

Statement of
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Before the
SENATE VETERANS AFFAIRS COMMITTEE (SVAC)
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Chairman Moran, Ranking Member, Senator Cassidy, and distinguished members of the SVAC, thank you for the opportunity to provide written and oral testimony for the Senate Committee on Veterans' Affairs field hearing entitled, "Breaking Barriers: Improving Veterans' Mental Health in Louisiana." On behalf of Governor Jeff Landry and the Louisiana Department of Veterans Affairs, I am proud to affirm our state's unwavering commitment to serving our Louisiana veterans. We are passionate about serving those who have served.

Our mission is to relentlessly advocate for Louisiana's 262,000 veterans and their families to ensure they receive superior customer service and support by connecting them to the benefits they have earned, while meeting the economic, educational, and employment needs of transitioning service members looking to make Louisiana their home. Our vision is that Louisiana will be the most veteran-friendly state in the nation! We serve all generations of veterans with dignity and respect through four cornerstone operations: contact assistance, education, long-term care, and burial honors.

The mental health needs of our veterans must be a top priority for the Department of Veterans Affairs (VA). The VA faces a critical shortage of over 6,000 mental health providers, severely limiting its ability to serve those in need. Nationwide, about 25% of veterans face mental health challenges such as PTSD, depression, or anxiety, while in Louisiana, this figure may be as high as 50%. In 2022, 6,392 veterans died by suicide—an average of 17.5 per day—with only half of them receiving VA care. Moreover, the demand for mental health services is surging, with 40% of VA appointments now addressing mental health concerns. Immediate action is essential to close this gap and ensure veterans receive the care they deserve. We are honored to be here today to discuss the Louisiana Department of Veterans Affairs' role in enhancing the mental well-being of Louisiana's veterans.

A. Overview of the LDVA's role in Mental Health of Louisiana's Veterans

1. State Veterans Homes

The LDVA operates within two distinct environments when engaging with veterans who may have mental health disorders. The first environment is our State Veterans Homes, where the Department assumes primary responsibility for the care and management of residents, including the treatment of mild to moderate mental health conditions. The second environment involves our Veterans Assistance Counselors (VACs) and our LaVetCorps Navigators, who may encounter veterans with mental health disorders in community settings

during outreach and support activities. In both contexts, we maintain a close and collaborative partnership with the three VA Medical Centers in Louisiana, which ensures high-quality, comprehensive care delivery supporting our Louisiana veterans.

The LDVA State Veterans Homes provide a unique environment where veterans can live alongside their brothers and sisters in arms. These facilities are a cornerstone of our mission to provide exceptional care, dignity, and support to Louisiana's veterans requiring long-term care. Through rigorous oversight, dedicated staff, and adherence to the highest health and safety standards, we ensure that our homes deliver compassionate, high-quality services tailored to the unique needs of our veteran residents.

LDVA operates five State Veterans Homes, supporting our nearly 262,000 veterans. Our State Veteran Homes are strategically placed across Louisiana with facilities in Bossier City (NW Louisiana), Monroe (NE Louisiana) ((both aligned to Shreveport VAMC)), Jackson (North of Baton Rouge), Reserve (SE Louisiana) ((all aligned to New Orleans VAMC)) and Jennings (SW Louisiana) ((aligned to Alexandria VAMC)). Our current census as of July 17, 2025, is 632. FY '26's cumulative projected budget for the five homes is \$82.5 million. Our average occupancy rate amongst all five homes is 85%.

We currently have 572 men and 60 women residing in our homes. Under state law, spouses and Gold Star families have access to our homes. Additionally, Act 132 (2025) was signed into law in this past legislative session, which expands admission to National Guard members, easing time in service requirements. To maintain and grow our census, each home employs a Marketer who attends civic organization meetings, veteran service organization meetings, job fairs, and all community Veteran events to highlight our facilities.

Over the past 10-15 years, we've observed a shift from World War II to Vietnam veterans, with 67% of our residents now from the Vietnam era. We expect Vietnam veterans to remain the majority over the next decade, but after 2035, we anticipate a transition to predominantly Persian Gulf War veteran admissions.

