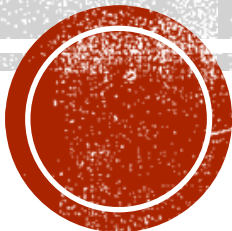




# **VETERANS' CRISIS** **RESPONSE PROGRAM**



**VAC**  
VETERANS' ASSISTANCE COMMISSION  
OF MADISON COUNTY

## ICE BREAKER

In what year was the first National Strategy for Suicide Prevention (NSSP) drafted and implemented in the United States?

2001 by Surgeon General David Satcher. The NSSP was revised in 2012 and has been used as the basis for all comparisons in the PREVENTS Roadmap.



# **PREVENTS: THE PRESIDENT'S ROADMAP TO EMPOWER VETERANS AND END A NATIONAL TRAGEDY OF SUICIDE**

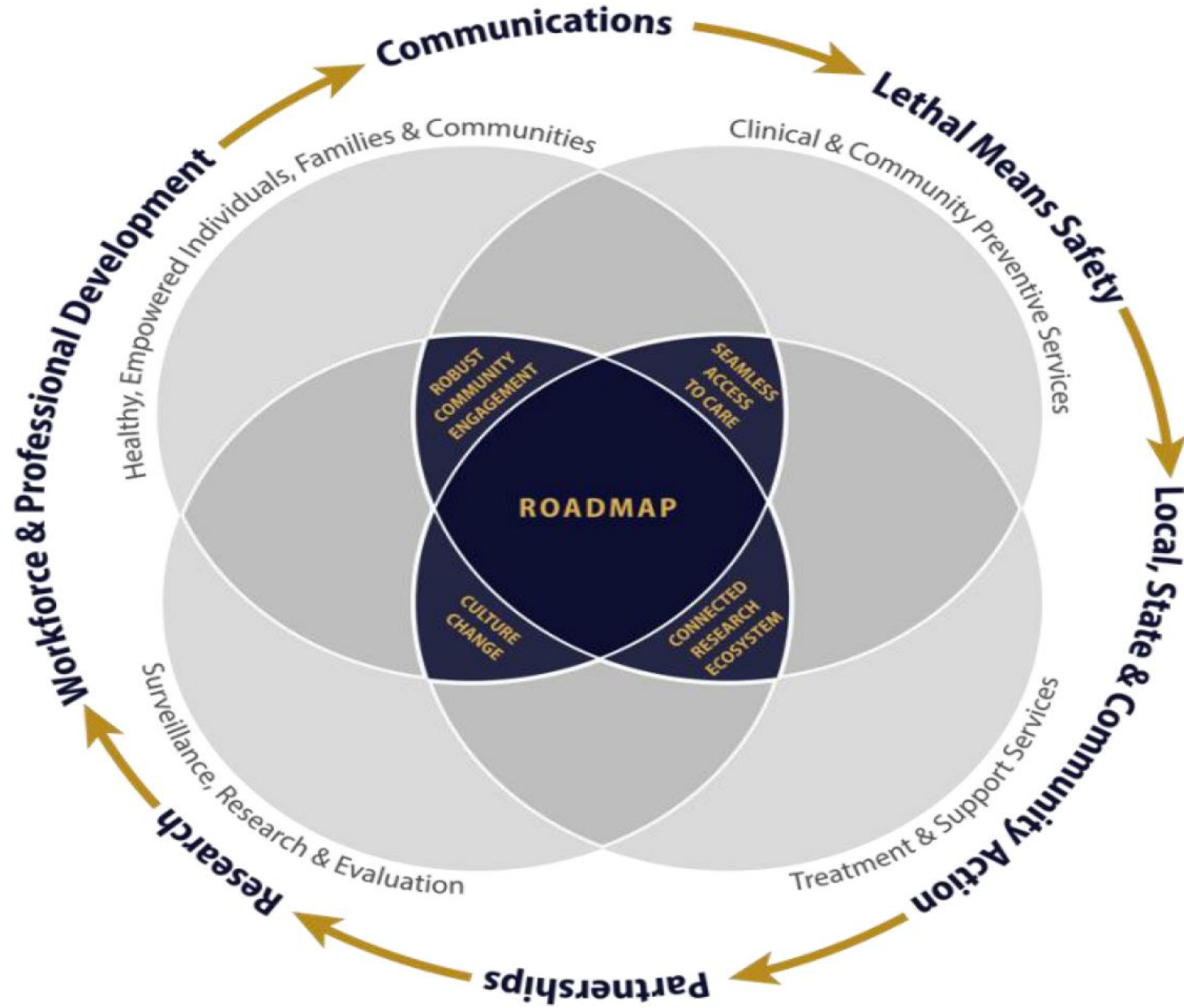
- The PREVENTS Roadmap has been created with one mission in mind: to end a national tragedy of suicide. Yes, the mission is complex and audacious, but it is achievable. We are seeking to reach every corner of our nation, leaving no one behind. We believe that everyone is within reach.
- The PREVENTS initiative will elevate the national conversation around mental health and suicide, build on existing best practices, and expand on the impressive research and programs underway in our communities. We will ensure that our nation's Veterans — and all Americans — know that there is help and hope for those who need it. Together, we will end this tragedy of suicide.
- The President's Roadmap to Empower Veterans and End a National Tragedy of Suicide - <https://www.va.gov/PREVENTS/docs/PREVENTS-Supplemental-Materials-for-the-Roadmap-508.pdf>





- Executive Order 13861, signed on March 5, 2019, is the focus of the PREVENTS Roadmap, which is broad in scope and requires a collective effort, not only among Federal agencies but also with state, local, and community-based organizations. It is based on the understanding that Veterans live in and are a part of communities across the country, and any successful effort to reach all Veterans must target their communities.
- President Trump released PREVENTS roadmap, a nationwide plan for ending suicide among **Veterans and all Americans** June 17, 2020.

The Roadmap is the result of an inclusive process that builds on the NSSP, DSSP, NSPVS, and other broad-based collaborative efforts.



# U.S. SUICIDE STATISTICS

36,000 people in the U.S. take their lives each year. Veterans account for 20-22% of these deaths, where on average 18-22 Veterans take their own life each day.



That's the equivalent to nine (9) school buses of Veterans that die each month from suicide.



# PREVENTS

The President's Roadmap to Empower Veterans and End a National Tragedy of Suicide



