# **TOGETHER WITH VETERANS**

**RURAL VETERAN SUICIDE PREVENTION PROGRAM** 

# Implementation Toolkit







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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

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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.** 



# **TOGETHER WITH VETERANS**

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# **OVERVIEW**





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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 problem¹ 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.<sup>3</sup> Veterans represent 14.3% of all suicide deaths among U.S. adults, despite making up only 8.3% of the U.S. population.<sup>3</sup> 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).<sup>3</sup>

Rural Veterans have a 20% greater risk of suicide compared to urban Veterans.<sup>2</sup> Rural Veterans represent nearly one-fourth of the Veteran population.<sup>4</sup> Compared to urban Veterans, rural Veterans are less likely to use VHA primary care, mental health care, and specialty care.<sup>5</sup> 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.<sup>6</sup> 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.<sup>2</sup>

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, all of which play a more significant role in health than do individual behaviors. Military culture and experiences unique to Veterans introduce another set of factors that can further influence suicide risk. Further, attitudes towards seeking help are widely cited as a barrier to suicide prevention in both rural and military cultures. 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 "collaborat(ion) 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. 15 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 Rural Veteran Suicide Prevention

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:



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. 16 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.<sup>17</sup> 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" 18 and the stigma of suicide is known to be a factor in people not seeking care. 19 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.<sup>20</sup> Therefore, temporarily decreasing access to lethal means during periods of elevated suicide risk can save lives. 21,22 Firearmsinflicted 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.<sup>2</sup> Research has shown that increased risk for death by suicide is associated with both accessibility to firearms and unsafe storage practices. 23-25 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.<sup>26</sup> Training community members who may interact with at-risk individuals is considered an essential component of public health suicide prevention.<sup>21,22</sup>

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.<sup>27</sup> In addition, the stigma of seeking mental health treatment can be particularly severe in rural communities.<sup>14,27</sup> For these reasons, rural primary care providers may be responsible for covering an even broader range of services, including mental health care.<sup>28</sup> 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.<sup>29</sup> 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.

# A Improve Access to Quality Care

Ensuring that individuals have access to crisis and support services is essential.<sup>22</sup> 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.<sup>22</sup>

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.30 Therapeutic Risk Management (TRM) is an approach to assessing and managing suicide risk among Veterans.31 The Home-Based Mental Health Evaluation (HOME) program seeks to engage Veterans in care after they have been discharged from psychiatric hospitalization.<sup>32</sup> 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.

## 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:



Phase 1.
BUILD YOUR TEAM



Phase 4.
PLAN FOR ACTION



Phase 2.

LEARN ABOUT YOUR

COMMUNITY



Phase 5.
FOLLOW YOUR PLAN
AND MEASURE RESULTS



Phase 3. TEACH YOUR TEAM

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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.

Community facilitation and coordination is required to organize meeting logistics, facilitate TWV community partnership meetings, and coordinate resources and tasks needed to implement the TWV action plan.

Each TWV community program requires dedicated commitment and leadership from both Veteran and community team members. Teams will schedule regular meetings, maintain a roster, and track monthly activities.



# 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.

# Key Roles and Responsibilities (continued)

# **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 Preparation Guidelines (continued)

### **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.)

# Together With Veterans Invitation Date: ###> | Time: | Castlon: ###> | Location: | Location: ###> | Location: | Location: ###> | Location: | Who is invited? (neted appropriate purpose) | Veterans & Community Partners Meeting | Learn about Community Partners Meeting | Twy Steering Committee | Twy Steering Committee | Twy Steering Committee | Twy Steering Committee Meeting | Twy S

## **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

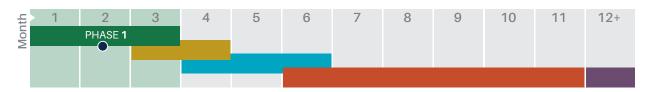


# **Notes from Previous Meetings**

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

2-4 nour

- 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

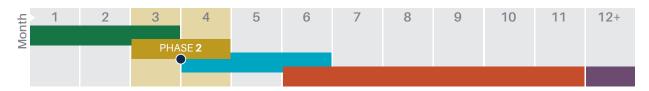
#### Hold Meeting One: Meet with Veterans

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

Month 3



#### **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:**

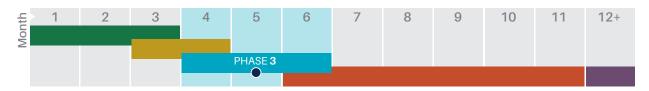
- Provide data on Veteran suicide
- Provide TWV overview
  - > Briefly describe assessments
    - SWOT
    - Readiness Assessment
    - PARTNER Tool
- Conduct SWOT
- · Continue discussion about formation of Steering Committee

#### Hold Readiness Assessment Focus Group

#### 1.5 hours

Follow Readiness Assessment Guide to conduct focus group

10nth 3



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

#### Goals:

Month 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:

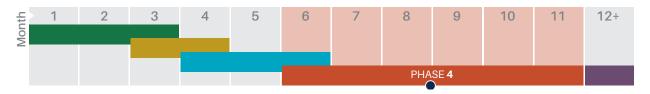
- Use TWV Community-Based Suicide Prevention Strategies Presentation to train Team on community-based suicide prevention strategies
- · Discuss PARTNER Tool survey to be disseminated

#### **Initiate PARTNER Tool**

#### 2 hours

- Identify community agency representatives to be surveyed
- Follow PARTNER Tool survey process

# < Month 6



#### **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

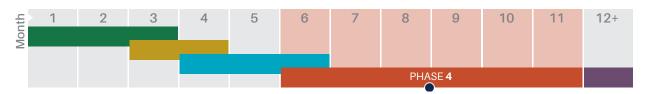
#### Planning Meeting: Promote Lethal Means Safety

#### 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

# Month 6

# Month



#### **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

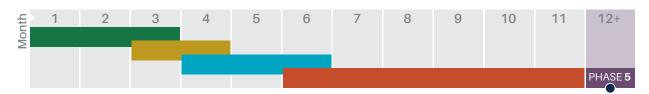
#### Planning Meeting: Improve Access to Quality Care

#### 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

# Month 10

# 11 Jouth



#### 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

Month 12+

# **TOGETHER WITH VETERANS**

RURAL VETERAN SUICIDE PREVENTION PROGRAM

Implementation Toolkit

# PHASE **ONE**

**BUILD YOUR TEAM** 



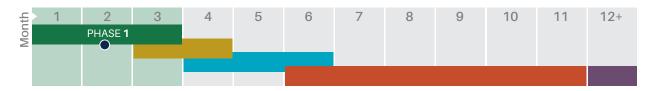


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B.	Meet with Veterans       1-5         • Meeting Preparation       1-5         • Meeting with Veterans       1-6
C.	Meet with Veterans and Community Members       1-7         • Meeting Preparation       1-7         • Meeting with Veterans and Community Members       1-7
D.	Establish a TWV Steering Committee 1-8

# **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.



#### 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

TOGETHER WITH VETERANS

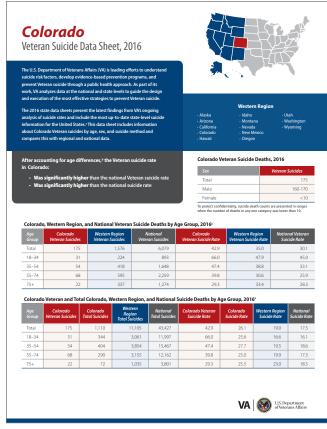
# A. Prepare for Phase 1

#### 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.

> **Program Summary Together With Veterans**

**Guiding Principles** 



# Veterans provioe readesting to guided the TWY process 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 action plans are reviewed and revised as needed to promote success **Facts About Suicide** Nationally, suicide is the 10<sup>th</sup> leading cause of death **Together With Veterans Process** The Together With Yeterans is a five-step process to support rural communities in developing a local action plan to prevent Veterar soulde. 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 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 commuservice 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. U.S. Department of Veterans Affair Veterans Health Administration **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

VETERAN-DRIVEN

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

Veterans provide leadership to guide the TWV process

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



# A. Prepare for Phase 1 (continued)

## **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

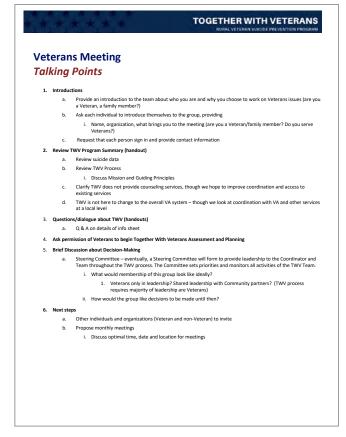
The TWV Coordinator should keep track of state and local contacts who can be helpful in reaching out to local Veterans. Maintain the *Contact Spreadsheet* (Pg. T-6) as a reference tool to track organization, email, and phone contact information of each individual involved in TWV.

# 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**



# 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:

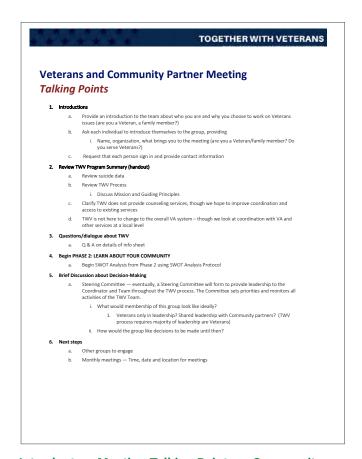
- Identify the meeting time and location for the meeting
- Prepare logistics for the meeting
- Send out invitations for meeting three to four weeks before date of invitation
- Prepare handouts of the VA State Suicide
   Data Sheet (Pg. T-10) and the completed
   TWV Program Summary Template (Pg. T-12)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



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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Me	eeting and Activity Preparation Timeline: PHASE 2	2-2
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В	Readiness Assessment	
C.	SWOT Analysis — Strengths, Weaknesses, Opportunities, Threats  SWOT Analysis: Understanding Your Results	
	PARTNER Tool Results	

# **Overview**

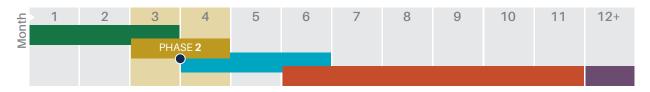
TWV Team members work together to understand community strengths and needs by conducting community assessments. These assessments provide useful information about:

- 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:

- 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



# 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:





The *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**.





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



The *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**

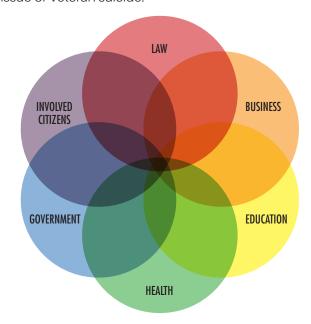
The **Community Readiness Assessment** (Pg. T-20) determines local awareness, attitudes, and commitment towards addressing Veteran suicide prevention. The process is based on the *Community Readiness Handbook*<sup>1</sup>, a tool that assesses community readiness for change.

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.

<sup>1</sup> Plested, B. A., Edwards, R. W., Jumper-Thurman, P., & Stanley, L.R. (2014). Community readiness: A handbook for successful change. Fort Collins, CO: Tri-Ethnic Center for Prevention Research.

