



**TESTIMONY OF:**

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**SUBMITTED TO:**

House of Representatives Committee on Veterans' Affairs

Legislative Hearing: H.R.3495 – IMPROVE Well-being for Veterans Act

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House Visitors Center Room 210



Chairman Takano, Ranking Member Roe, 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 for the opportunity to address you today on the subject of "HR 3495: the IMPROVE Well-Being for Veterans Act"

The VA's 2019 National Veteran Suicide Prevention Annual Report highlighted the fact that from 2008 to 2017 we have lost over 6,000 Veterans to suicide EVERY YEAR. That is nearly the same number of casualties from the entire Global War on Terror since 2001. We must address this challenge across our country and engage leaders at all levels of government and in the communities where our Veterans live. There is not a silver bullet to address this challenge and Service members return to communities not to programs or agencies.

*"Preventing suicide is a public health AND a clinical care challenge. Suicide prevention & caring for suicidal people are not the same. Prevention and clinical interventions must be woven into the contexts of communities and families, as well as the lives of individuals."*

-Dr. Eric Eric D. Caine, M.D.

"Rethinking Suicide Prevention" Presentation Sept 5<sup>th</sup> 2019  
ICRC-S Dept of Psychiatry, Univ of Rochester Medical Center

#### **WHO:**

I'm here today representing Veterans Bridge Home (VBH), one of the longest standing and most successful "hub" organizations in the country. VBH is focused exclusively on the connections between Veteran families and the communities where they live. We work to ensure the long-term health and success of our Veterans via a robust, accountable and responsive community of employers, providers, and community members. Our organization geographic footprint is across the Charlotte, North Carolina region including the 10 surrounding counties. We have worked alongside over 5,000 families providing nearly 15,000 unique services addressing the social determinants of health of Veterans of every age, gender, race, era, branch and socio-economic group. This experience has taught us that there are critical elements to effectively act as a "hub" of a community on behalf of Veterans and their families, the most important of which is servant-leadership. By putting the community's strengths at the forefront and matching them to the needs of the Veterans who live here, we are able collectively address the complexity of post-service life alongside our Veterans. This approach is holistic, adaptable, personal, and sustainable – with the right ingredients. The breadth and depth of each family we see is different and as a snapshot I would like to highlight three examples:

A 39yo Army Helicopter pilot who was severely injured in Afghanistan and moved to Charlotte to start his post-military life in 2009. 10 years ago his traumatic brain injury needed healthcare support from both VA & private care, they needed help finding a house, childcare for their new born son, and a job for his wife. In 2019 he reached out seeking employment assistance after he completed his MBA and was interested in working in financial services. Through sustained relationships our community has every need.

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Or, the 50yo Cold War era Veteran who moved to Charlotte to be closer to his fiancé, with the hope to find work. He ended up homeless and unable to secure employment. We met him, triaged his needs and connected him to 10 separate community resources: make a budget and repair his credit, provided food from a local pantry, financial assistance for temporary lodging, found an affordable permanent apartment, engaged in career development services, submitted a benefits upgrade to the VBA, enrolled in the local VHA facility to access healthcare, and provided a “Welcome Home” kit, gift cards, and furniture from a local church and Elks lodge to ensure his new apartment felt like a home.

Finally, the 42yo single-mother serving in the Air National Guard who moved to Charlotte to care for aging parents who initially was interested in increasing her social network and began attending our weekly workouts. Then upon getting to know her and her family, it was clear her transportation was less than reliable. We were able to make a connection to a local organization who refurbishes cars and donates them to individuals in need. We captured her need, made the connection, and within 2 months presented her with a new car.

Each and every Veteran is at a different point in life with different goals and different challenges. What they ALL need though, is CONNECTION & HOPE. Hope that there is an answer to their questions, hope that there is someone who cares, and that together we will find a way to improve their situation, strengthen their family and be a vital part of their community. That hope and connectedness exists in the military we try and recreate that same fabric in our community.

In our role, as a hub, we must meet them where they are, triage their needs, and find a local accountable resource who can meet the demand. These elements include a person-centered approach to care coordination, a focus on best-in-class partnerships across the community, shared measurements in each functional area, a technology platform to track those shared measurements, and a track record of strong sustainable, accountable, and transparent business practices. The Chairman’s version of the legislation calls for many of these same items and the innovation in Charlotte is proof that these are possible and should be expected.