VA

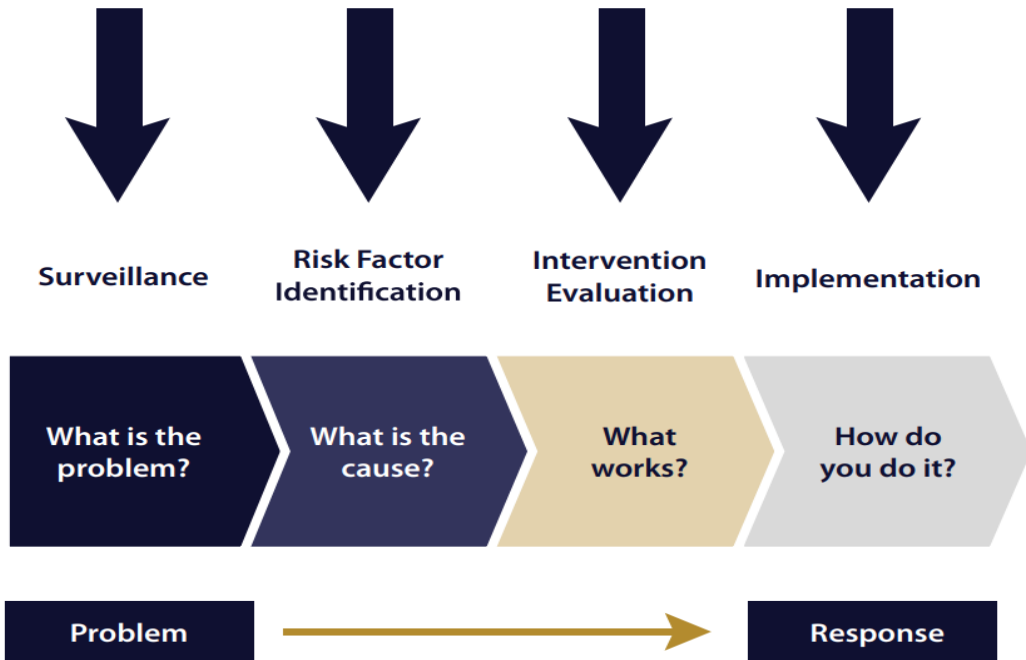


U.S. Department of Veterans Affairs

# Public Health Approach Overview

## Framework for Utilizing a Public Health Approach

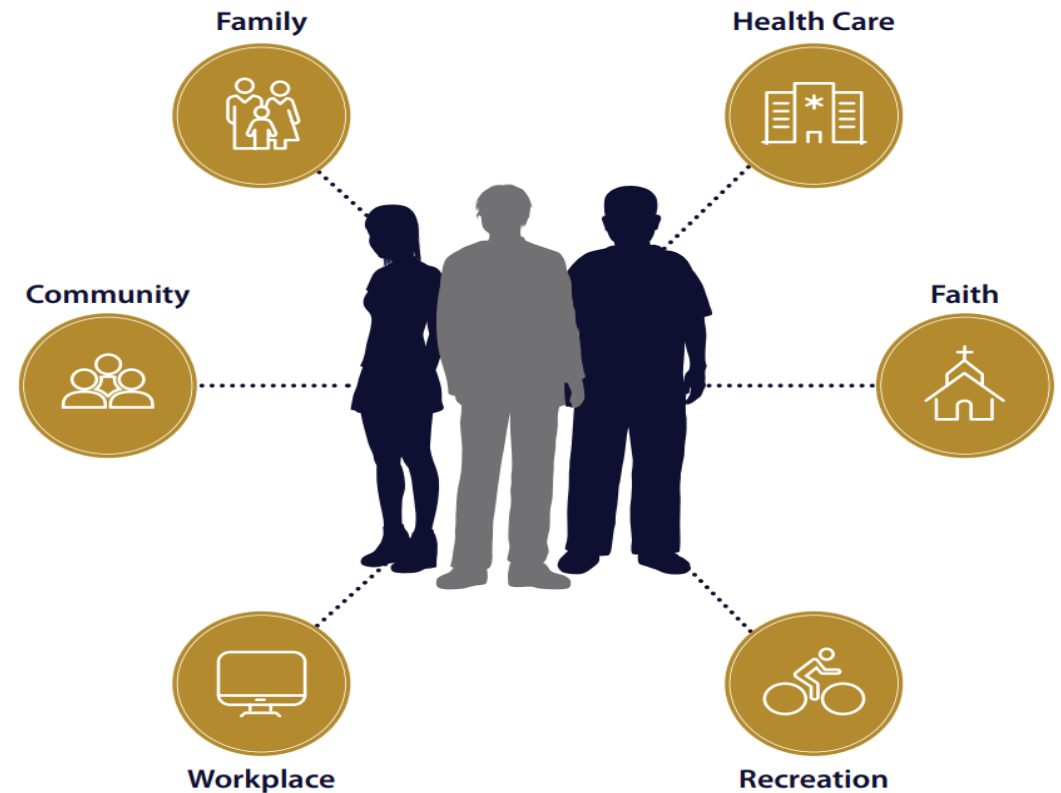
This systematic, scientific approach to understanding and preventing suicide addresses a broad range of risk and protective factors.



Reference: <https://www.cdc.gov/publichealth101/public-health.html>

## Everyone Has a Role to Play

By adopting a public health approach, PREVENTS is acting on the knowledge that suicide prevention is everyone's business, and that together, we can prevent it.



# 2020 PRIORITY FOCUS AREAS

## Aspiration:

**PREVENTS will prevent suicide within the Veteran community — and lead the way in preventing suicide for all Americans — by employing a public health approach to empowering every individual through a nationally driven, community-implemented four-part integrated strategy.**

## Focus areas:



**Communications Campaign:**  
Develop and drive a national public health campaign.



**Research:** Prioritize precision suicide intervention and enhance the federal research ecosystem.



**Programs:** Scale data-backed programs at the community, local, state levels.



**Policies:** Develop and support policies to improve prevention.

## What success looks like:

- Strong **awareness of risk factors** for suicide and the adoption of help-seeking behaviors among all communities and Veterans in particular
- **Culture of openness, support, and belonging** surrounding the topic of suicide and mental health more broadly

- Prevention and intervention methods tailored to each Veteran's **unique suicide risk profile**
- **Enhanced federal research ecosystem** — promote team-based research approaches, public-private partnerships, shared resources, and frequent engagement with government funders and regulators

- Streamlined access to **comprehensive end-to-end mental health and suicide prevention care** for all communities and with a specific focus on Veterans
- Active **suicide prevention initiatives and conversations** by workplaces, schools, faith-based communities, and other stakeholder organizations

- **Legislative proposal** that drives grant funding to communities, enabling them to increase collaboration and integration of services to Veterans
- **Universally driven and adopted policies** that allow for more coordinated, action-oriented research and the implementation of evidence-based suicide prevention programs



**VA**



U.S. Department  
of Veterans Affairs



# Overarching Themes



**Communications Campaign**



**Policies**



**Programs**



**Research**

## PREVENTS: THE PREVENTS ROADMAP

The PREVENTS Roadmap contains research, strategies, and recommendations to inform both the public and private sectors in their efforts. We all have a role to play in combatting the national tragedy of suicide, and we all can make a difference.

<https://www.va.gov/PREVENTS/index.asp>



# THE PREVENTS ROADMAP IS A LIVING DOCUMENT

- Continuous coordination is key to effective organization, assessment, planning, execution, evaluation, and sustainability. The PREVENTS Roadmap was constructed with input from more than 150 experts; it stands to reason that implementation will require a large number of individuals working together in a collective, organized, ongoing manner with adequate resources to achieve the goal of preventing suicide.
- PREVENTS efforts aimed at ensuring that a structure for effective implementation is achieved by the end of the first year of implementation include:
  - PREVENTS Task Force and PREVENTS Office coordination to prioritize and organize recommendations (June 2020).
  - PREVENTS data infrastructure plan developed (September 2020).
  - PREVENTS Roadmap non-Federal resource plan developed (September 2020).
  - PREVENTS Federal action officers onboarded (September 2020).
  - PREVENTS Roadmap Federal resource plan developed (September 2020).
  - PREVENTS Office expanded (September 2020).
  - PREVENTS programs, policies, research, and communications execution plans developed (November 2020).
  - PREVENTS evaluation plan developed (November 2020).



# PREVENTS - NATIONAL SURVEY

Please take the President's Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS) survey:

Feedback on this survey from Veterans Service Organizations, Veterans, and community organizations will help ensure that the PREVENTS Office has the information it needs to implement the Roadmap and communicate its efforts to empower Veterans and prevent suicide.

This survey should take you approximately 5 minutes to complete.

Click below link to complete the survey:

<https://survey.voice.va.gov/?CSignals-PREVENTS>



# WHEN DOES SUICIDE HAPPEN...

- Suicide happens at a **CRISIS POINT** when an individual may feel utterly and completely hopeless and/or intense and overwhelming psychological pain. Sometimes a suicide is contemplated for hours or days, or sometimes for minutes or only seconds. Research suggests that for someone to die by suicide, he or she must override the powerful human inclination toward self-preservation.
- Suicide is not a single — or rational — action. When people are suffering and unable to hope for a better tomorrow, their desire to stop the unbearable pain overrides the fundamental instinct to survive.





