



DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

March 25, 2022

The Honorable Larry Hogan
Governor
100 State Circle
Annapolis, MD 21401-1925

The Honorable Bill Ferguson
President of the Senate
H-107 State House
Annapolis, MD 21401-1991

The Honorable Adrienne A. Jones
Speaker of the House
H-101 State House
Annapolis, MD 21401-1991

RE: SB 521, Chapter 35 of the Acts of 2019 – Veteran Suicide Prevention – Comprehensive Action Plan

Dear Governor Hogan, President Ferguson, and Speaker Jones:

Pursuant to Senate Bill (SB) 521, Chapter 35 of the acts of 2019, the Maryland Department of Health respectfully submits the attached report on the comprehensive action to increase access to and availability of professional veteran health services to prevent suicides.

If you have any questions about this report, please contact Heather Shek, Director, Office of Governmental Affairs, at heather.shek@maryland.gov.

Sincerely,

Dennis R. Schrader
Secretary

cc: Lisa Burgess, M.D., Acting Deputy Secretary for Behavioral Health
Heather Shek, Director, Office of Governmental Affairs
Sarah Albert, Department of Legislative Services (MSAR # 12218 and 12851)

Introduction

During the 2019 legislative session, the Maryland General Assembly passed Senate Bill (SB) 521, Chapter 35 of the Acts of 2019. SB 521 requires the Maryland Department of Health (MDH) to develop a comprehensive action plan to increase access to and availability of professional veteran health services to prevent veteran suicides. In addition, MDH is to submit a report outlining recommended changes needed to implement the initiatives and reforms outlined in the action plan.

SB 521 required MDH to collaborate with various stakeholders to develop a comprehensive action plan, including the Maryland Department of Veterans Affairs (MDVA), the United States Department of Veterans Affairs (VA), the Service Members, Veterans, and Their Families (SMVF) Technical Assistance Center Implementation Academy, veteran advocacy groups, and medical providers. Furthermore, SB 521 outlined the following goals for the action plan:

1. Identify opportunities for raising awareness of and providing resources for veteran suicide prevention;
2. Identify opportunities to increase access to veteran mental health services;
3. Identify funding resources to provide accessible and affordable veteran mental health services;
4. Provide measures to expand public-private partnerships to ensure access to quality and timely mental health services;
5. Provide proactive outreach measures to reach veterans needing care;
6. Provide for peer-to-peer service coordination, including training, certification, recertification, and continuing education for peer coordinators; and
7. Address suicide prevention awareness, measures, and training regarding veterans involved in the justice system.

In developing the action plan, MDH and MDVA aligned efforts with work already directed toward suicide prevention, including recommendations by Maryland's State Suicide Prevention Plan 2020 by the Governor's Commission on Suicide Prevention (GCSP), the 2020-2021 Behavioral Health Plan developed by MDH's Behavioral Health Administration (BHA), and the action plan submitted for the US Substance Abuse and Mental Health Services Administration (SAMHSA) Governor's Challenge to Prevent Suicide among SMVF.

The following information summarizes the action items and strategies within the action plan and any potential changes necessary to implement the initiatives and reforms.

Action Plan Priority Areas

The comprehensive action plan spans four critical strategic priority areas that increase access to and availability of professional veteran health services to prevent veteran suicides. These key priorities may occur across public and private health systems that SMVF engages for treatment. The priorities, in no particular order, are:

1. Identify SMVF and screen for suicide risk
2. Promote connectedness and improve care transitions
3. Increase lethal means safety and safety planning
4. Enhance peer support efforts that engage with SMVF

1. Identify SMVF and screen for suicide risk

Effective suicide prevention requires various strategies to achieve long-term and institutional change. Proper military service identification is an essential first step to screening for suicide risk. Unfortunately, when asked, "are you a veteran" some individuals who have served will not self-identify with that specific verbiage. An individual's disassociation with the term "veteran" can stem from several reasons: length of service, discharge status, combat experience, and gender. Additionally, identification questions should include family members as it opens up opportunities for a more comprehensive conversation related to the overall need for care.

In November 2020, MDVA and MDH launched the "Ask the Question" initiative encouraging providers and state agencies to screen for military service and family connection to service. The "Ask the Question" initiative encourages providers and agencies to use standardized questions when facilitating client orientations. Before this initiative, few state agencies routinely asked consumers about military service. In addition, for state agencies asking about military service, it was unclear if there was follow-up or referral to US Department of Veterans Affairs (VA) specific services.

There are likely thousands of SMVF accessing state services who would otherwise be eligible for VA services. Beyond implementing processes to have proper military service identification, opportunities exist to improve state agency reporting on benefits accessed by SMVF, as well as provide employee training on referral processes and military cultural competency. The ability to bring consistency to military service identification, provide additional employee training, and improve data reporting will facilitate SMVF's connection to vital services that can help to reduce suicidality.

The following are recommended action items and related strategies to support identification and screening for suicide risk among SMVF.

