

Statement before the Subcommittee on
Economic Opportunity of the
House Committee on Veterans' Affairs
Field Hearing on

“Best Practices in Veterans Education and Transition to Civilian Life”

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Introduction

Thank you Chairman Arrington and Ranking Member O'Rourke for the opportunity to testify at this hearing.

By way of self-introduction, I am the Director of VetStar, the veterans division of StarCare Specialty Health System. StarCare is the Local Mental Health Authority for Lubbock and four other Texas counties; however, our program serves up to thirty counties in the Texas Panhandle and South Plains. I am also an Assistant Professor of Practice in the Political Science Department and the Director of Strategic Studies under the Texas Tech University's Institute for Peace and Conflict. I retired from the United States Air Force after nearly twenty-nine years of active duty, with combat tours in the air as well as on the ground during Operation DESERT STORM. I spent two years with the U. S. Army, two years at the U.S. Naval War College, with duty as a Professor of Strategy, and two years commanding a foreign F-16 fighter squadron from the Republic of Singapore. Following my retirement in 2009, I was the founder and first Director of the Texas Tech Military and Veterans Program. The observations in this testimony are a direct result of our work with veterans in our region through seven years of efforts in VetStar. My testimony does not reflect the official views of either StarCare Specialty Health or Texas Tech University; however, I believe my comments are consistent with the values and positions of those organizations.

VetStar was created to assist veterans by connecting them to the resources to make them successful in the next stage of their life. Over the years, we have narrowed our direct service focus to assisting those veterans who are struggling in their transition from military to civilian life, and provide referral assistance for all other areas of interest to our veteran population. Our focus, therefore, is "filling in the gaps" where the VA is unable to do so.

VetStar has four primary service lines; first, peer to peer services through the State of Texas Military and Veteran Peer Network, or MVPN. MVPN was created to provide a first-line of defense for the mental health challenges of Texas veterans. This program is funded through the Department of State Health Services, and administered by the Texas Veterans Commission. Next is a grant from the Fund for Veteran Assistance under the Texas Veterans Commission. This grant allows us to provide emergency financial assistance on a one-time basis to South Plains veterans who are experiencing a financial crisis. Additionally, we have a Supportive Services for Veterans and Families grant from the VA to provide assistance to veterans and families who experience homelessness, or are at risk of becoming homeless. Finally, we have a grant from the Texas Health and Human Services Commission to provide mental health under the Texas Veterans + Family Alliance program. We primarily target justice-involved veterans for this mental health grant.

VetStar also provides meeting space and chairs the monthly Veterans Resource Coordination Group (VRCG) meeting in Lubbock. The goal of the VRCG is to bring all veteran serving

agencies together on a monthly basis to identify gaps and/or excessive overlap in veteran services in our region, as well as provide a forum for education and information awareness. VetStar has a robust relationship with the MVP office at Texas Tech University, as well as Lubbock Christian University, Wayland Baptist University and South Plains College.

Because of my experience delivering services to veterans in transition, I created the model we use extensively at VetStar – the FASTRR model. The acronym is as follows: F- Find, A-Assess, S-Stabilize, T-Treat, R-Reassess, R-Reintegrate. The details are as follows:

Find – Veterans that struggle with their transition issues tend to isolate themselves. This is due to a variety of reasons, including trust and stigma issues associated with seeking assistance. Nearly all of them have someone in a trusted relationship; a spouse, a parent, a close friend etc. I consider them to be our “eyes and ears” in the community. Many times, the trusted relation knows the VA may be able to help, but they are generally unaware of community-based resources. Essentially, isolated veterans must be “found.” Unfortunately, one of the more common places to find them is in the local jails and detention centers, a result of some type of justice involvement. Substance use issues such as Public Intoxication, Driving Under the Influence, or Possession of a Controlled Substance are indicators of a veteran struggling with their transition, and indicators that the veteran is attempting to solve issues on their own. Our goal is to find them prior to justice involvement, or Intercept “0” in the GAINS Center Sequential Intercept Model.¹

Assess – Once a struggling veteran is identified, we want to assess for 1) Ideations of suicide, 2) Major substance abuse issues, and 3) Homelessness, or some combination of these. The initial assessment determines our course of action for appropriate intervention. This is essentially a triage operation, and it helps us develop a success plan to move the veteran forward with their life.