Louisiana State Veterans Homes: Demographics

SVH	Vietnam War	Peace Time	Korean War	Spouses	Persian Gulf War	WWII	Total
Bossier City	74	6	23	13	8	6	130
Jackson	67	9	11	1	7	1	96
Jennings	85	19	18	9	5	8	144
Monroe	86	15	9	2	10	3	125
Reserve	98	9	12	10	5	3	137
Total	410	58	73	35	35	21	632

Mental health disorders are pervasive in our veteran homes. Currently, 493 of 632 residents, or 78%, have at least one mental health diagnosis, and over 50% of residents have multiple mental health diagnoses. Of these residents, 435 (69%) are on antipsychotic and or psychotropic medications. Our medical directors are comfortable managing mild to moderate mental health conditions, but are not comfortable managing severe or complex mental or behavioral health issues. This presents two key challenges for us.

Diagnosis	Jackson	Monroe	Jennings	Bossier	Reserve	Totals	% of Residents
Dementia/ Alzheimer's w/ behaviors	43	52	92	80	32	299	47%
Schizophrenia	12	11	11	9	19	62	9.8%
Bi-Polar Disorder	13	8	22	73	26	142	22%
Anxiety	42	44	83	82	53	304	48%
Depression	56	61	89	88	13	307	49%
PTSD	22	20	23	9	5	79	12.5%
Delusions Hallucination Impulsiveness	18	17	0	44	25	104	16%
Number of Residents w/ Any MH Diagnosis	69	113	126	110	75	493	78%
Number of Residents w/ Multiple MH Diagnoses	56	58	93	65	54	326	52%
# Prescribed Antipsychotic / Psychotropic Medication	68	38	157	113	59	435	69%

First, our long-term care facilities are not equipped to care for psychiatric/behavioral health residents in the acute phase. Subsequently, these residents are typically referred out of LDVA care to private geriatric psychiatric facilities. Frequently, these facilities do not treat the underlying cause of the acute psychiatric/behavioral health issues. They typically treat symptoms with high doses of antipsychotic medications and return residents to the LDVA facilities. Follow-up with treating psychiatrists is lacking, continuity of care suffers, and opportunities to address the root cause seldom occur. Consequently, subsequent acute psychiatric exacerbations occur again (a revolving door of sorts). Over the last two years, there were 134 episodes of veterans transferred to an acute mental health facility for management of several behavioral or psychiatric disorders.

Secondly, the presence of some behavioral or mental health issues, either due to type or severity, can result in admission denial if the clinical team deems they are not able to manage them appropriately. Over the last two years, 72% of our facility admission denials were due to behavioral or mental health issues we were not adequately equipped to manage.

To help address this pervasive problem and enhance our capability to better manage the increasing mental and behavioral health challenges in our facilities, LDVA has recently contracted with Senior Psych Care (SPC) from Houston, TX. SPC is a trusted provider of psychiatric and psychological services for senior citizens in nursing facilities across Texas, Louisiana, New Mexico, and Oklahoma. SPC employs seasoned psychiatrists, psychologists, psychiatric nurse practitioners, physician's assistants, licensed social workers, mental health counselors, and other therapy staff to provide a broad spectrum of evidence-based, multidisciplinary approaches to cognitive and behavioral healthcare. This team also tracks clinical outcomes and works to partner closely with the medical director and clinical staff within our homes to optimize the care of our residents. SPC conducts 99% of all visits face-to-face, ensuring personalized support and meaningful connections with our residents. Senior Psych Care goals are in alignment with LDVA's strategy to keep our residents in our facilities and provide continuity of care that includes residents, their families, and LDVA staff. We believe that this strategic partnership with SPC will enhance our ability to meet the needs of our current and future residents.

2. LDVA Benefits Division

In addition to managing the mental health of the residents of our State Veteran Homes, the LDVA has staff members who serve veterans in all 64 parishes in the state. Their work is at the very core of our mission —connecting veterans with the benefits they have earned in service to our country. Our federal VA-accredited veterans assistance counselors (VACs), all veterans themselves, staff 74 veteran service offices throughout the state to fulfill our mission. They file claims to the federal VA on behalf of Louisiana veterans, free of charge, and educate veterans about state and federal benefits. In addition to our veteran assistance counselors, our appeals team assists veterans with appeals pending before the federal VA's Board of Veterans Appeals, including representation at hearings. In the course of their daily work, any of these VACs may encounter a veteran with a known or suspected mental health issue. When this occurs in the non-urgent setting, they would generally advise them to speak with their VA doctor if they have one, or if not, we would recommend them to go to the nearest VA healthcare facility and seek help for that issue. In case of a more urgent scenario, say the veteran expresses that he/she needs help immediately, the VACs generally reach out to a VA social worker or Patient Advocate to advise the veteran in real time. VACs have also called the Suicide and Crisis Lifeline - #988 and put the veteran on the phone while they were there to assist. Finally, our VACs are trained to dial 911 for emergency assistance for any critical health, mental, behavioral, or medical situations.

