



2021 DOD/VA

Suicide Prevention CONFERENCE

Make Every Connection Count

May 20, 2021 11:30am-12:25pm

Developing, Implementing and the Successes of a Veteran Suicide Prevention Community Task Force

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Wisconsin Chapter



Presentation Learning Objectives

OBJECTIVE 1

- A) We will summarize US & Wisconsin suicide demographic data and how this compares to Veteran suicide characteristics.
- B) We will summarize the President's Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS)

OBJECTIVE 2

- A) We will describe how we started our Task Force.
- B) We will discuss how our Task Force has aligned goals to the PREVENTS, VA strategic plan & the US Surgeon General models for addressing suicide prevention.

OBJECTIVE 3

- A) We will describe the successes of the Task Force's 4 Action Areas:
 - 1. Public Health Messaging,**
 - 2. Outreach**
 - 3. Clinical**
 - 4. Research and Policy**
- B) Discuss future plans of the Task Force and expanding the program to other areas of the State.

United States Suicide Rates

- ☯ Suicide continues to increase in the U.S. adult population and is the 10th
- ☯ From 2005 to 2018, there was a 47.1% increase in the number of suicide deaths in the general population.
- ☯ 46,510 American adults died by suicide in 2018, compared with 45,390 in 2017 and 31,610 in 2005¹
- ☯ There was a slight decrease in the suicide rate in 2019.
- ☯ Across the nation, the number of suicide deaths has been rising since the turn of the millennium.

¹U.S. Census Bureau, American Community Survey, 2018 American Community Survey 1-Year Estimates, Table B21001; Generated by VA OMHSP, using <https://data.census.gov/cedsci/> (25Mar2020).

Wisconsin

All Suicide Injury Deaths and Rates per 100,000 All Races, Both Sexes, All Ages

Rates have been increasing!

Only in 2019, there was a slight decrease in the suicide rate.

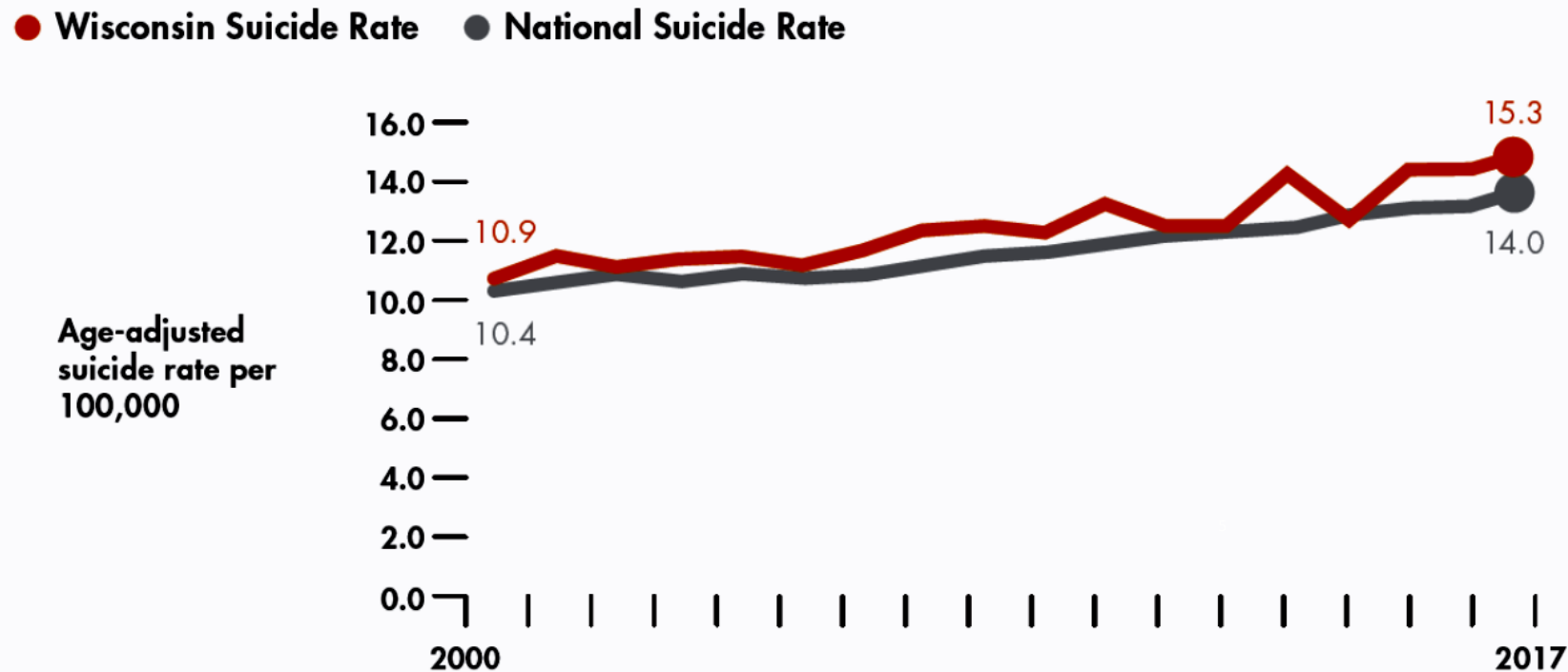
Year	Number of Deaths	Population	Crude Rate	Age-Adjusted Rate
2009	724	5,669,264	12.77	12.46
2010	793	5,687,285	13.94	13.40
2011	745	5,705,288	13.06	12.78
2012	723	5,719,960	12.64	12.31
2013	850	5,736,754	14.82	14.34
2014	769	5,751,525	13.37	13.12
2015	877	5,760,940	15.22	14.63
2016	866	5,772,628	15.00	14.65
2017	926	5,790,186	15.99	15.47
2018	888	5,807,406	15.29	14.85
2019	845	5,822,434	14.51	13.99

Fatal Injury Reports, National, Regional and State, 1981 – 2019 [WISQARS Fatal Injury Reports \(cdc.gov\)](#) Accessed 3/17/2020

Produced by: National Center for Injury Prevention and Control, CDC
Data Source: NCHS Vital Statistics System for numbers of deaths. Bureau of Census for population estimates.

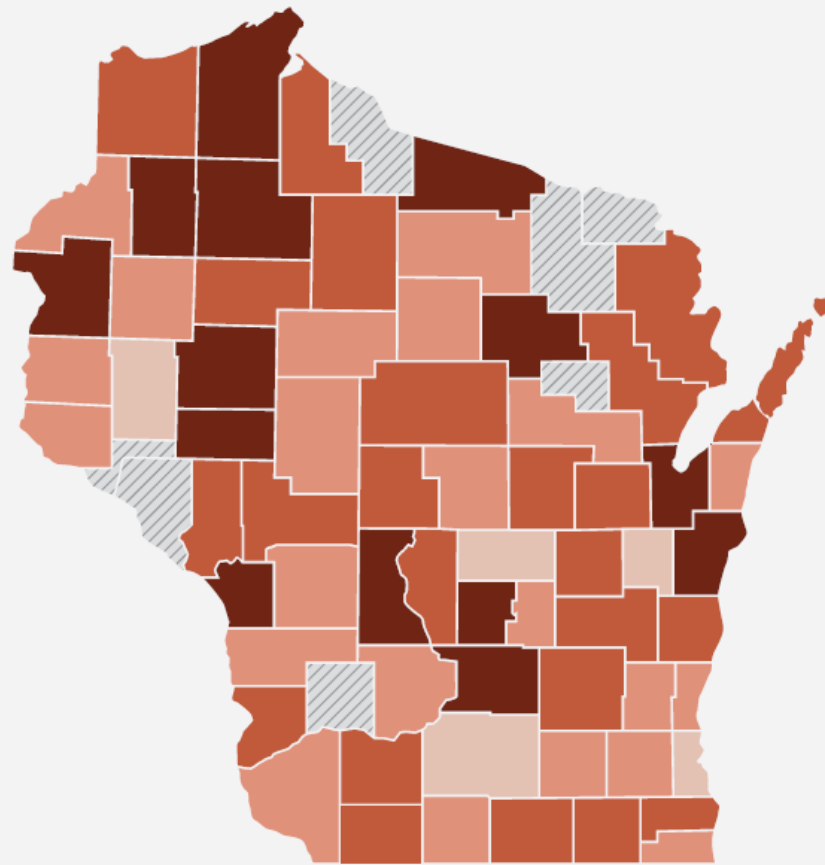
In Wisconsin, the number of suicides has increased from 588 deaths in 2000 to 918 deaths in 2017. The suicide rate in Wisconsin was consistently above the national suicide rate.

Figure 1. Suicide rate among Wisconsin residents increased by 40%, 2000–2017.



Data sources: Resident death certificates, Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services, 2000–2017. Mortality data from the National Vital Statistics System (NVSS), 2000–2017, retrieved from: <https://wisqars-viz.cdc.gov:8006/>. Accessed: October 2019

Figure 4. Suicide rates were significantly **higher** in **dark red** counties when compared to the state, 2013–2017.