Stabilize – Stabilization is the foundation for therapeutic work, and it begins to empower our veterans to regain control of their situation. We utilize a VA developed program known as Seeking Safety to provide stability to veterans with co-occurring trauma and substance use issues. Seeking Safety is present-based therapy that is designed to keep you safe today, and in the future. It is highly scripted, and very effective. We prefer to have our veterans complete Seeking Safety prior to treatment, as it significantly improves their chances of successfully graduating the treatment program. Stabilization is also found through the Housing First model for veteran who are homeless. Once housing is secured, the veteran receives a “housing stability” plan that includes wrap-around services as needed.

Treat – Treatment is based on evidence-based therapies provided by the VA, or other local/regional providers if the veteran is not eligible for VHA services. There is significant stigma associated with seeking treatment, and we may start the veteran with Equine Assisted

¹ Substance Abuse and Mental Health Services Administration GAINS Center Sequential Intercept Model

Therapies to get them started. This non-traditional approach is highly effective in our service area.

Reassess – Coming out of the “treat” phase, or directly from earlier steps if treatment is not required, VetStar uses a unique 16-point veteran success plan to identify vulnerabilities and capitalize on veteran strengths in order to make them successful. We look at a variety of issues such as Health, Mental Health, Transportation, Employment, Family Support etc. to develop a tailored plan to maximize the probability of success for the veteran and their family.

Reintegrate – Arguably the most critical component of our model after FIND, our goal is to change the environment and alter the veteran’s perception of where they belong in our community. Programs such as VetLife and Team Red White and Blue give the veteran a chance to be with other veterans in a peer-based model. Without this critical step, the temptation is too great for the veteran to return to the same behaviors and locations that created the challenges. I strongly believe that reintegration can resolve many of the issues faced by the veteran, especially if it is delivered in a peer-based setting. One technique we use is a program called Task Force Lubbock, where we bring veterans together to do community service projects. The outcome is less about the service project itself, but rather focused on bringing veterans together for informal peer support (group therapy). Bluntly stated, our military was trained to break things and kill people; using those skills to create and repair is very therapeutic.

Understanding the concept of Stalled Transition - Stalled transition is a phrase I use to communicate the concept of a veteran struggling in their transition from military to civilian life. This struggle may be very brief, as it is for most servicemembers, or it may persist for decades due to personal struggles with PTSD, Moral Injury, MST, TBI or substance use issues. Using this term helps us understand the “hand-up” versus “hand-out” concept. The vast majority of “stalled” veterans require a relatively small investment to get them back into our society, including meaningful family relationships and gainful employment. The veteran is stalled, not permanently stuck or “broken” which is an especially harmful stereotype.

General Comments

The majority of our veterans transition from military to civilian life with few or no issues. Our observation in the South Plains service area is roughly 6% of our veteran population is struggling with their transition.² This means roughly 19 out of 20 veterans are being successful in their transition, with few or no issues. We should always keep in mind that the vast majority of veterans make superb students and employees, despite stereotypes that are placed upon them.

For those that struggle however, the “death spiral” can occur in the following manner:

- Veterans may be leaving the military with Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), Moral Injury or Military Sexual Trauma (MST) issues
- As a result, returning servicemembers may not relate to family and/or friends, and may struggle to identify and communicate their issues
- Inability to communicate, and reluctance to seek treatment can lead to self-medication,³ justice involvement, domestic violence⁴ and family breakup,⁵ job loss or rapid switching of jobs, loss of income and/or housing, and may lead to homelessness
- While the “spiral” is not the sole cause, tragically, 20 veterans die by suicide every day in our country

Our veterans have earned the right to be successful in their transition from the military, and especially to be successful as they pursue the educational opportunities they earned as servicemembers. A successful academic veterans program consists of many parts, such as recruiting and transition/orientation to the university, but the most important task, in my assessment, is retaining the veterans in academic or other training programs. Dropping out can occur for a variety of reasons, but if the veteran is experiencing “stalled transition” then community partnerships with organizations capable of applying appropriate interventions are essential. Traditional university programs, such as student counseling services, are typically quite good, but they may lack the cultural competency and timeliness to effectively address issues such as TBI, MST, PTSD, or moral injury.

