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2	CITY COUNCIL	
3	CITY OF NEW YORK	
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5	TRANSCRIPT OF TH	E MINUTES
6	Of the	
	COMMITTEE ON VET	ERANS
7		September 17, 2019
8		Start: 10:07 a.m. Recess: 12:20 p.m.
9		-
10	HELD AT:	250 Broadway-Committee Rm, 16 <sup>th</sup> Fl.
11	BEFORE:	CHAIM M. DEUTSCH
12		Chairperson
13	COUNCIL MEMBERS:	ALICKA AMPRY-SAMUEL
14		MATHIEU EUGENE ALAN N. MAISEL
15		PAUL A. VALLONE
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1	COMMITTEE ON VETERANS 2
2	APPEARANCES (CONTINUED)
3	Adam Connolly
4	Assistant Commissioner for Engagement and Community Services at the New York City Department of Veteran Services, DVS
5	Alexis Wichowski
6	Associate Commissioner of Public Affairs at the New York City Department of Veteran Services, DVS
7	Mary Bier
8	National Director of Military Initiatives at Unite Us
9	Maureen Casey
10	Chief Operating Officer for the Institute for Veterans and Military Families, IVMF
ТТ	Juan Serrano
12 13	Assistant Vice President for Military and Veteran Liaison Services for Northwell Health
14	Anthony Silvera Supervisor of Vet Connect NYC
15	Coco Culhane
16	Founder and Director of the Veterans Advocacy Project
17	Kent Eiler
18	Project Director at the City Bar Justice Center's Veterans Assistance Project, VAP
19	John Rowan National President of Vietnam Veterans of America
20	
21	Joe Hunt Director of the Veteran Mental Health Coalition
22	Vadim Panasyuk Senior Manager of Client Services with IAVA Rapid
23	Response Referral Program, RRRP
24	Rhonda Sherwin Former Veterans Financial Coach at Vet Connect
25	NYC

1	COMMITTEE ON VETERANS 3
2	APPEARANCES (CONTINUED)
3	Matthew Ryba
4	Outreach and Education Director for New York Presbyterian's Military Family Wellness Center
5	Joseph Euro
6	Psychologist at the New York City Department of Veteran Affair's VISN 2, Mental Illness Research,
7	Education and Clinical Center, MIRECC
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[gavel]

CHAIRPERSON DEUTSCH: Good morning, I'm
Council Member Chaim Deutsch, Chair of the Committee
on Veterans, thank you all for joining us today. I
would like to thank the members of the armed forces
that protect our way of living and all of the
freedoms that we are afforded. I would also like to
thank the veterans and military members who have
supported the military community and our country. At
today's hearing we'll be discussing about Connect
NYC, a program operated by the New York City
Department of Veterans Services. A common issue we
see among the veteran community is a lack of
knowledge about as well as access to services and
providers. In response to this deficit DVS created
the vet Connect NYC program to ensure that veteran
needs are matched with service, services and
providers. Vet Connect NYC began as a pilot program
in 2015 called NY Services NYC. New York Serves was
created to find an effective, accessible model for
streamlining the complex process of navigating all
the available resources for veterans in New York
City. In November of 2018, DVS officially acquired
the former NY Serves and launched Vet Connect NYC in

2	its place. Vet Connect NYC is a referral-based
3	platform for veterans to search for and be connected
4	with the services that are available for them here in
5	New York City. The platform is run by DVS in
6	partnership with Syracuse, a university, university
7	institute for veterans and military families, America
8	Serves, Unite US and Northwell Health. Vet Connect
9	NYC has connections with hosts of over 80 providers
10	of services including providers, providers like
11	American Red Cross, Cross, CUNY, Four Block, the
12	Bridge and Iraq and Afghanistan Veterans of America.
13	These providers offer a range of services including
14	legal assistance, health care, employment, housing
15	and many other services. The providers are available
16	on Vet Connect's website and Vet Connect positions
17	itself as a referral program to connect veterans to
18	those providers. Although Vet Connect NYC has been in
19	existence only one year since it's official launch,
20	the framework that this platform is built on and has
21	been active since 2015 under it's former name NYC
22	Serves NYC. We look forward to learning more about
23	Vet Connect NYC today including how its being run,
24	how the referral serves portion works and what
25	difference what differences exist between NY Serves

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of applause.

and the current Vet Connect program. I would like to thank committee staff Nuzhat Chowdhury our Counsel; Kevin Kotowski our Policy Analyst and Andrew Wilber our Finance Analyst and my new citywide Veterans Director Mr. Joe Bello for their help in putting together this hearing so, I want to congratulate Joe Bello once again for being on the New York City Council's team and serving as the citywide Veterans Director so I will let everyone give him a nice round

[applause]

CHAIRPERSON DEUTSCH: So, at this time

I'd like to recognize the members who are here is

Council Member Alicka Ampry-Samuel and Council Member

Paul Vallone and I'd like to ask now the Counsel to

administer the oath.

COMMITTEE CLERK: Please raise your right hand? Do you affirm to tell the truth, the whole truth and nothing but the truth in your testimony before this committee and to respond honestly to Council Member questions?

[panel affirms]

ADAM CONNOLLY: Good morning Chair

Deutsch and members of the Committee on Veterans. My

2	name is Adam Connolly and I am proud to serve as the
3	Assistant Commissioner for Engagement and Community
4	Services at the New York City Department of Veteran
5	Services. I am joined today by Alexis Wichowski,
6	Associate Commissioner for Public Affairs at DVS. On
7	behalf of Commissioner Loree Sutton and DVS we would
8	like to extend our appreciation to the Committee on
9	Veterans for their advocacy and leadership in the
10	veteran's community in New York City. DVS's
11	engagement of community service members have been
12	proud to greet members of the City Council including
13	Chair Deutsch at our veterans resource centers
14	throughout the city and hope they will have
15	additional opportunities to introduce members of the
16	Council to our local veterans at the veteran resource
17	centers and other events in the future. About Vet
18	Connect NYC. I would like to now address the subject
19	of this hearing, the coordinated care network that
20	connect NYC. That Connect NYC is a one stop shop for
21	New York City service members, veterans and their
22	families to connect to a range of free, vetted,
23	quality resource… services and only those services
24	for which they are deemed eligible, it's what we in
25	the military community like to call a force

2	multiplier. With a single phone call or by filling
3	out a brief intake form, Vet Connect NYC links
4	service members, veterans and their families to a
5	network of, of over 100 service providers capable of
6	addressing the range of life needs. Vet Connect NYC
7	is a partnership with the city of New York who
8	procured the network and Syracuse University's
9	Institute for Veterans and military families, IVMF
10	who coordinates the subcontractors of which there are
11	two; Unite Us, a veteran owned tech company who
12	operates the digital platform and Northwell Health
13	who serve as the coordination center providing
14	trained veteran pure specialists who work one on one
15	with constituents. How it works. In a moment we will
16	present a demonstration of how a person could submit
17	an assistance request to that Connect NYC. I'll also
18	provide a brief summary of the process, discuss how
19	Vet Connect NYC has performed since we launched in
20	November of 2018 and provide some key metrics that
21	reveal insights about the complexity of needs New
22	York City service members, veterans and their
23	families have met through this program. Signing up
24	for Vet Connect NYC is simple and straightforward;
25	you can call 1-833-VETSNYC, you can go to the

2	website, www dot Vet Connect NYC dot org from a
3	computer or mobile phone or you can speak with one of
4	DVS's outreach coordinators who will assist you in
5	signing up. After filling out a few basic demographic
6	questions you will receive a phone call from a
7	coordinated care manager within three to five
8	business days. For urgent mental health needs Vet
9	Connect NYC also promptly displays the phone number
10	for the veteran's crisis line. All of the care
11	managers are also veterans working at our coordinated
12	care provider, Northwell Health, one of the largest
13	health care providers in the Northeast. The care
14	managers will ask questions designed to pinpoint what
15	kinds of services you're eligible for as well as what
16	needs you have. As the data will show most callers
17	have more than one need. If you're seeking housing,
18	you may also need help finding a job and be
19	interested in speaking with a mentor for example. The
20	care manager then inputs relevant details from the
21	conversation into an advanced technology platform
22	operated by the veteran owned tech business, Unite
23	Us. This technology platform visible only to
24	Northwell Health and the target service providers
25	allows the care managers to track which service

providers the caller is eligible for, make the
referral electronically, track when the service
provider successfully connects the caller to services
and confirm when the case is conclusively resolved.
If the case is not successfully resolved with the
first person service provider referral Northwell
Health's care managers can then conduct, follow up
calls and emails with the client until an appropriate
service provider is matched with the case. If a
constituent needs a service that is not available
within the vetted provider network of Vet Connect NYC
Northwell Health's care managers can also make a
referral to an out of network organization. The
vetting process to become a member of the network
includes consideration of several areas such as need
for services within the network, mission, vision and
service of the provider, staff capacity and
willingness to adhere to the referral model, the
service providers finance and budgeting, aquadations,
references from other providers and a demonstrated
focus on data, measurement and commitment to
improvement. In sum, the service providers within the
Vet Connect NYC network go through a thorough vetting
process. The main benefit of Vet Connect NYC is of

course what it provides for service members, veterans
and family members. It's very easy to connect to Vet
Connect NYC and very difficult to fall through the
cracks. Once in the system Vet Connect NYC's care
managers can continue to track a case until it is
resolved. In cases where a service needed is provided
by a city agency, Northwell Health's care managers
can refer the case to DVS. DVS's outreach
coordinator, coordinators then serve as the service
provider making the warm handoff to a contact at the
most appropriate city agency. At this time, I will
demonstrate how to submit an assistance request for
Vet Connect NYC.

[off mic dialogue]

CHAIRPERSON DEUTSCH: We're just waiting for, for a cord to come in so I'm going to ask you some questions in the meantime and then as soon as we're, we're ready we'll... [cross-talk]

ADAM CONNOLLY: Sounds fair... [cross-talk]

CHAIRPERSON DEUTSCH: ...begin. So, how many client's requests have been handled by Vet Connect NYC in 2019?

ADAM CONNOLLY: Currently it's 916

requests.

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CHAIRPERSON DEUTSCH: 916, how is that compared to the, the previous years?

ADAM CONNOLLY: This was the first year that this program rolled out sir so that's what we have year to date.

CHAIRPERSON DEUTSCH: Under the previous service you have account of how many... [cross-talk]

ADAM CONNOLLY: Oh, under NYC Serves?

CHAIRPERSON DEUTSCH: Yeah.

ADAM CONNOLLY: I, I would get that information for you sir at a later time.

CHAIRPERSON DEUTSCH: Okay and what's...

what do you estimate the number is going to be in

2020 if this year is 900... 916 based on the outreach

that's being done and the success as you mentioned of

Vet Connect, what do you anticipate as an estimate

for 2020?

ADAM CONNOLLY: Certainly an increase year to date sir, our target goal right now is to increase the request month to date going into the next year with a contract, we do have a coordinated outreach program that we're currently working on setting up as far as social media and other avenues of, of that is concerned.

1	COMMITTEE ON VETERANS
2	CHAIRPERSON DEUTSCH: So, typically how
3	many how many requests like if you had 916 in 2019,
4	how many requests come in per year per client?
5	ADAM CONNOLLY: currently it's a it's an
6	average of two to three requests per client sir.
7	CHAIRPERSON DEUTSCH: So, two to three so
8	916 would represent how many people?
9	ADAM CONNOLLY: Total unique clients
10	right now is 483.
11	CHAIRPERSON DEUTSCH: 483, okay. How many
12	veterans are there in New York City?
13	ADAM CONNOLLY: 210,000 approximately.
14	CHAIRPERSON DEUTSCH: So, out of 210,000
15	veterans you serve 483 clients so, let's go back and

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veterans you serve 483 clients so, let's go back and tell me again how... what is the plan exactly, exactly through social media because obviously from the 210,000 veterans not everyone has social media. As a matter of fact, this morning I, on the way into City Hall I was on the five train and I sat next to... I was fortunate to sit next to a veteran and he doesn't have, you know twitter, he doesn't have all kinds... all kinds of social media so a veteran who doesn't have the social media what... how, how are you planning to reach out to them?

ALEXIS WICHOWSKI: I.m. so, I can take this
question. We have in the year to date in addition to
social media, made sure we had materials about Vet
Connect NYC at all of our community outreach events,
our community coordinators attended upwards of 240
events in the last year so there's always this face
to face opportunity to learn about Vet Connect NYC
and what it can offer but now that we are moving into
the second year of the program we are planning a
large scale outreach campaign that will include both
digital outreach on social media as well as print and
local community newspapers so that's something that
we're hoping to roll out in the next few months.
CHAIRPERSON DEUTSCH: You didn't so, up
until now you don't have any digital outreach?
ALEXIS WICHOWSKI: Oh, sorry I didn't
mean to imply that we didn't have any digital
outreach [cross-talk]
CHAIRPERSON DEUTSCH: Yeah [cross-talk]
ALEXIS WICHOWSKI:we routinely post
about social Vet Connect NYC on social media, we've
launched a podcast in the last year in which we

discuss it as well, it's that I wanted to express

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2 that we have in person outreach that describes Vet
3 Connect NYC in addition to our social media efforts.

attended 240 events in 2019 and you had digital outreach and you had a podcast, with all three of these types of social media and outreach you still had 483 clients out of 210,000 veterans so is there anything additional to this that you're planning to do, do you have like contacts for the 210,000 veterans?

ALEXIS WICHOWSKI: We have expanded our outreach network recently with an increased distribution list both for digital mailing and physical mailing so that will be part of the outreach campaign as well.

CHAIRPERSON DEUTSCH: So, is that something that you have not done... not done until now?

ALEXIS WICHOWSKI: We have not done that kind of mass mailing at this... at this time.

CHAIRPERSON DEUTSCH: Why is that?

ALEXIS WICHOWSKI: When we acquired the network there's... as we will describe in the rest of the testimony a number of partners that we're working with who you will also hear from today, we wanted to

ensure that when we transition from New York Serves
to Vet Connect NYC that all of the partners were
working well together, that everything was working in
the system before we launched a major outreach
campaign. So, in some ways this was sort of our pilot
year to make sure that the system was working
appropriately, and we're really pleased to see how
it's progressed and now we feel confident that we can
launch a, a large-scale outreach campaign.

