



Veteran Resilience Project

Annual Legislative Report

January 2023

HF 792

SF 2102

Legislative Report of Veteran Resilience Project's (VRP) budget, explanation of expenditures, number of Veterans and service members served, and services provided.



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Subject: Veteran Resilience Project Annual Report

To:

Commissioner of Veterans Affairs: Honorable Larry Herke.

Senate Committee: State and Local Government and Veterans Committee

Committee Chair: The Honorable Senator Erin Murphy Vice Chair: The Honorable Senator Nicole L. Mitchell

Ranking Minority Leader: The Honorable Senator Bruce D. Anderson

House of Representatives Committee: Veterans and Military Affairs Finance and Policy

Committee Chair: The Honorable Representative Jerry Newton

Vice Chair: The Honorable Representative Steve Elkins Republican Lead: The Honorable Representative Matt Bliss



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Executive Summary:

Veterans have distinctive health issues related to their military service and are more likely to suffer from trauma-related injuries, substance abuse, and mental health disorders than people who have never served in the armed forces. About one-quarter of all Veterans had a service-connected disability in 2018, which is an injury, disease, or disability. In the state of Minnesota, there are more than 327,000 Veterans. Of these Veterans we know that 75,000 of them have been discharged since 9/11 and 45,000 served in a combat zone. Basing PTSD diagnosis on the national average we can project around 74,000 Veterans in Minnesota to have PTSD. In addition, there is severe concern about the current rate of death by suicide in the state of Minnesota. "Suicide has claimed more than 100 Minnesota Veteran lives per year during the past five years." According to a study conducted by the RAND Center for Military Health Policy Research, less than half of returning Veterans needing mental health services receive any treatment at all, and of those receiving treatment for PTSD and major depression, less than one-third are receiving evidence-based care.²

Veteran Resilience Project has provided evidence-based Eye Movement Desensitization and Reprocessing (EMDR) therapy for Minnesota Veterans since 2015. EMDR Therapy is recognized and recommended by the VA- National Center for PTSD, as well as, VA and military trauma therapists, and experts around the United States. EMDR Therapy is recognized as one of the top 5 methods of treating Military PTSD and trauma. VRP serves Minnesota Veterans and military members who have experienced trauma on and off the battlefield. VRP continues to provide this clinically proven therapy to Veterans experiencing Post-Traumatic Stress Disorder and other forms of trauma including Military Sexual Trauma. Veteran Resilience Project's mission is to effectively treat Post-Traumatic Stress Disorder and traumas amongst Minnesota Veterans and military members by providing and building awareness of Eye Movement Desensitization and Reprocessing (EMDR), a clinically proven trauma therapy. Although, the MDVA Grant provides 12 sessions for Veterans, it only covers those that have received an honorable discharge. Furthermore, the MDVA Grant does not cover additional sessions for Veterans who need additional sessions due to CPTSD (Complex PTSD) or multiple traumas. VRP continues to be committed to providing free EMDR for all Veterans, not dependent on their discharge status, and diligently works to provide additional sessions when needed.

VRP's organizational areas of focus in 2022 started with finalizing the terms of our legislative grant. This took considerable time and effort and signing the grant agreement on March 18th, 2022, was a significant moment for the State Legislature, MDVA, and Veteran Resilience Project. The grant allowed for the expansion of staff and in June 2022 VRP was able to hire their first fulltime contracted staff, Jonna Phillips as our Therapy Program Director. Jonna's background as an EMDR Therapist, veteran spouse, and currently serving as a Major in the Minnesota Air National Guard, has built further creditability for our organization. With this position our Therapy Network has grown, allowing for VRP to establish therapy policies and procedures, ensuring quality care. We now have a dedicated point of contact to navigate the complexities of the grant with MDVA, and most importantly build rapport with potential Veterans seeking EMDR Therapy. In addition, VRP was strategic about hiring an expert Interim



Executive Director, Susan Marschalk, with over 35 years in the Nonprofit world and a significant background in executive leadership. Through this addition, VRP has been able to apply for an additional 7 grants. The goal is to continue to build a statewide Veteran program that meets the needs for Veterans experiencing trauma. These grants focus on expanding our program to reach Veterans in Northcentral and Northeast Minnesota. The MDVA Grant provides funding for 2.5 FTEs and reimbursement for therapy sessions. These additional grants applications will allow for adding needed staff, a fulltime executive director, expansion of the program, and general operating expenses. VRP is now in the position to hire 2 Outreach Coordinators in 2023 (1 covered by the MDVA Grant), which will allow for a substantial increase in the number of Veterans being served.

March 18 – December 31, 2022, MDVA Contract Revenue and Expenses:

The contract with MDVA was signed on March 18, 2022. This is when Veteran Resilience Project (VRP) Began drawing down funds from the grant.

