



January 27, 2020

**Subject: Informational Overview- Expiration Term of Service (ETS) Sponsorship Consortium**

**1. Purpose.**

The purpose of this memorandum is to provide an overview of the ETS Sponsorship (ETS-S) consortium.

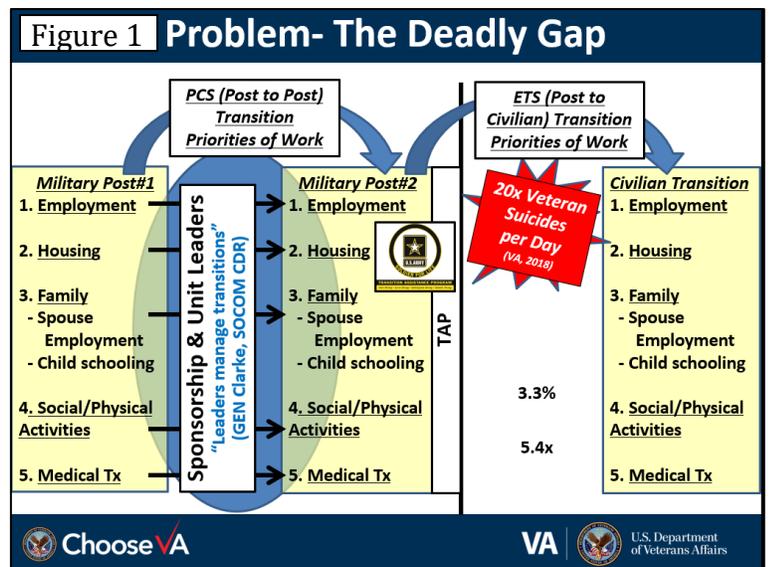
**2. Overview.**

As Servicemembers (SMs) conduct a permanent change of station (PCS), their new unit provides them a PCS sponsor to assist in their transition in critical domains such as military job responsibilities, housing, family transition, social/physical activities and location of medical treatment (See Figure 1). For example, the US Army strives to have its sponsors “develop a sense of responsibility for their fellow Soldiers to improve safety and reduce the likelihood for sexual assault, misconduct, and suicide gestures” (Army, 2006). But there is no such program in their new post-military hometown as SMs conduct an expiration term of service (ETS) and leave the military. So, the VA’s Transitioning Servicemember/Veteran And Suicide Prevention Center (TASC) worked closely with the Department of Defense (DoD), academia, local governments, Starbucks and many nonprofit organizations to launch ETS Sponsorship (ETS-S) to start working with SMs prior to ETS. It started in NYC with over 200 certified sponsors assisting post-9/11 Veterans with initial results indicating reduced transition stressors and PTSD symptoms, as well as increased ratings of social support. These results aided the VA’s decision to expand the program to numerous cities in Texas and across the northeast with plans for expansion to other cities nationally. More information located at: <https://www.blogs.va.gov/VAntage/68723/va-program-helps-service-members-transition-to-civilian-life/>

**3. Problem.**

The nation is experiencing a national epidemic of suicide for our youngest SMs still serving (DoD, 2019) and for those that have already transitioned out of the military. For example, the rate of suicide for Veterans aged 18-34 has more than doubled from **22 suicide deaths per 100,000 in 2006 to 45 per 100,000 in 2016** (VA, 2019). A period of significant risk for these young Veterans is their first year after separating from the military with recent estimates suggesting an increase of nearly 50% (Shen, Cunha, & Williams, 2016). The DoD and VA have worked to address the suicide epidemic by publishing updated clinical practice guidelines for treating psychological disorders associated with suicide (VA & DoD, 2017) and expanding the number of mental health providers available to provide evidence-based treatments (Novotney, 2018). But the rates of suicide persist with particular difficulties related to engaging, connecting, and retaining at-risk SMs and Veterans in needed care.

The fact that 70% (14 of 20) of Veterans who die by suicide are not connected to VA care (VA, 2018) has further limited efforts. A major impediment to effectively connecting Veterans in VA services is the pervasive stigma related to



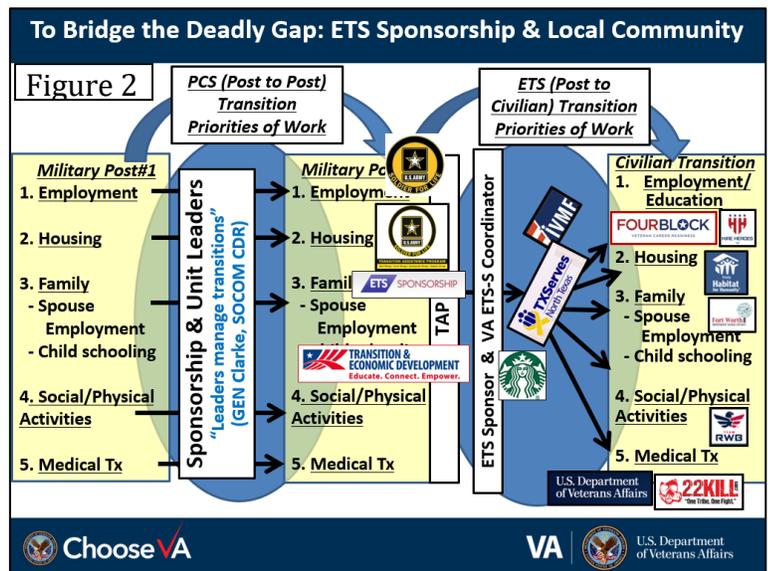
seeking mental health care. As a result of the warrior’s mindset and ethos (e.g., being dependable, strong, and loyal) instilled early in basic training and reinforced throughout military service, many Veterans possess an aversion to mental health care (Geraci et al., 2020). So, few Veterans follow through on referrals to mental health care even after connecting with services like the Veterans Crisis Line and many who do seek treatment care drop out before attending a sufficient number of sessions (Steenkamp et al., 2015). For instance, only 23.8 percent of Veterans who received a new-onset diagnosis of depression, anxiety, or PTSD attended one or more VA psychotherapy session within 12 months after the diagnosis (Mott et al., 2014).

