



WRITTEN TESTIMONY OF:

The Institute for Veterans & Military Families
Syracuse University
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The Institute for Veterans and Military Families (IVMF) at Syracuse University is grateful to Chairman Isakson, Ranking Member Tester, and the Members of the Committee for the opportunity to submit written testimony on the subject of S.785 or, be it enacted, the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019*.

Over the past decade, the research and programmatic efforts of the IVMF have generated actionable insights into the social and economic determinants of veteran health and wellness, particularly as impacted by the service member's lived experience navigating the transition from military to civilian life. For that reason, it is our position that those insights are uniquely positioned to inform the focus and substance of the Act as currently proposed. It is our hope that this testimony contributes to your ongoing efforts to meaningfully address the critically important issues impacting the transition from military to civilian life – and by doing so, advance the mental and physical well-being of our nation's veterans.

Today the IVMF operates vocational and community coordination programs across the United States, designed to complement public-sector efforts in support of a holistic transition from military to civilian life for our service members, veterans, and their families. Each year more than 25,000 service members, veterans, and their families leverage IVMF programs as a means to navigate the transition out of uniform and toward civilian careers, schools, and communities. Those programs include interventions designed to support business ownership, career preparation, vocational skills training, and also the effective and efficient provision of social services within the communities our veterans call home.

Importantly, all IVMF programs are available to service members, veterans, and their families without any financial barriers to access. It is through the generosity of the IVMF's corporate and foundation partners – such as JPMorgan Chase, the Schultz Family Foundation, First Data, Walmart, USAA, and many others – that we're able to design and deliver our vocational and community coordination programs without any cost to those who benefit.

Most simply, acting on the opportunity to enhance and improve the transition experience for service members and their families is the mission of the IVMF. For that reason, we have leveraged the academic

resources of Syracuse University and other partners, to conduct extensive research related to the social, cultural, and economic factors that impede or enhance the transition from military to civilian life.

One consistent finding from that research is a clear and enduring linkage between the lived transition experience of service members and their families, and the overall mental and physical health of the veteran, both during and long-after transition.

For example, recent findings from the annual Blue Star Families Military Family Lifestyle Survey, conducted in partnership with the IVMF, suggests a strong relationship between transition experience, preparation for transition, and stress. Specifically, this research illustrates a strong correlation between the transition experience and mental distress (i.e. stress), which is heightened in instances where planning and time pressures are compressed. High levels of stress, in turn, significantly compromise mental health. This is likely why complementary research demonstrates higher rates of suicidal ideation among veterans within five years of military separation, as compared to populations five or more years removed from the transition experience.

In short, our research – and related research conducted by others – demonstrates clearly that ‘getting transition right’ is central to mitigating those factors likely to otherwise compromise long-term wellness and mental health among veterans. Alternatively, a negative transition experience is highly likely to set a veteran (and the veteran’s family) on a trajectory of compromised wellness and mental health, from which it is often exceedingly difficult to recover.¹

For this reason, it is our position that the substance and intent of the proposed legislation must be framed in the context of the lived transition experiences of veterans and military families. Such a framework is most likely to generate actionable strategies, best positioned to positively impact long-term mental health outcomes for our community.

Accordingly, our programmatic and research experiences suggest three areas of focus most strongly aligned with enhancing the transition experience, in a way that powerfully undercuts the social and economic factors demonstrated by research to erode the mental health of transitioning service members and veterans. Those three areas of focus, we suggest to be critical to consider relative to the intent and administration of S.785 as proposed, are as follows:

1. Support for effective and efficient navigation – by or on behalf of the veteran – to public and private sector resources positioned to bolster the economic and social determinants of wellness and mental health.
2. Enhanced access to educational and vocational services and supports – before, during, and after transition – most strongly aligned with post-service job and career opportunity.
3. Purposeful and robust pathways connecting veterans and their families to the communities in which they live, work, and raise their families.

¹ Sonethavilay, H., Maury, R. V., Hurwitz, J., Linsner Uveges, R., Akin, J., De Coster, J. L., & Strong, J. D. (2018). Military Family Lifestyle Survey. Blue Star Families. Retrieved from <https://bluestarfam.org/survey>

In what follows we address each area of focus, and the associated implications for S.785 or, be it enacted, the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019*.

