VETERAN MILE TRAINING



APC VETS CASE STUDY:

From Individual Skills to Organizational Capacity

give® anhour
Mental Health. For Life.

Executive Summary

Adaptive Performance Center (APC), a ***Montana-based nonprofit serving veterans through adaptive fitness, wellness programming, and community connection***, partnered with Give an Hour to implement Veteran MILE, an evidence-informed initiative designed to strengthen mental health literacy, reciprocal peer support, and organizational capacity.

Mental health support was not new to APC. Leadership and staff described ***an organization where veteran well-being, connection, and community were already central to the mission***. The opportunity was more specific: to strengthen the confidence and shared capacity of the broader workforce so that recognizing distress, initiating supportive conversations, and responding to member needs did not consistently depend on a small number of leaders.

Veteran MILE Early Indicators of Impact

Early findings suggest Veteran MILE helped APC move toward greater confidence, capability, and self-efficacy.



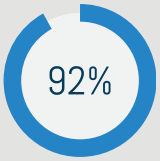
Recognize Early Signs of Distress

8 of 9 staff members interviewed reported feeling more equipped to recognize early signs of distress



Use Reciprocal Peer Support in Daily Life

14 of 17 respondents at the three-month follow-up reported using the benefits of reciprocal peer support in everyday life.



Follow Through on Post-Training Goals

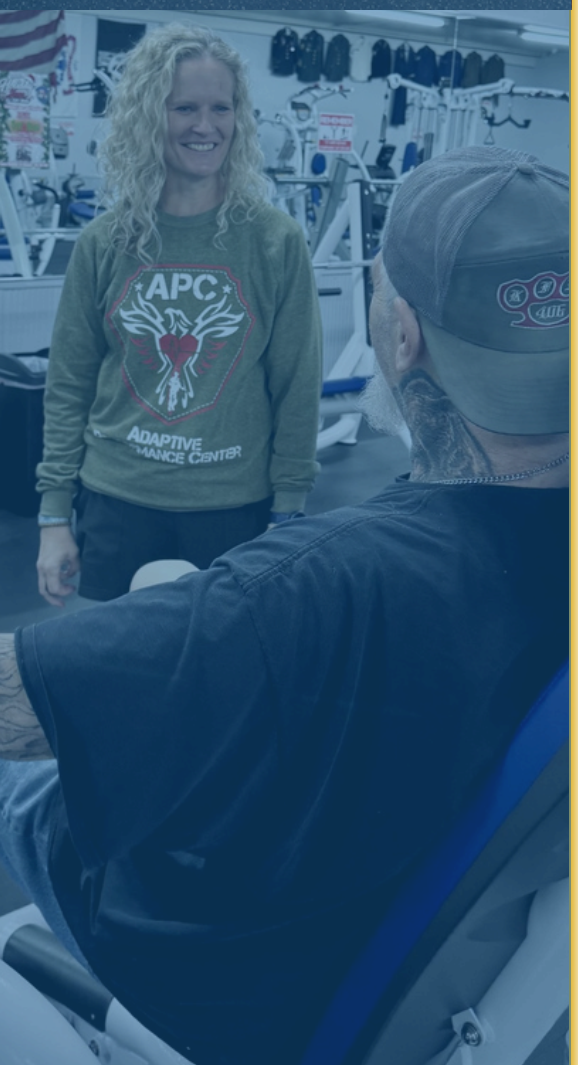
12 of 13 participants who set a post-training goal reported following through on it.

Greater Confidence in Supportive Conversations

Leadership also described staff increasingly handling supportive conversations independently rather than automatically escalating situations.

The case is therefore not that Veteran MILE transformed APC's culture. APC entered the work with a strong culture of care. The emerging story is that Veteran MILE helped strengthen and distribute the capacity to put that culture into practice across more people.





