



Testimony to SUPPORT HB 872

**Anneke Vandenbroek, Ph.D., Clinic Director & Senior Vice President,
Steven A Cohen Military Family Clinic at Easterseals**

Dear Chair Pendergrass and members of the committee:

For 100 years, Easterseals has been making profound, positive differences in the lives of people of all ages with disabilities, special needs, military backgrounds and their families. In September 2017, we opened the Steven A Cohen Military Family Clinic at Easterseals to provide low or no-cost behavioral health services to veterans, their family members and the family members of active duty service members. Since that time, we have provided evidence-based services to more than 800 individuals in 16 counties across the state. **We urge the committee to support House Bill 872 to establish the Sheila E. Hixson Behavioral Health Services Matching Grant Program to ensure that behavioral health providers who serve veterans and service members have adequate resources to provide these critical services.**

I came on active-duty as a psychology intern in 1998. During my first utilization tour I was the division psychologist for the 25th infantry division, and then later stationed at Tripler Army Medical Center. When I left active-duty I continued my work at Tripler, and later at Walter Reed as a DoD psychologist serving active duty, vets, and family members. My entire professional career has been devoted to caring for the behavioral health of those who have served our country, or sacrificed as family members to active duty or veterans. In my personal life I have been active duty, a vet, a family-member spouse, a geo bachelor, and a parent to two young children with a spouse deployed twice in support of OIF/OEF. I have lived these experiences, and I see in my daily work the impact of these experiences on the mental health of fellow service and family members.

This past year I have witnessed the very real hardships of the pandemic upon our members of the military and their families. The unique stressors of the military are intensified in the context of the pandemic. Since COVID, our clinic has witnessed a 30% increase in the number of clients reporting thoughts of suicide and a 27% increase in requests for services. A very high percentage of military families continued to work in-person during the pandemic because of the essential nature of their work, they faced PCSs under the most stressful conditions imaginable, they saw spouses leave their employment in order to facilitate virtual schooling, they struggled as single parents during a pandemic with a deployed spouse. Veterans have been disproportionately impacted by unemployment, housing, and financial issues.¹

In 2020 we rapidly transitioned our entire client population and all of our clinicians to remote work. The ability to provide telehealth services has been instrumental in the positive outcomes that we have seen in our work over the past year. Clients can access treatment, they can do it from a smart phone in an environment that is comfortable to them. Telehealth has allowed us to

¹ Rachmand, Harrell, Beglass, Lauck ("Veterans & COVID-19: Projecting the Economic, Social, and Mental Health Needs of America's Veterans", Bob Woodward Foundation, 2020

continue to provide the highest-quality evidenced-based care to our clients. In less than a single week, we were able to ensure that our clients continued to receive the care they needed.

There is great need for behavioral health services among veterans, service members and their families in Maryland. There are approximately 399,000 veterans living in Maryland, of which an estimated 24,000 have been deployed to Iraq or Afghanistan.² Across the state, approximately 10,000 veterans are dealing with post-traumatic stress or major depression. We know that veterans comprise 18% of all deaths by suicide in Maryland and this group is twice as likely as non-veterans to die by suicide.³ 12.4% of military suicides are by former National Guard and Reserve members who were never federally activated and therefore, not eligible for VA services.⁴ Perhaps most troubling, 62.5% of veterans who take their own life are not under the care of the VA at the time of their death.

While the statistics are staggering, I see the faces and stories behind the numbers every day. As a licensed clinical psychologist and the Director of the Easterseals Military Family Clinic, I see the symptoms and challenges our veterans, service members, and their families are facing. Nearly half of the veteran and family member clients seen by my team of clinicians, many of whom are also veterans, are diagnosed with post-traumatic stress, depression or anxiety. These individuals and families have served our country, and we need to ensure that they receive the help and support they need to reach their potential and live meaningful lives.

We are all aware that the current capacity of government agencies cannot adequately address the behavioral health needs of our veterans and service members. There are often long waiting periods to get services at Veterans Administration (VA) facilities; depending on their discharge status, veterans may not be eligible to be seen by the VA; and family members of veterans are not serviced by the VA. For the family members of active duty military, the number of providers who accept military insurance may be limited, resulting in long waits for services. In addition, many healthcare providers may not have military cultural competency especially in regards to women veterans which is the fastest growing demographic in the military.