Like many of the backbones that have recently been started, VBH’s firsthand experience of supporting the transition of military connected families began on a personal level. In 2008 and 2009 in the home of our founders, Tommy and Patty Norman they were introduced to a young couple leaving active duty and they were focused on that one family – the helicopter pilot I mentioned above. They identified their unique goals and needs, found the most appropriate local resource to address their needs, and then matched the family and the resource together ensuring both parties understood the role and opportunity of working together to achieve long lasting sustainable success. The Normans directly supported four families that first year.

Ten years later, Veterans Bridge Home is still focusing on one family at a time, but our team is working with approximately 175 families each month. With a staff of 12 we have formally connected 62 public and private organizations via a seamless technology platform, we engage with and educate 200 local employers on hiring Veterans, and have connected over 8,000 community members and veterans



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through social, fitness and volunteer events. This is all done at a local level on a daily, weekly, and monthly basis via personal relationships with each of these organizations. That direct and consistent approach to community building ensures that the relationships and connectedness that we are building and facilitating in our community are tangible resources for the Veteran families who call Charlotte home.

**WHY:**

Health and human services in our country are fragmented. Our community, like many across the country, has an abundance of services, programs and opportunities to ensure the success of our Veterans and their families. IF you know where to look, if you know what to ask, and if you are able to be patient during that process. Those IF's aren't always possible and can exacerbate any existing challenges, service connected or otherwise.

Recent studies suggest that 44% to 72% of Veterans experience high levels of stress during transition to civilian life, including difficulties securing employment, interpersonal difficulties during employment, conflicted relations with family, friends, and broader interpersonal relations, difficulties adapting to the schedule of civilian life, and legal difficulties(Castro et al., 2014; Morin, 2011). Crucially, transition stress has been found to predict both treatment seeking and the later development of mental and physical health problems, including suicidal ideation (Interianet al, 2012; Kline et al., 2011).

Effective care coordination across top social determinants of health—Employment, Housing, Healthcare, Social Enrichment, Benefits/Finances, and Education—can not only save lives but contributes to thriving leaders that have the capacity to invest in building healthy communities. Barriers associated with navigating resources across a variegated community landscape within and between complex systems can prolong service delivery and compromise desired outcomes at the individual and community levels.

**HOW:**

Since 2011, Veterans Bridge Home has been formally working around the clock to grow a system that builds community capacity to welcome and integrate Service Member and Veteran Families successfully into its fabric. This “Community Integration” or “Collective Impact” model is meant to leverage the strengths of a community and utilize the best first use of services for the families that need them. We take a care coordination approach, engaging partners, community members and the Veteran in holistic relationships. Key components of effective care coordination services for Service Member and Veteran Families include outreach, triage, ongoing provider network engagement and cultivation, and measurement and evaluation. An effective “hub” organization must be able to connect with and manage relationships with not just the Veteran, but with community partners as well. It is not enough to only know the Veteran and their needs. You must know who, locally, can address those needs, what their eligibility criteria are, how to make the match, and what to expect from the service delivery.

VBH continues to refine its growing care coordination program. In the past four years alone, our community partner network, has been able to connect over 4,927 unique families with over 12,830



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unique services across multiple service domains. We continue to build this program as we do this meaningful work, refining as we go to meet the demand signal with the staff and public and private partners willing and able to assist. We work with our partners to continuously improve our processes and measurement and expect to optimize program protocols and practices that build capacity across the network and implement program enhancements that boost shared outcomes.

