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# SENATE COMMITTEE ON MILITARY AND VETERANS AFFAIRS

Senator Bob Archuleta, Chair

2023 - 2024 Regular

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<b>Bill No:</b>	SB 783	<b>Hearing Date:</b>	4/10/23
<b>Author:</b>	Archuleta		
<b>Version:</b>	3/22/23 As Amended		
<b>Urgency:</b>	No	<b>Fiscal:</b>	Yes
<b>Consultant:</b>	Jenny Callison		

**Subject:** Veterans: suicide

## DESCRIPTION

### Summary:

This bill authorizes the Counties of Los Angeles and Nevada to create a veteran suicide prevention training pilot program. The pilot program will offer individuals in each county specialized training and certification in suicide prevention with military-connected populations, in order to identify indicators of elevated suicide risk and provide emergency crisis intervention and referrals for veteran.

### Existing law:

Authorizes each county to appoint a veterans service officer, who is required to administer aid to veterans, investigate veterans claims and requests relating to veterans aid, and to perform any other veteran-related services as requested by the county board of supervisors.

### This bill:

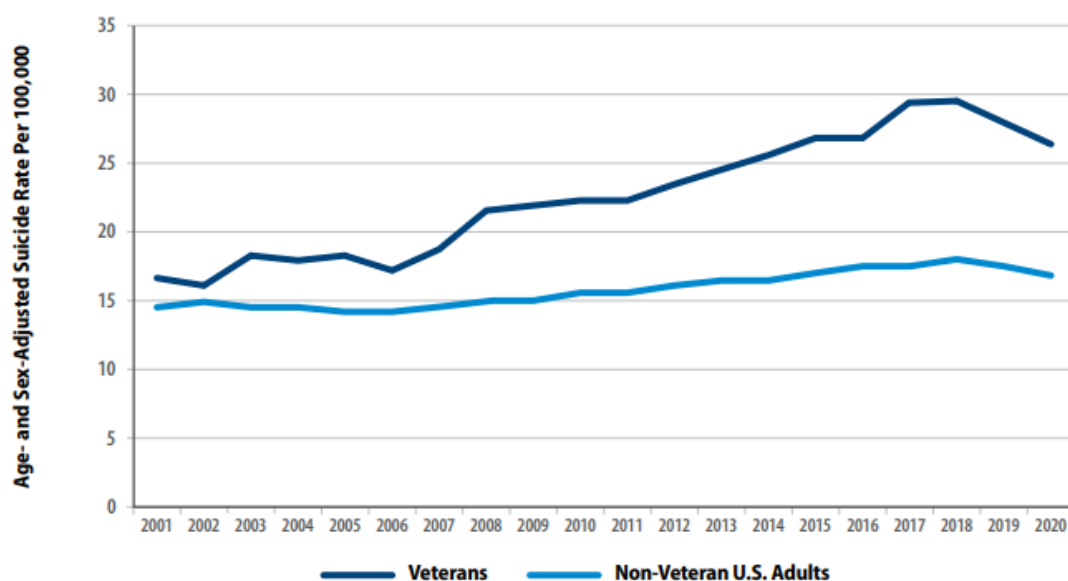
- 1) Creates the Veteran Suicide Prevention Training Pilot Program.
  - a) Authorizes the Counties of Los Angeles and Nevada to create a veteran suicide prevention training pilot program in those counties, to offer individuals in each county specialized training and certification in suicide prevention with military-connected populations to ensure high-risk veterans get streamlined and prioritized access to effective services.
  - b) Requires those counties establishing a program to collaborate to hire a suicide prevention subject matter expert with expertise in implementation and dissemination of evidence-based practices and evidence-informed interventions with military-connected populations. The subject matter expert shall:
    - i) Conduct a thorough needs assessment of unique training needs of the counties and develop an individualized intense training curriculum based on those needs and consistent with clinical practice guidelines put forth by the United States Department of Veterans Affairs and the United States Department of Defense.
    - ii) Develop a process for collaboration and communication with current community partners and shall help develop processes for collaboration and consistency among these agencies.

- iii) Conduct a data-driven assessment of outcomes, including compliance with developed metrics of success, to better understand the outcomes of this process, as well as modifications to be made.
  - c) Requires counties establishing a pilot program pursuant to this article shall adopt rules, policies, and procedures necessary to implement the pilot program.
  - d) Requires counties establishing a pilot program pursuant to this article to submit a report to the Legislature on or before September 15, 2026. The report shall include:
    - i) Information concerning the pilot program and whether any changes should be made to the pilot program to increase its effectiveness.
    - ii) A recommendation of whether the pilot program should be continued or expanded to other counties.
- 2) Appropriates the sum of one hundred thousand dollars (\$100,000) from the General Fund for the purposes of creating a pilot program.

### **BACKGROUND**

Suicide is a problem that touches all demographics and is not a veteran-specific issue. In California in 2020, 3,355 non-veterans committed suicide. At the same time, 583 veterans committed suicide.<sup>1</sup> Suicide deaths among veterans made up 15% of all suicides in 2020, although veterans make up less than 2% of California's population. Nationally, Age- and sex-adjusted suicide rates from 2001 through 2020 are depicted in the figure below for veterans and non-veteran adults, by year. From 2001 through 2020, adjusted rates rose faster for Veterans than for non-Veteran U.S. adults. The difference in rates was greatest in 2017, when Veteran adjusted rates were 66.2% greater than those of non-Veteran adults. In 2020, this differential fell to 57.3%.