3. LaVetCorps

In addition to our Veteran Assistance Counselors, our LDVA LaVetCorps currently has Memoranda of Understanding (MOUs) with 32 college and university campuses across the state, representing institutions within the LSU, UL, Southern, and Louisiana Community Colleges and Technical Schools (LCTCS) Systems. At each of these campuses, LaVetCorps Navigators serve in veteran centers as peer mentors, supporting student veterans as well as family members who receive VA education benefits through programs such as Chapter 35. These Navigators have unique access to thousands of veterans, not only on campus but also in the surrounding communities. While they are not licensed mental health professionals, they have some training to identify signs of distress and connect individuals to appropriate resources, whether that be on-campus support services, which are often paid for through student fees, or specialized VA mental health services, including those targeted toward PTSD, anxiety, moral injury, and other veteran-specific concerns. Being peer mentors, they can often be the first ones to identify warning signs that a veteran is dealing with something unusual. Similar to our VACs, our LaVetCorps Navigators are equipped with the knowledge to direct their peers to the right resources and reinforce a culture of early intervention and support.

It's essential to recognize that college life can present new and unexpected stressors for veteran students. Many are transitioning from structured military environments to the comparatively unstructured world of higher education, which can amplify existing mental health concerns or introduce new ones. Ensuring that these students have access to adequate mental and behavioral health support is not just a moral imperative—it is a strategic one. In recent years, Louisiana's institutions of higher education have received nearly \$200 million in G.I. Bill funding, underscoring the scale and significance of the veteran student population in our state. By continuing to support efforts like LaVetCorps—and by integrating mental and behavioral health awareness at every level of veteran engagement—we can better ensure the success, retention, and well-being of those who have served our nation.

B. Various Underlying Causes of Mental Health Issues among Veterans

- **Transition Stressors:** The shift from military to civilian life often engenders significant stress, anxiety, and depression as veterans navigate identity reformation and employment challenges (SAMHSA, 2022).
- **Combat-Related Trauma:** Traumatic brain injuries (TBI) and post-traumatic stress disorder (PTSD) affect 14–16% of veterans deployed to Iraq and Afghanistan, with lasting psychological impacts (StatPearls, 2023).
- **Systemic Barriers:** Geographic isolation, with 41.7% of Louisiana veterans living over an hour from a VA medical facility, and transportation limitations exacerbate access to care. Environmental factors, such as perceived neighborhood safety, further compound mental health challenges.

- **Legal Issues:** Civil and criminal legal challenges are significant triggers for mental health crises, often exacerbated by limited access to legal aid and insufficient Veteran Treatment Courts (VTCs).
- **Military Sexual Trauma (MST):** Survivors of MST require specialized, trauma-informed care to address long-term psychological effects, with community-based models like Bastion proving highly effective.

We commend the Federal Department of Veterans Affairs (VA) for its exemplary efforts in addressing veteran homelessness. The Louisiana Department of Veterans Affairs (LDVA) has collaborated effectively with Veterans Affairs Medical Centers (VAMCs) in Louisiana to ensure our veterans receive both immediate, short-term housing solutions and sustainable, long-term housing options. The appropriate management of veteran mental well-being demands a comprehensive, multi-disciplinary approach that integrates clinical interventions with solutions addressing social determinants of health in our communities. We believe it is necessary to address the mental health needs of both our residents and the veterans of our state as a whole. This requires a broader collaborative network of community, VA, and state resources.

We believe that prioritizing and enhancing veteran mental health can significantly reduce suicide rates by addressing root causes such as PTSD, depression, and substance abuse. Implementing comprehensive mental health programs—including accessible therapy, community-based peer support, and early intervention—could substantially lower the U.S. veteran suicide rate, currently estimated at 17 per day (2020 VA data). Integrating evidence-based treatments like cognitive behavioral therapy and personalized medication management with well-researched alternative therapies could further reduce suicide risk in high-risk groups. Increased funding, reduced stigma, and holistic care systems would amplify these efforts, potentially saving thousands of lives annually.