Why This Matters

1 Veteran Suicide Remains an Urgent National Challenge.

The U.S. Department of Veterans Affairs' 2025 National Veteran Suicide Prevention Annual Report reported:

6,398
Veteran suicide deaths in 2023

17.5
Average Veteran Suicides per day

35.2
Veteran suicide rate per 100,000

**17.7% higher than non-veteran U.S. adults, adjusted for age and sex (VA, 2025 National Veteran Suicide Prevention Annual Report)*

2 Suicide Prevention Cannot Rely on Clinical Intervention Alone

The VA also emphasizes that suicide prevention cannot rely on clinical intervention alone. Hope, purpose, community, connection, and comprehensive systems of support are protective factors. That places veteran-serving organizations in an important upstream position: they can help create environments where people notice changes, build trust, initiate conversations earlier, and connect veterans to additional support when needed.

For ***organizations doing this work***, the challenge is not only whether leaders care about mental health. It is ***whether enough people across the organization have the confidence, skills, boundaries***, and referral awareness to respond well when a difficult moment arises.



"Because of what we do and ***who we are***, I don't think there's ever actually been a stigma per se. ***It's not a stigma, but it is a blockade: pride.***"

-Karen Pearson, CEO, Co-Founder | Adaptive Performance Center

APC Before Veteran MILE

A Strong Culture and a More Nuanced Barrier

Existing Strength

APC's approach already reflected the close relationship among physical health, mental health, identity, and belonging. Leadership emphasized that stigma was not the central internal barrier. Mental health conversations were already part of the organization's work.

Barriers to Care

Interviews pointed instead to a more nuanced set of barriers: pride, self-reliance, and perceived competence based on prior military, educational, leadership, or mental health experience. Those factors could make it harder for veterans—and sometimes those supporting them—to acknowledge a need or seek help.

Concentrated Support Capacity

APC also faced an organizational capacity challenge. A small number of leaders had historically carried a significant share of the emotional responsibility for responding to veterans and staff experiencing distress. Karen Pearson (CEO, Co-Founder | Adaptive Performance Center) described prioritizing others' mental health needs at the expense of adequately caring for herself. Mitch Crouse (COO, Co-Founder | Adaptive Performance Center) described leaders as the people expected to be "the rocks." That created two connected needs: staff needed greater confidence to recognize, listen, respond, and refer; leadership needed responsibility for day-to-day support to be more broadly shared.



From Idea to Implementation

APC's participation in **Veteran MILE** was not a stand-alone training decision. It emerged from a **longer arc of partnership**, workforce development, **peer-support practice**, and investment.

Give an Hour and the University of Phoenix began collaboration in support of veterans in 2017. In 2022, following findings from the University of Phoenix Career Optimism Index™, Give an Hour was engaged as a subject-matter expert to develop a resource supporting veteran success at work. **Give an Hour subsequently convened an industry advisory group that included organizations such as Amazon, CVS, Booz Allen Hamilton, and Magellan Health.** Over more than a year, the advisory group helped shape the framework that would later become Veteran MILE.

At the same time, **Give an Hour and APC were both Catalyst organizations in the Stand Together Foundation capacity-building program**. Give an Hour was asked by Stand Together to create and facilitate an executive leadership peer-support group. APC's Karen was one of the group's original and consistent participants for more than a year, experiencing the value of peer support firsthand and prioritizing participation even amid competing leadership demands.

Funding support ultimately enabled APC to participate in Veteran MILE without bearing the cost of the training, creating an **opportunity to apply the evolving model inside a veteran-serving organization with an existing culture of care**. Rather than representing a one-time training engagement, APC became an implementation environment for a model that had been shaped through **multiple partnerships, perspectives, and investments.**



From Idea to Implementation

APC's participation in Veteran MILE was ***not a stand-alone training*** decision. It emerged from a longer arc of partnership, workforce development, peer support practice, and investment.

2017

1

PARTNERSHIP BEGINS

Give an Hour and the University of Phoenix begin collaboration in support of veterans.

University of Phoenix®

2022

2

WORKFORCE NEED IDENTIFIED

Findings from the University of Phoenix Career Optimism Index led UOPX to engage Give an Hour as a subject-matter expert to develop resources supporting veteran success at work.

2022-2023

3

MODEL CO-DESIGNED

Give an Hour convenes an industry advisory group including Amazon, CVS, Booz Allen Hamilton, and Magellan Health, helping shape the framework that would become Veteran MILE.