Age-adjusted suicide rate per 100,000

■ Significantly higher than state rate

■ Higher than state rate

■ Lower than state rate

■ Significantly lower than state rate

▨ No rate calculated (<10 suicides)

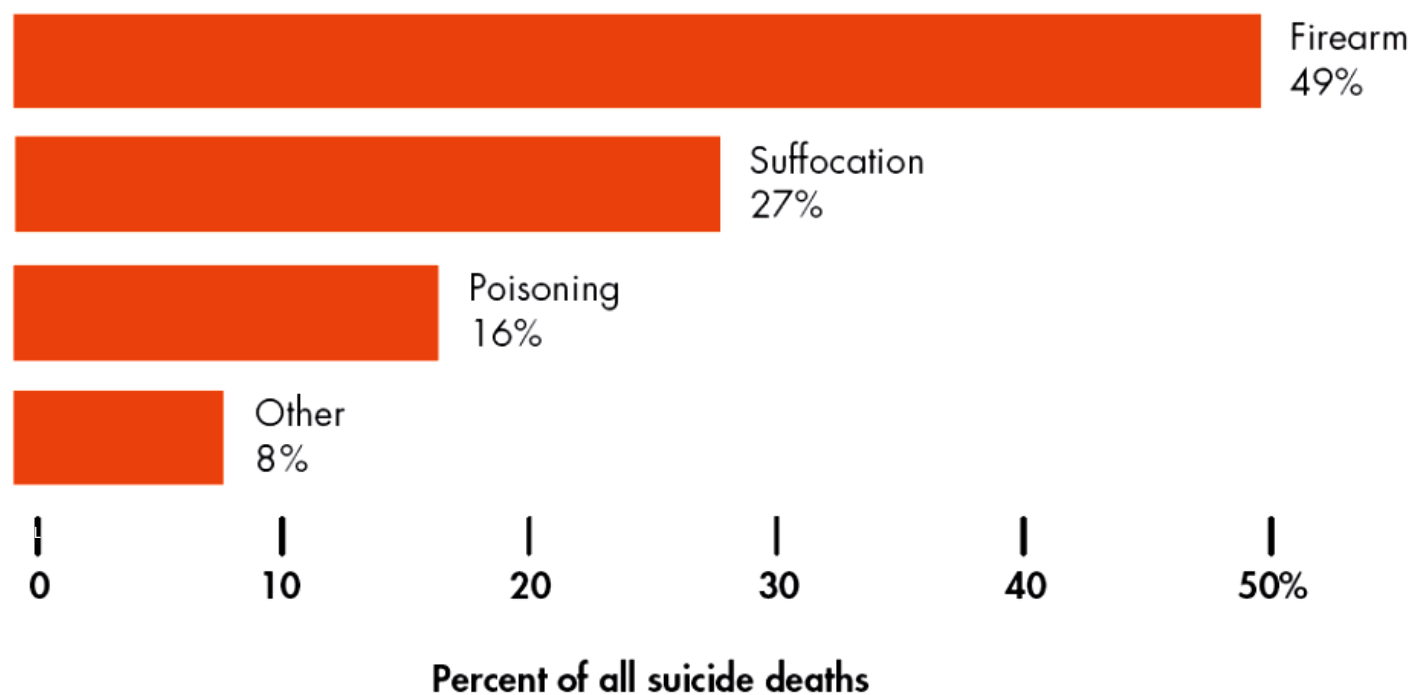
Data source: Resident death certificates, Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services, 2013–2017.

■ Rural Counties: 15.8/100,000

■ Urban/Suburban Counties: 14.0/100,000

Suicide Methods in Wisconsin

Figure 27. **Firearm** was the most commonly used method of suicide, 2013–2017.

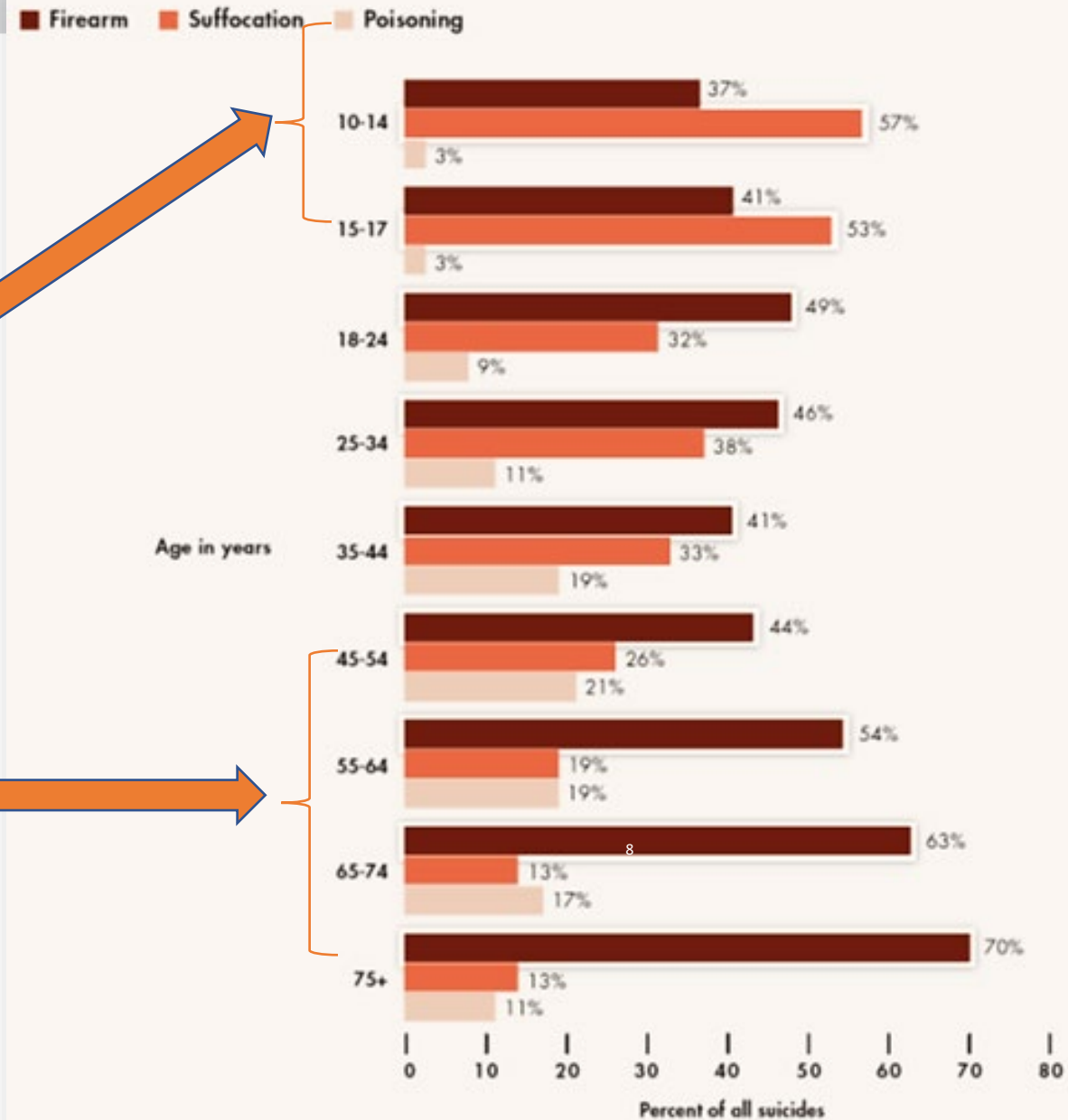


Data source: Wisconsin Violent Death Reporting System, Division of Public Health, Wisconsin Department of Health Services, 2013–2017.

Wisconsin Suicide Data, 2013 - 2017

Suffocation was the most common method of suicide for those 10 to 17.

Firearm was the most common method of suicide for those 18 and older.



Toxicology of Wisconsin Suicides

- **Alcohol** was the most commonly *detected* substance among firearm and suffocation suicide deaths.
- **Antidepressants** were the most commonly *detected* substance among poisoning suicide deaths, 2014–2017.

From: *Suicide in Wisconsin Impact and Response*
Released September 2020

Overall Wisconsin Suicide Demographics 2013 - 2017

- **The suicide rate among Wisconsin residents increased by 40%.**
- **The majority of suicide deaths were male.**
- **The majority of those hospitalized or presenting at the emergency department with self-harm injuries were female.**
- **The suicide rate was highest among individuals ages 45–54.**
- **The suicide rate (per 100,000) for Wisconsin residents ages 45–54 has more than doubled from.**
- **Suicide rates were highest among American Indians/Alaska Natives and Whites.**
- **Suicide rates were higher in rural counties than urban/suburban counties.**

Veteran Population in Wisconsin.