C. LDVA Public & Private Partnerships

Federal Veterans Health Administration

The Veterans Health Administration, especially the three VA Medical Centers in the state, remains our strongest partners in addressing the healthcare, including mental healthcare needs of our veterans. LDVA Secretary and Deputy Secretary are in regular contact with leadership from all three VAMCs, whether in person, by email, or by phone. We have frequent, open communications, which are mutually supportive with a forward-leaning approach. From the State Veteran Home's perspective, this relationship is further strengthened when the VAMC appoints a single liaison (LNO) assigned to the homes in the VAMC catchment area. With backup assigned, this single point of contact (POC) allows for home-specific, robust, and personal relationships with VAMC LNO and our homes' clinical leadership. The VA continues to play a pivotal role in the credentialing and oversight of our State Veteran Homes.

Our LDVA Assistant Secretary for outreach is also closely connected with the outreach teams from all three VAMCs. Event attendance is mutually supportive, with rare exceptions. This has directly strengthened our state's response in addressing key issues like veteran mental health, homelessness, and suicide. Leadership remains in constant communication with each National organization (National Association of State Directors of Veterans Affairs (NASDVA) and National Association of State Veterans Homes (NASVH) and major veteran service organizations. In addition to close connectivity to our VA partners and the federally chartered Veteran Service Organizations, there are a number of community partners that have demonstrated a deep desire and unrelenting commitment to serving veterans.

Veteran Service Organizations (VSO)

In addition to the stress of transitioning from military to civilian life, many veterans may have combat-related injuries, those seen and those unseen, which may adversely impact their mental well-being. Yet, outside of federal funding, the LDVA has limited state funding, and like many states, we do not have a dedicated appropriation to address the mental health needs of our veterans. As such, we rely heavily on 501(c) organizations and our congressionally chartered veteran service organization partners to help fill our gaps when identifying distressed veterans. The Veterans of Foreign Wars (VFW) (of which both the Secretary and Deputy Secretary are "Life" members), the American Legion, Disabled American Veterans (DAV), the Military Order of the Purple Heart (MOPH), the Marine Corps League, Catholic War Veterans, Vietnam Veterans of America (VVA), and Military Officers of America Association (MOAA), are just a some of the VSO's we work closely with to make sure our veterans have the support they need and deserve. Make no mistake, no state DVA can do its job effectively without VSO support.

University of Louisiana at Lafayette

To better understand the needs of our veterans, the LDVA partnered with the University of Louisiana – Lafayette to conduct a groundbreaking needs assessment survey entitled, "Bridging the Gap: Louisiana Veterans' Mental Health and Support Needs. The study is being administered by the Louisiana Center for Health Innovation (LCHI), University of Louisiana at Lafayette.

This preliminary report presents early findings from an ongoing statewide survey of Louisiana veterans, conducted between May 5 and July 7, 2025, with data collected from 410 respondents to date. The survey closed at the end of July 2025, and complementary focus groups are scheduled to begin in early September. Current findings point to a deeply concerning mental health crisis among the state's veteran population. Over half of the respondents reported diagnoses of depression and/or anxiety, and nearly half reported being diagnosed with post-traumatic stress disorder (PTSD). These figures significantly surpass national averages reported by the U.S. Department of Veterans Affairs and the Substance Abuse and Mental Health Services Administration (SAMHSA). Nationally, PTSD prevalence among veterans ranges from 11% to 20%, depending on the conflict era. The prevalence of

depression and anxiety hovers around 24%. By contrast, the Louisiana veterans surveyed thus far report a PTSD rate of 45.6% and a depression/anxiety rate of 54.1%, more than double the national figures.

These findings must be understood within a broader context of systemic barriers and social determinants of health. A staggering 41.7% of Louisiana veterans live over an hour from the nearest VA hospital, and 10.2% lack reliable transportation. Older veterans experience even more significant access challenges. Compounding these barriers are environmental stressors, such as perceived neighborhood safety and proximity to essential services, which are closely correlated with adverse mental health outcomes.

While the current dataset provides essential insights, it represents only a portion of the whole picture. The survey's final results, along with qualitative findings from upcoming focus groups, will provide a more comprehensive understanding of the challenges facing Louisiana veterans and refine the strategic recommendations outlined here. In the interim, we will continue to work closely with our VA partners and local community partners to address the needs of our veterans as efficiently and as completely as possible.