2023-2025

4

STAND TOGETHER CATALYST PROGRAM

Give an Hour and APC are both Catalyst organizations in the Stand Together Foundation capacity-building program.

Stand Together

2025+

5

CDC FOUNDATION LOGIC MODEL

Give an Hour joined the CDC Foundation's VSPE Program to develop a Veteran MILE logic model, creating a clear framework to measure impact and strengthen its role in veteran suicide prevention.

2024+

6

FUNDING SUPPORT

Funding support enables APC to participate in Veteran MILE without bearing the cost of the training, allowing the model to be implemented within an existing culture of care.

APC's participation in Veteran MILE grew from years of partnership, workforce development, peer-support practice, and strategic investment.

By the time APC entered Veteran MILE, both the model and the conditions for implementation had already been shaped through a broader ecosystem of relationships.

The Veteran MILE Intervention at APC

Veteran MILE introduced and reinforced practical capabilities intended to ***support upstream suicide prevention*** and strengthen both individual preparedness and organizational capacity.

37 Attendees Total



TRAINING FOCUS

Training and engagement focused on:

- Recognizing early signs of distress
- Active listening
- Reciprocal peer support
- Healthy boundaries and supporting without shouldering
- Referral pathways and knowing when additional support is needed
- Leadership modeling and shared responsibility
- Creating environments where mental health conversations can occur safely

The value of the intervention therefore did not depend on every participant learning something entirely new. For many, *the opportunity was to turn awareness into more consistent action.*

APC participated in three linked sessions from January through March 2026, facilitated by GAH team members Amanda Oliveira, Nickie Silverstein, and Chris Garcia, with 37 total attendees across the series. Facilitators were rated at 100% across all three sessions for being knowledgeable and engaging and for helping participants feel safe, understood, and authentically connected.

FACILITATORS

were rated at 100% across all three sessions



Nickie Silverstein



Chris Garcia



Amanda Oliveira

Participant feedback emphasized the value of ***dialogue, practical recognition skills, listening exercises, stress and burnout content, boundary-setting, and self-care.*** Several participants also noted that the material supported their own peer-support certification efforts. An important feature of the APC cohort was that participants entered with different levels of prior knowledge. For some, Veteran MILE introduced new concepts. For others, it reinforced or structured skills they already had.

A Learning Experience That Connected

Across the **three-session Veteran MILE series**, participant feedback reflected a consistently strong learning experience. Using a **Customer First Measurement** framework, the series produced an average Net Promoter Score (NPS) of 94, Net Empowerment Score (NES) of 89, and Net Transformation Score (NTS) of 89.

The scores also strengthened across the series:

94
NPS (NET PROMOTER)

89
NES (NET EMPOWERMENT)

89
NTS (NET TRANSFORMATION)

Customer First Measurement

MEASURE	SESSION 1	SESSION 2	SESSION 3
NPS Net Promoter Score	83	100	100
NES Net Empowerment Score	67	100	100
NTS Net Transformation Score	67	100	100

These findings provide an important first layer of the APC story. Participants did not simply complete the training; their immediate feedback indicates that the experience was highly engaging, empowering, and meaningful. The subsequent staff interviews and three-month follow-up allow the case study to go one step further by examining whether that strong training experience translated into application beyond the sessions themselves.

From Training to Practice

The clearest qualitative evidence is found in the everyday moments staff and leaders described after training.





Sharing Responsibility

Mitch described hearing a staff member respond to a veteran who was feeling down. Rather than turning to leadership to ask what to do, the employee initiated the conversation and offered support independently. Karen described a different staff member sensitively navigating a difficult conversation that leadership believed she previously would have been unlikely to handle on her own.

These examples illustrate an important progression: capability was beginning to translate into behavior, and behavior was beginning to redistribute responsibility.

Recognizing Shifts in Behavior

Staff described paying closer attention to changes in behavior, withdrawal, emotional shifts, unusual comments, and differences in demeanor. One employee noticed that a veteran seemed different, approached him, asked if he was okay, and created space for him to talk. The employee specifically noted that before the training, they likely would not have initiated the conversation.