ISSUE AREA 1:

Support for effective and efficient navigation to public and private sector resources, positioned to bolster the economic and social determinants of wellness and mental health.

[A major study](#) conducted by the IVMF and focused on the transition experiences of more than 8,000 service members, found that effective and efficient navigation of available services, resources, and benefits to be the most commonly cited challenge associated with the transition from military to civilian life.² Further, robust data generated by the IVMF's AmericaServes initiative highlights that nearly half of those who transition experience co-occurring needs for transition support – needs that typically require assistance from multiple providers and across multiple sectors and domains (e.g. employment and education; health and transportation).

The issue of co-occurrence is critically important to acknowledge and understand in the context of any legislation proposed for the purpose of enhancing mental health outcomes for veterans and their families. This is because any clinical mental health intervention is [most effective](#) when aligned with quality housing, financial stability, social connectivity, and employment supports.³ Importantly, it is often the case that such complementary services and supports *are already funded and in place* within the communities our veterans call home, however those resources are too often unknown or inaccessible to veterans.

In fact, this insight represents the seminal premise of the IVMF's AmericaServes program; that is, the recognition that the physical and mental health of our veterans is impacted in ways that go beyond clinical care, but extends to the many social determinants of health and mental well-being. These social determinants include meeting basic needs (food, shelter), vocational success and fulfillment, and regaining positive connections with family, friends, and the broader community, among others.

Importantly, acknowledging these co-occurring needs is, by itself, insufficient.

Instead, government, industry, and non-profit partners must act with intent to support effective and efficient navigation to public and private sector resources, positioned to bolster the economic and social determinants of health and mental well-being. The IVMF's AmericaServes program, and other initiatives like AmericaServes, represent practical validation of this premise.

Today, in 17 communities across the U.S. – including New York City, Pittsburgh, Charlotte, San Antonio, and Dallas – AmericaServes provider networks represents the backbone infrastructure supporting effective and

² Maury, R. & Zoli, C. (November 18, 2015). Missing perspectives: service members' transition from service to civilian life. *The Institute for Veterans and Military Families*. Retrieved May 17, 2019 from <https://ivmf.syracuse.edu/article/missing-perspectives-servicemembers-transition-from-service-to-civilian-life/>

³ The Institute for Veterans and Military Families. (December 2018). *A case for patient philanthropy, supporting jobs and careers for military-connected americans*. Retrieved May 17, 2019 from https://ivmf.syracuse.edu/wp-content/uploads/2019/02/Schultz-Report_A-Case-for-Patient-Philanthropy-1.31.19.pdf

efficient navigation to public and private sector resources aligned to advance social, economic, and wellness outcomes for veterans and their families. To date, more than 25,000 veterans have registered more than 52,000 requests for community-connected, human service support (spanning 20 health and human service categories) through the navigation and care coordination infrastructure provided by the AmericaServes network.

All of this is to assert that, for the intent of the proposed legislation to be realized, it is critical to consider the means and mechanisms appropriate to empower those veterans seeking care and services, to efficiently and effectively navigate the full complement of services and supports available to them.

Summary Conclusion: As drafted, S.785 includes (Title II) funding for robust and meaningful tools that undercut the crisis of veteran suicide, such as grants to local providers, feasibility studies related to complementary mental health services, and new interventions including outdoor therapy. Yet, as currently drafted, S.785 could include a greater acknowledgement – and therefore practical focus – related to the persistent challenges cited by veterans associated with navigation and coordination, in the context of the holistic provision of wellness, mental health, and associated social services.

Most simply, to maximize the efficacy and impact of the investments detailed in S.785 as currently drafted, our research and practical experience suggest that it is imperative to engage local community and government organizations, capable and willing to provide care coordination and navigation services at the community level. The objective of such a focus should be to transparently connect veterans experiencing compromised mental health, to local providers representing the full spectrum of human service categories. Examples of how this engagement could proceed include incorporating specific grant funding to support care coordination and navigation services in local communities; making funding accessible to local government to support city and or county-level care coordination; and funding for community-level resource mapping, aligned with the objective of enhancing information available to veterans related to the full spectrum of public, private, and non-profit providers of social and human services within a given community.