# 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.

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

These results will be applied during Phase 4: PLAN FOR ACTION. Based on these results, the Community Readiness Handbook<sup>1</sup> makes specific recommendations designed to increase the community's ability to successfully address the issue of Veteran suicide prevention.

<sup>1</sup> Plested, B. A., Edwards, R. W., Jumper-Thurman, P., & Stanley, L.R. (2014). Community readiness: A handbook for successful change. Fort Collins, CO: Tri-Ethnic Center for Prevention Research.



# 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.



- Strengths and Opportunities:

  Encourage participants to consider the following areas during the evaluation process and display these in the room:
- Renourage 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 flet connected to social supports and activities
   How well-informed service providers are about Veteran/military culture
   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 on one color-designated index card, the local community <u>Strengths and Opportunities</u> as they relate to the rural Veteran suicide prevention. Allow 5-10 miluse 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 prespectives about the sharing process. This is a good opportunity for the participants to get to know each other and their prespectives about the
- 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 <u>Challenges and Threats using the other color index card</u>. 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.



**Sample SWOT Analysis Protocol** 

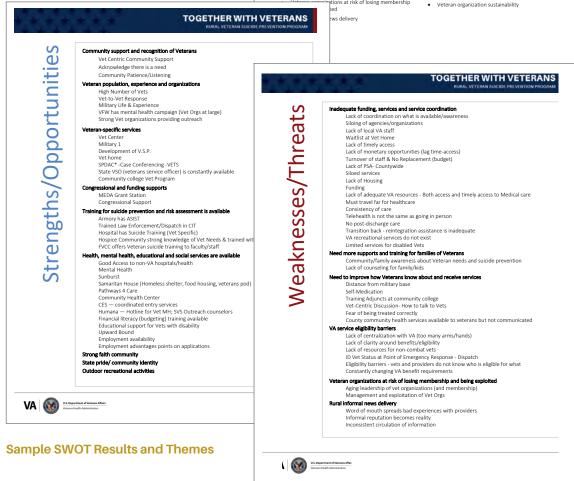


# C. SWOT Analysis — Strengths, Weaknesses, Opportunities, Threats (continued)

# 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**.





# D. PARTNER Tool

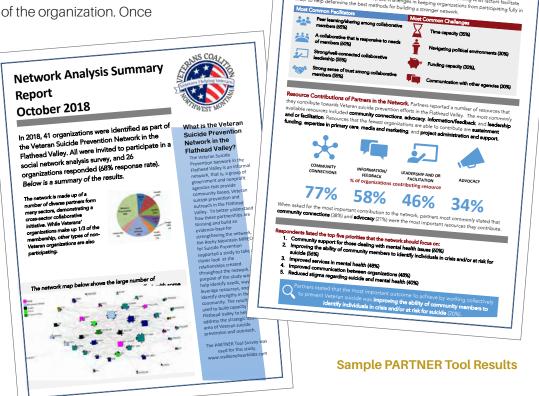
The **PARTNER Tool** (Pg. T-30) surveys key representatives from across the community to measure collaboration among people and organizations. Results provide information about how organizations work together, including strengths and gaps in relationships. Based on these results, the Team can identify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





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В.	Individual Suicide Prevention Training       3-3         • Prepare for Individual Suicide Prevention Trainings       3-3         • Coordinate Individual Suicide Prevention Trainings       3-3
C.	TWV Community-Based Suicide Prevention Strategies
	<ul> <li>Prepare for Community-Based Suicide Prevention Strategies 3-4</li> <li>Teach about Community-Based Suicide Prevention Strategies 3-4</li> </ul>

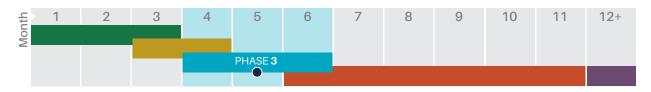
# **Overview**

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**

### Goals:

Month 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.

# Coordinate Individual Suicide Prevention Trainings

Suicide prevention training offers individuals the opportunity to learn 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.

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:

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.

TOGETHER WITH VETERANS

Reduce Stigma and Promote Help-Seeking
 Promote Lethal Means Safety

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3. Provide Suicide Prevention Training

4. Enhance Primary Care Suicide Prevention

5. Improve Access to Quality Care



**Community-Based Strategies Presentation** 

# C. TWV Community-Based Suicide Prevention Strategies

(continued)

TWV Community- Based Strategies	Strategy Rationale
Reduce Stigma and Promote Help-Seeking	<ul> <li>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.</li> <li>Stigma is negative social judgment based on being "different."</li> <li>Stigma can cause people to avoid talking about their problems.</li> <li>Stigmas can also cause people to believe themselves to be less worthy than</li> </ul>
	others because of their problems, which can make symptoms related to suicide, such as depression and social isolation, worse.
Promote Lethal Means Safety	<ul> <li>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.</li> <li>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.</li> <li>Firearm storage, medication packaging, bridge and building barriers, and</li> </ul>
Provide Suicide Prevention Training	<ul> <li>Lack of knowledge among community members regarding suicide risk leads to people not seeing warning signs.</li> <li>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.</li> <li>Misinformation about suicide risk can lead people to spread myths and stigmas.</li> </ul>
Enhance Primary Care Suicide Prevention	<ul> <li>80% of people who die by suicide have seen a primary care provider in the last year. Approximately 45% have in the last month.</li> <li>Rural primary care providers report less training and comfort in screening for and treating suicidality.</li> </ul>
Improve Access to Quality Care	<ul> <li>Crisis services are more limited in rural areas, making it more challenging for people to access local services when they are experiencing a crisis.</li> <li>The emergency response system of police and EMTs may lack training in managing suicide crisis situations.</li> <li>The transition to home from hospital care is a very high-risk time period.</li> <li>Rural providers are often generalists and may lack specialized training in suicide risk management and treatment.</li> </ul>

# **TOGETHER WITH VETERANS**

**RURAL VETERAN SUICIDE PREVENTION PROGRAM** 

Implementation Toolkit

# PHASE FOUR

**PLAN FOR ACTION** 





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	•	Assign Tasks and Timelines		
		Establish Program Evaluation Measures		

### **Overview**

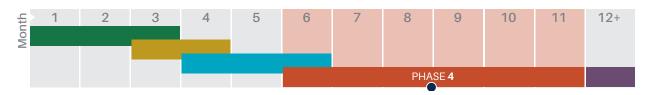
The *Together With Veterans Action Plan* (Pg. T-52) builds on the work the TWV Team has accomplished to date. The Team uses information learned from the assessments in Phase 2: LEARN ABOUT YOUR COMMUNITY and links this information to the TWV Community-Based Suicide Prevention Strategies presented in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

Month 6

- 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

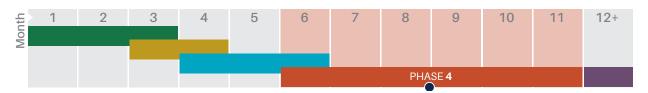
### Planning Meeting: Promote Lethal Means Safety

### 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

# Month 8

# **Meeting and Activity Preparation Timeline**



### **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

# 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.

TWV Community-Based Suicide Prevention Strategies

Strategy

Who

Community Members

Balse public awareness to:
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Community-Based Suicide Prevention Strategies—Sample Activities

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.



TWV Suicide Prevention Resources





# B. The Planning Process

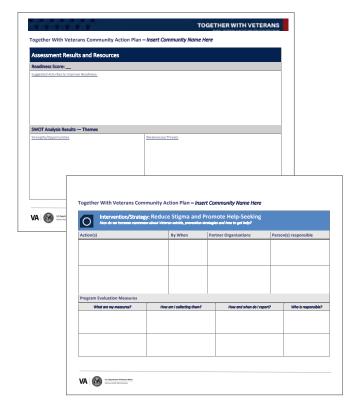
The Coordinator will guide the TWV Team through a series of discussions to determine how the Team will address each *Suicide Prevention Strategy*:



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.



**TWV Action Plan** 

### **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**<sup>1</sup> 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.



<sup>1</sup> Plested, B. A., Edwards, R. W., Jumper-Thurman, P., & Stanley, L.R. (2014). Community readiness: A handbook for successful change. Fort Collins, CO: Tri-Ethnic Center for Prevention Research.

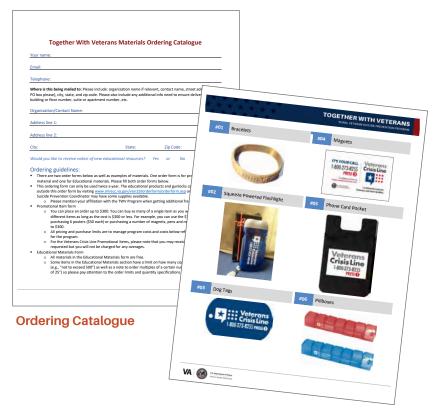
# **Identify Resources**

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.



TWV Suicide Prevention Resources





### **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:

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

### **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)

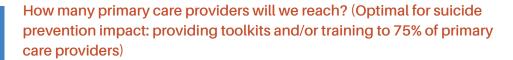
### **Planning questions**

- 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



### 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)

5. Improve Access to Quality Care



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.

### **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.

# **TOGETHER WITH VETERANS**

**RURAL VETERAN SUICIDE PREVENTION PROGRAM** 

Implementation Toolkit

# PHASE FIVE

# FOLLOW YOUR PLAN AND MEASURE RESULTS





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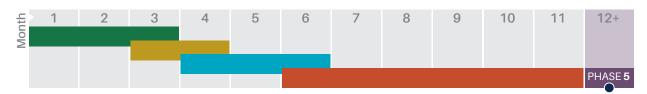
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### **Overview**

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.



### **Meeting and Activity Preparation Timeline**



### 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



### 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 Reporting Instructions** 



### B. Recording and Measuring Results (continued)

### **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.



**After Action Report (AAR)** 



### B. Recording and Measuring Results (continued)

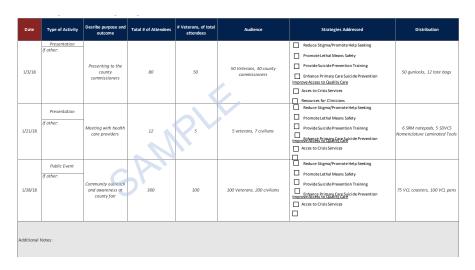
### Monthly and Quarterly Reports

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.

	Individual Veterans served through support of the Together with Veterans (Peer Work)											
Date	# of Veterans	Referrals Made										
1/10/19	5	3 Job Services, 2 Veterans referred to counseling										
1/20/19	10	3 Transportation, 2 Housing, 1 Furniture, 4 to SLV BHG, 1 VSO (mineral), 6 Crisis Line										
1/30/19	C.	1 Crisis Line or SLV BHG, 1 VA CBOC										

TWV Monthly/Quarterly Report



TWV Monthly/Quarterly Report

### Glossary

After Action Reports	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.
Assessments	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.
Behavioral Health Agencies	State-funded or private agencies whose mission is to treat mental health and substance use disorders.
Community Agencies	Agencies that have a mission to provide health or human services. Services could include housing, employment support, behavioral health, or domestic violence shelter.
Community Climate	See Community Readiness Assessment.
Community Leaders	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.
Community Partners	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.
Community Readiness	See Community Readiness Assessment.
Community Readiness Assessment	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.
Community Service Providers	See Community Agencies.
Community Systems	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.
Health Care Providers	Health care providers are hospitals, clinics, and individuals who offer medical services.