CHAIRPERSON DEUTSCH: Okay, so you are doing... so, this is in addition to everything else that we just mentioned?

ALEXIS WICHOWSKI: Yes... [cross-talk]

CHAIRPERSON DEUTSCH: So, you're going to have a mailing and what is there going to be?

ALEXIS WICHOWSKI: There's also going to be ads in community and local newspapers, we're also going to work with reaching out to the veteran's service organizations so that they can spread the word through their networks. Many veteran service organizations are... have already done so, talking about Vet Connect NYC in their weekly or monthly newsletters but we will continue to do that outreach.

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1	COMMITTEE ON VETERANS
2	CHAIRPERSON DEUTSCH: So, when do you
3	intend on sending out the, the mail list to, to all
4	210,000 veterans?
5	ALEXIS WICHOWSKI: So… well we don't have
6	mailing addresses for all 210,000 [cross-talk]
7	CHAIRPERSON DEUTSCH: How many do
8	[cross-talk]
9	ALEXIS WICHOWSKI:veterans [cross-
10	talk]
11	CHAIRPERSON DEUTSCH:you have?
12	ALEXIS WICHOWSKI: We have approximately
13	I'd have to get that number to you sir; I don't have
14	it off the top… [cross-talk]
15	CHAIRPERSON DEUTSCH: Approximately
16	[cross-talk]
17	ALEXIS WICHOWSKI:head. I think we can
18	[cross-talk]
19	CHAIRPERSON DEUTSCH: I won't hold you to
20	it.
21	ALEXIS WICHOWSKI: Okay [cross-talk]
22	CHAIRPERSON DEUTSCH: Approximately.
23	ALEXIS WICHOWSKI: We have mailing
24	addresses currently for approximately 75,000 veterans
25	in New York City but this doesn't account for the

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amplifying effect that we will have when we work with the veteran service organizations like the VFW, the American Legion, etcetera so we're hoping that by partnering with them to conduct this outreach campaign we'll be able to reach a large portion of the veterans in New York City.

CHAIRPERSON DEUTSCH: How many years has DVS been in existence?

ALEXIS WICHOWSKI: Three years sir.

CHAIRPERSON DEUTSCH: Three years, so during the three years you mentioned that you wanted to make sure that NY... the Vet Connect is working properly and the advocates are all on the same page and all so, so... I understand that but how come like we don't have the contacts in working with the advocates up until now to get the information of the... all the 210,000 veterans?

ALEXIS WICHOWSKI: Well we don't ask our advocacy organizations for their mailing list, that's their private information that they've collect on their own. What we ask is for them to help us amplify the message about our programs and initiatives to their mailing lists so we don't know necessarily for instance how many folks are on the mailing list of

# 1 COMMITTEE ON VETERANS 2 the VSOs, we just know how much DVS has access to 3 directly. CHAIRPERSON DEUTSCH: So, is there any 4 way that DVS on its own could get access? 5 ALEXIS WICHOWSKI: We're continuing to 6 7 explore avenues for increasing the amount of people that we can reach, absolutely. 8 CHAIRPERSON DEUTSCH: How do you intend 9 10 to do that? 11 ALEXIS WICHOWSKI: Well through a 12 combination of... through digital media and also through mailing addresses, we're continuing to 13 14 explore what lists are available that we might be 15 able to acquire and we're also looking at working 16 with vendors who specialize in doing digital 17 marketing and print outreach to help us figure out 18 the most effective way to expand our outreach campaign. 19 20 CHAIRPERSON DEUTSCH: So, why, why does ... why does this take three years to, to, to start doing 21 all this? 2.2 23 ALEXIS WICHOWSKI: Well over the first

year of our agency we were really just kind of

getting set up and staffing, when I started working

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for DVS I think there were four or five people on staff and about as many computers so we had some work to do to get established and then we've also started working on first the most pressing needs that the agency had which was addressing veteran homelessness so that was the first really big campaign that DVS focused on and then over the years we've bought... brought on additional staff, have been able to become a fully independent standalone agency and are now able to do more outreach campaigns.

CHAIRPERSON DEUTSCH: Do you believe that veterans know veterans?

ALEXIS WICHOWSKI: Absolutely sir.

CHAIRPERSON DEUTSCH: So, the... so, 75,000 veterans that you currently have... or have information on, did you do outreach to them asking them to bring other veterans on board?

ALEXIS WICHOWSKI: We have not yet done a mailing to the veterans that we have on the list, this is something that we recently were able to assemble and... but it's something that we have planned to do in the next few months leading up to veterans day and immediately following veterans day.

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# 1 COMMITTEE ON VETERANS 2 CHAIRPERSON DEUTSCH: Okay, so the next hearing... so, you would have the ... those numbers would 3 go out, 75,000? 4 ALEXIS WICHOWSKI: We would imagine so, 5 6 yes. 7 CHAIRPERSON DEUTSCH: You imagine so and is it... can you also give me the... those numbers, the 8 exact numbers, you gave me an estimate... [cross-talk] 9 ALEXIS WICHOWSKI: Yes sir... [cross-talk] 10 CHAIRPERSON DEUTSCH: ...of 75,000 could 11 12 you give me... [cross-talk] 13 ALEXIS WICHOWSKI: Absolutely... [cross-14 talk 15 CHAIRPERSON DEUTSCH: ...the exact numbers. 16 Okay, so we're going... we're going to listen to the 17 presentation but I just want to say on a positive... on 18 a very positive note that I went on the, the Vet Connect server and... as well as some of my 19 constituents and we also used the, the help line and 20 they were actually very successful in having someone 21 2.2 reaching out to them and offering the services so it 23 was like someone called, they went on Vet Connect during the evening and then by next morning they got 24

responded to so that is... that is truly... I was

extremely impressed, and we all were, so I want to thank... I want to thank you for that.

ALEXIS WICHOWSKI: Thank you sir.

CHAIRPERSON DEUTSCH: Yeah. I'd also... before we begin, I just want to recognize Council Member Alan Maisel who's joined us.

ADAM CONNOLLY: So, sir at this time I'll continue with a live demonstration and just forgive me if I keep turning around, I don't have a lot of slack on this cord over here. So, what you see here is the front facing fillable form on the Vet Connect NYC website and it's displayed behind me as an example of what a client would put into this form should they be... should they navigate to this page or should they require a service request. You have the basic demographic information required. Please note the disclaimers if that veteran or individual is in crisis, they're appointed to the correct avenue for which they could seek assistance. If you... if you would like I can go line by line, but I was just going to submit the form and show you what the full process looks like if that's alright with you?

CHAIRPERSON DEUTSCH: Yeah, that's fine,

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ADAM CONNOLLY: Yeah. At the bottom of the form you're given the opportunity to sign to give your consent to be contacted. Bless you. Please note that consent is hyperlinked and will provide the client with an informed consent for participation information sharing form for reference or, or use if there if there is a verbal agreement or acknowledgment should you not have a, a computer or a phone with you when we engage a client. Once you submit the form the next screen will give you an option to export the form for your record and it will just give you that what I had just mentioned and it just pre-fills out your, your signature and your information and this is the point that triggers that three to five day follow up from the coordination center.

### [off mic dialogue]

ADAM CONNOLLY: Displayed behind me is exactly what that form looks like for reference.

Displayed on the slides is what the mobile interface looks like, it is just a condensed version of what's on the website with the same process and information required. This is a... an improved version of what the Unite Us platform looks like on the backend. So, this

# 1 COMMITTEE ON VETERANS 2 is what the coordination center sees just keep in mind that this isn't a real client, it's just a mock 3 client and then the next slide it's mock metrics, 4 doesn't reflect what's actually in the system just for privacy concerns but each client has their own 6 7 unique page with all of their information and then you'll see next to that is actually the services 8 based off of the area that they're in that are 9 available that are in the network that the 10 coordinator can refer the client to. 11 12 [off mic dialogue] 13 ADAM CONNOLLY: And the network analytics 14 and data is displayed as such ... 15 [off mic dialogue] 16 ADAM CONNOLLY: ...and that concludes the 17 demo, I'll continue my testimony if there are no 18 questions on that sir. CHAIRPERSON DEUTSCH: Yeah so, is that ... 19 20 can you get on the DVS website from your computer? 21 ADAM CONNOLLY: Sure thing. 2.2 CHAIRPERSON DEUTSCH: Great, so if 23 someone goes on the DVS website how can they find Vet

Connect? So, this is the first... this is the home

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page, right?

# 1 COMMITTEE ON VETERANS 2 ALEXIS WICHOWSKI: Yes, there's a... 3 [cross-talk] CHAIRPERSON DEUTSCH: Okay... [cross-talk] 4 5 ALEXIS WICHOWSKI: ...slider on... if you 6 click... we had recently put up the podcast image for 7 the main page of the slider so if you click through one it goes right to Vet Connect NYC... [cross-talk] 8 CHAIRPERSON DEUTSCH: So, if you click 9 10 on, on the first one? 11 ALEXIS WICHOWSKI: On... if you click on 12 the first window of the slider it goes to Vet Connect 13 NYC and that takes you to the Vet Connect NYC website. There's also on the DVS home page a, a menu 14 15 option that says get help, right at the top of the 16 page. 17 CHAIRPERSON DEUTSCH: No, my question is 18 if someone... if someone's on the home page, you're on the first page, right? 19 20 ALEXIS WICHOWSKI: Uh-huh. 21 CHAIRPERSON DEUTSCH: And that... and 2.2 they're looking for Vet Connect or they don't ... 23 they're not sure what they're looking for, what would

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someone do?

1	COMMITTEE ON VETERANS
2	ALEXIS WICHOWSKI: I would imagine they
3	would go to the get help tab
4	CHAIRPERSON DEUTSCH: Okay
5	ALEXIS WICHOWSKI:at the top of the
6	page
7	CHAIRPERSON DEUTSCH: So, you have the
8	get help tab there.
9	ALEXIS WICHOWSKI: You'd click that
10	it's sorry, on the left right under nope, to the
11	right, just get help.
12	ADAM CONNOLLY: Sorry
13	ALEXIS WICHOWSKI: It's okay and that
14	takes you to an information page about Vet Connect
15	NYC and if you click on the image it'll take you to
16	the Vet Connect NYC website.
17	CHAIRPERSON DEUTSCH: Okay, is there an
18	easier way to this, I'm just curious like to have the
19	Vet Connect on [cross-talk]
20	ALEXIS WICHOWSKI: So… [cross-talk]
21	CHAIRPERSON DEUTSCH:on the home page
22	[cross-talk]
23	ALEXIS WICHOWSKI:for the first six
24	months after the launch of Vet Connect NYC it was the
25	first slider on the home page, it was the first thing

# 1 COMMITTEE ON VETERANS 2 you would see on the home page and recently when we launched our podcast we moved it to the second slider 3 but it's something that we can always work to improve 4 5 on how we get people... make it clear on the home page that they can get to Vet Connect NYC. 6 CHAIRPERSON DEUTSCH: Like what's the 7 most crucial thing that someone would go on the DVS 8 websites, is it the Vet Connect, is that something 9 that's mostly used? 10 11 ALEXIS WICHOWSKI: So, we have some 12 metrics on our website traffic that we can get to you 13 that would explain how people navigate to the Vet Connect NYC website and the most popular web pages 14 15 that people go to our website for. 16 CHAIRPERSON DEUTSCH: So, what is that? 17 ALEXIS WICHOWSKI: I don't have that in front of me, but I'd be happy to get that... [cross-18 talk 19 20 CHAIRPERSON DEUTSCH: Would you say ... [cross-talk] 21 2.2 ALEXIS WICHOWSKI: ...to you... [cross-talk]

CHAIRPERSON DEUTSCH: ... Vet Connect is, is

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like the top?

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ALEXIS WICHOWSKI: I would imagine that
Vet Connect would be one of the in the top category
but I would need to look at the data to [cross-talk
CHAIRPERSON DEUTSCH: So, what else is on
the menu besides the, the get help page?

ALEXIS WICHOWSKI: So, if you go back to the home page like you scroll down just a little bit there is a box where it says I am looking for and if you click on that these categories are among the most frequently requested web pages based on our web site analytics which is why we have them listed here.

CHAIRPERSON DEUTSCH: What... I can't... I can't see... what is... what's that... the, the first three things?

ALEXIS WICHOWSKI: The, the first three things are meet the Commissioner, meet our team, get help so get help is the third most requested page on our website so that's why it's listed third on the...

[cross-talk]

CHAIRPERSON DEUTSCH: So, is there anyway to, to have that get help like on the home page before you get in there, before meeting the Commissioner?

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ALEXIS WICHOWSKI: We can absolutely look at ways that we can increase traffic to the Vet Connect NYC page, absolutely.

CHAIRPERSON DEUTSCH: Alright because,
because Vet Connect was amazing and the only question
is sometimes to navigate to the get help, to... you
know because when someone's looking for services
whether it's mental health or whatever the case is,
homeless you know you want to give them that, that
first easy access...

ALEXIS WICHOWSKI: Absolutely.

CHAIRPERSON DEUTSCH: Okay.

ALEXIS WICHOWSKI: Thank you.

CHAIRPERSON DEUTSCH: Thank you.