Community-based organizations like the Easterseals Military Family Clinic provide critical services to enhance available treatment resources and reduce the barriers to care. We are able to see patients within one week, and even on the same day if needed. We ensure that veterans in crisis receive immediate services, and we provide case management for veterans and family members who need additional support. We are changing and saving lives every day. In the words of one of our clients:

“I would like to share and show my gratitude to the [Easterseals Clinic]. I have been coming here for over two or three months and [was] not sure of how it would all work out. But I am very glad that I made the call when I did, because my outlook on life and myself was pretty grim to say the very least. If I would not have found you all my next alternative was suicide for sure. But the Clinic has given the necessary place to heal and

² U.S. Department of Defense

³ VA National Suicide Data Report 2005–2016, (Office of Mental Health and Suicide Prevention), September 2018

⁴ US Department of Veterans Affairs, 2019 *National Veteran Suicide Prevention Annual Report*

has given me the tools to fight back the demons in my own head and life. I will be forever indebted to and grateful for finding you all. My life will never be the same!”
—Stephen U.

While changing and saving lives is our primary mission, our early intervention and evidence-based treatment is helping to reduce the longer-term costs of care for veterans and military families. According to a recent Rand study,⁵ the long-term costs for PTSD and major depression in Maryland veterans ranges from \$130-\$200 million. The study estimates that early intervention with evidence-based treatments could save Maryland \$35-\$53 million over two years.

HB872 is modeled after a law enacted by the Texas Legislature in 2015 (SB55), which provides \$20 million per year for veteran behavioral health care. HB 872 says that the governor *may* fund the program up to an annual budget of \$2.5 million to fund community-based veteran behavioral healthcare in Maryland. In this difficult budget year, we are suggesting that you pass the legislation to create the program and we can continue to work to get it funded. All state funds will be leveraged one-to-one with additional private funds, providing up to \$5 million per year in much needed services. The impact of this support will be dramatic and will provide a modicum of financial stability for the many nonprofit organizations serving this population.

Lamar Winslow, a former Marine Corps Captain served three tours of duty in Iraq in 2003, 2006, and 2007. He shares his story here: <http://bit.ly/Easterseals-Lamar>

“By the time I went to the Easterseals Clinic, I was in the middle of chaos [due to PTSD]. Everything was in shambles. My work life, my financial life, my relationship with my (now) wife, my relationship with family and friends...the clinicians gave me the gift of a life that’s worth living.” – Lamar Winslow

HB 872 is an important and highly cost-effective opportunity to honor the service of veterans and their families as they seek to reintegrate into society and contribute to their communities. **We urge the committee to submit a favorable report on HB 872 to change and save the lives of more veterans, their families, and the families of active duty service members in Maryland.**

The following pages include letters of support from a variety of veteran service organizations, former Chair of the Joint Chiefs of Staff and his wife, mental health associations, military spouses and other individuals who support this bill.

Very Respectfully,

Anneke Vandenbroek

⁵ Tanniellian, Terri and Jaycox, Lisa, editors, Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery (RAND Corporation, Santa Monica, CA), 2018

Letters of Support

Organizations

- Anxiety and Depression Association of America
- Blue Star Families
- Elizabeth Dole Foundation
- Holy Cross Health
- National Military Family Association
- Platoon 22
- Warrior Canine Connection
- Wounded Warrior Project

Individuals

- Susan Hood
- Brooke Milewski (Military Spouse)
- Admiral Mike Mullen (former Chair of the Joint Chiefs of Staff) and Deborah Mullen
- Wilfred Plumley, Jr. (Veteran)
- Mollie Raymond (Spouse of the Chief of the Space Force)



February 9, 2021

To whom it may concern,

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We are writing in support of the Sheila E. Hixson Behavioral Health Services Matching Grant Program for Service Members & Veterans (SB0550/HB0872) that calls for the creation of a state fund to provide matching grants to community-based organizations providing evidence-based behavioral health treatments for service members (including the Guard and Reserves), veterans, and their family members. There is great need for behavioral health services among veterans, service members and their families in Maryland. There are approximately 399,000 veterans living in Maryland, of which an estimated 24,000 have been deployed to Iraq or Afghanistan. Across the state, approximately 10,000 veterans are dealing with post-traumatic stress or major depression. We know that veterans comprise 18% of all deaths by suicide in Maryland and this group is twice as likely as non-veterans to die by suicide. Perhaps most troubling, more than 62% of veterans who take their own life are not under the care of the VA at the time of their death. Community-based organizations play a crucial role in providing timely, evidence-based services that fill the existing gaps in the VA system. Veterans have had a disparate impact from the isolation caused by COVID-19, so this legislation is now needed more than ever.

