Veteran's Workgroup Call
Thursday, March 11, 2010 @ 3:00pm EST

Participants:

- Margaret Algar (Wisconsin)
- Joanne Autio (Minnesota)
- Holly Berilla (SAMHSA/CMHS)
- Steve Davis (Oklahoma)
- Martha Delgard (Wisconsin)
- Dorothy Elfring (Illinois)
- Jim Elzey (West Virginia)
- Steve Fishbein (New Jersey)
- Maria Gokim (North Dakota)
- Olinda Gonzalez (SAMHSA/CMHS)
- Philippe Gross (Hawaii)
- Tanya Guthrie (Texas)
- John Hamilton (Colorado)
- Jelka Junker (Texas)
- Acquanetta Knight (Alabama)
- Susanna Kramer (Delaware)
- Mark Kruszczynski (New Jersey)
- Ted Lutterman (NRI)
- Walter Ochs (Vermont)
- Roy Praschil (NASMHPD)
- Kristin Roberts (NRI)
- Mariah Storey (Wyoming)

Introduction

This was the third call of the DIG/URS Returning Veteran's Workgroup. CMHS asked for this workgroup to develop a new URS table that will collect information on state mental health agency activities and services for returning veterans, active duty military and their families. Ideally, this new table would allow states to receive credit for their veterans' initiatives without causing undue reporting burden to the SMHAs. Information collected through this new table may also benefit the states, allowing states to see what other states are doing.

SAMHSA has also been tasked with identifying what services SMHAs are providing within their Block Grants for returning veterans and their families. The prior two calls allowed states to share their current initiatives around returning veteran's services and discuss potential challenges with reporting these data. Based on the previous calls, as well as results from the last round of Block Grant reviews, it is clear that there is an incredible array of programs provided by SMHAs to meet the needs of veterans and their families; however, many states do not have their data systems set up to collect detailed demographic information on specific returned combat veterans, active duty military or their families and building a URS table requiring reporting of such data would be very burdensome.

This third call of the workgroup focused on the following:

- Review of Additional state initiatives (from states that did not participate in previous calls)
- Beginning to develop an outline of a potential URS Reporting Table on State MH Agency Initiatives for Returning Veterans. The table will be modeled off of the new Optional Children's Evidence-Based Practice and will comprise a checklist of various SMHA initiatives. The group will discuss the levels of detail to be included on the new URS table
- Review of West Virginia and Vermont's veteran's data collection initiatives
- Discuss potential session on the Veterans' Workgroup at the DIG Annual Meeting
- Next steps

Current State Initiatives

Initiatives in Wisconsin, Minnesota and Alabama were not discussed on the prior calls. Call participants provided the descriptions listed below:

Wisconsin:
Wisconsin conducts more needs assessments rather than trainings. The SMHA surveys county human service professionals to identify training needs related to veterans' services. This is funded through regional crisis grants, as veterans often seek services from county mental health centers when they are experiencing a crisis. The SMHA would like to create a list of trainings and trainers. The SMHA, in conjunction with the state's Department of Veterans' Affairs (VA), currently conducts "Wisconsin Warrior Summits" across the state. These summits serve as trainings for all stakeholders interested in veterans' mental health issues, and also work to build relationships between the SMHA and the state's VA. It is the state's goal to also include veterans in the training process.

Minnesota:
Minnesota's SMHA does not currently request data from consumers regarding their veteran or dependent status. The state's department of VA is the spearheading agency; however, the SMHA is the safety net and fills the gap where necessary services may not already be provided.

Alabama:
Alabama has an outreach model, and is working the VA organizations to develop a self-help tool and website. These models are based on the reintegration outreach plan through Dr. Winsky in Ohio.

Potential Initiatives to include in a new URS Table

NRI staff reviewed the summaries of SMHA activities for returning Veterans from the prior calls and a discussion of SMHA Activities developed by CMHS from their Mental Health Block Grant Reviews. A number of types of activities and initiatives were identified as being offered by multiple states:

- Training Activities (16 states)
- Data issues (11 states)
- Outreach (10 states)
- Referral Activities (5 states)
- Suicide Prevention (5 states)
- Screening Activities (4 states)
- Website/Resource manuals for Ret Vets (4 Website / 1 resource manual)
- Conferences (4 states)
- Coordination (3 states)
- Participation in Statewide Coalitions (2 states)
- Support Veteran's Consumer Groups (2 states)

These activities may provide the base for what type of data is collected in the new URS table around veterans' services. It is the group's task to determine what level of detail the table should request, as well as to define which populations to include in the data collection.