The mission of the VAC's Veterans' Crisis Response Program is to assist Law Enforcement and 1<sup>st</sup> Responders before, during and after a Veteran related crisis in order to deescalate the situation by providing and sharing information responsibly for the safety and welfare of all.



The end state is to **S.A.V.E** a Veterans life by helping to identify treatment options and ensure a healthy return to the communities in which they reside and thrive once the recovery cycle begins.

# PROGRAM MISSION AND END STATE



# PROGRAM AIMS

- Assist Veterans before, during and after a crisis and throughout their recovery
  - Advocate for their rights, care and treatment
  - Inform them of their benefits, develop Individual Crisis Plans and seek positive voluntary recovery-based commitments
  - Maintain ongoing relationship and communication between Veterans, Law Enforcement, 1<sup>st</sup> Responders and other identified strategic partnerships
  - Service Veterans in their time of need and meet them at their point of crisis alongside Law Enforcement, 1<sup>st</sup> Responders and other Co-Responders

Ensure SAFE transport of the Veteran to the  
VA Healthcare System (Hospital) for Treatment



Crisis

# THE CRISIS AND RECOVERY CYCLE

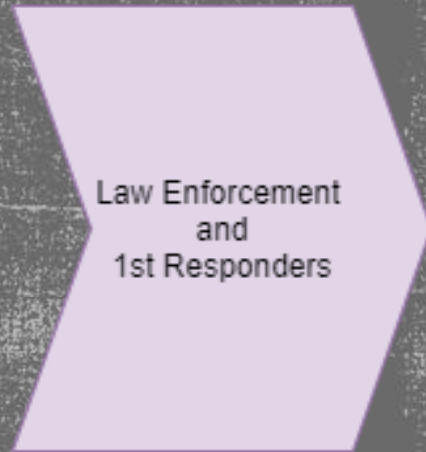
Before, During  
and After

Intervention

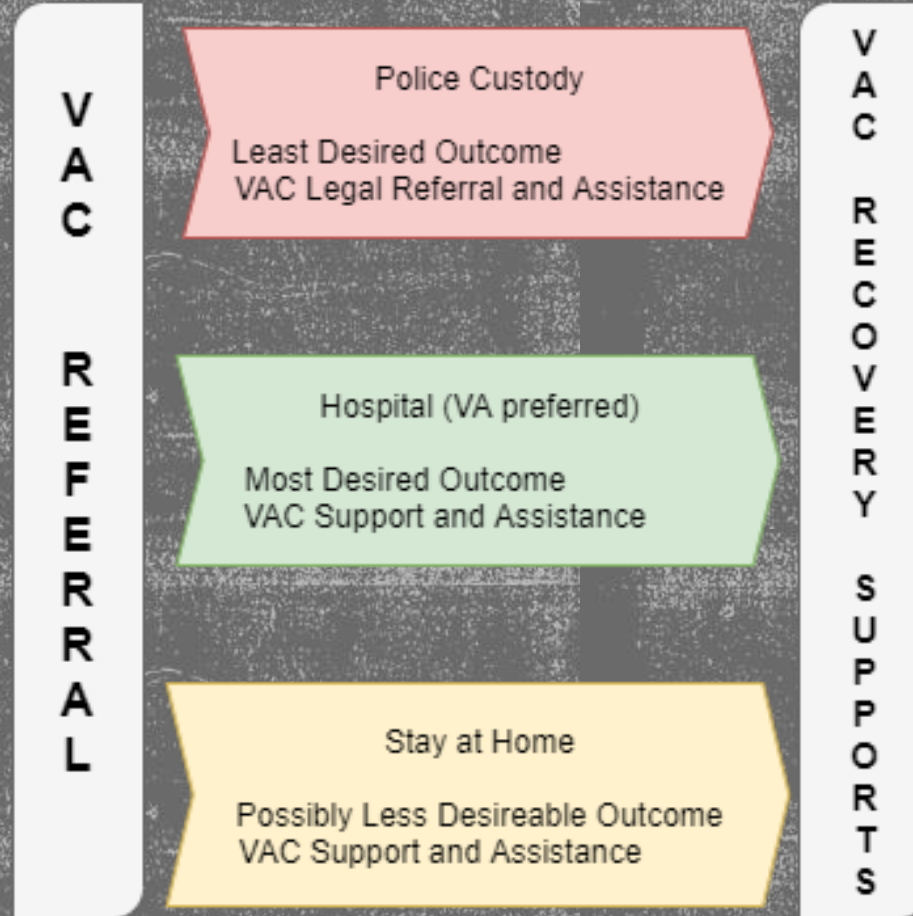
Recovery/  
Relapse



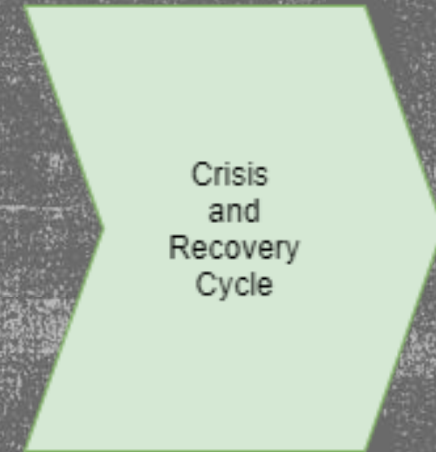
Before



During



After





## Before

- Identify and train Co-Responders
- Educate and support Law Enforcement and 1<sup>st</sup> Responders
- Establish Quick Response Teams within and throughout our communities
- Build strategic partner capacity through one-on-one outreach to Veterans
- Develop voluntary Individual Crisis Plans and discuss them with Loved Ones, Law Enforcement, 1<sup>st</sup> Responders and other strategic partners as appropriate

## During

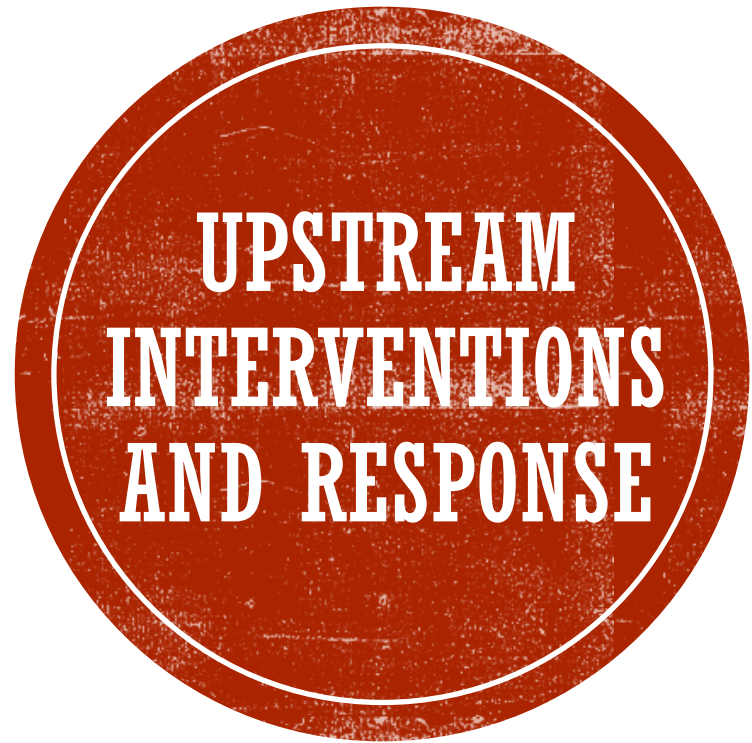
- Respond alongside Law Enforcement and 1<sup>st</sup> Responders to help resolve crisis related service calls quickly and effectively (Meet them where they are whether in custody, transported to the hospital or remain in the community at home)
- Provide relevant, timely and accurate information via technology, so everyone can make the best decisions possible
- Deescalate and ensure SAFE transport of the Veteran to the VA Healthcare System (Hospital) for Treatment

## After

- Welcome Veteran back home to the Community upon release from custody or hospital in order to support their recovery
- Develop and/or refine voluntary Individual Crisis Plans and update Loved Ones, Law Enforcement and 1<sup>st</sup> Responders as appropriate
- Track the most vulnerable and those at highest risk for relapse using various interventions and partnerships
- Conduct After Crisis Reviews with Veteran, Loved Ones, Co-Responders, 1<sup>st</sup> Responders and strategic partners in order to learn and share best practices and modify program policies and procedures and response initiatives

# BREAKING THE CYCLE





- While interventions aimed at saving people when they are in crisis are necessary, to successfully prevent suicide across all communities, people must be reached **upstream** — **before they reach the point of desperation.**
- To this end, interventions must reach people where they live, work, learn, play, and pray to provide the education, tools, resources, and hope that allows them to heal, withstand, and overcome.

