiction with VA support
Back from rock bottom with help from a therapist
Suicide Prevention Community Support Handout

HANDOUT:

www.mentalhealth.va.gov/docs/Suicide-Prevention-Community-Support-Handout.pdf

> A one-page handout on how to support a Veteran or Servicemember in your life or community with a list of resources and how to spread the word in your community.

How to: Click on link and print handouts. Pass out at community events and leave handouts at places Veterans congregate.

WEBSITE:

www.veteranscrisisline.net/support/video-and-radio

> PSAs, educational videos, and radio spots for sharing and use

How to: Browse materials and decide which are best for your community. Show PSAs on local stations, at movie theaters, and at community events. Share educational videos with individuals in your community. Put radio spots on local radio stations.

Veterans Crisis Line Shareable Materials

WEBSITE:

www.veteranscrisisline.net/support/shareable-materials

> Handouts, factsheets, flyers, posters, wallet card cut-outs, etc. for distribution

How to: Browse materials and decide which are best for your community. Print desired materials and distribute at community events and leave at places Veterans and their family/friends congregate.
Promote Lethal Means Safety

TWV recommends promoting lethal means safety by partnering with local firearm retailers and shooting clubs regarding suicide prevention awareness and safe firearm storage. Specific TWV action items can include distributing gunlocks, flyers, and other resources that promote safe firearms storage, as well as distributing awareness materials and suicide prevention education to individuals within the firearms community.
MIRECC Lethal Means Safety & Suicide Prevention

WEBSITE:
www.mirecc.va.gov/lethalmeanssafety/safety/

> Learn about lethal means, lethal means safety, counseling, and more

How to: Visit this website to learn about lethal means safety and why it matters to prevent suicide. Share the website URL, and talk about what you learn with your family and friends.

Lethal Means Safety Training

TRAINING:
www.train.org/main/course/1075258/

> A one hour on-demand video for clinicians and other employees

How to: Share training link with clinicians and employees engaging with Veterans in your community or include on your own informational materials to pass out.

The Physician’s Role in Promoting Firearm Safety

TRAINING:
https://edhub.ama-assn.org/provider-referrer/5823

> A free training for providers on communicating with patients about firearm safety

How to: Share training link with providers or include on your own informational materials to pass out.
Firearm Safety Lock Brochure & Firearm Safety Poster

> A brochure to include with firearm locks and a poster to distribute

**How to:** Order firearm locks and brochures for distribution to Veterans, families, friends, and providers. Order posters to hang up at events and in areas where Veterans congregate.

![Image of brochure and poster]

**Firearm Safety**

**VIDEO:**

[https://starttheconversation.veteranscrisisline.net/video/gun-safety/](https://starttheconversation.veteranscrisisline.net/video/gun-safety/)

> Video showing the importance of taking precautions at home when a firearm is present to keep Veterans, service members, and their families safe

**How to:** Show video at meetings or other gatherings. Send link via email or post on website/social media page and ask individuals to share with their social networks.
Provide Suicide Prevention Training

Suicide Prevention Trainings are designed to increase the number and reach of individuals in the community who can identify Veterans at-risk for suicide and refer them to appropriate services. The anticipated impact of this strategy is that it will increase the community’s ability to identify and provide help to Veterans who are at elevated risk for suicide. The TWV Teams target audiences based on those who may know and serve Veterans and coordinate appropriate training for them.
Psycharmor Institute — Courses for Healthcare Providers Who Treat Veterans & Their Families

WEBSITE:
https://psycharmor.org

> PsychArmor is an online learning platform that provides free training to people, including healthcare providers, who serve the military and Veteran communities.

> Courses are delivered online by nationally-recognized subject matter experts and fall into one of nine topic areas including healthcare providers, military culture, and communities serving Veterans.

How to: Click on the link above. Register, then browse courses and take those you are interested in. Send the link to other providers or to your department.

S.A.V.E. Training

> The VA created this short training to increase awareness of the problem of suicide, to identify Veterans who may be at risk, and to intervene if one identifies a Veteran at risk.

> This training is for health care providers as well as any other staff in a medical clinic or social services office. Administrative assistants and MSAs may benefit from the training.

> The acronym S.A.V.E. stands for:
  - Signs of suicidal thinking
  - Ask questions
  - Validate the person’s experience
  - Encourage treatment and Expedite getting help

How to: Access via PsychArmor website above. After registering, go to the “Courses” dropdown menu, then select “Course Library.” Scroll down to the “S.A.V.E.” course and select it. Send link to other providers, your department, or anyone else you think could benefit from taking the training.
Enhance Primary Care Suicide Prevention

Screening for suicide risk in primary care settings may improve the detection of suicide risk among Veterans who are not seeking or receiving treatment from mental health specialists. To address this issue, TWV seeks to enhance primary care providers’ knowledge of suicide and use of best practices for identifying and treating individuals who are at-risk for suicide. This may occur by facilitating evidence-based suicide prevention trainings for rural providers and offering guidelines for caring for at-risk Veterans.
Community Provider Toolkit

WEBSITE:
www.mentalhealth.va.gov/communityproviders/clinic_suicideprevention.asp

This toolkit serves as a resource for the thousands of health providers in the community providing crucial services to Veterans. It supports the behavioral health needs of Veterans seeking care outside the VA by offering tools to help providers best meet their needs. The toolkit provides information on the important subjects listed below as well as other information that may help providers serving those who served the nation.

Screening for Military Service

WEBSITE:
www.mentalhealth.va.gov/communityproviders/screening.asp

A rationale for learning about patients’ military backgrounds is presented.

This knowledge can assist in treatment planning and accessing a variety of health and other benefits Veterans may be entitled to.

How to: Send link to providers.