ADAM CONNOLLY: As you can see Vet

Connect NYC is easy to access, easy to navigate and
with real people providing the coordination of care,
easy to connect service members, veterans, and family
members to the resources that they need. How Vet

Connect NYC performed. Since the launch of Vet

Connect NYC in November 2018 through the end of

August 2019 the platform managed 916 service requests
for 483 veterans and family members across 20

categories. The top three most frequent requested

ones being housing and shelter at 23 percent;
employment at 19 percent and benefits navigation at
12 percent. The bulk of service requests, 48 percent
came in via the Vet Connect NYC website, this is
followed by phone calls and walk ins at 42 percent
and a smaller percentage being referred directly from
the network providers themselves at ten percent. The
average number of days from the veteran or family
member making initial contact at the coordination
care center to getting a referral to a service
provider was five days. The average number of days
from the first contacting of Vet Connect NYC to
resolution of a case was 12 days. DVS is working with
our partners at IVMF and Northwell Health to ensure
that we are doing everything we can to be responsive
to veterans and their families in the timeliest way
possible and are consistently striving to improve our
processes to be more streamlined, efficient and
swift. DVS is also committed to ensuring that the
network of service providers meets the needs of our
veterans and their families and to that end is
working tirelessly to expand the network. To provide
context on what this means when DVS launched Vet
Connect NYC in November of 2018 there were 80 vetted

service providers in the network, as of July 2019
this number increased to 102 service providers. When
the current onboarding process is completed it will
represent a 60 percent increase in the number of
service providers in the network from launch to
present. Next steps. To ensure we're reaching the
widest possible audience of New York City service
members, veterans and their families DVS is working
in close partnership with the Mayor's Office of
Operations to map out a large scale outreach campaign
using both social media posts, explainer videos and
print media including ads in ethnic and community
newspapers to be launched in the coming months. DVS
also invites each and every city Council Member to
link to Vet to link Vet Connect NYC on their own
websites helping to ensure that your veteran and
military family member constituents are aware of and
have access to the free services that they have
earned. DVS would also welcome the opportunity to
work with your communications team to develop
appropriate language that meets the specific needs of
your constituencies to both understand and gain
access to Vet Connect NYC and of course provide the
Vet Connect NYC official logo for your websites. In

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conclusion, in partnership with IVMF, Northwell Health and Unite Us with Vet Connect NYC we've created the most comprehensive service network in New York City, our sole purpose is helping service providers, veterans, survivors and families find the resources they need to live fulfilling and purpose driven lives. With the planned outreach campaign, we feel confident that we will expand our reach to thousands of additional veterans connected to families... connected to programs, excuse me and benefits that they have earned through their service to our country. We look forward to the continued partnership of the Council in advocating for veterans and their families in New York City, we thank you again for this opportunity to meet with you today. At this time, we would be happy to address your questions.

CHAIRPERSON DEUTSCH: Thank you. So, after, after Vet Connect connects a, a client, a veteran to one of the providers is there any follow up from DVS?

ADAM CONNOLLY: At this time, we're not conducting survey... any type of follow up for them but that is planned in our contract amendment because

1	COMMITTEE ON VETERANS
2	that was cited as a need in terms of information
3	[cross-talk]
4	CHAIRPERSON DEUTSCH: So… [cross-talk]
5	ADAM CONNOLLY:we will have that for
6	the next year [cross-talk]
7	CHAIRPERSON DEUTSCH: The provider will
8	get this information to Vet Connect, right I mean to
9	DVS.
LO	ADAM CONNOLLY: Say that one more time,
L1	I'm sorry.
L2	CHAIRPERSON DEUTSCH: So, that provider
L3	would get the information to DVS and then you would
L 4	have it logged in?
L5	ADAM CONNOLLY: Well we would have to
L 6	send the client some sort of a survey that we've
L7	drafted to actually see not only that they've been
L8	connected to services but how that went and if they
L 9	were really helped by it.
20	CHAIRPERSON DEUTSCH: Okay, so I'd like
21	to go to my colleague Council Member Alicka Ampry-
22	Samuel to ask a few questions.
23	COUNCIL MEMBER AMPRY-SAMUEL: Good
24	morning everyone. what's the most prevalent case

25 because I, I see in your testimony you mentioned like

1	COMMITTEE ON VETERANS
2	housing and like just the percentages but can you
3	breakdown between what comes in the office, what you
4	see through the hotline and what you receive via
5	online as far as those actual numbers?
6	ADAM CONNOLLY: So… [cross-talk]
7	COUNCIL MEMBER AMPRY-SAMUEL: Like is
8	there more of a breakdown of folks coming in for help
9	with housing walking into versus those who are
LO	submitting a form via online?
L1	ADAM CONNOLLY: I do believe I have that
L2	information and I'll; I'll sift through here and gra
L3	that for you… [cross-talk]
L4	COUNCIL MEMBER AMPRY-SAMUEL: Okay
L5	[cross-talk]
L6	ADAM CONNOLLY:just the general
L7	overarching metrics I'll say Council Woman is the we
L8	form 47 percent, call and walk ins at 42 percent and
L 9	network provider referrals at ten percent just to
20	provide some context and just allow me a moment to
21	look through here. Please feel free if you want to
22	continue with your… [cross-talk]
23	COUNCIL MEMBER AMPRY-SAMUEL: And then
24	[cross-talk]

ADAM CONNOLLY: ...questions... [cross-talk]

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going to ask can you just give us like a, a walk through of a typical day of the coordinators and their jobs because I see where there is a three to five business day lag or response time and for me that just seems a little long, I know it's an improvement from the other system but you know just can you just explain to us why it would take three to five business days in order for someone who is looking for services to be... for their to be some level of response?

ADAM CONNOLLY: For sure and I would... I would cite the volume that we aggregated so the total service requests being 916 from those 400 plus clients it's averaging about 22 requests a day for the coordination center, I think if that was a priority request and the client needed emergency services they have that option to express that and we would prioritize them for sure but I think that, that lag is just the typical caseload day to day for the coordination center.

COUNCIL MEMBER AMPRY-SAMUEL: So, I'm thinking like if it's not a... like a crisis but someone needs information right away would that

individual like... could there be somebody that responds to them like right away as opposed... I mean it's not an emergency, but they would like some level of information like by the next day because they have a court hearing...

ADAM CONNOLLY: Oh yeah, for sure so in the… speaking about the dynamic sense of request that our clients have if our coordinator… if our DVS coordinators are engaging clients at a veterans resource center in the field and they have a pending case like that we wouldn't refer that right away specifically to Vet Connect, we would potentially refer the other issues they may bring up in this hypothetical situation to them if it's not a needed priority.

council Member Ampry-Samuel: Okay, okay, okay, okay. And while you're looking for those numbers you also mentioned in the testimony that the first process was doing outreach and like a campaign for homeless veterans so can you talk to us a little about some outcomes or what you saw and like just the level of work that you were able to do since that was the first mass... [cross-talk]

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ALEXIS WICHOWSKI: Sure, the homelessness
prevention and the homelessness support and services
line of action as we call it at DVS is the most
mature, it's the first area that DVS really focused
on as an agency citing the fact that this was the
most pressing need to address the homelessness crisis
among veterans. So, I don't have the exact statistics
on how many homeless veterans there were in 2016 as
opposed to now but there's been a steady decrease
over the years and we are at this point according to
our last point in time count in January seeing that
almost all of the homeless veterans that are still in
New York City are in shelter, there are very few
cases of street homeless veterans so we've made
tremendous progress in that area and I'm not sure if
you had any other specific questions about the
homelessness program but I'd be happy to
COUNCIL MEMBER AMPRY-SAMUEL: You just
made me think about something [cross-talk]
ALEXIS WICHOWSKI: Sure [cross-talk]
COUNCIL MEMBER AMPRY-SAMUEL:when you
said you don't have the numbers to compare is it

because you don't have it now or... [cross-talk]

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ALEXIS WICHOWSKI: Yeah, I'd be happy to get those numbers to you, we do absolutely have those figures I just don't have them in front of me.

COUNCIL MEMBER AMPRY-SAMUEL: Okay, because I was like well how do you know you've decreased if you don't have the numbers.

ALEXIS WICHOWSKI: No, we do we do have those numbers and I'll get them to you after the hearing.

ADAM CONNOLLY: So, I... Council Woman I found the numbers you were looking for. So, by service request for the entire program duration we have our total requests there, unfortunately this... the way that we pulled these metrics don't have exactly what percentage of those are walk ins versus the web form, if you want to do some hasty math and we could pull that for you but you could put that 47 percent of web services versus the 140 requests for employment for example just to have an idea but I can... that's a commitment I'll make that I can get those specific volume requests.

COUNCIL MEMBER AMPRY-SAMUEL: Okay and the only reason why I'm asking that question is because when you say that you want to make sure that

folks are not falling through the cracks it's, it's really good to get a sense of where people are accessing services and how and what those numbers are to really get a sense of the work that you're doing and to see what else can be done in, in maybe to beef up your outreach or you know figure out a different way to do outreach and I think it's critical to be able to focus on the way you track at this... the beginning stages as opposed to you know three years from now realizing that we should have done something different and I just think that it's helpful to have that now.

ALEXIS WICHOWSKI: No, absolutely and this is one of the reasons why we wanted to wait until we had some data before we did a large scale outreach campaign to make sure that we were targeting print versus digital for instance appropriately based on the needs that we were seeing in the first nine months of the program.

ADAM CONNOLLY: I will say though a great recommendation going into the next year of the contract of how we target our outreach though Council Woman so thank you for that.

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COUNCIL MEMBER AMPRY-SAMUEL: Okay and the social media, Vet Connect can you... is there any outreach or any campaigns on social media outside of just the NYC?

ALEXIS WICHOWSKI: Outside of NYC Veterans?

COUNCIL MEMBER AMPRY-SAMUEL: Yes.

ALEXIS WICHOWSKI: So, we have NYC Veterans on twitter, Facebook and Instagram and so we routinely promote Vet Connect NYC as just a matter of course and including in all of our monthly newsletters as well and we also have postcards that ... with Vet Connect NYC information to hand out at events, we've in fact brought a stack of postcards here that we can bring to your Council offices if you wish and we've had two major events thus far where we've distributed mass quantities of these kinds of printed materials that would be when we launched Vet Connect NYC on Veterans Day last year and during fleet week Northwell Health our... one of our partners sponsored a major event to cap off fleet week called side by side in which we were, were at Rockefeller Center for the entire day on Saturday during fleet week and distributed a great deal of print material

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there. So, we're trying to make sure that we combine
both print and digital in our outreach efforts.

CHAIRPERSON DEUTSCH: Okay, thank you.

How many... how many mental health providers does Vet

Connect have?

ADAM CONNOLLY: 13 sir.

CHAIRPERSON DEUTSCH: So, how does it work, so if someone goes on Vet Connect and requests for mental health resources so how would that work between the 13 providers?

ADAM CONNOLLY: So, if, if it's not a... an imminent threat, if the... if the client isn't suicidal visibly so that process flow really... the... so the coordination center will receive that request, the request will be pending review, that three to five days elapses, the coordinator will then assess the client. Now during their assessment of the client is when the coordinator in that backend platform Unite Us will have all of those mental service... health care service providers available to them hopefully if there's one close by to the client's home of record they would assign them there if it meets... if it fits the bill, it really just depends on what the issue is and which provider best services the client.

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CHAIRPERSON DEUTSCH: So, how many... how many of the 13 are, are under Thrive NYC?

ALEXIS WICHOWSKI: I don't think we that information at this time, but we could certainly look into getting you a more specific response to that. I think the important thing to note is that there are... the, the range of health care providers as my colleague mentioned matched according to geography to make sure that they are close by and easy to access but also to make sure that they are eligible for those services so whatever the kind of mental health need that they have the... there's going to be some sort of referral made so that they can access those services.

CHAIRPERSON DEUTSCH: If a veteran should contact 888 NYC Well would that bounce back to Vet Connect or is Thrive NYC going to deal with it?

ALEXIS WICHOWSKI: Okay, we would have to check, check on that and get back to you with that information.

CHAIRPERSON DEUTSCH: So, if... again, if someone contacts Thrive NYC, right should they be receiving... it's a veteran contacting 888 NYC Well, it's not an emergency, would they get a response?

# COMMITTEE ON VETERANS ALEXIS WICHOWSKI: They would get a response from DVS and then if the outreach coordinators could help them get connected through Vet Connect NYC. CHAIRPERSON DEUTSCH: So, it would go back through... [cross-talk] ALEXIS WICHOWSKI: My understanding of the process is that if somebody was reaching out to

3-1-1 or NYC Well and said that they were a veteran that DVS would be alerted to that and that we could help them make the appropriate referral but I'm not in charge of the program for the mental health initiative so we would have to confirm that and get back to you with further detail.

CHAIRPERSON DEUTSCH: But they, they have providers who work with DVS, right?

ALEXIS WICHOWSKI: The Vet Connect NYC platform?

CHAIRPERSON DEUTSCH: Yeah.

ALEXIS WICHOWSKI: Yes, they have providers that we also work with directly but we are trying to make sure that we use the Vet Connect NYC platform for the purposes of tracking the veterans

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1	COMMITTEE ON VETERANS
2	progress through the referral so that they don't get
3	lost in the process.
4	CHAIRPERSON DEUTSCH: So, of the 13 you
5	would say that half or more than half is not under
6	Thrive NYC?
7	ALEXIS WICHOWSKI: I can't really make
8	that determination without checking back at our
9	looking more at the process we're close [cross-talk
LO	CHAIRPERSON DEUTSCH: I think we I think
L1	we spoke about this at the last at one of the
L2	hearings, is it possible for providers?
L3	ALEXIS WICHOWSKI: I would have to check
L 4	and get back that information.
L5	CHAIRPERSON DEUTSCH: Joe… [cross-talk]
L 6	ALEXIS WICHOWSKI:to you.
L7	CHAIRPERSON DEUTSCH: Joe how many
L8	providers are part of Thrive NYC, do you know
L9	offhand?
20	[off mic dialogue]
21	CHAIRPERSON DEUTSCH: Eight no, they're
22	saying four through Thrive. Yeah, okay.
23	ALEXIS WICHOWSKI: We'll get you that
24	information.

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CHAIRPERSON DEUTSCH: Okay, great, okay.

How does DVS decide which veteran service

organization is, is best suited to address a

veteran's needs?

ADAM CONNOLLY: So, when... during our targeted outreach when we visit VSOs we assess their capabilities, how we can help them, if they are encouraged, they have the resources and, and willing to assist with projecting our services into the community, we encourage that and will assist them with that if they need some help, we'll collect those issues that... and concerns that they have and get back to them in a timely fashion.

CHAIRPERSON DEUTSCH: So, these providers need to reach out to DVS or does DVS also try to reach out to find new providers?