Founded in 1979, the Anxiety and Depression Association of America (ADAA) is an international nonprofit organization dedicated to the prevention, treatment, and cure of anxiety, depression, OCD, PTSD, and co-occurring disorders through education, practice, and research. With more than 1,500 professional mental health ADAA is a leader in education, training, and research. More than 11 million people from around the world visit the ADAA website annually (and click on more than 38,000,000 pages) to find current treatment and evidence-based research information and to access free resources and support. ADAA's member base includes many of the country's leading PTSD researchers and clinicians. The ADAA website works with its members to provide cutting-edge information about PTSD through website content, blog posts, webinars, podcasts, informational brochures, and links to important community resources for those struggling with PTSD. ADAA also convenes an annual conference with more than 140 sessions focused on sharing current research and treatment advances for anxiety disorders, depression, and PTSD. 1,300 mental health professionals from across the US and around the globe attend to share, network, and learn.

The Sheila E. Hixson Behavioral Health Services Matching Grant Program goes a long way towards solving the problem. We encourage its passage.

Sincerely,

Susan K. Gurley, JD
Executive Director



February 18, 2021

To Whom It May Concern,

I am writing in support of the Sheila E. Hixson Behavioral Health Services Matching Grant Program for Service Members & Veterans (SB0550/HB0872) that calls for the creation of a state fund to provide matching grants to community-based organizations providing evidence-based behavioral health treatments for service members (including the Guard and Reserves), veterans, and their family members.

There is a great need for behavioral health services among veterans, service members, and their families in Maryland. According to the Department of Defense, there are approximately 399,000 veterans living in Maryland—of which an estimated 24,000 have been deployed to Iraq or Afghanistan.¹ Across the state, approximately 10,000 veterans are dealing with post-traumatic stress or major depression. We know that veterans comprise 18% of all deaths by suicide in Maryland, and this group is twice as likely as non-veterans to die by suicide.² Over 12% of military suicides are by former National Guard and Reserve members who were never federally activated and therefore, not eligible for VA services.³ Perhaps most troubling, approximately 62% of veterans who take their own life are not under the care of the VA at the time of their death.

Community-based organizations play a crucial role in providing timely, evidence-based services that fill the existing gaps in the VA system. Veterans have had a disparate impact from the isolation caused by COVID-19, so this legislation is needed now more than ever.

Blue Star Families is committed to supporting military and veteran families in ways that strengthen communities. From our annual Military Family Lifestyle Survey, we know that providing high-quality, evidence-based, accessible mental health care is critical to protecting the health and well-being of our service members, veterans, and their families. The Sheila E. Hixson Behavioral Health Services Matching Grant Program would go a long way towards achieving that goal, and I encourage its passage.

Sincerely,

A handwritten signature in black ink, appearing to read "Kathy Roth-Douquet".

Kathy Roth-Douquet
CEO & Co-Founder
Blue Star Families

¹ U.S. Department of Defense.

² VA National Suicide Data Report 2005–2016, (Office of Mental Health and Suicide Prevention), September 2018.

³ US Department of Veterans Affairs, 2019 *National Veteran Suicide Prevention Annual Report*.

February 10, 2021

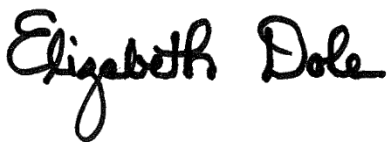
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There is great need for behavioral health services among veterans, service members and their families in Maryland. There are approximately 399,000 veterans living in Maryland, of which an estimated 24,000 have been deployed to Iraq or Afghanistan. Across the state, approximately 10,000 veterans are dealing with post-traumatic stress or major depression. We know that veterans comprise 18% of all deaths by suicide in Maryland and this group is twice as likely as non-veterans to die by suicide. Perhaps most troubling, more than 62% of veterans who take their own life are not under the care of the VA at the time of their death. Community-based organizations play a crucial role in providing timely, evidence-based services that fill the existing gaps in the VA system. Veterans have had a disparate impact from the isolation caused by COVID-19, so this legislation is now needed more than ever.

The Elizabeth Dole Foundation is committed to supporting military caregivers and their families, and helping veterans successfully reintegrate into our communities is a key component of that support. High-quality, evidence-based, accessible mental health care is critical to achieving that goal. The Sheila E. Hixson Behavioral Health Services Matching Grant Program goes a long way towards solving the problem. We encourage its passage.