Veterans who experience stalled transition may not have symptoms until several months after they separate from the military. If symptoms develop during their educational experience then they may be isolated from necessary support structures. Successful intervention begins with the ability to FIND the struggling veteran, through eyes and ears in the community, organizational

² We define struggling as Homeless, or at Risk of becoming Homeless, Justice-Involved, Ideations of Suicide or Major Substance Abuse issues.

³ Self-medication is widely used, but not an accurate term. Using substance for emotional control is more accurate

⁴ Families of Veterans with PTSD have more family violence, verbal aggression, and female partners of Veterans with PTSD reported perpetrating more acts of family violence than did their partners. Retrieved from https://www.ptsd.va.gov/professional/treatment/family/partners_of_vets_research_findings.asp

⁵ Approximately 38% of Vietnam veteran marriages failed within six months of the veteran’s return from Southeast Asia. Similar trends are occurring with veterans of our current wars.

relationships and family resource awareness. VetStar's close working relationship with the Texas Tech University MVP office allows for near seamless awareness and coordination to address challenges, and intervention as required to preclude the veteran from leaving the university. This may be as simple as emergency financial assistance, or more complex challenges may present, and required more in-depth interventions. The VetStar process in place today is relatively effective, but it is a reactive process, relying on many different agencies to get the struggling veteran to our services. As a result, far too many veterans are falling through the cracks and, tragically, wind up in some portion of the death spiral.

Looking Forward

My recommendations to this committee on improving both educational outcomes for veterans, and community success outcomes in general, fall into four categories:

- Community Transition Programs
- Community Awareness
- Peer Support
- Rural Challenges

Community Transition Programs (Boots to Roots): One of the perils of an all-volunteer force is that communities are not well equipped to deal with the challenges a servicemember may face upon their return to the community, and veterans are unaware of the resources available to them if they do find themselves in the spiral. The Department of Defense does a remarkable, and unrivaled, job of training warriors to go to war; however, training them to come home again is marginal at best. The skill set that keeps you alive in combat, such as heightened arousal, hostile appraisal of events, making quick, unilateral decisions, sticking to the mission, and keeping your emotions sealed away are not good skills once you return home. Many veterans who face stalled transition issues find themselves on a new battlefield upon their return; one they were not trained for. The Boots to Roots concept has three components: First, an awareness of who can provide peer support in the community, and the associated mental health, employment, education and other resources; and second, a process to assist in “detuning” or desensitizing the limbic (mid-brain) psychological training that many of our warriors go through during their initial training in the military.⁶ Finally, for those intending to pursue advanced education, or anyone exposed to

⁶ For additional discussion on this issue see *On Killing* by LTC Dave Grossman. The U.S. military used psychological “reprogramming” training techniques to raise killing rates from 15% in WW II to 95% in Vietnam

IED blasts, an eye exam⁷ to identify and correct any vision problems that may preclude their success in the classroom.

Community Awareness (Communities of Courage): We are an all-volunteer force, and have been since 1973. This has resulted in a civil-military divide as a consequence, and many communities are unprepared to comprehend and manage the challenges of a returning warrior force, especially when it comes to PTSD, Moral Injury and TBI issues. Communities naturally want to honor their warriors upon their return with a Support the Troops bumper sticker, or annual parade, but the community must invest in their returning warriors. Those who struggle, isolate, and wind up justice-involved should find compassionate and culturally competent options in the community, including specialty courts known as Veterans Treatment Courts (VTCs).⁸ America's conflicts are morally ambitious around the world, but to those who fight them, especially in counter-insurgency operations, they can be morally ambiguous. We tend to view World War II as our "touchstone" war, yet today's conflicts bear very little resemblance to that war. Much of our nation's perspective, good or bad, is delivered via Hollywood, or social media, and lacks the comprehension of what it means to serve in today's military. Communities can spend enormous sums of taxpayer dollars addressing the challenges from a traditional justice perspective; instead, the focus should be on understanding and treatment, which can reduce recidivism significantly. Formal studies are sparse, but my experience shows that only 6% of veterans engaged by VetStar in our justice-involved program will re-offend. A 2016 National Institute of Justice survey found just one court reporting any recidivists, and preliminary 11.4% recidivism rates compared to 66% via traditional criminal court processes.⁹ These data are very preliminary, but the VTC is modeled after the successful National Association of Drug Court Professionals model, and shows good promise to date.

