

"As a veteran and mental health professional, it is my honor to lead this organization and support you.

No veteran or family member should suffer alone. We are here to help."

ANTHONY HASSAN, ED.D, LCSW PRESIDENT & CEO, COHEN VETERANS NETWORK

INTRODUCTION

Steven A. Cohen, the Founder of Cohen Veterans Network (CVN), is deeply committed to veterans' issues, and has made major investments over the years to improve veterans' mental health. Mr. Cohen's work with veterans began in part because of personal connections - his son served in the United States Marine Corps, and he has had a long-standing relationship with the Robin Hood Foundation and their Veterans Initiative.

It is well-known that, despite the sacrifices veterans and their families have made in service to the nation, the mental health services provided to them by the Veterans Health Administration (VHA) and civilian providers are often inaccessible or inadequate to meet the critical mental health needs that have emerged in recent years. Moreover, there are many veterans and family members who don't qualify for VHA care. Additionally, many service members and their families are struggling to get care on base in a timely manner and are often being sent off base for services.

As a result, Cohen Veterans Network was established in 2016.



to improve the quality of life for veterans and service members, including those from the National Guard and Reserves, and their families. to ensure that every veteran and family member is able to obtain access to high-quality, effective care that enables them to lead fulfilling and productive lives.

The goal of Cohen Veterans Network is to **save lives, save families, and save futures,** by focusing on improving mental health outcomes, especially those associated with military life and related challenges. The primary way that CVN does this is through the direct provision of mental health care. Direct care is provided through a national network of Steven A. Cohen Military Family Clinics.

STEVEN A. COHEN MILITARY FAMILY CLINICS

filling the gaps in care

WHAT WE DO * * *

Our Cohen Clinics provide a compassionate, individually-tailored, and holistic approach to outpatient mental health treatment for veterans and their family members, as well as active duty members and their family. Our clinics specialize in time-limited, evidence-based care. Grounded in the culture of veterans and military families, our clinics build trusting, confidential relationships with clients and maintain strong ethical and legal commitments to privacy and confidentiality.

The core areas of adult treatment for all Cohen Clinics are:

depression

sleep problems

- anxiety
- post-traumatic stress
- substance abusebereavement
- roblems transition and reintegration i
 - reintegration issuesfamily/couple discord
- The clinics are also equipped to assess for (and, in some clinic locations, treat) mild traumatic brain injury. For children, Cohen Clinics provide diagnostic assessment (and, in some clinic locations, treat) common childhood disorders such as depression, anxiety, family stress, and adjustment issues. Individual clinics may also provide specialized treatment in other areas beyond the identified core. CVN delivers evidence-based and evidence-informed treatments.

The Cohen Clinics are not intended to be long-term care providers, but rather to support short-to medium-term outpatient mental health care needs. Cohen Clinics also help connect veterans, active duty and family member clients to additional supports (e.g., housing programs, long-term care, acute or emergency care) through case management services. CVN makes every attempt to remove barriers to care through the use of telehealth and onsite childcare.

Our clinics complement care provided by the Veterans Health Administration (VHA) and DoD. In particular, we fill gaps in care for three specific underserved groups:

- Veterans who do not receive mental health care in the VHA system, whether for reasons of limited accessibility or other factors (including personal preference).
- Veterans who are ineligible for care in the VHA system (e.g., due to discharge status, conditions that are not service-connected).
- Family members, as defined by the veteran, including parents, siblings, spouses/ significant others, children, and others living in the veteran's household. These family members may not be eligible for mental health care within the VHA.

VETERAN I CVN defines a veteran as any individual who has served in the Armed Services (including the National Guard and Reserves) in any capacity, regardless of role or discharge status.



OUR OUTCOMES * *

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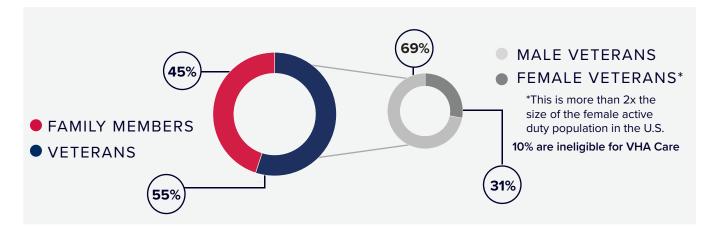
MILITARY FAMILY CLINICS 70,000+

VETERANS & FAMILY MEMBERS TREATED

20

STATES SERVED

AND COUNTING



MOST COMMON DIAGNOSES

- 1. Adjustment Disorders
- 2. PTSD
- 3. Depression

OF CLIENTS SURVEYED AFTER TREATMENT

75%

report getting a first appointment "as soon as they wanted it"

TOP REFERRAL SOURCES

- **1.** VHA
- 2. Word of Mouth/ Friends/Family
- 3. DoD

CLINIC CITY AND PARTNER SELECTION

The development of a new Cohen Military Family Clinic starts with the selection of a city and community organization partner.