The emerging outcome is therefore not simply greater awareness of mental health. It is greater confidence to act on what staff are observing.

From Training to Practice

What participants learned in training didn't stay in the room. Veterans and leaders described meaningful shifts in how they listen, respond, and support others.



Listening Before Solving

Participants described becoming more intentional about determining whether someone wanted advice, problem-solving, or simply to be heard. One participant described learning to "talk less about me." Another connected the training to recognizing how their own anxiety could lead them to talk excessively and becoming more comfortable sitting still and listening.

These may appear to be small behavioral changes, but they represent an important shift in how peer support is practiced: from assuming what another person needs to creating space to understand what they need.

Supporting Without Shouldering

Leadership repeatedly returned to the importance of supporting another person without absorbing the full emotional burden of what that person was experiencing. Karen described seeing staff listen, respond, and then move forward without carrying every situation themselves.

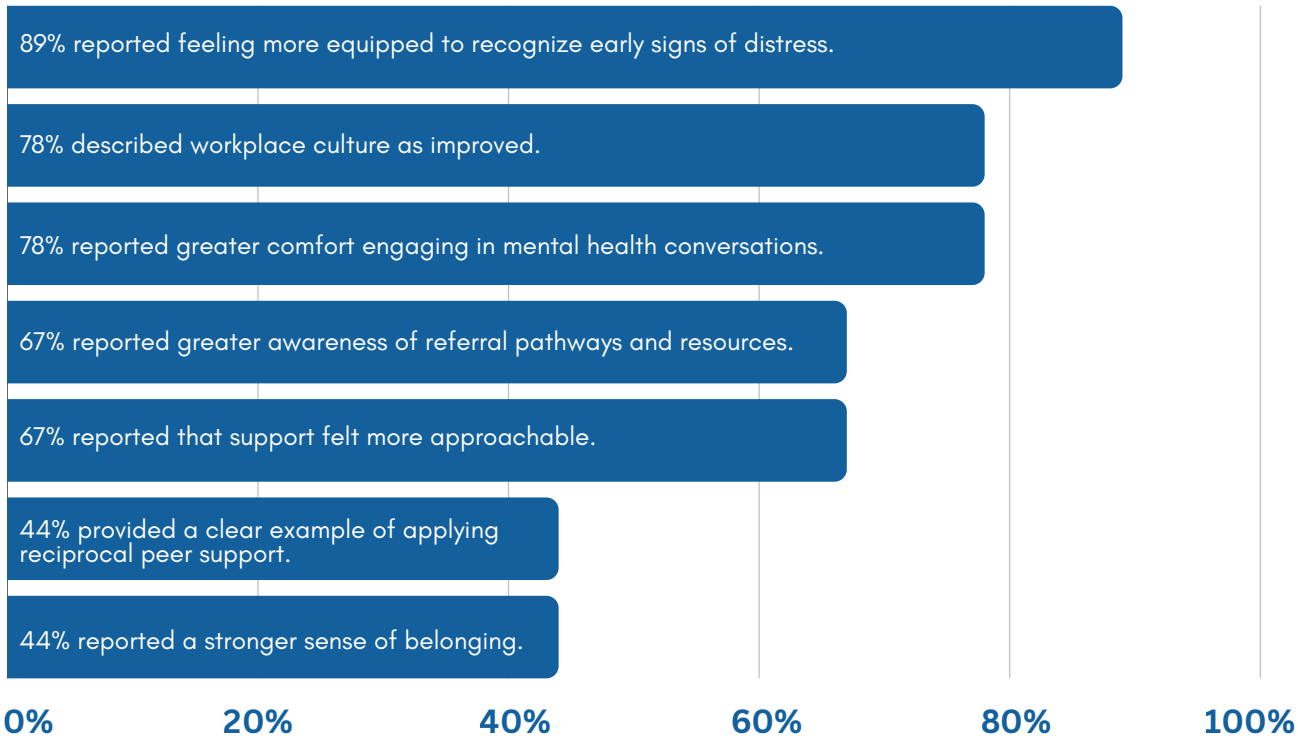
This distinction has implications not only for the person receiving support, but for workforce wellness. The goal is not to ask more staff to shoulder the emotional needs of others. It is to equip them to offer meaningful support while maintaining healthy boundaries.