Other Partners

The Louisiana Department of Veterans Affairs (LDVA) enhances veterans' mental well-being by leveraging a network of community partners, each offering specialized services that complement LDVA's mission. Close coordination with these partners, alongside federal Veterans Affairs Medical Centers (VAMCs) and national veteran organizations, creates a robust support system addressing critical issues like mental health, homelessness, and suicide prevention. Below is a brief overview of how some of our community partners contribute to veterans' mental health and well-being:

- *Acadiana Veteran Alliance (Lafayette, LA)*: Operates the *Heal Program*, which provides innovative treatments like stellate ganglion block (SGB) injections for PTSD relief. It also supports job placement and community-building events, fostering a sense of purpose and connection for veterans in the Acadiana region.
- *Bastion Community of Resilience (New Orleans, LA)*: Operates a 5.5-acre intentional community in Gentilly for post-9/11 veterans and families, particularly those with traumatic brain injuries (TBI) or neurological conditions. Funded in part by the Wounded Warrior Project, Bastion's Headway day program fosters peer support and recovery through community living, reducing isolation and promoting mental resilience.
- *Bayou Veterans Advocacy (BVA) (Monroe, LA)*: A Louisiana nonprofit dedicated to supporting and advocating for the rights of Louisiana veterans. BVA works to pair veterans at risk of suicide with peer support mentors who provide relatable guidance during crises. Additionally, BVA connects at-risk veterans with VA community care resources for professional treatment. To strengthen the veteran-mentor relationship, BVA

engages subject matter experts to address common stressors—such as financial, legal, and relationship challenges—that can trigger crises. By proactively tackling these issues, BVA helps equip veterans with the tools and resources to manage stressors before they become overwhelming.

- *The Boot*: A pioneering Louisiana-based 501(c)(3) nonprofit organization, dedicated to recruiting, retaining, and returning military service members to Louisiana after their term of service. The Boot provides comprehensive support to transitioning veterans to facilitate their integration into civilian life in Louisiana. The Boot offers a veteran-led initiative in Louisiana, offering peer-to-peer support, outdoor recreational programs, and community events to combat isolation. We especially note that *The Boot* is working closely with officials from Fort Polk and Barksdale AFB to assist those service members who are currently stationed in Louisiana in their transition needs.
- *Elizabeth Dole Foundation*: Supports military and veteran caregivers through its Hidden Heroes Campaign, which Louisiana joined as the 12th state in 2024. The foundation offers resources, training, and community support to caregivers, reducing their stress and indirectly bolstering veterans' mental health by ensuring stable home environments.
- *Face the Fight against Veteran Suicide*: A USAA initiative focused on reducing veteran suicide through awareness campaigns, funding mental health programs, and connecting veterans to crisis resources like the Veterans Crisis Line. It emphasizes destigmatizing mental health care and promoting early intervention.
- *Longbranch Recovery Center (Abita Springs, LA)*: A private treatment facility in Louisiana offering comprehensive mental health and substance abuse services, including therapy for PTSD, depression, and anxiety. It provides veterans with personalized care plans, often integrating holistic approaches like mindfulness and outdoor activities to support mental well-being.
- *Next Op*: Focuses on veteran employment and transition support, offering job placement and mentorship programs. By aiding veterans in finding meaningful work, Next Op reduces financial stress and enhances self-esteem, key factors in mental well-being.
- *NORBA (Northshore Off-Road Bicycling Association)*: the LDVA has been working with NORBA to promote outdoor therapy for veterans through the use of mountain biking. Outdoor therapy (or nature-based therapy), can be a game-changer for veterans dealing with mental health or personal challenges. For veterans, outdoor therapy may offer benefits that traditional therapies can't offer. A 2019 study in the Journal of Veterans Studies found that veterans participating in outdoor recreation programs reported significant reductions in PTSD symptoms, depression, and anxiety. We commend Mr. Tony Cortez for his dedication to our veteran community through his work with NORBA. The LDVA has met with other groups, such as Eight Belles, which uses equine therapy to help veterans.

- *Objective Zero*: A nonprofit providing a mobile app and peer support network to connect veterans with mental health resources, including suicide prevention tools and trained peer responders. It empowers veterans to seek help anonymously, addressing barriers to mental health care.
- *Songs for Survivors (SoS)*: Led by Mr. David St. Romain, SoS uses music therapy and creative arts to help veterans process trauma and improve mental health. By engaging veterans in songwriting and performance, it fosters emotional expression and community connection, reducing symptoms of PTSD and depression.