Sincerely,



Elizabeth Dole
Founder and Easterseals DC MD VA
Honorary Board Member



Steven Schwab
CEO

February 12, 2021

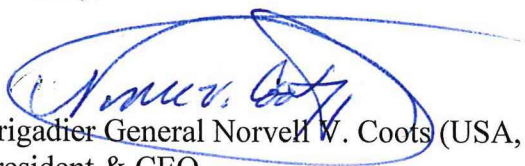
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I am writing in support of the Sheila E. Hixson Behavioral Health Services Matching Grant Program for Service Members & Veterans (SB0550/HB0872) that calls for the creation of a state fund to provide matching grants to community-based organizations providing evidence-based behavioral health treatments for service members (including the Guard and Reserves), veterans, and their family members.

There is great need for behavioral health services among veterans, service members and their families in Maryland. There are approximately 399,000 veterans living in Maryland, of which an estimated 24,000 have been deployed to Iraq or Afghanistan. Across the state, approximately 10,000 veterans are dealing with post-traumatic stress or major depression. We know that veterans comprise 18% of all deaths by suicide in Maryland and this group is twice as likely as non-veterans to die by suicide. Perhaps most troubling, more than 62% of veterans who take their own life are not under the care of the VA at the time of their death. Community-based organizations play a crucial role in providing timely, evidence-based services that fill the existing gaps in the VA system. Veterans have had a disparate impact from the isolation caused by COVID-19, so this legislation is now needed more than ever.

Holy Cross is committed to building a strong, healthy community, and helping veterans successfully reintegrate is a key component of that support. As a veteran and physician, I know high-quality, evidence-based, accessible mental health care is critical to achieving that goal. The Sheila E. Hixson Behavioral Health Services Matching Grant Program goes a long way towards solving the problem. I encourage its passage.

Sincerely,



Brigadier General Norvell W. Coots (USA, Ret.)
President & CEO



February 13, 2021

Mr. Jonathan Horowitch
President & CEO
Easterseals DC MD VA
1420 Spring Street
Silver Spring, MD 20910

Dear Jon:

The National Military Family Association has long been an advocate for improving the quality of life of our military family members, who have sacrificed greatly in support of our Nation. Over fifty years ago, at the height of the Vietnam War, our Association was founded by a handful of military wives who wanted to make sure their widowed friends were properly taken care of. Since then we have continued to advocate for military families to ensure that their service and sacrifice is properly acknowledged. Given we have been at war for two decades, a war of unprecedented length that has taken a toll on military families, our mission is just as important today as it was 51 years ago.

In keeping with that mission, I am writing in support of the Sheila E. Hixson Behavioral Health Services Matching Grant Program for Service Members & Veterans (SB0550/HB0872) that calls for the creation of a state fund to provide matching grants to community-based organizations providing evidence-based behavioral health treatments for service members (including the Guard and Reserves), veterans, and their family members. There is great need for behavioral health services among veterans, service members and their families in Maryland. There are approximately 399,000 veterans living in Maryland, of which an estimated 24,000 have been deployed to Iraq or Afghanistan. Across the state, approximately 10,000 veterans are dealing with post-traumatic stress or major depression. We know that veterans comprise 18% of all deaths by suicide in Maryland and this group is twice as likely as non-veterans to die by suicide. Perhaps most troubling, more than 62% of veterans who take their own life are not under the care of the VA at the time of their death. Community-based organizations play a crucial role in providing timely, evidence-based services that fill the existing gaps in the VA system. Veterans have had a disparate impact from the isolation caused by COVID-19, so this legislation is now needed more than ever.

The National Military Family Association is committed to helping veterans successfully reintegrate into our communities, and high-quality, evidence-based, accessible mental health care is critical to achieving that goal. The Sheila E. Hixson Behavioral Health Services Matching Grant Program goes a long way towards solving the problem. I encourage its passage.

Please share this letter of support with Members of the Maryland General Assembly and Senate, and other key stakeholders, so they are aware of our Association's unqualified support for the Sheila E. Hixson Behavioral Health Services Matching Grant Program for Service Members & Veterans.

The National Military Family Association is the leading nonprofit dedicated to serving the families who stand behind the uniform. Since 1969 NMFA has worked to strengthen and protect millions of families through its advocacy and programs. We provide spouse scholarships, camps for military kids, and retreats for families reconnecting after deployment and for the families of the wounded, ill, or injured. NMFA serves the families of the currently serving, retired, wounded or fallen members of the Army, Navy, Marine Corps, Air Force, Coast Guard, Space Force and Commissioned Corps of the USPHS and NOAA. To get involved or to learn more, visit www.MilitaryFamily.org.