HANDOUT:
www.mentalhealth.va.gov/communityproviders/docs/Military_Service_Screening.pdf

A two-page handout — “Understanding your client’s military background” — provides more information as well as sample screening questions

How to: Print and distribute handouts to providers or send them the link.
Suicide Prevention: Assessment and Management of Clients at Risk for Suicide

> Provides primary care and mental health clinicians with evidence-based practices for managing patients and Veterans with suicidal ideations.

**CLINICAL GUIDELINE SUMMARY:**
www.healthquality.va.gov/guidelines/MH/srb/VASuicideAssessmentSummaryPRINT.pdf

> Provides detailed decision trees (algorithms) to assist clinicians with assessing a patient/ Veteran’s level of acute risk for suicide and recommends appropriate actions for clinicians to take.

> Algorithm A: Assessment & Management in Primary Care is a decision tree providing recommendations in the primary care setting *(see page 13 of document)*

*How to:* Send link to providers and/or print key pages from the document to distribute.

**GUIDELINE POCKET CARD:**

> Provides important components of the Clinical Guideline Summary, including warning signs, risk factors, and the algorithms; on a foldable card.

*How to:* Send link to providers or print and fold cards to distribute.

Suicide Prevention: Safety Plan

**TREATMENT MANUAL TO REDUCE RISK: VETERAN VERSION:**
www.suicidesafetyplan.com

> Assisting providers serving Veterans at risk for suicide with an intervention to collaboratively develop a safety plan with Veterans at high risk for suicide.

*How to:* Send Links to providers to provide them the training option. Providers will need to sign up to receive access to documents and forms.

**SAFETY PLAN QUICK GUIDE FOR CLINICIANS:**
www.mentalhealth.va.gov/docs/VASafetyPlanColor.pdf

> The safety plan, “a prioritized written list of coping strategies and source of support that patients can use during or preceding suicidal crises,” is a strategy to lower the risk of suicidal behavior.

> The manual walks the provider through the rationale for safety planning and ways to implement it.

*How to:* Send link to providers or print and distribute.
Suicide Prevention Resource Center (SPRC)

SUICIDE PREVENTION TOOLKIT FOR PRIMARY CARE PRACTICES:
www.sprc.org/settings/primary-care/toolkit

> This toolkit was designed to assist rural primary care practices in implementing suicide prevention best practices and treating suicidal patients. While not designed specifically for military and Veteran populations, it has resources to serve the broad swath of patients treated in primary care practices.

> The resources are broad, ranging from educating clinical and support staff: (www.sprc.org/sites/default/files/Section%202%20Education%20Clinicians%20and%20Office%20Staff.pdf) to developing office protocols for serving suicidal patients: (www.sprc.org/sites/default/files/Section%202%20Education%20Clinicians%20and%20Office%20Staff.pdf).

How to: Individual sections of the toolkit can be downloaded: (www.sprc.org/settings/primary-care/toolkit) or it can be downloaded in its entirety: (www.sprc.org/sites/default/files/Final%20National%20Suicide%20Prevention%20Toolkit%202.15.18%20FINAL.pdf). Send link to providers or print key sections of the toolkit to distribute.

PsychArmor Institute — Courses for Healthcare Providers Who Treat Veterans & Their Families

WEBSITE:
https://psycharmor.org

> PsychArmor is an online learning platform that provides free training to people, including healthcare providers, who serve the military and Veteran communities.

> Courses are delivered online by nationally-recognized subject matter experts and fall into one of nine topic areas including healthcare providers, military culture, and communities serving Veterans.

How to: Click on the link above. Register, then browse courses and take those you are interested in. Send the link to other providers or to your department.

Military Cultural Competency

MILITARY CULTURE: CORE COMPETENCIES FOR HEALTHCARE PROFESSIONALS:
https://deploymentpsych.org/military-culture-course-modules

> A comprehensive 4-part webinar series focused on informing healthcare providers on the impact of the “Military Ethos” on psychological health and treatment.

> Recommended for those providers who want to immerse themselves in information on military and Veteran populations in order to gain a deeper understanding and to better serve them.

How to: Send link above to providers. They will need to create a TRAIN account if they do not already have one (www.train.org/vha/user/register) and then can take the modules.
Suicide Prevention Resources

1. Reduce Stigma and Promote Help-Seeking
2. Promote Lethal Means Safety
3. Provide Individual Suicide Prevention Training
4. Enhance Primary Care Suicide Prevention
5. Improve Access to Quality Care

Improve Access to Quality Care

To make certain that individuals are aware of the potential resources available to them, TWV seeks to increase public awareness of crisis resources. Additionally, several interventions and strategies have been developed to enhance the quality of care delivered to Veterans at elevated risk. Lastly, military cultural competency is an important aspect of enhancing care delivered to Veterans. Several online and in-person trainings are available to support this.
ACCESS TO CRISIS SERVICES

Veterans Crisis Line

When to call: If you or a loved one is experiencing a crisis.

What to expect: A trained responder will answer and ask you a few questions. You decide how much you want to share.

> Confidential, available 24/7

**WEBSITE:** www.veteranscrisisline.net

**CALL:** 1.800.273.TALK (8255), Press 1 for Veterans
1.800.799.4889 (support for deaf and hard of hearing)

**CHAT ONLINE:** www.veteranscrisisline.net/get-help/chat

**TEXT:** 838255

**How to:** Browse Veterans Crisis Line section of order catalog and order desired items with crisis line information to distribute to community.

**How to:** Provide Veterans, family, or friends with cards and other items (see ordering catalog) containing the crisis line information.

Vet Center Call Center

When to call: If you or a loved one wants to talk about military experience or other issues related to readjusting to civilian life.

What to expect: A staff member who is a combat Veteran or a family member of a combat Veteran will answer the phone.

