

Commission Report



submitted by the

New Hampshire Legislative
Commission on Post-Traumatic Stress Disorder
(PTSD) and Traumatic Brain Injury (TBI)

Chapter 115-D, Law of 2011

January 2014

Commission on PTSD and TBI

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NH Legislative Commission on PTSD and TBI

Report

Issue Overview

New Hampshire has the 5th highest veteran population (per capita) in the United States. Veterans account for almost 11% of our State's population. Our State has many citizen soldiers (1,099 NH Air National Guard members, 1,720 NH Army National Guard members, in addition to Reservists across all other branches), wounded warriors, veterans from all eras, and their families. We have local communities, facilities, professionals and organizations able to provide health services for veterans, particularly for Post-traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI).

Yet, the health needs of many veterans in our State are going unmet.

Barriers to care

It has long been proposed that when a veteran is struggling, he or she may prefer to talk to another veteran about his or her challenges. The results of Survey Helping to Advance Recovery Efforts (SHARE), a survey that was responded to by 1,170 NH Veterans (1/3 of whom identified as Post 9-11 era and 1/3 of whom identified as Vietnam era), validated this sentiment. The unique task of meeting their clinical needs was captured in the survey by veteran selection of "I have not felt understood by the providers I have met" as being among the top barriers to their obtaining services.

Veterans, of course, do seek health services from non-veteran providers with general success. However, the greater challenge comes when the injuries are invisible, and the struggles deeply personal. The challenge of stigma with regard to disorders of mental health and TBI are not unique to veterans, but the trauma of combat, war, and the experience of military culture is exclusive to a small fraction of the population. When the risk for misguided inference is twofold, as both a veteran and a person with a mental illness or TBI, it comes as no surprise that stigma was identified by SHARE as the number one barrier to treatment across all eras of service.

A TBI is an injury that disrupts normal brain functioning, often resulting in physical, cognitive, behavioral and mental health disability. TBI, while not a mental health condition, often comes packaged with symptoms of PTSD. Roughly two-thirds of all documented combat wounds, from the wars in Iraq and Afghanistan, are the result of blasts from improvised explosive devices (IED's). As a result, TBI has become the "signature injury" of these conflicts and a substantial contributor to the development and struggle with depression and PTSD facing our veterans. With no outward physical signs and deeply intertwined symptom profiles, differentiating between TBI and PTSD is complicated and sometimes impossible. The challenge of diagnosis, the unique nature of the military experience, and the stigma of invisible wounds make for a difficult link to services for the veteran living in their civilian community.

A common misconception is that all veterans receive their medical care through Veteran Administration (VA) facilities. The truth is, not all veterans are eligible for care at the VA, and many

choose not to seek care there. Of the 113,094 veterans residing in New Hampshire, only 42,747 are enrolled in the VA; of those enrolled, only 28,730 receive their health care there (Veterans Administration, FY 2012). SHARE respondents highlighted several concerns with the Veterans Administration, including limited services, inconvenient hours of availability, and complications in accessing services.

Navigating a complicated VA system is only part of the problem for veterans in New Hampshire. A multitude of community services, civilian providers and healthcare entities are accessible and available for veterans. However, navigating these systems can be equally challenging. Communication and coordination between community providers and the VA, as well as other service agencies, can often be difficult and often unmanaged. For the outside provider, working with the VA and military health insurance, such as Tricare, comes with debilitating administrative demands for paperwork, and oversight that is unappealing and poorly reimbursed. Responses provided by civilian psychologists to a survey conducted by the New Hampshire Psychological Association (NHPA) indicated that the vast majority of respondents were willing and interested in treating veterans in their practice, but were troubled by low reimbursement rates and excessive administrative demands. They also shared concerns that they may not have a deep enough understanding of the unique needs of veterans, and requested access to more education and training.

Our State does not have an active duty military installation where service members, veterans, and their families can easily find and utilize the imbedded supports and services. New Hampshire is also the only State in the nation without a full service VA medical facility (or equivalent Military Treatment Facility)* equipped to manage the wide variety of health needs of our veterans. Therefore, our communities must be prepared to fill the gaps, lest our veterans be forced to travel out of state for needed care. Collaboration between VA and civilian organizations, facilities, and private providers is imperative. Coordinated access and a continuum of care that leaves little room for gaps is possible with the plethora of services available in New Hampshire's civilian health sector. The challenges lie with education, both for the veterans about what is available and for the organizations about what the veterans need. The challenges also lie with coordination, between VA and civilian providers, and between all organizations and the veterans in their communities.

In the Spring of 2013, VA Central Office (VACO) mandated that all 152 VA Medical facilities across the country host a "Mental Health Summit" to engage civilian mental health organizations and providers in the coordination of care for the veterans in their communities. Last Summer, both Manchester VA Medical Center and White River Junction VA Medical Center (located on the Vermont/NH border) hosted their events. Both events were attended to capacity. This initiative is a good start; the VA mandate to coordinate care and to link veterans to services in their communities (aka: Fee-out) is ongoing. However, the challenge is two-fold: VA must uphold its duty to refer veterans to community providers when indicated, and the community providers must be prepared to receive them. The latter is our State's task alone.

Stigma

Stigma is synonymous with disgrace, dishonor and shame. When one has sacrificed his or her body and mind to serve our nation with honor, stigma becomes the new enemy. Stigma is both assigned and self-inflicted and, therefore, must be attacked from both sides. To succeed, we must be armed with education, compassion, and quality, accessible health care.

The single best way to honor the sacrifices of our veterans and their families is to end the cycle of mental health crisis. Education of community providers, and collaboration between VA, Vet Centers and civilian organizations must be the priority moving forward. By providing more information to providers and communities, the social and emotional risks associated with seeking mental health care may be eased. Improving provider access to education is part of the battle, but improving awareness in the communities in which our veterans and service members live is also an important part of the challenge. Veterans face an internal stigma that burdens them with perceived weakness and very real isolation in the wake of brain injury and emotional struggles. Educating our communities through public service campaigns and access to information is imperative to address the external sources of shame that drive our wounded warriors even deeper into denial and despair.

The Beginning

Despite the challenges, many veterans and service members do find themselves in civilian waiting rooms. In order to make use of education and training, providers need to know whom they are serving. Asking the question, “Have you served?” is an obvious and simple opening to the door of care, consideration, treatment options, and benefits that will ensure our brave men and women are getting the services they need and deserve. However, many providers do not ask. It is a question that is not included on the vast majority of health history forms in our State. This question, if not asked, leaves a myriad of information undiscovered that might be critical to the acute and long-term care of that individual. Only with the data from this question, can our State continue to identify and address the needs of our veterans.

** The term “full service” is not a description of services used by the VA to identify levels of care provided at VA facilities, but is a term often employed by the media and in political statements to underscore the fact that the Manchester VA facility does not have inpatient care beds. The VA utilizes Access Guidelines to measure veteran access to care. The State of New Hampshire meets VA access guidelines to both secondary care (general inpatient care services) and tertiary care (advanced specialized inpatient care services). The White River Junction VA Medical Center provides secondary care services and the Boston VA Healthcare System provides both secondary and tertiary care services. Manchester VA Medical Center offers primary care services at the facility and its Community Based Outpatient Clinics (CBOC), and secondary care services by contract with Concord Hospital.*

What NH Veterans And Providers Are Saying About Mental Health Care

SHARE Survey Results from 1,170 NH Veterans

To help in identifying service gaps, the Commission developed a survey with the University of New Hampshire Survey Center. It was called **Survey Helping to Advance Recovery Efforts (SHARE)**. As part of the information gathering process, Commission members presented data and facilitated dialogue at over 50 events, conferences and meetings, including State Conventions for the American Legion, Veterans of Foreign Wars, Disabled American Veterans, as well as at National Guard and community events.

The survey generated a response from 1,170 NH veterans – 38% from Vietnam Era Veterans, 35% from Post 9/11 Veterans, 18% from Desert Storm Veterans and 9% from other veterans.

Survey highlights included:

- 30% of veterans said they were not getting the help they need because they were embarrassed or ashamed of their need for services. Both Vietnam Era Veterans and Post 9/11 Veterans ranked this as their number one challenge in receiving the care they need.
- 16% of veterans said they were not getting the help they need because they did not feel understood by the providers who served them. Both Vietnam Era Veterans and Post 9/11 Veterans ranked this as their number two challenge in receiving the care they need.
- A significant number of veterans said they were not getting the help they need because of: not knowing where to get help; feeling that there was nothing available to help them; being only willing to speak with another veteran; or believing that no one wants to help them.
- A significant number of veterans identified the following barriers in accessing care at the VA Medical Centers:
 - Lack of evening or weekend hours for veterans who are working or attending school during the day. (Since this survey information was collected and prior to the release of this Report, the Manchester VA has expanded their hours for primary and mental health care.)
 - Inadequate coordination of transportation between facilities.
 - Claims Processing is slow. (Veterans are passing away before their claims are processed.)

NH Psychological Association - Survey Results

Through another survey sent to members of the NH Psychological Association, the Commission learned that 94% of those surveyed are interested in learning more about how to better serve veterans. These private practitioners are willing and interested in serving veterans; they just need additional training and education to better understand how to address veterans' unique needs.

80 Military and Civilian Providers – Survey Results

The American Red Cross, in partnership with the Commission on PTSD and TBI, distributed a survey to military and civilian provider agencies throughout New Hampshire and received a response from 80

agencies. The response gave affirmation to the lessons learned from the Veteran Survey and NH Psychological Association Survey, highlighting the need to bring military culture awareness and trainings to an increased number of civilian social service agencies – especially to those agencies who do not currently serve NH veterans.

One of the survey questions asked, *How does your agency address stigma, embarrassment or shame as a means to improve outreach, education and services to our military?*” 40% of agency responses to this question were vague, incomplete or left blank. A few agencies identified education as a way to address stigma, but many agencies were unclear on how to address this issue.

Improving Access, Outreach & Services Based upon Survey Results

Helping to Deploy Resources More Effectively

The Commission partnered with the Substance Abuse Mental Health Services Administration (SAMHSA), the New Hampshire Department of Health and Human Services, Bureau of Behavioral Services and the Manchester VA Medical Center to create the Veteran Map of New Hampshire – Series I & II. These maps help to highlight veteran issues and data on PTSD, TBI, homelessness, suicide risk, substance misuse, as well as other healthcare concerns. They also indicate military and civilian resources that are located throughout the State. The Veteran Map of New Hampshire – Series I was introduced at numerous military and civilian conferences, events and meetings throughout the State and were instrumental in helping to support grant requests, educating provider agencies and helping to deploy military resources more effectively. The Veteran Map of NH was also recognized nationally at several SAMHSA Military Policy Academy Conferences.

The Veteran Map of New Hampshire – Series II is provided as Attachment 2.

Improving Access to the VA and Its Services

A model on how New Hampshire can improve access to VA services can be found in the strong partnership that has developed between the NH State Police and the VA Medical Centers. Out of the 373 members of the NH State Police force, 90 are veterans. Members of the State Police Peer Support Unit toured Manchester VA Medical Center and the White River Junction VA Medical Center. There they learned about resources, services and supports available to help State Police veterans, as well as other NH veterans. Because of the lessons learned through their partnership with the Commission on PTSD and TBI, and because of their commitment to improving the safety net in New Hampshire, the NH State Police are now partnering with both VA Medical Centers in helping veterans access needed services.

Increasing Education and Awareness to Provider Agencies and the Community

Using the survey results to highlight the need to better educate provider agencies and the general community, the Commission approached the New Hampshire Department of Health and Human Services, Division of Public Health Services (DPHS) to request its assistance. DPHS contacted the NH Medical Society for support and a new partnership was formed. The goal of this partnership is to develop a Public Education and Awareness Campaign designed to educate provider agencies and the general public on better understanding and serving veterans, service members and their families.

Related Activities

Legislation

- SB 319 extended the Commission through December 2013, and added new membership from Disabled American Veterans, NH Medical Society, NH Air National Guard and NH Employment Security.
- SB 90 extended the Commission through November 1, 2014.

Training & Consultation

- NH Department of Health and Human Services' Bureau of Behavioral Health partnered with SAMHSA and the Commission on the development of Veteran Maps of New Hampshire – Series I & II.
- Manchester VA Medical Center provided data on veterans who have been treated for post-traumatic stress disorder, traumatic brain injury, substance misuse and suicide risk.
- Military & Civilian Traumatic Brain Injury (TBI) Collaborative provided partnership support to the Commission Survey and spearheaded the Military Orientation Training for Brain Injury Professionals.
- Military Leadership Team provided leadership review of Commission work and recommendations.
- SAMHSA provided consultation and support on Veteran Map of New Hampshire: Series I.
- University of NH Survey Center provided consultation and analysis of 2012 Veteran Survey, with a response from 1,170 NH Veterans.

Supports

- ACT ONE presented an event series based on Kate Wenner's *Make Sure It's Me*, a play about traumatic brain injury in American service members. This play reached 800 people throughout the State.
- American Red Cross spearheaded a provider survey, reaching 80 military and civilian agencies.
- Brain Injury Association of NH provided a veteran survey website and sponsored a Commission Table Booth at Service Credit Union Boston-Portsmouth Air Show, reaching 60,000 attendees.
- NH Department of Health and Human Services' Bureau of Homeless and Housing Services provided data on homeless veterans who access homeless and housing services.
- Congressman Charles Bass' Office provided an intern from NH National Guard, Critical Care Air Transport.
- NH Air National Guard Representative served as Secretary for the Commission, documenting information and activities.
- NH Deployment Cycle Support Care Coordination Program (DCS-CCP) provided mental health data from 2,200 post 9/11 veterans and service members, as well as their families. The DCS-CCP Clinical Director also provided consultation on the Commission Report.
- NH Medical Society provided sponsorship of \$400.
- NH Psychological Association conducted a survey, reaching 37 licensed psychologists.
- Springfield College actively participated in Commission meetings, developing education and outreach materials for civilian mental health agencies.
- Veterans of Foreign Wars provided sponsorship of \$3,000.

Civilian Health Care Agencies

Challenges in Serving Veterans

Some priority health care organizations that are not currently serving veterans in a statewide, coordinated and comprehensive way include: Community Mental Health Centers, hospitals and private practitioners. There are many reasons for this, including:

- Perception that our military are already receiving adequate health care services through the VA Medical Centers, Vet Centers or NH National Guard;
- Not identifying veteran status during the intake or registration process;
- Lack of understanding of military culture, military trauma, or the challenges experienced by military families;
- Barriers in accepting military insurance;
- Barriers in partnering with the VA due to excessive administrative demands that are required from VA Medical Centers; and
- Lack of understanding on how to promote their services to veterans, service members or their families.