Very respectfully

A handwritten signature in black ink, appearing to read 'Ashish S. Vazirani', written in a cursive style.

Ashish S. Vazirani
Executive Director & CEO



February 9, 2021

To whom it may concern,

I am writing in support of the Sheila E. Hixson Behavioral Health Services Matching Grant Program for Service Members & Veterans (SB0550/HB0872) that calls for the creation of a state fund to provide matching grants to community-based organizations providing evidence-based behavioral health treatments for service members (including the Guard and Reserves), Veterans, and their family members.

There are approximately 399,000 Veterans living in Maryland, of which an estimated 24,000 have been deployed to Iraq or Afghanistan. Across the state, approximately 10,000 Veterans are dealing with post-traumatic stress or major depression. We know that Veterans comprise 18% of all deaths by suicide in Maryland and this group is twice as likely as non-Veterans to die by suicide. Perhaps most troubling, more than 62% of Veterans who take their own life are not under the care of the VA at the time of their death. Community-based organizations play a crucial role in providing timely, evidence-based services that fill the existing gaps in the VA system. Veterans have had a disparate impact from the isolation caused by COVID-19, so this legislation is now needed more than ever.

I know about the importance of this fight first hand, both as a suicide survivor and advocate for our Veteran Community. My time in the service saw me take the first team into the Pentagon on 9/11 to secure the perimeter and remove remains. I also deployed to Iraq and conducted over 800 convoy missions in Combat environment. Upon my return to state side, I would transition horribly and bottom out. After getting fired from my first job, evicted, divorced, and homeless I attempted to take my own life. I would spend several days locked up in the psychiatric ward in Frederick Memorial Hospital and that would begin my road to recovery.

Since then, I have founded a successful business and helped launch the non-profit, Platoon 22 that is currently slated to open our very first Veterans Services Center on Veterans day this year. This partnership between Platoon 22 and Goodwill of Monocacy Valley affords us the opportunity to see just how the numbers in the opening of this letter play out. That is why I know it is absolutely vital that we support this bill. Not only to do we owe it to warfighters, but I am proof that when help is rendered massive success can be produced. We have proven leaders in our state, let's honor our commitment to help them so we can lead on their leadership once again, if nothing else 2020 has shown us we need leaders now more than ever.

The Sheila E. Hixson Behavioral Health Services Matching Grant Program goes a long way towards solving the problem. We encourage its passage.

Sincerely,

Danny Farrar
Founder/President, Platoon 22



**Warrior
Canine
Connection**

14934 Schaeffer Rd.
Boys, MD 20841
(301) 260.1111
warriorcanineconnection.org

February 12, 2021

To whom it may concern,

We are writing in support of the Sheila E. Hixson Behavioral Health Services Matching Grant Program for Service Members & Veterans (SB0550/HB0872) that calls for the creation of a state fund to provide matching grants to community-based organizations providing evidence-based behavioral health treatments for service members (including the Guard and Reserves), veterans, and their family members. There is great need for behavioral health services among veterans, service members and their families in Maryland.

There are approximately 399,000 veterans living in Maryland, of which an estimated 24,000 have been deployed to Iraq or Afghanistan. Across the state, approximately 10,000 veterans are dealing with post-traumatic stress or major depression. We know that veterans comprise 18% of all deaths by suicide in Maryland and this group is twice as likely as non-veterans to die by suicide. Perhaps most troubling, more than 62% of veterans who take their own life are not under the care of the VA at the time of their death. Community-based organizations play a crucial role in providing timely, evidence-based services that fill the existing gaps in the VA system. Veterans have had a disparate impact from the isolation caused by COVID-19, so this legislation is now needed more than ever.

Warrior Canine Connection (WCC) is a Maryland based non-profit organization that serves Veterans from all eras whom have sustained physical and/or psychological injuries in defense of our country. WCC offers a unique integrated medicine modality where Veterans with invisible wounds learn to train service dogs for their fellow Veterans. The training process provides a healing mission for the Veteran trainers while providing well-trained service dogs for their battle buddies. This matching grant program would help us serve a great many more Veterans and their families.

Having a strong network of community-based organizations that understand military culture and in particular, the core value of the Warrior Ethos, is critical. The Sheila E. Hixson Behavioral Health Services Matching Grant Program is a step towards solving the problem. We encourage its passage.

