Cohen Veterans Network
72 Cummings Point Road
Stamford, CT 06902

Cohen Veterans Network
Statement of Dr Anthony Hassan
Chief Executive Officer
On
"Combatting a Crisis: Providing Veterans Access to Life Saving Substance Abuse Disorder Treatment"
April 18, 2023

Dear Chairwoman Miller-Meeks, Ranking Member Brownley, and distinguished Subcommittee Members,

On behalf of the 50,000 veterans and family members that we have served in our network of 24 outpatient mental health clinics across 15 states, thank you for the invitation to submit a statement for the record to the Subcommittee on Health, Committee on Veterans' Affairs Legislative Hearing. We appreciate the opportunity to address the importance of access to outpatient mental health care, especially substance use disorder treatment for our veterans. Effective early intervention is vital in prevention of chronic and severe behavioral health conditions and related alcohol and substance use comorbidities which may develop as a consequence of escalating biopsychosocial challenges and attempts to self-medicate in its absence. Moreover, it is instrumental in managing risk for subsequent suicidal behaviors and overdose which unfortunately, are increasingly endemic within our veteran population.

Cohen Veterans Network, Inc. (CVN) is a not-for-profit philanthropic organization [501(c)(3)] founded in 2016. CVN is focused on delivering mental health services for post-9/11 veterans, service members, and their families. Cohen Military Family Clinics are committed to improving mental health outcomes through a network of customized, outpatient clinics in high-need communities, in which trained clinicians deliver client-centered, evidence-based care. Additionally, CVN is committed to removing barriers to care and advancing the field of mental health.

CVN provides accessible outpatient behavioral health care for veterans and their family members. Services are provided without regard to the clients' ability to pay or characterization of discharge. Family is defined broadly, including veteran's spouses but also parents, siblings, adult children, and others as defined by the veteran. The CVN model is client centered, evidence based, and targeted. Core services include psychotherapy using evidence-based protocols and industry best practices, medication management, and case management.

Evidence based protocols and practices are utilized to address mental health adjustment and family issues which may be contributing factors in the veteran's care. Approximately 53% of CVN clients are veterans or active-duty military members with 47% family members including adults and children. Top presenting problems include family concerns, anxiety, adjustment disorders, depression, and posttraumatic stress disorder (PTSD). All clients receive a comprehensive screening including the Columbia Suicide Severity Rating Scale (CSSRS) and a full biopsychosocial assessment prior to beginning treatment. CVN conducts comprehensive screening for alcohol and substance misuse, abuse, and dependence as they are frequent co-occurring conditions for individuals seeking mental health treatment. Given the complex needs presented by many veterans, medication management and case

management are readily available to all clients seen in our clinics. This extra support is vital to decrease self-management, link veterans to more support and guide them through healing and recovery.

The Criticality of Accessible Upstream Intervention for Veteran's Coping with Mental Health Issues

The US is currently facing a national crisis in mental health and mental healthcare, however rates of mental health disorders among post 9-11 veterans remain significantly higher still. Suicide risk for both male and female veterans are dramatically above those of their civilian counterparts. In the VAs (Veterans Affairs) 2022 annual report the rate was cited as 57.3% above the rate for non-veteran adults. Furthermore, research indicates that current substance use disorders (SUDs) signal increased suicide risk among veterans especially among women, and that co-occurring psychiatric disorders partially explained associations between SUDs and suicide.[1] Alcohol and Substance use disorders (AUD/SUD) have been reported to occur at a rate of approximately 11% in veterans seeking care from the VHA (Veterans Health Administration) and onset of SUDs can emerge secondary to and comorbid with other mental health problems such as post-traumatic stress disorder (PTSD) and depression.[2] Comorbidity of SUD (substance use disorder) among those with PTSD has been reported between 35-50% and these patients have been found to have greater drug use severity and worse treatment outcomes.[3] Additionally marital and family issues have been identified as significant factors among veteran families due to a range of military specific challenges including frequent relocations and deployments over the course of a military career with spouses reporting higher rates of mental health issues including depression than their civilian counterparts.

Women veterans report the highest rates of PTSD among post 9-11 veterans and per VA data, one in three women veterans have experienced military sexual trauma (MST). The incidence of lifetime SUD is significantly higher for women veterans with a history of sexual assault. Moreover, needs assessments suggest that their unique service needs may not be ideally met within the VA, and many are unaware of or fail to take advantage of their VA benefits based on their failure to identify as veterans

Access and Eligibility Within the VA

Challenges related to access and wait times within the Veterans Health Administration have been well established but perhaps more germane to the current discussion is the rates at which veterans receive care through the VA. Based on the agencies own estimates about two thirds of veterans receive their

[1] Bohnert, K. M., Ilgen, M. A., Louzon, S., McCarthy, J. F., and Katz, I. R. (2017) Substance use disorders and the risk of suicide mortality among men and women in the US Veterans Health Administration. *Addiction*, 112: 1193– 1201. doi: 10.1111/add.13774.