Individual Suicide Prevention Training	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.
Individual Suicide Prevention Training Menu	Offers information about different types of individual suicide prevention trainings that may be available to take online or in person.
Local Organizations	Local organizations may include Veterans organizations and community agencies.
MIRECC	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 "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." The Rocky Mountain MIRECC for Suicide Prevention oversees the research and development of the Together With Veterans Program.
Non-Traditional Sources	Groups or individuals who do not serve a formal function in the community, but have an investment in supporting Veteran suicide prevention.
PARTNER Tool	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.
Public Awareness Campaign	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.
Public Awareness Strategies	See Public Awareness Campaign.
Public Health Agencies	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.
Readiness Assessment Score	See Community Readiness Assessment.
Regional Partners	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.
Resources	Funding, services, knowledge, time, or any other asset that can support Veteran suicide prevention efforts.



Social Service Agencies	State-funded or private agencies whose mission is to provide services such as housing, economic assistance, and child protection.
State Organizations	See State Partners.
State Partners	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.
Suicide Prevention Coordinator	Suicide prevention coordinators are VA, state, or county employees whose positions are dedicated to promoting suicide prevention activities.
Suicide Prevention Trainer	An individual who is certified to conduct individual suicide prevention trainings.  Certifications vary depending on the type of suicide prevention training offered.
SWOT Analysis	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.
SWOT Themes	See SWOT Analysis.
Target Audiences	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.
Themes	Ideas that are found repeatedly throughout assessment findings.
Traditional Sources	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.
TWV Action Plan	See TWV Process.
TWV Action Planning Process	See TWV Process.
TWV Community-Based Suicide Prevention Strategies	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.
TWV Community Readiness Focus Group	See Community Readiness Assessment.
TWV Coordinator	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.



TWV Process	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.					
TWV Program	The TWV Program includes all rural sites implementing the Together With Veterans Process.					
TWV Team	A team committed to developing and implementing a local Veteran suicide prevention plan. TWV Teams include Veteran leadership and representatives of community partner agencies.					
Veteran Leadership	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.					
WICHE	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.					

### Together With Veterans Invitation

Date: <###>

Time: <###>

Location: <####>

<Meal> will be Provided

### Who is invited? (select appropriate invitees)

- Veterans
- Community Partners

- TWV Team
- Steering Committee

### **Type of meeting** (select appropriate purpose)

- Veterans Meeting
- Veterans & Community Partners Meeting
- TWV Team Meeting
- TWV Steering Committee Meeting

### **Purpose of meeting** (select appropriate purpose)

- Provide overview of TWV
- Learn about community strengths and needs
- Learn about suicide prevention

- Learn about community-based suicide prevention strategies
- Create Together With Veterans Action Plan
- Implement Together With Veterans Action Plan

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:

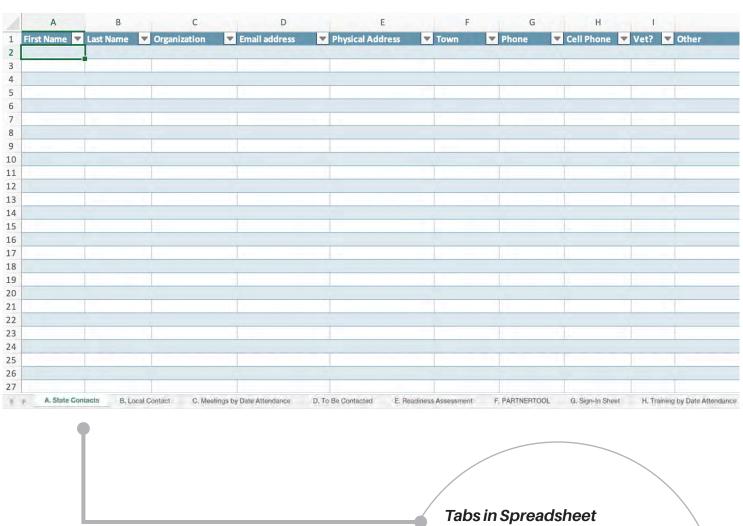
Community building – coordinating resources to better support Veterans

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).





- 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

RURAL VETERAN SUICIDE PREVENTION PROGRAM

### **TWV Team Meeting Agenda**

Date: <###>

Time: <###>

Location: <####>
Meeting No: <####>

### **Agenda Topics:**

Introductions	
Summary of accomplishments from last meeting	
Tasks for this meeting	a)
	b)
	c)
Next Steps	a)
	b)
	c)
Next Meeting	
Next Weeting	
Closing/feedback	a) Did we meet the objectives of the meeting?
	b) What do we need to support next steps?

### **TWV Attendance Sheet**

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

16.	15.	14.	13.	12.	11.	10.	, ô	œ	7.	6.	5.	4.	Ψ	2.	1.	First Name
																Last name
																Organization
																Email Address
																Phone
																Vet?
																Initials

RURAL VETERAN SUICIDE PREVENTION PROGRAM

### **TWV Team Meeting Notes**

Date: <###>

Meeting No: <####>

### **Meeting Notes:**

Tasks accomplished during meeting	
New information that informs next steps	
Decisions Made	a)
	b)
	c)
Next Steps	a)
	b)
	c)
Next Meeting	

### Colorado

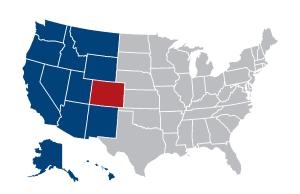
### Veteran Suicide Data Sheet, 2016

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.<sup>a</sup> 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, b the Veteran suicide rate in Colorado:

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



### **Western Region**

- Alaska
- Arizona
- · California
- Colorado
- · Hawaii
- · Idaho • Utah Washington

Wyoming

- · Montana
- Nevada New Mexico
- Oregon
- Colorado Veteran Suicide Deaths, 2016

Sex	Veteran Suicides
Total	175
Male	160-170
Female	<10

To protect confidentiality, suicide death counts are presented in ranges when the number of deaths in any one category was lower than 10.

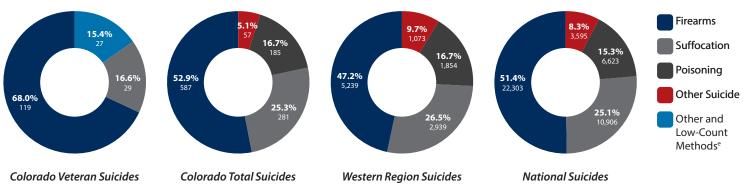
### Colorado, Western Region, and National Veteran Suicide Deaths by Age Group, 2016<sup>c</sup>

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

### Colorado Veteran and Total Colorado, Western Region, and National Suicide Deaths by Age Group, 2016<sup>c</sup>

Age Group	Colorado Veteran Suicides	Colorado Total Suicides	Western Region Total Suicides	National Total Suicides	Colorado Veteran Suicide Rate	Colorado Suicide Rate	Western Region Suicide Rate	National Suicide Rate
Total	175	1,110	11,105	43,427	42.9	26.1	19.0	17.5
18–34	31	344	3,061	11,997	66.0	25.6	16.6	16.1
35-54	54	404	3,854	15,467	47.4	27.7	19.5	18.6
55–74	68	290	3,155	12,162	39.8	25.0	19.9	17.3
75+	22	72	1,035	3,801	29.3	25.5	23.0	18.5

### Colorado Veteran and Total Colorado, Western Region, and National Suicide Deaths by Method, d 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 are 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.

- <sup>a</sup> The 2016 state data sheets contain suicide information for all 50 states and the District of Columbia.
- b 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 (\*).
- d 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 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.
- 9 World Health Organization, Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death, based on the recommendations of the Ninth Revision Conference, 1975; Geneva, 1977.
- h Klein, RJ, and Schoenborn, CA. Age adjustment using the 2000 projected U.S. population. Healthy People Statistical Notes, No. 20. Hyattsville, Maryland: National Center for Health Statistics. January 2001.
- 1 Veteran Population Model 2016 (VetPop2016), Predictive Analytics and Actuary, Office of Enterprise Integration, Department of Veterans Affairs.
- 1. U.S. general population estimates used for rate calculations are obtained from the U.S. Census Bureau, 2016 American Community Survey one-year estimates



### **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 10<sup>th</sup> 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**

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

Contact: LOCAL TWV COORDINATOR

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
- 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

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

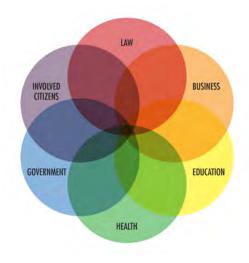
- a. Other groups to engage
- b. Monthly meetings Time, date and location for meetings



### **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.

RURAL VETERAN SUICIDE PREVENTION PROGRAM

### **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 (<u>name of coordinator</u>). 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. <u>Community climate refers to general attitudes throughout the community.</u>

- 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 2<sup>nd</sup> edition, 2014



### **Community Readiness Assessment Report**

Date: <###>

Community: <###>

Dimension	Readiness Level	Readiness Stage
<b>Knowledge of Efforts</b> — programs, activities, or services in your community that address Veteran suicide		
<b>Leadership</b> — 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		
Community Climate — general attitudes throughout the community about Veteran suicide		
Knowledge of the issue — community members' knowledge of issues related to Veteran suicide		
Resources — time, money, people, space, etc.		
Overall Score		

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 <u>Strengths and Opportunities</u> 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 <u>Challenges and Threats using the other color index card</u>. 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

# Strengths/Opportunitie

### 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

# Strengths/Opportunitie

### 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

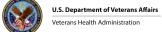
### Involve State, local leadership

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)



## Weaknesses/Threats

### 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)

RURAL VETERAN SUICIDE PREVENTION PROGRAM

### **SWOT Themes**

### **Strengths/Opportunities**

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### Weakness/Threats

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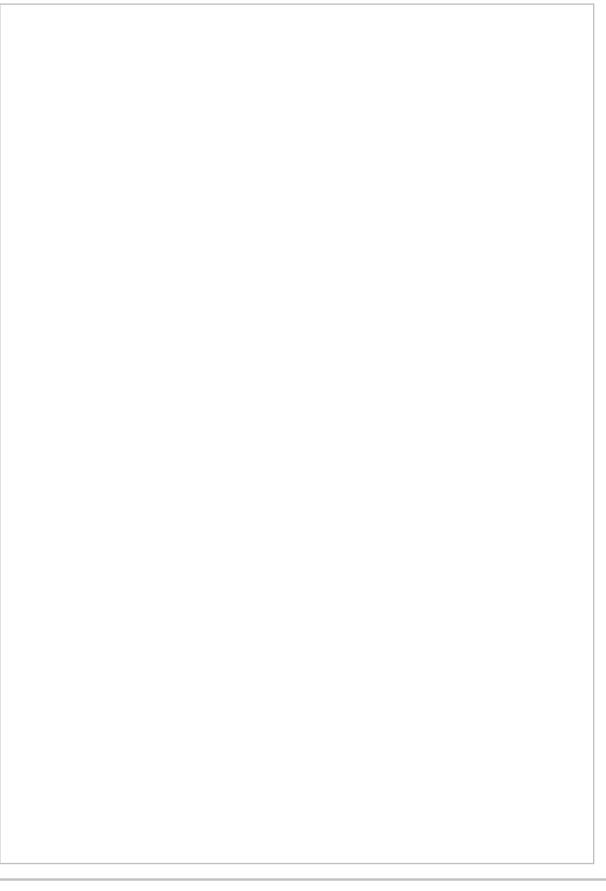
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RURAL VETERAN SUICIDE PREVENTION PROGRAM