Through these partnerships, LDVA amplifies its outreach, delivering targeted mental health services, peer support, and innovative therapies. The collaborative ecosystem ensures veterans receive holistic care, addressing both immediate crises and long-term well-being, while constant communication with national and local organizations aligns efforts to maximize impact.

D. Strategies to Enhance Veteran Mental Health Support

Enhance Mental Health Services for Louisiana State Veteran Homes

1. LDVA Mental/Behavioral Health Psychiatric Pilot Program Proposal
 - A. The Cleland-Dole Act of 2022 had initially planned to fund a pilot program to explore the expansion of inpatient, acute psychiatric care within State Veteran Homes. Funds were diverted to assess tele-behavioral health capability, which would not appropriately address the need for acute psychiatry services.
 - B. The LDVA aims to improve mental and behavioral health care for veterans by converting one wing of the LDVA State Veteran Home in Jackson, LA, into an inpatient acute psychiatric ward. This pilot program addresses the limitations of current long-term care (LTC) facilities in managing acute psychiatric and behavioral health episodes, reducing reliance on external private geriatric psychiatric facilities, and ensuring continuity of care for Louisiana's veterans.
 - C. Jackson is centrally located in Louisiana to serve all five LDVA veteran homes, with ample land and space for development, including a currently unused wing within the home. A board-certified psychiatrist supported by mid-level providers will be on-site to deliver specialized psychiatric and psychotherapeutic care. This would allow for stabilizing of residents through the acute phase of mental illness, utilizing evidence-based, best clinical practice tailored to their specific needs. Once stabilized, we could then transition residents back to their respective LDVA LTC facilities. With SPC and our organic capabilities, we

could provide better continuity of care, from acute phase to chronic care. Enhanced care with better follow-up should help reduce future acute episodes.

- D. This facility may also be able to accept veterans from the community with acute psychiatric needs, reducing LTC admission denials due to unaddressed mental health issues. This capability would facilitate admission to the LDVA State Veteran.
 - E. By establishing an inpatient acute psychiatric ward at the Jackson Home, the LDVA will provide targeted, high-quality care, reduce the cycle of readmissions, and ensure that Louisiana's veterans receive the specialized mental health support they deserve within a unified care system.
2. Congressional passage of H.R. 1970, "Providing Veterans Essential Medications Act." We encourage Congress to act on this legislation, which would reimburse a covered State veteran home for a costly medication or furnish such costly medication to the covered State home. This would allow our homes to free up other assets and redirect other resources to fund the mental health needs of our residents.

Enhance Mental Health Services for all Louisiana Veterans

- 1. Continue to support our VA partners
 - A. *Continue to appropriately fund our three VA Medical Centers within the state, especially, ensure the long-term viability of the Alexandria VAMC.* We firmly believe that a review of organic VA inpatient treatment center capacity is warranted. At this time, there are only 7 beds at the Alexandria VA medical center dedicated to male inpatient substance use disorder rehabilitation. There is funding for the expansion of this capability to 25 beds with the intent to utilize the existing 7 beds for "Women only rehab". As the Alexandria VAMC serves primarily a rural veteran population, expansion must be considered.
 - B. Continue to work together to identify and address the rare instances where veteran care falters, either within the VA medical system or within the community care network.
 - C. Enhance incentives/opportunities for medical students to join the VA staff, particularly in rural areas. Much like the military pays for the medical education of some of its doctors (who in turn incur a service commitment), we believe a similar program should exist in the VA. While the VA does offer some student loan repayments, and while there are a few programs offered by the VA, including the Mental Health Provider Education, Health Professional

Scholarship Program (HPSP), National Educational Program, it appears that many students are unaware of the programs.¹