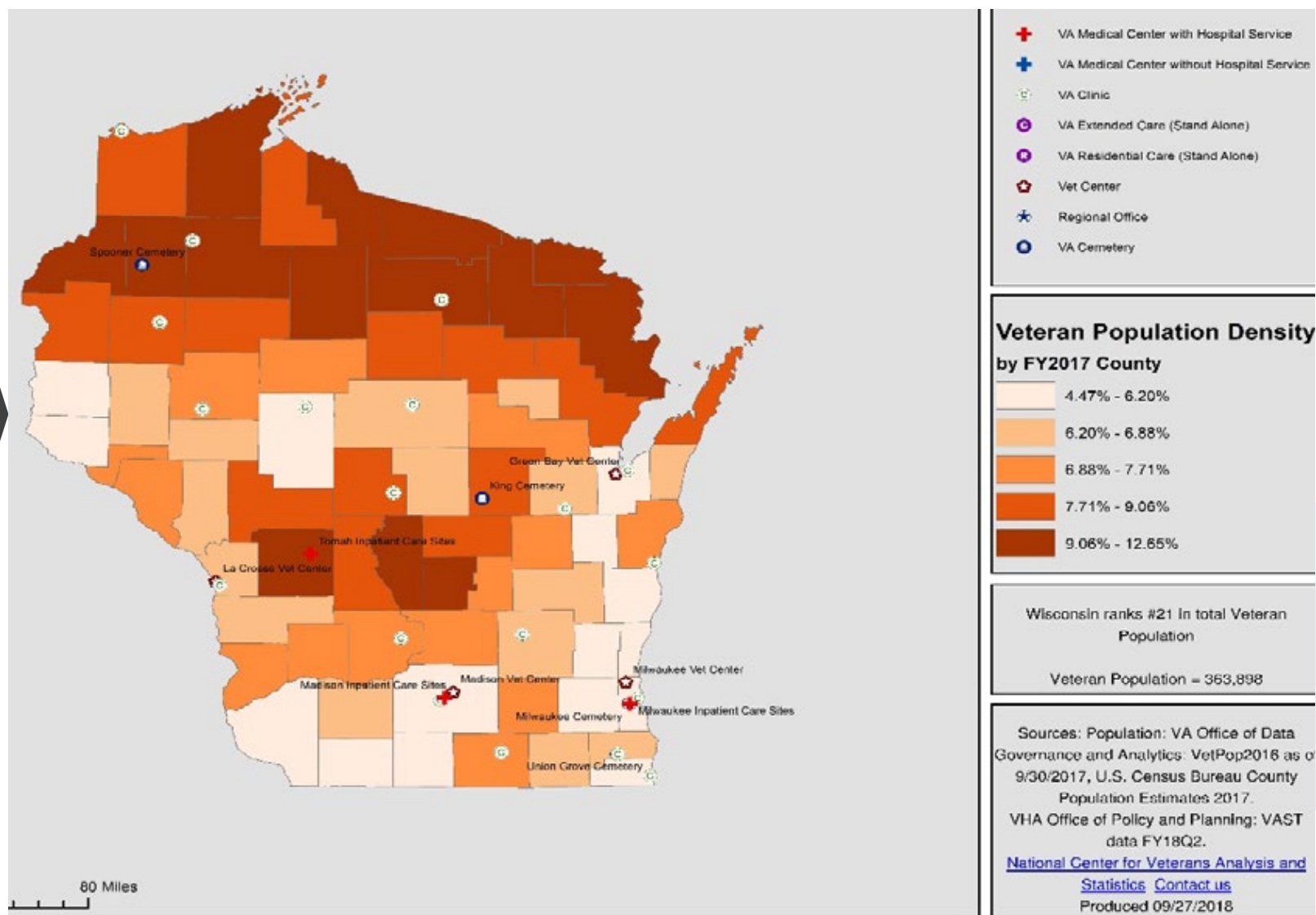
As compared to the rest of the country (relative differences):

- **Higher percent of Veterans**
- **Lower percent of Women Veterans**
- **Lower percent of Military retirees**
- **Higher percent of Veterans over age 65**

Veteran Population (as of 9/30/2017)	Wisconsin	National
Number of Veterans	363,898	19,998,799
Percent of Adult Population that are Veterans	8.62%	6.60%
Number of Women Veterans	28,907	1,882,848
Percent of Women Veterans	7.94%	9.41%
Number of Military Retirees	22,025	2,156,647
Percent of Veterans that are Military Retirees	6.05%	10.78%
Number of Veterans Age 65 and Over	192,645	9,410,179
Percent of Veterans Age 65 and Over	52.94%	47.05%

Veterans as
percent of county
population in
Wisconsin.

Higher Veteran
density in rural
areas.



Suicide among Wisconsin Veterans, 2013–2017

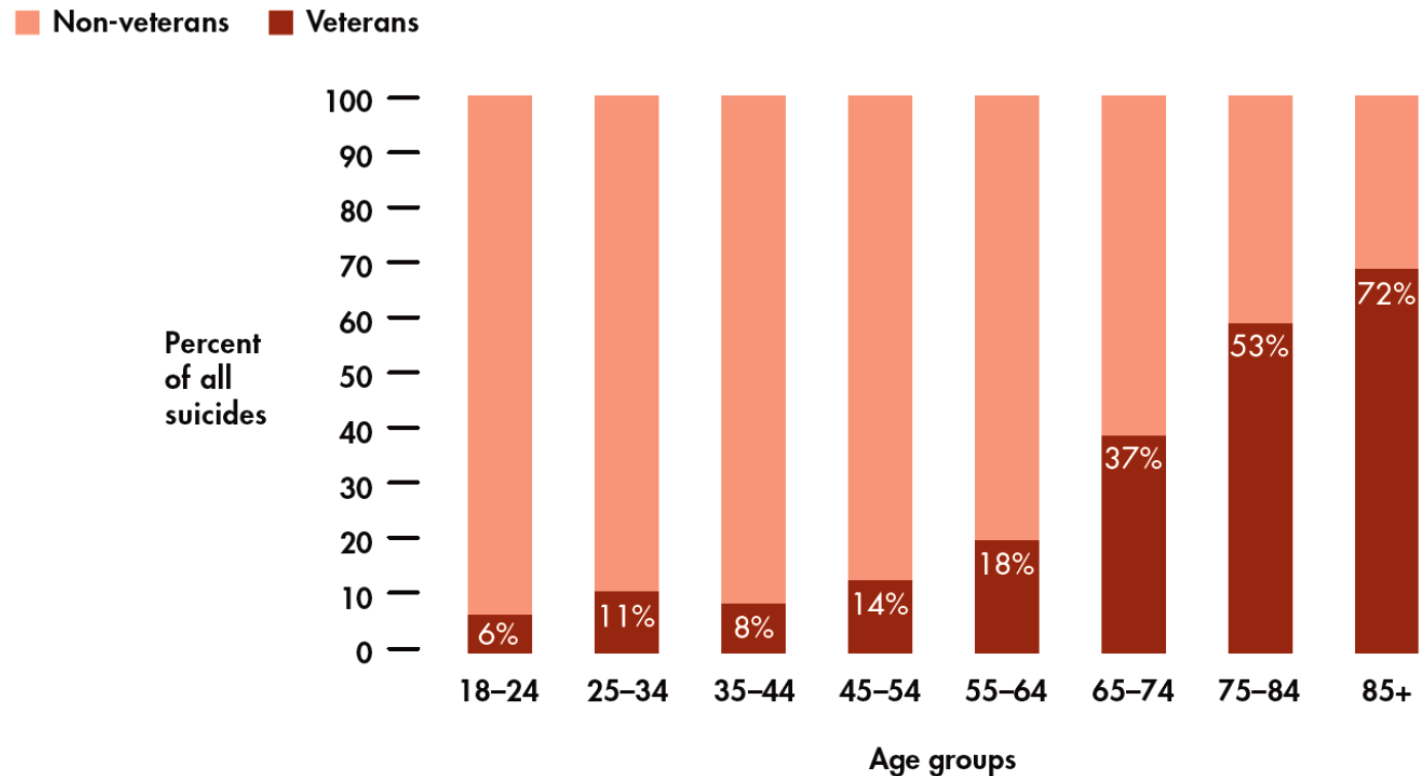
Veterans accounted for almost 1 in every 5 suicide deaths.

From: *Suicide in Wisconsin Impact and Response*
Released September 2020

Wisconsin Veterans and suicide deaths by Age Group

Veterans who died by suicide were in older age groups.

Figure 18. The proportion of **veterans** who died by suicide was **greater** in **older age groups** than younger age groups, 2013–2017.