ISSUE AREA 2: Enhanced access to educational and vocational services – before, during, and after transition – aligned with post-service jobs and careers

Another opportunity, often less understood in the context of efforts to enhance mental health outcomes for veterans, relates to the importance of employment and associated vocational training at the time of transition. The consequences of unemployment and under-employment for the veteran and his or her family, particularly immediately following the transition to civilian life, are profound and well-documented.

For example, [unemployment or underemployment](#) at the time of transition has been demonstrated to undermine the long-term financial health of the family unit, contribute to marginalized health outcomes, and has even been linked to an increased [rate of suicidal ideation among veterans](#).⁴⁵ The IVMF's research has

⁴ Ibid.

⁵ Kline, A., Ciccone, D., Falca-Dodson, M., Black, C. & Losonczy, M. (December 2011). Suicidal ideation among national guard troops deployed to iraq: the association with postdeployment readjustment problems. *The Journal of Nervous and Mental Disease*. Volume 199 Issue 12 pp. 914-920. Retrieved May 17, 2019 from https://journals.lww.com/jonmd/Abstract/2011/12000/Suicidal_Ideation_Among_National_Guard_Troops.4.aspx

contributed to this strongly supported finding, particularly as situated in the post-9/11 generation of veterans and military-connected families.

For example, research conducted jointly between Blue Star Families and the IVMF recently found that 16% of veteran respondents who were not currently working, *but were seeking employment*, reported (serious) suicidal ideations in the past year. This compares to 7% of those who were currently working full-time (who seriously considered suicide in the past year), 8% of those working part time, 9% of those who were not currently working and not seeking employment, and 7% of those who were retired.⁶

[Veteran unemployment](#) is low, but some research suggests that the economic and financial gains of military families may be slowing.⁷ In fact, employment data alone reveals very little about the nature of the employment secured by those veterans who are successful finding work after service. In truth, a great many veterans find themselves underemployed with respect to their level of skill, experience, and education.⁸ Further, recent studies reveal that more than 50% of veterans leave their first job after the military within a year, suggesting a sub-optimal employment transition with regard to issues of ‘fit.’⁹

Given the compelling relationship between employment and mental health, it is imperative that we remain focused on the importance of employment and associated vocational training at the point of transition. While approximately 65% of veterans report participating in the Transition GPS or some type of government-sponsored transition programming, only half (50%) of those who attended felt that the programming prepared them to successfully transition from active duty to civilian life.¹⁰

The IVMF’s Onward to Opportunity (O2O) represents a blueprint for what is possible when public-private partnership is positioned to address the relationship between post-service jobs and careers, and veteran health and well-being.

The O2O program is a first-of-its-kind transition initiative, built to support a holistic approach to post-service career preparation, search, and placement. The O2O model supports participant access to specialized training and certification opportunities – both in-residence at 18 military installations, and online – representing 32 in-demand learning pathways, and a network of more than 800 post-training partners and employers across

⁶ Sonethavilay, H., Maury, R. V., Hurwitz, J., Linsner Uveges, R., Akin, J., De Coster, J. L., & Strong, J. D. (2018). Military Family Lifestyle Survey. Blue Star Families. Retrieved from <https://bluestarfam.org/survey>

⁷ Hosek, J. & Wadsworth, S. (Fall 2013). Economic conditions of military families. *The Future of Children*. Retrieved May 17, 2019 from <https://www.questia.com/read/1G1-349721081/economic-conditions-of-military-families>

⁸ Barerra, Cathy and Phillip Carter. *Challenges on the Home Front: Underemployment Hits Veterans Hard*. Santa Monica, CA: The Call of Duty Endowment, 2017. Retrieved at https://d3n8a8pro7vhmx.cloudfront.net/callofduty/pages/1236/attachments/original/1510192920/ZipCODE_Vet_Report_FINAL.pdf?1510192920.

