Chairman Isakson, Ranking Member Tester, and distinguished Members of the Committee on Veterans’ Affairs – thank you for inviting Wounded Warrior Project (WWP) to submit this statement for the record of today’s hearing to explore how community-based support networks can be leveraged to help prevent veteran suicide. We appreciate the Committee’s interest in learning more about the work these networks are doing to support veterans and their families, and we are grateful for the opportunity to offer our perspective on how new and existing initiatives and collaborations across the public, private, and non-profit sectors can help our collective effort to improve veteran mental health and wellness.

Wounded Warrior Project’s mission is to honor and empower wounded warriors. Through community partnerships and free direct programming, WWP is filling gaps in government services that reflect the risks and sacrifices that our most recent generation of veterans faced while in service. Over the course of our 15-year history, we have grown to become an organization of nearly 700 employees in more than 25 locations around the world, delivering over a dozen direct-service programs to warriors and families in need. Our partnerships with like-minded organizations are augmenting these programs, enhancing our advocacy efforts, and fostering a culture of collaboration to better meet the needs of the wounded, ill, and injured veterans we serve.

Mental Health & Understanding the Population We Serve

Wounded Warrior Project strives to be as effective and efficient as possible and we recognize that we must be willing to adapt our programs and approaches to meet the evolving needs and unique challenges facing the warriors and caregivers we serve. To learn more about their physical, social, economic, and mental health needs, WWP has conducted the nation’s largest and most comprehensive survey of post-9/11 veterans who have sustained both physical and hidden injuries while serving the nation. Since its first edition in 2010, this annual survey
has helped us identify trends and needs among registered warriors, to compare their outcomes with those of other military and veteran populations, and to measure the impact of continual programmatic engagement – all to determine how we can better serve veterans, service members, and their families.

For the fourth year in a row, WWP’s Alumni survey revealed that post-traumatic stress disorder (PTSD) was the most frequently reported health problem from service (78.2%), followed closely by depression (70.3%), anxiety (68.7%), and sleep problems (75.4%), which are often linked to mental health challenges. Completed by over 33,000 warriors in 2018, WWP’s Alumni survey contains a significant amount of data to help our organization better serve veterans and others in their support networks. This data guides our analysis of current programming, helps us identify partners who best complement our mission, and informs our advocacy before Congress. In addition to the points above, several data points can help frame the issue before the Committee today:

- **Self-assessments reflect poor health:** Overall, almost half of warriors report their health as being *excellent, very good, or good*, but unfortunately, the other half (50.9%) consider their health to be only *fair or poor*.

- **Poor health affects social activities:** Over 40% reported that their current health impacts normal social activities with their family, friends, and others *all of the time or most of the time*.

- **Poor health affects employment:** Their decreased health also impacts their employment outlook as warriors cite mental health issues, difficulty being around others, and not being physically capable as the top three barriers to finding employment.

- **Warriors have a good support system as they deal with challenges:** More than 80% of warriors said there are people in their lives that they can depend on to help them when they really need it. These family members and caregivers continue to make major sacrifices while supporting the recovery of their warriors.

- **Desire for social engagement:** Over half of warriors (55.8%) have participated in at least one WWP activity within the past year, with *Warrior Engagement Events* and *Family Inclusive Events* having the highest participation rates. These events are extremely important to warriors because they provide an opportunity for warriors to interact with other veterans that share similar experiences and circumstances. Of the many resources and tools provided to warriors with needs, including health care provided by the Department of Veterans Affairs (VA) and prescription medications, interacting and talking with other veterans remains a top three resource for helping them to address their mental health concerns. These interactions, along with the many other benefits provided by the WWP programs and services, are vital to the rehabilitation and recovery of warriors as they seek to improve their current health, employment, and financial status.

While no single point of data can capture the needs and appropriate responses for the warriors who look to WWP for support, the figures above begin to tell a narrative that reinforces...
our organization’s belief that suicide prevention must move beyond the healthcare/crisis management model towards an integrated and comprehensive public health approach focused on resilience and prevention. A multi-disciplinary approach to treatment – whether clinical, community-focused, or a combination – is required.