Sincerely,

Rick Yount
Founder/Executive Director
Warrior Canine Connection

Wounded Warrior Project
4899 Belfort Road, Suite 300
Jacksonville, Florida 32256
☎ 904.296.7350
✉ 904.296.7347



February 15, 2021

The Honorable Adrienne A. Jones
Speaker of the House of Delegates
State of Maryland
Legislative Service Building
90 State Circle
Annapolis, MD 21401

The Honorable Bill Ferguson
President of the Senate
State of Maryland
Legislative Service Building
90 State Circle
Annapolis, MD 21401

Dear Ms. Jones and Mr. Ferguson:

Wounded Warrior Project (WWP) is committed to advocating for the needs and challenges most present in the lives of our nation's post-9/11 wounded, ill, and injured veterans. Within that context, I am writing in support of the *Sheila E. Hixson Behavioral Health Services Matching Grant Program for Service Members & Veterans* (SB0550/HB0872). This critical piece of legislation calls for the creation of a state fund to provide matching grants to community-based organizations providing evidence-based behavioral health treatments for Service members (including the Guard and Reserves), veterans, and their family members.

There is great need for behavioral health services among veterans, Service members, and their families in Maryland. There are approximately 399,000 veterans living in Maryland, of which an estimated 24,000 have been deployed to Iraq or Afghanistan. Across the state, approximately 10,000 veterans are dealing with post-traumatic stress or major depression. We know that veterans comprise 18% of all deaths by suicide in Maryland and this group is twice as likely as non-veterans to die by suicide. Perhaps most troubling, more than 62% of veterans who take their own life are not under the care of the VA at the time of their death. Community-based organizations play a crucial role in providing timely, evidence-based services that fill the existing gaps in the VA system. Veterans have had a disparate impact from the isolation caused by COVID-19, so this legislation is needed now more than ever.

I want to thank you for your consideration and your support of our Armed Forces and those who have served. Wounded Warrior Project is committed to supporting wounded warriors and their families, and helping veterans successfully reintegrate into our communities is a key component of that support. High-quality, evidence-based, accessible mental health care is critical to achieving that goal. The Sheila E. Hixson Behavioral Health Services Matching Grant Program goes a long way towards solving the problem and we encourage its passage.

Sincerely,

Michael S. Linnington
Lieutenant General, US Army (ret)
Chief Executive Officer

DUTY ★ HONOR ★ COURAGE ★ COMMITMENT ★ INTEGRITY ★ COUNTRY ★ SERVICE



February 17, 2021

To whom it may concern,

I am writing in support of the Sheila E. Hixson Behavioral Health Services Matching Grant Program for Service Members & Veterans (SB0550/HB0872) that calls for the creation of a state fund to provide matching grants to community-based organizations providing evidence-based behavioral health treatments for service members (including the Guard and Reserves), veterans, and their family members. There is great need for behavioral health services among veterans, service members and their families in Maryland. There are approximately 399,000 veterans living in Maryland, of which an estimated 24,000 have been deployed to Iraq or Afghanistan. Across the state, approximately 10,000 veterans are dealing with post-traumatic stress or major depression. We know that veterans comprise 18% of all deaths by suicide in Maryland and this group is twice as likely as non-veterans to die by suicide. Perhaps most troubling, more than 62% of veterans who take their own life are not under the care of the VA at the time of their death. Community-based organizations play a crucial role in providing timely, evidence-based services that fill the existing gaps in the VA system. Veterans have had a disparate impact from the isolation caused by COVID-19, so this legislation is now needed more than ever.

I am currently on the Board of Directors for Platoon 22, a non-profit based here in Maryland that assists military veterans as they transition to civilian life. We make sure veterans receive all the education, benefits and entitlements for which they are eligible, coordinate services they need to be successful, and create an environment where they can socialize with other military veterans. We are in the midst of construction of a regional Veterans Center, that will provide resources for veterans and their families. I also train dogs for Warrior Canine Connection, a non-profit that provides services dogs for veterans with mobility and trauma issue. Research has shown that these dogs provide support and aid for many of our veterans who return home with wounds from war. I have witnessed first-hand how this organization has saved families and lives from the trauma that can come as a result of service to our country. Through my experience with both of these organizations, I have become humbled by the sacrifices our veterans have made and continue to make for us, and I believe it is our duty to provide them with every opportunity possible to fully live their lives.

The Sheila E. Hixson Behavioral Health Services Matching Grant Program goes a long way towards solving the problem. I encourage its passage.