ADAM CONNOLLY: So, at the coordinator level as it relates to VSOs definitely a two way conversation sir, you know when we're out in the field and we meet constituents, supporters, VSOs Vet Connect NYC is always part of the conversation and if an organization is interested in joining I think about operation lower your shield most recently. I had a conversation with Ed Schloeman just to pull an

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example and he... his organization was interested in joining, immediately connected on the same day. If someone expresses that they have heard about Vet Connect NYC and they want to know more we're always happy to share that information but our objective is always to add the best providers to that network and really include anyone that wants to kind of commit and help out to the initiative.

CHAIRPERSON DEUTSCH: So, who determines that DVS?

ADAM CONNOLLY: So, anybody that's interested we would connect them to the… excuse me IVMF and they have a vetting procedure where they will then engage the client and make that determination if they're eligible for the network.

CHAIRPERSON DEUTSCH: So, I'm sorry, who does it go through?

ALEXIS WICHOWSKI: So, we have... anybody
that contacts DVS with an interest in joining Vet
Connect NYC we connect to IVMF, the Syracuse
University Institute for Military Veteran... Family...
Veteran and Military Families and they have a vetting
process that they would put the organization through

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### COMMITTEE ON VETERANS

to make sure that they are able to take on the, the responsibilities of being part of the network.

CHAIRPERSON DEUTSCH: Do we know how many providers reached out to IVMF over the last three years and how many were actually accepted and how many were denied?

ALEXIS WICHOWSKI: We know for instance how many were brought on over... since we launched Vet Connect NYC in November of 2018 so we had 80 vetted service providers in the network then and as we referred to in our testimony we have 102 service providers now, we're also in the process of vetting or onboarding an additional 26 service providers so that's just from November of 2018 to August 2019.

ADAM CONNOLLY: If we... if we reach back, we can dig out exactly the unique cases for each one of those providers though and see the nature of their onboarding whether they heard about us via a website visit and inquired versus us soliciting their services.

CHAIRPERSON DEUTSCH: Is there a tab on the website for providers to join Vet Connect?

ALEXIS WICHOWSKI: On the Vet Connect NYC

25 | website?

# 1 COMMITTEE ON VETERANS 2 CHAIRPERSON DEUTSCH: Yeah. 3 ALEXIS WICHOWSKI: I would have to look more thoroughly through the website to get back to 4 you with that information. 5 CHAIRPERSON DEUTSCH: And how about on 6 7 the... on the... on the veterans... on DVS website? ALEXIS WICHOWSKI: I believe there is, 8 9 but I haven't looked at the content... [cross-talk] 10 CHAIRPERSON DEUTSCH: Do you have it here, the DVS website? 11 12 ADAM CONNOLLY: Yes, I have it ... [cross-13 talk] 14 CHAIRPERSON DEUTSCH: Yeah, can we... 15 [cross-talk] 16 ALEXIS WICHOWSKI: We can pull it up... 17 [cross-talk] 18 ADAM CONNOLLY: Sure thing. ALEXIS WICHOWSKI: I do want to mention 19 20 at this time we're really happy that we have now added a digital outreach manager to our team at the ... 21 2.2 at DVS who's going to be doing a thorough assessment 23 and audit of the website to see how we can improve 24 and add more information to make it more accessible

to our constituents.

1	COMMITTEE ON VETERANS
2	CHAIRPERSON DEUTSCH: Who is that?
3	ALEXIS WICHOWSKI: It's Gayle Sociano
4	[sp?] who's right here.
5	[off mic dialogue]
6	ALEXIS WICHOWSKI: Yeah, it seems that we
7	still have some work to do on the website to make
8	sure that that's clear for service providers how the
9	can become part of the network.
10	CHAIRPERSON DEUTSCH: Okay, great,
11	alright, I appreciate it.
12	ALEXIS WICHOWSKI: Yes.
13	CHAIRPERSON DEUTSCH: Okay, I think
14	we'll, we'll end this part.
15	ALEXIS WICHOWSKI: Thank you very much.
16	CHAIRPERSON DEUTSCH: Yeah, thank
17	[cross-talk]
18	ADAM CONNOLLY: Thank you sir… [cross-
19	talk]
20	CHAIRPERSON DEUTSCH: Alright, hold on
21	one second, not too quick, hold on. Oh, okay, yeah
22	you can ask… sorry.
23	COUNCIL MEMBER AMPRY-SAMUEL: I didn't
24	want to bombard you with a bunch of questions. The
25	average age of individuals using the system as well

as male or female and the breakdown of the borough and it's like who's using the most...

ADAM CONNOLLY: Oh, yeah for sure ma'am, so the two age groups that have the most interaction with the system are the 25 to 34 and the 35 to 44 and then by borough, just bear with me for a moment... so, from most to least Brooklyn at 29 percent, Queens 23, Manhattan 21, Bronx 17, Staten Island two percent and undisclosed eight percent.

COUNCIL MEMBER AMPRY-SAMUEL: Can you go back to the age again?

ADAM CONNOLLY: Sure.

COUNCIL MEMBER AMPRY-SAMUEL: Percentage wise?

ADAM CONNOLLY: I have a... it's a... it's a bar chart, I don't have the exact percentages but... so, from most to least I'll go that way; it'll be 25 to 34 being the most, 35 to 44, 55 to 64, 45 to 54, 65 to 74, 18 to 24 and then 75 plus being the least.

COUNCIL MEMBER AMPRY-SAMUEL: And with the bar chart is it a significant portion of 25 to 34 or just the 25 to 44 in comparison to the older population and I'm just asking that question just

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1	COMMITTEE ON VETERANS
2	looking at, you know the war on Iraq and Afghanistan
3	versus Vietnam and just trying to figure out
4	ADAM CONNOLLY: Yeah, looking at that,
5	that war era I'd say they… if I put all these
6	together it's about half, half of those requests are
7	the older generation veterans.
8	COUNCIL MEMBER AMPRY-SAMUEL: Okay,
9	alright, thank you.
LO	CHAIRPERSON DEUTSCH: Thank you very much
L1	and if you could send the, the Commissioner my
L2	regards and hope you all had a great summer.
L3	ADAM CONNOLLY: Thank you very much
L 4	Chair.
L5	CHAIRPERSON DEUTSCH: Okay, thank you
L6	very much.
L7	ALEXIS WICHOWSKI: Thank you.
L8	CHAIRPERSON DEUTSCH: Thanks. I'd like to
L9	call up Anthony Silvera, Juan Serrano, Maureen Casey
20	and Mary Bier.
21	[off mic dialogue]
22	CHAIRPERSON DEUTSCH: Thank you all,
23	start clockwise.
24	MARY BIER: Good morning Chairperson

25 Deutsch and members of the Committee on Veterans. My

name is Mary Bier and I am the National Director of
Military Initiatives at Unite us. I'm also a military
spouse, my husband is active duty army, so I
understand firsthand the challenges that veterans,
our service members and military families face. I
work directly with all of our military connected
networks including Vet Connect NYC and I support
provider onboarding and engagement efforts, conduct
software training for all users and support the
network data and reporting efforts managed by the
IVMF. Unite Us is a veteran led technology company
that powers coordinated care networks of health and
human service providers. In 2013, Unite Us was born
after Dan Brillman, an air force reserve pilot and
Taylor Justice, an army veteran reflected on their
personal experience of transitioning out of the
military. Both Dan and Taylor wanted to alleviate the
problems that veterans and their families experienced
during the shift back to civilian life. They
witnessed firsthand the complexities of navigating
health and social services because of a fragmented
delivery system and its negative impact on people's
health. Dan and Taylor worked with groups like the
IVMF and DVS to expand this new model of care which

has now led to Unite Us expansion across the country
to serve every person in need. Today Unite Us is
committed to building a system in which every person
in need has simplified access to the resources they
are looking for, a truly interconnected system that
starts in the community. We have become the leading
social care coordination software that powers over 50
coordinated networks across 22 different states. This
work which started in New York City with our partners
here today has helped the entire health and human
services industry adopt our innovative and proven
model. The largest health systems, health plans and
governments across the country work with Unite Us as
their trusted partners to integrate health and social
services. Kaiser Permanente has chosen Unite Us to
power the network serving their 12.4 million members
and CVS Health has chosen us to help some of Aetna's
most vulnerable Medicaid and dual eligible members.
The state of North Carolina has chosen Unite Us as
their statewide infrastructure for the largest
coordinated care network of its kind. We are proud
that our solution has been validated by some of the
leading government, health care, community and
philanthropic organizations in the country. We

couldn't have gotten to this point with our initial
success without our initial success helping veterans
and their families. Unite Us is the common technology
platform that connects all of the service
organizations together in Vet Connect NYC. We empower
health and human service providers to work together
integrating health and social care. With Unite Us
providers across sectors can send and receive secure
referrals, track every person's total health journey
and report on tangible outcomes across a full range
of services in a centralized, cohesive and
collaborative ecosystem. This social infrastructure
helps communities transform their ability to track
outcomes, improve health and measure impact at scale.
I'd like to thank the city of New York and the
Department of Veterans Services, the IVMF and
Northwell Health for their contributions to this
network and their commitment to improving health
outcomes in our community. Thank you.
CHAIDDEDCON DEHECCH. Thouk won Mary Do

CHAIRPERSON DEUTSCH: Thank you Mary. Do you think there's any improvement that needs to be done with Vet Connect?

MARY BIER: There... the things that we've talked about today about improving... or excuse me,

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expanding the providers in the network, I think that that's something we've all identified, I think increasing the way that clients can access care is another thing that's also been discussed, I would agree with both of those things as areas to improve.

CHAIRPERSON DEUTSCH: How would you feel is the best way to expand, expand providers?

MARY BIER: One of the things that we haven't quite touched on yet is using the existing providers within the network as a recruitment source. So, we have this list of providers that are currently active in the network, we know that they are likely sending traditional referrals to other folks in the community, other service providers and it'd be great to dip into that pool too.

 $\label{eq:CHAIRPERSON DEUTSCH: Great, excellent,} \\ \text{thank you.}$ 

MARY BIER: Thank you.

MAUREEN CASEY: Chairperson Deutsch and members of the Committee my name is Maureen Casey and I'd like to begin by thanking you for your work on behalf of New York City's veterans and their families and more immediately for the opportunity to address you on the work that America Serves does in

partnership with Unite Us, Northwell Health, the
city's Department of Veteran Services in serving this
population. I'm here today representing Syracuse
University's Institute for Veterans and Military
Families, the only academic institute of its kind in
the nation focused exclusively on the post service
lives of our veterans and military connected
families. Over the past decade in addition to the
research and policy analysis you might expect from an
institute situated on a university campus we have
been building and delivering innovative and impactful
programs to include entrepreneurship and other
vocational training as well as our coordinated
service delivery work in communities. To date the
IVMF has assisted more than 125,000 service members
and veterans across the globe as they transition out
of uniform or pursue civilian careers, higher
education or community-based care and services. Our
working communities through the America Serves
program began with an idea taken from our research.
We discovered that out of all of the challenges the
military connected population faces the majority
reported that navigating the sea of programs,
benefits and services available to them was their

greatest. From this we saw that community providers
could play a bigger role in serving this population.
However, their true impact is only unlocked when
organized into coordinated networks that stand ready
to refer to veterans across a broad continuum of
providers willing and able to meet the many needs a
veteran may be experiencing. Like with so many things
New York City led the way. The Robin Hood Foundation
saw us as the ideal partner to improve service
navigation and delivery in New York City particularly
given our successful work with building networks to
address veteran homelessness through the VA's SSVF
program. Over the course of four short years what
started here in New York City has become a national
movement that has brought us to 11 states, in that
time our networks have served more than 27,000
clients across the country and we've gained critical
insights that we can now bring back to our providers
and clients in New York City and elsewhere. The IVMF
is the only organization that works with numerous
federal partners, engages state governments across
the country and provides direct communication and
insight to providers on the ground. This is enabled
by the way networks collect data, reflect on those

data both locally and nationally and adapt their
strategies to meet the changing needs of the
population they serve. For example, in New York City
clients of Vet Connect America Serves demonstrated
considerable demand for providers who could offer
legal services learning this the network was able to
react and add a significant number of new legal
providers who were able to meet this demand. We are
now armed with the information needed to constantly
adapt and improve the way we serve those who have
served in our nation's defense. Since the launch of
Vet Connect, we've served almost 5,000 clients and
processed more than 900 requests. If those numbers
seem low to, to you perhaps consider the fact that we
have been in this community for four years already
and in that time your community providers have helped
serve almost 4,000 clients and processed over 6,000
requests, these successes are yours as well. And Vet
Connect the city of New York in with Vet Connect
the city of New York has institutionalized a program
that meets the goals that should be a priority for
all of us to better serve veterans and military
families in our communities and can be summed up in
the words of a spouse whose husband sought services

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through America Serves, she said not only does my husband have help but for the first time in a very long time he has hope. Thank you for this opportunity and I'm happy to answer any questions.

CHAIRPERSON DEUTSCH: Thank you. So, in your... in your opinion how do you feel that Vet Connect can improve?

MAUREEN CASEY: I think that Vet Connect has been doing very well getting off the ground over the past nine months, I think it's important to remember that while America Serves existed prior to that time we were precluded from engaging with the city DVS during that contractual negotiation period and so since that time I think that Northwell together with DVS and the IVMF has been doing very well, I concur with some of the recommendations to date around how we better make informed consumers out of our veterans who live in New York City to ensure that they know that this network exists and they have this ability to essentially walk through a single door and get all of the services that they need, I think that we've been doing a very good job in partnership with our colleagues here at the table with regard to provider engagement, there's always

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more that we can do in that regard, I think that we have taken a more measured approach, I think one thing that we've learned from our work and our experience is that you want to be able to serve a veteran when they ask and the biggest risk is that if they come and they ask for a service and we're not able to provide it so we've taken a measured approach in our growth and I think that we've established a very good foundation and we're ready to move forward.

CHAIRPERSON DEUTSCH: Great, thank you Maureen, thank you.