**WEBSITE:** www.vetcenter.va.gov/media/Call-Center-PSA.asp

**CALL:** 1.877.WAR.VETS (927-8387)

**How to:** Create cards and other items with this number on them to provide to Veterans, family, or friends.
ACCESS TO CRISIS SERVICES (continued)

VA Crisis Resource Locator

WEBSITE:
www.veteranscrisisline.net/get-help/local-resources

> Search for Coordinators, Medical Centers, CBOCs, VBA Offices, and Vet Centers in your area:

How to: Go to the above website and type in your community’s zip code. Check the boxes of resources you would like to search. Click “Locate” then print out the results to distribute to individuals in your community. Connect with those organizations to see if collaboration is possible.

Veterans Self-Check Quiz

WEBSITE:
www.vetselfcheck.org/welcome.cfm

> A safe, easy way to learn whether stress and depression might be affecting you (takes about 10 minutes)
> A VA Chat Responder will review your responses and write you a message within 10-30 minutes, offering different follow-up options

How to: Create cards and other items containing the self-check quiz information to provide to Veterans, family, or friends.

Coaching Into Care

When to call: If you are a family member or friend of a Veteran and are seeking care or services for them

What to expect: A 10-30-minute call with a coach who specializes in helping callers determine the best way to help the Veteran they care about and how to navigate the VA system

WEBSITE: www.mirecc.va.gov/coaching/
CALL: 1.888.823.7458

How to: Click www.mirecc.va.gov/coaching/get-the-word-out.asp
ACCESS TO CRISIS SERVICES (continued)

Give an Hour

> National nonprofit organization with volunteer mental health professionals who offer free mental health counseling to all active duty service members, Veterans of any era, and their loved ones

What to expect: Free and confidential counseling. In-person, phone, and video options available.

WEBSITE:
https://giveanhour.org/get-help/#providerSearch

> Search for, choose, and contact a provider. The website provides tips for contacting providers.

How to: Enter search criteria (state, zip code, and type of support) for potential clients in your community and print out the list of providers to distribute to those interested. Alternatively, order the Give an Hour cards from the order catalog and distribute. The cards list the five signs of emotional distress and gives information on accessing the Give an Hour professionals.

RESOURCES FOR CLINICIANS

Therapeutic Risk Management of the Suicidal Patient (TRM)

WEBSITE:
www.mirecc.va.gov/visn19/trm/

> TRM is a client-centered, medicolegally informed model for the assessment and management of suicide risk.

> The model supports maintaining a therapeutic relationship and consists of three main components:

1) Augmentation of clinical risk assessment with structured instruments;

2) Risk stratification with respect to both severity (i.e., low, moderate, high) and temporality (i.e., acute [minutes to days] and chronic [long-term]);

3) Collaborative development of a Safety Plan.

How to: Share the link above with clinicians. Clinicians can browse the site which contains resources like a webinar, risk stratification tool, information about the suicide risk management consultation program, and resources. The risk stratification tool can also be ordered from the order catalog and distributed to clinicians.
RESOURCES FOR CLINICIANS (continued)

Safety Planning

A Safety Plan is a brief clinical intervention that may be collaboratively completed with a client following risk assessment. The Safety Plan is a hierarchical list of coping strategies that can be used prior to or during a crisis.

TREATMENT MANUAL:
http://cssrs.columbia.edu/training/training-options/

> Assisting providers serving Veterans at risk for suicide with an intervention to collaboratively develop a safety plan with Veterans at high risk for suicide.

How to: Send Links to providers to provide them the training option. Providers will need to search in the search bar of the website to locate the Safety Plan documents.

Lethal Means Safety

WEBSITE:
www.mirecc.va.gov/lethalmeanssafety

> Lethal means are objects that can be used to engage in Suicidal Self-Directed Violence, including suicide attempts. Lethal Means Safety Counseling (LMSC) promotes collaborative decision making regarding lethal means safety and is an essential component of effective suicide prevention. LMSC emphasizes collaboration between Veterans and clinicians to create solutions that align with the Veteran’s preferences.

How to: Share resource with clinicians. Click on the Training tab to access the training (options for VA and non-VA employees).

Treatment Works for Vets

WEBSITE:
www.treatmentworksforvets.org

> Treatment Works for Vets is an online, interactive portal that introduces the benefits of evidence-based psychotherapies (EBPs) to Veterans, and helps link Veterans to available EBP practitioners.

> The provider portal provides clinicians with additional tools for linking Veterans with EBPs, and hosts the “Shared Decision-Making toolkit” with detailed instructions on involving Veterans in choosing an EBP.

How to: Access provider portal at www.treatmentworksforvets.org/provider/. Share link with clinicians. Alternatively, order the Treatment Works for Vets Provider card from the order catalog and distribute to clinicians to promote the website.
Suicide Risk Management Consultation Program (SRMCP)

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

The Rocky Mountain MIRECC provides free expert consultation, resources, and support to community providers serving Veterans at risk for suicide. Consultants offer a supportive and collaborative space to discuss difficult cases and receive emotional support as well. SRMCP provides consultation on a variety of topics that include, documentation, treatment engagement, provider support after a suicide loss (postvention), etc. To schedule a consultation, email srmconsult@va.gov.

How to: Share website and email address with clinicians. Alternatively, browse the order catalog and select desired SRMCP items (cards, notepads, pens, tote bags, and magnets) to distribute to clinicians.

Home-Based Mental Health Evaluation (HOME) Program

The HOME Program, a recovery-oriented, culturally-appropriate suicide prevention intervention, addresses a variety of concerns related to suicide risk (e.g., the high-risk period of time post-discharge from the hospital, barriers to treatment engagement, and military culture and stigma) to meet the ultimate goal of increased treatment engagement among Veterans recently discharged from an inpatient psychiatric unit. The HOME Program ensures that psychiatrically hospitalized Veterans receive enhanced care during the high-risk transition period between discharge from the inpatient setting and home and outpatient mental health care. This is accomplished through intensive follow-up care including:

1) telephone contact within one business day of discharge to conduct a risk assessment and remind the Veteran of his/her upcoming scheduled home visit;
2) an in-person meeting in the Veteran’s home environment within one week of discharge; and
3) ongoing follow-up until the Veteran is engaged in mental health care.

