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Mental Health; Alcoholism and Drug Abuse; and Veterans' Affairs  
Hearing on "Services for New York State Veterans with a Co-Occurring Disorder"**

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Chairmen Rivera, Ortiz, and Espaillat, thank you for holding today's hearing on services for New York State Veterans who are coping with mental health and substance use issues at the same time. I am so pleased that the Committee is exploring this important issue, one that the New York State Health Foundation (NYSHealth) has been working on for the last two years.

NYSHealth is a private, statewide foundation dedicated to improving the health of all New Yorkers through efforts to expand health insurance coverage, contain health care costs, increase access to high-quality services, and address public and community health challenges. The Foundation concentrates its initiatives in three strategic priority areas, including integrating care and services for mental health and substance use disorders. As part of our work in this area, we have developed an initiative for returning veterans and their families.

We recognize that the return of an estimated 90,000 servicemembers to New York State from Iraq and Afghanistan is a community health issue, not just a veterans' affairs issue—as you clearly have recognized by holding this joint hearing. Many servicemembers are returning home in need of care and services not only for their physical wounds, but also for their mental health and substance use issues. Moreover, it's not just the veterans themselves who are affected—their family members require support and services, as well.

We have been pleased to support organizations like the Veterans Outreach Center in Rochester and the Jewish Board of Family and Children's Services in the Bronx in their efforts to provide services for veterans and their families.

Last year, NYSHealth commissioned a statewide needs assessment to understand more about what services are in place; where there are gaps between what veterans and their families need and what services are available; and existing challenges and opportunities for closing those gaps. There are little comprehensive data on returning veterans and their families in New York State, so we are working with the RAND Corporation to understand more about:

- the short- and long-term health, behavioral health, and social service needs of Iraq and Afghanistan veterans in New York;
- the related needs of their families;
- geographic differences in needs (variations between upstate and downstate, for example);
- whether additional factors, like repeat deployments, compound these needs; and
- what gaps in services exist throughout the State and/or by region.

Although RAND's work is still in process, and we won't have the full results of the assessment until later this year, we do have some initial qualitative findings from its work. I should add that the work NYSHealth is doing with RAND has been informed and guided by a Stakeholder Advisory Panel that includes members of the military and their families, so we are hearing directly from those involved about where there are gaps in services, resources, or information.

The findings I'm highlighting today come from a series of focus groups held with nearly 50 returning veterans and family members throughout the State, in Buffalo, Watertown, Albany, Manhattan, and Long Island to gauge perceptions about existing services and suggestions for improving services. The researchers also conducted one-on-one interviews with additional female veterans and with veterans' family members.

Here is what we have learned so far:

### **Challenges facing veterans returning home to New York**

Veterans reported experiencing social isolation; confusion about benefits and how to gain access to available services; and difficulty finding employment.

As veterans return home, many report feeling socially isolated, having difficulty relating to and reconnecting with their civilian peers, and struggling with the loss of the camaraderie they developed during deployment. Many of the focus group participants reported struggling with post-traumatic stress disorder (PTSD), depression and other mental health issues, but expressed concern about seeking mental health services and treatment. Several worried about the stigma associated with seeking treatment, concerned that they would be perceived as weak or untrustworthy, or that seeking treatment would affect their employability.

Another barrier to treatment is confusion about benefits and eligibility, with wide variation across units, service, and redeployment date. Several focus group participants noted that, even if they were informed during out-processing about benefits, they were so focused on other aspects of reintegration that they couldn't wrap their heads around what services would be available and how to register to receive them. One person described the out-processing experience as "death by overheads": a lot of information thrown at a huge group of servicemembers without much attention to whether they could actually process and internalize it.

Coordination and facilitation of benefits programs also was seen to be lacking in many areas, although focus group participants near Watertown, with its major military base, were much more satisfied with the coordination of benefits and had a much better understanding of how to navigate the system.

Several focus group participants noted challenges in acquiring an appropriate disability rating because the military culture encourages servicemembers to downplay their injuries and mental health problems while on active duty. Because many servicemembers did not document these problems during their service, many experience barriers to getting help at the VA once they are back home, particularly when those conducting the disability evaluations are not deeply familiar with the combat experience.

Finally, women veterans have unique challenges, and the focus groups surfaced mixed feelings about women's programs at the VA. One visitor to the women's clinic at her VA felt very comfortable in that environment, but another felt that these services are too focused on military sexual trauma.

### **Challenges for family members**

Family members of returning servicemembers expressed frustration at the lack of support services available to them. The VA was not perceived as providing support for family members, and many of the independent or ad hoc support groups—like Blue Star Moms or Strong Bonds—were viewed as helpful but not sufficient to meet families' needs.