# **MITIGATE THE IMPACT OF INDIVIDUAL RISK**

- Risk factors may change over an individual's life depending on a variety of conditions and circumstances, such as changes to physical or mental health, economic stress, or the experience of trauma.
- Sometimes, an individual's risk might be high; at other times, because of effective treatment or support, that same individual's risk might be lessened. It is critical that everyone has the knowledge and information necessary to recognize and respond in a healthy and productive way to mitigate the impact of their individual risk.

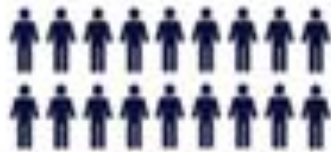


# COMPREHENSIVE PUBLIC HEALTH APPROACH



## Universal (all)

Universal prevention strategies are designed to reach the entire Veteran population.



## Selective (some)

Selective prevention strategies are designed to reach subgroups of the Veteran population that may be at increased risk.



## Indicated (few)

Indicated prevention strategies are designed to reach individual Veterans identified as having a high risk for suicidal behaviors.

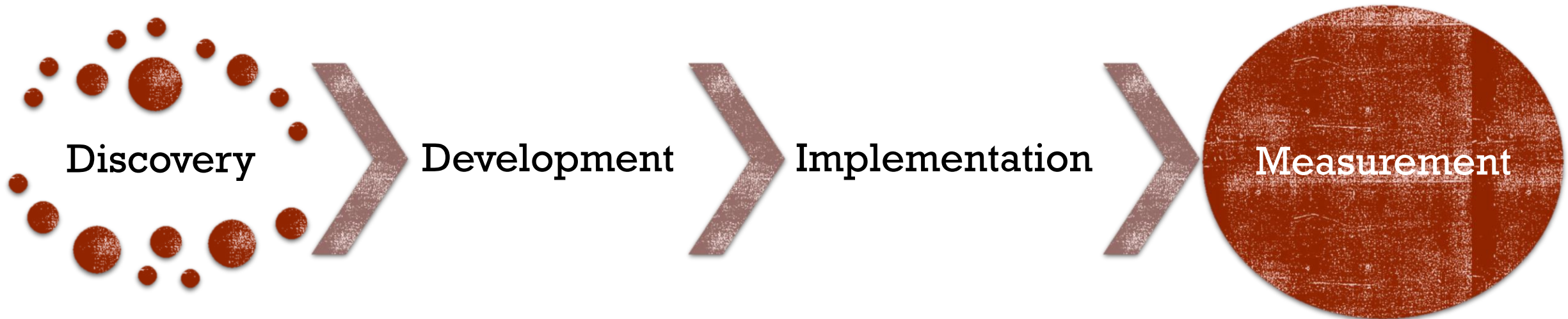
- Universal, Selective and Indicated Public Health Approach
  - Universal prevention strategies are used to reach all people
  - Selective strategies target those at increased risk for suicide, such as people with substance use disorders
  - Indicated strategies address those who may already be experiencing suicidal ideation or attempts





- There is a great cost in the failure to address this public health issue. If nothing more is done than what has been done before, the number of suicide deaths and suicide attempts will continue to rise. The health and well-being of our Nation will suffer.
- In addition to suicide's human toll, it is a costly issue for our society. In 2015, the Substance Abuse and Mental Health Services Administration estimated the average cost of one suicide at \$1.33 million, while the total cost of suicide and suicide attempts was \$93.5 billion.

# BUILDING PARTNERSHIPS AND PROGRAMS



# STRATEGIC PARTNERSHIPS

- While one effort can certainly spark a movement, as mentioned above, culture change cannot be accomplished by one organization or entity. A number of partners are needed to help change the culture around mental health, encourage help-seeking behavior, and promote suicide prevention best practices.
- Effective partnerships bring together government, industry, nonprofit, and faith-based organizations to leverage strengths and create programs that achieve what individual efforts cannot do alone. When designed and executed effectively, programs created by strategic partners can solve even the most complex societal challenges.



# WHO ARE SOME STRATEGIC PARTNERS

Veteran/Military  
Service  
Organizations

Federal  
Government  
Agencies and  
Entities

State and Local  
Government  
Agencies and  
Entities

Workplaces and  
Chambers of  
Commerce

Faith-Based  
Organizations

Bank, Mortgage,  
and Financial  
Service Providers

Utility and  
Technology  
Providers

Legal Support  
Service Providers

Community Service  
Providers and Non-  
Profits

Health Care  
Organizations

Institutions of  
Higher Learning and  
Other Educational  
Settings

Law Enforcement &  
1<sup>st</sup> Responders

Loved Ones and  
Neighbors

Anyone Who Willing  
to Help

YOU





# OVERARCHING STRATEGIC PARTNERSHIP GOALS



Promote  
Individualized  
Approaches to  
Suicide Prevention  
and Treatment



Enhance the Research  
Ecosystem





GOAL OF  
STRATEGIC  
PARTNERSHIPS

- The overarching goal of partnerships that focus on suicide prevention is to advance knowledge and interventions — and foster a culture in which Veterans and others who need support are able to seek and receive the care they deserve so they never reach the point of crisis.

# SUICIDE PREVENTION PARTNERSHIPS SHOULD AIM TO ACHIEVE ONE OR MORE OF THE FOLLOWING OBJECTIVES

---

## Objectives

Maximize collective impact to solve this complex societal challenge

---

Improve navigation and access to resources

---

Enhance the customer experience and the results for those in care or seeking care

---

Eliminate barriers and bridge gaps

---

Explore future solutions

---





# **PARTNERSHIP BARRIERS AND LIMITATIONS**

- **Lack of trust and communication between partners**
- **Conflicting strategies and/or goals across public, nonprofit, and for-profit organizations**
- **Imbalance of power when one partner is larger or more visible in the partnership**
- **Difficulties in addressing challenges around data rights, sharing, and ownership**
- **Having enough resources, time, and staff to manage the partnership**



# VAC STRATEGIC PARTNERSHIPS IN PLACE NOW

Metro East  
Vet Center

VA Healthcare  
System



- We are the people in the VA who **Welcome Home War Veterans with Honor** by providing quality readjustment counseling in a caring manner. Vet Centers understand and appreciate Veterans' war experiences while assisting them and their family members toward a successful post-war adjustment in or near their community.



**METRO EAST VET CENTER**

**618-825-0160**



- The Veterans Health Administration (VHA) is America's largest integrated health care system, providing care at 1,243 health care facilities, including 170 medical centers and 1,063 outpatient sites of care of varying complexity (VHA outpatient clinics), serving 9 million enrolled Veterans each year.