How to: If you have questions or would like to request the HOME Provider Training Manual, please email Dr. Bridget Matarazzo at Bridget.Matarazzo@va.gov.
RESOURCES FOR CLINICIANS (continued)

Military Cultural Competency

MILITARY CULTURE: CORE COMPETENCIES FOR HEALTHCARE PROFESSIONALS:
https://deploymentpsych.org/military-culture-course-modules

> A comprehensive 4-part webinar series focused on informing healthcare providers on the impact of the “Military Ethos” on psychological health and treatment.

> Recommended for those providers who want to immerse themselves in information on military and Veteran populations in order to gain a deeper understanding to better serve them.

How to: Send link above to providers. They will need to create a TRAIN account if they do not already have one (www.train.org/vha/user/register) and then can take the modules.

UPCOMING RESOURCES

VA/DOD Clinical Practice Guideline for the Assessment and Management of Patients at Risk for Suicide

This guideline offers evidence-based recommendations for suicide risk screening, assessment and management. The guideline can be applied to care offered in VA, the Department of Defense (DoD) or the community. It is currently being updated and the new version is anticipated for release Summer 2019.

VA Suicide Risk Identification Strategy: Example Screening and Evaluation Model

VA recently launched a suicide risk screening and evaluation strategy across its system of care. It utilizes a population-based approach, screening universal, selected and indicated populations within the healthcare system. The strategy is comprised of 3 stages: a primary screen (Item 9 from the Patient Health Questionnaire-9), a secondary screen (the Columbia Suicide Severity Rating Scale Screener) and the VA Comprehensive Suicide Risk Evaluation. The implementation team will be developing a training on this new strategy, highlighting its compliance with Joint Commission standards (in effect July 2019) and will offer implementation considerations.
PSAs

WEBSITE:

(NOT PUBLICLY AVAILABLE YET BUT WILL BE BY THE FALL)

Two suicide prevention PSAs (30 second and 60 second versions) about firearm safety and how to talk with those in need.

How to: Show video at meetings or other gatherings. Send link via email or post on website/social media page and ask individuals to share with their social networks.
Together With Veterans Materials Ordering Catalogue

Your name: __________________________

Email: ______________________________

Telephone: __________________________

Where is this being mailed to: Please include: organization name if relevant, contact name, street address (no PO box please), city, state, and zip code. Please also include any additional info need to ensure delivery, such as building or floor number, suite or apartment number, etc.

Organization/Contact Name: __________________________

Address line 1: __________________________

Address line 2: __________________________

City: __________________ State: __________ Zip Code: __________

Would you like to receive notice of new educational resources? Yes or No

Ordering guidelines:

- There are two order forms below as well as examples of materials. One order form is for promotional material and one for Educational materials. Please fill both order forms below.
- This ordering form can only be used twice a year. The educational products and gunlocks can be ordered outside this order form by visiting www.mirecc.va.gov/visn19/orderform/orderform.asp or your local VA Suicide Prevention Coordinator may have some supplies available.
  - Please mention your affiliation with the TWV Program when getting additional free materials.
- Promotional Item form
  - You can place an order up to $300. You can buy as many of a single item as you want or buy several different items as long as the cost is $300 or less. For example, you can use the $300 to go towards purchasing 6 posters ($50 each) or purchasing a number of magnets, pens and notepads equaling up to $300.
  - All pricing and purchase limits are to manage program costs and costs below reflect purchase cost for the program.
  - For the Veterans Crisis Line Promotional Items, please note that you may receive slightly more than requested but you will not be charged for any overages.
- Educational Materials Form
  - All materials in the Educational Materials form are free.
  - Some items in the Educational Materials section have a limit on how many copies you can order (e.g., “not to exceed 500”) as well as a note to order multiples of a certain number (e.g., “multiples of 25”) so please pay attention to the order limits and quantity specifications.
## Veterans Crisis Line Promotional Items

*See below for example products. Logos, styles, and color options may vary and are subject to change.*

<table>
<thead>
<tr>
<th>Item #</th>
<th>Item Name</th>
<th>Additional Information</th>
<th>Price (each item)</th>
<th>Quantity</th>
<th>Total (Price x Quantity)</th>
</tr>
</thead>
<tbody>
<tr>
<td>#01</td>
<td>Bracelets</td>
<td>Camo, 3.75&quot; diameter</td>
<td>$0.20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>#02</td>
<td>Squeeze Powered Flashlights</td>
<td>White</td>
<td>$0.34</td>
<td></td>
<td></td>
</tr>
<tr>
<td>#03</td>
<td>Dog Tags</td>
<td>Blue</td>
<td>$0.95</td>
<td></td>
<td></td>
</tr>
<tr>
<td>#04</td>
<td>Magnets</td>
<td>White, 3.5&quot; x 2&quot;</td>
<td>$0.10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>#05</td>
<td>Phone Card Pockets</td>
<td>Multiple Colors</td>
<td>$1.04</td>
<td></td>
<td></td>
</tr>
<tr>
<td>#06</td>
<td>Pillboxes</td>
<td>Blue and Red, 7 days</td>
<td>$0.65</td>
<td></td>
<td></td>
</tr>
<tr>
<td>#07</td>
<td>Stress Balls</td>
<td>White, 2 1/2&quot; diameter</td>
<td>$1.04</td>
<td></td>
<td></td>
</tr>
<tr>
<td>#08</td>
<td>Tote Bags</td>
<td>Multiple Colors, 12&quot; W x 13&quot; H x 8&quot; D</td>
<td>$1.20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>#09</td>
<td>Magnetic Clips</td>
<td>Blue, 1-3/7&quot; W x 3-3/8&quot; H</td>
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<td></td>
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<tr>
<td>#11</td>
<td>Light Up Pens</td>
<td>Blue, Orange, Green, Red</td>
<td>$0.95</td>
<td></td>
<td></td>
</tr>
<tr>
<td>#12</td>
<td>Pen</td>
<td>Red, Blue, Green and Orange</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>#13</td>
<td>Window Decals</td>
<td>White, 4&quot; H x 4&quot; L</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>#14</td>
<td>Gun Locks</td>
<td>Grey</td>
<td>Free</td>
<td></td>
<td></td>
</tr>
<tr>
<td>#15</td>
<td># BeThere Poster</td>
<td>Paper 24&quot; x 36&quot;</td>
<td>$35.70</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Paper, 30&quot; x 40&quot;</td>
<td>$49.58</td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
<td>Paper, 36&quot; x 48&quot;</td>
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</tr>
<tr>
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<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Paper, 30&quot; x 40&quot;</td>
<td>$49.58</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Paper, 36&quot; x 48&quot;</td>
<td>$71.50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>—</td>
<td>TWV Challenge Coin</td>
<td>Please contact MIRECC for ordering information</td>
<td>Free</td>
<td></td>
<td></td>
</tr>
<tr>
<td>#07</td>
<td>Stress Balls</td>
<td>#08</td>
<td>Tote Bags</td>
<td>#09</td>
<td>Magnetic Clips</td>
</tr>
<tr>
<td>-----</td>
<td>-------------</td>
<td>-----</td>
<td>-----------</td>
<td>-----</td>
<td>---------------</td>
</tr>
<tr>
<td>#10</td>
<td>Wallet Cards</td>
<td>#11</td>
<td>Light up Pen</td>
<td>#12</td>
<td>Pen</td>
</tr>
</tbody>
</table>