Budget Categories	MDVA funded	Amount reimbursed	Remaining
Executive Director	\$100,000	\$36,025	\$63,975
Advanced EMDR Training	\$60,000	\$30,000	\$30,000
EMDR Certified Therapy	\$340,000	\$3,812.50	\$337,937.50
Case Management Payroll	\$300,000	\$85,550	\$214,450
TOTAL	\$800,000	\$155,337.50	\$646,362.50

Executive Director: VRP has worked with a consultant since March 18, 2022 in the capacity of Interim Executive Director. The organization is committed to hiring a full time permanent Executive Director in 2023. The consultant in place for the past five months as Interim Executive Director has 35 years of experience in nonprofit leadership.

Advanced EMDR Therapy Training: In 2022, VRP hosted two Advanced EMDR Military Trainings. Thirty EMDR therapists attended these trainings and Veteran Resilience Project now has a network of 40 EMDR therapists across Minnesota. Twenty therapists were covered by the MDVA grant. This budget item covered the trainers, cost of the space and catering, plus certification. VRP's plan is to add an additional 40 EMDR therapists to the network in 2023. The goal is to grow VRP's Therapy Network in order to cover the State of Minnesota.

EMDR Certified Therapy: Therapists who have been trained in EMDR and are part of the VRP Network, will offer free services for Veterans. Through the grant, Veteran Resilience Project pays therapists for up to 12 hourly sessions per client. This offers therapy to Veterans who may not have had the opportunity to access these services or the ability to seek effective therapy. The amount listed for 2022 reflects a total reimbursement for 35.5 therapy hours. VRP is the in the process of re-submitting reimbursement for 6 additional clients. We are confident that



therapy sessions and services for Veterans will increase as we hire other employees focused on reaching out in communities across Minnesota.

Case Management Payroll: VRP has 1.8 staff who have worked since March 2022. The Therapy Program Director started consulting part time with VRP and moved to fulltime as a consultant with Veteran Resilience Project in June 2022. The Therapy Program Assistant has worked this past year as a part time consultant, and an Outreach Specialist has worked approximately 3 hours/wk assisting with social media, design work, and organizing training. As of January 1, 2023, the Therapy Program Director and Therapy Program Assistant have changed to the status of employees with VRP. Veteran Resilience Project will hire a fulltime Outreach Coordinator who will market the organizational mission and work, by educating the public, working closely with organizations serving Veterans, and building relationships with community organizations, health systems, and faith communities. The goal is to increase the number of Veterans who have access to EMDR therapy, reducing the number of Veterans suffering with PTSD and trauma, and preventing suicide.

Veterans & Service Members Served:

Veteran Resilience Project is dedicated to the pursuit of both educating Veterans, service members, families, companies, and communities about the impacts of Trauma, as well as, providing EMDR Therapy. We believe it is our responsibility to increase the knowledge of the impacts of Trauma, PTSD, and Military Sexual Trauma. As one survivor of Military Sexual Trauma who received EMDR Therapy reported, "I want Veterans to know that by healing themselves they heal their families". Therefore, VRP has focused on attending events and partnering with organizations to continue to concentrate our efforts on education and creating accessibility to our services. Through these events we have been able to increase awareness of the effectiveness of EMDR and build relationships with the community, Veterans, and other Veteran organizations. In 2022, we were able to attend 16 events reaching over 2000 Veterans, service members, and military families. In addition, VRP received over 200 contact cards identifying interest in learning more about EMDR or starting EMDR. VRP was invited to be interviewed on both "Minnesota Military Radio" and 950AM "Living Healthy and Aging Well" reaching an expansive audience throughout the state of Minnesota.



Veteran Resilience Project Outreach Events				
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Date	Organization	Туре		
Jan 26th-28th, 2022	Co-Occurring Disorders Symposium	Booth		
March 30th, 2022	Fairview - Veteran Employee Resource Group	Speakers		
March 31s, 2022	Domestic Abuse Project/Military Project	Collaborate		
April 15th, 2022	Medica - Veteran Employee Group	Speakers		
May 12th, 2022 - aired May 15th, 2022	Minnesota Military Radio	Speakers		
May 18 th , 2022	DEED Veterans Career Fair	Booth		
June 6th, 2022	Wayside Recovery	Meet & Greet		
August 22nd, 2022	Hennepin County Veteran Mental Health/Suicide Prevention Summit	Meet & Greet		
August 30th, 2022	State Fair	Booth		
September 17th, 2022	Minnesota Women's Military Leadership Forum	Booth		
September 28th, 2022	Eagle Group of Minnesota Veterans	Speaker		
September 29th, 2022	Veterans and Family Appreciation Day- Career Force	Booth		
October 1st, 2022	Suicide Prevention and Awareness Day	Booth		
October 20 th , 2022	St. Cloud Standdown	Booth		
October 27th-28th, 2022	Unmasking Mental Health	Attended/Networking		
	Wayside Recovery - ""Complexities of Providing Support for Women			
November 17th, 2022	Veterans and/or Partners of Veterans"	Speaker		
December 10th, 2022	Living Healthy and Aging Well	Radio Show		
December 12th, 2022	Home for the Holidays/MACV	Booth		