## VA ST. LOUIS HEALTHCARE SYSTEM

**1-314-652-4100**



# WHO WE ARE AND WHAT WE DO...



Financial Assistance  
(Madison County, IL  
Residents)

- Interim
- Emergency

Case Work

- Compensation
- Pension

Transition Center

- Primary Services
- Secondary Services







Bring One is both our electronic and analog campaign that assists local area Veterans in need of referral services as well as responds to the needs of Veterans (and their families) at the point of crisis.



Our Bring One Veterans Service Officer Co-Responder along with local area Quick Response Teams (QRT) act as liaisons between Veterans (and their families), 1<sup>st</sup> Responders other strategic partners and VAC.

# **BRING ONE: RESPONSE INITIATIVE AND CRISIS REFERRAL APPLICATION**



# Bring One: Response Initiative



## Serving the Ones Who Served

One question can make all the difference

**Have You or a Family Member Ever Served in the Military?**

Veterans' Assistance Commission of  
Madison County, IL  
157 N. Main Street, Suite 115  
Edwardsville, IL 62025  
Phone: 618-296-4554  
E-mail: [mcvac@co.madison.il.us](mailto:mcvac@co.madison.il.us)  
Facebook: @mcveterans  
Monday-Friday, 8:30 a.m. - 4:30 p.m.

Wood River, IL Police Department  
550 E Madison Ave  
Wood River, IL 62095  
Phone: 618-251-3113  
E-mail: @woodriverpd  
Facebook: @woodriverpd  
Open 24 Hours/7 Days a Week



# Bring One: 1<sup>st</sup> Responders Referral Card

## Responding 1<sup>st</sup> Responder

Name: \_\_\_\_\_ Department/Agency \_\_\_\_\_ Case #: \_\_\_\_\_

## Veterans Contact Information:

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

## Secondary Contact Information:

Relationship to Veteran: \_\_\_\_\_

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Referral Entered      Signature Consent to share referral: \_\_\_\_\_

Bring One Co-Responder or QRT Contacted

Transported       Remained in Community

# Bring One: Response Initiative

1. Bring One assists local area Veterans in need of referral services as well as responds to the needs of Veterans (and their families) at the point of crisis.
2. Our Bring One Veterans Service Officer Co-Responder and local area Quick Response Teams (QRT) act as liaisons between Veterans (and their families), 1<sup>st</sup> Responders and the Veterans' Assistance Commission (VAC) through the use of a Congressionally Accredited Veterans Service Officer and teams of Certified Recovery Support Specialist.

**EACH ONE  
BRING ONE**



# Bring One: Quick Response Team Contacts

VAC Veterans Service Officer Co-Responder: Name – Direct Contact #

Local Area Quick Response Team (QRT) Certified Recovery Support Specialist:

1. Name – Direct Contact #
2. Name – Direct Contact #

Our Bring One Veterans Service Officer Co-Responder and Quick Response Teams focus on suicide prevention, mental health awareness, community advocacy, and referrals as well as responds, in real-time alongside 1<sup>st</sup> Responders, to meet the needs of area Veterans, their families and community at the point of crisis.

To get started, please scan the secure confidential Quick Response Code (QR) or visit the referral website link below from your browser:



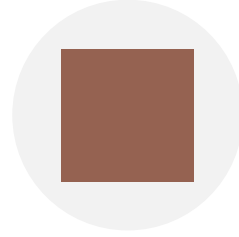
[www.co.madison.il.us/mcvac](http://www.co.madison.il.us/mcvac)



**QUICK AND EASY TO  
USE BY STRATEGIC  
PARTNERS**



**WORKS ON ANY  
DEVICE**



**PROVIDES RELEVANT  
REAL TIME  
INFORMATION AND  
DATA TO STRATEGIC  
PARTNERS**



**SENDS IMMEDIATE  
ALERTS AND  
NOTIFICATIONS**



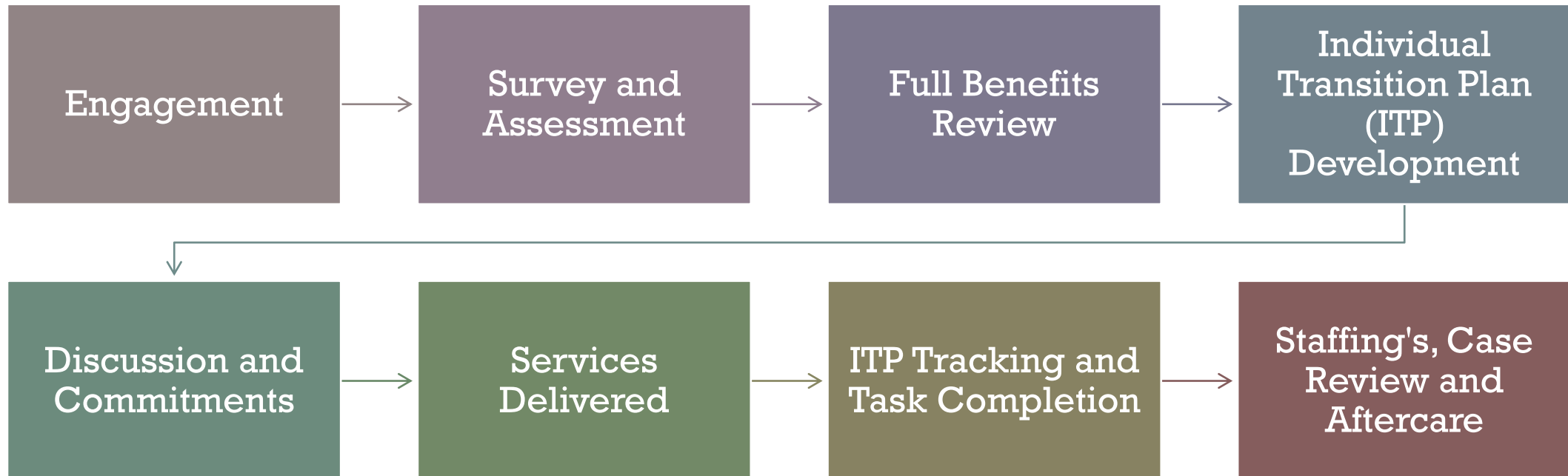
**BUILT USING OPEN-  
SOURCE SOFTWARE**

# **CRISIS REFERRAL APPLICATION**





# BRING ONE REFERRAL APPLICATION AND PROCESS





# INDIVIDUAL TRANSITION PLAN (ITP)



Very Specific  
Primary and  
Secondary  
Services



Individual task  
organized,  
discussed and  
agreed upon



Completion  
schedule  
formulated



Small  
measurable  
successes  
discussed

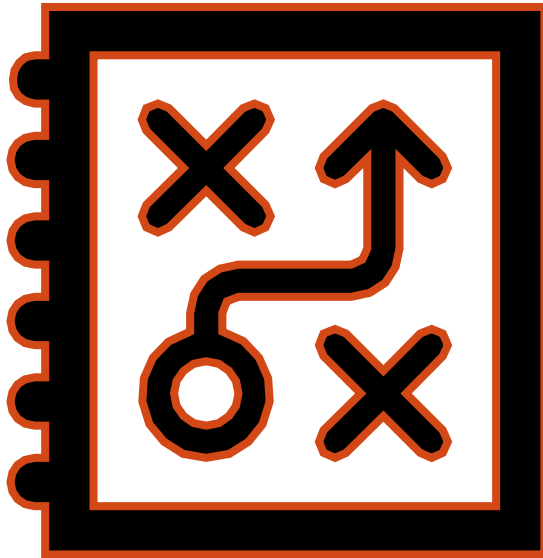


Success based  
on service-  
related task  
completion

Individual Crisis Plan  
Development and Tier  
Identification will be  
considered a Primary Service



# INDIVIDUAL CRISIS PLAN (ICP) DEVELOPMENT



- Individual Crisis Plan (ICP) Development is where it begins getting very complex, but we try and make it as simple as possible for the Veteran.
- When developing a Veterans ICP, we use readily available public data and research as well as the Veterans background, disabilities, medical histories and treatment protocols to work with Veteran to produce a simple plan.
- Once produced, the ICP can then be voluntarily shared with various strategic partners.
- Veterans have full control over their ICP development as well as how much information they are willing to share in order prevent a personal crisis from occurring, snowballing out of control or to minimize the collateral damage when and if a crisis occurs.
- Crisis planning is an ongoing process that should start when a Veteran is well and evolves throughout their life. Every crisis is different and what a Veteran needs today in order to stay healthy, happy and safe maybe different tomorrow.