Based on veteran surveys and provider feedback, we know that accessing mental health services for a veteran can be overwhelming. Stigma was identified as the number one barrier to accessing care in the veteran survey. New Hampshire has numerous military and civilian agencies that are working together to better serve our military. Yet our State still lacks a comprehensive and collaborative continuum of care system that includes:

- Proactive communication and assistance for veterans in accessing appropriate care;
- Coordination of the referral process and supports between agencies;
- Simplification of the process in accessing that care, and
- Reduction in the stigma, embarrassment and shame veterans are made to endure.

Recommendations and Goals

There are steps New Hampshire can take to positively impact access to and quality of mental health and traumatic brain injury services for veterans. Towards that end, the Commission makes the following recommendation to the Governor and New Hampshire Legislature.

Recommendation: Establish a permanent Commission on PTSD and TBI that will review the information provided in *this* Commission on PTSD and TBI Report, as well as develop, coordinate, and oversee the goals identified below. The proposed legislation for the permanent Commission on PTSD and TBI is provided as Attachment 1.

Commission goals will include the following:

- Organize veteran focus groups to help identify barriers and opportunities to reduce stigma facing veterans and service members.
- Target Community Mental Health Centers, hospitals and private practitioners in its outreach to increase education, training and coordination between military and civilian providers. Ensure that VA eligibility is included in all trainings.
- Provide oversight and coordination of a public awareness campaign that increases education and awareness among providers and the general public.
- Engage VA Medical Centers, Vet Centers, National Guard and community providers in establishing a coordinated and collaborative continuum of care that improves access to care, transfer of care and quality of care for veterans, service members and their families.
- Organize veteran focus groups to help in identifying the barriers and opportunities that impact the access of care, transfer of care and quality of care for veterans and service members.
- Develop a Peer Navigation Network among state, federal and local partners that can help veterans and their families navigate the system and access the help they need. Natural navigators already exist in the below organizations:
 - American Legion
 - Disabled American Veterans
 - NH State Police
 - NH Deployment Cycle Support Care Coordination Program
 - NH National Guard – Family Program and Transition Assistance Advisor
 - NH Office of Veteran Services
 - NH Vet to Vet Program
 - ServiceLink Aging & Disability Resource Center
 - VA Medical Centers
 - NH Vet Centers
 - Veterans of Foreign Wars
 - Wounded Warriors @ 45 North
- Build the capacity of New Hampshire’s nationally recognized *Neuro-Resource Facilitation* Program to provide specialized veteran brain injury neuro-resource facilitation for both veterans and their families living with TBI.

Commission on PTSD and TBI Attachments

Attachment 1

Proposed Legislation to Establish Permanent
Commission on PTSD and TBI

Attachment 2

Veteran Map of New Hampshire : Series II

Commission on Post-traumatic Stress Disorder and Traumatic Brain Injury

Chapter 115-D

Repeal and Replace

AN ACT establishing a permanent commission on post-traumatic stress disorder and traumatic brain injury.

ANALYSIS

This bill establishes that the current study commission on post-traumatic stress disorder and traumatic brain injury become a permanent commission. The permanent commission will develop, coordinate, and oversee the recommendations identified in the report submitted by the study commission on the effects of post-traumatic stress disorder and traumatic brain injury suffered in the line of duty by members of the armed forces and veterans.

Purpose.

I. The legislature finds that:

(1) In 2011, the general court created a commission to study the effects of post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI) suffered in the line of duty by members of the armed forces and veterans.

(2) Commission outreach, as well as survey results from the Survey Helping to Advance Recovery Efforts (SHARE), the New Hampshire Psychological Association, the American Red Cross and 80 military and civilian providers indicate:

- (a) There is high statistical evidence of PTSD and TBI in members of the armed forces and veterans;
- (b) Veterans indicate they are not in receipt of psychological, physical, and economic assistance they need;
- (c) Veterans identified a number of barriers to access healthcare both within the United States Department of Veterans Affairs (VA) as well as in civilian/community organizations; and
- (d) Survey results indicate barriers to access healthcare include but are not limited to; a perception that all veterans are entitled to healthcare, stigma associated with PTSD and TBI, lack of knowledge as to how to obtain healthcare, lack of education or understanding of military culture/lifestyle, lack of partnership between VA, veterans, state, and community/civilian agencies for a continuum of care for veterans.

(3) Many civilian/community agencies are interested in learning how to better serve veterans.

(4) There is recognition that VA Medical Centers, VA Vet Centers, New Hampshire National Guard and Reserve Centers cannot meet all the needs for veteran's healthcare; of the approximately 115,000 (VA, 2012) veterans in NH, 42,747 are enrolled in the VA healthcare system yet only 28,730 of those enrolled receive VA services.

(5) New Hampshire does not have an active duty installation which further limits access to healthcare for veterans and service members.

(6) Simplifying access to care is essential to improving overall healthcare for veterans.

(7) Partnerships between local community/civilian providers, VA, state, and other social service agencies is essential to ensuring a continuum of care to veterans.

II. The purpose of this act is to establish a permanent commission on post-traumatic stress disorder and traumatic brain injury to develop, coordinate, and oversee the recommendations identified in the report submitted by the study commission on the effects of post-traumatic stress disorder and traumatic brain injury suffered in the line of duty by members of the armed forces and veterans.

Section 115-D:1

115-D:1 Definitions.- In this chapter:

I. “Commission” means the New Hampshire commission on post-traumatic stress disorder and traumatic brain injury.

II. “Report” means the report submitted by the study commission on the effects of post-traumatic stress disorder and traumatic brain injury suffered in the line of duty by members of the armed forces and veterans.

115-D:2 Council Established.- There is hereby established the permanent New Hampshire commission on post-traumatic stress disorder and traumatic brain injury to develop, coordinate, and oversee the recommendations identified in the report submitted by the study commission on the effects of post-traumatic stress disorder and traumatic brain injury suffered in the line of duty by members of the armed forces and veterans. The report includes recommendations from data collection and outreach conducted by the prior commission from September 2011, through October 2013.

The commission shall ensure the continued effectiveness of the report by evaluating its implementation, producing progress reports, and recommending program changes, initiatives, funding opportunities, and new priorities to update the report. The commission shall be a proponent for improving the access to care and quality of care for veterans and service members who suffer with PTSD and TBI.

115-D: 3 Membership and Compensation.-

I. The members of the commission shall be as follows:

- (a) One member of the senate, who is a member of the health and human services committee, appointed by the president of the senate;
- (b) Two members of the house of representatives, one of whom is a member of the health, human services and elderly affairs committee and one of whom is a member of the state-federal relations and veteran affairs committee, appointed by the speaker of the house of

representatives. Consideration in one house of representatives appointment shall also be given to representation from Northern areas of New Hampshire;

- (c) The Director of the Manchester VA Medical Center or designee;
- (d) The Director of the White River Junction VA Medical Center or designee;
- (e) The Commissioner of the New Hampshire Department of Health and Human Services, or designee;
- (f) The Director of the New Hampshire Office of Veteran Services, or designee;
- (g) The Commandant of the NH Veterans Home, or designee;
- (h) The Director of the National Alliance on Mental Illness, or designee;
- (i) One hospital administrator, appointed by the Governor;
- (j) The chairperson of the Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention and Treatment, or designee;
- (k) The Adjutant General of the New Hampshire National Guard, or two designees representing each the air and army of the New Hampshire National Guard;
- (l) The Director of the NH Medical Society or designee;
- (m) The Commissioner of the New Hampshire Employment Security, or designee
- (n) One VA Vet Center Team Lead or designee;
- (o) One Community Mental Health Center Director or Designee, appointed by the New Hampshire Behavioral Health Association;
- (p) One representative of the New Hampshire Psychological Association, appointed by the executive director of the association;
- (q) One representative of the Brain Injury Association of New Hampshire, appointed by the executive director of the association;
- (r) One representative of the Governor's Commission on Disabilities, appointed by the Governor;
- (s) One representative of the Disabilities Rights Center, appointed by the executive director of the center;
- (t) Two representatives of veterans organizations who serve on the State Veterans Advisory Committee, appointed by the chairperson of the committee;
- (u) One member of the New Hampshire Deployment Cycle Support Care Coordination Program, appointed by the Governor;
- (v) One representative of the Peer Support Unit of the NH State Police, appointed by the Governor;
- (w) One representative of the Disabled American Veterans, appointed by the adjutant general of the Disabled American Veterans; and
- (x) One representative from the University System of New Hampshire, appointed by the Chancellor of the University System of New Hampshire.

II. (a) The term of office for each member appointed under subparagraphs I (n)-(w) shall be 2 years, or until a successor is appointed and qualified in the case of a vacancy. The term of office for all other members shall be coterminous with the term of office for the position that qualifies that member to serve on the commission. A vacancy shall be filled in the same manner, but only for the unexpired term.

III. In appointing members to the commission, the appointing authorities shall give priority to persons who served on the commission established in 2011.

115-D:4 Duties.-

(a) To assist the commission in the performance of its duties, the commission chairperson shall create committees. The chairperson shall initially create committees to address the following issues:

- (1) Stigma reduction;
- (2) Community education and training;
- (3) Continuum of care development; and
- (4) Other special projects or areas of concern.

(b) The chairperson shall appoint at least 2 commission members to serve on each committee and shall designate a chairperson or co-chairpersons for each.

(c) Based upon recommendations from each committee, the commission chairperson may appoint as many individuals as necessary to serve as adjunct members of each for a term of one year.

(d) Each committee shall:

- (1) Develop its goals and objectives based on the report;
- (2) Identify program areas where improved military and civilian coordination is needed; and
- (3) Focus on improving access to care and quality of care for veterans and service members

115-D: 5 Chairperson; Quorum. –

The members of the commission shall elect a chairperson from among the members. The first meeting of the commission shall be called by the senate member. The first meeting of the commission shall be held within 45 days of the effective date of this chapter. Fourteen members of the commission shall constitute a quorum. The commission shall meet at least 4 times each year and may convene public hearings as necessary to promote the goals of the Commission.

115-D: 6 Report.-

Beginning on November 1, 2014, and every November 1, thereafter, the commission shall submit an annual report of its activities and any proposed legislation to the president of the senate, the speaker of the house of representatives, the chairperson of the house health, human services and elderly affairs committee, the chairperson of the senate health, education and human services committee, the chairperson of the house state-federal relations and veterans affairs committee, the chairperson of the joint oversight committee on health and human services, the chairperson of the fiscal committee of the general court, the senate clerk, the house clerk, the governor, the members of the New Hampshire congressional delegation, and the state library.

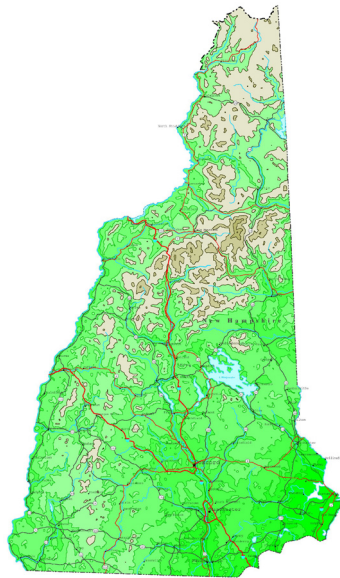
Effective Date.-

This legislation shall become effective immediately upon passage.

The Veteran Map of New Hampshire Series II

Presented by

The Commission on PTSD and TBI



For more information, please contact:

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The Veteran Map of New Hampshire

Series II

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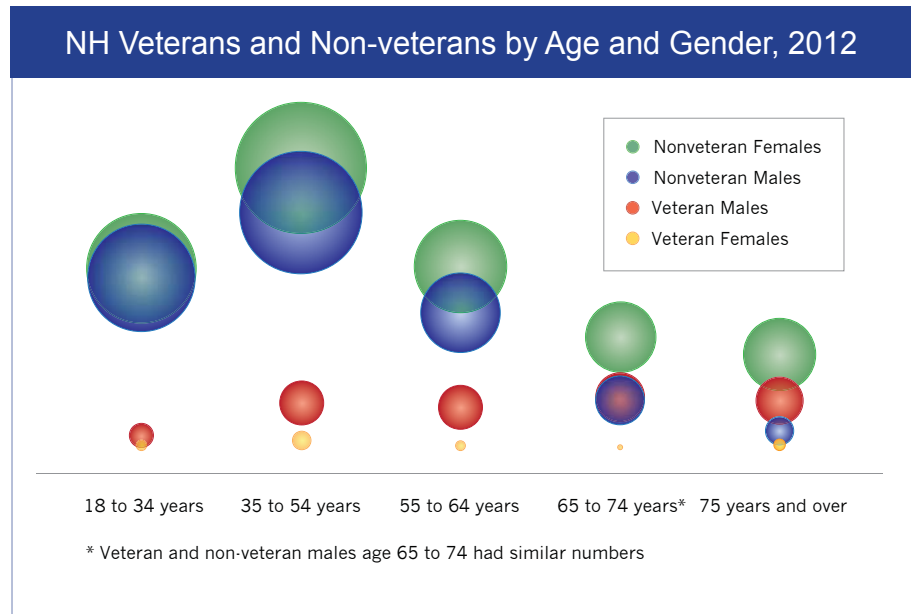
Introduction, Methodology and Data Sources

- The *Veteran Map of New Hampshire* was started in 2012 through a partnership between the Commission on PTSD and TBI, and the Substance Abuse Mental Health Services Administration (SAMHSA). SAMHSA's Service Members, Veterans and their Families (SMVF) Policy Academy provided consultation on veteran-related data sources, data visualization tools, and resource mapping.
- The NH Department of Health and Human Services (DHHS), Bureau of Behavioral Health managed the entire mapping project for Series 1 & 2, including the development and editing of mapping data. Significant data on the VA was provided by the Manchester VA Medical Center.
- During the development of the first mapping series, current data from the US Census was used for veteran population and periods of service. Data available at the time was from the American Community Survey, years 2008-2010. Note that there is currently census data available from years 2009-2011. However that veteran data was not collected in a way that is compatible with years 2008-2010. It is possible that future versions of these veteran maps will be updated with more recent population data.
- To assist in the collection of data, the Commission on PTSD and TBI developed a survey with the University of New Hampshire Survey Center in 2012. The survey was called SHARE – Survey Helping to Advance Recovery Efforts – and collected information from 1,170 NH veterans. Survey distribution was done at the State Conventions for the American Legion, Disabled American Veterans and Veterans of Foreign Wars; the Service Credit Union Boston-Portsmouth Air Show; and numerous military conferences and events. Surveys were also emailed directly to NH National Guard members, military and civilian providers and to numerous military distribution lists. Information that was collected included:
 - Demographic information (age, period of service, county of residence, housing status, insurance)
 - Whether veterans experienced PTSD, TBI, or other difficulties as a result of their military experience
 - Problems encountered by veterans and their opinions regarding sources of help
- Maps have been created from various sources (see below). These sources have used different population data and internal data to produce their own maps, so population figures may be different throughout the document - based on data sources used.
- Data was used from the below sources:
 - American Legion
 - Citizen Soldier Support Program
 - Deployment Cycle Support Care Coordination Program
 - Disabled American Veterans
 - Manchester VA Medical Center
 - NH colleges and universities
 - NH DHHS, Bureau of Homeless & Housing Services
 - NH Employment Security, Economic and Labor Market Information Bureau
 - NH National Guard
 - NH Veterans Home
 - Veterans of Foreign Wars
 - Vet Centers
 - White River Junction VA Medical Center

Veterans in New Hampshire 2012

Who are our Veterans?