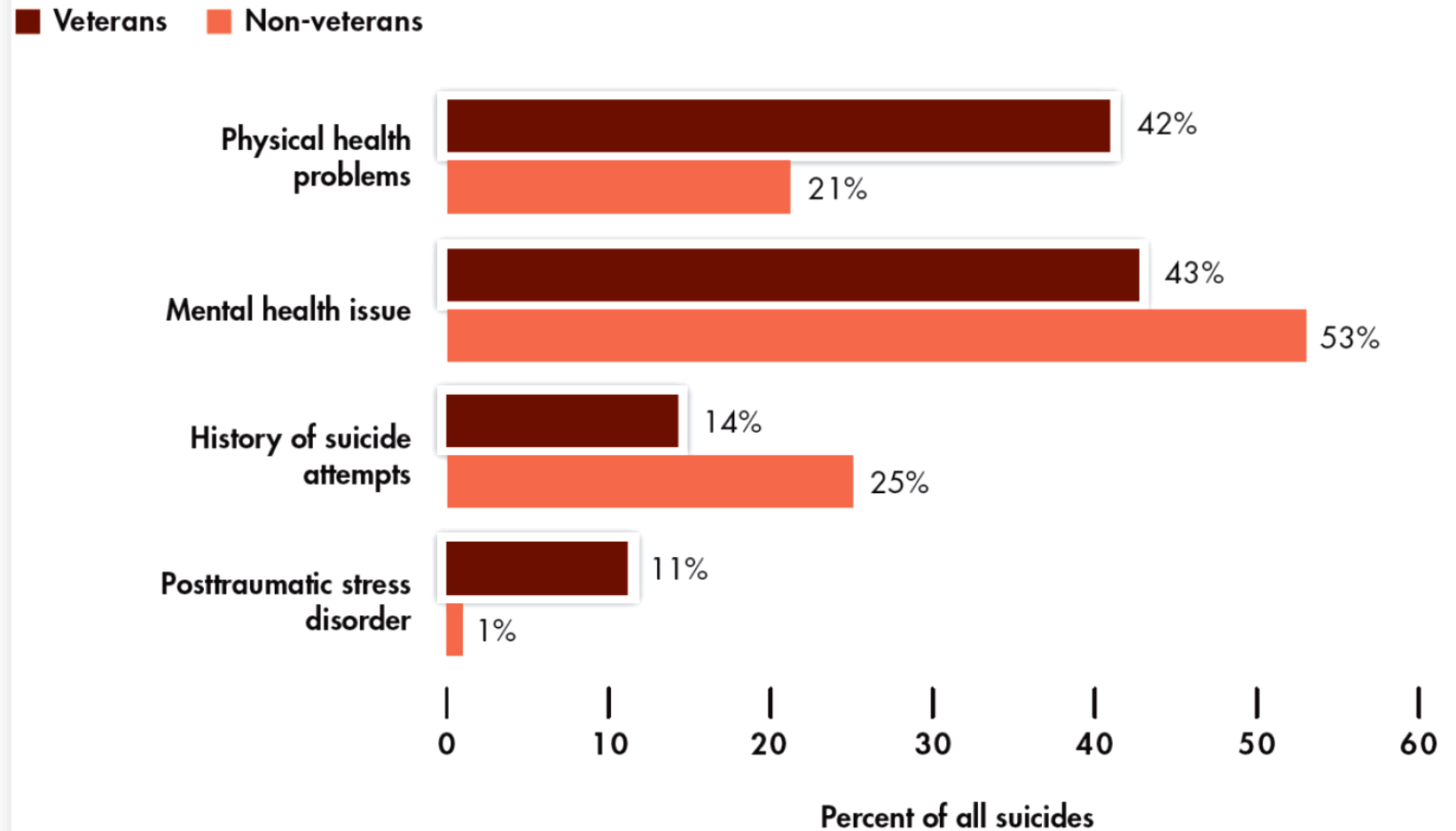


Data source: Wisconsin Violent Death Reporting System, Division of Public Health, Wisconsin Department of Health Services, 2013–2017.

Figure 18. The proportion of suicides that were veterans increased with age from 2013–2017. For example, 8% of suicides among those ages 35–44 were veterans and 72% were veterans among those ages 85 or older.

Wisconsin Veterans had a higher rate of physical health problems and PTSD

Figure 19. **Veterans** who died by suicide were **more likely** to have a reported physical health problem compared with **non-veterans**, 2013–2017.



Data source: Wisconsin Violent Death Reporting System, Division of Public Health, Wisconsin Department of Health Services, 2013–2017.

Suicide Method by Wisconsin Veterans, 2013–2017.

- Veterans were more likely to use a firearm (**70% of all Veteran suicides**) as the method of suicide.

From: *Suicide in Wisconsin Impact and Response*
Released September 2020

Overall Wisconsin Veteran Suicide Characteristics

- **Veterans are more likely to have a physical health problem.**
- **Veterans were significantly less likely to have a mental health issue or history of suicide attempts reported when compared to non-veterans.**
- **Posttraumatic stress disorder was also significantly more common among veterans who died by suicide when compared to non-veterans.**
- **Veterans die at higher rate (~70%) by using a firearm to kill themselves than non-Veterans (~50%).**

From: *Suicide in Wisconsin Impact and Response*
Released September 2020



Suicide prevention is a top priority for VA

Among its top recent accomplishments, VA has:

- ☐ **Standardized its universal screening and evaluation processes**
- ☐ **Developed predictive analytics programs to identify and engage more Veterans at risk for suicide**
- ☐ **Found additional opportunities to involve patients, families, and community stakeholders in its prevention and treatment efforts.**
- ☐ **Require dedicated staff to facilitate suicide prevention activities in each Medical Center.**

VA's Suicide Prevention Coordinator (SPC)

Administrative Items: Serving as facility subject matter experts (SMEs) and points of contact (POCs) for matters related to suicide, including prevention, intervention, postvention efforts, education and outreach, and suicide behavior and death reporting; collaborating with other SPCs and VA at-large to share best practices through multiple touch points; accurately DOCumenting services rendered to improve the SPP overall

From: *Suicide Prevention Program Guide*,
VHA Office of Mental Health and Suicide Prevention
Updated: November 1, 2020

VA's Suicide Prevention Coordinator (SPC)

Tracking and Reporting: Ensuring reporting mechanisms are implemented for all suicidal behaviors occurring within facility catchment areas:

- managing the **Patient Record Flag Category 1** – High Risk for Suicide (HRS-PRF) process for all Veterans determined to be at a high risk for suicide;
- reviewing the nature of care provided using a variety of tracking and reporting tools.

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From: *Suicide Prevention Program Guide*,
VHA Office of Mental Health and Suicide Prevention
Updated: November 1, 2020

VA's Suicide Prevention Coordinator (SPC)

- **Enhanced Care Delivery:** Ensuring that enhanced care and services, including intensified treatment, safety planning, and follow-up care for missed appointments, are provided for high-risk Veterans; providing consultation to care providers actively involved with treating Veterans at elevated risk for suicide
- **Access and Referral:** Responding to referrals from staff members, the **Veterans Crisis Line (VCL)**, and other touch points to ensure that at-risk Veterans immediately receive care and services

From: *Suicide Prevention Program Guide*,
VHA Office of Mental Health and Suicide Prevention
Updated: November 1, 2020

VA's Suicide Prevention Coordinator (SPC)

- **Outreach and Awareness:** Participating in suicide prevention outreach activities by distributing promotional materials, engaging with stakeholders at event awareness tables, and engaging with high-risk Veterans via the Caring Communication Program; working with Public Affairs Officers (PAOs) to encourage reporters to use safe messaging; providing VA S.A.V.E. and other gatekeeper training to community members

VA's Suicide Prevention Coordinator (SPC)

- **Education and Training:** Training both clinical and nonclinical staff within VA to identify and respond to Veterans who are at increased risk for suicide; providing training to community organizations and staff who have contact with Veterans

The next step for the VA and Suicide prevention.

VA is leveraging a **public health** approach to prevent suicide among **all** Veterans, including those who do not — and may never — receive care within its system.

The aim of this approach is to uncover additional and more frequent touch points with Veterans in their communities while improving and standardizing crisis intervention services.

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From: *Suicide Prevention Program Guide*,
VHA Office of Mental Health and Suicide Prevention
Updated: November 1, 2020

Why development another Suicide Prevention Task Force or Committee?

VA's National Strategy for Suicide Prevention 2018 - 2028

The VA will reach beyond the health care setting, and empower **agencies** and the **community** to prevent Veteran suicide in other sectors, including:

- Non-VA health care
- Veterans and Military Service Organizations
- Faith communities
- Higher learning
- Law enforcement and criminal justice
- Employment
- Community service
- Nonprofits and nongovernmental organizations
- Media and entertainment
- Private sector industries
- Public-private partnerships
- Federal, state, and local government

Why development another Suicide Prevention Task Force or Committee?

National PREVENTS Roadmap and Strategic Framework

On March 5, 2019, President Trump signed Executive Order 13861, [*The President's Roadmap to Empower Veterans and End a National Tragedy of Suicide \(PREVENTS\)*](#).