⁹ Maury, Rosalinda V., Brad M. Stone, Deborah A. Bradbard, Nicholas J. Armstrong, and J. Michael Haynie. Workforce Readiness Alignment: The Relationship Between Job Preferences, Retention, and Earnings. (Workforce Readiness Briefs, Paper No. 3). Syracuse, NY: Institute for Veterans and Military Families, Syracuse University, August 2016. Retrieved at https://ivmf.syracuse.edu/wp-content/uploads/2016/08/USAA_paper3_8.30.16_REVISIED_digital.pdf.

¹⁰ Sonethavilay, H., Maury, R. V., Hurwitz, J., Linsner Uveges, R., Akin, J., De Coster, J. L., & Strong, J. D. (2018). Military Family Lifestyle Survey. Blue Star Families. Retrieved from <https://bluestarfam.org/survey>

the United States and the globe. Today the O2O program represents the largest national footprint among the DOD approved Career Skills Programs. Specifically, since the program's inception in 2015, the O2O program has served as a pathway to jobs and careers for more than 13,000 veterans, transitioning service members, and spouses, and supported thousands more to higher-education and vocational training.

Most simply, the intent of the O2O program is to complement TAP GPS, in a way that is aimed at improving the *long term* career trajectory of our veterans. Certifications like project management, cybersecurity and IT provide participants with actionable skills training that will improve their immediate job marketability and set them up for long term employment success.

A long-term focus on employability at transition – made possible by programs such as Onward to Opportunity – is critically important both for the veteran, and for all Americans.

Current projections related to the costs associated with veteran's benefits – to include unemployment compensation – are expected to exceed \$1 trillion.¹¹ Moreover, given the strong linkage between employment and wellbeing, this estimate would trend significantly higher in the face of any extended period of economic depression, which would in turn create an additional financial burden on the Department of Veterans Affairs, private health care systems, and on other federal supportive services.

Most simply, sustained and meaningful employment represents a seminal building block supporting a happy and healthy post-service life. Given purposeful efforts to address moralized mental health and suicide among veterans, it is therefore important to assume a broad view of the means and mechanisms positioned to bolster mental health outcomes associated with the veterans' community.

That broad view must include enhanced access to educational and vocational services aligned with post-service jobs, careers, and long-term employability. Without qualification, employment represents a central pillar supporting the foundation of mental wellness during and after the transition to civilian life.

Summary Conclusion: Title I of this Act, focused on improvement of transition experience for veterans, offers an opportunity to draw a legislatively mandated connection between improved mental health and quality employment transition programs. Our experiences have shown us that quality employment programs *are also* suicide prevention programs. As drafted, section 103 calls for a study of community-based transition programs. While this is an important step, the opportunity for more immediate action is real and should be considered by the Committee.

Mental health related dollars would be best directed for impact, in those instances where funding is aligned with complementary efforts to support long-term employability of veterans, in the face of a rapidly changing workforce. We emphasize the role of non-public organizations because government services can be even more effective when enhanced and supplemented by the ecosystem of other service providers.

Specifically, the Committee should explore opportunities to work with the Committee on Armed Services to assess and, where appropriate, expand the current SkillBridge authority as a strategy to enhance connections between veterans, employers, and those non-public entities already equipped to deliver employment services

¹¹ Bilmes, Linda J. (2016). A Trust Fund for Veterans. *Democracy* 39, no. 16 (2016).

to veterans and their families; create new and enhanced access to TAP GPS for the nation’s employers; incorporate grant opportunities to expand the scale and scope of those non-public entities already equipped to deliver employment services to veterans and their families; and mandate and fund a longitudinal study focused on informing the relationship between TAP GPS and related access to employment programs, and the long-term mental health situation of veterans and their families.

ISSUE AREA 3: Purposeful and robust pathways connecting veterans and their families to the communities where they live, work, and raise their families

Less acknowledged in the context of both veterans policy and public discourse, is the fact that our post-9/11 wars are the first in the nation’s history to be shouldered by a military composed entirely of volunteers. One consequence of that fact is a real and significant social and cultural divide, present between those who have served, and those who have not. This “civilian-military divide” serves to, in insidious ways, foster among some veterans a feeling of social isolation and disconnectedness. Social disconnectedness, in turn, is powerfully and directly linked to compromised mental health and suicide among veterans.