Chair, Chairperson Deutsch and Committee members. I am Juan Serrano, I'm the Assistant Vice President for Military and Veteran Liaison Services for Northwell Health. I am being accompanied today by Anthony Silvera, he is the Supervisor of Vet Connect in New York City, he oversees the day to day operations of the coordination center and he's also a United States Airforce veteran, served 30 years. I too would like to thank you for your steadfast work and commitment to veterans, I myself am a veteran and can tell you firsthand the importance of having services like America Serves and Vet Connect New York... New York

City. These kinds of services didn't exist when I
returned home after medical discharge in 2009, I am a
United States combat veteran Marine, a native, native
of Hollis, Queens. During my nine years in the
military I served with second battalion sixth
marines, first battalion seventh marines, the jungle
warfare training center and marine corps recruiting
station New Jersey. In 2003 I suffered a neck injury
in Iraq so severe I couldn't continue my military
career. Unfortunately, at the time there was no Vet
Connect New York City for me or for my family to
reach out for help. The military is engraved in me,
it is who I am as a person, my service has always
been impacted by my family and my friends who by
extension also served with me or by my side. As a
result, I was determined to make it my career to help
people facing the same issues I encountered. As
assistant Vice President of Northwell Health's
military and services division we're doing work to
support active duty service members, veterans and
their families. We have a growing program that
assists with all aspects of healthcare, career
development and more. Northwell is New York's largest
private employer and one of our programs for our

veteran employees is our paid to finish a program.
This highly successful initiative was introduced in
2009 as another way to take care of our employees who
are also currently serving and possibly inspire other
staff members to answer the call to serve. Upon their
return all employees receive a differential check,
this benefit makes up the difference between the
military pay and salary for Northwell employees
currently serving in the in the reserves and
then called into active duty. Since the inception of
this program we've paid over 1.7 million dollars.
Northwell Health strives to improve the health in
communities it serves. We are committed to the
following; providing the highest quality of care,
educating the current and future generation of health
care professionals, searching for new ways in advance
through groundbreaking biomedical research, promoting
health, education and caring for the entire community
regardless of the ability to pay. Northwell is
exceptionally qualified to assist and support
veterans. For over a decade we proudly stood side by
side with the military community, once we learned of
the value and the importance of Vet Connect New York
City we began to refine it and cultivate an already

strong relationship with these organizations knowing
that together we could make a difference. Michael
Jordan famously said that talent wins games but
teamwork and intelligence wins championships. So we
partnered with America Serves in 2016 to head
operations for the New York Serves NYC, at the time
one six America Serves coordination centers in the
United States is staffed by a supervisor to my left,
a care coordinator and an intake specialist,
Northwell employees through all the coordination
center is to link service members, veterans and their
families to a network of over 100 community and
national service providers. Northwell Health
solutions, the health system's care management
organization that implements and stores our base care
programs and our based value-based programs have
been running the coordination center operations and
my office has led the initiative in the community.
We've also been working with America Serves to
establish a secondary hub, New York Serves that will
support more than 150,000 veterans who live in Nassau
and Suffolk counties. Coordinating care and providing
services for veterans is within Northwell's
wheelhouse, it is what we do, and we're pleased to

carry out this mission. Whether someone spends four
years or four years in the armed forces it is
essential for them to get adequate, efficient
resources that they deserve and while plenty of
veterans reintegrate easily many struggles with
setbacks associated with transition with the
transition process. We're here to help and direct New
York City's heroes to the right resources as
efficiently as possible. We know there is much work
that we can do especially if we continue to work
together, this partnership with Vet Connect New York
City has the promise to reach even more veterans and
their families. On behalf of Northwell Health I thank
you for your continued support of Vet Connect New
York City, I look forward to your continued
partnership in the future and we'll be happy to
answer any questions that you may have.

CHAIRPERSON DEUTSCH: Thank you Juan, thank you for your service, thank you.

ANTHONY SILVERA: Sir I'm, I'm here if you have any specific questions... [cross-talk]

CHAIRPERSON DEUTSCH: Questions... oh,

okay… [cross-talk]

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JUAN SERRANO: Anthony is here, again as
I stated in my statement, Anthony Silvera he is the,
the individual who oversees the day to day
operations, he's the supervisor, he's the glue
between the city of New York, providers and our
market.

CHAIRPERSON DEUTSCH: So, I have a question for all four of you. So, if there are... if, if a veteran tries to access Vet Connect and they have issues or they have ideas of how to improve Vet Connect who does he or she reach out to number one or is it... is it possible to have a meeting with all the advocates, with the people who have experience like as yourselves to just come up with ideas and, and just speak about their experience of Vet Connect?

MAUREEN CASEY: I can... I'm happy to start sir, we're always willing to meet and to listen and to obtain feedback, I think that that has been one of the hallmarks of this process where, where we started four years ago with America Serves New York City, we've come a long way and Mary testified to that in terms of where Unite Us is now with respect to the greater healthcare network so always available to take feedback. We, the IVMF have someone that is a

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market lead assigned here in New York City, so he too is always available so happy to, to meet with any of the constituency groups or with any individual veterans.

CHAIRPERSON DEUTSCH: Okay, so... yeah, go ahead.

MARY BIER: And to add to that, the, the table that you see here, the partners, Unite Us, IVMF and Northwell we all meet weekly to talk about network performance and opportunities like this on ways that we can improve so we take feedback from clients, from partners in the network and also software feedback, how is the software working for people that are actually using it.

the largest private employer in New York State and also the largest provider of health care in the region for veterans outside of the VA, we have a robust program and everything that we do is trying to connect individuals with unique services and also take the feedback because that's how we learn, we can't continue to go home assuming that we know what the hopes, the needs and the wants are for veterans, we have to ask and we're doing a good job. We also

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engage in quarterly meetings; we have a report house where we actually bring in our service providers and I think Tony can tell a little more to that.

ANTHONY SILVERA: Yes sir, so we do have, you know meetings monthly with the city, our city partners, we also have ways that veterans if they want to contact us for information so on our Vet Connect NYC website where it says contact if they have questions that they want to ask directly about the process or to actually be a member of the network that's a way that they can reach out because we will get emails in and we can reach back out to them so...

CHAIRPERSON DEUTSCH: Great, so if, if we set up a meeting with the people sitting at the table with advocates would that be fine?

JUAN SERRANO: Absolutely...

MARY BIER: Of course...

ANTHONY SILVERA: Absolutely...

CHAIRPERSON DEUTSCH: All agreed, okay, so if you don't mind if you could leave your contact information with Joe Bello and I'd love to have at the roundtable a meeting with, with advocates and some veterans just to have a, a nice conversation to see what... [cross-talk]

# 1 COMMITTEE ON VETERANS 2 MARY BIER: That's great... [cross-talk] 3 CHAIRPERSON DEUTSCH: ...ideas they have or if they have any obstacles when they go onto Vet 4 Connect, I'd really appreciate that. 5 MAUREEN CASEY: You're welcome. 6 7 CHAIRPERSON DEUTSCH: Thank you so much, thank you. Oh, you have a question? 8 COUNCIL MEMBER AMPRY-SAMUEL: A quick 9 10 question, you know I always have a question, I'm a ... yeah, my husband was a... you know in the military, I 11 12 was a military spouse, right... [cross-talk] 13 JUAN SERRANO: Thank you for your service... [cross-talk] 14 15 COUNCIL MEMBER AMPRY-SAMUEL: ...for many 16 years... [cross-talk] 17 ANTHONY SILVERA: Thank you for your 18 service... [cross-talk] COUNCIL MEMBER AMPRY-SAMUEL: ...and my 19 20 husband was an officer and was deployed to Iraq and Afghanistan and my husband is a disabled vet now. I 21 2.2 remember when my husband came home the second time 23 from Afghanistan and we had a small child and it was very difficult because I was not working, he had just 24

come home, he was injured and so he was not working

# 1 COMMITTEE ON VETERANS 2 and we were just trying to navigate the system so in a situation like that when you have a, a... you know 3 4 like a, a family with a child and both parents are 5 not working and just trying to figure things out how 6 do you assist them just like a... like just quick... 7 JUAN SERRANO: So, first... [cross-talk] COUNCIL MEMBER AMPRY-SAMUEL: ...and we 8 were... like we were trying to figure out what... it was 9 10 this running joke in the house, we wouldn't go outside because at the time we didn't have health 11 12 insurance. 13 JUAN SERRANO: Right... [cross-talk] 14 ANTHONY SILVERA: Right, right... [cross-15 talk] 16 COUNCIL MEMBER AMPRY-SAMUEL: So, we just 17 had a lot of vitamins and... [cross-talk] 18 JUAN SERRANO: Right... [cross-talk] COUNCIL MEMBER AMPRY-SAMUEL: ...you know 19 20 we... it was... [cross-talk] 21 ANTHONY SILVERA: So... yeah, so first I 2.2 want to thank you for your service as a spouse, also 23 your husband's service, what branch was he in?

COUNCIL MEMBER AMPRY-SAMUEL: Army...

ANTHONY SILVERA: In the army, alright, I
won't hold that against him, I'm an Airforce guy but
I want to thank you so much for your service. So,
first off, you know the beautiful thing about Vet
Connect and this whole concept, right, is it's
designed to be one stop shopping, right, for one
opportunity whether you pick up the phone or you go
to the Vet Connect Vet Connect NYC website and you
submit a request as the, the Chairman said that
someone reached out to us and we're pretty
responsive, we triage the request how they come in
so, simply in your case, you know we would hope that
you'd reach out to us and then we'd have a
conversation with you, we'd talk with you about
what's going on, you know part of the intake is
designed to ask some basic information to kind of
find out, you know where you're at and kind of what's
going on and we have that conversation with you to
determine what we have in the network and how we're
able to assist you so it starts with that simple
conversation or that intake and hopefully I think we
do a very good job of connecting with our veterans
and family members that reach out to us and it's all
about that connection, right, it's all about being

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open enough and being pleasant enough to have that conversation to dig a little deeper about what's going on and to show you the array of services that we have. So, in a broad brush that's, that's essentially what we do, right, is to peel back the onion and find out what their needs are because as you already found out one request usually turns into two sometimes it could be three and the most we've had is about five with one veteran so... did I answer your question?

JUAN SERRANO: And I would like to add to that. So, we have been partners... we have been collaborating with the IVMF and the city for quite some time and one of the issues that we face with connectivity, one of the main reasons as of why we knew that we had to be part of this is that our initial focus as an organization with military started back in 2006, very early on the main focus wasn't providing health care services but we knew early on that in order to make it effective we had to incorporate and make all the services available to the veteran, to the family as well in, in a span of over a decade we grew to clinical centers of excellence and all these resources, the one thing

that we couldn't do was effectively connect those
individuals who needed more than health care
addressing the social economic determinants of health
in those items that we are not good at, right, that
we would like to be better at but we're not good at
so instead of recreating the wheel we wanted to
partner with the town's not for profits in the space
so we can address that because in the way that we see
it you can have a great oncologist or gastrologist
but if you cannot follow your treatment plan and you
don't have the supports around you treatment is not
effective and the way that I see I sat basically
where you sat in 2009 combat veteran three tours,
2009 I was medically discharged three months after I
was discharged three months Tricare dropped me, I had
no idea what I was going to do, right, so I felt I
was left to fend for myself. I believe that this
coordinated network and this collective impact
initiative is a breath of fresh air to those who are
seeking care and more often than not Anthony can tell
you that when you call for one thing and just after
five minutes of a conversation you're realizing that
one need turns to two and three and four so for us
value is important but quality is the key, that is

1	COMMITTEE ON VETERANS
2	the issue with the quality matrix, the quality, the
3	outcome.
4	ANTHONY SILVERA: Did we answer your
5	question ma'am?
6	COUNCIL MEMBER AMPRY-SAMUEL: You did.
7	ANTHONY SILVERA: Okay.
8	CHAIRPERSON DEUTSCH: I have a question
9	for Anthony. So, if someone… if, if some… if a
LO	veteran goes on Vet, Vet Connect and requests
L1	assistance would you be one of the people that retur
L2	to respond to them?
L3	ANTHONY SILVERA: Yes, sir.
L 4	CHAIRPERSON DEUTSCH: Okay, so it was you
L5	when we did the, the, the test and you responded,
L 6	amazing, you were really truly amazing, so I want to
L7	thank you for that.
L8	ANTHONY SILVERA: Thank you.
L9	CHAIRPERSON DEUTSCH: Yes, it was really
20	amazing
21	ANTHONY SILVERA: I'm glad it went well.
22	CHAIRPERSON DEUTSCH: I just want to ask
23	you, I have we have two more panels coming up, will
24	you be able to stick around just to listen to those

two panels it shouldn't take long?