What the Evidence Shows

The available evidence comes from **training surveys, post-training staff and leadership interviews, and a three-month follow-up survey**. The strongest findings point to increased preparedness to recognize distress, greater comfort with mental health conversations, and early application of peer-support behaviors.

Staff Interview Findings

9 Among nine staff members interviewed:



The mixed findings are important:

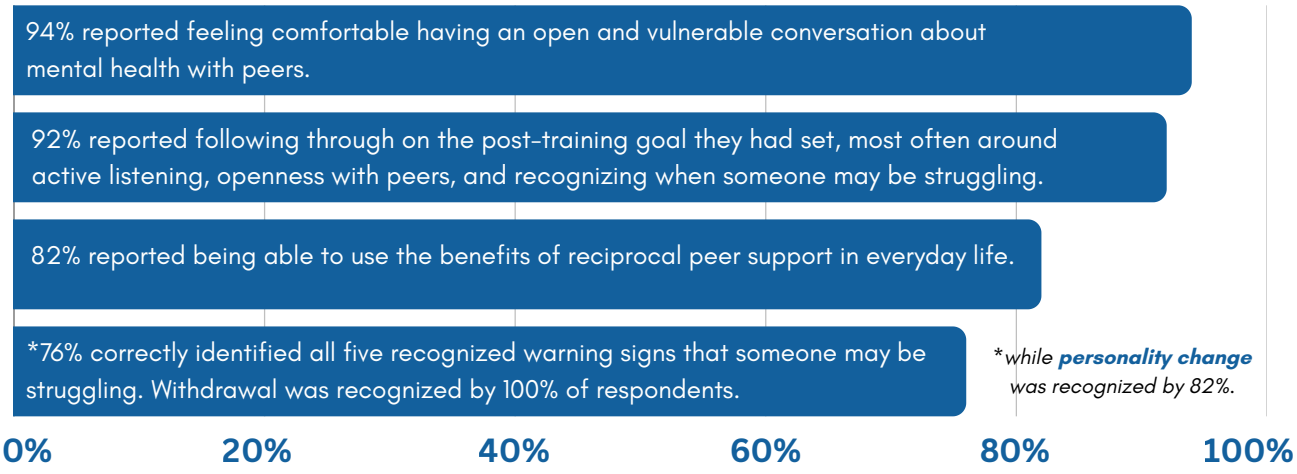
Belonging, for example, did not show the same growth pattern as ***recognition or conversation confidence***: four staff members reported greater belonging, four reported no meaningful change, and one was mixed or hesitant. Several of the ***"no change" responses reflected a strong pre-existing sense of belonging at APC***. Lack of measurable growth therefore does not necessarily represent a negative finding when the organizational condition was already present. Retaining those findings helps distinguish ***reinforcement of an existing culture from creation of a new one.***