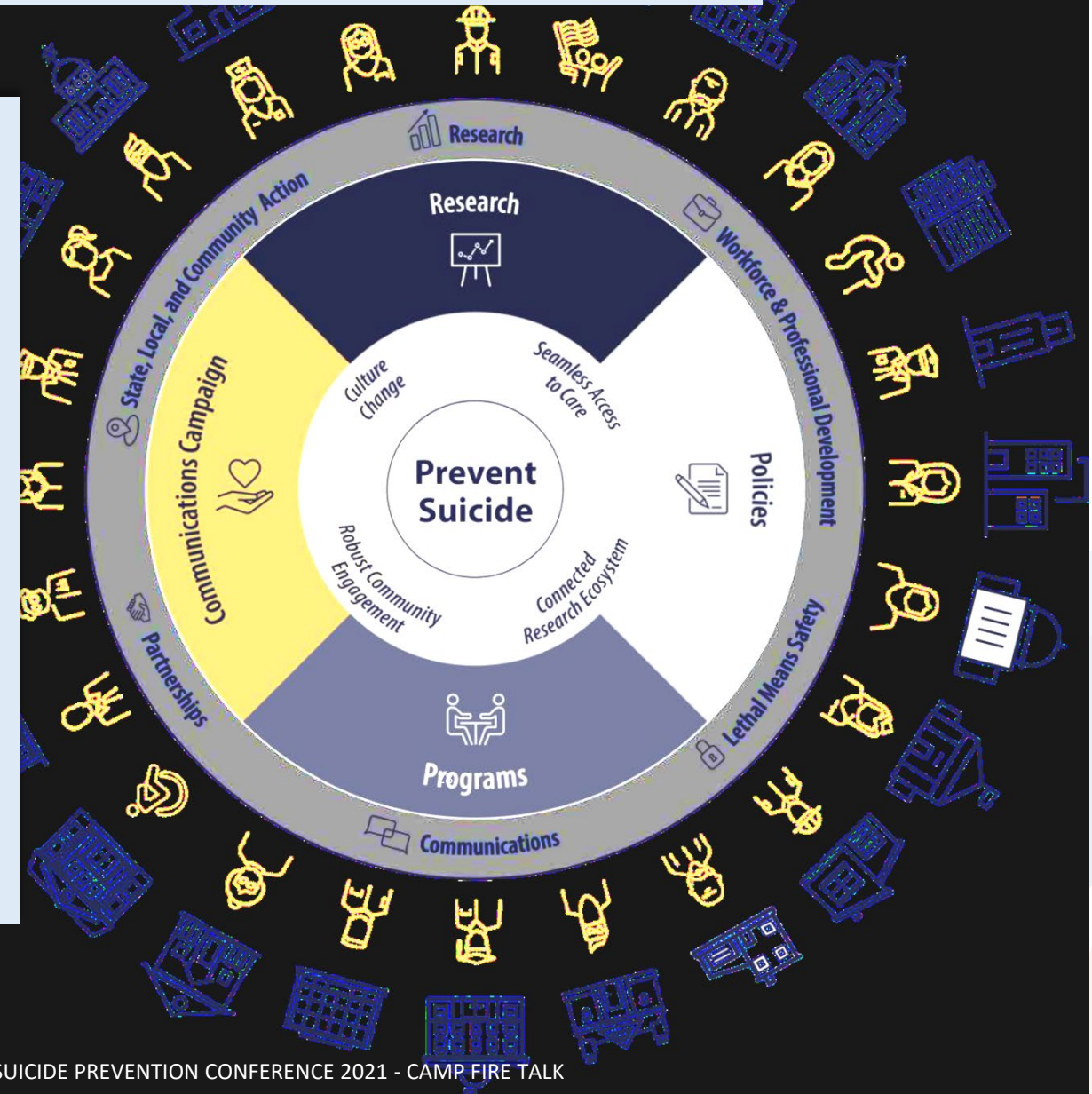
This Executive Order created a dedicated Task Force to coordinate efforts across the Government and to build a national strategy focused on improving overall mental health to prevent suicide.

PREVENTS Framework is Not Only for Veterans

- **This approach recognizes that Veterans do not live in a vacuum — they live and work in the community, they have families and friends outside the military, and they are affected by the same genetic, behavioral, social, and environmental determinants of health that affect all Americans.**
- **Taking a whole-of-Nation approach reaches all Veterans and those who support them, as well as the men and women who continue to serve in the military but will someday join the community of Veterans.**

PREVENTS Roadmap and Strategic Framework

- **Communications (campaign)**
- **Culture Change**
- **Lethal Means Safety**
- **Partnerships**
- **Workforce & Professional Development**
- **State, Local and Community Action (engagement)**
- **Research (connected ecosystem)**
- **Policies**
- **Programs**
- **Seamless access to care**



PREVENTS 2020 Priority Focus Areas & 10 Recommendations

- ❖ **Communications Campaign:** Awareness of risk factors & culture of openness, support and belonging
- ❖ **Research:** Prevention and intervention tailored to each Veteran & enhanced federal research ecosystem
- ❖ **Programs:** Seamless mental health care & active suicide prevention initiatives in the workplace, schools, faith based and other organizations
- ❖ **Policies:** Legislative proposals for grants, Universal driven & adopted policies for better coordinated action-oriented research & evidence-based suicide prevention programs.

Recommendation 1: Create and implement a national public health campaign focused on suicide prevention for Veterans and all Americans.

- ❖ **Adopting and promoting — both internally across all PREVENTS Task Force agencies and externally across the nation — targeted messaging, consistent with the PREVENTS Roadmap public health campaign, that focuses on preventing suicide.**
- ❖ **Providing targeted messaging through high-visibility channels that empower the public to recognize risks, increase protective factors, and take action.**
- ❖ **Developing a cross-sector ambassador program — within government and in the community — for high-profile individuals and influencers to amplify**

PREVENTS Roadmap Strategic Framework

Recommendation 1: Phases for implementation.

- **Phase 1: Increase awareness that suicide is preventable and call for everyone to play a role in prevention — for themselves and those they love.**
- **Phase 2: Create awareness of risks/warning signs, as well as protective factors, that exist among at-risk populations.**
- **Phase 3: Educate at-risk populations about the risks/warning signs, as well as the effective help that is available, and encourage audiences to practice prevention-focused behavior.**

PREVENTS Roadmap Strategic Framework

Recommendation 2: Identify and prioritize suicide surveillance and **research that focuses on a Veteran's unique combination of individual, social, and societal factors to deliver the most effective intervention(s) tailored to meet their needs and circumstances.**

- ❖ **Improve the range of interventions available by expanding research on risk profiles (why some Veterans are at higher risk of suicide than others) to identify individuals at risk of suicide and deliver **targeted interventions** more accurately and swiftly.**
- ❖ **Conducting suicide research studies beyond healthcare delivery settings in areas such as social determinants of health and risk and protective factors.**
- ❖ **Prioritize suicide research studies that emphasize the critical need for research on the implementation of evidence-informed interventions and services.**

PREVENTS Roadmap Strategic Framework

Recommendation 3: Promote foundational changes to the way research is conducted — including improving the speed and accuracy with which research is translated into practice, improving efficiency through data sharing and data curation practices, and using innovative funding techniques to drive team science and reproducibility.

- ❖ **Developing processes to quickly translate research findings into policy solutions, healthcare delivery practices, or further refined investigation.**
- ❖ **Developing a centralized data curation and storage system with access to supercomputing capabilities protected through levels of secure access to support Veteran suicide research.**
- ❖ **Addressing barriers to data collection to ensure timely, standardized, and secure communication of essential data (e.g., of Veterans' status on death certificates) across Federal, State, and local systems of records.**

PREVENTS Roadmap Strategic Framework

Recommendation 4: Develop **effective partnerships across government agencies and nongovernment entities and organizations to increase the capacity and impact of suicide prevention programs and research to empower Veterans and prevent suicide.**

- ❖ **Facilitating a coordinated and comprehensive network of organizations and initiatives at the national, State, and local levels to achieve PREVENTS goals.**
- ❖ **Supporting development of strategic communications plans across partnerships to identify existing resources and share best practices specific to Veterans.**
- ❖ **Engaging with partners to promote the PREVENTS public health messaging.**

PREVENTS Roadmap Strategic Framework

Recommendation 5: Encourage employers and academic institutions to provide and integrate comprehensive mental health and wellness practices and policies into their culture and systems.

- ❖ **Identifying and sharing a comprehensive, streamlined workplace approach to assist in ensuring that Veterans not engaged with the VA are empowered and receive access to comprehensive mental health and wellness resources.**
- ❖ **Exploring innovative strategies for integration of mental health, wellness, and suicide prevention practices and policies across the Federal workforce that can inform similar efforts across State and local government organizations, non-profits, academic institutions, and other nongovernment entities/organizations.**

PREVENTS Roadmap Strategic Framework

Recommendation 6: Provide and promote comprehensive suicide prevention training across professions.

- ❖ **Developing additional effective, evidence-informed suicide prevention training, where needed.**
- ❖ **Promoting and providing existing evidence-informed suicide prevention programs, prioritizing professions that encounter Veterans and other populations that are at high risk for suicide.**
- ❖ **Removing barriers that interfere with the widespread adoption of suicide prevention training across Federal agencies, State/local/territorial/tribal governments, and nongovernment entities/organizations.**

Recommendation 7: Identify, evaluate, and promote **community-based models that are effectively implementing evidence-informed mental health and suicide prevention programs across the country. In doing so, they should leverage relationships with community-based efforts, non-profit organizations, faith-based communities, VSOs, and MSOs focused on saving the lives of Veterans.**

- ❖ **Strengthening community support networks for Veterans and their families.**
- ❖ **Establishing best practice models for community collaboration and coordination that communities could add to their collection of suicide prevention resources prioritizing effective, bundled approaches.**
- ❖ **Adapting existing frameworks and coalition toolkits to be culturally competent and tailored to the military and Veteran experience.**
- ❖ **Identifying and strengthening faith-based and community programs focused on empowering Veterans, Service members, and their families.**

PREVENTS Roadmap Strategic Framework

Recommendation 8: Increase implementation of programs focused on **lethal means safety (e.g., voluntary reduction of access to lethal means by individuals in crisis, free/inexpensive and easy/safe storage options).**

- ❖ **Developing a coalition of leaders across all sectors to develop and share materials related to lethal means safety, including education, safe storage options, and other related programs.**
- ❖ **Prioritizing approaches that enable rapid and effective lethal means safety program adoption.**
- ❖ **Conducting a review of all Federal health facilities to determine those that have yet to adopt evidence-informed lethal means safety strategies and programs, then developing strategies to standardize the widespread adoption of lethal means safety programs within and outside the government.**

PREVENTS Roadmap Strategic Framework

Recommendation 9: Develop a coordinated, interagency Federal funding mechanism to support, provide resources for, and facilitate the implementation of successful evidence-informed mental health and suicide prevention programs focused on Veterans and their communities at the State and local levels.