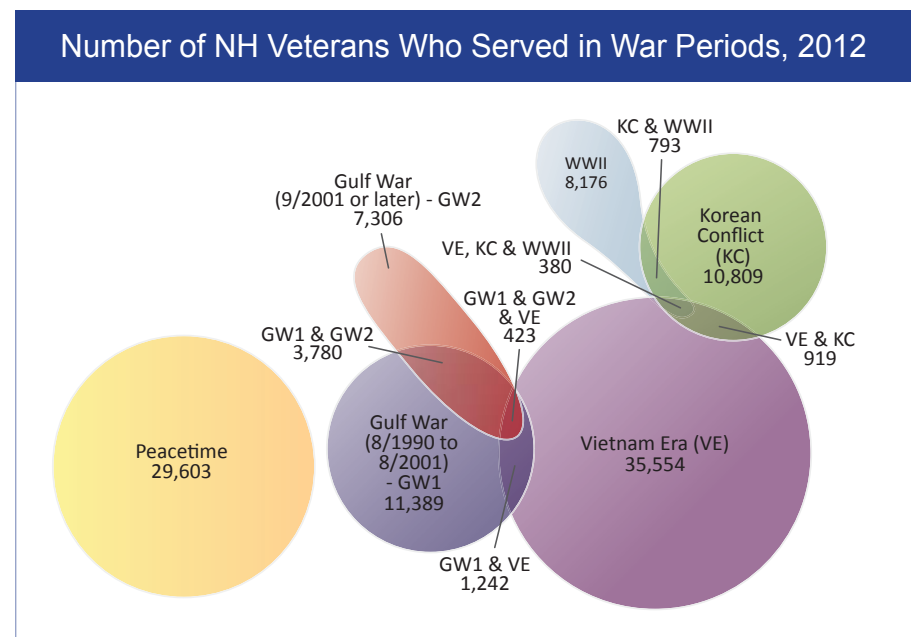
- In 2012, over 108,000 individuals, almost 11 percent of New Hampshire's population, were veterans.
- Over 48 percent of New Hampshire's civilian veterans were age 65 years and older, compared to 15 percent of the nonveteran population. Less than two percent of veterans in that age cohort were female.
- There are larger shares of veterans in the oldest age cohorts, as they had enlisted during WWII and the Korean Conflict.
- Many who served during the Vietnam Era are now turning 65 years of age.
- Only seven percent of all New Hampshire veterans were in the youngest age cohort, age 18 to 34 years.



Source: 2012 American Community Survey 1-year estimates

War Service

- About 38,500 of New Hampshire veterans served during the Vietnam Era. This represented, about 35 percent of all New Hampshire veterans.
- Almost 30,000 veterans, about 27 percent of the state's veterans, served during peacetime.
- Those who served during any Gulf War period accounted for the second largest share of veterans who served during war time, with about 22 percent of New Hampshire veterans. Many who served in one or both of the Gulf Wars are still in active service, so are not yet veterans.
- Just over seven percent of all New Hampshire veterans, roughly 8,000 veterans, served during multiple wars.

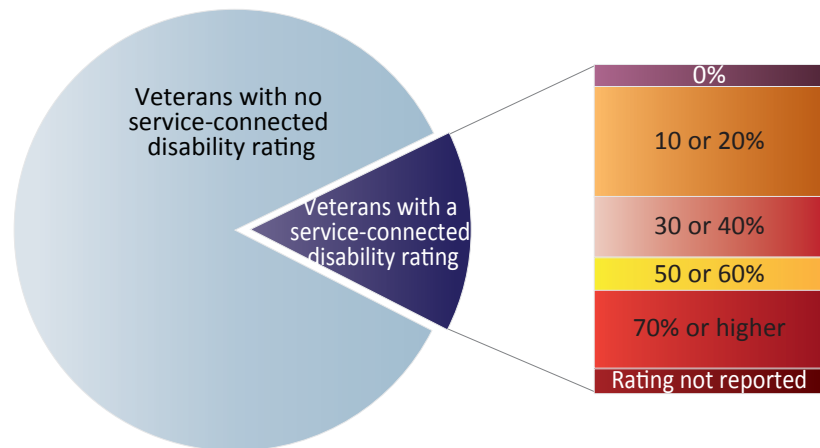


Source: 2012 American Community Survey 1-year estimates

Disabled Veterans

- Roughly 140,000 people in New Hampshire had a disability, and about 18 percent of those were veterans.
- Over 16,000 New Hampshire veterans had a service-connected disability.
- About 5,500 veterans had a 10 to 20 percent disability rating, and 3,800 veterans had a 70 percent or higher disability rating.
- There were 3,000 veterans with a 30 to 40 percent disability rating, and 1,600 veterans with 50 to 60 percent disability rating due to a service-connected disability. The remaining New Hampshire veterans with a service-connected disability did not have a rating reported.

NH Veterans with Service-Connected Disability Rating, 2012



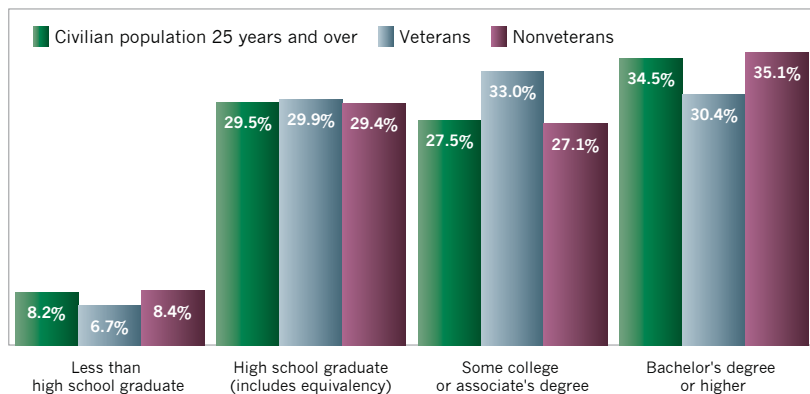
Source: 2012 American Community Survey 1-year estimates

Educational Attainment

Educational attainment is usually measured based on the population age 25 years and older, as the majority of adults have completed their education by this age.

- Just under two-thirds of New Hampshire veterans have attained at least some level of college education, and about 30 percent hold a Bachelor's degree or higher.
- The share of veterans with a Bachelor's degree is a little lower than nonveterans in the state, but the share of veterans with some college or an associate's degree is significantly higher than nonveterans.
- The share of high school graduates among New Hampshire's veterans and nonveterans were about the same.

Educational Attainment by Veteran Status in NH, 2012



Source: Source: 2012 American Community Survey 1-year estimates

Data Source: U.S. Census Bureau; American Community Survey, 2012 American Community Survey 1-Year Estimates, Tables S2101, B21002, C21007, B21100; generated by Anita Josten; using American FactFinder; <<http://factfinder2.census.gov>>; 30 October 2013.

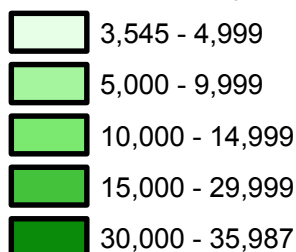
Total Veteran Population and Periods of Service

(According to National Data)

Veteran County Population by Conflict



Total Veteran Population, Sept. 30, 2011



Total NH Veteran Population = 126,111

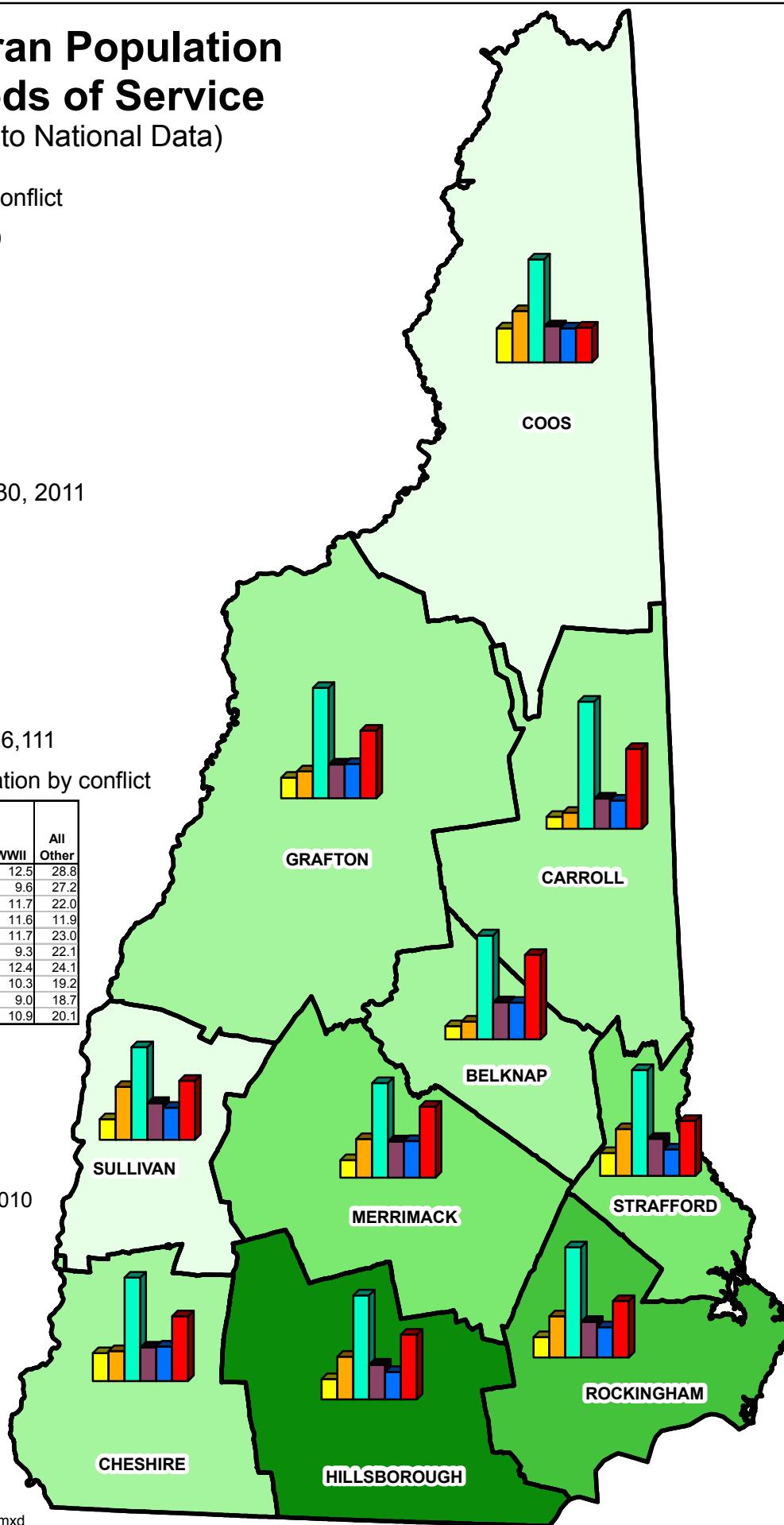
County percents of veteran population by conflict

County	Post 9/11 Iraq/ Afghanistan	Persian Gulf, Desert Storm	Vietnam	Korea	WWII	All Other
Belknap	4.5	6.1	35.4	12.7	12.5	28.8
Carroll	4.1	5.5	43.3	10.3	9.6	27.2
Cheshire	9.5	10.2	35.2	11.4	11.7	22.0
Coos	11.6	17.5	35.1	12.3	11.6	11.9
Grafton	7.0	9.2	37.6	11.5	11.7	23.0
Hillsborough	6.9	14.5	35.4	11.8	9.3	22.1
Merrimack	5.9	13.1	32.2	12.3	12.4	24.1
Rockingham	6.9	14.0	37.5	12.1	10.3	19.2
Strafford	7.8	15.9	36.0	12.6	9.0	18.7
Sullivan	7.0	18.0	31.5	12.5	10.9	20.1

Data from:
Citizen Soldier Support Program
and
American Community Survey, 2008-2010

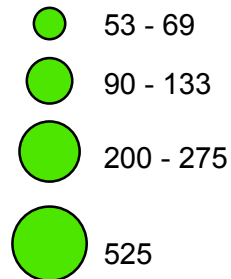
Map provided by:
NH Commission on PTSD and TBI

Map completed by DHHS/DCBCS/BBH/04/20/2012
C:\MappingRequests\Veterans2012\NewVeteranPop.mxd