Additionally, up to 44% of Veterans report high levels of transition stressors (Morin, 2011) with the Bush Institute (2015) stating that many SMs are unprepared for the transition from military to civilian life. These transition stressors are associated with more criminal behaviors (Geraci et al. 2020), as well as psychological difficulties (e.g., PTSD, depression, substance use, etc.) and contribute to Veterans experiencing the highest number of transitioning stressors being **5.4-times more likely** to experience suicidal ideation than those experiencing minimal stressors (Kline et al., 2011). Therefore, Geraci et al., (in press) consider this transition to be a ‘deadly gap’ for transitioning SMs.

Among the various transition stressors within specific domains identified in Figure 1, employment is often cited as the biggest concern for transitioning SMs, considering the impact it has on other transition domains, including income, housing, family stability, and medical care. Employment has a significant effect on transitioning SMs’ abilities “to participate in social relationships, move about their home and community, and spend time in productive and usual roles” (Ottomanelli et al., 2013, p. 2133). Even after obtaining a job, however, many Veterans continue to face difficulties translating their military skillsets into a civilian setting and assimilating into civilian organizations that have unfamiliar structural hierarchies (Geraci et al., 2020). Often described as a poor fit between the Veteran and their employer, Veterans change jobs twice within the first three years of transitioning from the military to civilian life (Syracuse University Institute for Veterans and Military Families, 2012).

#### 4. Approach.

ETS-S attempts to address the problem of suicide during the transition by applying a public health approach to suicide prevention that acknowledges that the VA must expand beyond a primary focus on clinical treatment, connect SMs to the web of various social supports provided by the broader community in their post-military hometown prior to ETS, and address the precipitants to suicide in a way that is aligned with military culture and mitigates stigma. Such an approach has been encouraged by Executive Order (EO 13861, March 2019) that established the ‘President’s Roadmap to Empower Veterans and End the National Tragedy of Suicide’ (PREVENTS) task force and called for a coordination of federal, academia, employers, local government, and non-profit efforts. ETS-S is a public-private partnership that synchronizes the efforts of these entities to engage transitioning SMs six months prior to ETS by matching them with certified and volunteer sponsors in their post-military hometowns and connecting them to community networks to reduce transition stressors (related to housing, employment, community connection, family matters, and medical care). For example, the expansion in Texas will consist of sponsors connecting SMs



to services found within the Combined Arms (Houston, Austin, and El Paso) and AmericaServes/ Syracuse University IVMF (San Antonio, Dallas/Ft Worth, Rio Grande) networks.

Therefore, ETS-S aims to **bridge the 'deadly gap'** (see Figure 2) and reduce suicide by mitigating the transition stressors through expansion of an evidence-based program that is aligned with military culture given it is based on the DoD's PCS sponsorship programs.

**5. Status.** ETS Sponsorship is currently established or anticipates being established within the following locations over the next two years.

- New York City
- Westchester County, New York
- Middletown, New York
- San Antonio
- Austin
- Dallas/Fort Worth
- Rio Grande Valley
- Houston
- El Paso
- Boston
- Charlotte, NC

#### **6. Key Collaborations/Partners.**

Department of Veterans Affairs. The TASC has submitted a proposal to the VA Quality Enhancement Research Initiative (QUERI), with the support of the below partners, to conduct a program evaluation of the VA's expansion of the program to six cities in Texas.

- Office of Mental Health & Suicide Prevention
- Readjustment Counseling Services (Vet Centers)
- National Center on PTSD
- National Center on Homelessness Among Veterans
- VISN 17 Center of Excellence on Returning War Veterans
- VBA Office of Transition and Economic Development

#### Department of Defense

- Soldier for Life, US Army G1
- US Army Installation Management Command
- US Army Warrior Care and Transition
- Suicide Care, Prevention & Research Initiative (Uniformed Services University of the Health Sciences)

#### Highlight of Community, Academia and Private Partners

- Expiration Term of Service Sponsorship (nonprofit)
- Starbucks Coffee
- Syracuse University Institute for Veterans & Military Families
- Combined Arms
- Resilience Center for Veterans & Families, Teachers College (Columbia University)
- NYC Department of Veterans' Services
- Meadows Mental Health Policy Institute (Texas)
- Department of Veterans' Services, Commonwealth of Massachusetts
- Brighton Marine

**6. Point of Contact.** The point of contact of this memorandum is Dr. Joseph Geraci, [joseph.geraci@va.gov](mailto:joseph.geraci@va.gov), (718) 584-9000, ext. 5204 or (859) 630-5975. References available upon request.

A handwritten signature in black ink that reads "Joseph Geraci". The signature is written in a cursive style with a large, stylized initial "J".

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