TOGETHER WITH VETERANS
RURAL VETERAN SUICIDE PREVENTION PROGRAM

VA
U.S. Department of Veterans Affairs
Veterans Health Administration

T-87
#13 Window Decal

Veterans Crisis Line

1-800-273-8255
PRESS 1

Confidential chat at VeteransCrisisLine.net or text to 838255

U.S. Department of Veterans Affairs
September is Suicide Prevention Month

#BeThere

for Veterans and Service members.

VeteransCrisisLine.net/BeThere

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

Confidential crisis chat at VeteransCrisisLine.net
No one can un-fire a firearm.

For someone in crisis, a locked firearm can mean the difference between a tragic outcome and a life saved.

Watch an informational video and learn more at VeteransCrisisLine.net

To get your gun lock contact: [Add local contact information]

Confidential chat at VeteransCrisisLine.net or text to 838255
# Educational Materials

*See below for example products. Logos, styles, and color options may vary and are subject to change.*

Your name:  

Email:  

Telephone:  

<table>
<thead>
<tr>
<th>Item #</th>
<th>Item Name</th>
<th>Additional Information</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>#17</td>
<td>Talking to Children Guide <em>(English)</em></td>
<td>24 pages &amp; DVD (not to exceed 25) – <em>(English)</em></td>
<td></td>
</tr>
<tr>
<td>#18</td>
<td>Talking to Children Guide <em>(Spanish)</em></td>
<td>24 paginas &amp; DVD (que no exceda de 25) – <em>(Spanish)</em></td>
<td></td>
</tr>
<tr>
<td>#19</td>
<td>REACH VET Cards</td>
<td>Order in multiples of 25, not to exceed 500</td>
<td></td>
</tr>
<tr>
<td>#20</td>
<td>Treatment Works for Vets — Veteran Card</td>
<td>Order in multiples of 25, not to exceed 100</td>
<td></td>
</tr>
<tr>
<td>#21</td>
<td>Give an Hour Cards</td>
<td>Order in multiples of 25, not to exceed 100</td>
<td></td>
</tr>
<tr>
<td>#22</td>
<td>DVD: Substance Use and Traumatic Brain Injury Risk Reduction and Prevention</td>
<td>Not to exceed 5</td>
<td></td>
</tr>
<tr>
<td>#23</td>
<td>DVD: TIP 50</td>
<td>Not to exceed 5</td>
<td></td>
</tr>
<tr>
<td>#24</td>
<td>Evidence-Based Psychotherapy Shared Decision-Making Provider Cards</td>
<td>Order in multiples of 25, not to exceed 100</td>
<td></td>
</tr>
<tr>
<td>#25</td>
<td>SDVCS Nomenclature Laminated Tools</td>
<td>Not to exceed 50</td>
<td></td>
</tr>
<tr>
<td>#26</td>
<td>Therapeutic Risk Management of the Suicidal Patient Tool</td>
<td>Order in multiples of 25, not to exceed 100</td>
<td></td>
</tr>
<tr>
<td>#27</td>
<td>Suicide Risk Management Consultation Cards</td>
<td>Order in multiples of 25, not to exceed 100</td>
<td></td>
</tr>
</tbody>
</table>
This is an all new 24-page full color booklet intended to provide parents/adults with support, and also share other resources that may be helpful for the parent as their family recovers. The guide is not intended to replace professional mental health advice. In fact, it may be best to use this along with professional support if you or your child is struggling with how to talk about this difficult subject.

Cómo hablar con su hijo sobre un intento de suicidio en su familia: Guía para familias con niños en edad preescolar, niños en edad escolar y adolescentes

Este es un nuevo folleto a todo color de 24 páginas destinado a proporcionar a los padres / adultos con el apoyo, y también comparten otros recursos que pueden ser útiles para el padre que recupera su familia. La guía no pretende sustituir el consejo profesional de salud mental. De hecho, puede ser mejor usar esto junto con la ayuda profesional si usted o su hijo tiene dificultades con la forma de hablar sobre este tema difícil.
#19 REACH VET Resource Cards

The REACH VET Resource Card features on one side Coping and Symptom Management Apps and on the other various ways to connect with the VA. They are a quick and handy resource for Veterans and easily fit in with caring cards.