In choosing a city, CVN uses current VA data on mental health access and continuity of care, census data, Department of Defense data, along with other reports on the post-9/11 veteran population in the area.



Once a city is identified, CVN conducts a thorough landscape analysis of the community, which includes identifying government officials, formal and informal leaders, philanthropy, military leadership, veterans and military families, mental health agencies, and other relevant areas.



Through one-on-one interviews, veteran and military family member focus groups, and in-depth agency interviews, CVN assesses whether a clinic is warranted in the city, and if so, which community organization would make the best partner.



Once the city and the community organization partner is selected, the partnership process begins with a legal document called a master agreement. This master agreement defines the relationship between CVN (grantor and partner) and the community partner organization (grantee and partner).

The partner is also required to use the CVN electronic health record system in its clinic and maintain strict data accountability and protections of personal health information. All Cohen Military Family Clinics within the network follow a clinic model comprised of common core components to ensure high-quality care is consistently provided across the entire network. While CVN brings the advantages of a network to the clinic, the clinic brings local knowledge and resources to the network.

PARTNER I We use the word partner because this relationship is a business-type relationship that is funded through philanthropy. Whereby, the business partner operates the clinic within the guidelines specified by CVN with strict adherence to the network's defined goals and deliverables, reports, and quality assurances.



CVN's partnership paradigm resembles a franchisor-franchisee relationship.

Simply stated, CVN grants the partner the right and financial resources to use a developed concept (the CVN clinic model), including CVN trademarks and brand names, production, service and marketing methods, and the entire business operation model to enable them to deliver high-quality care.

The partner, in-turn, provides the clinic with sound management, fiscal responsibility, and unwavering commitment to protect the CVN brand and deliver quality mental health care, to ensure a thriving business in the form of a respected mental health clinic under the CVN umbrella.

ENSURING AN EFFECTIVE PARTNERSHIP WITH CVN

An effective partner...

- · Has a strong and engaged CEO/Deputy Leader overseeing the clinic leadership team
- Has a strong Clinic Director that understands the CVN model and team management
- · Hires clinicians committed to using evidence-based practices and targeted treatment
- · Hires clinic staff that are solution-focused, efficient, and accountable
- Is focused on compliance, performance metrics, and clinical quality
- Builds a positive reputation in the community
- Adapts well to change
- Embraces CVN's social franchise model, beyond grantor-recipient dynamics



THE CVN CLINIC MODEL



The CVN clinic model is comprised of a set of essential, interdependent components which together ensure high-quality care. CVN relies on the use of real-time data, research, clinician training and internships, and innovation to continuously improve service delivery. For each component of the model, there are core expectations and standards for all clinics within the network that are described in detail within the CVN Clinics Guidebook.

The following sections provide an overview of some of the core components.

CLINIC STAFFING * * * -

Each Cohen Military Family Clinic is staffed similarly with a Clinic Director, licensed Clinicians, Outreach Manager, Case Manager, and a variety of administrative staff. The number of staff changes over time, based on the number of clients served, but averages approximately 15 to 25 staff per clinic. Clinic Directors are only hired with the pre-approval and screening of the CVN central office. All Clinicians are trained and supervised to deliver core evidence-based treatments. Clinics are strongly encouraged to hire staff who are veterans or have relevant experience with the military community.

CLINIC FACILITY * * *

The **prototypical Cohen Clinic** is a free-standing, community-based clinic ideally located to provide the best access to care for military families and veteran clients in the area. The facility's size is approximately 3,000-10,000 square feet with ample free parking. The interior of the facility is designed to provide a welcoming, non-medical atmosphere, with private waiting areas and well-furnished clinic offices. Every clinic has a family waiting area suitable for children of all ages. Ideally, there is also a private waiting area to accommodate special circumstances.