## 1 COMMITTEE ON VETERANS 2 ANTHONY SILVERA: Absolutely... 3 CHAIRPERSON DEUTSCH: Okay, great, thanks 4 you so much. ANTHONY SILVERA: Thank you. 6 CHAIRPERSON DEUTSCH: Thank you. 7 MARY BIER: Thank you. CHAIRPERSON DEUTSCH: Oh, okay. Coco 8 9 Culhane, Kent Eiler, Joe Hunt. 10 [off mic dialogue] 11 CHAIRPERSON DEUTSCH: Hi Coco. 12 COCO CULHANE: Hi, I'm Coco Culhane, the 13 founder and director of the Veteran Advocacy Project. 14 I was involved in the core original team in 2013 when 15 this was just an idea and wanted this more than 16 anyone in the world I think because we have an entire 17 staff member who's whole job is just doing referrals 18 and doing the amazing work that Anthony and his team do every day but I'm shocked by this hearing so far 19 20 because I just think this doesn't work and I think 2.1 we've had five years for providers to get involved 2.2 and I think one of the problems is something that a 23 Robin Hood program officer said, in the beginning 24 which is this relies on a sea of goodwill and there's

no incentive. So, we use this so... I mean we were so

enthusiastic about it and my team all had to have
accounts and they all had to use it and we found out
we were, you know the number one provider referring
in after we had decided our clients were not a good
fit and this was before it was with Northwell, this
is not a criticism in any way on it's, it's, it's
the system overall and the and the environment that
it's operating within in New York City, no one wants
to use a middle man and I've got to say even DVS
sends people to us outside of Vet Connect like and I
just think if we're spending over a thousand dollars
on average per veteran on this system we need to be
talking about that and we need to be talking about
the outcomes and what's really going on and who's
using the system and what they're using it for
because I know, you know the biggest problem that we
all face as, you know advocates and, and service
providers is housing so we sent someone in and that's
not what the, the system can't build affordable
housing it shouldn't be expected to but we sent
someone in, they got referred to NYCHA to the public
housing waitlist and that's, that's not a good
solution, right and this may have been a couple of
years ago, this is again I want to say that the

quality work that has come out of the people in the
hub at Northwell is fantastic and so this is not
meant as any kind of comment on them and my intake
staff has worked with them really closely but I
really think we need to be looking at this, what kind
of requests are going in, what's the actual quality
coming out and what are we actually paying for, what
are the tax dollars going towards and why isn't this
something that's integrated into DVS's services,
right, I mean again to be brutally honest like I'm
calling Inez when I need to hook someone up with a
service that I know the city can make happen. So, if,
if someone who has very adamantly believed in the
system and wanted it to work is up here telling you
that I, I think you've got to also look at who's not
in the room. All of the major providers who were
there from the beginning and created this and don't
use it, don't need it and I'm happy you know if I'm
wrong then great but 583 veterans like, you know we
had we served over 1,000 veterans in the same amount
of time and we're tiny, right, I don't want to serve
I mean I didn't want us to go out of business but I
just I think that we need to really be looking at

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the data and questioning what we're using and how we're using the system. Thank you.

I think you hit it on... you hit, you know the nail on... it is important for DVS to get the numbers back to us as well as the kinds of services people are requesting and the results of that and that's one of the things we discussed today so hopefully we'll be able... we'll be able to get it moving forward and I think it would also help to have that meeting with the, the right channels United, United Us and everyone else just to be in the same page and to give those ideas to them so thank you very much Coco.

Deutsch and good morning to the honorable members of the Committee. My name is Kent Eiler I'm the Project Director at the City Bar Justice Center's Veterans Assistance Project. The City Bar Justice Center has been working with Vet Connect NYC since its inception back when it was still New York Serves, City Bar staff have been trained on the procedures for using Vet Connect's technology platform, attended Vet Connect town hall meetings and regularly interact and correspond with Vet Connect staff. To their credit

the team at the Vet Connect coordination center as
Coco was saying a moment ago has been great at
communicating with us and veterans often speak highly
of the team members when our staff calls to follow up
on a referral that was sent. According to Vet
Connect's data the City Bar has received 171
referrals making us the seventh largest recipient of
referrals in their system. We have noticed an
increase in these referrals since their rebranding
effort, since their relaunch in November the City Bar
has received 73 referrals virtually all of which were
accurately referred. These referrals do turn into
cases that we take on, of the cases the City Bar
accepted for representation this year just under 40
percent started as referrals from Vet Connect.
However, to be clear prior to New York Serves and Vet
Connect the City Bars Veterans Assistance Project
never had difficulty finding and intaking low income
veterans who were desperately in need of our
services. Two percent of the country's 20 million
veterans currently have an appeal pending with the
Department of Veterans Affairs over denied VA
benefits. Applying that same percentage to our city's
waterans and there's no reason not to means there are

approximately 4,000 New York City veterans who at
this very moment have a pending VA appeal. At present
staffing levels the City Bar is able to take on a few
dozen of these cases each year. Because of the
tremendous need it is vital the city closely
scrutinize where its limited resources are spent in
the efficacy of those resources. While it's
impossible to put a price tag on the value of the
referrals received by the veterans Vet Connect has
served that's precisely the daunting task facing this
committee and the city as it balances limited
resources. At present the ongoing annual cost of
referrals, the ticket price of Vet Connect exceeds
the budget by program area for either veteran's
employment or mental health in the FY 2020 DVS
financial plans summary. Anecdotally in my career I
have frequently heard veterans tell me quote, "I need
a lawyer and I need a doctor, I need a job or I need
an apartment" but I have never not once heard a
veteran tell me quote, "could you help me with a
referral, what I really need is a referral". Our
client population is typically stressed and looking
for someone, anyone to do the work at a time when
service providers everywhere are simply maxed out.

While the City Bar Justice Center appreciates the
hard work the coordination center puts in we also
find that the Vet Connect system occasionally makes
the process unnecessarily onerous for veterans, it
would appear the need to report higher number of
veterans assisted incentivizes Vet Connect to
encourage veterans to remain within their platform
sometimes at the expense of practicality. For
instance, if a veteran were to navigate to the Vet
Connect website they could find the City Bar and see
that we provide assistance with the VA benefit
matters then if the veteran determine they could
benefit from our services and clicked on our profile
instead of being directed to our contact information
they would be redirected to a portal encouraging them
to contact Vet Connect so that Vet Connect can be the
one to put them in touch with us adding a layer to
the process. Similarly, when it comes to over the
phone referrals Vet Connect sends the veteran's
information to the service provider but refrains from
also providing the client the service providers
information. Providing both parties with each other's
contact information would be the most practical way
to ensure the veteran receives the information or

resources they need however, there is the appearance
at least to this provider that there are incentives
associated with keeping the veteran within Vet
Connect's tracking system to prevent this. We
understand the interest in a single point of entry
for purposes of tracking data, but we believe doing
so should not add additional barriers to veterans
accessing resources. We hope that there will be
efforts to make Vet Connect more efficient and less
costly and also that more attention will be paid to
supporting the legal service providers who are
crucial to helping those veterans denied benefits to
appeal. Ultimately, we're all here to help New York's
veterans. We at the City Bar Justice Center hope that
in the future veterans will be able to access those
resources in the most efficient manner possible.
Thank you.

CHAIRPERSON DEUTSCH: Thank you very much. So, you're, you're talking about expanding legal, legal service providers so is this only... is this for the pending VA appeals or do you see that we need legal services in other areas too?

KENT EILER: I, I think Chairman Deutsch there is... there is a... there is a real need in both

1	COMMITTEE ON VETERANS
2	areas but, but where both Miss Culhane and myself
3	work is specifically as veterans law practitioners
4	and you're basically talking to really the only game
5	in town up here when it comes to veteran specific
6	civil legal services and we both believe that greater
7	resources put towards veteran specific civil legal
8	services is desperately needed while also
9	acknowledging that there are other legal issues that
LO	such as problems with family law, housing, issues
L1	that are certainly not unique to being a veteran
L2	where veterans also need assistance as well.
L3	CHAIRPERSON DEUTSCH: Okay, so if
L 4	someone if someone should reach out to Vet Connect
L5	regarding legal help you don't think that there is
L 6	they have sufficient help for those veterans?
L7	KENT EILER: We you want to talk about
L8	your wait list?
L9	COCO CULHANE: Yeah, I think I think the
20	point is just and I think this is a whole other
21	hearing, right, but the core… [cross-talk]
22	CHAIRPERSON DEUTSCH: We're leading into

COCO CULHANE: Okay, the... for the specific services that, you know Kent is talking

the next hearing.

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about because I... as... if I'm not mistaken the City Bar is the only place for benefits for VA claims, referrals, the VSOs are not in it as far as I know so I would imagine that his backlit... his wait list is quite long and I know our wait list for just upgrades which, which is just one of the things we do is quite long so we work with Vet Connect as best we can to temper expectations of, of veterans.

CHAIRPERSON DEUTSCH: So, my question is if you take your wait list and send them to Vet Connect, right, let's say they're sitting... [crosstalk]

COCO CULHANE: Yeah... [cross-talk]

CHAIRPERSON DEUTSCH: ...sitting in the office and you go on Vet Connect and you have... you, you make a request for those services, what, what would happen then?

COCO CULHANE: They come to one of us.

KENT EILER: Yeah, I mean they would probably cross refer them to, to one of... one of us and what we do is when veterans say hey I need a, a lawyer, I think I need a lawyer to help me obtain VA benefits... [cross-talk]

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# 1 COMMITTEE ON VETERANS 2 CHAIRPERSON DEUTSCH: Uh-huh... [cross-3 talk KENT EILER: ...and they don't want to be 4 placed on a wait list, we will then at the City Bar 5 Justice Center we'll refer them out to VSOs, Veterans 6 Service Organizations that provide those services. COCO CULHANE: I see Northwell Health 8 shaking their head, so I want to give them a chance 9 10 to answer. 11 CHAIRPERSON DEUTSCH: Yeah, so let's ... 12 yeah, let's get Northwell here. 13 COCO CULHANE: I don't... [cross-talk] 14 CHAIRPERSON DEUTSCH: Come on down, yeah. 15 [off mic dialogue] 16 ANTHONY SILVERA: So, just as the borough 17 referral process, right so the veteran reaches Vet 18 Connect as far as legal right now we have five legal providers that are network, NYLAG is the newest one 19 20 that just came in so there is a long wait list. Essentially what we do is, you know the veteran 21 2.2 explains what their need is because legal is one of 23 the needs that we get a lot, we're pretty comfortable 24 with what our providers are able to provide so

specifically if it's for service connected

_	COMMITTEE ON VETERANS
2	disability, you know we explain to them up front, yo
3	know that there's a wait list so we let them know
4	exactly what they're going to be in store for if the
5	still want to press the center or borough, if they
6	were meeting directly with this veteran without
7	coming to Vet Connect and they're going for that
8	particular need then they're not going to necessaril
9	refer them to us because they've already went
LO	directly to this organization if that makes sense.
L1	CHAIRPERSON DEUTSCH: Yeah, it definitely
L2	makes sense, but it makes sense what you're saying
L3	but it doesn't make sense that a veteran should have
L 4	to be in a wait list and maybe not even being taken
L5	care of, right… [cross-talk]
L 6	COCO CULHANE: So… [cross-talk]
L7	CHAIRPERSON DEUTSCH:so this, this is
L8	[cross-talk]
L 9	COCO CULHANE:like I say I don't think
20	that's the… [cross-talk]
21	CHAIRPERSON DEUTSCH:why [cross-talk]
22	COCO CULHANE:I don't think that
23	[cross-talk]
24	CHAIRPERSON DEUTSCH:this is why its

important to have these conversations... [cross-talk]

1	COMMITTEE ON VETERANS
2	ANTHONY SILVERA: Right [cross-talk]
3	CHAIRPERSON DEUTSCH:just to see what
4	the loopholes are and this way we could sit down and
5	see how to better, you know service the veterans in
6	the future. Yeah, you wanted to say something Coco.
7	COCO CULHANE: No, sorry, I was just
8	going to say it's not Northwell's fault [cross-talk]
9	CHAIRPERSON DEUTSCH: I'm sorry?
10	COCO CULHANE:it's not Vet Connect's
11	fault that we have wait lists, that's all, I'm just
12	sort of defending because… [cross-talk]
13	CHAIRPERSON DEUTSCH: Oh, so [cross-
14	talk]
15	COCO CULHANE:do a good job.
16	CHAIRPERSON DEUTSCH: Yeah, so you know
17	one thing, I'm sorry, does Vet Connect have a wait
18	list, you just said [cross-talk]
19	ANTHONY SILVERA: No sir, I was talking
20	about the wait list for them to be able to [cross-
21	talk]
22	COCO CULHANE: For us [cross-talk]
23	ANTHONY SILVERA:meet with an attorney
24	to get assistance…

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CHAIRPERSON DEUTSCH: Yeah, so there's a wait... so, you have a wait list, does Vet Connect have a wait list?

ANTHONY SILVERA: We don't have a wait list.

amongst the, the five legal providers you, you don't have a wait list then? So, if, if they were to refer their wait list to Vet Connect what would happen then?

anthony SILVERA: So, sir let me just make sure that I'm clear as far as the wait list goes, right so there's a particular service type and it's getting assistance to apply for service connected to civility for example... [cross-talk]

CHAIRPERSON DEUTSCH: Okay... [cross-talk]

ANTHONY SILVERA: ...which is one of the main ones that we get, our main provider that does that has a long wait list because if they're working with so many veterans, right, we can send a referral right away as long as they meet the eligibility criteria to do the referral but the challenges with the provider not having enough attorneys and not having enough staff to be able to take that on.

1	COMMITTEE ON VETERANS
2	CHAIRPERSON DEUTSCH: Okay [cross-talk]
3	ANTHONY SILVERA: So, we don't have a
4	wait list per se…
5	CHAIRPERSON DEUTSCH: Because you send
6	the wait list to them.
7	ANTHONY SILVERA: Because we send the
8	referral… [cross-talk]
9	CHAIRPERSON DEUTSCH: Okay, yes, you
10	send… [cross-talk]
11	ANTHONY SILVERA:to them [cross-talk]
12	CHAIRPERSON DEUTSCH:the referral to
13	them and then they… [cross-talk]
14	ANTHONY SILVERA:the challenge is to
15	have the… [cross-talk]
16	CHAIRPERSON DEUTSCH:have a wait list
17	[cross-talk]
18	ANTHONY SILVERA:there's more veterans
19	than there… [cross-talk]
20	CHAIRPERSON DEUTSCH: So, so how, how do
21	we measure between Vet Connect and the provider that
22	you don't keep on sending veterans over and only to
23	be on the wait list and… [cross-talk]
24	ANTHONY SILVERA: So… [cross-talk]

CHAIRPERSON DEUTSCH: ...it could be for a year, two years, who knows.

ANTHONY SILVERA: So, one is they tell us when they're at capacity... [cross-talk]

CHAIRPERSON DEUTSCH: And what happens then... [cross-talk]

ANTHONY SILVERA: ...and we stop sending referrals.

CHAIRPERSON DEUTSCH: But what happens then, so they have a wait list and if they have one person on the wait list, right, then they're already backed up, right? So, they bounce back to you and they say listen we don't have any, any spots right now so we're sending it back to you, what do you... what does Vet Connect do then?