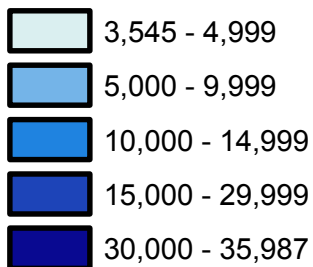


Post 9/11 Veterans Treated for PTSD at VA Medical Centers

Treated at VA for PTSD, Either Primary or Secondary Diagnosis



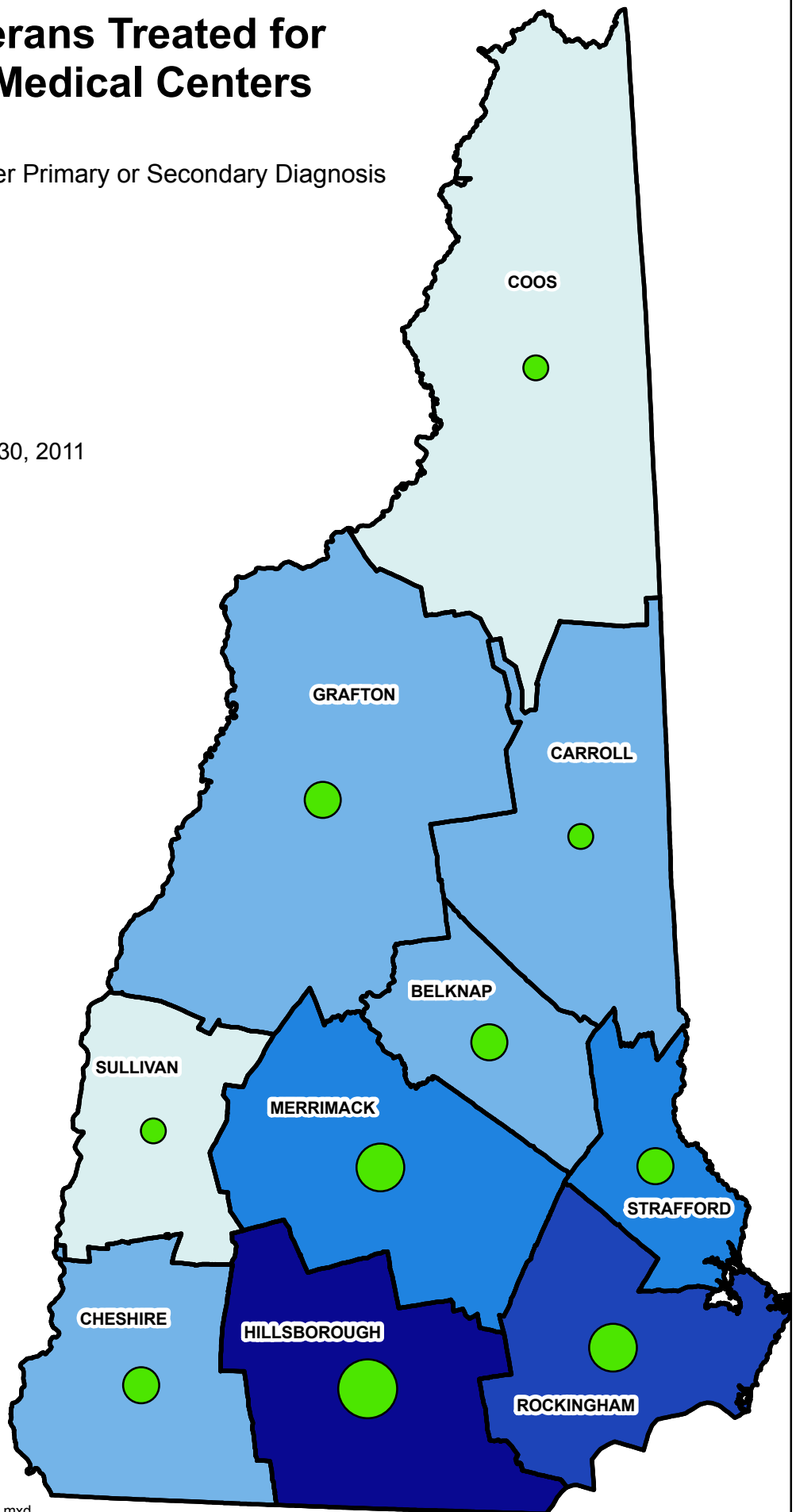
Total Veteran Population, Sept. 30, 2011



County	Total Post-9/11 Treated at VA 2002-2013	VA Treated PTSD 2002-2013
Belknap	343	90
Carroll	191	54
Cheshire	288	92
Coos	243	69
Grafton	463	118
Hillsborough	2,020	525
Merrimack	900	200
Rockingham	1,096	275
Strafford	544	133
Sullivan	240	53
State	5,575	1,515

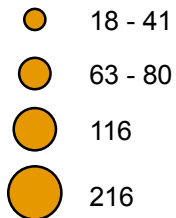
Data from:
Citizens Soldier Support Program
and
Manchester VA Medical Center

Map provided by:
NH Commission on PTSD and TBI

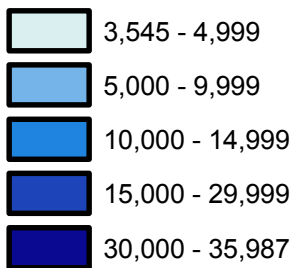


Post 9/11 Veterans Treated for TBI at VA Medical Centers

Treated at VA for TBI, Either Primary or Secondary Diagnosis



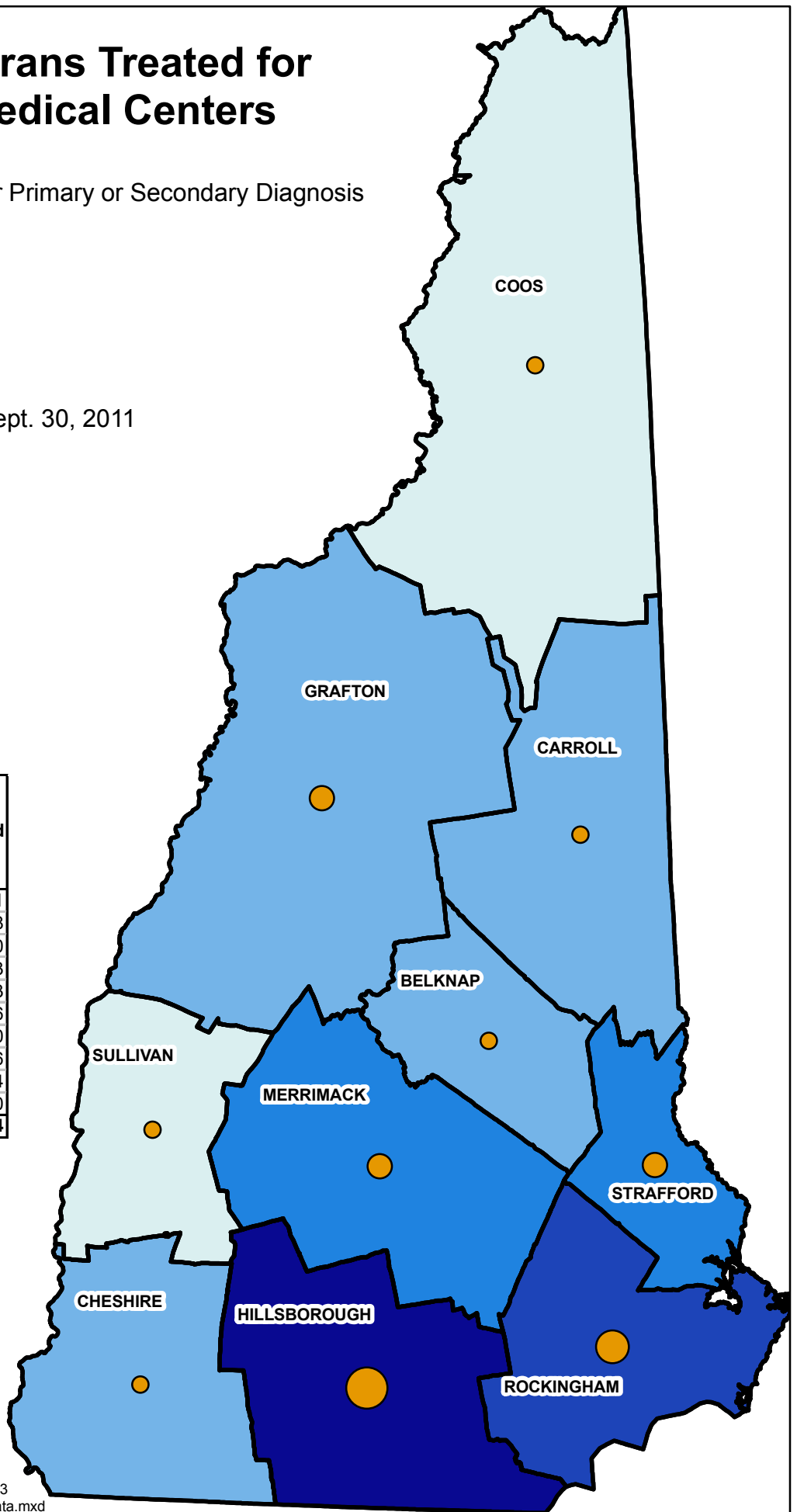
Total Veteran Population, Sept. 30, 2011



County	Total Post-9/11 Treated at VA 2002-2013	VA Treated TBI 2002-2013
Belknap	343	41
Carroll	191	18
Cheshire	288	40
Coos	243	23
Grafton	463	63
Hillsborough	2,020	216
Merrimack	900	80
Rockingham	1,096	116
Strafford	544	64
Sullivan	240	20
State	5,575	654

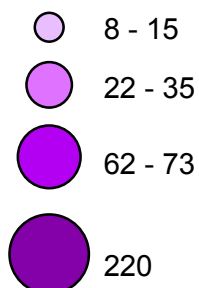
Data from:
Citizens Soldier Support Program
and
Manchester VA Medical Center

Map provided by:
NH Commission on PTSD and TBI

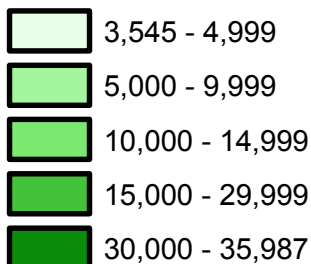


Veterans Not In Permanent Housing and Total Veteran Population

Veterans Not In Permanent Housing



Total Veteran Population, Sept. 30, 2011



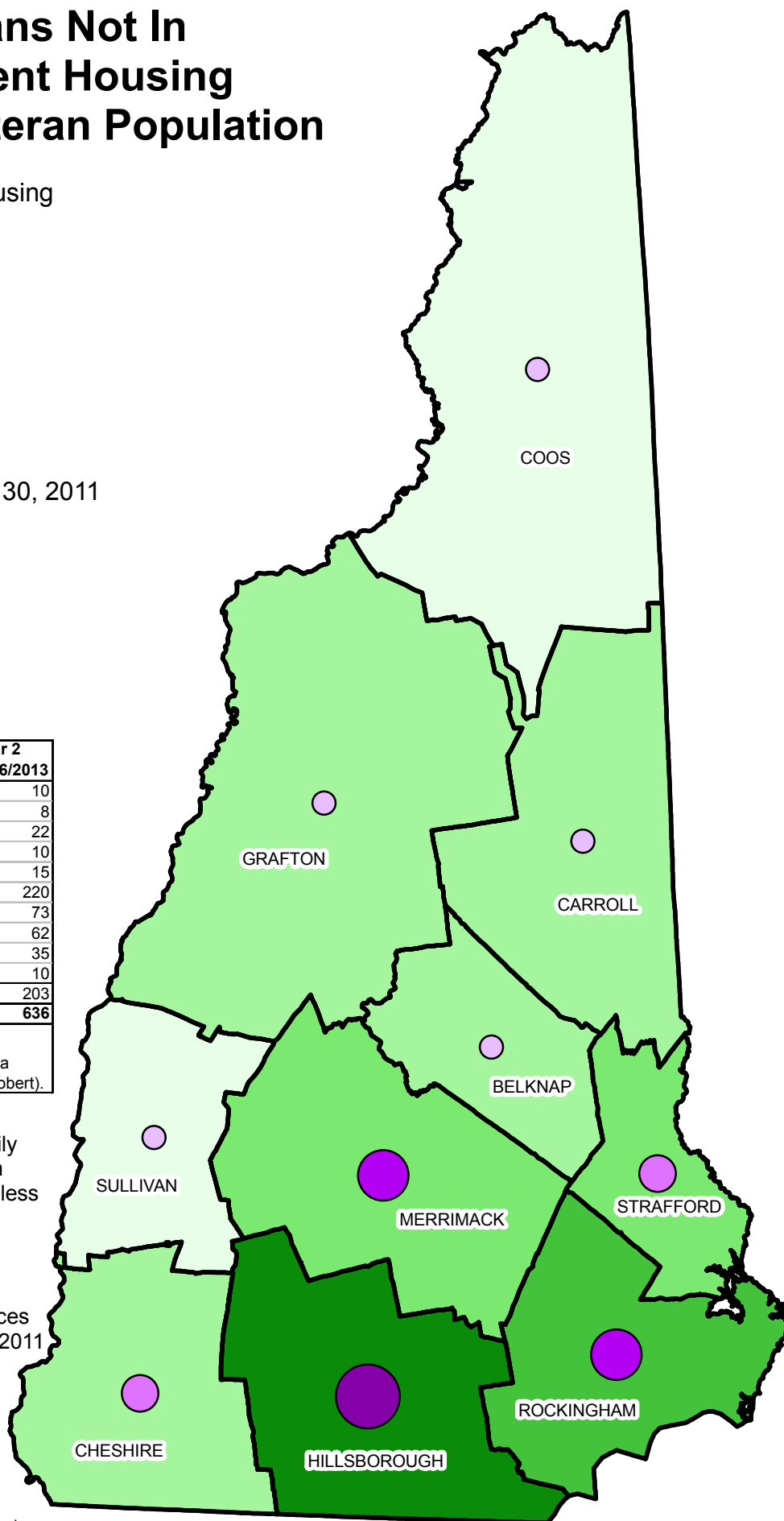
County	Year 1 7/2011-6/2012	Year 2 7/2012-6/2013
Belknap	11	10
Carroll	4	8
Cheshire	24	22
Coos	4	10
Grafton	12	15
Hillsborough	187	220
Merrimack	36	73
Rockingham	35	62
Strafford	21	35
Sullivan	6	10
Unknown (no zipcode)	163	203
Totals	488	636

There could be a 5% duplication rate because of a veteran using different names (i.e. Bob, Bobby, Robert).

An increase in homeless veterans from 2012 to 2013 does not necessarily indicate a growing trend, but rather an improved method for identifying homeless veterans and assisting them in accessing services.