# Strengths/Opportunities



RURAL VETERAN SUICIDE PREVENTION PROGRAM

## Weaknesses/Threats

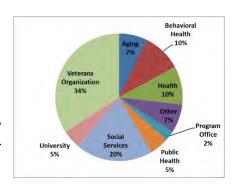


### Network Analysis Summary Report October 2018

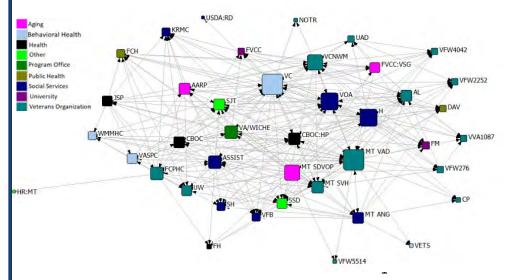


In 2018, 41 organizations were identified as part of the Veteran Suicide Prevention Network in the Flathead Valley. All were invited to participate in a social network analysis survey, and 26 organizations responded (68% response rate). Below is a summary of the results.

The network is made up of a number of diverse partners form 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



### What is the Veteran Suicide Prevention Network in the Flathead Valley?

The Veteran Suicide Prevention Network in the Flathead Valley is an informal network, that is, a group of government and nonprofit agencies that provide community based, Veteran suicide prevention and outreach in the Flathead Valley. To better understand how these partnerships are forming and build an evidence-base for strengthening the network, the Rocky Mountain MIRECC for Suicide Prevention supported a study to take a closer look at the 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.

The PARTNER Tool Survey was used for this study.

www.visiblenetworklabs.com

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.

### Most Common Facilitators Peer learning/sharing among collaborative members (65%) A collaborative that is responsive to needs of members (60%) Strong/well-connected collaborative leadership (55%) Strong sense of trust among collaborative members (55%) Most Common Challenges Time capacity (35%) Navigating political environments (30%) Funding capacity (30%), Communication with other agencies (30%)

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.

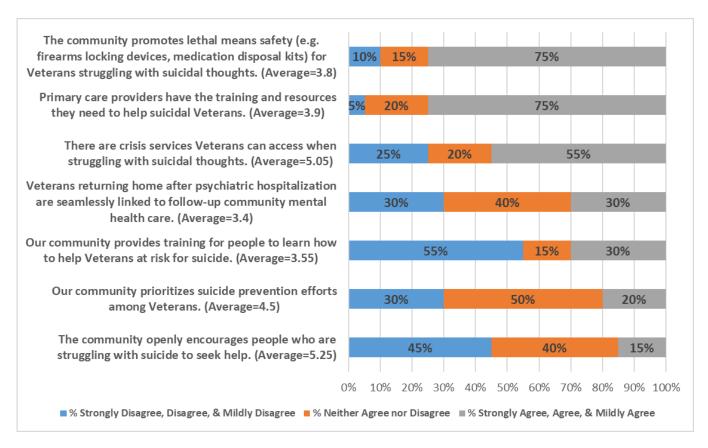


When asked for the most important contribution to the network, partners most commonly stated that community connections (38%) and advocacy (21%) were the most important resources they contribute.

### 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).



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.

### What type of training does your staff have related to interacting with Veterans?

Has your staff or organization ever participated in suicide prevention training? If so, what kind? If not, why not?

What we heard: There is a need for

What we heard: 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.).

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.

Recommendations: Several organizations report no training for their staff so targeted trainings for these organizations would be important to prioritize.

Recommendations: 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.

### What training would be beneficial to your organization related to Veterans?

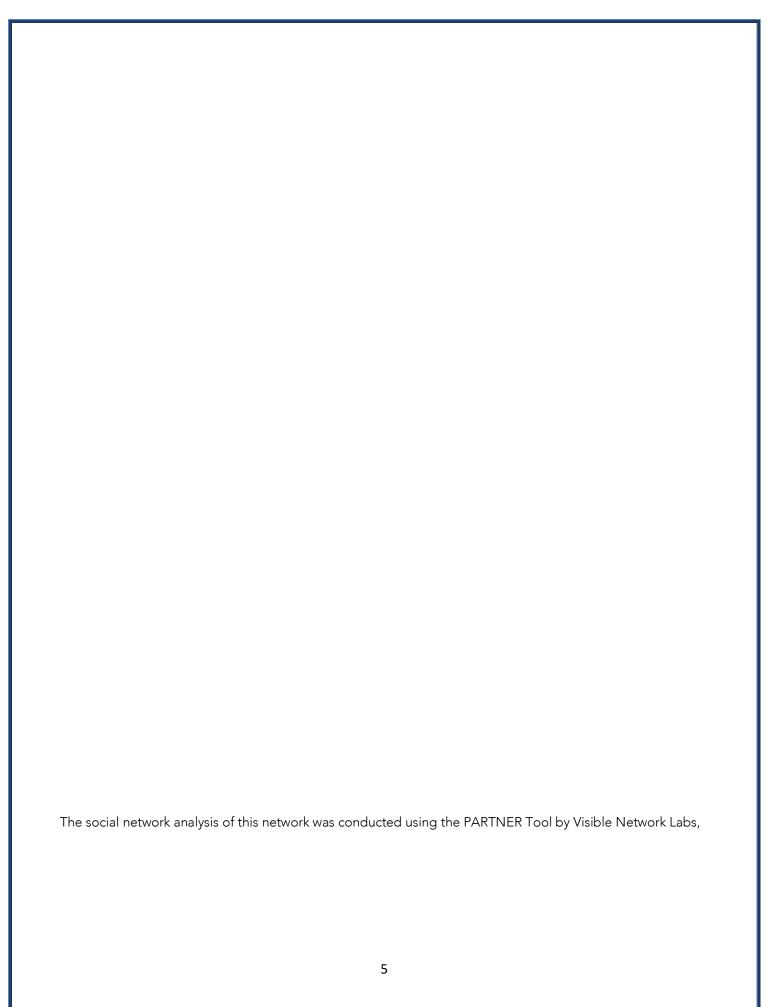
What are the costs to the Veterans for these services, if any?

What we heard: Some organizations are aware of the specific trainings they need while others are unsure.

What we heard: Organizations seem aware of training costs. Most services provided by organizations are free for Veterans.

Recommendations: 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.

Recommendations: For those organizations which utilize a sliding scale, are incomebased, or are free for "eligible" Veterans, information on specific sliding scales, income levels with corresponding copays, and eligibility criteria would be helpful to know.



## **TWV Individual Suicide Prevention Training Options**

### **TOGETHER WITH VETERANS**

RURAL VETERAN SUICIDE PREVENTION PROGRAM

					CATEGORY	
Working Minds	QPR	suicideTALK & eSuicideTALK.net	safeTalk	SAVE	<b>Gatekeeper Le</b> Competencies: re	Training
This training program is tailored for workplaces. From web: Developed by the Carson J Spencer Foundation, the Working Minds: "Suicide Prevention in the Workplace program toolkit features a facilitator's guide, trainee workbooks, and supplemental materials designed to help workplace administrators and employees better understand and prevent suicide. The program helps workplaces appreciate the critical need for suicide prevention while creating a forum for dialogue and critical thinking about workplace mental health challenges. The program builds a business case for suicide prevention while promoting help-seeking and help-giving."	Brief online suicide prevention training program that teaches the basic prevention skills, similar to SAVE: QPR stands for "question, persuade, refer." Also addresses the topics about causes, warnings signs, and self-care.	Brief basic suicide prevention training program. esuicideTALK is available as an online course. From web: "Dealing openly with the stigma around suicide, this exploration focuses upon the question "Should we talk about suicide?" By looking at this question in a number of different ways, session members can discover some of the beliefs and ideas about suicide in their communities—and in themselves."	Teaches similar skills to SAVE, TALK stands for "tell, ask, listen keep safe. This program is offered in person by certified trainers. From web: "safeTALK is a half-day alertness training that prepares anyone 15 or older, regardless of prior experience or training, to become a suicide-alert helper safeTALK-trained helpers can recognize these invitations and take action by connecting them with life-saving intervention resources"	Teaches four essential skills/steps in basic suicide prevention: recognize the warning Signs, Ask the question, Validate the Veteran's feelings, Expedite into care(SAVE). This program was developed by the VA for employees, but is also available for community audiences. Seminars are provided in person as scheduled and available by VA Suicide Prevention Coordinators. In-person seminars include interactive role playing exercises. A brief video training is available as well.	<b>Gatekeeper Level 1</b> <i>(for lay audiences)</i> Competencies: recognize the warning signs, talk to someone at risk and ask if they are thinking	Description
2-4 hours	60 mins	90 mins to half-day	Half day	30 min video or 1-2 hour seminars		Length
For information on availability, pricing, etc. contact:  Alexandra.yannocone@ucdenver.edu or 303-724-8768.	\$29.95 per person	Check with training agency. \$20 for online eSuicideTALK course.	Check with training agency.	free	about suicide, listen non judgmentally, and refer to care.	Cost (per person unless otherwise noted)
n/a	n/a	n/a	3 credit available after completing an online exam for \$15 fee.	n/a	refer to care.	Continuing Education Credit
n/a	n/a	n/a	2-day training T-35	n/a		Train the Trainer Requirements

## **TWV Individual Suicide Prevention Training Options**

### **TOGETHER WITH VETERANS**

RURAL VETERAN SUICIDE PREVENTION PROGRAM

The Columbia Protocol	Mental Health First Aid	Training
How do you help someone who is suicidal? The first step in suicide prevention is awareness — knowing when someone is in crisis. That's often not obvious, because many people suffer in silence or give no sign that they might harm themselves. As a family member, friend, neighbor, or colleague, you can make a difference by using the Columbia Protocol — also known as Columbia-Suicide Severity Rating Scale (C-SSRS) — to help determine when someone is at risk for suicide and how to help.	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.	Description
20 minutes for basic; extended training also available	8 hours	Length
Free to for-cost: http://cssrs.columbia.edu/ training/training-options/	Check with training agency.	Cost (per person unless otherwise noted)
Check with training agency	TTT courses offer CEUs.	Continuing Education Credit
Check with training agency	5 day - training workshop.	Train the Trainer Requirements

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

prevention in the community or professional workplace. Competencies: General gatekeeper skills plus enhanced communication skills, basic risk assessment, safety planning, and basic knowledge of strategies for suicide

QP	QPR-T	ASIST
QPR for Veterans	R-T	ST
This course can be taught independently, or can be combined with QPR-T or other advanced QPR course. From Web: "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 Veterans, soldiers in our National Guard or military reserves, and active military warriors. Learn what you can do to prevent a Veteran suicide."	From web: "The QPR Triage Training is for those on the "front lines" of suicide prevention. This interactive course teaches you how to interview potentially suicidal persons, determine immediate risk of suicide, and help reduce the risk of a suicide attempt or completion through a safety planning and referral process."	The Community Card version of the Columbia Protocol is the one best suited for use by family members, friends, and others who have a relationship with a person who may be at risk. It involves asking just three to six questions, but the answers provide enough information to determine whether someone needs help and if immediate action is needed. The questions' plain language also may make it easier for you to talk to someone who may be suicidal. Start the conversation now.
6 hours or longer if combined with other advanced training	6-10 hours and includes basic QPR certification.	2 days
\$79 per person, volume pricing available	\$119 per person, volume pricing available	Check with training agency.
6 CEUs	8-10 CEUs	12 credits available after completing online exam. \$60 fee for CEU.
Check with QPR for more information.	Check with QPR for more information.	5 days. Two types of trainer courses are offered, one general and one for military.