Sincerely,
Susan Kenedy Hood
Board Member, Platoon 22
Volunteer, Warrior Canine Connection
susankenedy@gmail.com
301-639-9644

**Senate Bill 550/HB872 - Sheila E. Hixson Behavioral Health Services Matching Grant
Program for Service Members and Veterans – Establishment - SUPPORT**

I am a military spouse and am submitting written testimony in support of SB550/HB872. Mental health and PTSD are real issues, but society still often looks down on you if you suffer from one or more of these health conditions. Unfortunately, for the military community this is all too common. It is something that soldiers, spouses, and children deal with on a daily basis. It affects the whole family, not just the person dealing with PTSD or mental illness.

My husband is a Marine veteran who was deployed two times to Iraq. He saw the worst of the worst, saw his friends, his brothers, his soldiers die in front of him, sometimes while holding them in his arms. He never thought he would make it home alive, let alone to have a family.

Gratefully, he did come home, but we were faced with challenges. When he came home he tried to have the mentality that everything he saw and had to do was a “job” and he could put it all in the back of his mind and move on. As many of us know, that can only last for so long. On top of coming back from war he had to settle back into society and in a world that was quite different from what he had known for two plus years.

Not only did the reality come head-on that he had PTSD, but when he retired from the Marines he felt a sense of loss over what would be his next steps. We realized that it was critical for him to receive therapy along with myself so that we could move forward together. I saw the changes in him, the fear someone was following us, the being on edge, always looking around when we were out as if we were going to get attacked, the list goes on.

I knew for us to be successful, therapy was necessary. Through the process of looking for therapist we found that many did not take Tricare, if they did take Tricare they were not qualified for what we needed, and the best of the best started to decline Tricare because the payment rates were so low. It was hard for my husband to open up, and when we finally found a therapist who he felt comfortable with, they had to start charging us a private rate as well, because Tricare was only offering them \$25.00 per session. We could not afford the cost of \$100.00 plus dollars on a weekly occasion.

Due to the high costs of therapy and the ongoing inconveniences of accessing it, we eventually stopped treatment. I saw great improvement in my husband during therapy, but the cost was putting more stress on us than actually helping.

A dream we both had was to have a family, we were beyond thrilled to find out we were expecting a baby, but never could have imagined the challenges that would come our way. My pregnancy was beyond complicated and scary at times, I was sick the whole 9 months and was put on bed rest. Bed rest did not work and I was rushed to the hospital to be induced.

The delivery was nothing that what we could have planned for. Long and short, I nearly died on June 3rd, 2016. The delivery looked like a war scene and that brought back my husband to his days in Iraq, I knew I was dying.....I knew what was going on around me was not normal, I saw the scare in everyone's faces, I took what I thought was one last look at my daughter, I woke hours later.....

I am beyond grateful & blessed to be here today, but it does not come with challenges. I was put on disability for 6 months while I recovered (this meant my parents moving in with us, medical care, caregivers etc.), my husband had to deal with everything he saw and went through during my pregnancy and delivery that brought back so many awful and scary memories.

I was diagnosed with PTSD because of my pregnancy and delivery. I also suffered flashbacks, night terrors, severe anxiety, fear, you name it. I got a glimpse into what my husband and other soldiers have and are dealing with for years.

I realized we need to end the stigma of mental health, the negativity around PTSD. There needs to be more clinics at no cost that have therapists qualified to treat the military family, and there needs to be more telehealth for those that can't leave the house.

PTSD is very real; it can debilitate to you to the core. People don't often understand the true impact it has on a person until they live it day-by-day. I am beyond grateful that my husband and myself have a clinic that we can go to at no charge, that is close by, and for days my husband feels more comfortable he has the option for telehealth. Knowing that I can receive therapy as an individual and with my husband has been a gift.

When we go to our therapy appointments, we are not thinking how much this is going to cost us out of pocket & what are we going to have to eliminate to afford this, we can really focus on getting better and our mental health.

Therapy that is convenient, at no cost or reduced cost with qualified therapist and offering telehealth has been a blessing to our family. We can focus on our beautiful daughter and the joys of having a family all while healing and getting healthy mentally. Without these services, my family would not be where we are today.

I can only help that this testimony will help provide better therapy and health services for our military, veterans, and their families. I urge a favorable report this bill.

Sincerely,

Brooke Milewski

February 12, 2021

To whom it may concern,

We are writing in support of the Sheila E. Hixson Behavioral Health Services Matching Grant Program for Service Members & Veterans (SB0550/HB0872) that calls for the creation of a state fund to provide matching grants to community-based organizations providing evidence-based behavioral health treatments for service members (including the Guard and Reserves), veterans, and their family members.