ANTHONY SILVERA: So, sir we take care of it on the frontend, right, so we're explaining to the veteran when they're reaching out to us what the provider services are and that we let them know up front that there's a wait list, if they want us to send this referral that it may take some months before they're able to meet with an attorney. Now the organization is going to do an intake with them right

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## 1 COMMITTEE ON VETERANS 2 away to really see if they're eligible because we just do the ... kind of the basics, right ... [cross-talk] 3 4 CHAIRPERSON DEUTSCH: Okay... [cross-talk] ANTHONY SILVERA: ...the provider has more 5 6 of the details. So, we explain to them up front that 7 for this particular service there's normally a wait list with the organization because they have so many 8 clients that they're trying to satisfy so then it's 9 10 up to the veteran at that point if they want us to do the referral, most of them are okay with it because 11 12 they know it's a process anyway for them to actually 13 apply for a service connected to... but there are cases 14 where we get some veterans who at that point say that 15 they are not comfortable with going with the wait 16 list and those are the ones that we give to veteran 17 services, we recommend they reach out to veteran 18 service organizations... [cross-talk] 19 CHAIRPERSON DEUTSCH: So, so... [cross-20 talk] ANTHONY SILVERA: ...be faster... [cross-21 2.2 talk 23 CHAIRPERSON DEUTSCH: So, what do we need

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to do to close this loophole?

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#### COMMITTEE ON VETERANS

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ANTHONY SILVERA: I think that's a good

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question for ... we just need more resources sir.

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CHAIRPERSON DEUTSCH: More... okay, so

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that's… is this… is this like one of the services

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that you see the highest wait list for legal

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services?

wait lists...

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ANTHONY SILVERA: So, its, it's really

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more of a question for them sir but it... as far as  $% \left( 1\right) =\left( 1\right) \left( 1\right) =\left( 1\right) \left( 1\right)$ 

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[off mic dialogue]

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ANTHONY SILVERA: Yes... so, I'm hoping to

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sit down. So, so that, that... again that questions

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city at large to discuss about resources, our job is

more for the folks that are up here and I think the

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to make the referral, our job is to work as an

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enterprise to make sure that we have the right

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folks are saying right now is that there are a lot of

providers in the network but I guess what these fine

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folks that are looking for assistance and they have

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scarce resources to be able to service all of them

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and that does create a backlog for those clients that

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are looking for assistance.

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CHAIRPERSON DEUTSCH: Okay, I have a lot more questions but DVS... I'm not going to call DVS back up here. Yes?

JOHN ROWAN: Can I respond sir?

CHAIRPERSON DEUTSCH: Yeah, come on down, yeah. Yeah, thank you very much, thanks.

It's alright, I'm up here JOHN ROWAN: with old friends so... my name is John Rowan, I'm the National President of Vietnam Veterans of America, I'm also probably the senior member of the Veterans Advisory Board of the City of New York, I'm also a former service rep who actually did work in the veterans appeals process stuff for several years in the early twos, yeah, thanks, the Sergeant at Arms is yelling at me. Anyway, I used to be involved at the City Council too but the bottom line is this the New York State Division of Veterans Affairs is about the only functioning operation that does fairly substantial numbers of claims in the city of New York and unfortunately the State Division of Veterans Affairs process is good but the problem is they don't have enough people especially in the city of New York. The VSOs quite honestly are very, very diminished in their capacity so over the last 15, 20

years. My organization we had a couple of people who
have been doing some work and it was very nice but it
was very minimal, the DA the disabled American
veterans still has a fairly good operation, VFW has
faded away over the last several years, the Legion
has got some people but they're scattered all around
the country and so while they sit in the board of
veterans appeals office in Lower Manhattan they do
not have a lot of people sitting here doing that kind
of work. They don't need lawyers per se but you don't
need heavily trained people to be able to do appeals
work, it is quasi legal, the VA is like not
surprisingly we've got the, the worst regulations you
ever seen in your life especially when you're dealing
with all the different aspects of both mental health
and physical health issues faced by veterans. So, all
of these folks here are doing some wonderful work but
there's such limited capacity because unfortunately
unlike the State Division of Veteran Affairs I don't
even know what their budget is today. The one fault
that we've had with the City Division of Veterans
Affairs Veteran Services, excuse me, is that they
haven't developed that capacity at all to provide
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officer, you got a lot of different titles but it's
basically the same thing, so the ability to take a
veteran or a family member and go through the
processes involved with filing for a claim for
disability. I myself by the way I'm a I'm a 100
percent disabled basically from agent orange
illnesses including diabetes and other issues so it
and, and that didn't occur right away, it took me 20
years to get to that point so I, I really love all
these people who do all this great work up here,
they've been doing it for a long time but they need
support and I think the city and your committee would
be really good to take a look at the whole aspect of
how the city and the state need to work together.
What, what needs to be understood and I've been
trying to tell politicians this for years, it at all
kinds of levels, believe it or not a service rep,
some person, an individual in an office working with
clients in the VA to help them get benefits can
probably reap anywhere from ten to 100 times their
salary on an annual basis bringing in tax dollars
into the city of New York to the tunes of millions of
dollars. If you go to the VA and ask them how many
millions of dollars come into the city of New York

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every year to disabled veterans you will be very,
very shocked, it's an extensive number. The problem
is it should be a lot more number because as was
mentioned earlier with some of the folks and even the
Council Woman and her husband coming back from the
service, he had to face a differential... did he get
retired from the military?

COUNCIL MEMBER AMPRY-SAMUEL: No.

JOHN ROWAN: No, he just got put out as a disabled veteran and had to go to the VA for his disability, correct?

COUNCIL MEMBER AMPRY-SAMUEL: And we're still struggling on that percentage.

JOHN ROWAN: Yes, see and that's... the

Council Woman can tell you what it's like to have to
go through that bureaucracy. So, if I... and, and I

really can't fault DVS for this because they, they

don't have the capacity, they've never had the

capacity and it would probably take upwards of five

to ten million easily to set up a good program here

in the city of New York without doubt, I would say,

right? Easily and maybe more. I mean it would be

interesting to see what the State Division spends on
an annual basis in the state of New York and then

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parlay that down to New York City. So, I mean... and again I really encourage all the work everybody is doing but I think the city and the City Council and your Committee needs to look at what it takes to make an investment in the veterans in the city of New York to bring in the income that they need and that the city could use because I can tell you it really isn't... it's pretty darn good when I get my, my check every month as 100 percent disabled veteran of a tax free check of over 3,300 dollars a month. I can tell you it's more than my retirement pay from the... from the city of New York for which I retired 17 years ago so it's a substantial amount of money, it's worth the investment, I encourage the Council to take a look at that.

CHAIRPERSON DEUTSCH: Thank you John. So, the next hearing we're going to speaking about the gap of services and how we can fill that in because this is... this something that really I wasn't aware... wasn't even aware of that people are waiting and we have such long... a long waiting periods for people waiting, veterans to get assistance so that's the next hearing agenda so I want to thank you for testifying and we're going to get to my friend here.

JOHN ROWAN: Sorry.

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COCO CULHANE: No problem.

CHAIRPERSON DEUTSCH: We don't have a...

John we don't have a system here so...

JOE HUNT: Thank you Chairperson Deutsch and members of the Committee on Veterans for this opportunity to provide testimony regarding Vet Connect NYC. My name is Joe Hunt, I'm a US Army veteran and I serve as Director of the Veterans Mental Health Coalition. The coalition is administered by vibrant emotional health formerly known as the New York Mental Health Association. For more than 50 years vibrant has provided direct services, public education and advocacy to address the needs of New Yorkers living with behavioral health needs. In addition to administering Veterans Mental Health Coalition, vibrant also provides training and technical assistance as well as backup call center support to the veteran's crisis line. The Veterans Mental Health Coalition is to... goal is to improve access to and the quality of behavioral health services to military... to the military connected community including active duty, service members, veterans, their families and caregivers. The

coalition is made up of 874 individuals representing
about 370 organizations including housing, legal
services and benefits and a wide variety of other
veteran serving agencies including federal, state,
city, government and educational institutions. The
interesting thing is that although our name is the
Veterans Mental Health Coalition, our membership is
80, 80 percent of our members are civilian and non-
mental health providers seeking information about the
culture and the unique needs of the military
connected community in order to become more effective
at delivering the services. As I've testified
previously a rand corporation research study funded
by the New York State Health Foundation reported that
more than half of all service members returning to
civilian life in New York State return with
psychological injuries or substance abuse issues yet
only one third ever seek treatment. There are at
least two primary reasons why veterans forsake their
mental health; first, despite increased efforts to
combat the stigma associated with mental health and
mental health treatment, fear about getting treatment
remains considerable. Second, the need for other
services are often at the top of the veteran's

priority list; housing, employment and legal services
for example. In our estimation the result of these
two factors is that approximately 67 of 100 veterans
with a probable diagnosis of PTSD, clinical
depression or substance use are seeking services from
non-mental health providers rather than connecting
directly with behavioral health treatment centers.
The question is what steps can be taken to change
this dynamic. One answer is to connect and share data
about the number of requests and types of services
that are being requested, we know that Vet Connect is
the considerable resource for information referrals
and case coordination that can link New York City's
military connected community who are aware of their
services to service providers across a wide variety
of sectors including mental health and substance use
treatment. And I'm sure we all agree that the
inclusion of more qualified providers in Vet Connect
network will enhance the benefit to the community. To
that end the Veterans Mental Health Coalition is
working with Vet Connect and with IVMF to develop
educational events for our coalition members to
inform them of the benefits, qualifications, and
process for becoming members of the Vet Connect

community. I cannot overstate it particularly at in
light of this discussion about capacity, I cannot
overstate Vet Connect's potential to provide DVS and
the provider community with valuable data that will
enable us to make informed decisions, develop
strategies to increase the number of veterans in my
case, in my interest receiving mental health and
substance use treatment and measure the effectiveness
of those strategies. It would also provide us all
with information about the demand and we can look at
the communities and see what, what additional
capacities are required or what additional funding to
expand these organizations might be. In order to
support New York City's effort to effectively serve
our community it is essential to conduct
communications and outreach campaigns to the
community that reduce the stigma and fear associated
with behavioral health and it's treatment, promote
the convenience of Vet Connect NYC to access
services, train non-mental health providers in
veterans mental health first aid and encourage them
to make referrals through the network and to share
information with us all, we need to know the number
of requests received by Not Connect for services by

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type of service especially mental health and substance use referrals as well as identify the number of provider to provider referrals within the Vet Connect community. Vet Connect's potential to inform the city's decision making is critical, with the information... with this information we'll be able to effectively out... develop outreach campaigns and training curricula and measure the outcomes of our efforts. The net result of our collaborative effort will ensure that those we serve receive appropriate services and supports in order to build a, a... productive and meaningful lives. Thank you, Chairman Deutsch and members of the Committee on Veterans, I'm happy to answer any questions.

thanks for everything you do, and I think the next agenda we'll be able to hopefully get some answers to these questions and see what we need to do as a city. I just want to thank my colleagues and, and Alicka for the... for being... for being able to increase the veterans initiative in the New York City Council to 2.8 million dollars that goes to many non for profits and that's helpful and we're going to be having a roundtable with all of the non for profits and Joe

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Bello is going to be setting it up, the same we did
last year and I'm also looking forward to having a
roundtable with all of the people involved Northwell
and United Us and, and IVMF and others who are
instrumental in getting these… this data to Vet
Connect and being able to share all that information
working with DVS so working together I think we could
accomplish a lot, we need to work together so stay
tuned. Yeah, so thank you very much. We have one more
panel, I'm just going to pull up okay, John Rowan
oh, okay, I'm sorry. John, I could tell you that's
not right… okay, Rhonda Sherwin, Vadim Panasyuk,
Matthew Ryba and Joseph Euro [sp?]. We got four
chairs, okay.

Chairman and distinguished members of the Committee on behalf of Iraq and Afghanistan Veterans of America and our more than 45,000 members I would like to thank you for the opportunity to testify here today.

My name is Vadim Panasyuk, I'm a New Yorker, naturalized citizen, an Iraq war veteran with two tours in Iraq with third infantry division and I'm a master level social worker working as a, a senior manager of Client Services with IAVA's rapid response

referral program or RRRP for short. RRRP is a, a high
tech, high touch referral service for veterans and
their families with a comprehensive and complete case
management component. We assist veterans of all eras
with any discharge status worldwide in confronting
significant challenges like unemployment, financial
or legal struggles, homelessness and mental health
related issues. To date RRRP has served almost 10,000
veterans and family members nationwide and over 1,000
in New York City alone providing critical support and
resources to ensure the city's veteran's needs are
effectively met. After 15 years IAVA has become the
preferred empowerment organization for post 911
veterans. While our members are spread out through
the nation, we are proud to say that our national
headquarters is located here in New York City. Since
it's beginning IAVA has fought for and has been
successful in advocating for policies that are able
to meet the needs of our newest generation of
veterans which includes our advocacy for the
creation, proper funding and oversight of the
Department of Veteran Services, DVS. DVS has enormous
potential and its establishment was a historic moment
for veterans of this city. DVS can serve to

significantly streamline access and improve service
delivery to many of the most critical veteran
specific programs and resources already available
here. Today we are here to report what we're seeing
on the ground as it relates to Vet Connect NYC to
better inform this committee's decisions as they
relate to the oversight of this critical program as
it continues to take shape and deeper integrate into
the services infrastructure of our great city. To
date RRRP has assisted 168 Vet Connect NYC clients,
this includes NY Serves era clients as well. During
the last four years at IAVA I've had the pleasure to
work with many at Vet Connect NYC and have found them
to be mission driven, very responsive and easy to
work with. Their diligence and follow up with
providers to ensure services are being delivered and
their client's needs are met is truly impressive. Vet
Connect NYC continues to stay proactive in
collaborating with programs like ours by scheduling
annual meetings between RRRP and Vet Connect senior
staff, this includes higher level decision makers
intending to illicit comprehensive feedback and
ensure optimal cooperation. These meetings do bear
fruit For evample for the last few years we have

been experiencing challenges in seamlessly receiving
referrals, we're happy to report that due to wide
open channels of communication between our team and
Vet Connect NYC staff we've been able to better
integrate Vet Connect NYC referrals into our day to
day workflow. The way their intake is structured
helps us to not duplicate the work already done
because we can clearly see what other services the
veteran is receiving. However, other challenges
persist. We view the requirement to use Vet Connect
NYC software to participate in the network to be a
barrier limiting the number of types of programs
available through Vet Connect NYC. Furthermore, we do
not find the internal referral component
comprehensive enough as it relates to programs and
services represented there. The increase in the
amount of digital paperwork needed to sync to the
work of our case managing case management team and
Vet Connect NYC continues to be a hinderance as well.
Another clear deficit we can see is the lack of a
comprehensive case management component and over
reliance on programs like ours to make connections to
resources not available in the Vet Connect NYC
network or resources. This includes various catholic

charities around the city, certain housing programs
as well as programs headquartered in other states
which, which deliver emergency financial assistance,
employment counseling and legal services on a
national scope thus further limiting options Vet
Connect NYC staff have when working to meet their
client's needs. We're looking to DVS to adequately,
adequately fund and expand Vet Connect NYC, we
support the programs, they deliver critical and
relevant services to veterans in need quickly and
effectively. After all our own RRRP our own RRRP
team has been pioneering this approach since 2012,
we've been doing it on a national scale with fewer
resources and a smaller team. While our approach is
similar the deficiencies, I have mentioned so far are
stunting Vet Connect NYC's growth, deeper integration
into veteran services infrastructure in New York City
and nationally and ultimately limit potential of this
program. As Vet Connect NYC continues to find it's
footing as a platform, we encourage this committee to
provide them with the oversight and tools needed to
be successful. We are hopeful that DVS will be able
to find solutions to these issues as it continues to
implement various program quality enhancements.