Factors that Lead a Veteran to Crisis

Given the prevalence of mental health challenges among the warriors we serve through direct services and partnerships, mental health programs are WWP’s largest programmatic investment – in 2018, WWP spent $63.4 million on our mental health programs. Based on our experience as a program provider and a partner to others in the community who are addressing veteran mental health in a variety of ways, WWP can attest to what we know – and what we have learned from others – about the individual, relational, and societal factors that can lead a veteran to crisis.

The Department of Veterans Affairs has identified several risk factors in its National Strategy for Preventing Veteran Suicide that should be guideposts for the community. VA appropriately states that a prior suicide attempt, mental health status, availability of lethal means, and stressful life events are characteristics associated with a greater likelihood of suicidal behavior. Stated differently, it is a combination of factors that can lead to a crisis. Pre-existing psychiatric conditions, like depression and/or PTSD, are risk factors, but in addition there may be significant life stressors related to occupational functioning, relationships, the ability to live independently, or chronic medical conditions that a veteran has difficulty managing. Chronic conditions such as pain, sleep difficulties, and/or financial problems can wear down resolve. Sudden psychosocial changes such as a deterioration or dissolution of a relationship, sudden change in family dynamics (i.e., child custody) or job loss may all play a role in psychological crisis – especially when they occur suddenly and exceed the veteran’s ability to cope.

Fortunately, our community has a growing understanding of protective factors that can help mitigate stressors. Access to mental health care, positive coping skills, and social connectedness are similarly addressed in VA’s National Strategy for Preventing Veteran Suicide as being characteristics associated with a lesser likelihood of suicidal behaviors. As WWP has testified previously, mental health treatment works, but every individual has unique needs, and there is no one-size-fits-all solution.

Suicide prevention cannot just be about saving someone’s life when they are in crisis; it must be about creating a life worth living. Our end goal is continual engagement until the warrior is far enough in their recovery to “live our logo” (i.e., help carry a fellow warrior). Although WWP has over a dozen free programs and services for veterans, two in particular are addressing risk factors – social isolation and poor physical health – through nontraditional methods that are improving overall health and wellbeing, and helping insulate veterans from reaching a crisis point.
In-Focus: WWP’s Alumni Program & Combatting Isolation

Whether because of psychological (“invisible wounds”) or physical (“visible wounds”) trauma or a combination of both, every warrior who registers with WWP is provided with a unique path of individual and collective recovery that he or she can pursue through our direct services and other support networks. While there is no predetermined path for each warrior registering with WWP, a warrior’s first engagement with our organization is often through our Alumni Program. While in the military, many service members form bonds with one another that are as strong as family ties. WWP helps re-form those relationships by providing warriors opportunities to connect with one another through community events and veteran support groups housed within this program. WWP also provides easy access to local and national resources through outreach efforts and with the help of partners like The Travis Manion Foundation, The Mission Continues, Team Red White & Blue, Team Rubicon, and over 30 other funded partner organizations. Though most events are warrior-focused, WWP also hosts a variety of family-based activities.

While engagements may range from recreational activities and sporting events to professional development opportunities and community service projects, the Alumni Program was formed with an appreciation for the fact that a desire for post-service camaraderie is what often brings veterans to our organization. In this context, our Alumni Program focuses on engagement and connection and not simply the activity or event itself. We diversify our connection-focused offerings in regions to attract a wide variety of warriors and families, and it is through these events that they develop a relationship with the organization and trust WWP to help resolve more challenging and personal obstacles in their rehabilitation and recovery. Our organization averages more than 11 engagements like this every day.