Routine and targeted outreach is essential to reach new clients, aiding in their employment, housing, healthcare, social capital, and benefits attainment and/or retention, as well as an increased support of behavioral health and clinical suicide prevention intervention. This effort requires we work with local, state, and national resources and leverage their capabilities at the point of service delivery. Effective community engagement / outreach activities result in increased help-seeking behaviors and health coping attitudes and behaviors, a primary public strategy for suicide prevention. Additional goals related to outreach activities include increased social connectivity as evidenced by engagement with other veterans through workouts, networking, play, and volunteer opportunities. Routine outreach activities include monthly coffees and luncheons, weekly workouts, community and partner resource fairs and events, etc. Targeted outreach includes working alongside key partners within their organization(s) or locations/events with Veterans with known needs. A “hub” organization must have healthy existing relationships with those partners and understand their keep capabilities and the populations of Veterans who they reach. Charlotte is fortunate to have several incredible leaders and local partners addressing specific needs such as:

- **Liz Clasen-Kelly** at the [Men’s Shelter of Charlotte](#) and Urban Ministry, who specifically serves individuals who are experiencing homelessness.
- **Janene McGee** at the [Mecklenburg County Veterans Service Office](#) who has a team of 13 benefits officers who help navigate the state and federal benefits for Veterans and families.
- **Noel McCall**, who leads [Patriots Path](#), an excellent career development course which provides 20hrs of career transition strategies for Veterans and spouses to finding meaningful employment opportunities
- **CSM Ret. Daryl White**, at [Queen’s University](#) a local private school who stood up a Student Veterans of American chapter where recent graduate Chris Rolph was recognized as the 2018 SVA Student Veteran of the Year.

VBH works with each of these organizations in unique and specific ways to ensure the Veterans they serve have access to the full domain of local, state, and federal resources and we are all working together as a team to address their needs. No one single organization can address everything a Veteran might need today or will need over their lifetime. We are creating a system of services, seamless and connected, so the Veteran and their family can benefit from all the community has to offer. VBH and hubs such as us reduce duplication, identify gaps, and ensure effectiveness of outcomes that are coordinated and in the best interest of the Veteran.

Beyond our outreach, engagement, and connection efforts- measurement and evaluation play a critical role in understanding the needs of our Veterans and the effectiveness of our partners. We have a variety of measures which capture:

What are the demographics of the Veterans or family member asking for support?



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What is the military service of the individual requesting support?

What service type(s) are they specifically interested in accessing?

Does that service exist? Is it available? What are the eligibility criteria?

How long it takes to match the individual with the program or organization?

What occurs once they are connected and how long does it take to deliver the service?

What is the outcome of that service delivery and how sustainable is the Veteran?

These are important questions that help us measure the needs of our Veterans, the gaps and overlaps in our community, the efficiency of our partners and the ultimate outcomes we are trying to collectively deliver.

Consistent client data capture is not only critical to quality metrics but also to effective bi-directional communication between providers in the business of triaging needs and delivering health and human services. Important components of triage involve identifying target population—Service Members and Veteran Families—as well as person centered goals and needs across social determinants of health, prioritizing critical services, and referring individuals to trusted and competent providers in the community in the least amount of time possible. As the demand signal has increased, screening practices have been refined from a more intensive five page / 60+ minute intake form to a 22-question screening instrument to a six-question screening instrument to address holistic needs and identify possible risk. We strongly support the need to evaluate effectiveness of hubs screening tools to effectively address identification of holistic needs, prioritization of those needs, mitigate risk for complex clients, and improve expeditious responsiveness to priority needs across social determinants of health. Currently individuals who make contact with our network report 2.6 unique needs.

We are able to conduct these measurements via a technology platform called UniteUS. UniteUS, a HIPPA and PII compliant web-based platform, has not only helped transform care for Veterans across the Carolinas, thanks to the AmericaServes initiative from IVMF, but is now being adopted by health and human service providers across the state of North Carolina to address the Social Determinant of Health needs of all North Carolinians.

UniteUS metrics indicate that Veterans Bridge Home has a 96% accuracy in making smart referrals (effective matching with providers who provide the service requested and have capacity to serve the client). Processes, protocols, and communication can be optimized within coordination centers and across partner organizations to meet goal of  $\leq 5$  days time to match and contribute to overall increased client satisfaction and wellbeing. At this time, primarily two staff members are triaging the majority of clients who make contact along with the 252 additional network users.