- MDH and MDVA continue to coordinate and expand the number of state agencies involved in the "Ask the Question" initiative through strategies such as:
 - Encouraging the Maryland Hospital Association members to participate in the "Ask the Question" initiative.
 - Collecting data on state agency and provider participation in the "Ask the Question" initiative to understand the number of identified SMVFs and referrals made.
- MDH continue publishing an annual report on SMVF suicides to evaluate the success of SMVF suicide prevention programs.
- MDH and MDVA encourage state agencies to improve access to relevant information and resources for SMVF through:
 - Inclusion of SMVF suicide prevention resources on public-facing websites.
 - Provision of information on VA programs and annual reporting of data on services accessed by SMFVs to MDVA by state agencies working with SMVFs.
- The Provision of pieces of training and education on military- cultural competency, suicide prevention referral to and utilization of suicide prevention resources for SMVF for personnel of State agencies interacting with SMVF, participating in the "Ask the

Question" initiative, MDVA and VA programs, community behavioral health providers, and Maryland 211 intake personnel

2. Promote connectedness and improve care transitions

Although behavioral health services have expanded for the SMVF population in recent years, they are often fragmented, especially crisis care services. The VA's National Strategy for Preventing Veteran Suicide aims to integrate and coordinate veteran suicide prevention activities across multiple sectors and settings by fostering the integration of veteran suicide prevention into the values, culture, leadership, and work of a broad range of organizations and programs. Therefore, in keeping with evidence-based best practices, the Maryland Governor's Challenge to Prevent Suicide among SMVF, as well as the action plan developed from SB 521, prioritizes promoting connectedness and improving care transitions.

The development of standardized protocols to connect SMVF to the appropriate level of care in community and crisis settings in Maryland is essential. The SMVF Crisis Intercept Map for Suicide Prevention is a tool that helps community stakeholders visualize how at-risk SMVF flow through the crisis care system from first contact through ongoing treatment and recovery support. It assists jurisdictions with identifying gaps, barriers to access, and opportunities for improvement. The Sequential Intercept Model (SIM) details how individuals with mental and substance use disorders come into contact with and move through the criminal justice system.

Additionally, coordinated entry systems, such as the one adopted by the US Department of Housing and Urban Development, have proven successful in reducing the prevalence of homelessness across the country and in Maryland. A similar standardized system, Veteran Intercepts in the Criminal Justice System, adopted by the National Institute on Corrections, provides valuable resource information at all points of intersection from law enforcement to community re-entry. By furthering efforts to provide enhanced connectedness and improved care transitions, Maryland will be able to reduce suicidality and improve well-being among SMVF.

The recommended action items and related strategies to promote connectedness and improve care transitions include:

- MDH and MDVA, alongside stakeholders and one local jurisdiction (county or city and appropriate local agencies, i.e., police, fire, EMS, corrections) facilitate a crisis intercept mapping pilot project for SMVF.
- MDH and MDVA, alongside the Maryland Department of Public Safety and Correctional Services develop a veteran intercept model for justice involved veterans to improve access to resources for justice involved veterans.
- MDH and MDVA, alongside stakeholders, research and recommend opportunities for SMVF coordinated entry systems in areas of employment, behavioral health, and housing.

3. Increase lethal means safety and safety planning

The 2021 US Surgeon General's Call to Action to Implement The National Strategy for Suicide Prevention shared that firearms account for 51% of all suicides in the United States. Firearms account for approximately 60% of suicides among military service members and 70% among

military veterans. According to 2018 data, 58% of suicide deaths among Maryland veterans were by firearms, with 23% attributed to suffocation and 19% by other and low-count methods.

MDH, the VA, and other national and State agencies aim to increase awareness of culturally competent safety planning through training and education targeting clinical and medical providers. However, this content is not currently facilitated regularly or with consistent messaging. Creating a standard curriculum to train providers supporting the SMVF community on safety planning, military culture, trauma-informed care, and lethal means safety work would facilitate shared common knowledge. In addition, working collaboratively with stakeholders to implement evidence-based practices in lethal means safety and providing safety planning can strongly prevent suicide deaths among SMVF.

The recommended action items and related strategies to support increasing lethal means safety and safety planning include:

- MDH reviews and recommends training for providers that can be implemented to enhance military-cultural competency and address hesitancy in using safety planning and lethal means safety tools.
- MDH collects data on the number of SMVF safety planning trainings annually and other relevant information (e.g., SMVF-connected status, clinical provider type, medical provider type, and testimonials) to evaluate the impact of SMVF safety planning training.

4. Enhance peer support efforts that engage with SMVF

Over the past decade, Maryland has made significant progress and investment to expand the Peer Recovery Specialist behavioral health workforce. This workforce has seen an increased focus on providing high quality and consistent service delivery through developing an industry-recognized credential - the Certified Peer Recovery Specialist (CPRS). The CPRS credentialing process includes completing eligibility requirements to sit for the credentialing examination (participating in specified training, supervision, and experiential hours), bi-annual renewal, and ongoing training.

In developing the comprehensive action plan, stakeholders identified opportunities to expand upon the role of CPRSs in providing behavioral health recovery support to SMVF. However, additional and specific training is required to increase the knowledge and skills of CPRS to engage with the SMVF population successfully.

Outlined below are action items and strategies that will enhance the State's ability to identify, train, and recruit CPRSs and improve a CPRS' ability to engage with SMVF populations and provide interventions that reduce suicide within this community. These include:

- MDH develops an endorsement training with community stakeholders that identifies the knowledge, skills, and abilities to provide culturally competent peer support to SMVF populations. This training will be submitted for approval from the Maryland Addiction and Behavioral-health Professionals Certification Board (MABPCB), which oversees the certification of CPRS.
- Upon approval, MDH partners with MABPCB to offer the training to CRPSs annually or through partnerships with other organizations.

- MDVA explores providing a Peer Liaison on MDH's Peer Recovery Specialist Advisory Council to provide representation and perspective.

Conclusion

The action items summarized in this report will allow Maryland to be proactive and responsive to SMVF suicide prevention needs and enhance the ability for military trauma-affected veterans to become knowledgeable of and be able to quickly access mental health services and supports as mandated in SB 521.