As a nonprofit that provides therapy, VRP has diligently been working to establish matrixes that help us understand how to convert Veteran and service members interested in EMDR to the next phase of starting the intake process. Based on research, there is a considerable amount of effort to transfer Veteran leads we have secured into beginning the intake process for EMDR Therapy. Research identifies that conversion rates are typically around 10% and even lower when it comes to mental health services due to the additional barriers for clients.³ In 2023 our projection is to considerably increase the events and consistently increase our conversion rates by hiring a full-time dedicated Outreach Coordinator at the beginning of 2023.

Simultaneously, while focusing on our Outreach Program, VRP has spent a substantial amount of time growing our Therapy Program Network. In 2022, we hosted and trained an additional 20 Therapists through our Advanced EMDR Military Training bringing our VRP Therapy Network to 40 EMDR Therapists throughout the state of Minnesota. As we work to expand our efforts throughout the state to meet the needs of rural Veterans and the high Veteran population of Northeast and Northcentral Minnesota, VRP was able to add 6 new therapists from the Duluth region. To continue to advance our efforts in this region we are hosting our 2023 spring training in Duluth. This training provides 10 CEUs and is offered free to EMDR Therapists throughout the state Minnesota, offering both in-person and zoom options.

VRP Therapy Network therapists are considered Traumatologists⁴ and have identified concerns over the MDVA Grant limitations of 12 sessions when treating clients with CPTSD (Complex PTSD). Two therapists reported clients stopping EMDR Therapy early due to the restriction of 12 sessions. As an example, VRP recently received a request from a therapist identifying the need for more sessions for a client with CPTSD. Certain information has been redacted to protect

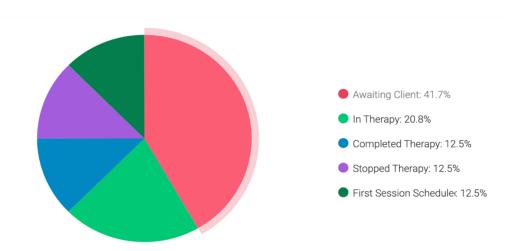


client confidentiality. The VRP Therapist reported, "I am requesting extended sessions due to the nature of trauma. Client has extensive physical/physiological injuries as a result of the injuries that occurred while in service. I am working in conjunction with the client's medical team to ensure therapy doesn't impact anything on the medical side (ear ringing, headaches, body pain, nightmares). I also needed to connect the client with VA benefits which meant we needed to track down their DD214 (which we were able to do). This opened a lot of moral injury⁵ components. This specific client needs more time to not just scratch the surface, but to heal. The client is a very private, untrusting Veteran, who did request to be allowed to continue with me." VRP has found that this case is not an uncommon narrative and continues to speak to the necessity of more sessions, when clinically appropriate, to meet the VRP mission of "Bringing our Veterans all the way home".

VRP Services Provided:

VRP is consistently evaluating our processes that are going well and ways to improve our services to decrease barriers and increase care. VRP is currently conducting a campaign to reconnect with Veterans and military members who have already identified an interest in starting EMDR Therapy. In 2022, VRP identified several barriers to care and are establishing procedures to minimize the obstacles of clients to start EMDR Therapy. VRP has had 25 Veterans initiate the Intake Process, which based on research is a higher response rate for those Veterans struggling with mental health. Currently, the main barrier to starting the first session is having Veterans/military members complete the intake process and providing VRP with the documentation required per the Grant agreement. VRP is waiting for 40% of clients to provide the documentation required in order to proceed with EMDR Therapy.

VRP EMDR Client Status Chart:

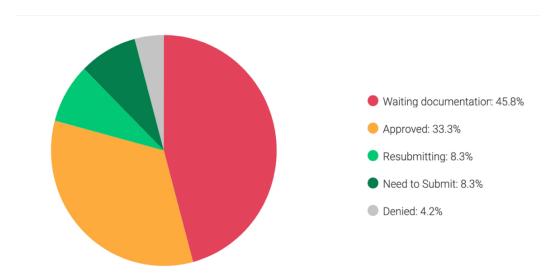


An additional barrier is regarding documentation. Often, we receive the incorrect documentation that slows the process down. When asked for a copy of their DD214 military members typically will provide a "Copy 1 of DD214s" (DD214s received for military schools or



training). This type of the DD214 is not approved by the MDVA. The request for the specific DD214 is often discouraging to those who are courageous enough to reach out for help. Per the MDVA Grant "For any person currently serving in the armed forces, active or reserve, that has not been discharged an official letter (or equivalent) from participant's unit commander verifying the person's status must include the service member's full name and last four digits of their Social Security number. Without eligibility verification, funding and services cannot be utilized." We have found that when VRP asks currently serving members to reach out to their commander for this letter of verification, it is a significant barrier for care. At this time, we have only received one letter of verification. VRP's team is diligently working to decrease these barriers and streamline our communication processes by providing checklists during the intake process and offering EMDR Therapy sessions for those who do not meet these requirements.