Homeless data from
Bureau of Homeless & Housing Services
Veteran Population from US Census, 2011

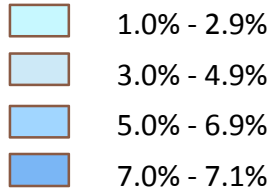
Map provided by:
NH Commission on PTSD and TBI



Veterans Unemployment Rates by County with NH Works One-Stop Office Locations

★ Office Locations

Percent Veteran Unemployment 2010 - 2012



**All Veteran and Nonveteran Unemployment Rates,
American Community Survey 2010 - 2012;
County Unemployment Rates, October 2013**

County	% Unemployed 2010 - 2012		October 2013 Unemployment Rate (county)
	Veterans	Non Veterans	
Belknap	6.2%	6.2%	4.9%
Carroll	7.1%	5.0%	4.5%
Cheshire	7.0%	9.2%	4.6%
Coos	6.3%	8.8%	5.6%
Grafton	3.5%	5.9%	3.9%
Hillsborough	6.4%	7.2%	5.2%
Merrimack	4.3%	6.7%	4.5%
Rockingham	5.7%	5.8%	5.5%
Strafford	1.8%	8.6%	4.5%
Sullivan	1.7%	7.1%	4.1%

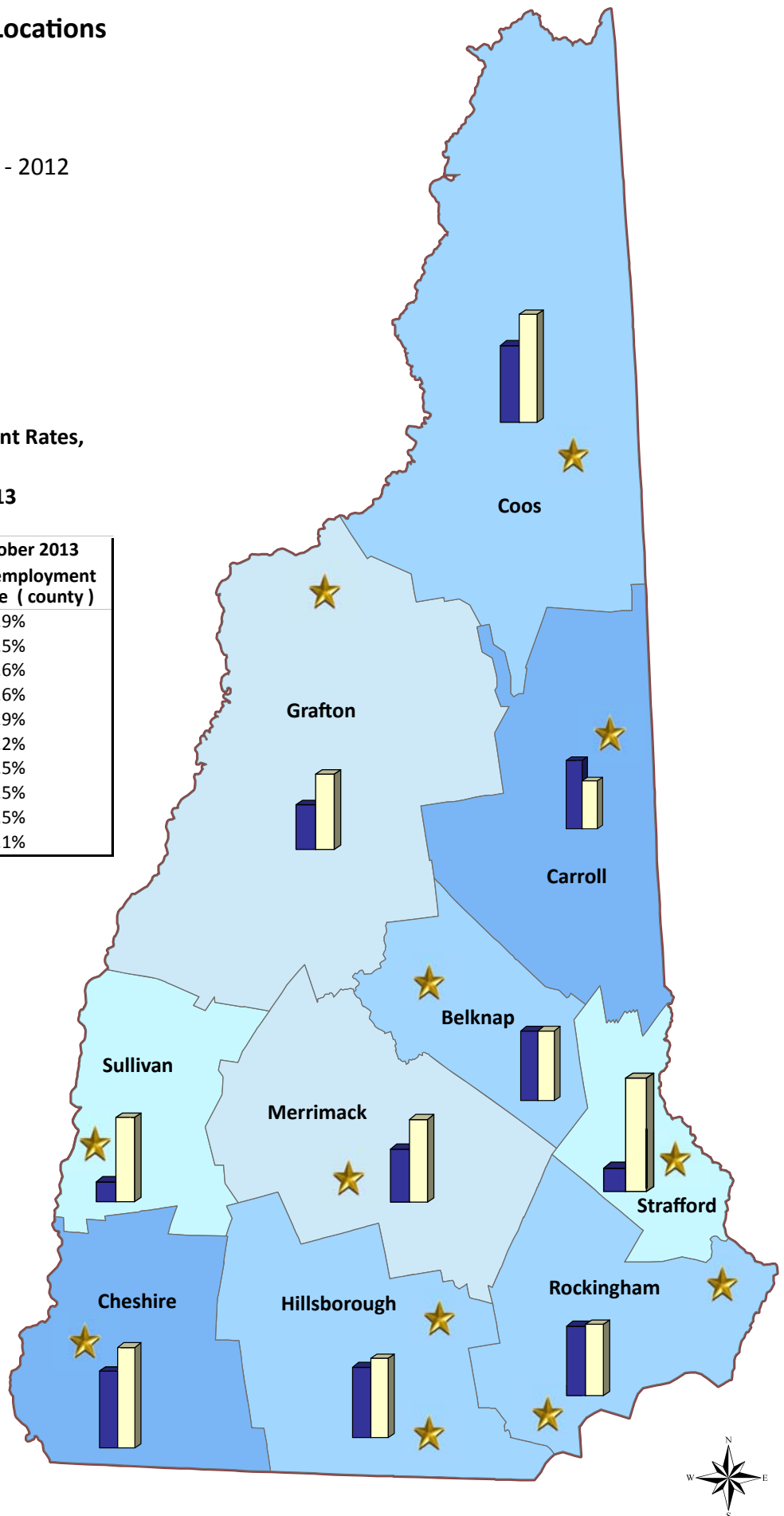
All Veteran Percent Unemployment
 Non Veteran Percent Unemployment

Services include:

- * Resource Center with computer workstations offering internet access, employment publications, resource library, and information about education, training, and the economy
- * Veterans' Representative providing services and information just for veterans
- * Job Match System to match veterans' skills with jobs
- * Workshops - resume and cover letter writing, interviewing and job searching skills
- * Job Development and Employer Outreach to business on the benefits of hiring vets.

Prepared by:
Economic and Labor Market Information Bureau,
New Hampshire Employment Security
December 2013

Source:
U.S. Census Bureau, 2010 - 2012
American Community Survey 3-Year Estimates;
Local Area Unemployment Statistics Program



New Hampshire Deployment Cycle Support Care Coordination Program Referrals Made Fiscal Years 2011 and 2012

Type of Referrals Made



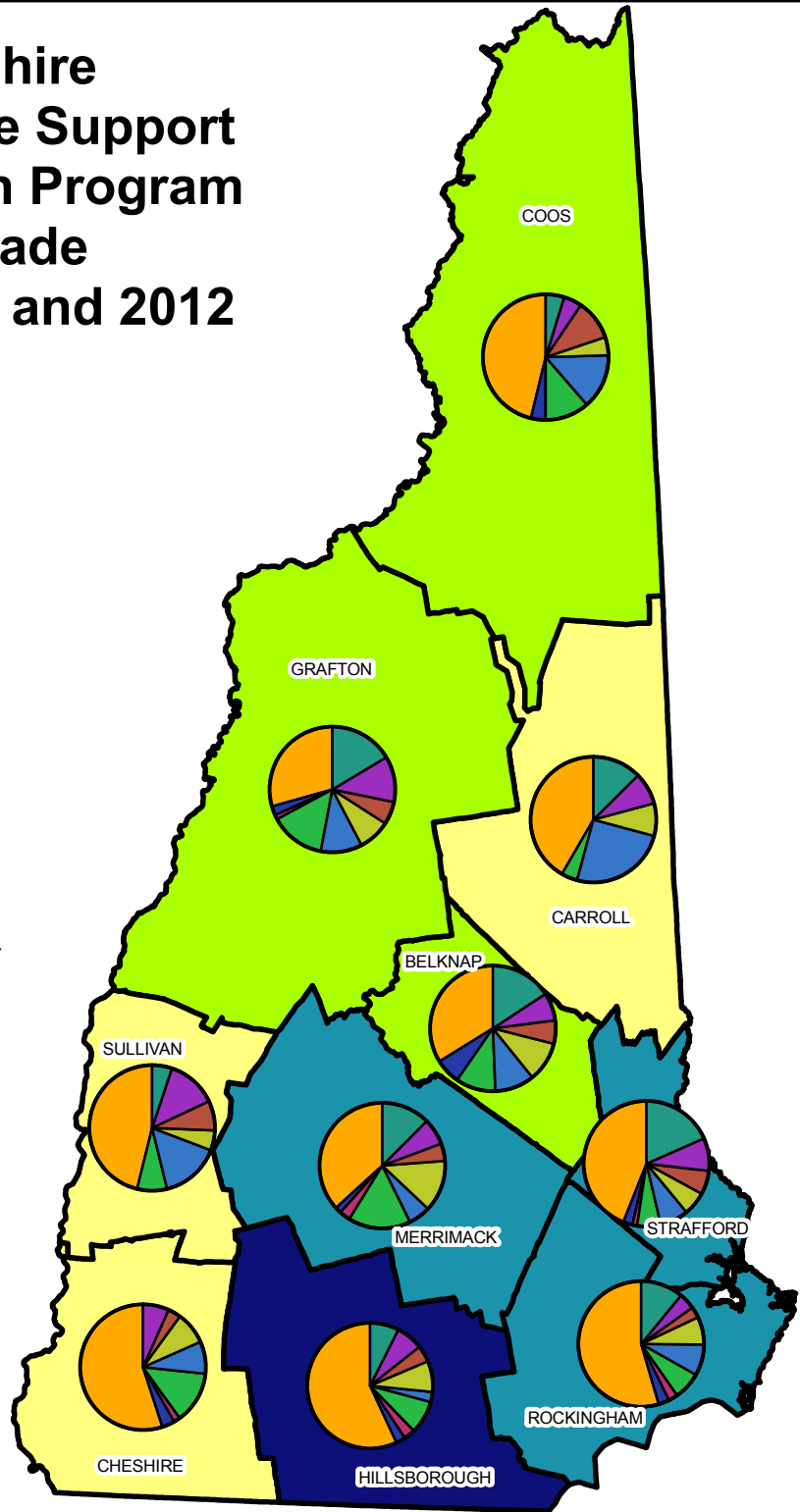
Other: Legal Assistance Programs, Food Pantries, Faith-Based Programs, Health/Fitness/Recreation Programs, & other

Veterans Served



The Deployment Cycle Support Care Coordination Program (DCS-CCP) is a partnership among the NH National Guard, NH Dept. of Health & Human Services, and Easter Seals NH.

The program provides local, individualized care coordination to post-9/11 Service Members, Veterans, and Families.

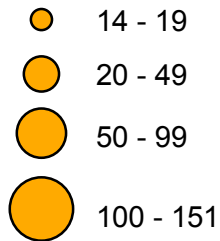


Referrals made by DCS-CCP Care Coordinators to Veteran, Military and Community based Programs in FY 2011 and FY 2012

	BELKNAP	CARROLL	CHESHIRE	COOS	GRAFTON	HILLSBOROUGH	MERRIMACK	ROCKINGHAM	STRAFFORD	SULLIVAN	TOTALS
Community Mental Health	26	3	0	5	14	40	53	23	15	2	181
VA Services	12	2	4	5	10	38	29	9	7	5	121
Vet Center Services	10	0	2	11	5	23	19	6	5	3	84
Financial Services	17	2	5	5	7	43	56	15	5	2	157
Vocational Services	17	6	5	15	9	14	24	17	6	6	119
Children's Services	17	1	8	12	12	46	68	15	5	3	187
Benefits Counseling	1	0	1	1	1	16	12	5	1	0	38
Med/Psych Treatment	11	0	2	4	2	13	7	6	2	0	47
Other	56	10	33	49	25	308	156	115	36	18	806

New Hampshire Deployment Cycle Support Care Coordination Program Veterans and Families Served Fiscal Years 2011 and 2012

Veteran Families Served



Veterans Served

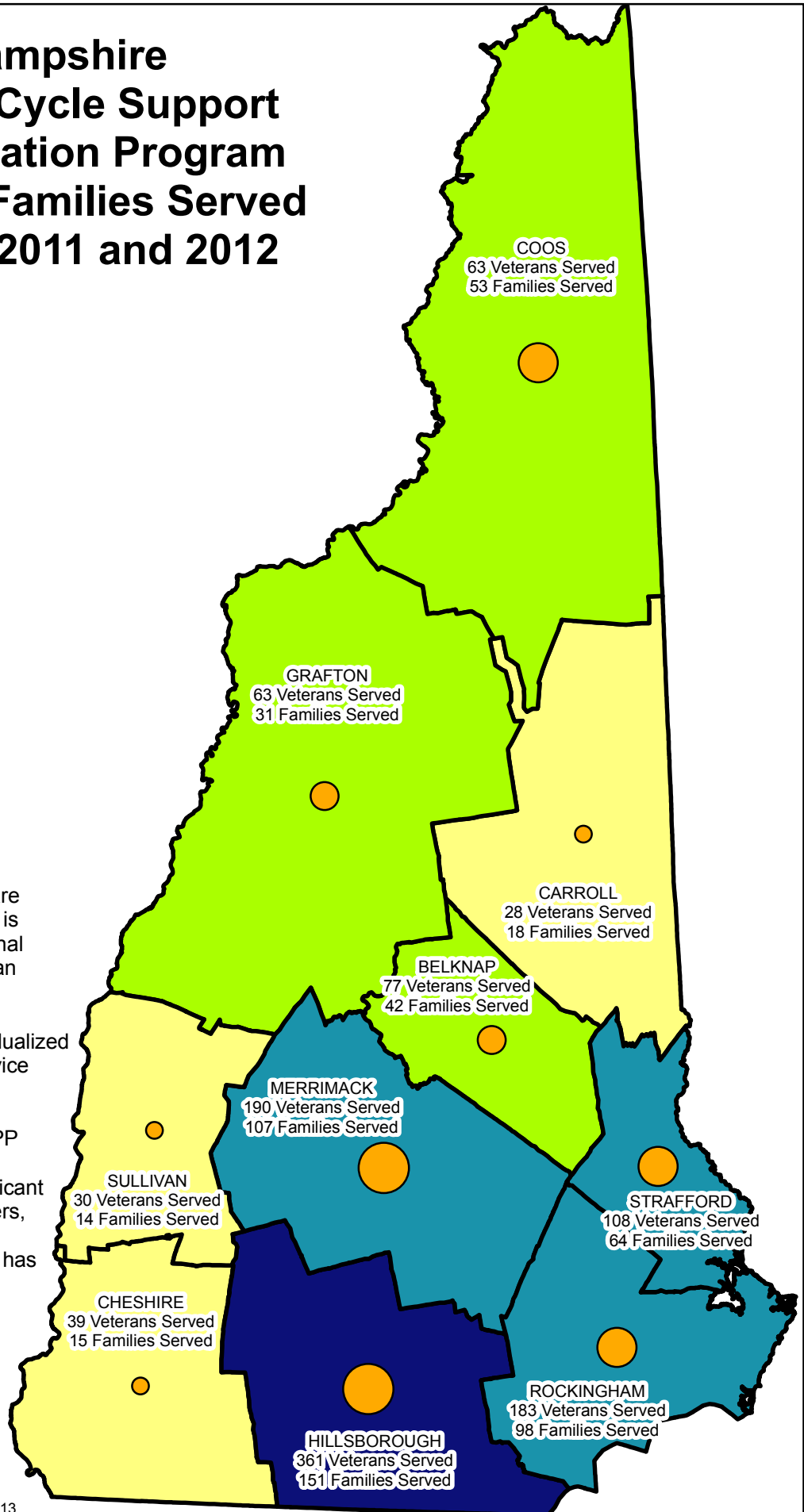


The Deployment Cycle Support Care Coordination Program (DCS-CCP) is a partnership among the NH National Guard, NH Dept. of Health & Human Services, and Easter Seals NH.