Review of West Virginia and Vermont's Veteran's Data Collection Initiatives

West Virginia

West Virginia's SMHA gathers detailed information on military status through specialized forms. Before the forms were implemented, the SMHA prepared providers for one year to ease the transition. The push for this data collection was guided by the former commissioner who is a veteran; however, currently, these data are not being used to develop any programs for veterans. Currently with a 50% response rate (34,572 forms received), Jim Elzey has been analyzing the data from these forms and has identified the following noticeable differences between veterans and dependents and non-veterans (the highlighted cells indicate a higher rate of occurrence):

	Veterans	Dependents	Non-Veterans
Reports Received	744	235	33,593
Average Age	45	36	35
Drug Use: Alcohol	77% (n=301)	61% (n=30)	67% (n=6,158)
Diagnosis			
Adjustment	9.7%	8.1%	N/A
Alcohol-Related	25.8%	6.4%	N/A
Mood	6.3%	8.5%	N/A
Opioid-Related	8.1%	3.4%	N/A
Personality	10.6%	8.1%	N/A
Depressive	39.2%	45.5%	N/A
Anxiety	9.1%	14.5%	N/A

Other Conclusions:

- Higher involvement with psychiatrists and medication management. This may be reflective of the veterans' diagnoses rather than something within the data.
- Veterans also use the hotline at a higher rate
- Veterans use crisis intervention services twice as much as non-veterans and dependents
- Supported housing, nursing, and LPN services, as well as service coordination are used more often for veterans
- Dependents more closely resembled veterans as a whole in terms of service delivery

Potential issues with these data:

- Need to determine who is defined as a dependent
- Data may be skewed due to low numbers
- The large amount of WWII veterans may also be skewing the data as they often receive Medicaid services, meaning that their demographic information will not be provided.
- The forms do not allow consumers to identify the nature of military discharge
- The forms do not collect information in which branch of service the consumer served; however, West Virginia is much heavier in Army than in the Navy (because of the geographic location of the state)

- There is a very low response rate at state hospitals on whether or not a person is a veteran. This may be due to a lack of emphasis put on collecting this question at intake in state hospitals.
- This data has not been validated with other agencies.

Vermont

Vermont has been analyzing military data that the state hospital collects. Sixty-two percent of those admitted within a ten year period identified themselves as veterans. Thirty-four percent of males receiving services in state hospitals over the age of 50 are veterans.

Role of the Veterans' Workgroup at the DIG Annual Meeting

The DIG Annual Meeting will be held as part of the National Conference this year and will take place the afternoon of June 24th and the morning of the 25th. There will be a panel session that will take place on the morning of the 25th to allow the workgroups to share the work they have done regarding the new URS tables. CMHS's goal is for this workgroup to have completed the development of a proposed new URS table to be presented and discussed at the conference.

Next Steps

The main charge for this group is to develop and complete a draft URS table that collects information on veterans' services by the National Conference. There are several service categories that will be defined, including: training activities, outreach, referral services, screening initiatives, suicide prevention, conferences, websites, coalitions, and consumer groups. NRI staff will summarize a definition for each of the services categories, determine the populations they target, and will send this out to the group for their feedback and discussion during the April workgroup call. States were asked to identify a few volunteers to review early drafts of the definitions and table. Steve Fishbein of New Jersey volunteered to help with this task.

During the call, several additional resources were identified that may be of use to the workgroup. Copies of these materials will be sent to the NRI, which will consolidate them and send them out to the listserve. These materials include:

- The National Guard Joint Services Support "JSS" Website with information about the numbers of the National Guard serving overseas.
- Information that NASMHPD had sent to all SMHA Commissioners about a Memorandum of Understanding between SAMHSA and the National Guard (NG), which included informing state mental health and substance abuse directors of the approximate historical, current and future deployment dates to Iraq and Afghanistan.
- Information from Homeland Security on the percentage of veterans who access VA services
- Draft of Children's EBP Table showing the checklist format developed for the Children's EBPs.