Everything WWP does, including initial or ongoing participation for warriors in the Alumni Program, is focused on creating a life worth living with a purpose, thereby creating a protective fabric in the battle against veteran suicide. The Alumni Program’s value becomes clearer when we conceptualize WWP “membership” and engagement as a possible first step in recovery for those seeking or in need of help. Obstacles to seeking mental health care support may be difficult to overcome, especially when amplified by stigmatizing messages. In many ways, these obstacles can seem monumental to overcome to veterans and serve to further isolate those who may already feel marginalized. A possible first step to overcome those hurdles is engagement with peers. During such peer engagement warriors may be exposed to peer testimonies that can, in turn, serve to break some barriers to seeking mental health care such as stigma. Engagements may also provide a specific strategy and action items that can assist the veteran in feeling empowered as they traverse a system that may feel complicated and foreign. WWP programs provide veterans with a specific path towards care and engagement in order to simplify their navigation in seeking care. Such paths may lead to career fulfillment, financial security, physical wellness, and other protective factors against suicide. Warriors may attend an engagement event to spend time with fellow veterans but may leave with newly acquired

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1 Being part of and engaging in a greater community improves motivation, health and happiness (Hall, 2014)
psychoeducational information and new friendships that empower them to take an additional step in their recovery.

Alongside the Alumni Program, WWP-sponsored Peer Support Groups are led by, and designed for, warriors who want to empower their counterparts with disclosure of personal challenges and how those challenges were overcome. This can create a new sense of belonging and normalize psychological symptoms and conditions. Peer Support Groups, which can be found in communities across the country, lead to new friendships, provide a renewed sense of community, strengthen bonds through shared experiences, and introduce new solutions to challenges. WWP trains Peer Support Group leaders to facilitate productive discussions and maintain a safe, judgment-free environment for warriors. These groups not only serve as “force multipliers” for our organization but also assist WWP with identifying individuals in crisis.

Meaningful relationships are vital to the success of warriors’ transitions back into civilian life, and suicide is best combated through preventive measures such as providing mental health programs, connection opportunities, and pathways to build confidence and a sense of purpose. We must be proactive when engaging warriors and showing them how their lives matter in their homes and communities. Offerings like WWP’s Alumni Program and Peer Support Groups provide avenues to recurring engagement and a way to stay connected prior to a crisis.

**In-Focus: Physical Health and Wellbeing**

Consistency with physical activity has proven to have a myriad of benefits to include improved mood, short and long-term memory, mobility, decision making, and self-esteem, while lessening symptoms of anxiety, stress, depression, use of medications, and pain. The impacts are so pronounced and validated that mental health professionals often prescribe daily exercise in conjunction with other treatment modalities. There is no shortage of outdoor experiential activities such as surfing, rock climbing, and mountain biking targeted for veterans afflicted with PTSD. For these reasons, WWP offers its own programs and unites with others, including VA, to provide and promote physical health and wellness opportunities.

- **Adaptive Sports:** WWP will be supporting the VA’s Summer Sports Clinic as the primary sponsor in San Diego this September, a weeklong experience offering veterans the opportunity to engage in instruction with cycling, surfing, kayaking, sailing, and adaptive CrossFit. Adaptive sports programming has long been used to reengage a veteran with a sense of community, team, spirited competition, and a sense of pride. WWP’s adaptive sports team aims to expose veterans to a variety of sports, while also connecting them to resources in their community to continue regular play. This focus on long-term involvement, support, and accountability is critical as episodic experiences will only provide short term impacts to mental health.

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2 When individuals feel connected to others, they are less isolated and as a result may come to the realization that they are not alone in their suffering or that others may have experienced similar challenges (Hall, 2014).

3 Psychological distress (i.e., depression) has been correlated with stronger negative reactions to social interactions, which may lead to further isolation (e.g., Gotlib, Kash, et al., 2004; Mogg & Bradley, 2005).

4 Interpersonal interactions can have a strong impact upon one’s cognitions, emotions, and behaviors (Baumeister & Leary, 1995).
• **Social Community and Confidence**: Soldier Ride is an adaptive cycling program that allows veterans to ride alongside fellow injured service members and reclaim their confidence and mental fortitude in a supportive environment. Cycling offers a low-impact opportunity to reengage with physical activity and experience the improvements in mood created by exercise and a positive social network. Mountain biking and the ride modalities of ski and snowboard are devoted to improving a participant’s skill, while enhancing focus, confidence, and self-esteem. The additional value of exposure to nature has shown a strong correlation to mood enhancement. Ride groups develop social networks that provide long-lasting camaraderie, motivation, and a shoulder to lean on when needed.