The program provides local, individualized care coordination to post-9/11 Service Members, Veterans, and Families.

Since the start of FY2011, DCS-CPP Care Coordinators successfully intervened in 59 instances of significant suicide risk among Service Members, Veterans, and Families. Since the program's inception, no participant has died by suicide.

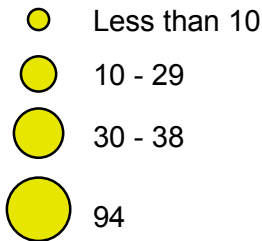
Map provided by:
NH Commission on PTSD and TBI



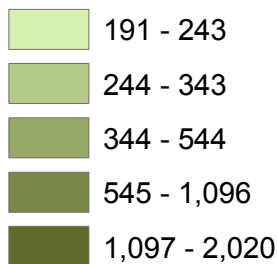
Veterans Identified as High Risk For Suicide by the VA

Veterans who are High Risk for Suicide receive an enhanced level of care, including missed appointment follow-ups, safety planning, weekly follow-up visits, and care plans that directly address their suicidality.

Patients Who Are High Risk, 2007-Present



Total Treated at VA, 2002-Present

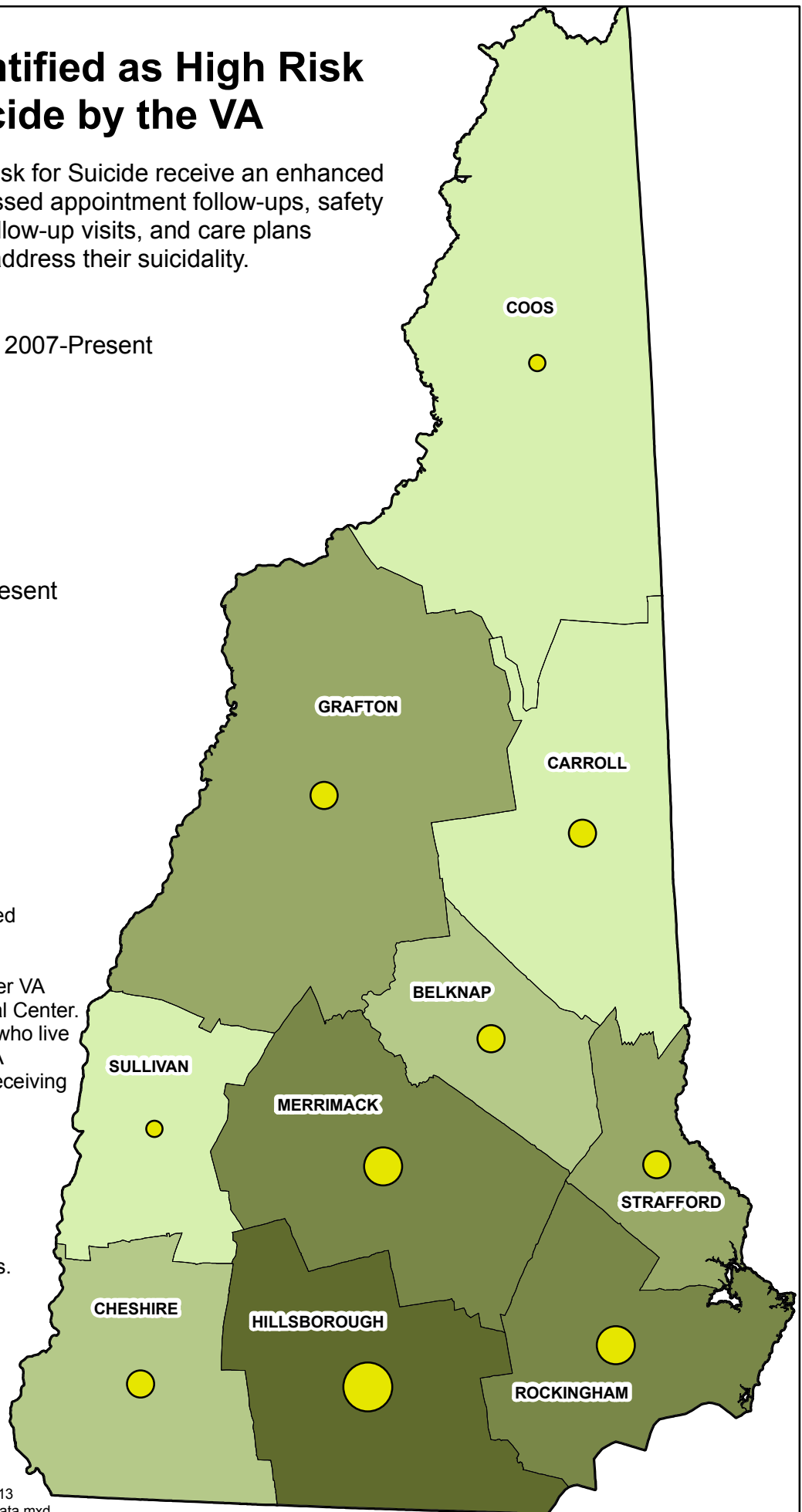


A total of 284 high risk patients were treated during the period 2007 to when the data was supplied in December, 2013.

These numbers include veterans who receive care at the Manchester VA or White River Junction VA Medical Center. Numbers do not include veterans who live in NH and receive care at other VA Medical Centers, or who are not receiving VA care at all.

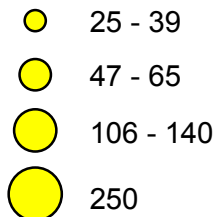
Data from:
Manchester VA and White River Junction VA Medical Centers.
Data supplied before end of calendar year 2013. Counts are not complete for year 2013.

Map provided by:
NH Commission on PTSD and TBI

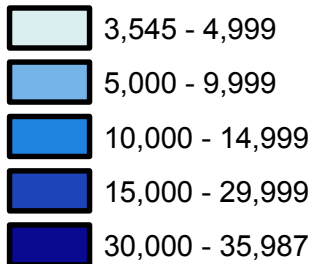


Post 9/11 Veterans Treated for Substance Abuse at VA Medical Centers

Treated at VA for Substance Abuse,
Either Primary or Secondary Diagnosis



Total Veteran Population, Sept. 30, 2011

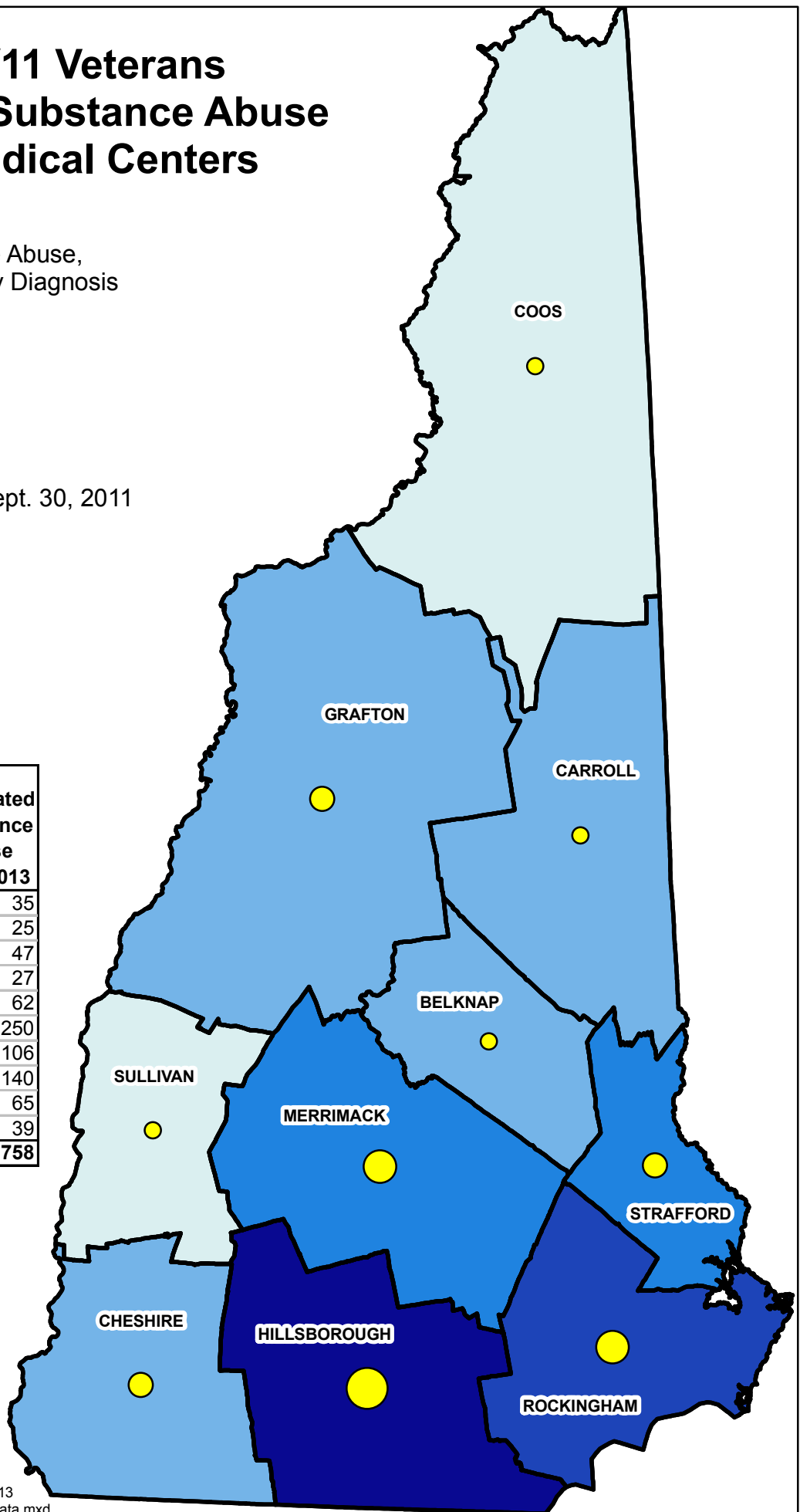


County	Total Post-9/11 Treated at VA 2002- 2013	VA Treated Substance Abuse 2002-2013
Belknap	343	35
Carroll	191	25
Cheshire	288	47
Coos	243	27
Grafton	463	62
Hillsborough	2,020	250
Merrimack	900	106
Rockingham	1,096	140
Strafford	544	65
Sullivan	240	39
State	5,575	758

Data from:
Citizens Soldier Support Program
and
Manchester VA Medical Center

Map provided by:
NH Commission on PTSD and TBI

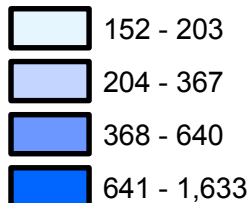
Map completed by DHHS/DCBCS/BBH/jh07/15/2013
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Veterans Deployed Since 9/11 and Locations of NH Colleges and Universities

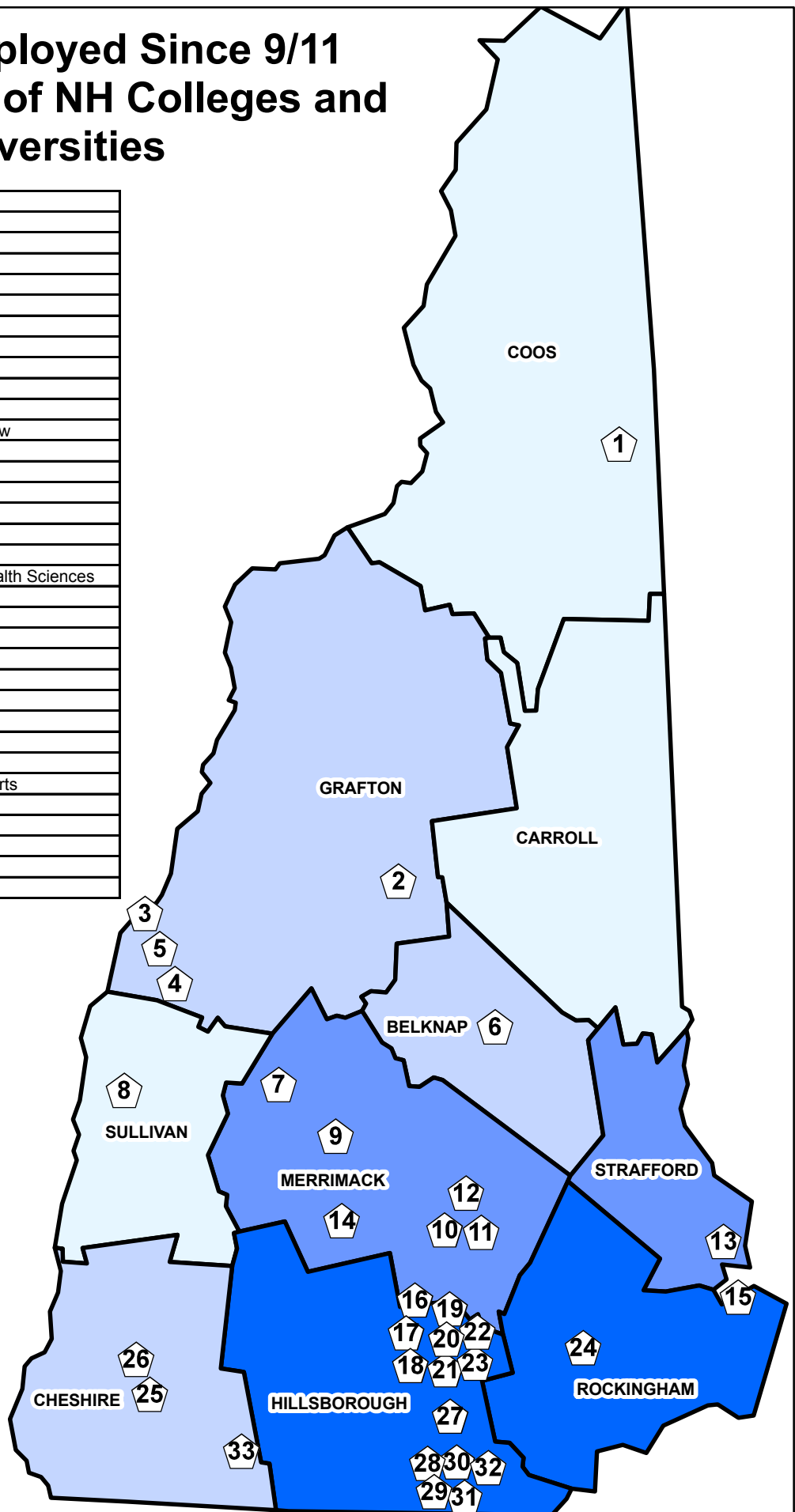
Label	SCHOOL
1	White Mountains Community College
2	Plymouth State University
3	Dartmouth College
4	Upper Valley Teacher Institute
5	Lebanon College
6	Lakes Region Community College
7	Colby-Sawyer College
8	River Valley Community College
9	Magdalen College
10	Granite State College
11	University Of New Hampshire School Of Law
12	Concord Community College (Nhti)
13	University Of New Hampshire
14	New England College
15	Great Bay Community College
16	University Of New Hampshire-Manchester
17	Hesser College
18	Massachusetts College Of Pharmacy & Health Sciences
19	New Hampshire Institute Of Art
20	Saint Anselm College
21	Southern New Hampshire University
22	Manchester Community College
23	Seacoast Career Schools
24	Chester College Of New England
25	Keene State College
26	Antioch New England Graduate School
27	Thomas More College Of Liberal Arts
28	New Hampshire Institute For Therapeutic Arts
29	Daniel Webster College
30	Rivier College
31	Nashua Community College
32	St Joseph Academic Center
33	Franklin Pierce University