- ❖ **Establishing a joint interagency plan to coordinate and evaluate Federal grants for suicide prevention at the local level.**
- ❖ **Bolstering the State, local, and community level infrastructure for suicide prevention through Federally supported grants.**
- ❖ **Developing a plan to administer grants to State, local, and community programs.**

PREVENTS Roadmap Strategic Framework

Recommendation 10: Streamline access to innovative suicide prevention programs and interventions by **expanding the network of qualified healthcare providers.**

- ❖ **Increasing the number of healthcare providers qualified to treat the unique needs of Veterans.**
- ❖ **Strengthening linkages and care coordination among VA, DoD, and civilian providers.**

A blue geometric pattern consisting of nested, stylized square shapes, resembling a maze or a series of interlocking squares, located on the left side of the slide.

PREVENTS Roadmap Strategic Framework

We will show that our Task Force is addressing the PREVENTS Framework with those items which are appropriately addressed using community interventions for suicide prevention.

VA Suicide Prevention 2.0 Plan

The method for the VA to sustain Community Task Force activities throughout the VA system.

- **Dedicated Staff to Lead the Community Task Force**
 - 1 FTE Milwaukee Area – Dona Drew, LCSW
 - 1 FTE Fox Valley Area – Marissa Mielke, LCSW

16 Applied Initiatives from The National Strategy for Preventing Veteran Suicide

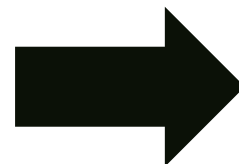
Public Health Suicide
Prevention Approach

VISN 23 Pilot

Indicated (Few)

Selective (Some)

Universal (All)

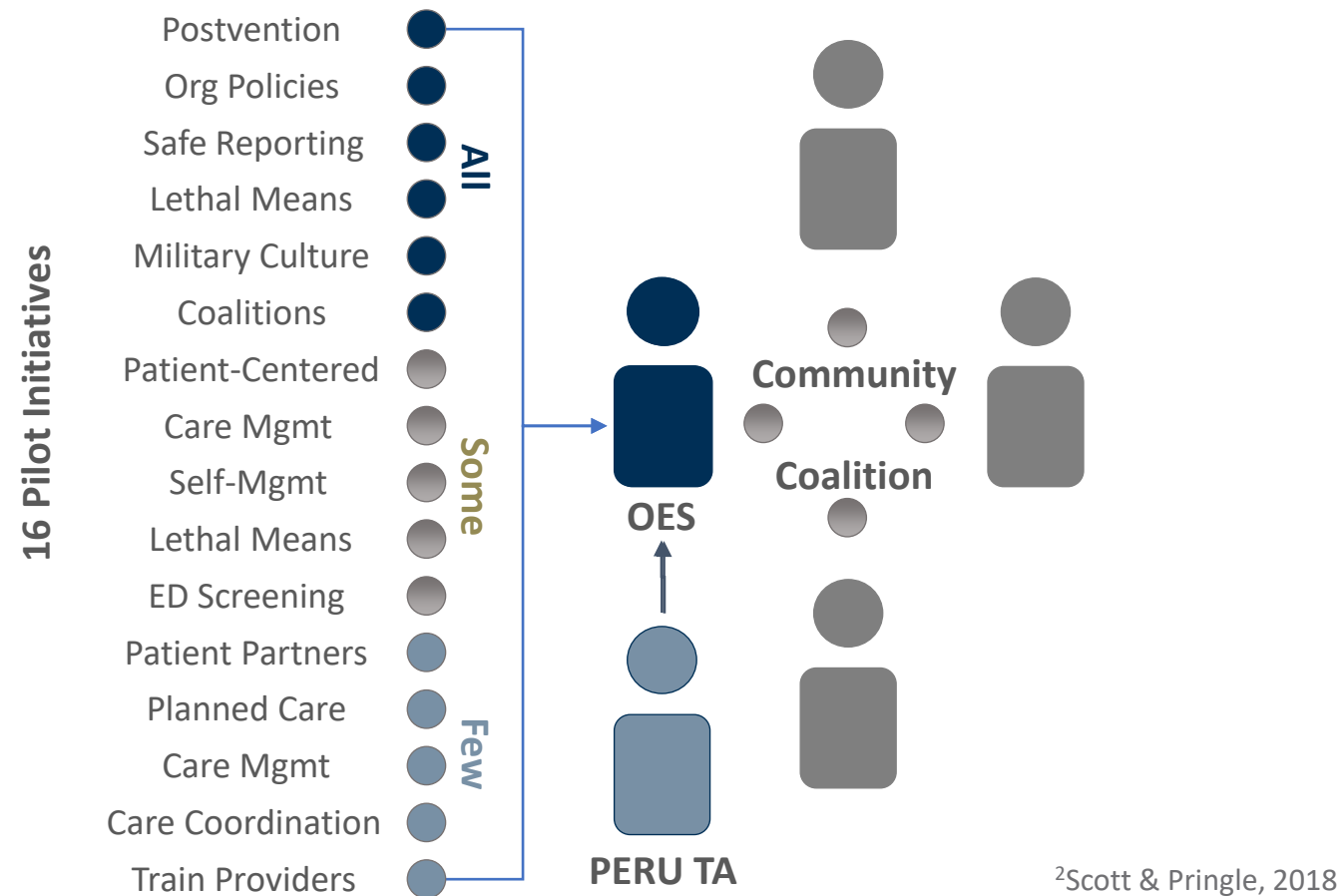


16 Initiatives

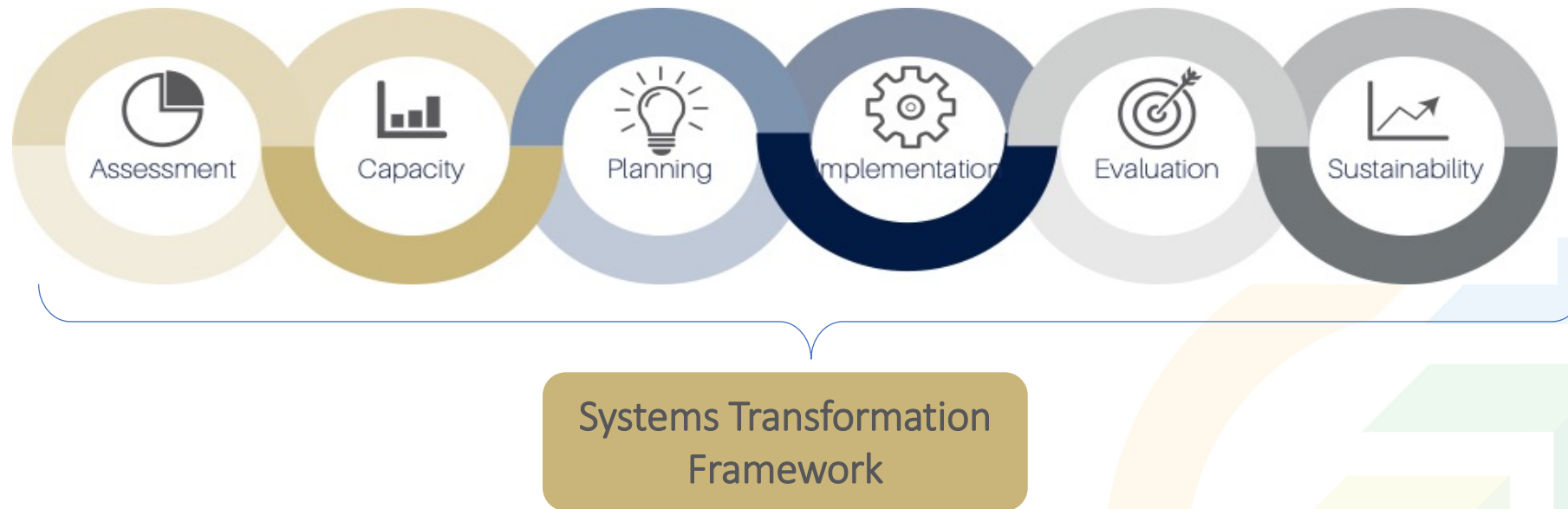
What are the steps?

- Identification of Strategic Initiatives
- **Community Mobilization through Systems Transformation**
- Sustainable Implementation and Evaluation

- Based off initiative resources required, **identify coalition members** to support initiative implementation
- Establish **coalition or coalition subcommittee** with ideal organizational health
- Develop **strategic plan integrating Systems Transformation Framework (STF)**²



The Implementation Framework Directs the Public Health Approach.



Our Task Force on Veteran Suicide Prevention

We developed a task force (coalition) in the **fall of 2019** in southeastern Wisconsin. Our Task Force was started by inviting many groups including: Veteran groups (American Legion), War Memorial Center, VA staff, State of Wisconsin Dept of Veteran Affairs, Wisconsin Veteran Service Officers, and suicide prevention focused agencies, (i.e., American Foundation for Suicide Prevention (AFSP) and Mental Health of America (MHA). We have more than **30** members to our Task Force.

Wisconsin
DVA
Veterans Forward



**American
Foundation
for Suicide
Prevention**



U.S. Department
of Veterans Affairs



DOC/VA Suicide Prevention Conference 2021 - Camp Fire talk

Community Task Force on Veteran Suicide Prevention

Our Charter – developed in our 2nd meeting.