Many family members felt unprepared for their loved one's return home. They often reported not knowing what signs to look for to detect possible mental health issues, and had trouble navigating the benefits and services available when they were caring for a servicemember returning home with a disability. Several focus group participants did note that online resources such as Military.com and IAVA.org have been helpful to them as family members, as has a National Guard newspaper.

### **Perceptions of available services for veterans and their families**

Although there are perceived limitations and gaps in services, veterans and their families identified several services and programs that are working well. Broadly, both veterans and their families were supportive of any work being done to coordinate services and advocate for veterans' benefits. Those who were familiar with the VA's Operation Iraqi Freedom/Operation Enduring Freedom coordinators expressed appreciation for the work they do to help new veterans navigate the VA systems, but many focus group participants were not aware that such a resource exists.

Some participants mentioned that they get information about job openings and VA programs via e-mail from regional VA directors, but that the regularity and dissemination of these updates was inconsistent.

The New York State Department of Labor and Veterans Affairs was cited as providing helpful assistance with applications for state programs or financial benefits, and for connections to civil service jobs and other types of employment. Focus group participants upstate singled out the Veterans Outreach Center in Rochester and the Soldiers and Family Assistance Center in Watertown as providing relatively comprehensive coordination of services for both veterans and family members.

However, returning servicemembers and their families reported few local or State agencies that provide services directly. The Federal VA is the primary source for medical and mental health services, through the VA medical centers, clinics and Vet Centers.

Focus group participants reported overwhelmingly positive experiences with VA Vet Centers.

Perceptions of the overall quality of VA services, however, varied widely by facility and location. Although some felt that they received excellent care at the VA medical centers and clinics, others reported that the VA did not provide the same continuity and quality of comprehensive care and services available at the Vet Centers, particularly for psychological conditions, including PTSD.

Returning servicemembers also reported barriers to receiving services from the VA, including:

- limited information available about services and benefits;
- long distances to the nearest VA medical center;
- limited hours of operation at VA facilities;
- difficulty in getting appointments, and long wait times;
- administrative burdens and red tape for receiving benefits; and
- a perception that VA is only for older or severely disabled veterans.

### **Opportunities for improvement**

What might it require to overcome some of these barriers associated with the VA?

In a conversation with NYSHealth last November, both James McDonough of the New York State Division of Veterans' Affairs and Paul Rieckhoff of the Iraq and Afghanistan Veterans of America emphasized the need to invest in improving VA processes in two areas:

- First, there is a need to streamline the VA claims process. It takes an average of 180 days for the VA to process a claim; there is a backlog of more than 900,000 outstanding claims and appeals. One opportunity for improvement is to move all claims online, a step that Mr. McDonough is currently exploring.
- Second, there must be opportunities to increase and facilitate enrollment in the VA system. Only 40% of veterans take advantage of VA benefits, in part because they are not enrolled automatically in the VA health care system upon discharge.

Another challenge is that the VA currently has limited resources and ability to conduct outreach and to advertise its services.

To address some of the broader challenges to veterans' reintegration, there are additional policy opportunities. For example, the California Community Foundation's Iraq and Afghanistan Deployment Impact Fund (IADIF) recommends developing a comprehensive "de-boot" camp and homecoming program to address short- and long-term needs of servicemembers transitioning out of the military.

Clearly, there remains a perceived stigma for servicemembers seeking services and treatment for mental health and substance use conditions. A comprehensive anti-stigma program targeting both troops and military leadership could help to reduce the problem and encourage returning servicemembers to seek the help they need.

We also know that, even within the general population, only 10% of New Yorkers who experience mental health and substance use conditions at the same time receive the care they need for these co-occurring disorders. Ensuring adequate care and services in this area is an underlying health care system challenge that extends well beyond the VA and is a larger community health issue.

Finally, there needs to be better coordination of military and community-based programs. Services for New York State's veterans and their families are fragmented and knowledge of those services is limited. The State could invest in a partnership with the nonprofit sector to improve coordination of military and community-based organizations and service providers.

For our part, the New York State Health Foundation continues to invest in the area of veterans health and mental health. We will continue to convene public and private partners to identify gaps and opportunities for improving services for veterans and their families, and to play a coordinating role in those efforts.

Finally, along with the statewide needs assessment that will be completed later this year, we will include a comprehensive guide to the existing resources in New York State for veterans and their families. Many of these State, local, and national resources are already available on our Web site, [www.nyshealth.org](http://www.nyshealth.org).

Thank you again for your attention to this important issue of ensuring that returning servicemembers and their families have access to the care and services they need. I hope you will look to the New York State Health Foundation as a partner as you continue to explore programs and policies to improve the state of New York's health.