



**American
Foundation
for Suicide
Prevention**

Maryland

**RE: SUPPORT of House Bill 872
(Sheila E. Hixson Behavioral Health Services Matching Grant Program for Service
Members and Veterans – Establishment)**

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Board Member

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Chair Pendergrass, Vice Chair Pena-Melnyk, and Committee Members:

My name is Dr. Dorothy Kaplan and I reside in Potomac, Maryland. I am a licensed psychologist in Maryland. I currently serve on the Board of Directors with the Maryland Chapter of the American Foundation for Suicide Prevention (AFSP) and am a reviewer for the Journal of Military Psychology, an academic journal published by the American Psychological Association. From 2010 - 2020, I supported the Defense Center of Excellence for Psychological Health and the Defense Center of Excellence for Traumatic Brain Injury as a subject matter expert in clinical psychology and neuropsychology. I am also a suicide loss survivor.

Thank you for the opportunity to share testimony in support of House Bill 872. The Sheila E. Hixson Behavioral Health Services Matching Grant Program for Service members and Veterans funds local nonprofit organizations to establish and expand community behavioral health programs and establishes a system to assess these services. Selection criteria for the program include evidence of project effectiveness. In addition, the bill requires that the Maryland Department of Health (MDOH) establish a system of outcome measurement to assess the effectiveness of services provided.

Maryland is home to approximately 385,000 Veterans; 42% of these Veterans are age 65+. According to the DoD Manpower Data Center, 30,000 active-duty Service members (SMs) and 18,000 Active Reservists (AR) and National Guard (NG) members are Marylanders. There are 130,000 Veteran households with children and another 60,000 AR and NG dependents.

Roughly one in five Veterans experience behavioral health problems, including posttraumatic stress disorder (PTSD), major depression, and problematic substance use. Over two million Americans deployed to Iraq and Afghanistan during the wars on terrorism and returned home with complex behavioral health challenges. Deployment increases the risk of unhealthy alcohol and drug use, substance use disorders, and suicidal behavior. Military service is hard on families too. Children of deployed military personnel have more school-, family-, and peer-related emotional difficulties, compared with national samples.

Suicide and suicidal ideation, or thoughts of suicide, have become an increasing concern for Veterans, SMs, and their families. PTSD is a risk factor in Veterans for suicidal ideation with Veterans who screen positive for PTSD four times more likely to report suicidal ideation than veterans who do not screen positive for PTSD. A recent study of 52,780 active-duty members of the U.S. Air Force found that three percent of male participants and 5.2 percent of female participants reported suicidal ideation in the previous year. Of the participants that reported suicidal ideation, 8.7 percent also reported a recent suicide attempt.

About one in seven suicides in the United States is by a Veteran with firearms the method of suicide in 69.4% of male and 41.9% of female Veteran deaths. More than 6,000 Veterans died due to suicide in 2018. In Maryland in 2018, 13 suicide deaths occurred per 100,000 individuals in the population whereas among Veterans, 23 suicides occurred per 100,000 Veterans. While the Maryland Veteran suicide rate is significantly lower than the national Veteran suicide rate, it is still significantly higher than the national general population suicide rate.

Suicide is currently the leading cause of death among military personnel. Recent data on suicide rates in military personnel as reported by the DoD (2019) indicates that that rates of death by suicide remain elevated for both the Active and Reserve Components of the military Services compared to historical levels observed prior to 2003 but have held steady since 2011. In 2016, 21 suicide deaths occurred per 100,000 active duty SMs. Substance use disorders were the most common behavioral health diagnoses in these completed suicides which is consistent with research that shows that more than 1/5 of all deaths from suicide can be attributed to the use of alcohol. A failed intimate-partner relationship was the most common preceding life stressor.

Research indicates that Veterans who receive high quality care have the best outcomes. Most VA-enrolled Veterans can access timely, high-quality health care from VA providers. However, not all Veterans are eligible for care through the VA, and some Veterans choose not to seek care in the VA because of the location of the VA centers and clinics, stigma, or having private insurance. According to the MDVA 2019 Annual Report, only about 40% of Maryland Veterans are enrolled in the VA healthcare system. SMs may also decide to seek care outside of the military health system; active-duty SMs, military retirees and their families are eligible for the Tricare health insurance program.

Fewer than half of the military personnel who indicate a need for behavioral health services receive care. Reservists who are not on active-duty may live in locations that are a distance from a military behavioral health clinic and their efforts to gain access to quality psychological health services after multiple deployments are often met with significant obstacles; their families do not always have access to, or qualify for, military-provided services.

Community-based service providers may be the first choice for some SMs, Veterans, and their families. Included in the recommendations related to community based behavioral health treatment that emerge from RAND veterans and military research are improving provider training, consistent quality standards for care delivery, and performance measurement. This bill would improve military family access to care by expanding community based behavioral health care and encourage the use of evidence-based high-quality treatment by enforcing national standards of care and measuring program outcomes.

AFSP is the leading national not-for-profit organization exclusively dedicated to saving lives and bringing hope to those affected by suicide through research, advocacy, education, and supporting survivors of suicide loss and those affected by suicide. Our public policy agenda prioritizes key legislative areas to ensure we can be as effective as possible in advancing the goal of preventing suicide. Our bold goal is to reduce the annual suicide rate by 20 percent by 2025.

Members of the Health and Government Operations Committee, the AFSP Maryland Chapter is grateful for your consideration of HB 872 and for working with your colleagues and state agencies to address the suicide rate among our Veteran and SM member communities. We all have a role to play in preventing suicide, and with your support, passage of this legislation will affirm the state's commitment to improving the lives of Maryland's SMs, Veterans and their loved ones and prevent the tragic loss of life to suicide. We urge a favorable report on HB 872.

Please feel free to contact me at dannekaplan@gmail.com 301-335-1954 with any questions or if you would like additional information.

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