• **Coaching and Ongoing Support**: WWP’s Physical Health and Wellness program engages veterans in a 90-day coaching experience that commences with four days of intensive instruction for fitness, nutrition, mindfulness, and sleep. Through the SMART Goals process, warriors identify their purpose, and why a healthy lifestyle is important to them. Biweekly check-ins with their coach ensure adherence to goals, adjustments when necessary, and a mechanism of support that improves accountability. While many seek out this variety of programming for physical outcomes, they are pleasantly surprised at the immediacy of improvement to mental wellbeing. Collaboration with the VA’s Whole Health initiative affords veterans additional resources, ongoing support, and a more impactful treatment strategy with their primary care team.

As these programs and engagements illustrate, WWP embraces a holistic approach to overall wellbeing. Even though our mental health services represent our largest programming spend, we continue to build and invest in other programs that complement our mental health offerings and even serves as a bridge to more direct mental health engagements. Warriors most often reach out to WWP for help accessing VA benefits, but once they have registered and become more familiar with our other services, mental health programs emerge as the top internal referral destination. As such, we encourage the Committee to take a wide and comprehensive view of what helps veterans not just survive but thrive in their communities.

**Approaching Suicide Prevention as a Community**

Conceptualizing a community approach to suicide prevention should reflect another key insight from VA’s *National Strategy for Preventing Veteran Suicide* – that not all veterans have the same risk for suicide. Prevention strategies are most effective when considered alongside the risk factors they are addressing. VA and the National Academy of Medicine illustrate prevention strategies as falling into three levels (universal, selective, and indicated) that match risk, and community actors can and should follow this model to tailor programs to meet the needs of all veterans, some veterans, or relatively few individual veterans. Similarly, it cannot be overstated that although risk variables can be identified, the depth and breadth of their impact may be individualized to that person.
In this context, WWP can attest that there is a huge collective effort underway to decrease suicide among veterans. VA alone has an organized national strategy comprising primary, secondary, and tertiary prevention approaches, and mandating a trained Suicide Prevention Coordinator at every VA medical center. The Center for Disease Control (CDC) has published comprehensive recommendations aimed at preventing all suicides (not making a particular distinction between veterans and non-veterans), including changes to economic policy, social and educational programs, and mental health services nationwide. Approaches from VA and CDC should soon become more aligned with other federal agencies following the recent launch of the President’s Roadmap to Empower Veterans and End the National Tragedy of Suicide (PREVENTS) task force.

In the private and non-profit sectors, several networks have been developed to meet the mental health needs of veterans in their own communities over the past several years. These networks include WWP’s Warrior Care Network, the Cohen Veterans Network, and the Headstrong Project among others. Each of these organizations provide direct clinical care to veterans at various locations around the U.S., and suicide prevention is an implicit aim (although the central mission is more one of overall mental health and well-being). Meanwhile, coalitions like the Bush Institute’s Warrior Wellness Alliance are focused on convening organizations with limited individual reach in order to build collective input for wider application, extend impact to a broader population, and optimize the support and services available to veterans and their families.

As an example, WWP is proud to offer programs to more than 130,000 registered veterans and service members; however, this population is just a fragment of post-9/11 warriors who may need help. Since September 11, 2001, more than 2.7 million brave men and women have been deployed to protect our nation’s freedom and according to the National Center for PTSD, more than 500,000 service members have been diagnosed PTSD as a result of traumatic war-time experiences (e.g. combat, motor vehicle accidents, military sexual trauma). For these reasons, WWP joined the Warrior Wellness Alliance in order to amplify the reach of empowerment for post 9/11 warriors. The member organizations that comprise the alliance come together to discuss innovative ways to reach warriors and meet their needs. This passionate group is tasked with not only devising innovative ways to meet current warrior needs, but addressing potential future needs to come as the population continues to age and conditions worsen.

As the greater community becomes more aligned, it currently stands that a component of all suicide prevention strategies is efficient access to effective interventions for the various factors that correlate to increased suicidality of which mental health is one. Mental health access needs to be available through varied settings and providers as people at risk of suicide are unlikely to persist in navigating the complex mental health system. By providing a community of providers through VA, the Department of Defense, and civilian providers, we can establish “no wrong door” for accessing effective interventions.