[2] Teeters, J. B., Lancaster, C. L., Brown, D. G., & Back, S. E. (2017). Substance use disorders in military veterans: prevalence and treatment challenges. *Substance abuse and rehabilitation*, *8*, 69–77. https://doi.org/10.2147/SAR.S116720

[3] Boden, M.T., Kimerling, R., Jacobs-Lentz, J., Bowman, D., Weaver, C., Carney, D., Walser, R. and Trafton, J.A. (2012), Seeking Safety treatment for male veterans with a substance use disorder and post-traumatic stress disorder symptomatology. Addiction, 107: 578-586. https://doi.org/10.1111/j.1360-0443.2011.03658.x

healthcare outside this system. This is due to a multitude of factors including not only wait times but also eligibility, awareness, and preference. As a result of this a robust network of accessible and culturally competent services is necessary to serve these veterans who are unlikely to be seen within the VA. Current VA access standards require a veteran to be seen within 30 days but may seldom be met. VA uses VHA Directive 1162.02 ("Mental Health Residential Rehabilitation Treatment Program") to define the admission criteria for MH RRTPs and to establish when a veteran is eligible for residential care in the community. This Directive states that all admission decisions must be completed within 7 business days of the referral. Veterans requiring priority admission must be admitted within 72 hours. In all other cases, the veteran must be admitted as soon as possible after the decision has been made. If a veteran cannot be admitted within 30 calendar days, alternative residential treatment or another level of care that meets the veteran's needs and preferences must be offered. Alternative residential treatment can be a program in the community or another program within the VA. In cases where there is a gap of two weeks or more for a veteran accepted into a mental health RRTP, clinical contact must be maintained until the time of admission, and urgent mental health care needs that arise must be addressed. The MHTC is responsible for ensuring a veteran's continuity of care while receiving mental health treatment.

Given these limitations and the relatively small proportion of veterans who receive their care through the VA, the case is easily made that other community providers and Veteran Service Organizations play a key role in meeting the needs for essential services for mental health and SUD care. Accessible community-based care may function as a stopgap or interim resource or an alternative to VHA where access is insufficient, or services are unavailable. In recognition of these realities funding and coordinating with these services becomes imperative. Additionally restrictive policies related to duration of services or payment to these community agencies needs to be addressed in light of the need for robust partnership vs. competition in providing desperately needed care in an expeditious, deliberate, and coordinated manner.

How CVN Services Address Upstream Drivers of Low-Density High-Cost Residential Care

At CVN we have diagnosed and managed over 1,659 veterans with AUD/SUD since 2018. Early and upstream intervention for depression, anxiety and post-traumatic stress pave demonstrable impact on the trajectory of veterans through the care system. Comorbidities with other mental health disorders in veterans treated at CVN were identified at elevated levels with approximately 78% of SUD diagnoses occurring in conjunction with 1 or more comorbid disorders, including depression (47%), anxiety (26%) and PTSD (46%). Evidence based interventions to address symptoms and enhance quality of life, reduce subsequent levels of care required, hospitalizations and emergency department visits. Early outpatient mental health intervention, especially in conjunction with case management services may prevent development of severe symptoms, build coping skills, and address marital and family conflict reducing risk of suicide, as well as further health and mental health crises, overdose and even homelessness among veteran populations.

CVN provides focused intervention through episodes of care averaging 8-12 sessions over a typical course of 120-180 days with rates of remission and clinically significant change which rival those reported in comparable samples based on an independent validation study. Few veterans who receive care require referral to a higher level of care and average improvements on quality of life (QLES-SF) and Dyadic Adjustment are considerable. Wait times for care vary across clinics with a goal of < 14

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days and a typical wait time of under 30 days to receive biopsychosocial assessment with subsequent initiation of therapy within 7-10 days thereafter. CVNs goals are not only to save lives but to change lives. Early intervention is critical for success and is robustly supported by the business case as compared with higher levels of care which are associated with the increased severity and chronicity of symptoms and disorders which develop when these issues are not identified and treated at an early stage.

On the issue of SUDs, the VA would be well served to enhance its existing Community Care Network (CCN) to ensure that access standards are met and that veterans in crisis are not being maintained on waiting lists or managed at levels of care inadequate to their assessed treatment needs. With the standard set for 72 hours for priority admission to residential/inpatient SUD care, the VHA will need additional purchased care options in most if not all localities on a continuous or recurring basis and the standard should not be violated to accommodate patients in VA direct care to improve VA metrics at any level. Embracing community partnerships and ensuring effective coordination of care must guide the future direction in terms of SUD/AUD treatment for the benefit of veterans and their families.