#20 Treatment Works for Veterans — Veteran Promotion Card

This card serves as an introduction to the Treatment Works for Veterans website. TreatmentWorksForVets.org is a free, public website for Veterans, family members, and others interested in learning more about proven mental health treatments for Veterans. It was designed, with input and feedback from Veterans, as a fun, creative, and interactive learning experience. The website provides information, creative videos, and interactive exercises related to two specific evidence-based psychotherapies: Cognitive Behavioral Therapy for Depression and Cognitive Behavioral Therapy for Insomnia. Information and links to recommended resources for other effective treatments and supports are provided in the Additional Resources section.
This card gives information on accessing free mental health services for Veterans, military personnel, families and those who care for Veterans. It also shares the five signs of emotional distress, which are designed to help loved ones recognize when extra support may be needed.
#22 **DVD: Substance Use and Traumatic Brain Injury Risk Reduction and Prevention**

*Substance Use and Traumatic Brain Injury Risk Reduction and Prevention*

Therapist’s DVD
Jennifer Olson-Madden
Lisa A. Brenner
John D. Corrigan

This seven-minute program provides information regarding the impact of using drugs and alcohol after a traumatic brain injury (TBI). The video guides the viewer through a discussion about how the brain works before and after a brain injury, and then demonstrates how drugs and alcohol can affect persons with a history of TBI using brain animations and short vignettes. This tool was designed to facilitate providers in engaging clients in a dialogue about substance use post-injury.

#23 **DVD of the TIP 50: Addressing Suicidal Thoughts and Behaviors in Substance Abuse Treatment Training**

*Addressing Suicidal Thoughts And Behaviors in Substance Abuse Treatment*

A Treatment Improvement Protocol TIP 50

Provides guidelines to help substance abuse treatment counselors work with suicidal adult clients. Covers risk factors and warning signs for suicide, core counselor competencies, clinical vignettes, and information for administrators and clinical supervisors.
Evidence-Based Psychotherapy Share Decision-Making — Provider Card

This card encourages providers to visit the Evidence-Based Psychotherapy Shared Decision-Making website. The Provider Portal, as we call it can be found at: TreatmentWorksForVets.org/Provider/. The website contains information and resources to promote Veterans’ engagement in evidence-based psychotherapies (EBPs) through the use of shared decision-making, beginning prior to the initiation of treatment. Increasingly part of high quality, patient-centered care in other health care contexts, shared decision-making principles and processes provide significant opportunities for promoting initial and ongoing engagement in EBPs. Order these cards to promote the website to colleagues and all health providers.
The Self-Directed Violence Classification System (SDVCS) Nomenclature laminated sheet contains both the decision tree and the clinical tool grid. On the front is the SDVCS decision-tree to help lead the clinician to the correct self-directed violence term. On the back are the definitions. On a separate laminated sheet is a handy grid of SDV terms.
## Therapeutic Risk Management (TRM) of the Suicidal Patient Tool

### Risk Stratification Table

**HIGH ACUTE RISK**

**Essential Features**
- Suicidal ideation with intent to die by suicide
- Inability to maintain safety independent of external support/help

**Common Warning Signs**
- A plan for suicide
- Recent attempt and/or ongoing preparatory behaviors
- Acute major mental illness (e.g., MDD episode, acute mania, acute psychosis, recent/current drug relapse)
- Exaggeration of personality disorder (e.g., increased borderline symptomatology)

**Common Risk Factors**
- Access to means
- Acute psychosexual stressors (e.g., job loss, relationship dissolution, relapse on alcohol)

**Action**
Typically requires psychiatric hospitalization to maintain safety and aggressively target modifiable factors.

These individuals need to be directly observed until on a secure unit and kept in an environment with limited access to lethal means (e.g., keep away from sharps, restrictive means).

During hospitalization co-occurring psychiatric symptoms should also be addressed.

**INTERMEDIATE ACUTE RISK**

**Essential Features**
- Suicidal ideation to die by suicide
- Ability to maintain safety, independent of external support/help

These individuals may present similarly to those at high acute risk, sharing many of the features. The only difference may be lack of intent, based upon an identified reason for living (e.g., children), and ability to abide by a safety plan and maintain their own safety.

Preparatory behaviors are likely to be absent.

**Action**
Consider psychiatric hospitalization, if related factors driving risk are responsive to inpatient treatment (e.g., acute psychosis).

Outpatient management of suicidal thoughts and/or behaviors should be intensive and include:
- Frequent contact
- Regular assessment of risk and
- A well-articulated safety plan

Mental health treatment should also address co-occurring psychiatric symptoms.

**LOW ACUTE RISK**

**Essential Features**
- No current suicidal intent AND
- No specific and current suicidal plan AND
- No preparatory behaviors AND
- Collective high confidence (e.g., patient, care provider, family member) in the ability of the patient to independently maintain safety

Individuals may have suicidal ideation, but it will be with little or no intent or specific current plan. If a plan is present, the plan is general and/or vague and without any associated preparatory behaviors (e.g., “I'd shoot myself if things got bad enough, but I don't have a gun”). These patients will be capable of engaging appropriate coping strategies, and willing and able to utilize a safety plan in a crisis situation.

**Action**
Can be managed in primary care.

Outpatient mental health treatment may also be indicated, particularly if suicidal ideation and psychiatric symptoms are co-occurring.