In-Focus: State, Local, and Social Media Collaboration (Universal Strategy)
Veterans struggling with mental health issues like PTSD, depression, and anxiety may find themselves on a path to self-destructive coping behavior and isolation. These barriers to seeking care are enhanced by stigma that still surrounds mental health treatment. While many in the community are familiar with facts and figures around suicide, the truth is that the actual numbers are illusive at best, given for example premature deaths from high risk-taking behavior, which one could conceptualize as being suicidal in nature.

A critical step is getting organizations across the country to engage and extend a much-needed dialogue regarding suicide. For the last three years WWP has coordinated a Facebook Suicide Awareness Live event, during suicide awareness month (September). We have partnered with subject matter experts from the VA, DoD and Bush Institute. The event encompasses panel discussions describing warning signs, stigma, strategies for discussing suicide prevention as well as veteran experiences. A panel of veterans discuss how their challenges and experiences led to their engagement with programs at WWP, VA and DoD. In 2018, our broadcast reached over 139,000 individuals, and we hope to reach even more in 2019.

As WWP increases its exposure through presentations at various platforms to various audiences (i.e., conferences), we are increasingly viewed as a community resource and are invited to continue our engagement in this much-needed discussion. For instance, WWP has been invited to present multiple times at Governors and Mayors Challenges and the VA/DoD Suicide Awareness Conferences. These presentations have led to additional meetings to at the state level. For instance, WWP is scheduled to meet in Austin with the Texas Governor’s challenge team to discuss partnership and collaboration between Texas Governor’s Challenge to Prevent Veteran Suicide and WWP.

**In-Focus: WWP’s Warrior Care Network & Partnering with VA (Selective Strategy)**

Within WWP’s Continuum of Mental Health Support programming, warriors needing intensive treatment for moderate to severe PTSD can take part in the Warrior Care Network. This innovative program is a partnership between WWP and four national academic medical centers (AMCs): Massachusetts General Hospital, Emory Healthcare, Rush University Medical Center, and UCLA Health. Warrior Care Network delivers specialized clinical services through innovative two- and three-week intensive outpatient programs that integrate evidence-based psychological and pharmacological treatments, rehabilitative medicine, wellness, nutrition, mindfulness training, and family support with the goal of helping warriors survive and thrive.

Through these two- to three-week cohort-style programs, participating warriors receive more than 70 direct clinical treatment hours (e.g. cognitive processing therapy, cognitive behavioral therapy, and prolonged exposure therapy) as well as additional supportive intervention hours (e.g. yoga, equine therapy). This is the equivalent of an entire year’s worth of therapy in two to three weeks. Warrior Care Network providers and therapy protocols are having exceptional results resulting in significant reductions in PTSD and depression symptoms that translate into increased function and participation in life. Eighty-three percent of patients arrive with severe to moderate PTSD and leave with symptoms in the minimum range, and the program is seeing similar results with depression. The completion rate for patients is greater than 90 percent – forty points higher than the national average. Through WCN, veterans receive world-
class care from their providers while building relationships with each other that offer the potential for long-term peer support. Warriors report greater than 95 percent satisfaction rates – agreeing that they would tell their friends about the experience. This greatly helps in destigmatizing the act of seeking mental health care.

Each AMC also has specific programming for caregivers and family members at some point during the intensive outpatient program, including family weekend retreats, psychoeducation, or telehealth communications. For example, UCLA’s Operation Mend PTSD track includes three weeks for both veterans and caregivers to go through treatment and psychoeducation sessions. This provides caregivers with clinical outlets, as well as in-depth knowledge of PTSD symptoms, effects, and the recovery process. Family and caregiver support is extremely important to WWP, and our Warrior Care Network includes support for these groups to ensure they are fully informed on their warrior’s therapy protocol and are poised to support their warrior’s long term mental health care.