Decades of scholarly research highlight how and why enhancing social connectedness – for all people – correlates directly to enhanced mental and even physical health. Research specifically situated in the veterans’ community demonstrates that social and community connectedness during transition is strongly associated with the quality of a veteran’s mental health. This is true even among service members long out of the military, indicating that transition experiences, particularly tied to one’s sense of belonging to broader community, have a long-term impact on health and well-being.¹²

Too often, well-intentioned policy fails to leverage opportunities to purposefully engage the community of non-public sector providers, for the specific purpose of ‘building community’ in a way that fosters social and community connectedness among veterans. [With approximately 45,000 nonprofit organizations](#) serving veterans and military families – and tens of thousands more providing social services to the general public – a tremendous opportunity exists for the private and independent sectors to work in partnership with government on the issue of enhancing social connectedness in support of the wellness needs of veterans and their families.¹³

For veterans, effective interventions supporting social connectedness must be rooted in their communities, alongside an integrated continuum of supportive services. Yet, we know from research and practice that these and other services are often fragmented and siloed. We also know that many community-based organizations and service providers lack the ability to offer culturally competent care to veterans in their community, simply because the opportunity to learn and understand the military service experience isn’t broadly available to many of those who would otherwise act in support of this community.

Any and all efforts to improve transition – and to improve veteran mental health outcomes – must be foundationally grounded in support for community-based organizations and service providers, so as to enable

¹² Ibid.

¹³ Government Accountability Office. (April 2014). 2014 annual report: additional opportunities to reduce fragmentation, overlap and duplication and achieve other financial barriers. GAO-14-343. Retrieved May 17, 2019 from <https://www.gao.gov/assets/670/662327.pdf>

those organizations and providers to offer culturally competent care and better integrate and coordinate their activities across a culturally competent continuum of supportive services in the places where our veterans live, work, and raise their families. When providers and communities are able to create a culturally competent continuum of supportive services, such action fosters trust, connectedness, and enhanced mental and physical health.

Summary Conclusion: There is an extensive ecosystem of providers across the country equipped to serve veterans and improve their mental wellness. As drafted, this legislation makes considerable investment in new public sector programs, delivered through the VA, and developing the workforce needed to deliver them. While this enhanced support is needed and appropriate, it must be paired with focused effort to leverage and maximize existing capacities of local providers across the country.

It is our recommendation that investment focused toward enhancing the clinical workforce equipped to deliver service through the VA, should be complemented with investments positioned to educate and engage non-public sector providers – specifically those entities and organizations who offer services and supports positioned to foster social and community connectedness among veterans. Doing so would prove cost effective over the long-term, and generate enduring gains related to the mental health of our veterans.

In practice, this suggests the current legislation should consider mechanisms to incentivize local providers to bridge their services and supports to veterans in their community; enhanced opportunity for community organizations and non-profit providers to access military cultural competency training; enhanced opportunity for employers and educational institutions to engage veterans and their families prior to and during the transition to civilian life; a purposeful public information campaign, targeted toward human service providers and local governments, focused on the opportunities associated with engaging veterans across the spectrum of community issues and concerns.

CONCLUSION

In conclusion, on behalf of the veterans and military-connected families we serve in partnership with this Committee, thank you for the opportunity to provide written testimony on S.785, be it enacted, the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019*.

Our testimony reflects the accumulated insights of our research and programmatic experience, supporting the transition experience of veterans and their families over the past decade. Those learnings suggest that central to any holistic strategy positioned to support the overall mental wellbeing of our veterans, are effective and efficient navigation to community-connected wellness and mental health resources, enhanced access to educational and vocational services and supports, and accessible pathways connecting veterans and their families to their communities.

To that end, grant-making represents a powerful mechanism of the federal government related to driving community action on an issue such as mental health and suicide prevention. Federal grants like Supportive Services for Veteran Families (SSVF) can serve as a model for how federal action can empower communities to act – with intent and accountability – related to impacting this nationally important issue.

In that vein, we respectfully suggest that S.875 can be further enhanced by grant funding opportunities beyond clinical interventions, to include expanded access to complementary human services and vocational supports, and also innovations enhancing community-connected care coordination and navigation. An investment of this type will enhance and extend the impact of funds directed to clinical mental health interventions, and most importantly best serve the enduring health and wellness concerns of our veterans and their families.

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