A diverse, engaged, and efficient provider network is essential to effectively care for those who have worn the uniform, especially for those with complex care needs. Provider engagement is a key variable to this community integration model's success and sustainability. Current data indicate that 37% of providers are utilizing Unite Us platform to connect clients to other providers and resources with a network goal of 70% of providers adopting technology to make and receive referrals. Provider engagement strategy needs to be evaluated to improve effectiveness to reach targeted goals. In-depth



qualitative interviews with our top ten providers identified provider priorities—technology needs, process improvements, professional development, and improved communication. At this time, two Veterans Bridge Home staff are dedicated to non-profit provider engagement with substantial support of approximately six additional staff members with our employer partners and community engagement efforts. A continued area of opportunity is leveraging technology to optimize strategic and targeted provider engagement efforts throughout the community.

The language and financial support in Chairman Takano’s draft would allow us to increase our capacity to address the needs of Veterans and manage the relationships with providers, thus increasing efficiency and improving outcomes by working on both sides of the equation. It would also allow us to expand into the outer edges of our service areas to better serve those Veterans and partners in more rural areas outside of the metropolitan center of Charlotte.

Additionally, we measure outputs like 72% of service requests have been successfully closed by the network since launch help us know that we are moving in the right direction with respect to desired outcomes like improved health and wellbeing of military and veteran families in our community and increased cultural competency and expert companion skills across service providers. At this time, we recognize the need to integrate a holistic self-report measure that can be administered at program entry, during service episode(s), and post service completion to better understand program impact and inform program enhancements. Veterans Bridge Home is equipped with diverse talent, time, information, technology and capacity to engage in program evaluation with further assistance and funding. With strong existing funding partners at the local, state and national levels as well as generous community goodwill, we believe we will be able to garner the kind of support and funding needed to sustain measurement and evaluation capacity beyond our existing network and specifically through partnership with the local employees of the VHA, VBA, Vet Centers, and other federally funded programs as suggested in the proposed legislation.

Building on a collective impact working group model or a ‘Team of Teams’ approach VBH has been working in the community since 2010 to provide ongoing leadership to shape and/or create six existing collaboratives across stakeholders which are directly aligned to the top six needs our SMVF request in the Charlotte market-- Employment (27%), Housing (20%), Social Enrichment (14%), Benefits (9%), Healthcare (8%), and Education (2%). Additionally, The Charlotte Veteran Network & Vet-Charlotte is a network of over 8,000 Veterans that spans 12 organizations and 34 corporate affinity groups. Founded in 2010, this network connects socially and in service through networking, fitness and volunteer events. Since 2012, the Carolinas Alliance for Veteran Employment has grown to engage over 200 employers and 12 organizations in the service of getting an average of 14 veterans employed monthly. Housing our Heroes was established in 2014 to end Veteran homelessness and consists of 12 organizations that have worked together to see a significant decrease in homelessness. NCStrive also stood up in 2014 and involves over eight organizations to support the resiliency and transition of Veteran students attending two- and four-year public and private institutions of higher education in the region. A VA Community Veteran Engagement Board(CVEB) was established in Charlotte in 2017 to improve communication between the VA and community stakeholders on behalf of the Veteran families it serves. In 2018, a SMVF Suicide Prevention Workgroup was launched in response to SAMHSA and the VA initiative “Mayor’s Challenge to Prevent Suicide” and has grown to include over 150 people across 12





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VHA Programs, 19 Healthcare Entities, and 23 community organizations. This group has aligned itself with state and federal strategies to reduce suicide among military and veteran families. VBH staff hold key leadership positions across these collaboratives and work tirelessly with strategic partners to break down silos and be a bridge across systems to support military and veteran families holistically. This is the work of the hub organization.

These are all examples of the extent of services, resources, and efforts that are happening at the local level and how we have organized them to be more effective. VBH and similar hubs must engage with and facilitate relationships between these disparate groups to improve the overall population health outcomes of our Veterans and their families.

National alignment has been a key component in our growth and success. Veterans Bridge Home is proudly one of 17 [AmericaServes](#) networks in the nation and has been leading the way in working to align national non-profit, local non-profit, county, state and federal resources to address the needs of Veterans inside of the model the [Institute of Veterans and Military Families at Syracuse University](#) has built. In the 5 years that AmericaServes has been measuring communities' impact Charlotte has led the way in Veterans served and services delivered. Our 12,830 services represent nearly 50% of those delivered in the state of North Carolina, and nationally North Carolina is responsible for 42% of the over 60,000 services provided via the AmericaServes communities. Each community has a unique approach with different organizations as the hub, but the key components outlined above are consistent and IVMF has pushed these communities to adopt similar standards of care to allow for efficient and effective measurements across social determinants of health.