Providing warriors with best in class care that combines clinical and complementary treatment is still only part of the Warrior Care Network’s holistic approach to care. While AMC’s provide veteran-centric comprehensive care, aggregate data, share best practices, and coordinate care in an unprecedented manner, a Memorandum of Agreement (MOA) between WWP and VA has been structured to further expand the continuum of care for the veterans we treat. In February 2016, VA signed this MOA with WWP and the Warrior Care Network to provide collaboration of care between the Warrior Care Network and VA hospitals nationwide. VA provided four part-time employees at each AMC to act as liaisons between each AMC and VA, spending 1.5 days per week at their respective sites to facilitate coordination of care and to meet with patients, families, and care teams. Each VA liaison facilitates national referrals throughout the VA system as indicated for mental health or other needs, but also provides group briefings about VA programs and services, and individual consultations to learn more about each patient’s needs. Because of the immense impact recognized by all network partners, in November 2018, that MOA was renewed with a growing commitment from VA – VA created four full-time billets for liaisons at each AMC to enhance their contribution to the partnership. All told, this first-of-its-kind collaboration with VA is critical for safe patient care and enables successful discharge planning.

As the Committee considers ways to improve accessibility of mental health care and to increase collaboration between VA and community providers, it is important to remember that clinical referrals most often occur between healthcare providers at the individual level. To the extent that external, innovative models of care like the Warrior Care Network and other such organizations may be more beneficial to an individual veteran, education could be provided at the system level and filter down to the clinics and providers from which referrals are most likely to originate. A coordinated information campaign to inform healthcare providers would be helpful in increasing the likelihood of veterans accessing available resources, particularly as VA’s new Veterans Community Care Program continues to take shape and build networks of care that are responsive to the medical needs of our nation’s veterans.

Creating a Model for Community Collaboration
There is an old proverb, “If you want to go fast, go alone; but if you want to go far, go together.” WWP knows no one organization can fully meet veterans’ needs. To this end, we proudly partner with other organizations to help our nation’s wounded warriors. Since 2012, WWP has granted $88 million to 165 other veteran and military service organizations. In FY 2018 alone, we invested nearly $15 million in additional impact through grants to 34 partner organizations in support of our warriors and their families. These efforts reflect the value that comes with working with others to harness subject matter expertise, reach a greater number of injured veterans, and provide a more comprehensive network of support.

As a community of service organizations, we each focus on complementary initiatives across missions (sometimes, generations) and together we are forging partnerships, providing cross-referrals and providing a stronger, expanded network of support. When assessing potential partnerships, WWP evaluates existing and potential partners based on how a program complements WWP by:

- **Filling a gap in WWP direct services** by providing a program or service WWP does not offer;
- **Augmenting WWP direct services** by doubling down on services that are in high demand;
- **Amplifying messaging** around issues affecting post-9/11 wounded/ill/injured veterans, caregivers, and their families;
- **Building relationships and collaboration** with organizations serving veterans and families;
- **Growing small organizations with potential** that can have the ability to scale and offer innovative programming.

Although no WWP partnerships specifically address suicide prevention with indicated strategies, several are addressing risk factors or promoting protective factors. As the committee considers ways to leverage current community networks, the following illustrative examples may provide helpful inspiration drawn from ways WWP has helped develop networks of its own for the benefit of warriors and those who support them.

- **Tragedy Assistance Program for Survivors (TAPS):** In coordination with WWP’s mental health programming team, a new 2019 grant will support two Intensive Clinical Programs conducted in partnership with Home Base at Massachusetts General Hospital for survivors who experienced severe trauma after witnessing their loved one’s suicide or experiencing the postmortem discovery of their loved one's body. In order to help inform WWP’s suicide prevention programming we will learn what activities and crises lead up to a warrior’s suicide.
• **Boulder Crest**: In coordination with WWP’s mind team, the grant will support 4 Warrior PATHH (Progressive and Alternative Training for Healing Heroes) Retreats, an 18-month nonclinical program, designed to cultivate and facilitate Posttraumatic Growth amongst those struggling with PTSD and/or combat stress, that begins with a 7-day combat stress recovery retreat for warriors.

• **Combined Arms**: WWP funding supports Community Integration for warriors and their families in Houston, TX. In this veteran-dense area (300,000+ veterans), warriors and families are linked to local and national resources via a connection hub that provides assistance with employment, finances, homelessness, volunteerism, and health & physical activities. The availability of these resources empowers veterans to live fulfilling lives and stay connected in their community. More than 50 organizations and agencies have joined their collaborative.