### **TOGETHER WITH VETERANS**

RURAL VETERAN SUICIDE PREVENTION PROGRAM

The Columbia Protocol	QPR for various professionals (Law Enforcement, Firefighters/EMT, School Health Professionals, Sports coaches, Correctional, Clergy)	Training
The Columbia Lighthouse Project provides versions of the Columbia Protocol, also known as the Columbia-Suicide Severity Rating Scale (C-SSRS), for use in community and healthcare settings. These are places where individuals and teams have the access and opportunity to systematically assess risk and save lives. Examples include: First Responders, Healthcare Facilities, Military Installations, Colleges and Schools, and Correctional Facilities.	QPR offers many tailored courses for different professionals and different cultural groups. All of these, like the Veterans version, can be combined with other advanced course materials if desired, or taught on their own. QPR founder Dr. Quinnette indicates that research best practice is to teach tailored courses for different professional audiences—each profession has a specific role to play.	Description
20 minutes for basic, extended training also available	3-10 hours depending on the course	Length
Free to for-cost: http://cssrs.columbia.edu/ training/training-options/	\$50-\$150 depending, volume pricing available	Cost (per person unless otherwise noted)
Check with training agency	Available, varies by course	Continuing Education Credit
Check with training agency	Check with QPR for more information.	Train the Trainer Requirements

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0.5.5	T T O 2 5	0 = -	CATEGORY
Zero Suicide in Health and Behavioral Health Care	QPR for: Doctors and Pas, Nurses, Occupational & Physical Therapists, Pharmacists	WICHE Suicide Prevention Toolkit for Rural Primary Care Practices	Primary care/Health care Competencies: Gatekeeper leve competencies and may not, dep
Zero Suicide is a comprehensive program for health care organizations to implement best practices in health systems suicide prevention. The program includes a self-study and a 7-step implementation strategy. The program	QPR offers many tailored courses for difference professionals and different cultural groups. All of these, like the Veterans version, can be combined with other advanced course materials if desired, or taught on their own. QPR founder Dr. Quinnette indicates that research best practice is to teach tailored courses for different professional audiences—each profession has a specific role to play.	The Suicide Prevention Toolkit for Rural Primary Care Practices was developed with consultation from rural providers. Over the years, WICHE has offered tailored trainings to primary care practices on suicide prevention and the implementation of the Toolkit. Some practices have combined implementation of the Toolkit with a different suicide prevention training program (e.g., ASIST, QPR for Doctors, etc.)	<b>Primary care/Health care</b> Competencies: Gatekeeper level 1 plus specific skills and processes for implementing suicide prevention in health care settings. This may include Gatekeeper Level 2 competencies and may not, depending on the course participants/audience taking the training.
Half to full day workshops are available. Or, a 2-day Zero Suicide Academy is	3-10 hours depending on the course	1 hour to 2 days	ng suicide prevention in the training.
Contact Zero Suicide Institute	\$50-\$150 depending, volume pricing available	Varies	n health care settings. This may in
Contact Zero Suicide Institute	Available, varies by course	Check with WICHE/SPRC	hclude Gateke
Contact Zero Suicide Institute	Check with QPR for more information.	Check with WICHE	eper Level 2

## **TWV Individual Suicide Prevention Training Options**

### **TOGETHER WITH VETERANS**

RURAL VETERAN SUICIDE PREVENTION PROGRAM

The Columbia Protocol		Training
The Columbia Lighthouse Project provides versions of the Columbia Protocol, also known as the Columbia-Suicide Severity Rating Scale (C-SSRS), for use in community and healthcare settings. These are places where individuals and teams have the access and opportunity to systematically assess risk and save lives. Examples include: First Responders, Healthcare Facilities, Military Installations, Colleges and Schools, and Correctional Facilities.	requires identification of a leadership team to implement and train their organization.	Description
20 minutes for basic, extended training also available	offered to a health care practice leadership team. Teaches skills and resources to implement Zero Suicide.	Length
Free to for cost:  http://cssrs.columbia.edu/ training/training-options/		Cost (per person unless otherwise noted)
Check with training agency		Continuing Education Credit
Check with training agency		Train the Trainer Requirements

## Advanced professional training for behavioral health

CATEGORY

Competencies: Gatekeeper 1 & 2 plus collaborative safety planning with at risk clients, lethal means counseling, risk assessment and stratification, treatment planning

Collaborative Assessment and	Lethal Means and Suicide Prevention Training	Therapeutic Risk Management (TRM)
CAMS is a structured process of collaborative risk assessment and management. This includes a structured risk assessment, treatment planning, and a crisis response plan (i.e., "safety plan"), all conducted	This web-based presentation will educate VHA mental health providers on lethal means safety counseling. Participants will learn about the purpose of lethal means safety counseling, including how to work with Veterans and their friends and family to facilitate lethal means safety during high-risk periods. The training emphasizes Veteran autonomy and teaches clinicians to work collaboratively with Veterans towards solutions that align with each Veteran's values and preferences. Following completion of the training, providers will have a better understanding of how to utilize lethal means safety counseling to enhance suicide prevention efforts with the Veterans they serve. https://www.mirecc.va.gov/lethalmeanssafety/	TRM is a risk management best practice for working with suicidal clients developed by the VA's Rocky Mountain MIRECC for Suicide Prevention. TRM 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 counseling.
Self-directed and inperson workshops.	1 hour to 2 days	Variable based on request. A 65 min recorded webinar and downloadable resources available.
\$99 for 7-day access to online course; or \$135 with 3 CEUs. IN person	Free	Currently free. All online resources are free.
3 CEUs	1 credit for ACCME, ACCME-NP, ANCC, APA, ASWB, NBCC, NYSED SW	Not available unless otherwise applied for. Check with MIRECC.
Unknown	n/a	Check with MIRECC



### **TOGETHER WITH VETERANS**

RURAL VETERAN SUICIDE PREVENTION PROGRAM

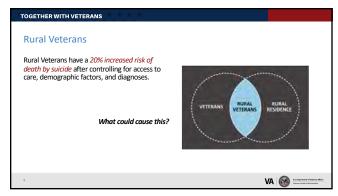
Description  Length  Collaboratively with the client Results are mixed with the most compelling.	Length Time to complete
	Time to complete varies.
	Length Time to complete varies.
(per person unless otherwise noted) (per person unless otherwise noted) practical roll-play workshops available upon request.	
erson unless otherwise noted)  Continuing Education Credit  ical roll-play workshops available request.	Continuing Education Credit