- **We all agree to work on ending suicides in all populations with a focus on Veterans**
- **Develop and share new ideas and innovations to reduce suicides and reduce the risk of suicide**
- **Teach the community about military culture and on their role in preventing suicides**
- **Provide support to those affected by suicides**
- **Definition of Veteran is anyone who has worn the uniform including National Guard and Reservists even if they have not been active duty.**

Our Task Force on Veteran Suicide Prevention

The initial meetings were followed by a **retreat** to develop action areas with measurable activities. Our task force developed **4 Action Areas** which follow the National Academy of Medicine's Framework which include:

- 1) Universal strategies to address the ALL (**Public Health Messaging**)
- 2) Selective strategies for SOME (**Outreach**)
- 3) Indicated strategies to reach the FEW (**Clinical**)
- 4) Change culture and promote new interventions (**Research/Policy**)

Our Task Force on Veteran Suicide Prevention Retreat at the War Memorial Center

Our retreat process: Action Area Planning Round 1 of 2 Stage Process



- Review action area ideas
- Brainstorm new problems and solutions
- Write out all ideas and concepts
- Action Area Team agrees on problems and solutions
- Review the results from 1st work session with the entire Task Force

Our Task Force on Veteran Suicide Prevention Retreat at the War Memorial Center

Action Area Planning Round 2 of 2 Stage Process

- Review reaction from larger Task Force Group
- Brainstorm new problems and solutions
- Develop goals for each problem/solution
- Action Area Team agrees on problems, solutions & Goals
- Review the results from 2nd work session with the entire Task Force

Task Force on Veteran Suicide Prevention Action Areas

Public Health Message

- **Strategies**
- **Safety – Lethal means**
- **Positive Narrative**
- **Guidelines**
- **Who, where, When**

Outreach & Support

- **Peer outreach**
- **Suicide Postvention**
- **Homeless Prevention**
- **Crisis Intervention**
- **Lethal means safety**
- **Connections with Family, Faith-based & cultural communities**

Treatment & Whole Health

- **Access to Mental Health Services**
- **Whole Health Services**
- **Smartphone Apps**
- **Crisis Intervention**
- **Evidence-based Suicide Treatment**

Data, Evaluation & Research

- **Consistent Reporting of Suicides**
- **Clinical Research**
- **Community Interventions**
- **Lethal Means Research**


Public Health Messaging

Community Task Force on Veteran Suicide Prevention Mission Statements for the Action Areas

PUBLIC HEALTH MESSAGING ACTION AREA

SOUTHEASTERN WIS TASK FORCE ON VETERAN SUICIDE PREVENTION

MISSION STATEMENT



BE THERE WISCONSIN
September is Suicide prevention month. You can make a difference for a veteran in Wisconsin.

BETHEREWIS.COM

BeThereWis.com is a new local resource for Veterans to connect to national and local services. It has been developed by the Southeastern Wisconsin Task Force on Veteran Suicide prevention. Please share this message with family and friends.


For veterans facing hard times, your support can provide hope when it's needed most - and you already have what it takes to show you care. Take a few minutes to check in today.

Here are some ideas to get you started:

Call Email Text

BETHEREWIS.COM

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



be there Wis

BeThereWis.Com

Mission Statement: The Public Messaging Action Area of the SE Wisconsin Task Force on Veteran Suicide Prevention will promote the Task Force's action areas through positive messages to change the cultural concepts of Veteran suicide using social media, mass media advertising, educational presentations, and earned media events.

Help us inform the public about of Veteran suicides and save lives!

This Action Area will use mass media messaging to change cultural concepts about Veterans thoughts to die by suicide.

Public Health Messaging

The **Public Messaging Action Area** (PMAA) led by the VA's community partner, the War Memorial Center, used \$4000.00 "seed" funding to advertise Veteran suicide prevention resources. Below is the email media image.



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[LEARN MORE](#)

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1-800-273-8255 PRESS 1

Public Health Messaging



Results of the 1st Advertising campaign by the Task Force:

The advertising on radio and email was directed to the Task Force's website, Facebook group/page, and Twitter account modeling the VA's "Be There" campaign (BeThereWis.com). (See box 1)

Box 1: Public Health Messaging Action Area Advertising

1. Public Health Messaging impact: Radio advertising began on 7 September 2020 and ran until 10 October 2020 for a total of 262 radio spots statewide. (plan 210 spots)
2. The first newsletter was emailed on 14 September 2020 to 64,964 veterans
3. The second (retargeted) newsletter was emailed on 22 September 2020 to 6,496 veterans
4. 50,000+ streaming audio impressions on WISN radio 7Sept-5Oct
5. Total campaign cost **\$4100.00** value (real market costs): **\$24,300.00**

Campaign Stats:

Total Quantity:	64,964
Total Opens:	11,309
Open %:	17.41%
Total Clicks:	1,048
Clicks %:	1.61%
HTML CTR:	9.27%



Public Health Messaging Action Area

1. BeThereWis.com website, Facebook group and Twitter updates!
2. Panel discussions held in January:
 - Community Discussion Panel Regarding Outreach to Veterans with Diverse Backgrounds presented by Capt John D Mason Veteran Peer Outreach Program
 - Desert Storm at 30: Continuing to Serve presented by War Memorial Center. Press release example:



War Memorial Center

750 North Lincoln Memorial Drive ~ Milwaukee, Wisconsin 53202
Phone: 414-273-5533 ~ www.warmemorialcenter.org

"Desert Storm at 30: Continuing to Serve."

Veterans will talk about their experiences during Operation Desert Storm 30 years ago and their ongoing work to help Veterans during an online panel discussion later this month.

The event begins at noon Thursday, Jan. 21. It will be accessible to the public via Zoom. To take part, click [here](#) or go to <https://www.eventbrite.com> and search for "Desert Storm at 30."

The anniversary of the beginning Operation Desert Storm – Jan. 17, 1991 – comes just one day before the Martin Luther King Jr. holiday.

Rather than just a remembrance of the war to free Kuwait from Iraq, the panel discussion will use King's statement – "Life's most persistent and urgent question is: What are you doing for others?" -- to look at how Veterans from the Gulf War have continued their service to others 30 years later.

In particular, the panel will discuss how some Veterans, once they leave the military, find it difficult to transition to civilian life and to find the same sense of mission they had while in the military. This "lost" feeling can sometimes lead to tragic outcomes, including homelessness, family strife, job insecurity and suicide.

The panelists:

- James M. Crocrott, Assistant Director, University of Wisconsin-Milwaukee Military and Veterans Resource Center; U.S. Navy veteran, 1987-2007
- Jim McLain, Deputy Medical Center Director, Milwaukee VA Medical Center; U.S. Army veteran, 1987-2007
- Michael Koszuta, Command Sergeant Major (ret.), U.S. Army; member of War Memorial Center Board; chairman of Operation 30:30 Committee; U.S. Coast Guard veteran of Desert Storm

The moderator will be Dan Buttery, President and CEO of the War Memorial Center in Milwaukee and a U.S. Army veteran.

The event is sponsored by the [Southeastern Wisconsin Task Force on Veteran Suicide Prevention](#) in conjunction with the Milwaukee VA Medical Center, the War Memorial Center and the Operation 30:20 Committee.

For more information about the panel discussion, contact Buttery at 414-273-5533 or email dbuttery@warmemorialcenter.org.

If you're a Veteran struggling with thoughts of suicide, or know a Veteran who is struggling, go to BeThereWis.com to get help.



Public Health Messaging Action Area

3. February: S.A.V.E Zoom training occurred on Feb 24, 2021 at 1000
4. On going funding of the marketing campaign by the VA Suicide Prevention Program
5. March 2021: Veteran Women's Healthcare and Outreach
6. Each month the action area is working on new presentations to promote Veteran issues and connections.



U.S. Department of Veterans Affairs
Veterans Health Administration
Milwaukee VA Medical Center

Milwaukee VA Medical Center
5000 W. National Ave.
Milwaukee, WI 53295

Media Advisory

FOR MORE INFORMATION CONTACT:
Public Affairs
414-382-5364

Release No. 01-04-01
Jan. 4, 2021

Panel discussion looks to connect Veterans from diverse backgrounds with health care services

Connecting Veterans from diverse backgrounds with vital health-care resources, including the Milwaukee VA Medical Center, is the topic of a panel discussion to mark Martin Luther King Jr. Day. Six Veterans from different ethnic, racial and gender backgrounds will take part in the virtual discussion, to take place over Zoom.

It begins at noon Tuesday, Jan. 19, presented by the Captain John D. Mason Veteran Peer Outreach Program.

The discussion will center on Dr. King's statement, "Life's most persistent and urgent question is: What are you doing for others?"

Specifically, the panel will look at the statement in how it relates to connecting with Veterans and reducing the rate of Veteran suicides.

"Research has shown that Veterans from diverse backgrounds have trouble connecting with VA and other health-care resources," said Dr. Bert Berger, head of the Mental Health Division at the Milwaukee VA Medical Center. "We want to make sure all Veterans get the help they need and deserve."

Veterans Mark Flower and Chris Swift from the peer outreach program will lead the discussion.

For more information and to register, click [here](#), go to the [Mason program's Facebook page](#) or contact Susan Smykal at 414-955-8914 or via email at ssmykal@mcw.edu.

The event is hosted by the Medical College of Wisconsin and the Department of Veterans Affairs, in conjunction with the Southeastern Wisconsin Task Force on Veteran Suicide Prevention. For more information, go to www.BeThereWis.com.