• **The Mission Continues (TMC)**: Funding has supported expansion and development of community Service Platoons across the country and the community service Fellowship Program, which is now the Service Leadership Corps. TMC has grown to 84 active service platoons with 48 of those platoon leaders being WWP Alumni. TMC now has a total network of 55,009 (31,720 veterans/military members/23,289 non-veterans).

Pursuing partnerships like those listed above has helped WWP form a unique perspective among veteran service organizations. While we continue to make the largest impact on individual lives through our own programs and services, we can help other organizations do the same through grants and partnerships. Like WWP, many are learning more about the military and veteran populations they serve through sharing best practices, cross collaboration, and increased interaction with the community. Various organizations have even channeled that experience into advocacy. As the Committee considers legislation to allow VA to continue along a similar path with more organizations, WWP can confidently attest to the value of taking a community-wide approach to addressing the full spectrum of challenges veterans and their families face.

Lastly, it is important for the Committee to know that our approach to grants and partnerships has evolved over time and currently reflects WWP’s engagement in leading research in the military-veteran community. Together with the Henry Jackson Foundation (HJF), and partners from the public and private sectors, WWP has funded a longitudinal study of transitioning veterans to better understand the components of well-being and the factors necessary for ensuring a healthy military-to-civilian transition. This study – The Veterans Metrics Initiative – follows a cohort of veterans over the first three years of their transition from military to civilian life. Six comprehensive surveys are being administered at six-month intervals (Waves 1-6) over the course of the three-year period. Each survey assessment is recording participant well-being across four domains: health (mental and physical), vocation (education and career), finances, and social relationships. Participants also identify transition assistance programs they used, if any. Following each assessment, the research team is identifying changes in well-being across various demographic groups, analyzing transition assistance programs identified to distill them into their common components, and examining links between common program components used and well-being outcomes. The TVMI study
suggests that there are four components of well-being: Social Relationships; Health; Finances; and Vocation. WWP’s investments for direct services and programming are considered and categorized on this evidence-based criteria, and we engage WWP’s metrics team to measure our collective work and outcomes.

Additional Recommendations for Policy Change and Oversight

In addition to efforts to facilitate more effective and efficient collaboration between VA and veteran networks, the Committee should consider the following recommendations that have potential to boost new and ongoing efforts on initiatives in the community.

First, the Committee should maintain oversight of VA MISSION Act-authorized permission to use value-based reimbursement models to enhance mental health care quality. Section 101(i) of the VA MISSION Act allows VA to incorporate value-based reimbursement principles to promote the provision of high-quality care, and this permission can and should be used to help encourage innovative models in physical and mental health treatment. While the health care industry has embraced bundled payment approaches to address episodes of care for hip surgery, diabetes, stroke, cancer treatment, and others, VA lags behind. The expanded migration of this practice to mental health would allow VA to be a pioneer in an area where veterans are catastrophically suffering and drive the wider mental health care industry towards better quality and more cost-effective outcomes. Whether care is ultimately provided at VA or with a community-based provider, policies like this can ultimately serve to increase the volume of providers and the quality of care they are providing.

Similarly, Congress should take steps to embrace innovation in care delivery and payments. Section 152 of the MISSION Act authorized – and VA has since established – a Center for Innovation for Care and Payment to develop new, innovative approaches to testing payment and service delivery models to reduce expenditures while preserving or enhancing the quality of and access to care furnished by VA. As the steward of taxpayer dollars dedicated to the health and well-being of veterans, Congress has a vested interest in tracking the developments of this center and encouraging action and partnership with the private sector on successful, scalable models of both care and payment.