Three-Month Retention and Application

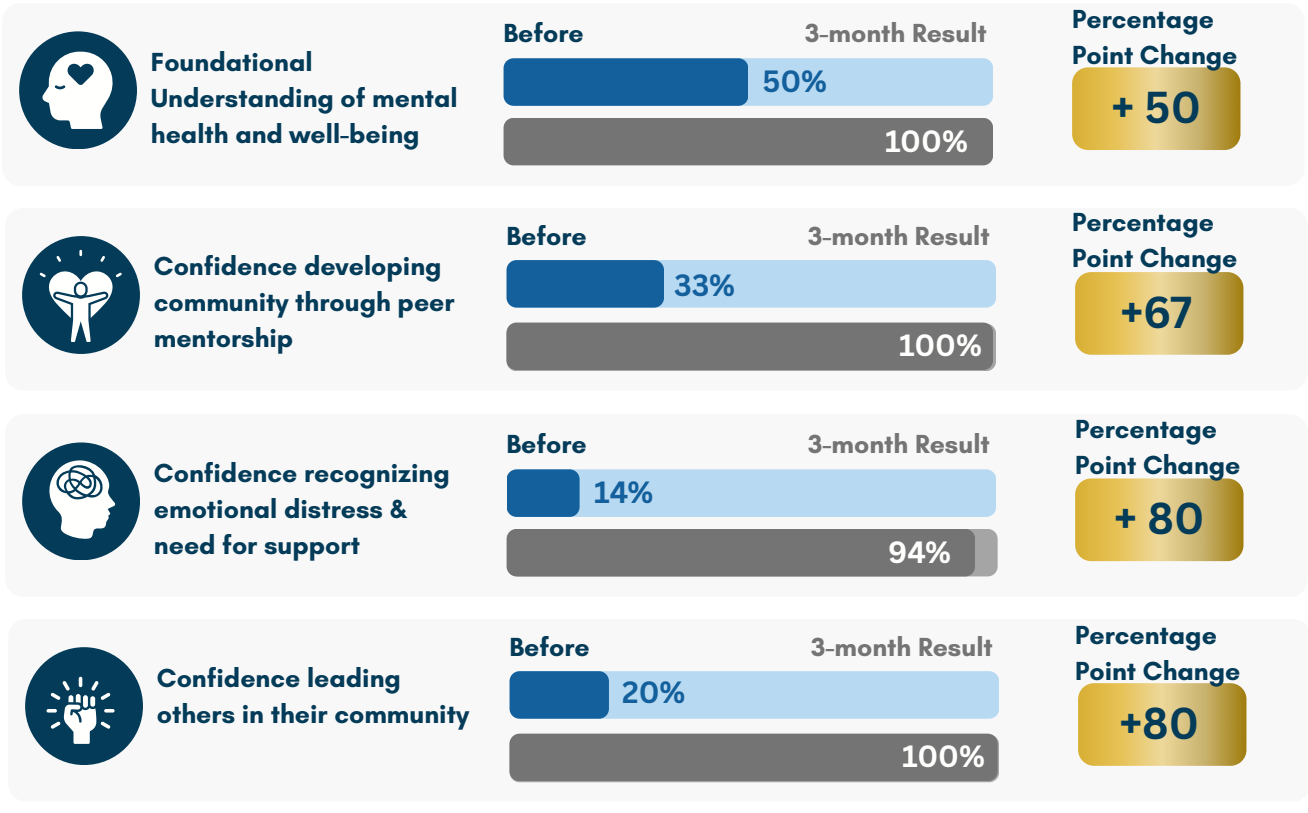
The three-month follow-up adds an important dimension: evidence that participants were still reporting application of the learning beyond the immediate training environment. This is not yet evidence of long-term sustainability, but it does provide an early signal of retention and use at three months.

Follow Up Findings

17 Among the 17 respondents:



The three-month follow-up survey also included self-assessed before-and-after confidence ratings across four learning domains. Reported confidence was higher at follow-up across all four learning domains measured:



Respondents reported higher confidence across all four learning domains at three months