The Captain John D. Mason Veteran Peer Outreach Program was created in 2018 and named after a Vietnam veteran who lost his own battle with depression and PTSD. The program, in the Medical College of Wisconsin Department of Psychiatry and Behavioral Medicine in collaboration with the Milwaukee VA Medical Center, aims to save lives by locating veterans in need and engaging them in VA health services.

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Veteran Outreach Action Area

Community Task Force on Veteran Suicide Prevention Mission Statements for the Action Areas



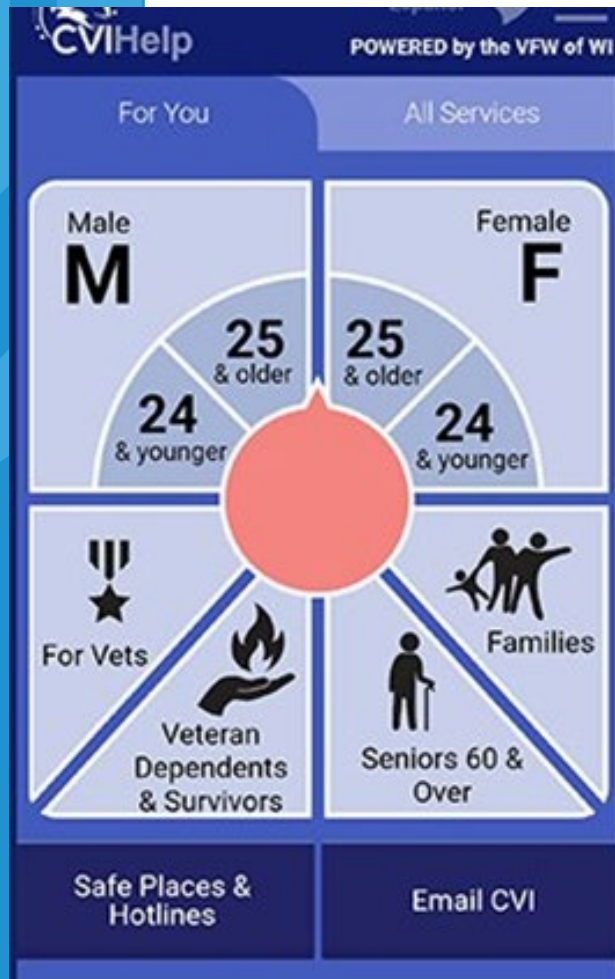
Mission Statement

The Veteran Outreach Action Area of the SE Wis Task Force on Veteran Suicide Prevention will provide to any service person who has worn the uniform, improved and efficient access to comprehensive, relevant and easily obtained resources.

Efficient, easily accessible and comprehensive resources are important for all Veterans!



Psychosocial Resources and healthcare access are critical to help prevent Veteran suicides.



Veteran Outreach Action Area

Action 1: ACCESS to Services. Provide Veterans efficient and streamlined access to psychosocial and health resources

The Outreach Area has developed partnerships with the state-wide [211 phone system](#) agency and the Center for Veteran Issues (CVI), a Veteran community group.

CVI developed a Veteran specific smart phone app to consolidate Veteran resources in one convenient on-line location ([CVI HELP](#)) and worked with 211 to share Veteran resource databases.

CVI provides many resources (housing, etc) and this new technology helps to connect all Veterans to many services!

Veteran Outreach Action Area

Action 2: OUTREACH to Veterans to connect them to services noted in action 1.

- How are we going to get Veteran specific resources into the hands of the Veteran?
- **Yellow Ribbon/TAP events-** Connecting Transitional Veterans meeting update- We will be contacting USO r/t how we can get into the Yellow Ribbons Ceremony.

Veteran Outreach Action Area

❖ Military Culture Training

- ❖ We are developing training on military and veteran cultural issues in various areas.
- ❖ Aurora Mental Health providers have done these Military Cultural trainings and will assist in providing this training.

Clinical Action Area

Community Task Force on Veteran Suicide Prevention Mission Statements for the Action Areas

VETERAN CLINICAL ACTION AREA

SOUTHEASTERN WIS TASK FORCE ON VETERAN SUICIDE PREVENTION



Mission Statement

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The Veteran Outreach Action Area of the SE Wis Task Force on Veteran Suicide Prevention is dedicated to providing any service person who has worn the uniform; improved and efficient access to culturally appropriate, comprehensive, relevant and easily obtained clinical and crisis intervention services.

Efficient, easily accessible and comprehensive CLINICAL and CRISIS services are important for all Veterans!

MISSION STATEMENT



**Clinical and Crisis
services are critical
to help prevent
Veteran suicides.**

Clinical Action Area Activities

- 1. Sharing of Best Practice Suicide prevention: Screening, Assessment and Treatment ideas from each health system**
- 2. Encouraging Zero Suicide training with MHA of Wis in Summer of 2021**
- 3. Working with VA Community Care to streamline referrals to non-VA care**
- 4. Work with local MH healthcare systems: Aurora and Rogers**
- 5. Virtual MH Summit- is used also to showcase community partners and clinical groups: <http://www.veteranshealthcoalition.org/mental-health-summit/>**
- 6. Future projects:**
 - 1. To promote Veteran culture and identification of Veterans through health systems, police and fire responders.**
 - 2. Assist in writing a grant application to address clinical gaps in service for Veterans not eligible for VA services.**

Research and Policy

Community Task Force on Veteran Suicide Prevention Mission Statements for the Action Areas

RESEARCH AND POLICY ACTION AREA

SOUTHEASTERN WIS TASK FORCE ON VETERAN SUICIDE PREVENTION

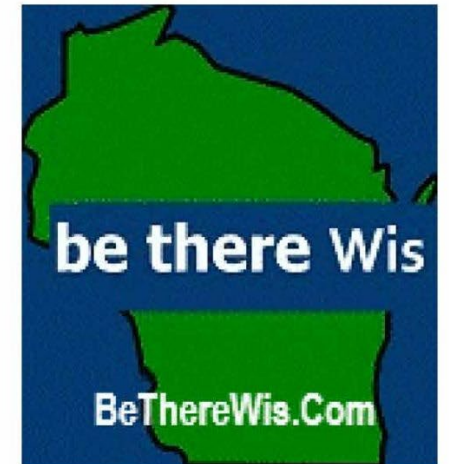
Mission Statement: The Research and Policy Action Area of the SE Wisconsin Task Force on Veteran Suicide Prevention apply for and implement research projects to investigate methods to decrease access to lethal means with a focus on mass media messaging, help seeking behavior and, firearm safety, and firearm storage outside the home.

Help us research suicide prevention and decrease Veteran suicides!



knowledge changing life

MISSION STATEMENT



This Action Area will research methods to understand effective ways to reduce suicides with a focus on mass media and firearm safety.

Research & Policy Action Area

1. Application from Advancing Healthier Wisconsin was submitted March 22, 2021. This study will investigate developing the best message to inform and connect with Veterans around help seeking behavior and firearm safety.
2. Discussion with Dr. Emmy Betz from the Colorado Firearm Safety Coalition and other VA programs to develop additional connections with other projects to developing firearm safety and storage projects.
3. New study (non-funded VA) Developing firearm storage for Lethal means safety study by surveying Veterans and Firearm stores to determine their interest and willingness to participate.

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Research & Policy Action Area

- Overall, this team has, to date, submitted 4 study applications and is anticipating the approval of a 2-year, \$360,000.00 study to investigate the effect of developing a unique message for Veterans to encourage the use of the crisis lines and to safely store their firearms when they are in a crisis.

Policy issue:

- Promoted through the task force support to Wisconsin Senate and Assembly Bill SB 200/AB193. This bill will provide grants to prevent suicide by firearm and making an appropriation of \$5000.00 for groups that will assist in providing gun shops storage for individuals who are in a crisis.

Research & Policy Action Area

Another highlight is the that our Task Force has facilitated the operationalize of an innovative/intervention which needs further research:

The Gun Shop Storage Map to provide information for gun shops and a locator for anyone looking for a place to store a gun outside of the home. Our own sample map: [Wisconsin Firearm Gun Storage](#) on our website: [BeThereWis.com](#)

Conclusions and Future Plans

Unique Actions focused on Veterans:

The Veteran focused community-based task force has been instrumental in developing significant interventions in a collaborative process with multiple Veteran facing agencies and community mental health agencies.

Specifically, it has developed 4 sub-task force Action Areas with measurable actions and defined activities.

Each sub-task force Action Areas meets 1-2 times per month and reports back to the entire task force at quarterly meetings.



Conclusions and Future Directions

Collaborative Process:

The collaboration between action areas with specific goal and missions allows for the development of new actions and brainstorm new ideas. This reiterative process has allowed action areas to support each other.

Example: the Public Health Action Area provided media attention to the CVI HELP phone app through press releases from the VA and War Memorial Center and virtual training for VA suicide prevention training (SAVE) and promoted this for the Clinical Action Area.



Conclusions and Future Plans

Community Agencies Developing their own supportive Veteran Projects

The community agencies have promoted of the task forces activities to the extent where the AFSP is providing Veterans that complete suicide prevention training to be supportive peers, receive a coin which has the task forces' logo. (See picture 1.)

This task force focused on suicide prevention is unique to the state of Wisconsin. It could provide a model for action areas as Veteran suicide prevention coalitions that are being developed throughout the country as part of VA Suicide Prevention Plan 2.0.



Picture 1



Questions?/Thank you!

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