Lastly, WWP encourages the Committee to dedicate resources for biomarker research. Specifically, WWP recommends that emphasis be placed on biomarkers for PTSD, TBI, anxiety, and depression – challenges that face a significant portion of warriors who reach out to WWP for help. Private sector initiatives are already underway, including work being performed and funded by Cohen Veteran Bioscience (CVB) to fast-track the development of diagnostic tests and personalized therapeutics for the millions of veterans and civilians who suffer the devastating effects of trauma to the brain. Recent research published in Science Translational Medicine and funded in part by CVB, identifies a PTSD brain imaging biomarker5. This biomarker is important because it may help determine which people with PTSD will respond to PTSD first-line treatment of behavioral therapy, and which individuals with PTSD who don’t

respond to first-line treatment but may respond to other options. This personalized approach will help connect people to the right PTSD treatment sooner. WWP supports continued research and collaboration into biomarkers for mental health and traumatic brain injury treatment. VA would be an integral partner to work already being done in the community.

**Conclusion**

Wounded Warrior Project thanks the Senate Committee on Veterans’ Affairs, its distinguished members, and all who have contributed to the policy discussions surrounding today’s discussion about veteran suicide and the power of veteran networks to address this challenge. We share a sacred obligation to serve our nation’s veterans, and WWP appreciates the Committee’s effort to identify and address the issues that challenge our ability to carry out that obligation as effectively as possible. We are thankful for the invitation to submit this statement for record and stand ready to assist when needed on these issues and any others that may arise.
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COMMUNITY PARTNERSHIP HIGHLIGHTS

OUR IMPACT

WWP provides direct programs and services to wounded veterans, family members and caregivers – we’re also empowering other organizations to do the same.

$88 MILLION

TO

165 ORGANIZATIONS

There’s an old African saying, “If you want to go fast, go alone; but if you want to go far, go together.” WWP knows no one organization can fully meet veterans’ needs. To this end, we proudly partner with other organizations to help America’s Wounded Warriors.

★ VA BENEFITS ASSISTANCE

$155 MILLION

• In conjunction with the Veterans of Foreign Wars (VFW), WWP filed an additional 14,904 claims securing over $155M in VA benefits for Warriors.

“Wounded Warrior Project recognized early on the importance of the Elizabeth Dole Foundation’s mission ... they have been loyal partners from the very beginning.”

Steve Schwab, executive director
Elizabeth Dole Foundation

★ DEVELOPING LEADERSHIP SKILLS

50K YOUNG ADULTS

• Trained more than 390 veterans as Character Does Matter mentors to help develop character and leadership skills in more than 50,000 young adults.

★ CAREER PLACEMENT

800 NEW CAREERS OPPORTUNITIES

• More than 90 veterans and spouses have been placed in careers or received a promotion after completing the Onward to Opportunity Program.

★ EDUCATING AND EMPOWERING

61 WORKSHOPS

• Hosted 61 Parent to Parent workshops that educated and empowered over 1,000 parents of military-connected children to be their child’s strongest advocate on educational and social issues.

“Wounded Warrior Project understands the complexities involved with military transition, which is precisely why they make such a great partner.”

Ryan Manion, president
Travis Manion Foundation

★ BUILDING RESILIENCY

1,200 MILITARY KIDS

• Sponsored 12 overnight camps, which served over 1,100 military kids, building social support and resiliency skills.
“Caregiver kids are forced to grow up quickly ... It’s an honor to work with committed organizations, like Wounded Warrior Project to create a path forward that makes these young heroes a priority.”

Joyce Wessel Reeser, executive director
National Military Family Association

|$6.9 MILLION |

TO

24 GRANTEES |

WWP funded partner organizations with grants totaling $6.9M to ensure this and future generations of wounded warriors have access to resources that meet their evolving needs.

In addition to the nearly $200M in direct programs and services – in 2018, WWP awarded funding to 24 organizations dedicated to helping our nation’s service members and military families.

Using evidence-based criteria from The Veterans Metrics Initiative, the Community Partnerships and Investments team ensures each of our grantees align with one or more of the four wellness components found to be the most necessary to ensure a healthy military-to-civilian transition.

FINANCES • HEALTH • SOCIAL RELATIONSHIPS • VOCATIONAL • ADVOCACY • PUBLIC AWARENESS

*Additionally WWP invests in efforts to make the public aware of warriors’ needs and advocacy efforts that will make a broad impact on veterans and their families. The Advocacy and Public Awareness components were added in the hopes to influence policy and legislation to improve services and benefits for the military-veteran community.