Veterans Deployed Since 9/11










Data from:
Citizens Soldier Support Program
and
Address data from displayed resources





Map provided by:
NH Commission on PTSD and TBI



Military & Veteran Resources and Number of Veterans Deployed Since 9/11

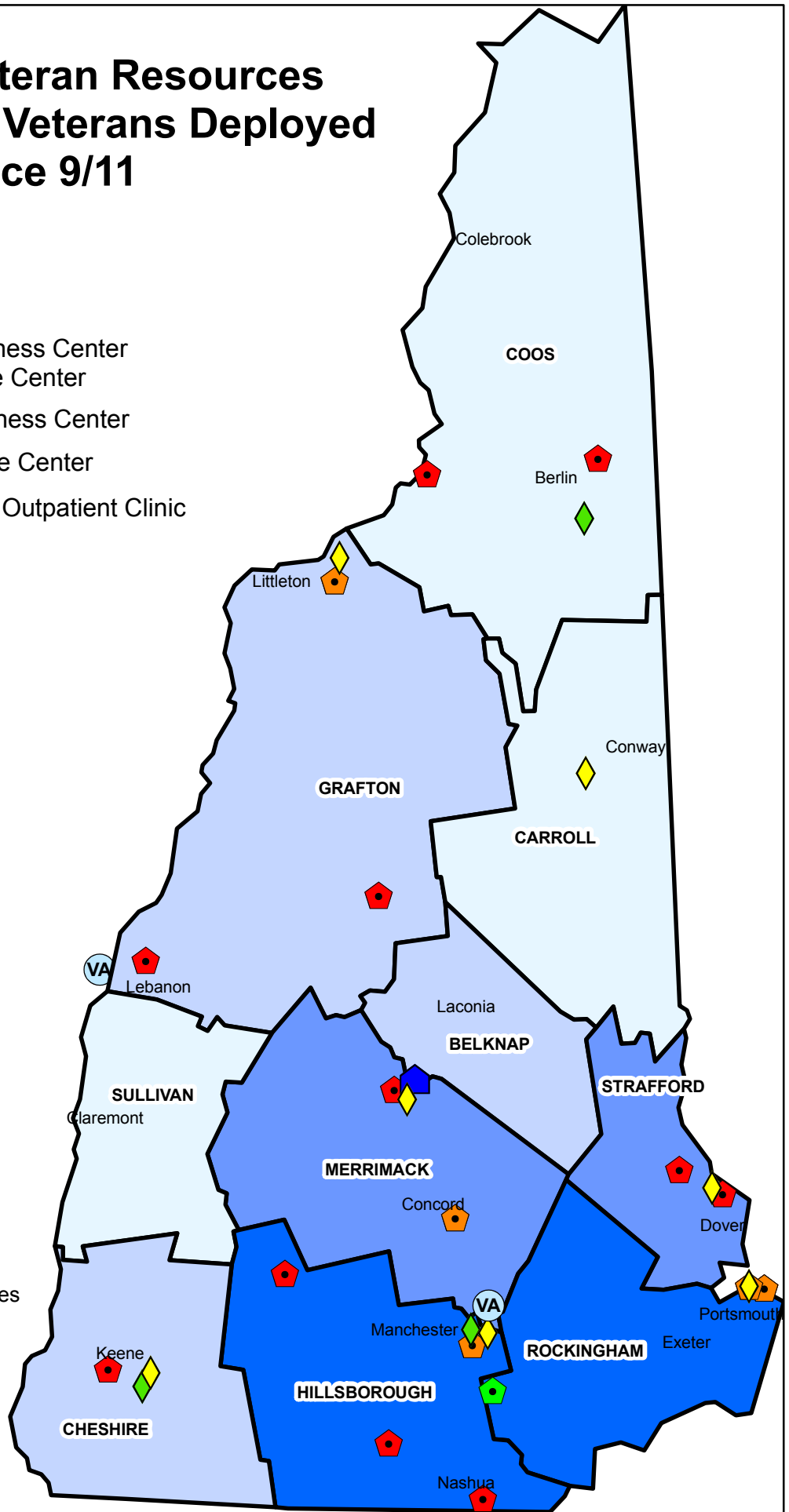
-  NH Veterans Home
-  VA Medical Center
-  National Guard Readiness Center with Family Assistance Center
-  National Guard Readiness Center
-  Armed Forces Reserve Center
-  VA Community Based Outpatient Clinic
-  Vet Center

Veterans Deployed Since 9/11

-  152 - 203
-  204 - 367
-  368 - 640
-  641 - 1,633

Data from:
Citizens Soldier Support Program
and
Address data from displayed resources

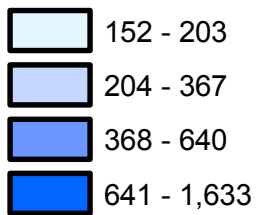
Map provided by:
NH Commission on PTSD and TBI



Locations of American Legions, Veterans of Foreign Wars, and Disabled American Veterans

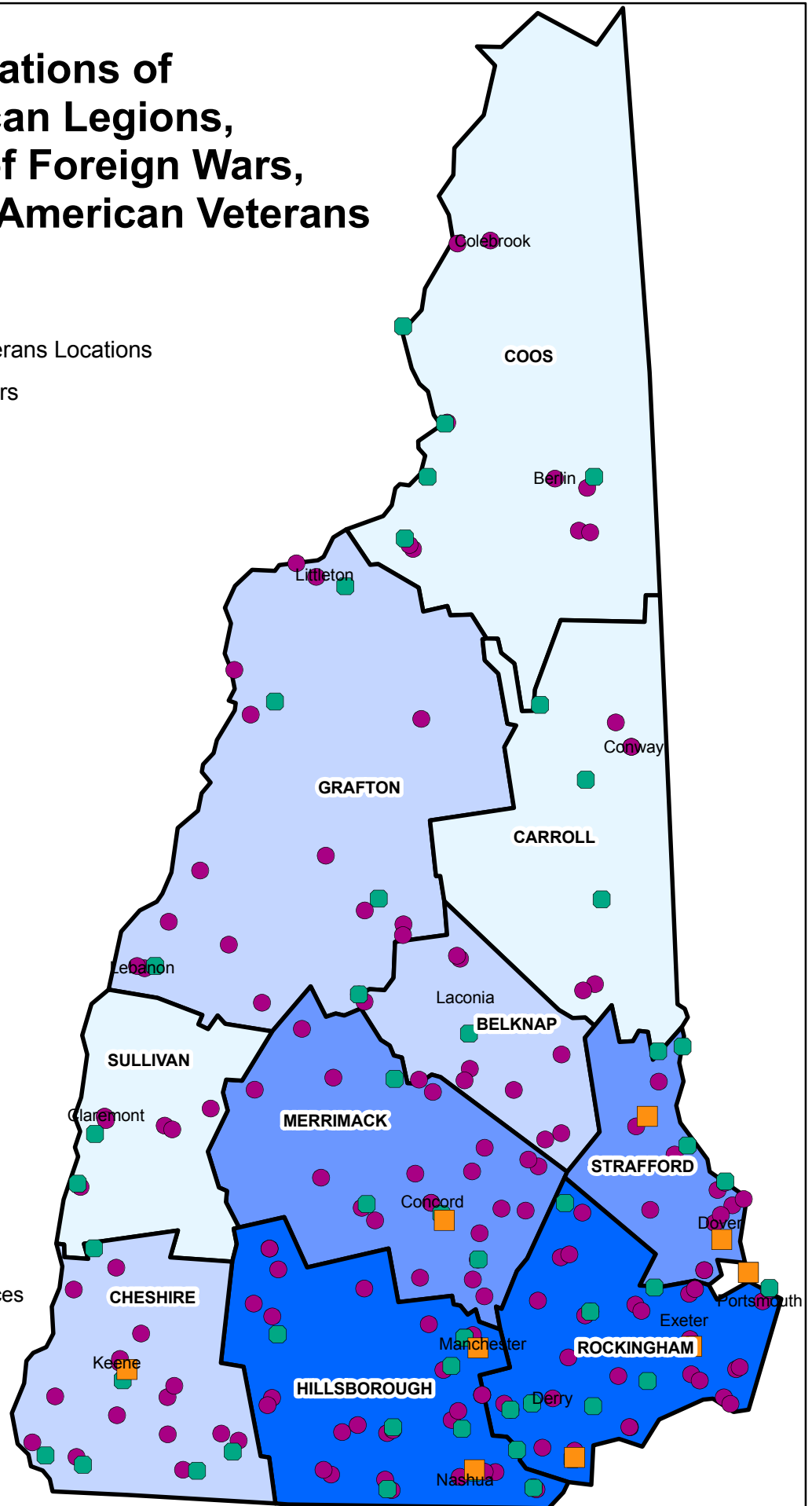
- Disabled American Veterans Locations
- Veterans of Foreign Wars
- American Legion

Veterans Deployed Since 9/11



Data from:
Citizens Soldier Support Program
and
Address data from displayed resources

Map provided by:
NH Commission on PTSD and TBI



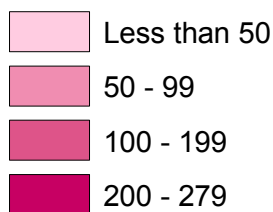
Veteran Response Rate to 2012 Survey

(1,170 Veterans Responded to Survey)

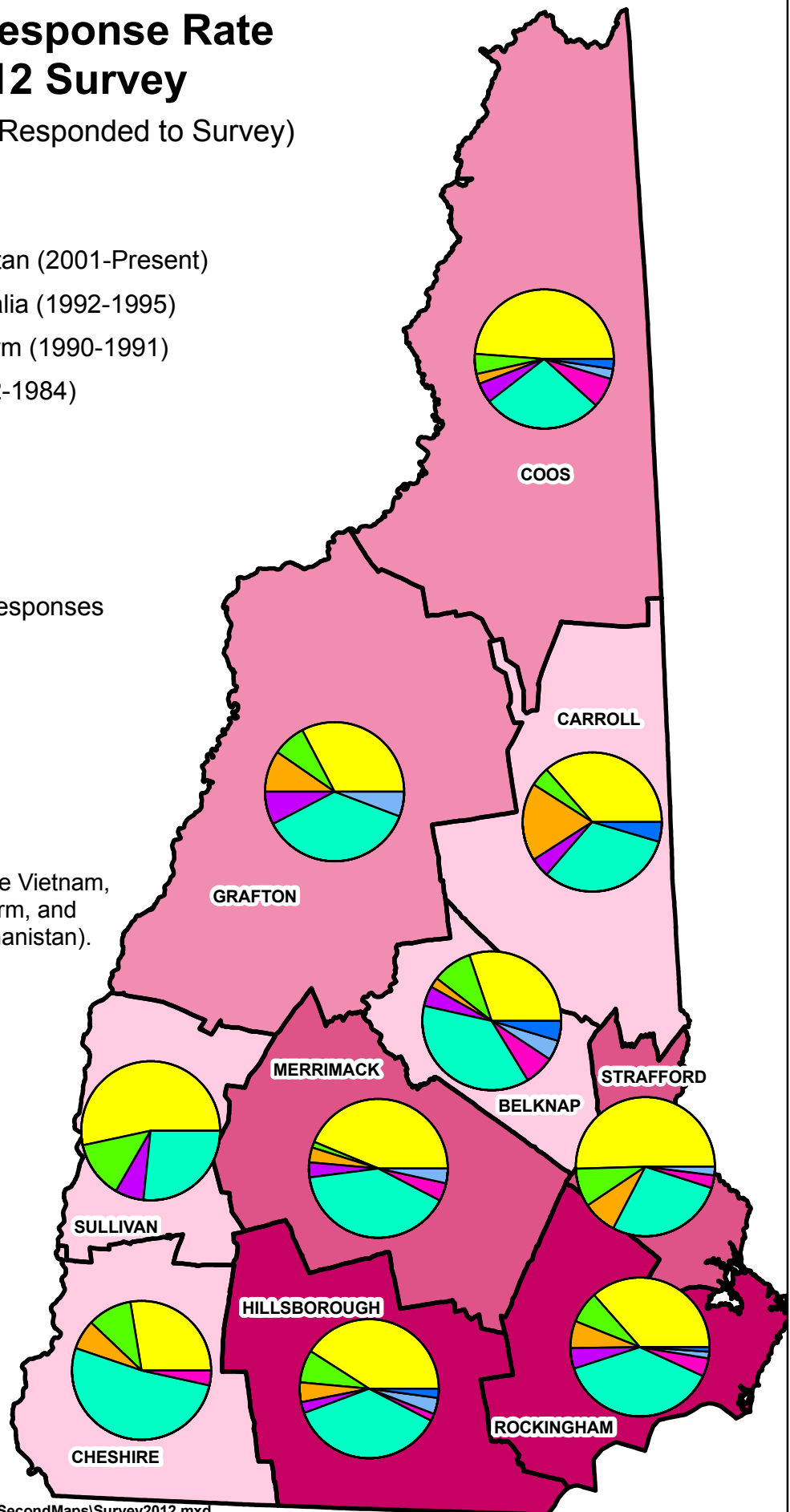
County by Conflict



County with Number of Total Responses



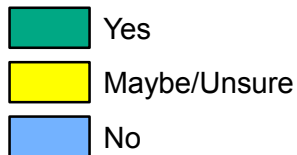
Of the survey responses, 38% were Vietnam, 18% were Persian Gulf/Desert Storm, and 35% were Post 9/11 (Iraq and Afghanistan).



