



TESTIMONY OF:

J. Michael Haynie, Ph.D.
Vice Chancellor for Strategic Initiatives and Innovation
Founder and Executive Director, Institute for Veterans & Military Families
Syracuse University
Syracuse, NY

SUBMITTED TO:

Senate Committee on Veterans Affairs
June 19, 2019

Chairman Isakson, Ranking Member Tester, and the Members of the Committee, I'd like to start by thanking you for your work on behalf of America's veterans and their families, and more immediately for the opportunity to address you today on the subject of "Harnessing the Power of Community: Leveraging Veteran Networks to Tackle Suicide."

I'm here today representing Syracuse University's Institute for Veterans and Military Families, the only academic institute of its kind in the nation, focused exclusively on the post-service lives of our veterans and military-connected families. In addition to our research mission, the IVMF serves veterans through vocational and community coordination programs across the United States. This year alone, these programs will assist more than 25,000 service members and veterans in the transition out of uniform, and toward civilian careers, schools, and communities.

Most simply, improving the transition experience for service members and their families *is the mission* of the IVMF. I emphasize that mission here, as a means to highlight that one of the most consistent findings stemming from our work and scholarship, is the powerful and enduring linkage between the lived transition experience of service members and their families, and the overall wellbeing and mental health of our veterans.

'Getting transition right' is central to ensuring long-term wellness and mental health. Alternatively, a negative transition experience is *highly* likely to position a veteran – and by extension, the veteran's family – on a trajectory of compromised wellness and mental health, from which our experience suggests it is often exceedingly difficult to recover.

Today, given this context, I'd like to address the efforts to meaningfully engage the communities where our veterans live, work, and raise their families, as partners in a national effort to address compromised mental health, and suicidal acts and ideations, among our veterans.

Research conducted by the IVMF, focused on the transition experience of more than 8,000 post-9/11 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. In addition, this early research also opened the door to two additional and less understood truths informing the relationship between transition, community, and mental health.

First, that the mental health of our veterans is powerfully impacted by the many social and economic determinants of well-being, including access to resources that help veterans meet basic human needs like food, safety, and shelter; pathways to vocational success and fulfillment; and positive connections with family, friends, and the broader community they call home.

Second, that in the majority of communities across the U.S., the existing base of public and private-sector social service providers is already well-positioned to improve the mental well-being for our veterans. However, often those resources are either unknown or inaccessible to veterans, or the community-based providers lack the ability to offer culturally competent care to veterans in their community.

Taken together, we recognized that creating an accessible and accountable means to navigate veterans to the help and support they need, when they need it, within their own community, could serve to blunt those social and economic factors linked to compromised mental health. This single insight was the seminal motivation for the IVMF team to launch an innovative community care coordination program called AmericaServes.

The AmericaServes initiative is based on the simple idea that if existing community-connected social service providers were organized into an inter-connected system of social service provision, a veteran accessing any individual resource would instead access a comprehensive continuum of resources and care. Today, I'm proud to say that in 16 communities across the U.S. – including New York City, Pittsburgh, San Antonio, Dallas, and across the entire state of North Carolina – the IVMF's AmericaServes provider networks represent the backbone infrastructure supporting community-level care coordination, aligning almost 900 individual providers to address what more than 52,000 requests for support from veterans across the network.

AmericaServes community networks are launched in partnership with the communities they serve, and supported by local and national funders. In Pittsburgh, it's the Heinz Endowment. In North Carolina, it's Walmart, and the State Department of Health and Human Services. In New York City, early support came from the Robin Hood Foundation, and the success of the network generated funding from the City.

The networks themselves are typically comprised of, on average, 40-50 local social and clinical service providers, to include VA Medical Centers and Vet Centers in many cases. At the center of each AmericaServes network is a Coordination Center, which acts as the network's "Quarterback" – navigating the veteran within the network, and leveraging robust network performance data to hold providers accountable on behalf of the veteran.

AmericaServes utilizes a HIPPA compliant care coordination technology platform to streamline referrals between participating providers, and to connect veterans directly to in-network providers who are able to meet their unique needs. Providers are able to securely share protected client information through case referrals, enabling an integrated and transparent system of local support and care. The care coordination center model solves the veteran's most compelling problem: navigation. The most powerful way to make that point, is through the voice of a veteran.

Nathan transitioned from the U.S. Army with significant disabilities stemming from service in both Afghanistan and Iraq. Not long after his transition, Nathan found himself in need of immediate assistance that the VA was unable to provide. At the time Nathan contacted the TXServes care coordination center, he was a single father, homeless, and unemployed. Because of his homelessness, Nathan's young son had recently been placed into state-sponsored care. The TXServes care coordination center conducted a holistic assessment of Nathan's situation, and shared a detailed accounting of Nathan's co-occurring needs across the North Texas provider network. The immediate task was to stabilize Nathan's situation. Nathan was connected to a provider able to secure him temporary housing, and referred to another who found Nathan a temporary, living wage job. At the same time, other TXServes providers began working with Nathan to access and secure his VA benefits, and to engage local workforce development programs on Nathan's behalf. Through this continuum of coordinated care, Nathan was able to secure permanent housing, and receive training that landed him a job at Dell Computer in Austin, TX – and most importantly, as a result, reunite with his son. Nathan says that TXServes literally saved his life, in part because he only had to tell his story one time – to the TXServes care coordination center – and that initial storytelling engaged a network of more than 50 local providers, each working in concert on Nathan's behalf.

Nathan's story – unfortunately – is not unique. In fact, Nathan's story represents one of the most persistent and compelling challenges facing our veterans; that is, inadequate coordination and insufficient collective purpose among public, private, and social sector organizations that purport to serve this community.

In the era of an all-volunteer military, it is a false but too closely held assumption that it is the VA's responsibility alone to serve and support the post-service lives of our veterans and their families. One consequence of that assumption is a real and significant social and cultural divide, present between those who have served, and those who have not – a divide that serves to foster among some veterans a feeling of social isolation and disconnectedness. Social disconnectedness, in turn, is directly linked to compromised mental health and suicide among veterans. 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. Importantly, engaging the veteran-serving community, by itself, is not enough. While it is true that there are more than 40,000 nonprofit service providers in the military-connected space, many have evolved to become narrowly focused and increasingly siloed. Consequently, many of these organizations fail to purposefully engage the broader community of human service providers, in a way that fosters social and community connectedness among veterans.

It is my view that any holistic strategy positioned to support the overall mental wellbeing of our veterans, must include engaging the communities where our veterans live, as partners and stakeholders in our effort. To "Harness the Power of Community" as a strategy to tackle veteran suicide requires that government, industry, and non-profit partners act together to create accessible pathways connecting veterans and their families to community-connected services and support representing the full continuum of social and economic determinants of wellbeing. Acting on this opportunity need not be exceedingly complicated, or costly. Examples of how this engagement could proceed include specific grant funding to support care coordination and navigation services in local communities; enhanced opportunity for community organizations and non-profit providers to access military cultural competency training; and support for community-level resource mapping, aligned with the objective of enhancing information available to veterans related to providers of social and human services within a given community. Investments like these will

enhance and extend the impact of funds this Committee has already directed toward clinical interventions and, most importantly, best serve the enduring mental health concerns of our veterans and their families.

On behalf of the veterans and military-connected families the IVMF serves in partnership with this Committee, thank you for the opportunity to provide testimony today

*** End ***