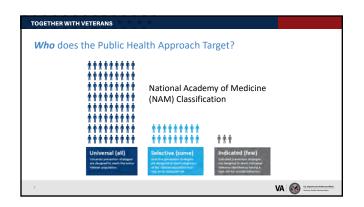












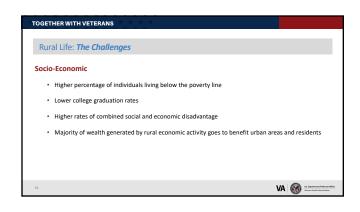


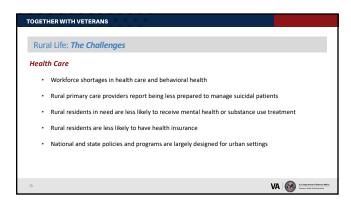


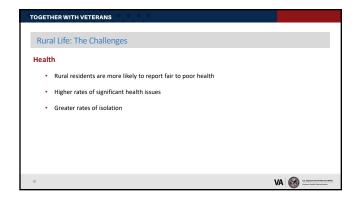




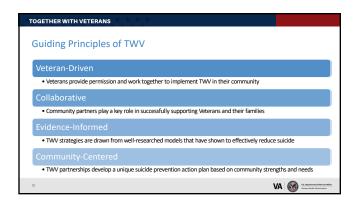




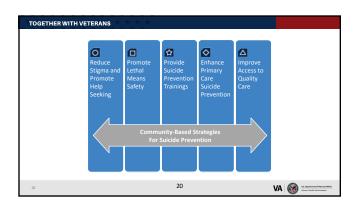




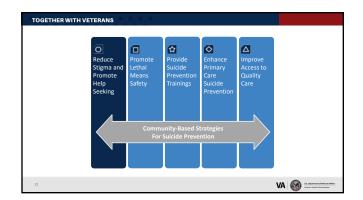






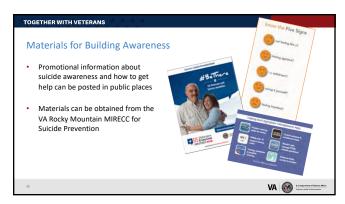


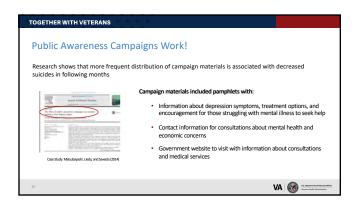


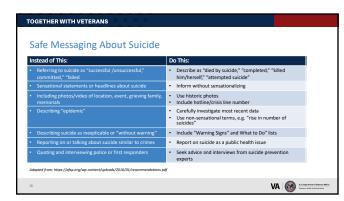








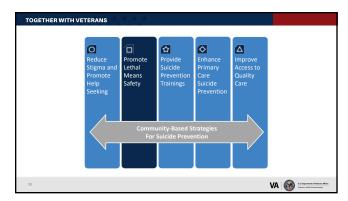




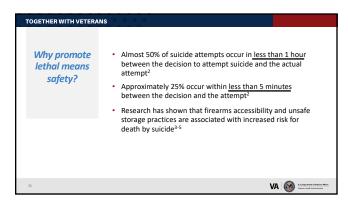


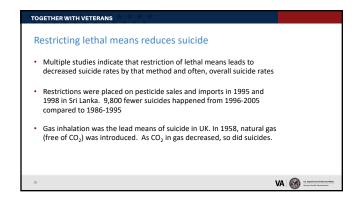






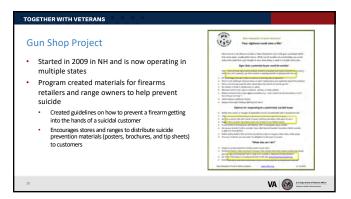




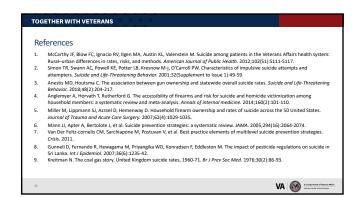




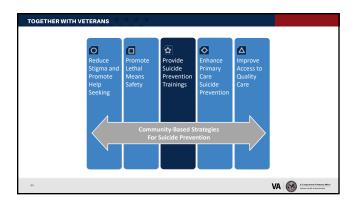


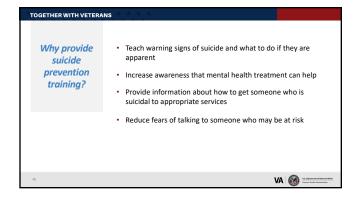


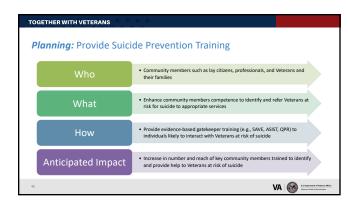


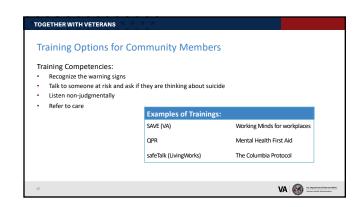






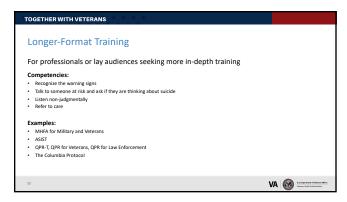


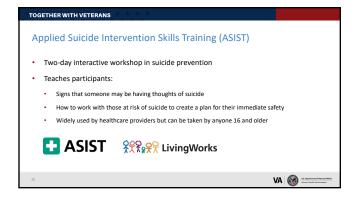


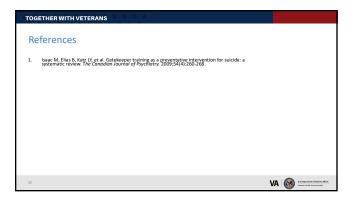




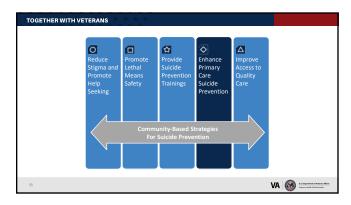




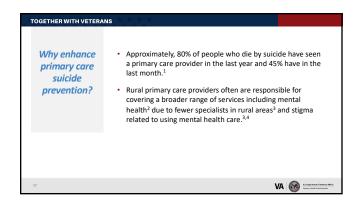


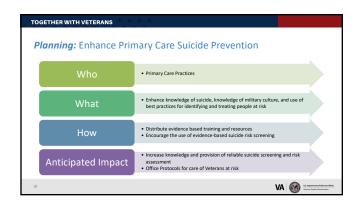


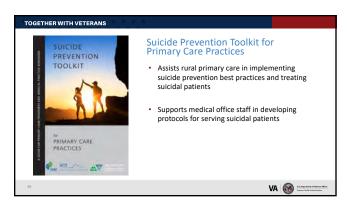


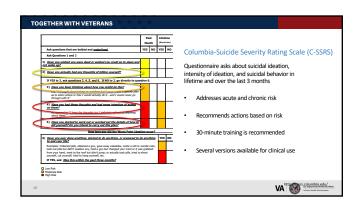


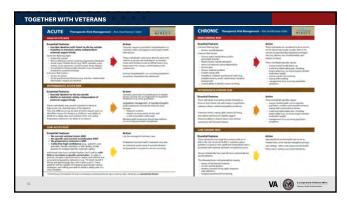
TOGETHER WITH VETERANS Why do Unique health history based on military experience, including the possibility of: primary care Hearing loss providers need Traumatic brain injury to know about serving · Exposure to hazardous materials and infectious diseases Physical and psychological trauma **Veterans?** · Cultural identity and pride associated with service history Increased risk of suicide in the Veteran population VA 🚳 13. Ougustons

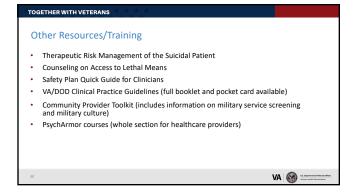


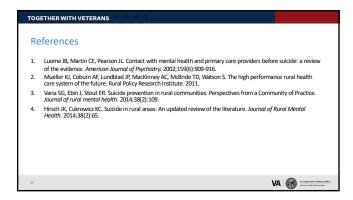




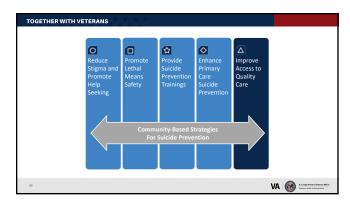


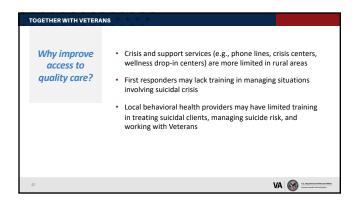






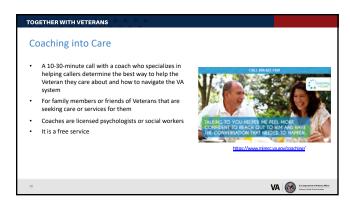


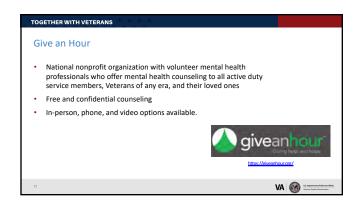


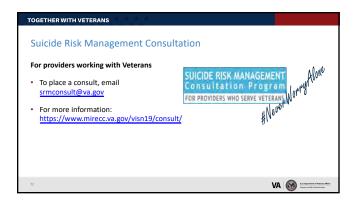


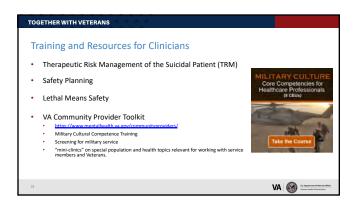












# **Together With Veterans Community Action Plan** — Insert Community Name Here

Assessment Results and Resources	
Readiness Score:	
Suggested Activities to Improve Readiness:	
SWOT Analysis Results — Themes	
Strengths/Opportunities	Weaknesses/Threats

# Together With Veterans Community Action Plan — Insert Community Name Here

### Available Resources

 VA Community Provider Toolkit – online training, tools and resources about serving Military and Veterans: https://www.mentalhealth.va.gov/communityproviders/ screening.asp

- WICHE team provides brief Veteran-specific suicide prevention training for primary care providers
- Rocky Mountain MIRECC catalogue of suicide prevention resources (including gun locks)

# Together With Veterans Community Action Plan – Insert Community Name Here

Intervention/Strategy: <b>Reduce Stigma and Promote Help-Seek</b> How do we increase awareness about Veteran suicide, prevention strategies and how to get help?	r: Reduce	Stigma and Pr	Intervention/Strategy: Reduce Stigma and Promote Help-Seeking How do we increase awareness about Veteran suicide, prevention strategies and how to get help?	
Action(s)		By When	Partner Organizations	Person(s) responsible
Program Evaluation Measures				
What are my measures?	Ном ап	How am I collecting them?	How and when do I report?	ואho is responsible?

# **Together With Veterans Community Action Plan** — Insert Community Name Here

	Intervention/Strategy: <b>Promote Lethal Means Safety</b> How do we expand time and space between the thought of suicide and the ability to act	<b>Promo</b>	te Lethal Mear the thought of suicide ar	<b>1S Safety</b> nd the ability to act on that thought?		
Action(s)			By When	Partner Organizations	Person(s) responsible	sible
Program E	Program Evaluation Measures					
Wh	What are my measures?	Ном	How am I collecting them?	How and when do I report?		Who is responsible?

### RURAL VETERAN SUICIDE PREVENTION PROGRAM

# **Together With Veterans Community Action Plan** — Insert Community Name Here

<b>E</b>
----------

Wha	Program Ev		Action(s)	<b>E</b>
What are my measures?	Program Evaluation Measures			Intervention/Strategy: <b>Provide Suicide Prevention Training</b> Performance Benchmark: Optimal for suicide prevention impact: .75% of community popul  How many will we train?
Нош а				<b>Provide</b> mal for suicid
How am I collecting them?			By When	Suicide Prevention impact:
How and when do I report?			Partner Organizations	Intervention/Strategy: <b>Provide Suicide Prevention Training</b> Performance Benchmark: Optimal for suicide prevention impact: .75% of community population trained in suicide prevention strategies  How many will we train?
t? Who is responsible?			Person(s) responsible	n suicide prevention strategies.
le?				

RURAL VETERAN SUICIDE PREVENTION PROGRAM

### **TOGETHER WITH VETERANS**

# **Together With Veterans Community Action Plan** — Insert Community Name Here

$\Diamond$

## Intervention/Strategy: Enhance Primary Care Suicide Prevention

	$\Diamond$
How many primary care providers will we reach?	Performance Benchmark: Community wide, <u>providing toolkits and/or training to 75% of prevention impact.</u>
	rimary care providers is optimal for suicide

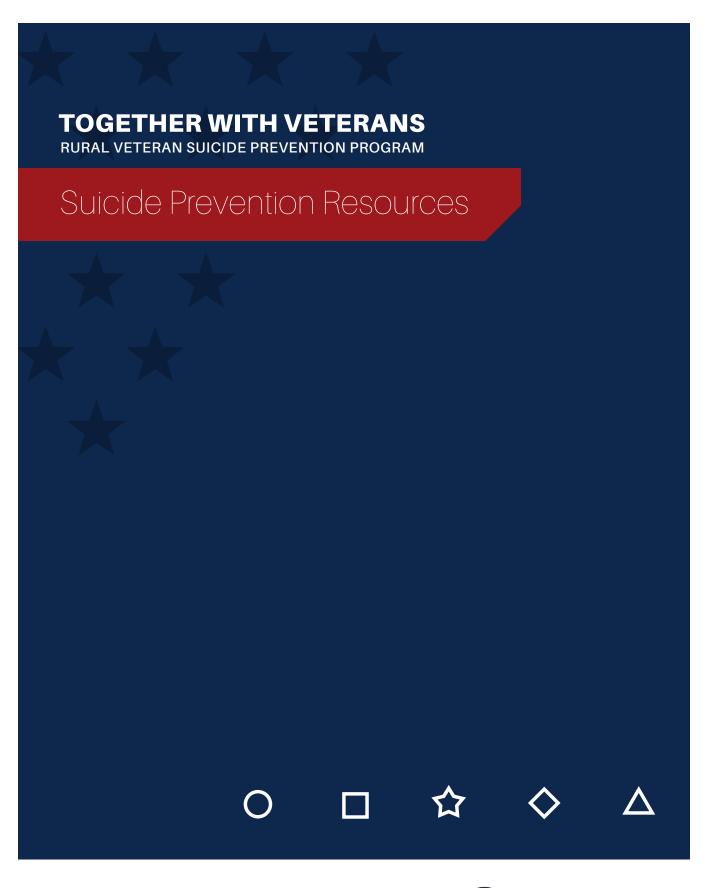
Person(s)  By When Partner Organizations Person(s)  How am I collecting them? How and when do I report?	What	Program Ev		Action(s)	<
By When Partner Organizations Person(s) responsib  How am I collecting them? How and when do I report? Who is resp	What are my measures?	Program Evaluation Measures			Performance Benchmark: Com prevention impact. How many primary care provid
By When Partner Organizations Person(s) responsib  How and when do I report? Who is responsib	Нош а				munity wide
Partner Organizations  How and when do I report?  Who is resp	ım l collecting them?			By When	, providing toolkits and, each?
Person(s) responsib	How and when do I report			Partner Organizations	or training to <b>75</b> % of primary care prov
onsible?	t? Who is responsible?			Person(s) responsible	<u>viders</u> is optimal for suicide

# Together With Veterans Community Action Plan – Insert Community Name Here

	Intervention/Strategy: Improve Access to Quality Care How do we increase awareness about services and improve quality of care?	Improv bout service	e Access to Qus and improve quality of	iality Care		
Action(s)			By When	Partner Organizations	Person(s) responsible	
Program Ev	Program Evaluation Measures					
Wha	What are my measures?	Ном а	How am I collecting them?	How and when do I report?	Who is responsible?	sible?