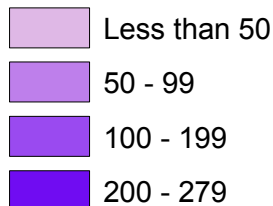
Map provided by:
NH Commission on PTSD and TBI

Veteran Response to 2012 Survey - Veterans Reporting Symptoms of PTSD

Veterans Reporting Symptoms of PTSD by County

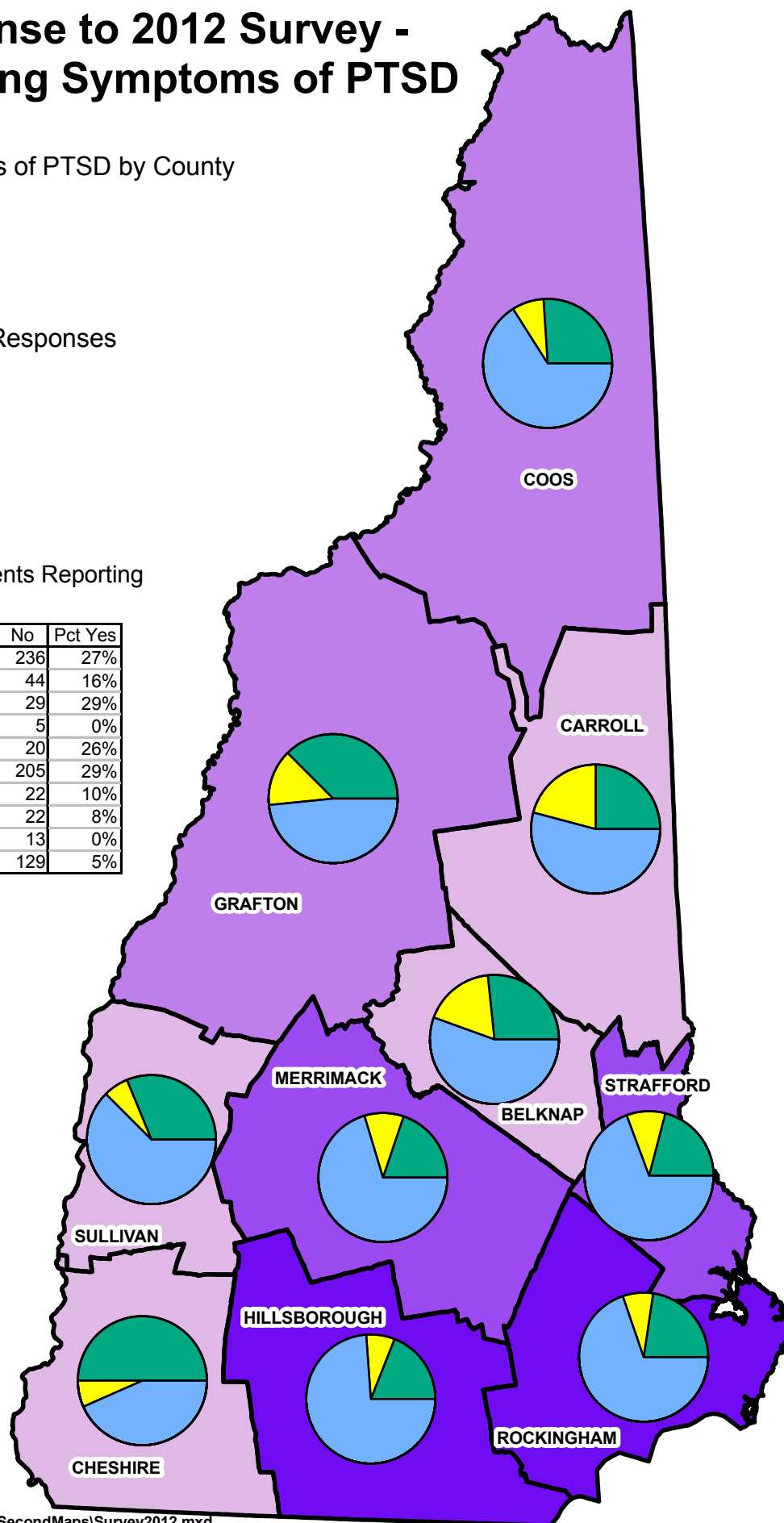


County with Number of Total Responses



Number and Percent of Respondents Reporting Symptoms of PTSD by Conflict

Conflict	Yes	Maybe	No	Pct Yes
Post 9/11 (Iraq/Afghanistan)	103	39	236	27%
Bosnia, Croatia, & Somalia	10	7	44	16%
Desert Storm	15	7	29	29%
Panama			5	0%
Lebanon/Granada	8	3	20	26%
Vietnam	97	27	205	29%
Korea	3	5	22	10%
Cold War	2	1	22	8%
WWII			13	0%
Other	7	10	129	5%



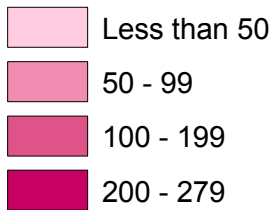
Map provided by:
NH Commission on PTSD and TBI

Veteran Response to 2012 Survey - Veterans Reporting Symptoms of TBI

Veterans Reporting Symptoms of TBI by County

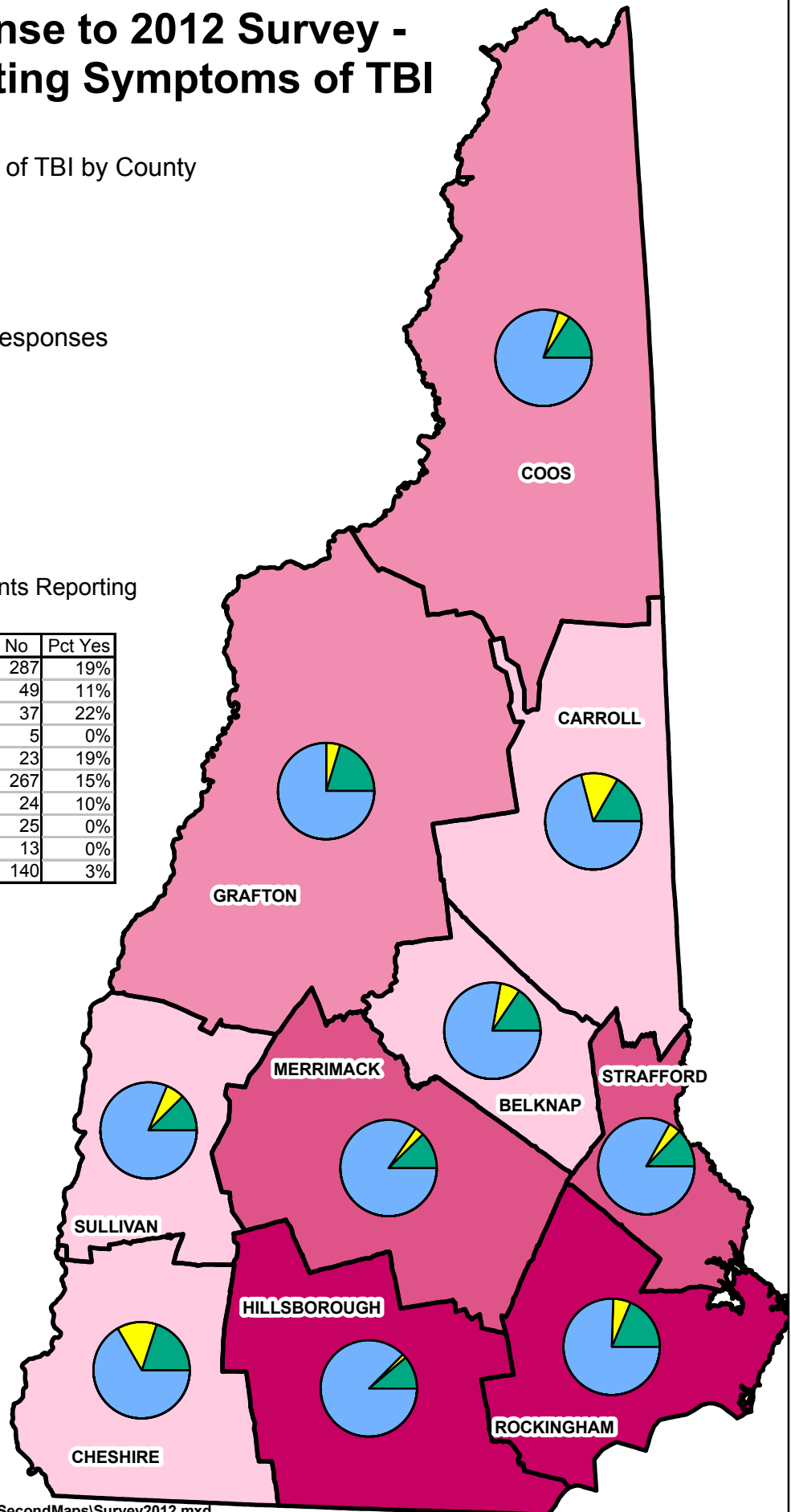


County with Number of Total Responses



Number and Percent of Respondents Reporting Symptoms of TBI by Conflict

Conflict	Yes	Maybe	No	Pct Yes
Post 9/11 (Iraq/Afghanistan)	73	18	287	19%
Bosnia, Croatia, & Somalia	7	5	49	11%
Desert Storm	11	3	37	22%
Panama			5	0%
Lebanon/Granada	6	2	23	19%
Vietnam	48	14	267	15%
Korea	3	3	24	10%
Cold War			25	0%
WWII			13	0%
Other	5	1	140	3%



Map provided by:
NH Commission on PTSD and TBI

Veteran Response to 2012 Survey - Problems Encountered in Efforts to Get Help

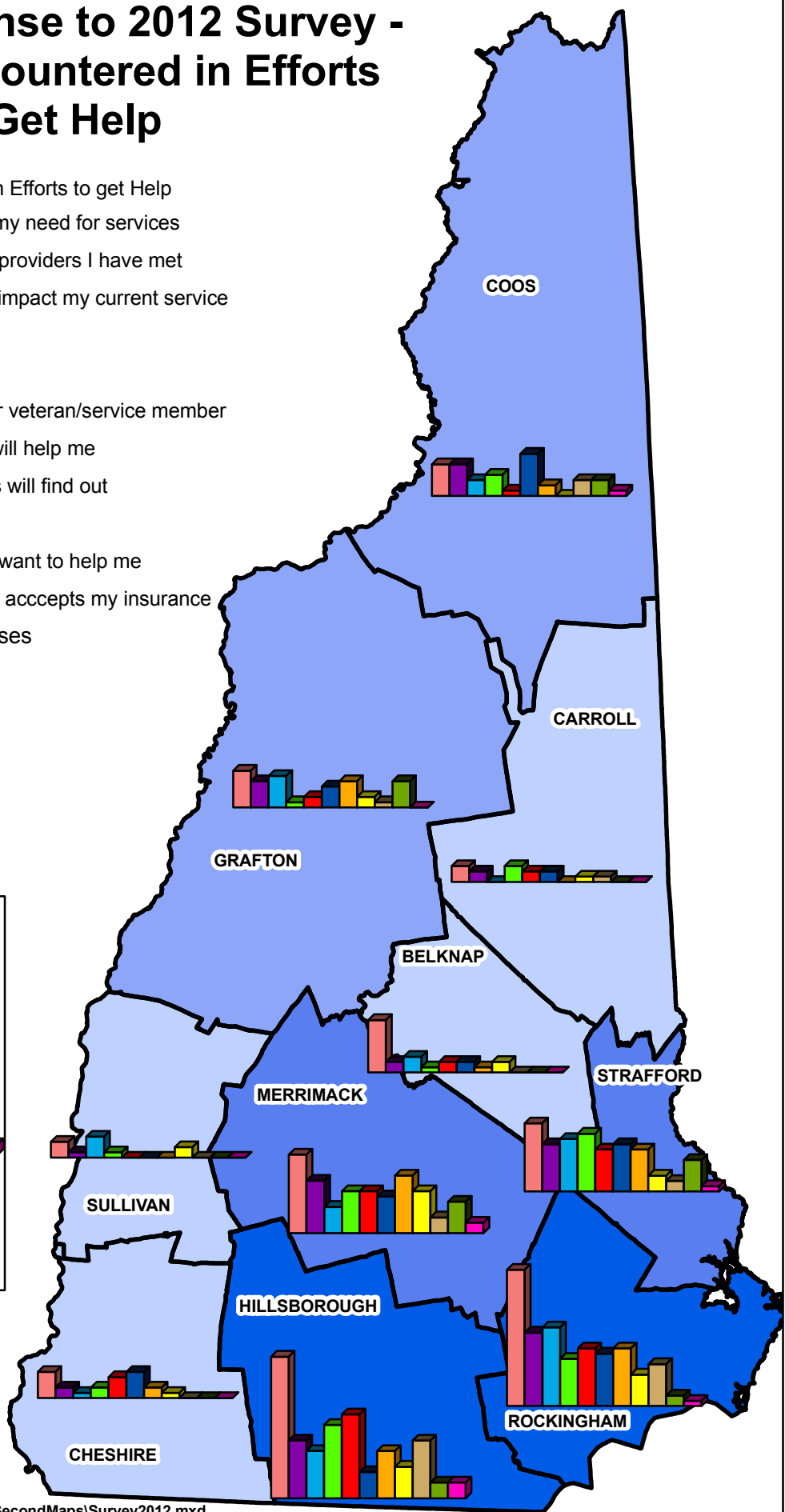
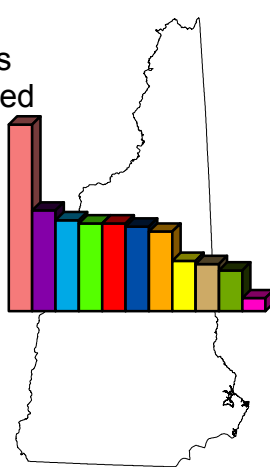
County with All Problems Encountered in Efforts to get Help

- I feel embarrassed/ashamed by my need for services
- I have not felt understood by the providers I have met
- I am afraid that seeking help will impact my current service
- I can't afford it
- I do not know where to get help
- I am only willing to talk to another veteran/service member
- There seems to be nothing that will help me
- I am afraid that my job/coworkers will find out
- I don't have transportation
- I have tried but no one seems to want to help me
- I cannot find a good provider that accepts my insurance

County with Number of Total Responses

- Less than 50
- 50 - 99
- 100 - 199
- 200 - 279

State Problems Encountered



Map provided by:
NH Commission on PTSD and TBI