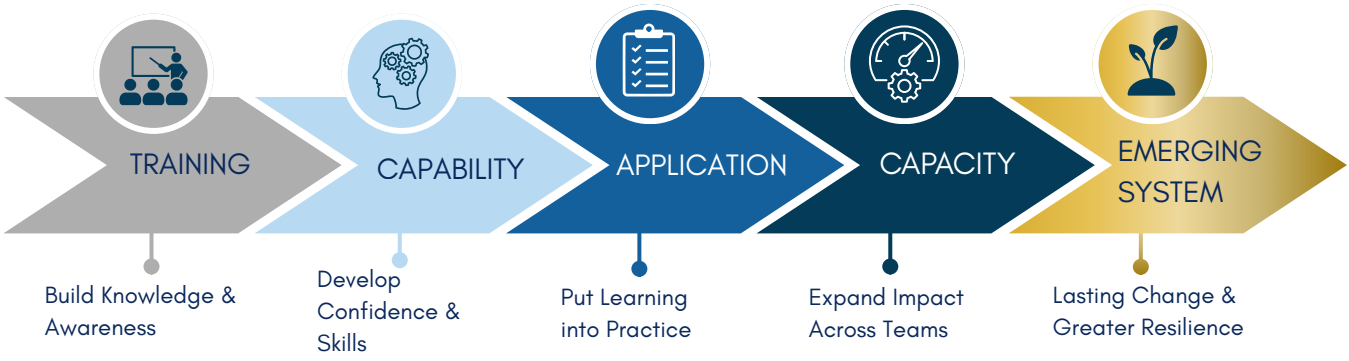


From Skills to Organizational Capacity

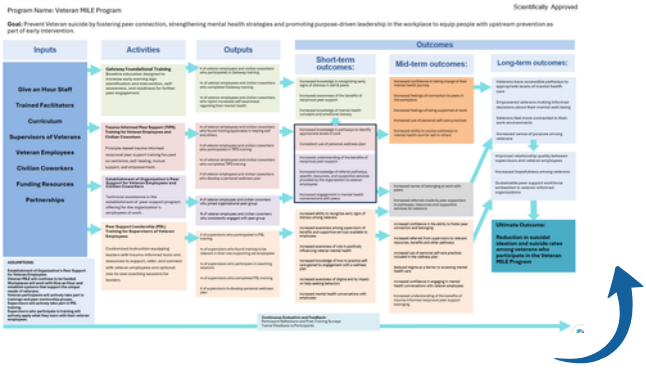
The leadership interviews suggest that the most consequential emerging change may be less about any single skill and more about where responsibility sits inside the organization. **Karen and Mitch both described staff showing greater independence: recognizing concerns, initiating supportive conversations, and responding to veterans without automatically escalating every situation.** That does not mean leadership is no longer involved, nor that formal peer-support practice is fully integrated. It suggests that support capacity is beginning to diffuse beyond a small group of people.

> **"The gravity doesn't seem as heavy."**
>
> -Mitch Crouse, COO, Co-Founder | Adaptive Performance Center

This is the organizational-level promise of the model. When more staff can notice, listen, respond, maintain boundaries, and know when to refer, leaders are no longer the only people carrying the work. Mental health support becomes a more distributed organizational capability. For APC, that may represent the most meaningful progression emerging from the work:



How Change May Be Occurring: APC Through the Veteran MILE Logic Model



The APC experience can be understood through the ***Veteran MILE logic model*** as a progression rather than a collection of isolated outcomes.

Training + Leadership Engagement

Three linked Veteran MILE sessions provided practical skill development alongside leadership participation and modeling leading to:

Individual Capability

Staff reported greater confidence recognizing distress, greater comfort engaging in mental health conversations, and increased awareness of referral pathways, leading to:

Applied Behavior

Participants described listening before solving, initiating conversations earlier, applying reciprocal peer support, and supporting others without shouldering their experiences, leading to:

Organizational Capacity

Leadership observed greater staff ownership, more independent responses to appropriate situations, and less automatic escalation to a small group of leaders, leading to:

Emerging System

Responsibility for mental health support begins to become more shared, with peer-support behaviors increasingly integrated into how the organization operates.

Longer-Term Outcomes Still to Evaluate

The current evidence does not yet establish:

- Long-term sustainability of peer-support practices
- Changes in staff burnout
- Staff-retention effects attributable to Veteran MILE
- Veteran-level mental health outcomes
- Longer-term referral patterns
- Replication across APC locations

These are the next questions for evaluation. The pathway should therefore be interpreted as an evidence-informed explanation of how change may be developing at APC, rather than proof that Veteran MILE alone caused each organizational outcome.

What APC Teaches Us

APC's experience offers several lessons that ***extend beyond one training*** cohort.

Culture Matters as a Starting Condition:

Veteran MILE did not need to create concern for mental health at APC. The organization entered the work with a strong culture of community and care. Its value appears instead to have come from reinforcing that culture and giving more people practical ways to carry it forward. For organizations considering similar work, this suggests that implementation should begin by understanding the culture that already exists, not assuming the intervention needs to replace it.

Awareness Is Not the Endpoint:

Several APC participants entered Veteran MILE with prior knowledge, professional experience, lived experience, or familiarity with mental health. The more meaningful shift was therefore not simply knowing more about mental health. It was having greater confidence to act: notice a change, start a conversation, listen well, maintain boundaries, and identify when additional support is needed.