All clinics are equipped with a duress system in the event of an emergency. If possible, the interior lighting is adjustable to accommodate patients who are sensitive to bright lighting. CVN accommodates graduate student internships, and therefore, every clinic has at least one clinic office space with the necessary monitoring system (i.e., audio, video, 1-way mirror) to aid their experiential learning.

REFERRALS & APPOINTMENTS MANAGEMENT * * * -

A clinic's ability to grow and successfully serve as many clients as possible largely depends on its ability to build strong local relationships and a robust client referral pipeline. All Clinic Outreach staff and Clinic Directors establish referral relationships with the VHA, DoD, and other key partners including local veteran service organizations, multi-service organizations, schools, faith-based organizations, higher education, and spousal support communities.

CLINICAL PRACTICES * * * * -

Each clinic sees families and individuals with a variety of mental health issues, including post-traumatic stress, depression, anxiety, grief and loss, family conflicts, relationship problems, children's behavioral or academic problems, and other concerns. Use of time-limited, evidence-based treatments (e.g., Cognitive Behavioral Therapy) is required at each clinic.

CLINIC PERFORMANCE METRICS * * * -

A real-time data monitoring and reporting system is used to track mental illness prevalence, service access, quality and efficiency of care, financials, and clinic outcomes for clients and clinics.

A common set of multi-pronged metrics are tracked across all clinics through an electronic health record and cloud-based data lake. Data dashboards are used for ongoing review of core metrics. These advanced clinic reviews and data analytics are used on a monthly basis to improve treatment quality and outcome.

REPORTING & ACCREDITATION * * * -

All clinics provide the CVN central office with monthly reports that show current budgets and clinic performance. In addition, clinics submit annual reports. All clinics are required to become CARF accredited within 24 months of opening.

FUNDING & SUSTAINMENT * * * ----

Cohen Veterans Network was established through Mr. Cohen's generous commitment of \$275 million dollars. Most of this investment supports clinic costs, which are sensitive to patient volume, clinician diversity, and productivity. All clinics are fully funded for their first three years, in addition to year 0 (the first 8 months prior to opening) during which a facility is leased, the space is renovated, furniture and equipment are purchased, staff is hired, and preparations are made for the grand opening.

In order to extend the impact of Mr. Cohen's significant founding pledge, CVN is actively working to secure local and national grants and philanthropic support as part of a long-term sustainment strategy. Such support will sustain, advance and endow our Cohen Clinics now and into the future, as we operate 25 clinics across the country – and support additional clients in rural areas via CVN Telehealth.

Clinic partners are required to join in this fundraising effort as part of their contractual agreement, which assumes that the partners will contribute to clinic operating costs at 25%, 35%, and 50% respectively during years 4, 5, 6 and thereafter.

It is important for each clinic to leverage Mr. Cohen's investment. While our cost per client is higher than the federal reimbursement rates to accommodate for immediate access and high-quality care, we are always looking to offset this cost through insurance reimbursement. The more reimbursement, grants, and philanthropy we can accumulate, the more CVN can expand clinics in high-need areas.



"I'm back to being myself again"

MELINDA VETERAN CAREGIVER

ADVANCING THE FIELD

CVN will advance the field of mental health through its funded education and research initiatives, and will use its learning mental health system to ensure that a feedback loop exists between practice and research to improve care within the network. The network seeks research-practice partnerships with various organizations to leverage collective investments and research infrastructure, and to learn from one another's experiences. CVN will use select clinic sites to test new models of service delivery that extend beyond traditional care systems.

CVN uses advanced tools to better reach the veteran population and deliver immediate and appropriate care (e.g., via telehealth and satellite clinics) and supplemental therapies and supports (e.g., peer initiatives, wearable devices, webbased applications, etc.). Beyond research, CVN will disseminate knowledge, advance the clinician pipeline, and work to reduce stigma and improve access to mental health care.

STRENGTHENING THE CLINICIAN PIPELINE

There is currently a shortage of high-quality mental health professionals who are equipped to serve our target population. To address this issue, CVN provides training to its clinicians and interns in evidence-based therapies for post-traumatic stress and other comorbid conditions.