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Members of this committee thank you again for the opportunity to share IAVA's views on these issues today, I look forward to answering any of your questions.

CHAIRPERSON DEUTSCH: Thank you Vadim.

So, when you receive a referral from Vet Connect do
you see an entire history of that referral or you
only see what the issue of that referral?

VADIM PANASYUK: We can see where they've been referred to, what other services they're receiving but also this helps us identify other areas where we can be more helpful and to provide additional support.

CHAIRPERSON DEUTSCH: So, how does that work, so you get to see the whole history?

VADIM PANASYUK: No, so once you get the, the referral there are a number of fields and we can see what other providers they're engaging with and things like that.

CHAIRPERSON DEUTSCH: Interesting, okay.

Alright, thank you, thanks for everything.

RHONDA SHERWIN: I don't have prepared remarks but I'm talking... my name is Rhonda Sherwin and I appreciate the, the opportunity to speak in

front of the committee. I was a service provider
under NYC Vet Connect for three years starting in
2016 as a veteran's financial coach. The program that
I was under was funded by the consumer financial
protection bureau administered by the armed forces
service corporation. I was the only veterans
financial coach and that, that service was exclusive
to my services because I wasn't selling any products
and I was just helping veterans with their personal
finance issues namely budgeting, raising credit
scores, building credit and all the challenges upon
transition to New York City in, in managing their
personal finance. As many of the people know in this
room that program ended in March of 2019 and therefor
my affiliation with New NYC Vet Connect ended as
well, I'm not sure if any of my services have been
replaced but I know that to quote Coco I was the only
game in town for three years. I had some referrals
from NYC I'm going to speak from a personal
experience, when I started in 2016 I was given a desk
and a phone and find the veterans who need financial
coaching and NYC Vet Connect was handled by my
predecessor who was at the from the program around
2015 I think till 2016. Through the years I had some

referrals from NYC Vet Connect but most of my
hundreds of clients that I saw was me really going
out to the organizations to find the people and when
I asked them about NYC Vet Connect many of them
didn't know so I considered myself a personal
ambassador for, for NYC Vet Connect but I think that
the real problem is just the intermediary, you know
having it function as an intermediary, you know
veterans just want to see like if you need help with
employment or housing I would give them, you know a
card, a number, call this person, call that person
rather than me going to a portal and sign up and I
think that's why there's a low number in terms of ter
percent of network providers which is I didn't
realize it was that low but I'm, I'm, I was one of
those, you know I knew I knew other people that
were that could help the veteran and so rather than
say well go to a portal and sign up, you know here's
a card, here's a number you'll get a direct call with
somebody and I think that's, that's the drawback as I
see it. The you know the way veterans really want to
talk to somebody, they want to call somebody and have
a direct contact with them that's what I was doing,
you know the one to one coaching rather than give.

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you know... you know referrals and you know other people... you know other websites and other, you know organizations, they really wanted names of people to talk to. So, overall, you know the people at NYC Vet Connect were terrific and I know a lot of people, I'm echoing that... you know that voice as well, very easy to work with, good follow up but I couldn't rely on just those referrals to keep my practice going. Thank you.

CHAIRPERSON DEUTSCH: Thank you Rhonda, thank you.

MATTHEW RYBA: Thanks. Good morning

Chairman Deutsch, members of the council, thank you
for taking the time to hear these testimonies today.

My name is Matthew Ryba, I'm a Marine corps combat
veteran of Iraq and Afghanistan who served six tours
over the course of ten years. I'm currently the

Outreach and Education Director for New York

Presbyterian's Military Family Wellness Center. As
you know most recent data collected from community
surveys in the US Department of Veteran Affairs
states that there are roughly 220,000 military
veterans living in the five boroughs of New York.

Recent studies have also shown that of those veterans

15 to 30 percent carry a diagnosis of PTSD or major
depressive disorder and although publicly available
treatment options such as the veteran's
administration healthcare network provide invaluable
resources to this community about 50 percent of
veterans refuse or don't qualify for VA services.
While their family members are usually excluded from
accessing these services altogether. Our clinic at
New York Presbyterian was established in 2016 at
Columbia University Medical Center and Weill Cornell
Medicine and seeks to bridge this treatment divide by
providing cost free evidence-based assessment and
treatment to local area veterans, active duty service
members and adult family members. Since our inception
the Military Family Well, Wellness Center has
prioritized collaboration with regional, public and
private institutions seeking to compliment existing
resources rather than to compete and try to replace
them. One important community collaborator in our
mission to provide these mental health resources to
the veteran and military families of New York has
been Vet Connect New York formerly NY Serves. Over
the last three years our center has served hundreds
of New York City veterans conducting 379 phone

screens, 294 mental health intake assessments and
enrolling 244 veterans and military family members
into our patient care. The primary conditions that we
treat are PTSD, major depression and anxiety
disorders as well as adjustment disorders. Both of
our clinical sites; Columbia Research Center and
Weill Cornell Program for anxiety and traumatic
stress are in network providers on Vet Connect New
York. Since our clinics have been registered as
providers and this is going back to 2016 including
the previous New York Serves we've had close to 50
patient referrals from Vet Connect New York City and
30 of the cases of which we were able to accept for
assessment or treatment. Although this number may not
seem high, it makes up for roughly ten percent of our
total load and mental health is just one of the many
categories of resources available on Vet Connect NYC
and one that is not very often sought after by
comparison of some of the other categories of
service. With that being said we at the Military
Family Wellness Center feel that it's important to
highlight that both of our clinics along with many of
the other service providers listed on Vet Connect NYC
are nonprofit organizations and many who struggle to

find funding in order to continue serving the
veterans community of New York. While Vet Connect NYC
serves as an important serves an important purpose
of connecting veterans to resources that they need,
it's the nonprofit organizations providing veteran
services that are equally in need of support in order
to be able to continue to offer these resources. The
challenges facing military families are enormous and
although the VA continues to provide most of the care
thousands of individuals seeking service-related
mental health treatment in the New York region do not
receive it. The Military Family Wellness Center has
established a record of excellence in addressing
these gaps in service and through focus on easy
access, privacy and high-quality care we've become a
recognized and valued resource for local military
family community. With the help of local government
leaders and community collaborators like Vet Connect
NYC we hope to expand our scope of service and
provide vital treatment to this highly valued but
very underserved population. Council Members thank
you for your time and I'm happy to answer any
questions.

CHAIRPERSON DEUTSCH: Thank you Matthew.

[off mic dialogue]

JOSEPH EURO: Good morning or afternoon,
I haven't checked my watch in a while didn't know
exactly where we're at but thank you Chairman Deutsch
and also the Committee members, I'd also like to
thank you for your dedication to veterans and their
families. So, I'm a psychologist and currently work
at the VA's VISN 2, Mental Illness Research,
Education and Clinical Center out of the James J.
Peters Veteran Affairs Medical Center in the Bronx
with a focus on suicide prevention, I'm currently
being onboarded as a Director of Education of
clinical practice for VISN 2 region consisting of New
York and, and also New Jersey. So, I'm the principle
investigator for two VA national programs. One is a
veteran cultural competence training in which we
train nonveteran providers, college faculty and staff
and community leaders across the nation to better
serve veterans and their families and the other
program that I helped to lead is a sponsorship
program for veterans. So, at, at my core I am an
infantry man and also a disabled veteran, I graduated
from West Point in 1998 and spent 20 years in the
infantry of four deployments to Afghanistan before

retiring last year. My first deployment was within,
within months of $9/11$ with the second range of
battalion in Afghanistan. During that deployment and
others to follow New York City stood out as a beacon
of resilience and hope to me and also other service
members, an entire nation. As a result of 19 years of
war and many other stressors there have been many
significant and negative impacts upon my fellow
comrades and also myself. My most difficult
deployment to was in 2006 after I had soldiers under
my command and also my best friend was killed. I was
back here in New York City after the deployment
studying at Columbia University before going back to
West Point to be an assistant professor. I felt alone
in the city and didn't know where to turn for
services and one of the most anxiety provoking times
of my life was waiting in that waiting room because I
was all alone and I didn't feel prepared for the
emotional strain that was that was awaiting me and
for the first time I, I didn't feel competent and I
felt alone and isolated and very thankfully, you know
my services there at that VA vet center saved my life
and also put me on this current path and trajectory
that I'm on right now. So, but many service members

are very reluctant to seek needed mental health care,
and this contributes to the highest rate of suicide
among our youngest veterans with the rate of suicide
among 18 to 34-year olds doubling from 2006 to the
current rate. The rates are even higher for those who
don't seek the services that we're talking about
today, it's, it's an epidemic and there's no other
way to put it and it and it's the greatest
significant rise in suicide that, that we that we
really have ever seen at the VA and this troubling
trend led to the president issuing an executive order
on March 5 <sup>th</sup> , 2019 just a couple short months ago
with the call for federal agencies to work closer
with local governments, academia, private, nonprofit
entities to, to assist the transition of service
members. There also was another executive order last
year focused on suicide prevention in that key
critical one year after transition so that's when
this youngest population is the most vulnerable
unfortunately. And it's very serendipitous that DVS
and Syracuse University, IVMF have already been
conducting extensive work in this field. The, the
sponsored program that I lead regarding program
evaluation and training across the nation for the

for the VA helps to ease the transition for service
members by recreating a program that they're very
familiar with within the military and that's a
permanent change of station sponsorship program, when
they go from one military, military installation to
another and my last job in the military was an
infantry battalion commander where I managed our own
PCS sponsorship program and we saw the program as
easing their transitioning by helping them to access
necessary programs and receive one on one support at
their new installation but unfortunately when service
members execute a expiration term of service or
retire there aren't similar individuals assigned as
being responsible for their transition into their
home towns with service members also losing their
benefits of military leadership, comradery, support
and structure. These losses can cause transitioning
service members to experience increased transition
stress, a decrease in the sense of purpose and an
elevated risk for suicide and other mental health
concerns in the civilian community. So, that's why
myself and also those of us in the MIRECC collaborate
very closely with entities within the Department of
Defense, Syracuse University, the IVMF, DVS and

nonprofits most specifically American corporate
partners to expand the concept of this ETO
sponsorship with Vet Connect NYC. So, I
wholeheartedly believe that this Vet, Vet Connect NYC
almost is like the new unit that the service members
are transitioning to that is so much so much needed
and I feel that working with the ETO sponsor and Vet
Connect we hypothesis that they will be able to
overcome stigma and access to the needed care that
they need. It's been very important to the program
that the VA services, our list is vetted network
providers such as the vet centers that I sought care
at because I don't want any other service members to
experience the hardship and isolation I did after my
last one of my last deployments in 2006 so with the
initial work in New York City with Vet Connect NYC
has become a beacon of resilience and hope for other
cities regarding a potential way to mitigate the
suicide risks that our youngest veterans face and I
look forward to continued work with IVMF, DVS and the
Vet Connect NYC team to help even more transitioning
service members and as a veteran and a VA employee
I'm more than willing to, to help in whatever way
this committee can be of service and if you're

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interested I also gave you a paper that we wrote, a scholarly journal paper that's recently accepted, going to be published in a military journal, a special edition, edition on transitioning service members that talks about the role and the importance of DVS, the importance of Vet Connect NYC and the theoretical and academic underpinning to kind of justify what we're talking about today. So, thank you for your time.

CHAIRPERSON DEUTSCH: Thank you, thank you Joseph or Doctor, yeah. So, first of all I admire the work that you... that you do on behalf of, of veterans and I'm also trying to like sometimes figure out, you know we have here in the United States of America we have like 20 veteran suicides each day so I'm trying to figure out the numbers of the veteran suicides here in New York City and we're trying to get those reports but I also I submitted a bill in the New York City Council that if there is a veteran suicide here in New York City it must be reported so this way we have those numbers without trying to scramble and to figure out how many there are because we need to see the scope of that this way we could... we could better address, you know veterans who have

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#### COMMITTEE ON VETERANS

PTSD, depression or any other type of mental health issue. So, this is extremely important and by not... by knowing the suicide rates we could better grapple... take... have a handle on, on what resources we need to continue putting in so I want to thank you and then for the work that you do and I'm looking forward to

JOSEPH EURO: Yes, sir...

working very closely with you...

Questions my colleague, no? Okay, so with that said the meeting... I want to thank everyone for coming out today, I know you have other things to do but this is an important issue so I really want to thank everyone, the advocates, everyone who testified and I also want to thank the press, I'm sure there's other stuff that you need to report on so I want to thank the press for being here today and for reporting on veteran issues here in New York City so with that the meeting is now adjourned.

[gavel]

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World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.



Date

September 25, 2019