Capacity Becomes Organizational When Responsibility Diffuses:

The leadership examples matter because they point beyond individual learning. When staff begin handling appropriate supportive interactions independently, the organization becomes less reliant on a small cadre of leaders to carry every difficult moment. That is the difference between training individuals and beginning to build organizational capacity.

Mixed Findings Strengthen the Case:

Not every measure moved in the same direction, and some outcomes, particularly belonging, had limited room to grow because APC already reported strength in those areas. Preserving that nuance makes the case more credible and helps clarify where Veteran MILE may be adding value.

Investment Opportunity:

APC's experience also points to the potential value of investing upstream, not only in services veterans access after a need emerges, but in strengthening the capacity of the organizations and people already embedded in their everyday communities. The APC experience suggests that the strongest outcome may not be transformation of organizational culture, but greater capacity to operationalize a culture that already exists.



What's Next

The training series represents a **foundation for continued partnership with APC**. Building on the early gains in confidence and practical application, Give an Hour and APC are moving forward with the **launch of peer support groups** designed to reinforce these skills, deepen ongoing support, and begin building a broader **peer-support ecosystem.**

Karen identified a fully integrated peer-support facilitator program available to APC members across locations as a future measure of success. She also identified staff retention as an important organizational indicator. Mitch described an ambition to expand APC's footprint and see similar mental health practices adopted across additional locations.



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FUTURE MEASUREMENT SHOULD THEREFORE EXAMINE:

- Continued application of peer-support skills and reciprocal support
- Staff wellness, emotional load, and burnout
- Staff retention
- Referral behavior and use of support pathways
- Integration of Veteran MILE into onboarding and organizational processes
- Veteran experiences and outcomes
- Replication across APC locations

EARLY IMPLEMENTATION

For Give an Hour, APC offers an early implementation case: an organization with an established commitment to veteran mental health using Veteran MILE not to replace its culture, but to broaden the number of people equipped to sustain it.

The next question is whether that emerging capacity can become a durable organizational system, and whether the lessons from APC can be replicated in other veteran-serving and veteran-employing environments.

Methodology & Supporting Data

MULTIPLE DATA SOURCES INFORMED OUR FINDINGS



Combining attendance data, surveys, and qualitative interviews provided a comprehensive view of impact.

The findings should be interpreted as evidence of participant-reported and leadership-observed change rather than proof of direct causation. Staff interview percentages are based on nine respondents; one staff respondent therefore represents approximately 11 percentage points. The training survey samples are not presented as a matched longitudinal cohort, and attendance and response counts vary by data source. The three-month confidence ratings are retrospective self-ratings collected at follow-up and should not be treated as matched baseline-to-follow-up measurements.

Where participants reported no change or mixed change, those responses were retained and considered in the analysis. In several cases, respondents indicated that the skill, behavior, or organizational condition being assessed was already present prior to Veteran MILE. The current case study does not establish long-term sustainability, reduced burnout, staff-retention effects, veteran-level mental health outcomes, or replication across locations. Continued follow-up will be necessary to assess whether the early changes documented here persist and expand over time.

From Awareness to Action

Supporting materials include:

- Detailed APC Training Data Analysis
- Detailed APC Three-Month Post-Training Data Analysis
- APC staff and leadership interview analysis
- Veteran MILE logic model
- Program deliverables and measurement tools
- Implementation timeline
- Supporting testimonials and quote bank

From Awareness to Action

APC's experience illustrates an important possibility for veteran-serving organizations: meaningful organizational change does not always begin by creating a new culture. Sometimes it begins by recognizing the strengths already present and equipping more people to carry them. At APC, the emerging evidence suggests Veteran MILE helped move mental health support from something deeply valued by the organization toward something more broadly practiced across it, from awareness to action, and from concentrated responsibility toward shared capacity.

That progression remains early, and important questions about sustainability and longer-term outcomes remain. But it offers a promising direction: **building organizations where recognizing distress, initiating connection, providing peer support, and knowing when to seek additional help are not responsibilities held by only a few people, but capabilities increasingly shared across the community.**





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