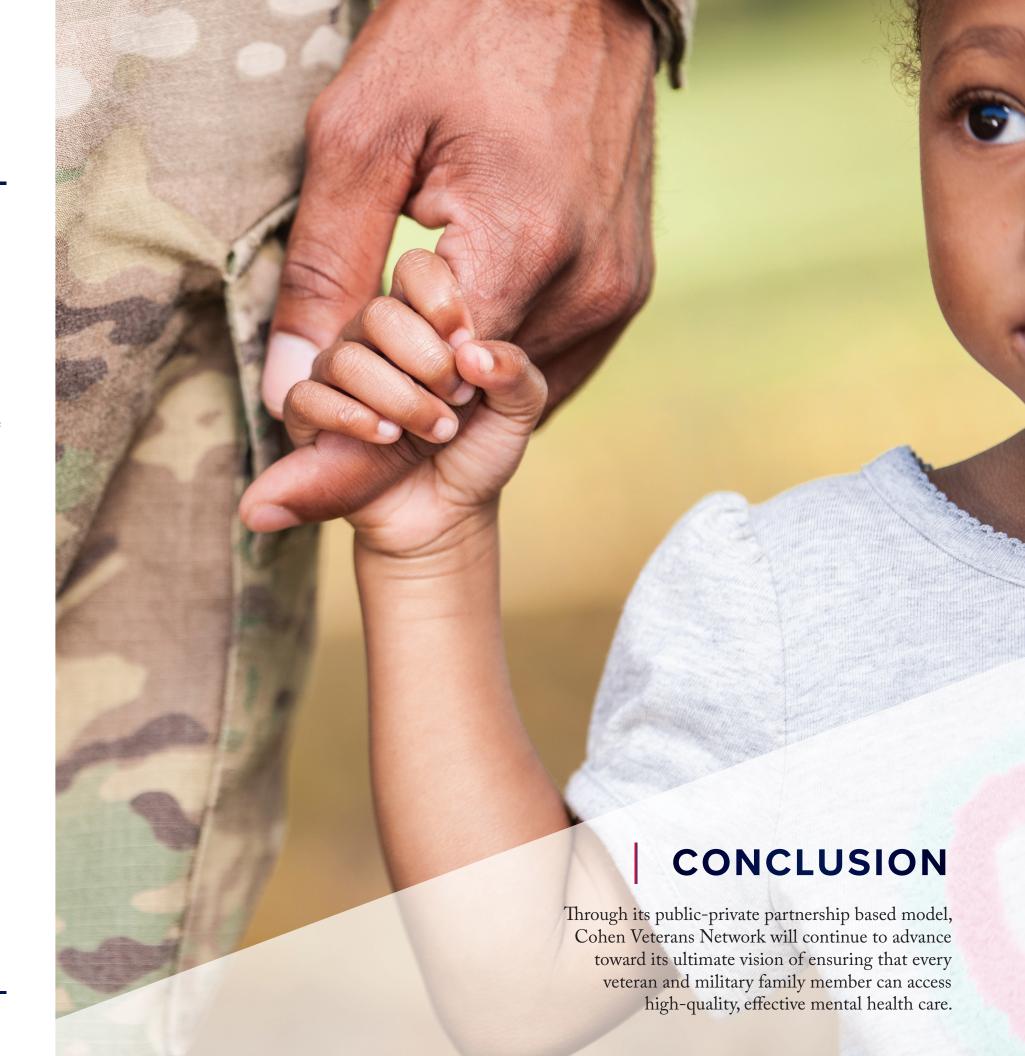
CVN also incentivizes new clinicians to join the network, by offering the Steven A. Cohen Prize to high-performing graduate students and graduates from top clinical social work/psychology programs who go on to intern and/or work in a CVN clinic. Recipients receive an intern stipend of \$6,000 annually.

RAISING PUBLIC AWARENESS

To truly change a veteran family's experience with post-traumatic stress, the family and its community must be able to recognize and understand the condition, including early warning signs and resources available. To that end, the Cohen Veterans Network team has invested heavily in targeted media to promote awareness of post-traumatic stress and Clinic services and to destigmatize seeking mental health care. CVN will also explore other avenues to influence broader public awareness and policy.

INSTITUTE FOR QUALITY

In 2022, CVN launched the Cohen Veterans Network Institute for Quality (CVN-IQ). The institute is CVN's mechanism for using evidence-based research and innovation efforts within our learning mental health system to explore the challenges affecting the entire military community with a focus on individual family dynamics.





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