2. Enhance Mental Health Treatment for Veterans

- A. While we strongly endorse evidence-based traditional therapies, including Cognitive Processing Therapy (CPT), Prolonged Exposure (PE) therapy, and Eye Movement Desensitization and Reprocessing (EMDR), alongside carefully tailored pharmacotherapy, we acknowledge that these approaches may not be effective for all veterans. To better address diverse needs, the availability of complementary and integrative health therapies—such as mindfulness-based interventions, acupuncture, and yoga—must be significantly expanded within veteran care programs.
 - B. The Louisiana Department of Veterans Affairs (LDVA) supports the continued evaluation and adoption of alternative therapies to treat veterans with post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), and other mental health conditions. Complementary therapies, including acupuncture, medical massage therapy, and chiropractic care, should continue to serve as adjunct treatments for PTSD. Non-traditional approaches such as yoga, meditation, art therapy, music therapy, equine therapy, and outdoor therapy can enhance, and in some cases replace, conventional PTSD treatments. Additionally, alternative treatments like stellate ganglion block and hyperbaric oxygen therapy (HBOT) should be further explored and implemented when appropriate.
3. In the 2025 session, the Louisiana Senate passed Senate Resolution 186, authored by Senator Patrick McMath, establishing the “Task Force on Alternative Therapies for Veterans” to evaluate the potential benefits of alternative therapies, including certain psychedelic therapies, for Louisiana veterans. These therapies, which may address mental health or other medical conditions but are not widely available, include 3,4-methylenedioxymethamphetamine (MDMA), psilocybin, and ketamine. The LDVA emphasizes that extensive, long-term research is necessary before endorsing these therapies. This continued assessment of alternative treatments is an important step in addressing the concerning issue of polypharmacy and the persistent issue of overmedication.

¹ We note Section 1720D(a)(1) of 38 U.S.C. requires the VA to operate a program under which VA provides counseling, appropriate care and services to former members of the Armed Forces who the Secretary determines require such counseling, care and services to treat a condition, which in the judgment of a VA health care professional employed by the Department, resulted from a physical assault of a sexual nature, battery of a sexual nature or sexual harassment that occurred while the former member of the Armed Forces was serving on duty, regardless of duty status or line of duty determination (as that term is used in 10 U.S.C. § 12323). Section 1720D(d) requires VA to carry out a program to provide graduate medical education, training, certification and continuing medical education for mental health professionals and other health care professionals who provide counseling, care and services under VA’s Treatment Authority for Military Sexual Trauma.

4. Passage of H.R. 2605 and S. 1441, the *Service Dogs Assisting Veterans (SAVES) Act*, based on Resolution No. 134: Service Dogs for Injured Service Personnel and Veterans with Mental Health Conditions. Passage of this act would establish a five-year pilot program at the Department of Veterans Affairs to provide grants to nonprofit organizations that train and place service dogs with eligible veterans, cover the cost of service dog training tailored to the veteran's specific needs, and provide veterinary insurance to ensure lifelong care and well-being for these highly trained service animals.

Enhance Legal Assistance and Veteran Treatment Courts

1. A primary root cause of mental health issues for veterans are legal matters. With the exception of disability appeals, the LDVA does not have the authority or resources to assist with general legal matters. If a veteran contacts us, we refer the veteran to local legal aid groups. We currently have a long-standing partnership with Southeast Louisiana Legal Services (SLLS) and the National Veterans Legal Services Program. We also refer veterans to Acadiana Legal Services. Nonetheless, with respect to civil legal issues, many veterans who rely solely on VA compensation/pension do not meet the income requirements for assistance.
2. With respect to criminal matters, many veterans are prime candidates for admission into a Veteran Treatment Court. However, there are only a few Veteran Treatment Court programs in the state: 14th, 19th, 21st, and 22d Judicial Districts each have robust and dedicated staff (judges, prosecutors, counselors) who help veterans address not only their legal issues, but also their behavioral health issues. Data suggests that Veteran Treatment Courts (VTCs) have lower recidivism rates compared to traditional court systems. These specialized courts provide treatment and mentoring services to veterans with mental health and substance abuse problems, aiming to keep them out of the criminal justice system and help stabilize their lives.
3. Recommendations to enhance legal support to veterans:
 - A. Expansion and continued funding for Veteran Treatment Courts
 - B. Additional funding for community-based legal assistance that specifically helps veterans.
 - C. Funding for law schools that implement Veteran Law Clinics. Veteran Law clinics act as "force multipliers," exposing students to the legal needs of the veteran community while gaining valuable experiences in fundamental legal assistance matters, such as marital, commercial, and housing issues.
 - D. We note that the LSU Law Veteran clinic has worked with the LDVA on veteran disability appeals and discharge upgrades