VRP EMDR Client MDVA Approval Chart:



Conclusion:

Veteran Resilience Project would be remiss if we did not conclude by thanking the Legislature for their support in providing evidence-based EMDR Therapy to Minnesotan Veterans and service members. Through partnering with the MDVA, VRP has been steadily refining how to implement and track the requirements of this grant.

VRP has identified three areas of concern that are important to recognize. These will increase the effectiveness of the program and will improve implementation of the MDVA Grant.

Some of the documentation required delays and creates barriers to effective EMDR
 Therapy. We are requesting that for both Veterans and military members that copy 1 of
 DD214 or a current military ID, versus a commander's letter, documentation be
 approved as a form of verification to receive.



- **2.** VRP would request that our Therapy Director, a Licensed Therapist, be able to approve requests for additional sessions and to use the surplus of \$337,937.50 to cover these sessions.
- 3. Throughout the multiple events VRP attended this past year a consistent message from Veteran spouses was, "What about me?". Military and Veteran spouses do not have access to care through the VA for mental health services. There is significant research and attention given to the need for evidence-base care for Veterans suffering from invisible wounds. However, the various impacts of the military lifestyle on the supporting spouse can often go unnoticed. Spouses have identified to VRP that they have been holding their own invisible wounds. This is often due to the spouse's heightened focus on the Veteran's mental health and the energy needed to minimize the impact of trauma on the family system. A study done on the secondary traumatization of wives of war Veterans stated, "As more than a third of war veterans wives met the criteria for secondary traumatic stress, any treatment offered to veterans with PTSD must address the traumatization of their family."

As we move forward into 2023, we ask that you consider supporting and implementing these changes to further unite with VRP in our mission to "Bring our Veterans all the way home."



References

inside?gclid=CjwKCAiA2fmdBhBpEiwA4CcHzV3s-mPYSz60Wt7NjkUOaO3ltWk6-6D8-dDGDnNsf0pxiOCkfwLrGhoCfUUQAvD BwE

¹ Minnesota Department of Veteran Affairs. (2019). Minnesota Department of Veterans Affairs 2020-21 Governor's Biennial Budget Recommendations. https://mn.gov/mmb-stat/documents/budget/2022-23-biennial-budget-books/governors-recommendations-january/veterans-affairs.pdf

² Reisman M. PTSD Treatment for Veterans: What's Working, What's New, and What's Next. P T. 2016 Oct;41(10):623-634. PMID: 27757001; PMCID: PMC5047000.

³ Park, S. (2021). What's a Good Conversion Rate for Medical Practices? Runner Medical Marketing. https://runneragency.com/blog/good-conversion-rate-for-medical-practices

⁴ Ferreira, R.J. (2019). *Traumatology*. American Psychological Association. https://www.apa.org/pubs/journals/trm

⁵ Shay Moral Injury Center. https://www.voa.org/moral-injury-war-

[&]quot;Moral injury is the suffering people experience when we are in high stakes situations, things go wrong, and harm results that challenges our deepest moral codes and ability to trust in others or ourselves. The harm may be something we did, something we witnessed, or something that was done to us. It results in moral emotions such as shame, guilt, self-condemnation, outrage, and sorrow."

⁶ State of Minnesota, Minnesota Department of Veteran Affairs Grant Agreement. *Grant Agreement SWIFT Contract/P.O. No. 3-50730*

⁷ Tanielian, Terri, Lisa H. Jaycox, Terry L. Schell, Grant N. Marshall, M. Audrey Burnam, Christine Eibner, Benjamin Karney, Lisa S. Meredith, Jeanne S. Ringel, and Mary E. Vaiana, Invisible Wounds: Mental Health and Cognitive Care Needs of America's Returning Veterans. Santa Monica, CA: RAND Corporation, 2008. https://www.rand.org/pubs/research_briefs/RB9336.html.

⁸ Francisković T, Stevanović A, Jelusić I, Roganović B, Klarić M, Grković J. Secondary traumatization of wives of war veterans with posttraumatic stress disorder. Croat Med J. 2007 Apr;48(2):177-84. PMID: 17436382; PMCID: PMC2080512.