At CVN we are committed to doing our part to address veteran mental health needs and supporting the larger effort currently undertaken by the VHA in conjunction with our partner veteran serving organizations (VSOs) to assure effective and timely care is being provided to veterans experiencing SUD/AUD. Our 24 clinics will continue to support their communities by addressing relational and adjustment challenges and common comorbidities which predispose veterans to or lead to more significant mental health concerns concomitant with greater disruptions in functioning and requiring higher levels of care

Looking forward, CVN will continue to strongly support the existing CVN-VAMC partnerships and do our utmost to foster new ones. We are eager to continue to work with VA, VHA as part of the VA Community Care Network to continue to expand the support available to veterans to treat the comorbidities which frequently occur with substance abuse disorders and to improve veterans' quality of life. CVN thanks Chairwoman Miller-Meeks and the other distinguished members of the Subcommittee on Health for their tireless and essential life-saving efforts on behalf of our US veterans. We look forward to continuing to work with you on these vital issues.

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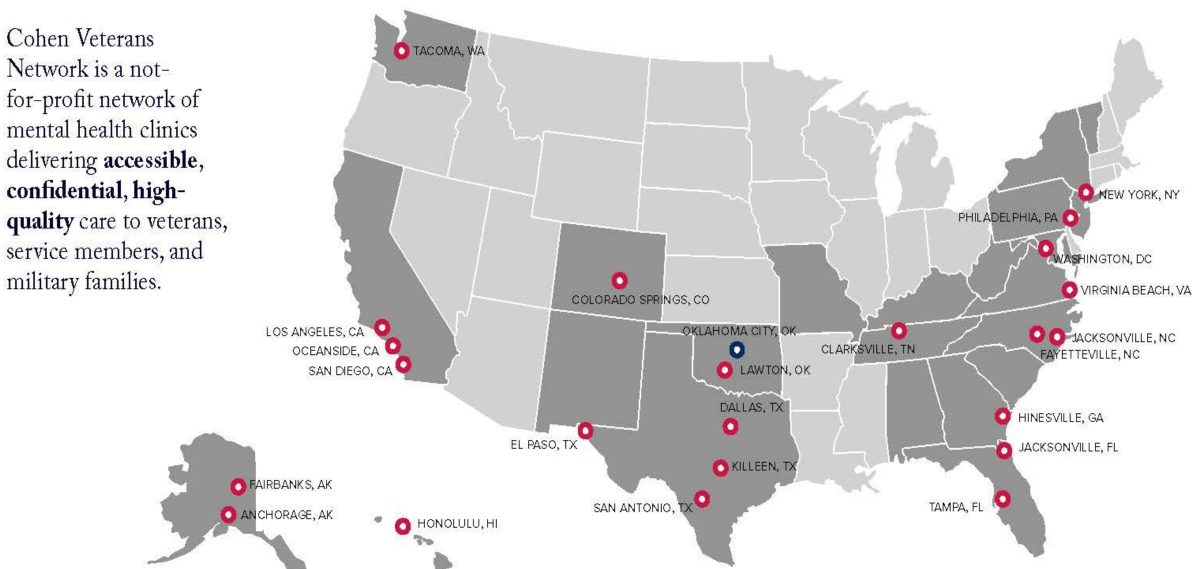
Mental Health Care for Veterans, Service Members, and Their Families

Cohen Veterans Network is a not-for-profit network of mental health clinics delivering **accessible, confidential, high-quality** care to veterans, service members, and military families.



Contact your local Cohen Clinic: **cohenveteransnetwork.org**

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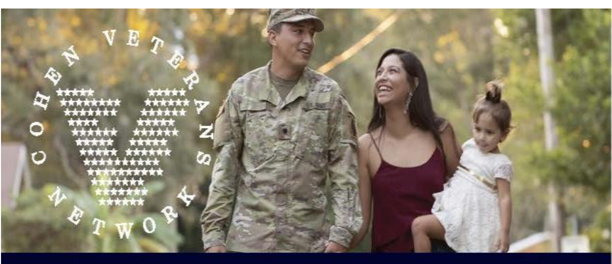

WHO WE SERVE

★ **POST-9/11 VETERANS** including those from the National Guard/Reserves, regardless of occupational specialty, discharge status, or service length.

★ **SERVICE MEMBERS** of all branches including the National Guard/Reserves, regardless of activation status.

*Active Duty need TRICARE referral.

★ **MILITARY FAMILY MEMBERS** of post-9/11 veterans and service members, including spouse or partner, children, parents, siblings, caregivers and families of choice.

All sexual orientations/genders welcome.

HOW **WE HELP**

★ **PERSONALIZED THERAPY** for individuals (adults and children), couples, and families. Care is available for a **variety of mental health** concerns including:

- PTSD
- depression
- transition challenges
- anxiety
- stress
- trouble sleeping
- relationship and family difficulties
- anger

Our high-quality care is **evidence-based**, which means we use treatments that are supported by research and considered to be among the best, most **effective** practices available.

★ **RESOURCE CONNECTION**
We connect clients to local resources and provide referrals for related needs such as finances, legal, education, employment, housing.

★ **CVN TELEHEALTH**
Video therapy delivered online makes it easy to access the same high-quality, confidential care without having to visit the clinic. Stable internet connection and device with audio / video capabilities needed.

Learn More: **cohenveteransnetwork.org**

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