

UPSTREAM SUICIDE PREVENTION: NEW INNOVATIONS FROM THE TEXAS VETERANS COMMISSION



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VETERANS MENTAL HEALTH DEPARTMENT

- ▣ JUSTICE INVOLVED VETERAN PROGRAM
- ▣ COMMUNITY & FAITH-BASED PARTNER PROGRAM
- ▣ HOMELESS VETERAN INITIATIVE
- ▣ VETERAN PROVIDER PROGRAM
- ▣ MILITARY VETERAN PEER NETWORK
- ▣ SUICIDE PREVENTION



VETERANS MENTAL HEALTH DEPARTMENT

Across all programming, VMHD has the broadest definition of veteran. Regardless of:

- ❑ Discharge status
- ❑ Branch of services
- ❑ Length of service
- ❑ Active-duty status

The same broad definition applies to family.

All services provided across VMHD programming are offered freely



OBJECTIVES

1. Introduce the Risk-Need-Responsivity (RNR) model
2. Describe how a modified RNR framework shapes VMHD program development and service implementation across Texas
3. Highlight how this ties into VMHD's focus on reducing veteran suicide in Texas



EIGHT EVIDENCE-BASED PRINCIPLES FOR EFFECTIVE INTERVENTIONS

(NATIONAL INSTITUTE OF CORRECTIONS, COMMUNITY CORRECTIONS DIVISION, U.S. DEPARTMENT OF JUSTICE, 2004)

1. Assess Actuarial Risk / Needs
2. Enhance Intrinsic Motivation
3. Target Interventions
 - a. *Risk Principle*: Prioritize supervision and treatment resources for higher risk individuals
 - b. *Need Principle*: Target interventions to criminogenic needs
 - c. *Responsivity Principle*: Be responsive to temperament, learning style, motivation, culture, and gender when assigning programs
 - d. *Dosage*: Structure 40-70% of high-risk offenders; time for 3-9 months
 - e. *Treatment*: Integrate treatment into the full sentence/sanction requirements
4. Skill Train with Directed Practice (use Cognitive Behavioral treatment methods)
5. Increase Positive Reinforcement
6. Engage Ongoing Support in Natural Communities
7. Measure Relevant Processes / Practices
8. Provide Measurement Feedback



RISK-NEED-RESPONSIVITY MODEL

(ANDREWS ET AL. 1990; ANDREWS & BONTA, 2010; HOGE & ANDREWS, 2010)

RISK PRINCIPLE: Direct resources and more intensive services to higher risk individuals

NEED PRINCIPLE: Treatment / Intervention should target criminogenic needs (dynamic risk factors)

MODIFIED NEED PRINCIPLE: Programmatic Planning should target the changeable factors most relevant to the most important presenting problem

RESPONSIVITY PRINCIPLE: Treatment / Intervention should be provided in a style and mode that is responsive to the individual's learning style and ability



RESPONSIVITY PRINCIPLE

(ANDREWS ET AL. 1990; ANDREWS & BONTA, 2010; HOGE & ANDREWS, 2010)

Responsivity:

- Factors that need to be considered in strategic intervention/program planning
- Focus on risk factors relevant to population/individual (i.e., trauma, TBI, presence of mental illness, access to lethal means, etc.)
- Protective factors can include strengths / protective factors such as employment, positive leisure activities / Interests, active and supportive family, faith, etc.



R-N-R: ASKING THE RIGHT QUESTIONS

(ANDREWS ET AL. 1990; ANDREWS & BONTA, 2010; HOGE & ANDREWS, 2010)

Risk / Need focus helps answer:

- “**Who** needs treatment / intervention?”
- “**What** type and intensity of treatment / intervention is needed?”

Responsivity focus helps answer:

- “**How** would this population most benefit from intervention?”
- “**What** circumstances could present barriers to intervention?”
- “**What** steps can be taken to overcome these barriers?”
- “**What** strengths / protective factors and supports can be incorporated to bolster treatment / intervention?”



JUSTICE INVOLVED VETERAN PROGRAM

Risk/Need

- ❑ Continued involvement in CJ system
- ❑ Training for law enforcement to intervene & divert
- ❑ Veteran Treatment Courts
- ❑ Access to veteran services while incarcerated
- ❑ Reentry planning

Responsivity

- ❑ TA & Training is military cultural competency
- ❑ JIV info cards ("jailcards")
- ❑ Statewide Partnerships
- ❑ Leveraging local resources (e.g., MVPN)





COMMUNITY & FAITH BASED PARTNER PROGRAM

Risk / Need

- ❑ Identification of veteran status
- ❑ Access to services (distance, finances, etc.)
- ❑ Workforce Shortage
- ❑ Social Isolation
- ❑ Life Purpose

Responsivity

- ❑ Faith / Spirituality linked to resiliency
- ❑ Initial touchpoint / bridge to mental health services
- ❑ Faith & Allegiance (Military Cultural Competency)
- ❑ Leveraging community partners
- ❑ Especially rural and underserved areas





HOMELESS VETERAN INITIATIVE

Risk / Need

- ❑ Higher rates of trauma, mental health issues, justice involvement
- ❑ Gaps in the continuum of care
- ❑ Accessibility

Responsivity

- ❑ Definitions of “veteran” and “homeless”
- ❑ Coordinate across programs
- ❑ Services are identified at all levels: local, state, federal
- ❑ Provide trainings to direct service staff
- ❑ Strong interagency collaboration



VETERAN PROVIDER PROGRAM

Risk / Need

- ❑ **Trauma** is a pervasive problem among veterans
 - ❑ PTSD
 - ❑ Moral Injury
 - ❑ Military Sexual Trauma
 - ❑ Traumatic Brain injury
- ❑ Accessibility o Evidence-Based Practices

Responsivity

- ❑ Military Cultural Competency
- ❑ Military Informed Care
- ❑ Trauma-informed training & technical assistance
- ❑ Veteran counselor pilot program



EVIDENCE-BASED PRACTICES & RESEARCH SUPPORTED BEST PRACTICES

Cognitive-Behavioral Therapy (CBT)

Motivational Interviewing (MI)

Cognitive Processing Therapy (CPT)

Eye Movement Desensitization & Reprocessing (EMDR)

Prolonged Exposure (PE)

Peer Model

Columbia Protocol (C-SSRS)

Mental Health First Aid (MHFA)

Counseling on Access to Lethal Means (CALM)

Ask About Suicide to Save a Life (AS+K)



MILITARY VETERAN PEER NETWORK

Risk / Need

- ❑ Isolation and lack of connectivity / support
- ❑ Stigma
- ❑ Accessibility / waitlists
- ❑ Family engagement

Responsivity

- ❑ Statewide peer-to-peer network
- ❑ Trained peer volunteers
 - ❑ Direct peer-to-peer support
 - ❑ Training community stakeholders
 - ❑ Warm-handoffs to local resources and VA





SUICIDE PREVENTION

Priority A-1

- Gatekeeping: AS+K
- Lethal Means Restriction: CALM
- Mental Health First Aid
- Texas Suicide Prevention Collaborative
- Statewide Behavioral Health Coordinating Council (SBHCC)
- Statewide Planning (TCCVS, State Plan, Long-Term Action Plan, Short-Term Action Plan, Governor's Challenge, Mayor's Challenge)
- Collaboration with VA and national efforts
- **Suicide Prevention Coordinator**



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