Regionally There are several similar "hub" organizations doing this critical work who know the Veterans in their area of operation, as well as the best-in-class partners, and they act as objective and accountable servant-leaders bridging the relationships. There are seven total hubs including the 3 other [NCServes](#) markets as well as two in South Carolina and Georgia. Two leading examples are Charlie Hall and the [Upstate Warrior Solution](#) team in the Greenville-Spartanburg, SC region doing incredible work as a local hub for the past 6 years and Scott Johnson and his team at [The Warrior Alliance](#) in the greater Atlanta region who have been in operation for nearly 2 years. We proudly work alongside each of them sharing best practices, with the mutual understanding that this work requires patient facilitation, constant education, relationship management, and continuous process improvement. All three organizations are similarly built and culturally aligned by acting as a bridge between their military connected families and the communities within which they operate. Strong relationships between our three markets and developing standards of care ensure that Veterans that move between markets/communities are well cared for and successful regardless of where live across the I-85 corridor.

State level entities and partnerships also play an important role in communities and we have built strong partnerships with our counterparts across the state to improve this work. We work closely with the state of [North Carolina's Governor's Working Group](#), lead by the NC Dept of Health and Human Services and NC Department of Military and Veteran Affairs aligns state wide initiatives to support North Carolinian Service Member and Veteran Families, especially in the areas of Employment, Benefits, Education, Healthcare, and Suicide Prevention.





Lastly, the most important relationship is with our VA staff, medical professionals and leaders in our community. Since we were founded the VA has been the most critical partner. We continuously work to engage with every portion of our local VA. We have mapped over 96 distinct individuals inside of our local VHA facilities who can provide different levels of care for our Veterans. From emergency rooms, to behavioral health, to housing and employment, our VA partners are always willing to work with us to serve Veterans. They are some of the hardest working people I have ever met, and we make or receive referrals from them on a daily basis. Unfortunately, due to compliance and bureaucratic obstacles, often outside of their control, we have almost no way to measure or evaluate the strength of those relationships or the effectiveness and efficiency of the Veteran traffic between the VA and our community. We continue to work together and will not let this hinder care however; this needs to improve and could lead to much better long-term outcomes for the Veterans we collectively serve.

The Veterans Bridge Home staff is comprised of individuals with professional subject matter expertise in a variety of areas including, but not limited to health and human service delivery, healthcare, housing, employment, community engagement, public relations, and program measurement and evaluation. These elements are critical to a robust and successful hub organization but can be scaled to meet the demands and size of any community in the country. We have learned over ten years of trial and error the necessary elements and have carefully built a team which acts as a force multiplier in our community. The Team inside our hub are also well positioned in a variety of key leadership roles on community boards, task forces, and thought leadership to utilize and leverage our experience and allow for further program refinement and enhancements via learning, influence, and impact throughout the public, private, non-profit, business, and community organizations both in our market area as well as state and national communities of practice.

#### **CONCLUSION:**

Thank you for allowing us to share our experience with the committee and including it in your consideration for how to support a different approach to Veteran Suicide Prevention. With respect to the Chairman Takano's draft of legislation, we appreciate and applaud the Committees efforts to address the systems level work in the community and would welcome the opportunity to more formally work alongside the VA which this legislation would more formally allow. With two deployments to Iraq and over 13 years in the military and Veteran space, I have had the honor of working alongside of some of the most dedicated and well-trained individuals in our nation. Whether it was in defense of our country or in serving those who have served, success is similarly driven by strong relationship, ensuring that the leaders closest to the problems have the resources, tools and training they need, and finally effective and efficient communication/connectivity with their peers. When those elements exist, remarkable outcomes have been achieved. Without investing in that system and setting standards of care, we will not adequately combat the realities our Veterans and their families are facing in transitioning to siloed services and risk the stress and burden of navigating that alone can lead to lack of productivity, frustration, pain, or worse. Thank you for the opportunity to address you today and share our experience at Veterans Bridge Home on this critical challenge facing our country.

**Blake Bourne**  
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