Reshaping Louisiana's Veteran's Mental Health Support System

4. Based on our preliminary study data, there is a potential need to reshape Louisiana's veteran mental health support system by:
 - A. Expanding Local Care Infrastructure: Increase the availability of community-based outpatient clinics and mobile mental health units in rural and underserved regions. These facilities should be co-located with existing community services when possible to improve accessibility and trust.
 - B. Military Sexual Trauma (MST) survivors face unique and complex challenges that require comprehensive, trauma-informed care to address both short- and long-term effects. Inspired by the success of Bastion—a community-driven model that fosters healing through connection, purpose, and wellness—we propose an enhanced, holistic approach to support
 - C. MST survivors. By adapting Bastion's framework, this model creates a safe, inclusive community that integrates evidence-based mental health interventions, peer support, and holistic care to promote recovery and resilience.
 - D. Invest in Tele-Mental Health Literacy: Identify key partners to develop and train the veteran community on the benefits of using the telehealth ecosystem that enables seamless virtual care delivery. This requires investing in digital literacy training for veterans and ensuring broadband access across all parishes.
 - E. Launch a Louisiana Veterans Wellness Innovation Fund: Establish a state-level fund to support innovative mental health programs led by local organizations. Focus areas should include PTSD treatment, trauma recovery, integrative therapies, peer-led support groups, and community reintegration initiatives.
 - F. Integrate Mental Health with Other Services: Enhance one-stop hubs through the development of key partnerships with community stakeholders that enable veteran assistance counselors (VACs) to collaborate with their community on improving benefits navigation and raising awareness about where veterans can access mental health screenings alongside housing, employment, legal aid, and VA benefits counseling. Case management models should be employed to coordinate wraparound services.
 - G. Strengthen the Workforce Pipeline: We recommend that the Federal VA boost partnerships with Veteran and Military Student Services at public universities, community colleges, and health systems to improve behavioral health training programs. Develop literacy training on how to access incentives such as tuition

reimbursement or loan forgiveness for providers who commit to serving in high-need veteran communities.

- H. Engage Veterans as Peer Navigators: Develop a peer support model that trains veterans to serve as navigators, mentors, and advocates. These peers can bridge cultural gaps, reduce stigma, and provide trusted guidance through the care continuum. Peer Navigators may work closely with Veterans Assistance Counselors (VAC) to develop local partnerships, improve benefits literacy, and increase access to VA benefits.
- I. Support Longitudinal Data Collection and Evaluation: Establish a statewide framework to track veterans' health outcomes over time. Use this data to evaluate program effectiveness, adjust interventions, and support continuous quality improvement. Launch campaigns to raise awareness about Louisiana veterans' mental health challenges, using the 2025 survey data to secure funding and policy changes. Advocate for policies like the Justice for America's Veterans and Survivors Act, introduced in 2025 to improve data collection on veteran suicides.

Conclusion

Louisiana's veterans face a profound mental health crisis, with rates of depression, anxiety, and PTSD far exceeding national averages. Despite significant federal and state investments, systemic barriers—such as geographic isolation, limited access to specialized care, and insufficient legal support—continue to hinder our ability to deliver the comprehensive, timely assistance our veterans deserve. The Louisiana Department of Veterans Affairs (LDVA) is committed to addressing these challenges through strategic partnerships with the Veterans Health Administration, Senior Psych Care, Bastion Community of Resilience, Longbranch Recovery Center, Acadiana Veteran Alliance, and other dedicated organizations. These collaborations are vital for bridging access gaps, delivering innovative treatments, and fostering community-based support systems.

To build a more resilient and veteran-friendly Louisiana, we propose a multifaceted approach: expanding community-based mental health infrastructure, enhancing telehealth access and literacy, establishing a Veterans Wellness Innovation Fund, and strengthening peer navigator programs. Additionally, we advocate for increased funding for Veteran Treatment Courts, enhanced analysis of alternative therapies through the Task Force on Alternative Therapies for Veterans, and legislative measures such as the Providing Veterans Essential Medications Act and the Service Dogs Assisting Veterans (SAVES) Act. By integrating mental health services with housing, employment, and legal aid, and leveraging longitudinal data to drive evidence-based outcomes, we can create a holistic support system that addresses both immediate crises and long-term well-being.

The LDVA remains steadfast in its mission to passionately supporting veterans and making Louisiana the most veteran-friendly state in the nation. With continued federal and state

support, robust partnerships, and innovative strategies, we can break down barriers, reduce veteran suicide rates, and ensure that Louisiana's 262,000 veterans receive the care, respect, and opportunities they have earned through their service. Together, we can transform Louisiana's veteran mental health support system into a national model of excellence.