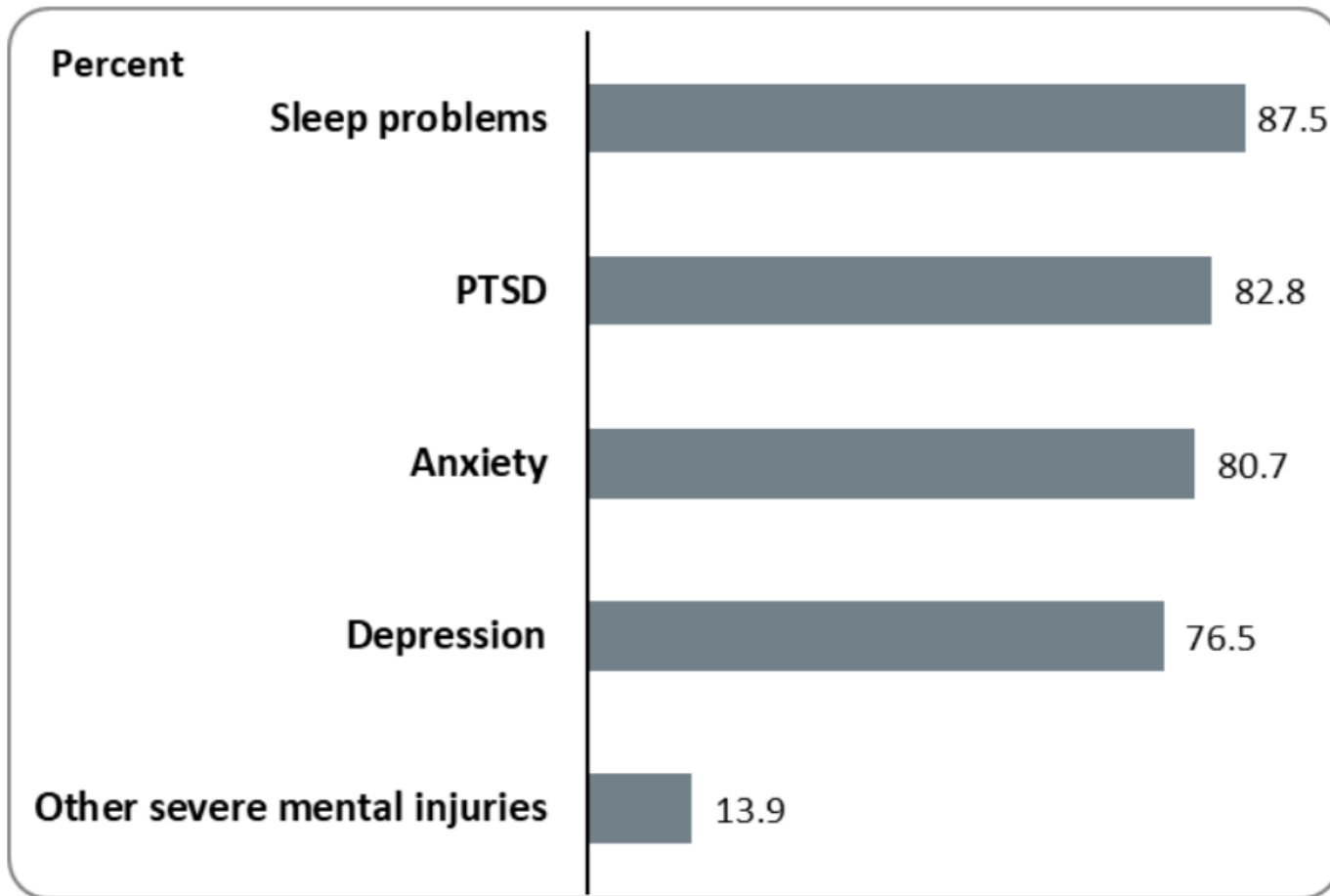
71.1% of Veterans have health care coverage available through the VHA.



Only about 30% of Veterans receive VHA care and less than 50% use any VA services or benefits.

# VHA HEALTH CARE COVERAGE





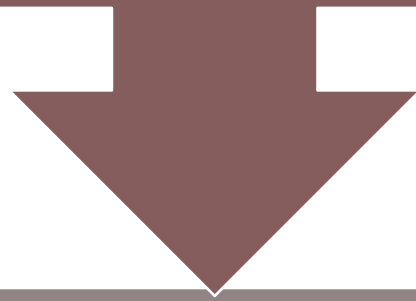
2019 Wounded Warrior Project Survey Results - <https://www.woundedwarriorproject.org/mission/annual-warrior-survey>

## MENTAL HEALTH

- Almost all Veterans (90.9%) experienced a severe mental injury during their military service.
- Among those who reported a severe mental injury, 91.0 percent report experiencing more than one.



Among those with injuries, about 9 in 10 (90.9%) experienced more than three injuries or health problems.



The most common self-reported injuries and health problems include:

Sleep problems – 87.5%

PTSD – 82.8%

Anxiety – 80.7%

Back, neck, or shoulder problems – 76.8%

Depression – 76.5%

# SERVICE-CONNECTED INJURIES AND HEALTH PROBLEMS

2019 Wounded Warrior Project Survey Results -

<https://www.woundedwarriorproject.org/mission/annual-warrior-survey>



# WHAT IS SERVICE CONNECTION

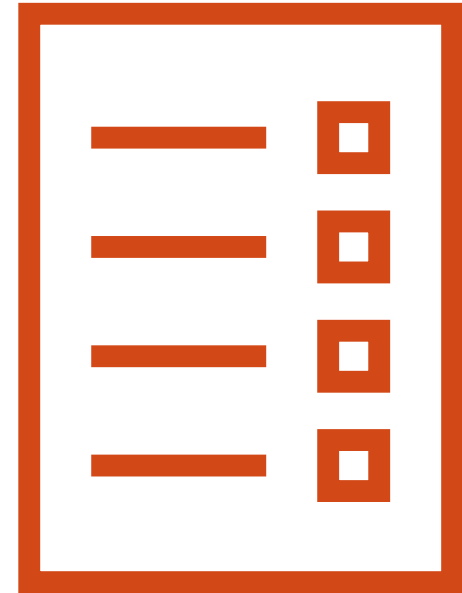


- **Service-connected** means that the Veteran is disabled due to injury or illness that was incurred in or aggravated by Military service. There are five main methods to establish service connection:
  - Direct service connection
  - Service connection through aggravation
  - Presumptive service connection
  - Secondary service connection
  - Service connection for injuries caused by VA health care
- **Non service-connected** means that the Veteran is disabled due to injury or illness not related to Military service.
- **VAC's #1 Goal is to get Veterans Service Connected**



# VA DISABILITY COMPENSATION AND RATING SCHEDULE

- VA disability compensation (pay) offers a monthly tax-free payment to Veterans who got sick or injured while serving in the military and to Veterans whose service made an existing condition worse. Veterans may qualify for VA disability benefits for physical conditions (like a chronic illness or injury) and mental health conditions (like PTSD) that developed before, during, or after service.
- VA assigns a disability rating based on the SEVERITY of a Veterans service-connected condition/s. Disability ratings determine how much disability compensation a Veteran receives each month, as well as their eligibility for other VA benefits.