---

*Risk Stratification Table is a tool designed to: 1) help providers make determinations regarding suicide risk levels with respect to severity and temporality and to 2) aid in suicide risk management clinical decision making.*
Rocky Mountain MIRECC’s Suicide Risk Management Consultation Program is launching a new campaign, #NeverWorry Alone, to raise awareness of the program’s expansion to include providers in the community in addition to VA providers. Help promote #NeverWorry Alone and bring this service to providers in the community serving Veterans.
## Activity Details

**Date:** ______________  **Activity Name:** _______________________________________________________

**Type of Activity:**
- ☐ Presentation
- ☐ TWV Community Meeting
- ☐ TWV Steering Committee
- ☐ Training
- ☐ Public Event
- ☐ Outreach Event
- ☐ Education Meeting
- ☐ Other: __________________________________

Total # of Attendees: ________  Of Total # of Attendees: # Veterans: ________ # Clinicians: ________

- ☐ Behavioral Health Providers #________
- ☐ Law enforcement/EMT #______
- ☐ Nurses #______
- ☐ Veterans/Family Members #________
- ☐ Other Individuals/Organizations ____________________ #____

Time spent on activity ______________

## Notes

**Sustain/ What Went Well:**

**Improve/ What We Can Do Better:**

## Action Items

<table>
<thead>
<tr>
<th>Tasks</th>
<th>Due dates</th>
<th>Responsible person(s)</th>
<th>Support/supplies needed (circle)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes  No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes  No</td>
</tr>
<tr>
<td></td>
<td></td>
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<td>Yes  No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes  No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes  No</td>
</tr>
</tbody>
</table>
### Referrals Made

*please write N/A if not applicable*

e.g. job services, housing, transportation

Type and number: ______________________________________________________________________________

### Materials Distributed or PSAs Shown:

*please write N/A if not applicable*

- **☐ Crisis Line Promotional Items** *(e.g., Crisis Line cards, pens, pillboxes, gun locks with Veterans Crisis Line number)*

  Type and number of item(s): ______________________________________________________________________

- **☐ Educational Materials** *(e.g., Local Veteran Resource Guide, Give an Hour cards)*

  Type and number of item(s): ______________________________________________________________________

- **☐ Materials for Providers** *(e.g., informational cards, Suicide Risk Management Cards, or Primary Care materials)*

  Type and number of item(s): ______________________________________________________________________

- **☐ Video(s) or PSA(s)**

  Which Video or PSA(s): ___________________________________________________________________________

- **☐ Other**

  Type and number of item(s): ______________________________________________________________________
TWV After Action Report (AAR)

Reporting Instructions

After Action Report (AAR) is a way for any TWV Team member to note and report important information from any contact or activity related to TWV implementation. Complete the After Action Report as soon as possible following an activity. AARs should be easily accessible to Team members so they can complete them after TWV activities. AARs ask team members to provide the following information about the completed activity:

1. Activity details
2. Notes about what went well and what can be improved
3. Action items
4. Referrals made and
5. Materials distributed, or PSAs shown

If a section or portion of a section is not applicable, please write N/A. The more details that are included, the better. Please do not include names of individuals, such as private citizens, on the form for privacy reasons unless the individual is a formal contact representing an organization in the community.

When the form is completed, it will be returned to the TWV Coordinator.

Activity Details — “What did you do?”
Provide basic information of what was done. Include date, the name and type of activity, and provide details on the number and type of attendees. Add any community partners who assisted with the activity.

Notes — “How did it go?”
Report what went well and what can be improved from the activity. This provides feedback to the Coordinator and Team for future planning.

Action Items — “What is left to do?”
Describe work that needs to occur to follow up on the activity. If needed, specify who on the Team is most appropriate to complete follow up.

Referrals Made
If the activity resulted in connecting a Veteran to resources, describe the type of service.

Materials Distributed
Record the number and type of materials were distributed to support the Coordinator in tracking inventory and knowing which items were provided at specific events. Record any public service announcements (PSA)s shown in this section.

Number of TWV Team Members Involved
Record the number of TWV Team members who participated in the activity.

Time Spent on Activity
Record the number of total hours preparing, conducting, and following up on the described activity.

AAR Scenario

Two TWV Team members visited Big River Health Clinic to distribute materials. They met with two Clinicians, a nurse, and the front desk staff from the clinic. Clinic staff loved the informational cards on VA services and agreed to take a local Veteran Resource Guide to put in their lobby. The clinic asked for a presentation at a staff meeting to tell the rest of the clinic staff about the work the Team is doing. Team members spent 1.5 hours preparing for the visit, 30 minutes at the clinic, and 30 minutes discussing next steps with the Coordinator.

Please see the following example of how this activity is recorded in an AAR.
After Action Report

Activity Details

<table>
<thead>
<tr>
<th>Date: 3/14/2019</th>
<th>Activity Name: Visit Big River Health Clinic</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Type of Activity:</th>
<th>Presentation</th>
<th>TWV Community Meeting</th>
<th>TWV Steering Committee</th>
<th>Training</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

| Public Event     | ☐            | Outreach Event         | ☐                      | ☐        | Education Meeting | ☐ |
|                  | ☐            |                       |                        |          | ☐                |   |

<table>
<thead>
<tr>
<th>☑ Other: Provided Materials</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Total # of Attendees: 4</th>
<th>Of Total # of Attendees: Veterans:</th>
<th>Clinicians: 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ Behavioral Health Providers</td>
<td>☐ Law enforcement/EMT</td>
<td>☑ Nurses 1</td>
</tr>
<tr>
<td>☐ Veterans/Family Members</td>
<td>☑ Other Individuals/Organizations</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time spent on activity: 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>----------------------------</td>
</tr>
</tbody>
</table>

Notes

Sustain/ What Went Well:

The staff appreciated the supplies. It worked well just to drop off materials. They see a lot of Veterans and would like to provide more information to Veterans.

Improve/ What We Can Do Better:

I wish I had brought the Crisis Line posters and materials. We could also talk to them about a cultural competency course.