### **TWV Community-Based Suicide Prevention Strategies**

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





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### 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

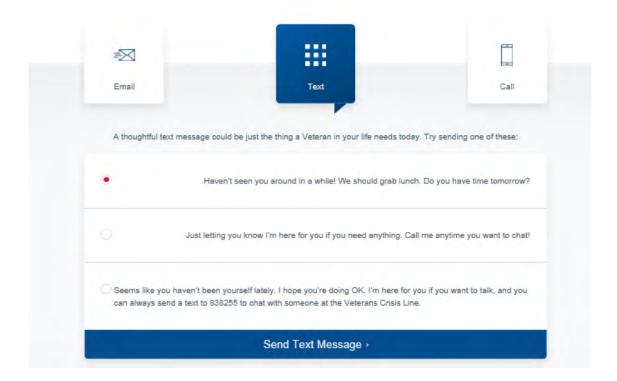
**#BeThere** is a suicide prevention campaign launched by VA, which encourages people to be there for others. The **#BeThere** website has different resources for preventing suicide.

### **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.

Showing your support can be as simple as sending a message. Your words could be exactly what a Veteran in crisis needs to hear, and our message generator can help you find the right words to start a conversation. For more ways to show your support, download our Suicide Prevention Month Toolkit



### 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=MCSZ7FjTq5I

 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

TOGETHER WITH VETERANS 3



### 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.



TOGETHER WITH VETERANS 4



### **Make the Connection**

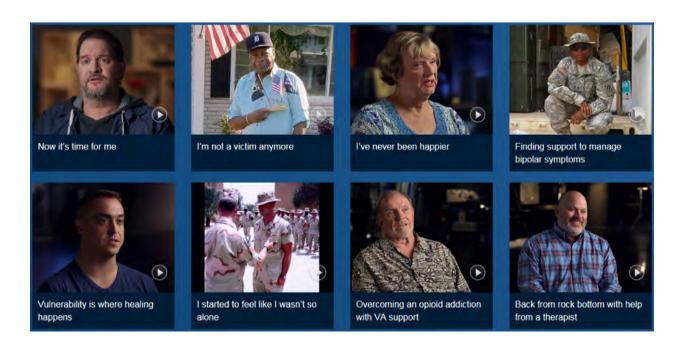
### **WEBSITE:**

### 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.







### 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.

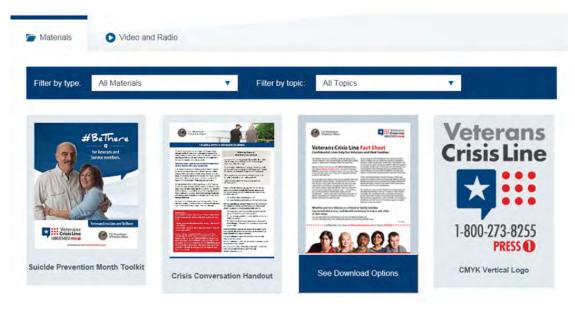
### Veterans Crisis Line Shareable Materials

### **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.



TOGETHER WITH VETERANS 6



# **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.

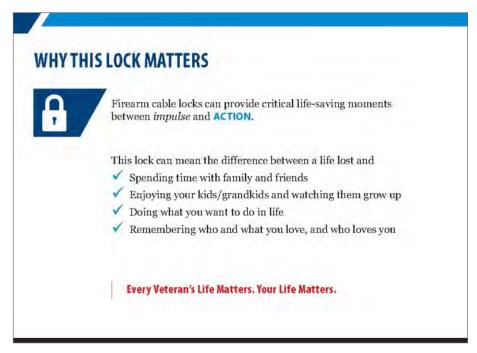




# Firearm Safety Lock Brochure & Firearm Safety Poster

> 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.



# Firearm Safety

## VIDEO:

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:**

# www.healthquality.va.gov/guidelines/MH/srb/VASuicidePreventionPocketGuideSpreads.pdf

> 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%20 Prevention%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.



# **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**

# Therapueutic 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 <a href="www.treatmentworksforvets.org/provider">www.treatmentworksforvets.org/provider</a>. 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.



# RESOURCES FOR CLINICIANS (continued)

# 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 <a href="mailto:srmconsult@va.gov">srmconsult@va.gov</a>.

**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.



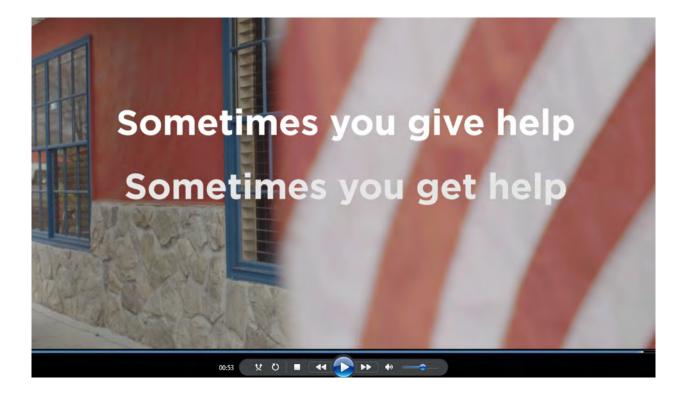
# **PSAs**

# **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.



No

RURAL VETERAN SUICIDE PREVENTION PROGRAM

# **Together With Veterans Materials Ordering Catalogue**

Your name:			
Email:			
Telephone:			
	code. Please also include any addition	vant, contact name, street address (no nal info need to ensure delivery, such	
Organization/Contact Name:			
Address line 1:			
Address line 2:			
City:	State:	Zip Code:	

# 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 <a href="https://www.mirecc.va.gov/visn19/orderform/orderform.asp">www.mirecc.va.gov/visn19/orderform/orderform.asp</a> or your local VA Suicide Prevention Coordinator may have some supplies available.
  - o 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
  - o All materials in the Educational Materials form are free.

Would you like to receive notice of new educational resources?

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.

Item#	Item Name	Additional Information	Price (each item)	Quantity	Total (Price x Quantity)
#01	Bracelets	Camo, 3.75" diameter	\$0.20		
#02	Squeeze Powered Flashlights	White	\$0.34		
#03	Dog Tags	Blue	\$0.95		
#04	Magnets	White, 3.5" x 2"	\$0.10		
#05	Phone Card Pockets	Multiple Colors	\$1.04		
#06	Pillboxes	Blue and Red, 7 days	\$0.65		
#07	Stress Balls	White, 2 1/2" diameter	\$1.04		
#08	Tote Bags	Multiple Colors, 12"W x 13" H X 8 " D	\$1.20		
#09	Magnetic Clips	Blue, 1-3/7" W x 3-3/8" H	\$0.86		
#10	Wallet Card	White, 2.25" H x 3.5" W	\$0.09		
#11	Light Up Pens	Blue, Orange, Green, Red	\$0.95		
#12	Pen	Red, Blue, Green and Orange	\$0.34		
#13	Window Decals	White, 4" H x 4" L	\$0.22		
#14	Gun Locks	Grey	Free		
#15	# BeThere Poster	Paper 24" x 36"	\$35.70		
		Paper, 30" x 40"	\$49.58		
		Paper, 36" x 48"	\$71.50		
#16	Firearm Safety Poster	Paper 24" x 36"	\$35.70		
		Paper, 30" x 40"	\$49.58		
		Paper, 36" x 48"	\$71.50		
_	TWV Challenge Coin	Please contact MIRECC for ordering information	Free	_	_

RURAL VETERAN SUICIDE PREVENTION PROGRAM

#01

**Bracelets** 

#04

Magnets





#02

Squeeze Powered Flashlight

#05

**Phone Card Pocket** 





#03

**Dog Tags** 

#06

**Pillboxes** 





RURAL VETERAN SUICIDE PREVENTION PROGRAM

#07

Stress Balls

#10

**Wallet Cards** 





#08

**Tote Bags** 

#11

Light up Pen





#09

Magnetic Clips

#12

Pen



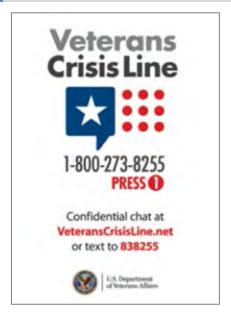


RURAL VETERAN SUICIDE PREVENTION PROGRAM

#13

Window Decal

#14





**#BeThere Poster** 



**Firearms Safety Poster** 



RURAL VETERAN SUICIDE PREVENTION PROGRAM

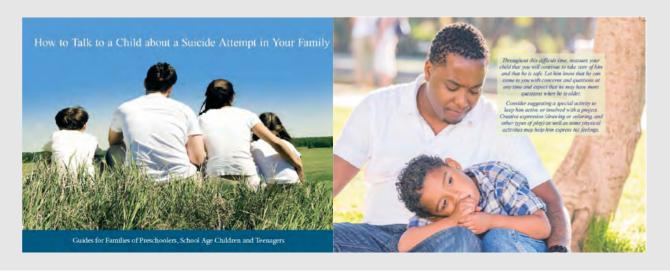
# **Educational Materials**

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

Your name:			
Email:			
Telephone:			

Item#	Item Name	Additional Information	Quantity
#17	Talking to Children Guide (English)	24 pages & DVD (not to exceed 25) – English	
#18	Talking to Children Guide (Spanish)	24 paginas & DVD (que no exceda de 25) – Spanish	
#19	REACH VET Cards	Order in multiples of 25, not to exceed 500	
#20	Treatment Works for Vets — Veteran Card	Order in multiples of 25, not to exceed 100	
#21	Give an Hour Cards	Order in multiples of 25, not to exceed 100	
#22	DVD: Substance Use and Traumatic Brain Injury Risk Reduction and Prevention	Not to exceed 5	
#23	DVD: TIP 50	Not to exceed 5	
#24	Evidence-Based Psychotherapy Shared Decision-Making Provider Cards	Order in multiples of 25, not to exceed 100	
#25	SDVCS Nomenclature Laminated Tools	Not to exceed 50	
#26	Therapeutic Risk Management of the Suicidal Patient Tool	Order in multiples of 25, not to exceed 100	
#27	Suicide Risk Management Consultation Cards	Order in multiples of 25, not to exceed 100	

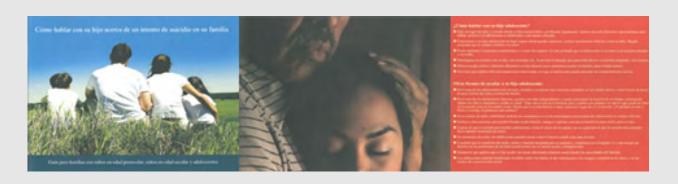
How to Talk to a Child about a Suicide Attempt in Your Family — Booklet & DVD (English)



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.