Once a servicemember separates from the military and returns to the community, the community "owns the challenge." Conversely, the community reaps the dividends from getting the veteran back on step and involved in the community. Communities can facilitate the veteran's involvement with other veterans by providing peer support drop-in centers that can begin the important dialogue.

One final observation regarding the community is that I frequently hear professionals (Social Work, Mental Health and others) lament the fact that they want to help, but the veteran typically won't respond to their "traditional" methods of engagement. To combat this, I have created a

⁷ See the VA's Clinical Recommendation for Eye and Vision Care following Blast Exposure and/or Traumatic Brain Injury Retrieved from

https://www.va.gov/optometry/docs/VCE_OMS_Eye_Care_Provider_CR_11FEB2015_FINAL.pdf

⁸ Justice for Vets, a division of the National Association of Drug Court Professionals, has established training and standards for Veterans Treatment Courts

⁹ Hartley, R., & Baldwin, J. (2016). *Waging War on Recidivism Among Justice-Involved Veterans: An Impact Evaluation of a Large Urban Veterans Treatment Court*. Criminal Justice Policy Review retrieved from <http://journals.sagepub.com/doi/abs/10.1177/0887403416650490>

Veterans Studies program here at Texas Tech to help develop the cultural competencies needed to help our workforce understand the “lifecycle” of our military, including recruitment, boot camp, military life, deployment and redeployment and all the associated traumas that may be encountered along the way. This class is in its first offering this semester, but the challenges will be with us for decades to come. I think it is a valuable investment for our current and future workforce.

Peer Support: The VetStar model is based on a Search and Rescue concept; very familiar to most of those who served in the military. Our greatest strength is the direct veteran to veteran contact to build trust, and then trust by extension into culturally competent service providers. Once a veteran is “found” we provide the peer support necessary to get the struggling veteran headed in the right direction. This may begin with a casual conversation over coffee, or may require direct intervention in support of a law enforcement or crisis team response to a veteran in full crisis. Understanding developed by someone who has “been there, done that” even with different branches of service, or different eras of service is an important step in gaining the trust of the struggling veteran. Virtually every step we take in VetStar begins with the all-important peer to peer connection. Peer support must be recognized by both the VA and the community as an essential element of success for servicemembers upon their return.

Rural Challenges: The Department of Defense perfected recruiting in the rural areas; this is generally considered to be beneficial economically as job markets in rural areas tend to be less flexible. Military training opportunities can bring technical skills to a population that may typically find them unavailable. The challenge, however, is delivering services to rural veterans once they return to their communities. Many non-scientific studies estimate the percentage of rural recruits to be somewhere between 35% and 44% of the total military population. Many exceptional programs, such as the highly successful Welcome Back Veterans (WBV) program, are found exclusively in urban areas.¹⁰ In our area, fewer than 40% of eligible rural veterans access their care through the VA system.¹¹ VetStar has formed a collaborative with the Texas Tech University Health Sciences Center’s F. Marie Hall Institute for Rural Health to leverage state of the art telemedicine capabilities into veterans residing in a twenty-county rural area of the South Plains in an effort to overcome this lack of access to VA care. VetStar provides “Pathfinders” and the Institute for Rural Health provides the telemedicine.

In short, every man and woman who put their hand in the air to volunteer to serve their country deserves the same level of services upon their return; it is more difficult to provide those services in rural areas.

¹⁰ See the excellent discussion about WBV from RAND Corporation retrieved from <https://www.rand.org/health/projects/wbv.html>

¹¹ Retrieved from VA National Center for Veterans Analysis and Statistics GDX_16 data set

Conclusion

Our veterans have earned the very best possible education opportunities that we can provide for them. A smooth transition from military service to the civilian world is essential for veterans to take full advantage of the opportunities provided through our country's commitment to our military forces, past and present. We can overcome transitions that have stalled. My experience has taught me that our communities must be engaged in this transition; the VA cannot do it alone. Programs such as Communities of Courage and Boots to Roots as well as Veterans Studies workforce training can fill the gaps that exist today. We are not victims; we are not broken. But, occasionally, we will need a hand-up to get us fully transitioned into the civilian world.

Thank you for this opportunity.