## GENERAL RATING FORMULA FOR MENTAL DISORDERS

## RATING

Total occupational and social impairment, due to such symptoms as: gross impairment in thought processes or communication; persistent delusions or hallucinations; grossly inappropriate behavior; persistent danger of hurting self or others; intermittent inability to perform activities of daily living (including maintenance of minimal personal hygiene); disorientation to time or place; memory loss for names of close relatives, own occupation, or own name.

100

Occupational and social impairment, with deficiencies in most areas, such as work, school, family relations, judgment, thinking, or mood, due to such symptoms as: suicidal ideation; obsessional rituals which interfere with routine activities; speech intermittently illogical, obscure, or irrelevant; near-continuous panic or depression affecting the ability to function independently, appropriately and effectively; impaired impulse control (such as unprovoked irritability with periods of violence); spatial disorientation; neglect of personal appearance and hygiene; difficulty in adapting to stressful circumstances (including work or a worklike setting); inability to establish and maintain effective relationships.

70

Occupational and social impairment with reduced reliability and productivity due to such symptoms as: flattened affect; circumstantial, circumlocutory, or stereotyped speech; panic attacks more than once a week; difficulty in understanding complex commands; impairment of short- and long-term memory (e.g., retention of only highly learned material, forgetting to complete tasks); impaired judgment; impaired abstract thinking; disturbances of motivation and mood; difficulty in establishing and maintaining effective work and social relationships.

50

Occupational and social impairment with occasional decrease in work efficiency and intermittent periods of inability to perform occupational tasks (although generally functioning satisfactorily, with routine behavior, self-care, and conversation normal), due to such symptoms as: depressed mood, anxiety, suspiciousness, panic attacks (weekly or less often), chronic sleep impairment, mild memory loss (such as forgetting names, directions, recent events).

30

Occupational and social impairment due to mild or transient symptoms which decrease work efficiency and ability to perform occupational tasks only during periods of significant stress, or symptoms controlled by continuous medication.

10

A mental condition has been formally diagnosed, but symptoms are not severe enough either to interfere with occupational and social functioning or to require continuous medication.

0

# 38 CODE OF FEDERAL REGULATIONS (CFR) BOOK C, SCHEDULE FOR RATING DISABILITIES

[https://www.benefits.va.gov/WARM\\_S/bookc.asp#r](https://www.benefits.va.gov/WARM_S/bookc.asp#r)

## Mental Disorders

### 4.125 - Diagnosis of Mental Disorders

### 4.126 - Evaluation of Disability from Mental Disorders

### 4.127 - 4.128 - 4.129 - Mental Retardation and Personality Disorders/Convalescence Ratings Following Extended Hospitalization/Mental Disorders Due to Traumatic Stress

### 4.130 - Schedule of Ratings - Mental Disorders





# 70-100% SERVICE CONNECTED DISABILITIES

- Meeting the criteria for a 100% VA rating on the ratings schedule, or combining multiple disabilities to obtain a 100% rating, can be very difficult.
- It can be tricky to earn a 100% disability rating when a Veteran has more than one disability.
- Combining two or more disabilities is a complicated process in which 50% plus 50% does not equal 100% but, rather, 75%. In fact, the closer a Veteran gets to a 100% disability rating, the harder it seems to be to obtain one. For example, once a Veteran is rated 80% disabled, each additional 10% disability only adds 2% to his total rating rather than an additional 10%.

## GENERAL RATING FORMULA FOR MENTAL DISORDERS

RATING

Total occupational and social impairment, due to such symptoms as: gross impairment in thought processes or communication; persistent delusions or hallucinations; grossly inappropriate behavior; persistent danger of hurting self or others; intermittent inability to perform activities of daily living (including maintenance of minimal personal hygiene); disorientation to time or place; memory loss for names of close relatives, own occupation, or own name.

100

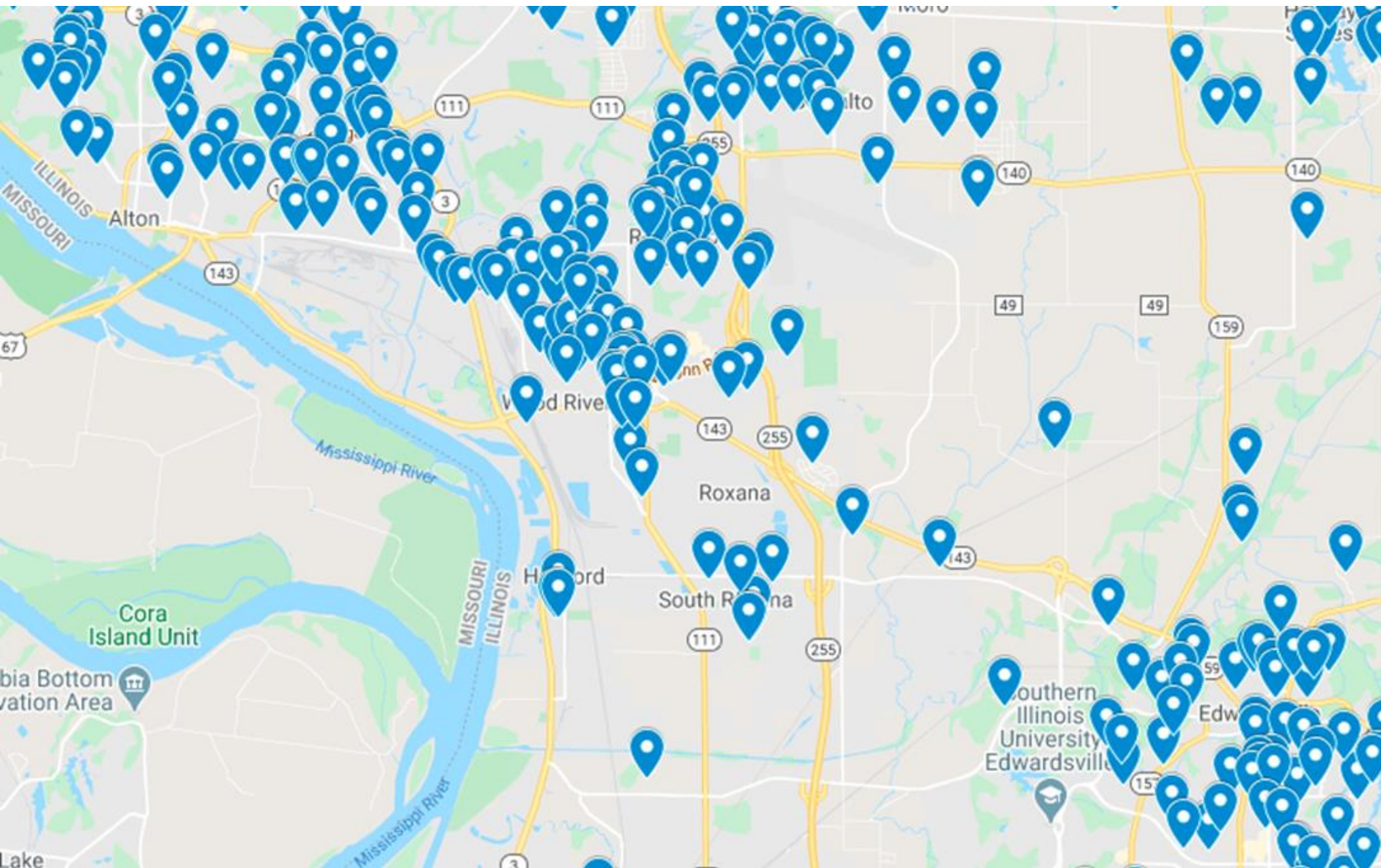
Occupational and social impairment, with deficiencies in most areas, such as work, school, family relations, judgment, thinking, or mood, due to such symptoms as: suicidal ideation; obsessional rituals which interfere with routine activities; speech intermittently illogical, obscure, or irrelevant; near-continuous panic or depression affecting the ability to function independently, appropriately and effectively; impaired impulse control (such as unprovoked irritability with periods of violence); spatial disorientation; neglect of personal appearance and hygiene; difficulty in adapting to stressful circumstances (including work or a worklike setting); inability to establish and maintain effective relationships.