**Figure 3: Age- and Sex-Adjusted Suicide Rates, Veterans and Non-Veteran U.S. Adults, 2001–2020**



Source: National Veteran Suicide Prevention Annual Report – September 2022

<sup>1</sup> Suicide Death among Veterans in California, 2020. California Department of Public Health.

Unfortunately, when suicide rates are adjusted for age and sex, the number of veterans who commit suicide per 100,000 is much higher than non-veterans. For that reason, more needs to be done to address veteran suicide nationally and in California.

Suicide is rarely caused by a single circumstance or event. Instead, a range of factors—at the individual, relationship, community, and societal levels—can increase the possibility that a person will attempt suicide. Additionally, there are broader international, national, community and relational factors that play a role, such as inadequate access to care, global health concerns, war, economic crises, and homelessness.

Individual Risk Factors include:

- Previous suicide attempt
- History of depression and other mental illnesses
- Serious illness such as chronic pain
- Criminal/legal problems
- Job/financial problems or loss
- Impulsive or aggressive tendencies
- Substance use
- Current or prior history of adverse childhood experiences
- Sense of hopelessness
- Violence victimization and/or perpetration
- Bullying
- Family/loved one's history of suicide
- Loss of relationships
- High conflict or violent relationships
- Social isolation
- Community Risk Factors
- Lack of access to healthcare
- Suicide cluster in the community
- Community violence
- Historical trauma
- Stigma associated with help-seeking and mental illness
- Easy access to lethal means of suicide among people at risk
- Unsafe media portrayals of suicide

Veteran-Specific Risks include:

- Frequent deployments
- Deployments to hostile environments
- Exposure to extreme stress
- Physical/sexual assault while in the service (not limited to women)
- Length of deployments
- Service related injury

There are ways to cope and to recover from suicidal ideation. Personal factors which protect against suicide risk include:

- Effective coping and problem-solving skills
- Reasons for living (for example, family, friends, pets, etc.)
- Strong sense of cultural identity
- Support from partners, friends, and family
- Feeling connected to others
- Feeling connected to school, community, and other social institutions
- Availability of consistent and high quality physical and behavioral healthcare
- Reduced access to lethal means of suicide among people at risk
- Cultural, religious, or moral objections to suicide

The federal Department of Veteran's Affairs three core tenets for suicide prevention include:

- Suicide is preventable.
- Suicide prevention requires a public health approach combining clinical and community-based approaches.
- Everyone has a role to play in suicide prevention.

The VA has a national suicide prevention program that identifies, screens, assesses, refers, tracks, and treats veterans at risk. In addition, many states and communities have local resources you can turn to for help. The National Suicide Prevention Lifeline is a free, 24-hour hotline available to anyone in suicidal crisis or emotional distress. Veterans can call the Lifeline number, 988, and press "1" to be routed to the Veterans Suicide Prevention hotline. If you prefer not to talk to a VA counselor, calling the Lifeline number will route you to one of the nine crisis centers in California that are accredited to operate a suicide prevention hotline.

### **COMMENT**

Addressing the complexity of suicide prevention efforts in military connected populations requires a multifaceted approach. Increased awareness of observable suicide risk factors is one critical part of a successful suicide prevention program because Veterans are less likely to disclose suicidal thoughts and intent due to stigma. Safety planning and means safety interventions are clinical skills, the basics of which can be learned by paraprofessionals and peers who have long been integrated into gatekeeping trainings (e.g., ASIST teaches suicide first aid to caregivers; Chaplains-CARE teaches suicide intervention knowledge and skills to Navy chaplains). Equipping non-clinicians working with Veterans with these two skills sets is critical since they are more likely to encounter at-risk individuals before the person sees a behavioral health professional. Non-clinical partners will be able to use these skills to reduce immediate risk until they are able to connect the Veteran with appropriate care.

To create the training program, SB 783 allows the counties to collaborate to hire a suicide prevention subject matter expert (SME) with expertise in implementation and dissemination of evidence-based practices and evidence-informed interventions with military-connected populations. The SME shall conduct a thorough needs assessment, develop a process for collaboration and communication with current community

partners, and conduct a data-driven assessment of outcomes. Counties establishing a pilot program shall submit a report to the Legislature on or before September 15, 2026.

According to the author: Many service members and Veterans who have combat or other military-related behavioral health problems do not receive appropriate treatment. Of an estimated 20% of service members with any diagnosed behavioral health problem, nearly half are not receiving any treatment. Failing to appropriately treat existing behavioral health problems can exacerbate other functional problems, can cause additional life and family issues, and at the extreme will lead to suicidal ideation. One veteran life lost to suicide is one too many.

Technicalities the author plans to address as the bill moves through the process include:

1. Identify and clarify the “individuals” to receive training through the pilot program.
2. Itemize and clarify the estimated cost of an SME for each county.

### **POSITIONS**

**Sponsor:** Author.

**Support:** None on File.

**Oppose:** None on File.

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