There is great need for behavioral health services among veterans, service members and their families in Maryland. There are approximately 399,000 veterans living in Maryland, of which an estimated 24,000 have been deployed to Iraq or Afghanistan. Across the state, approximately 10,000 veterans are dealing with post-traumatic stress or major depression. We know that veterans comprise 18% of all deaths by suicide in Maryland and this group is twice as likely as non-veterans to die by suicide. Perhaps most troubling, more than 62% of veterans who take their own life are not under the care of the VA at the time of their death. Community-based organizations play a crucial role in providing timely, evidence-based services that fill the existing gaps in the VA system. Veterans have had a disparate impact from the isolation caused by COVID-19, so this legislation is now needed more than ever.

During our many years traveling the world meeting with our service members, veterans, and their families, we have heard time and again the importance of high-quality, evidence-based, accessible mental health care. As residents of the State of Maryland, we see firsthand the need for these services here. The Sheila E. Hixson Behavioral Health Services Matching Grant Program goes a long way towards solving the problem. We encourage its passage.

Sincerely,



Deborah Mullen
Easterseals DC MD VA Honorary Board



Admiral Mike Mullen, USN (Ret.)
17th Chairman of the Joint Chiefs of Staff
Chairman, Cohen Veterans Network

February 16, 2021

Committee Members,

I am writing in support of the Sheila E. Hixson Behavioral Health Services Matching Grant Program for Service Members & Veterans (SB0550/HB0872) that calls for the creation of a state fund to provide matching grants to community-based organizations providing evidence-based behavioral health treatments for service members (including the Guard and Reserves), veterans, and their family members. There is great need for behavioral health services among veterans, service members and their families in Maryland. There are approximately 399,000 veterans living in Maryland, of which an estimated 24,000 have been deployed to Iraq, Afghanistan, or other undeclared areas of hostility. Across the state, approximately 10,000 veterans are dealing with post-traumatic stress or major depression. We know that veterans comprise 18% of all deaths by suicide in Maryland and this group is twice as likely as non-veterans to die by suicide. Perhaps most troubling, more than 62% of veterans who take their own life are not under the care of the VA at the time of their death. Community-based organizations play a crucial role in providing timely, evidence-based services that fill the existing gaps in the VA system. Veterans have had a disparate impact from the isolation caused by COVID-19, so this legislation is now needed more than ever.

I currently work at Ft Detrick as a civilian employee, am a retired Army officer, serve on the Frederick County Veterans Advisory Council and also serve on the Ft Detrick Military Retiree Council. Taking care of the men and women who have served our great country is critical. This is a small way to pay back for their service and numerous sacrifices.

The Sheila E. Hixson Behavioral Health Services Matching Grant Program goes a long way towards solving the problem. I strongly encourage its passage.

Sincerely,



Wilfred Plumley Jr.

February 11, 2021

To whom it may concern,

I am writing in support of the Sheila E. Hixson Behavioral Health Services Matching Grant Program for Service Members & Veterans (SB0550/HB0872) that calls for the creation of a state fund to provide matching grants to community-based organizations providing evidence-based behavioral health treatments for service members (including the Guard and Reserves), veterans, and their family members.

There is great need for behavioral health services among veterans, service members and their families in Maryland. There are approximately 399,000 veterans living in Maryland, of which an estimated 24,000 have been deployed to Iraq or Afghanistan. Across the state, approximately 10,000 veterans are dealing with post-traumatic stress or major depression. We know that veterans comprise 18% of all deaths by suicide in Maryland and this group is twice as likely as non-veterans to die by suicide. Perhaps most troubling, more than 62% of veterans who take their own life are not under the care of the VA at the time of their death. Community-based organizations play a crucial role in providing timely, evidence-based services that fill the existing gaps in the VA system. Veterans have had a disparate impact from the isolation caused by COVID-19, so this legislation is now needed more than ever.

As a military spouse who has lived all over the world and met with many service members, veterans, and their families, I have heard time and again the importance of high-quality, evidence-based, accessible mental health care. The Sheila E. Hixson Behavioral Health Services Matching Grant Program goes a long way towards solving the problem. The bill's passage should greatly benefit all veterans and service members in Maryland.

Sincerely,

A handwritten signature in cursive script that reads "Mollie Raymond".

Mollie Raymond
Easterseals DC MD VA Ambassador Committee