#18

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 adolescents Folleto & DVD



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.

# **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



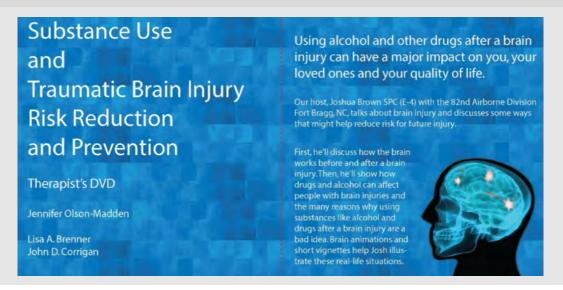
This card serves as an introduction to the Treatment Works for Veterans website. TreamentWorksForVets.org is a free, public website for Veterans, family members, and others interested in learning more about proven mental health treatments for Veterans. It was designed, with input and feedback from Veterans, 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.

# Give an Hour Card



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.

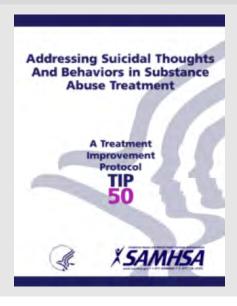
**DVD:** Substance Use and Traumatic Brain Injury Risk Reduction and Prevention



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



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.

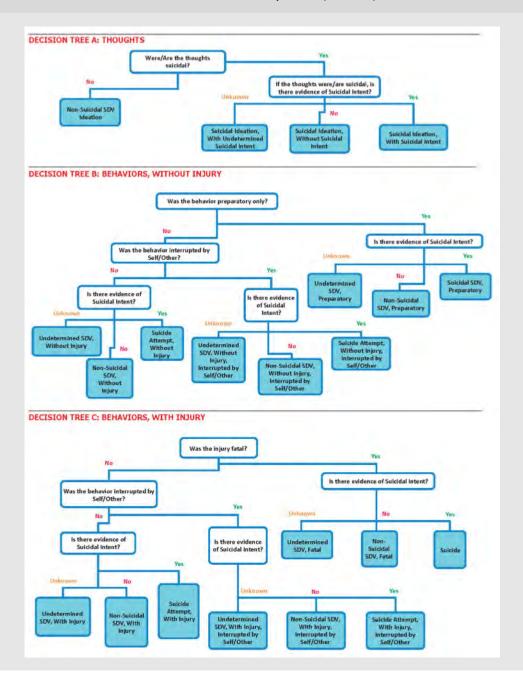
# Evidence-Based Psychotherapy Share Decision-Making — Provider Card





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: <a href="mailto:treamentWorksForVets.org/Provider/">treamentWorksForVets.org/Provider/</a>. 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 Tools



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

# ACUTE Therapeutic Risk Management – Risk Stratification Table HIGH ACUTE RISK Essential Features • Suicidal ideation with intent to die by suicide Action Typically requires psychiatric hospitalization

#### Inability to maintain safety independent external support/help

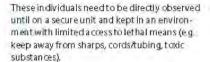
- Common Warning Signs

   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)
- Exacer bation of personality disorder (e.g., Increased borderline symptomatology)

#### Common Risk Factors

- Access to means.
- Acute psychosocial stressors (e.g., job loss, relationship dissolution, relapse on alcohol)

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



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 re-assessment of risk, and
- a well-articulated safety plan

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

#### LOW ADDITERESK

#### **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.

For more training and information on Therapeutic Risk Management of the Suicidal Patient please visit our website: www.mirecc.va.gov/visn19/trm

\*Overall level of individual risk may be increased or decreased based upon warning signs, risk factors and protective factors

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.

RURAL VETERAN SUICIDE PREVENTION PROGRAM

#27

Suicide Risk Management Promotional Items





Rocky Mountain MIRECC's Suicide Risk Management Consultation Program is launching a new campaign, #NeverWorryAlone, to raise awareness of the program's expansion to include providers in the community in addition to VA providers. Help promote #NeverWorryAlone and bring this service to providers in the community serving Veterans.

# **After Action Report**

<b>Activity Details</b>			please write N/A if	not applic	able
Date: Activity Name:					
Type of Activity: ☐ Presentation ☐ TWV (	Communit	y Meeting □TWV Ste	eering Committee	□Trai	ning
□Public Event □Outreach Event □Edu	ucation Me	eting   Other:			
Total # of Attendees: Of Total #	of Attend	lees: # Veterans:	# Clinicians:		
☐Behavioral Health Providers #	□Law er	nforcement/EMT #	□Nurses #		
□Veterans/Family Members #	□Other	Individuals/Organization	S	#	
Time spent on activity	_				
Notes Sustain/ What Went Well:			please write N/A if	not appli	cable
Improve/ What We Can Do Better:					
Action Items			please write N/A if	not appli	cable
Tasks	Due dates	Responsible person(s)	• •	port/sup eeded (c	•
				Yes	No
				Yes	No



Yes

Yes

No

No

Re	ıfρ	rra	ls I	V	a	h	P
116		ı ı a	IJI	A I		ч	C

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):	
☐ <b>Educational Materials</b> (e.g., Local Veteran Resource Guide, Give an Hour cards)	
Type and number of item(s):	
,,	
☐ <b>Materials for Providers</b> (e.g., informational cards, Suicide Risk Management Cards,	or Primary Care materials)
Type and number of item(s):	
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		1	olease write N/A if	not applica	able
Date: 3/14/2019 Activity Name	Visit Big River	Health Clinic			
<b>Type of Activity</b> : □ Presentation □TW	/V Community M	1eeting □TWV Steer	ring Committee	□Trair	ning
☐ Public Event ☐ Outreach Event ☐ [	Education Meeti	ng XOther: Provided	l Materials		
Total # of Attendees: 4 Of Total	al # of Attendee	s: # Veterans:	_ # Clinicians: _2		
☐Behavioral Health Providers #		rcement/EMT #	Nurses # 1		
□Veterans/Family Members #	XOther Ind	ividuals/Organizations _		#_	1
Time spent on activity 2	<del></del>				
Notes			please write N/A ij	not applic	able
Sustain/ What Went Well:			predict write ryring	пос аррпе	4570
Improve/ What We Can Do Better: I wish I had brought the Crisis Line pocultural competency course.  Action Items	osters and mate		k to them about a		rable
Tasks	Due	Responsible	Sup	port/supp	olies
	dates	person(s)	n	eeded (ci	rcle)
Set up meeting to present to staff	3 months	Sam Jones			
				Yes	No
				Yes	No No
				Yes	No



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Together With Veterans	Emblem	[Partner Organization Name]
Referrals Made e.g. job services, housing, transportation		please write N/A if not applicable
Materials Distributed or PSAs Show		please write N/A if not applicable
☐ Crisis Line Promotional Items (e.g., Crisis Line ca		
Type and number of item(s):		
★ Educational Materials (e.g., Local Veteran Resorting and number of item(s): 30 Local Veteran Resorting and number of item (s): 30 Local Veteran Resorting and number of item (s): 30 Local Veteran Resorting and number of item (s): 30 Local Veteran Resorting and number of item (s): 30 Local Veteran Resorting and number of item (s): 30 Local Veteran Resorting and number of item (s): 30 Local Veteran Resorting and number of item (s): 30 Local Veteran Resorting and number of item (s): 30 Local Veteran Resorting and number of item (s): 30 Local Veteran Resorting and number of item (s): 30 Local Veteran Resorting and number of item (s): 30 Local Veteran Resorting and number of item (s): 30 Local Veteran Resorting and number of item (s): 30 Local Veteran Resorting and number of item (s): 30 Local Veteran Resorting and number of item (s): 30 Local Veteran Resorting and number of item (s): 30 Local Veteran Resorting and number of item (s		
Type and number of item(s): _30 Local veteral N	lesource duides, div	e an nour cards
Materials for Providers (e.g., informational card  Type and number of item(s): 30 Suicide Risk Ma		·
Type and number of item(s): _30 Suicide Kisk We	magement carus	
☐ Video(s) or PSA(s)		
Which Video or PSA(s):		
☐ <b>Other</b> 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
  - o 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.

# Monthly/Quarterly Report

	Individual Veterans served throu	Individual Veterans served through support of the Together with Veterans (Peer Work)
Date	# of Veterans	Referrals Made
1/10/19	5	3 Job Services, 2 Veterans referred to counseling
1/20/19	10	3 Transportation, 2 Housing, 1 Furniture, 4 to SLV BHG, 1 VSO (mineral), 6 Crisis Line
1/30/19		1 Crisis Line or SLV BHG, 1 VA CBOC

# Monthly/Quarterly Report

Date	Type of Activity	Desribe purpose and outcome	Total # of Attendees	# Veterans, of total attendees	Audience	Strategies Addressed	Distribution
	Presentation					Reduce Stigma/Promote Help Seeking	
_	If other:						
						Promote Lethal Means Safety	
		Presenting to the			50 Veterans. 30 county	Provide Suicide Prevention Training	
1/3/18		county commissioners	80	50	commissioners	Enhance Primary Care Suicide Prevention	50 guniocks, 12 tote bags
						Improve Access to Quality Care	
						Acces to Crisis Services	
						Resources for Clinicians	
						Reduce Stigma/Promote Help Seeking	
	rieselicación					Promote Lethal Means Safety	
_	If other:						
1/21/18		Meeting with health	12	5	5 veterans, 7 civilians	Provide Suicide Prevention Training	6 SRM notepads, 5 SDVCS
		כמוב מוסאומבוס				Improve Access to Bullity Care Suicide Prevention	אסוויבווכומימוב במוזווומיבמ וססוס
						Acces to Crisis Services	
			7				
	Public Event					Reduce Stigma/Promote Help Seeking	
	If other:					Promote Lethal Means Safety	
		Community outreach				Provide Suicide Prevention Training	
1/28/18		and awareness at county fair	300	100	100 Veterans, 200 civilians	Impro 59 hacess Pro Bary Kare Suicide Prevention	75 VCL coasters, 100 VCL pens
						Acces to Crisis Services	
Additional Notes:	otes:						