Action Items

<table>
<thead>
<tr>
<th>Tasks</th>
<th>Due dates</th>
<th>Responsible person(s)</th>
<th>Support/supplies needed (circle)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set up meeting to present to staff</td>
<td>3 months</td>
<td>Sam Jones</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
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<td>Yes</td>
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<td></td>
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<tr>
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<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

U.S. Department of Veterans Affairs
Veterans Health Administration

T-103
### Referrals Made

*e.g. job services, housing, transportation*

| Type and number: | N/A |

### Materials Distributed or PSAs Shown:

- **Crisis Line Promotional Items** (e.g., Crisis Line cards, pens, pillboxes, gun locks with Veterans Crisis Line number)
  
  | Type and number of item(s): | |

- **Educational Materials** (e.g., Local Veteran Resource Guide, Give an Hour cards)
  
  | Type and number of item(s): | 30 Local Veteran Resource Guides; Give an Hour Cards |

- **Materials for Providers** (e.g., informational cards, Suicide Risk Management Cards, or Primary Care materials)
  
  | Type and number of item(s): | 30 Suicide Risk Management Cards |

- **Video(s) or PSA(s)**
  
  | Which Video or PSA(s): | |

- **Other**
  
  | Type and number of item(s): | |
TWV Monthly and Quarterly Reporting

The TWV Coordinator will complete the monthly report at the end of every month. The Coordinator may utilize the After-Action Reports from TWV Team members over the past month to help fill in information for the monthly report.

General notes:

- There are three tables to fill out: **Activities, Training, and Veterans Served**
  - Do not include trainings under activities since trainings has its own table/tab
- Only include activities that have occurred – do not report activities that are “To Be Determined”
- Include as many details as possible such as names of organizations, healthcare practices, Veteran Organizations, etc.

Monthly Reports

I. **ACTIVITIES**

Type of Activity

Indicate which type of activity was held. Below are descriptions of each kind of activity. If none of the listed activities apply, please select “other” and describe the activity in the “If Other” box.

Activities are defined as:

- **TWV Team Meeting**: Promotes the planning or implementation of Together With Veterans.

- **TWV Steering Committee Meeting**: Provides leadership to support the TWV Coordinator as needed in setting the agenda and determining priorities for TWV Team meetings and implementation activities.

- **Public Event**: Host or attend a public event to represent TWV. Examples include hosting a community meeting to discuss health care for Veterans or having a table at a health fair to distribute TWV materials.

- **Presentation**: Formally present about Veteran suicide and Together With Veterans activities. Examples include presenting to a city council meeting about TWV, providing a keynote address at a local Veteran’s day event, or participating as a panelist at a conference.

- **Resource Distribution**: Provide resources or materials about suicide prevention and TWV to community stakeholders. Examples include taking Veteran suicide prevention materials to medical, behavioral health, or other public offices to be available for patients/customers or giving posters to a college for display on campus. Any resources distributed at public events, presentations, or trainings should be captured in the reporting of that event.

Describe the purpose and outcome from the activity

Record the number and type of materials that were distributed. Record any public service announcements (PSA)s shown in this section.

Strategies Addressed

Check the boxes for each of the Community-Based Suicide Prevention Strategies that were addressed by the activity.
II. TRAININGS

Type of Training

Indicate the type of training that was held. Below are descriptions and examples of each kind of training. If none of the listed activities apply, please select “other” and describe the activity in the “if other” box.

Below are some definitions of types of trainings for guidance:

- **S.A.V.E.:** S.A.V.E. training by PsychArmor or a VA representative
- **Gatekeeper:** Trains community members to identify individuals who may be at risk of suicide and appropriately refer them to services. Examples include QPR, ASIST, Mental Health First Aid
- **Lethal Means Safety:** Any training on lethal means safety. Example includes CALM — Counseling on Access to Lethal Means.
- **Military Cultural Competency:** Designed to improve quality of Veteran experience when receiving services. Trains service providers about military culture.

Strategies Addressed

Check the boxes for each of the following community-based suicide prevention strategy that was addressed by the training.

- Reduce Stigma and Promote Help Seeking
- Promote Lethal Means Safety
- Provide Suicide Prevention Training
- Enhance Primary Care Suicide Prevention
- Improve Access to Quality Care

Definitions of strategies are listed on page #.

Audience

Provide a list of audience members using a brief descriptor for them (e.g. Veteran, civilian, nurse, doctor, etc.). Please track clinicians separately in the report. **Clinicians** are health care or mental health care providers who have direct contact with and responsibility for patient care.

III. VETS SERVED

Record the number of Veterans referred to services and describe the type of service (e.g. housing, counseling, crisis line, etc.).

Quarterly Reports

Quarterly reports summarize the activity of the past 3 months. Quarterly reporting offers the Coordinator the opportunity to review and confirm data submitted in each monthly report and add information about important experiences over the designated time period. The reporting elements are the same as those in monthly reports and includes an “Additional Notes” section to describe results. To complete Quarterly Reports, follow these steps:

- Review monthly reports for accuracy, revising for accuracy as needed

Complete the Additional Notes section by describing significant successes, challenges, noteworthy activities, or lessons learned during the quarter.
<table>
<thead>
<tr>
<th>Date</th>
<th># of Veterans</th>
<th>Referrals Made</th>
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<tbody>
<tr>
<td>1/10/19</td>
<td>5</td>
<td>1 Crisis Line or SLV BHG, 1 VA CBOC, 3 Job Services</td>
</tr>
<tr>
<td>1/20/19</td>
<td>10</td>
<td>6 Crisis Line, 3 Transportation, 2 Housing, 1 Furniture</td>
</tr>
<tr>
<td>1/30/19</td>
<td>5</td>
<td>1 Crisis Line or SLV BHG, 2 Veterans Referred to Counseling</td>
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<td>Date</td>
<td>Type of Activity</td>
<td>Description</td>
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<tr>
<td>1/3/18</td>
<td>Presentation</td>
<td>Presenting to the county commissioners</td>
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<td>Reduce Stigma/Facilitate help-seeking</td>
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<td>Presentation</td>
<td>Meeting with healthcare providers</td>
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<td>1/28/18</td>
<td>Public Event</td>
<td>Community outreach and awareness at county fair</td>
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