70

For the remainder of this presentation, we will focus on Veterans with 70-100% Service-connected Disability Ratings



The 70-100% Service-connected Veterans make up 18% of Madison County's total veterans population.



## WHERE OUR 70-100% SERVICE-CONNECTED DISABLED VETERANS LIVE?

- Communities with largest concentrations:
  - Wood River/E. Alton/Roxana – 97
  - Alton/Godfrey - 145
  - Granite City - 179
  - Edwardsville/Glen Carbon/Maryville - 196
  - Highland/Troy – 251
  - Rural - 103



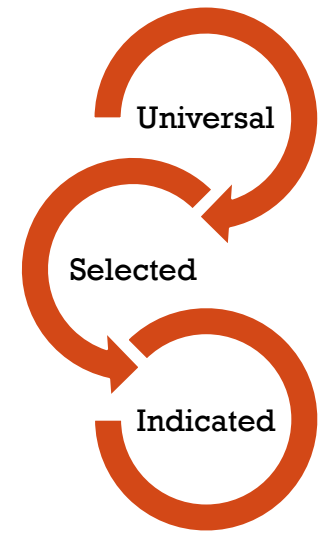
# HOW DOES MAPPING HELP



- Shows high concentration of Veteran populations
- Allows for targeted responses initiatives based on severity of illness
- Allows for the mitigation of risk through targeted advertising and marketing
- Allows Law Enforcement and 1<sup>st</sup> Responders to get an inside look at where the most vulnerable reside
- Allows the VAC alongside Law Enforcement and 1<sup>st</sup> Responders to hit the streets and begin to get to know our most vulnerable
- Allows for targeted advertising using proximity and analytic tools needed to implement Crisis Plan Tiers
- Used as overlays along with other strategic partner datapoints and information



# CRISIS PROGRAM TIERS



## GENERAL MEMBERSHIP

Lower risk population, consisting of Veterans who may have an occupational or social impairment

General Membership  
(0-30%)

Tier 1  
(30-50%)

## TIER 1

Moderate risk population, consisting of Veterans who have an occupational and social impairment, with reduced reliability in areas of everyday life

## TIER 2

High risk population, consisting of Veterans who have an occupational and social impairment, with deficiencies in most areas of everyday life

Tier 2  
(50-70%)

Tier 3  
(70-100%)

## TIER 3

Very high-risk population, consisting of Veterans who have a total occupational and social impairment, with deficiencies in all areas of everyday life



# WHAT ARE CRISIS PROGRAM TIERS AND HOW DO THEY HELP

- **Crisis Program Tiers**
  - Allows for the ability to identify and classify at-risk Veterans and ensure they have information about resources available based on their current disability rating
  - Allows the VAC to identify and outreach to Veterans who may need to file for a possible claim for increased disability compensations
  - Allow us to quickly make assessments and inferences about a group of Service-connected disabled Veterans throughout our communities
  - Can be used to increase awareness of VAC resources to ensure assistance is provided to Veterans most in need
  - Develop and improve individual interventions that increase overall Veteran quality of life, decrease the likelihood of Veteran suicide and crisis related incidents
  - Provide 1<sup>st</sup> responders with actionable insights and the resources they need to provide appropriate care when responding to Veterans in crisis



# WHAT THE VAC IS DOING NOW...

Fighting and advocating for  
Veterans individual and  
collective rights

Working alongside and with  
strategic partners

**VAC**

Gaining trust and seeking  
commitments

Resolving crisis situations in  
real-time everyday



# FEDERAL ECONOMIC INDICATORS (FY 2019)

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**\$154,754,000.00**

Federal U.S.  
Department of  
Veterans' Affairs  
Expenditures  
into Madison  
County, IL for  
nearly 21,500  
Veterans

**\$79,821,000.00**

Compensation and  
Pension Benefits

---

**\$65,105,000.00**

Medical Care (4,531)  
Unique Patients

---

**\$8,487,000.00**

Education, Vocational  
Rehab and Employment

---

**\$1,341,000.00**

Insurance and Indemnities

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# WHAT THE VAC HAS COMMITTED TO DO...

Hire a Veterans Service Officer Co-Responder to build, administer and maintain a local Veterans Crisis Response Program aligned to PREVENTS specific to serving local community needs

Co-develop a local Veterans Crisis Response Program with strategic partners aligned to PREVENTS

Continue development, fielding, refinement and testing of Bring One analog and electronic referral application

Expand outreach and engagement campaigns (Bring One) using PREVENTS Collaborative Multisector Approach

Establish a co-responder network using Quick Response Teams (QRT) Certified Recovery Support Specialist (CRSS)

Continue to build rapport and trust within and throughout Veteran community between the VAC and 1st Responders

Use SMART (Specific, Measurable, Attainable, Relevant, and Time-bound) logic model to show the relationship between community need, proposed activities, and intended outcomes as well as six-step CDC's Framework for Evaluation



# WHAT THE VAC IS ASKING YOU TO DO...

Pass a County resolution supporting and implementing the PREVENTS Roadmap and Veterans Crisis Response

Establish a PREVENTS work group across key Board Committees, County Departments and Strategic Partners

Create funding supports using a Collaborative Multisector Approach to support work group activities and foster strategic partnerships

Establish a Grant Making Program in order to pool funds to go after larger PREVENTS discretionary grants to be co-administered by work group incorporating the 33 PREVENTS Grant Recommendations

Provide and promote regular Suicide and Crisis Response employee trainings, initiatives and resources Countywide

Consider implementing Disabled Veteran Leave provided under the Wounded Warriors Federal Leave Act of 2015 ([Public Law 114-75](#)) at State Level with modifications to help Veterans receive care and file for their benefits



**WHAT ARE YOUR  
QUESTIONS  
AND THANKS FOR  
YOUR TIME**



- Executive Order on a National Roadmap to Empower Veterans and End Suicide- <https://www.whitehouse.gov/presidential-actions/executive-order-national-roadmap-empower-veterans-end-suicide/>
- Remarks by President Trump at Announcement of PREVENTS Task Force Roadmap- <https://www.whitehouse.gov/briefings-statements/remarks-president-trump-announcement-prevents-task-force-roadmap/>
- The President's Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS) VA Website- <https://www.va.gov/PREVENTS/EO-13861.asp>
- The PREVENTS Roadmap- <https://www.va.gov/PREVENTS/docs/PREVENTS-Supplemental-Materials-for-the-Roadmap-508.pdf>
- Supplemental Materials for the PREVENTS Roadmap- <https://www.va.gov/PREVENTS/docs/PREVENTS-Supplemental-Materials-for-the-Roadmap-508.pdf>
- Executive Order on Safe Policing for Safe Communities- <https://www.whitehouse.gov/presidential-actions/executive-order-safe-policing-safe-communities/>
- 38 CFR Book C, Schedule for Rating Disabilities- <https://www.benefits.va.gov/WARMS/bookc.asp#r>
- Diagnostic and Statistical Manual of Mental Disorders (DSM–5)- <https://dsm.psychiatryonline.org/doi/book/10.1176/appi.books.9780890425596>
- National Center for Veterans Analysis and Statistics- <https://www.va.gov/VETDATA/index.asp>





**Bradley A. Lavite**

**Superintendent**

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