

DIG/URS RETURNING SERVICE MEMBERS, VETERANS, AND THEIR FAMILIES WORKGROUP

Draft of a new URS Checklist Table on State Mental Health Agency Initiatives and Programs to help meet the needs of Returning Service Members, Veterans, and their Families.

This proposed table compiles information about SMHA initiatives for several categories of military personnel and their families.

Discussion Points for Meeting:

1. **Are the “Focus of the Initiative” Columns the appropriate mix to identify SMHA Initiatives? If not, what are the appropriate columns to differentiate SMHA initiatives?**
2. **Is the list of Initiatives complete? Are there specific initiatives or categories of initiatives that should be added?**
3. **How should initiatives for Returning OEF/OIF Service Members & Veterans be differentiated from initiatives for all Service Members and Veterans?**

Key Terms:

- a. **OEF/OIF:** *OEF/OIF refers to "Operation Enduring Freedom" and "Operation Iraqi Freedom" the conflicts in Afghanistan and Iraq.*
- b. **National Guard:** *state guard members who are being deployed, serving, or have returned from deployment to a OEF/OIF*
- c. **Reserves:** *Army, Air Force, or Naval Reserves who are being deployed, serving, or have returned from deployment to a OEF/OIF:*
- d. **Service Member:** *an active duty member of the military who is deployed or returning from deployment to a OEF/OIF*
- e. **Veterans:** *Service members who have been discharged from duty. Some States have recommended NOT limiting this to persons with an “honorable discharge”, but addressing the needs of all former service members.*
- f. **Recently Returned Veteran or Service Member:** *A service member who has served in either of the OEF/OIF zones.*
- g. **Family Member of Service Member or Returned Veteran:** *The spouse, dependent or other immediate family member of a deployed or recently returned service member or veteran.*
- h. **Training:** *The process of bringing a person or persons to a certain level of proficiency to make them understand the mental health needs and appropriate mental health services for returning Service Members and their Families.*
- i. **Screening:** *Assessment of individuals prior to treatment to determine potential need for mental health and support treatment.*
- j. **Outreach:** *Any community-based activity, face-to-face or by telephone, designed to contact military personnel, returning veterans, and their families. Example of outreach: a program where the mental health system helps greet returning soldiers and provides them with information and literature about potential issues in adjusting to life after combat and how to access services to meet their needs.*

State: _____

Contact Name: _____

Phone: _____

e-mail: _____

1. Please check the appropriate boxes for each of the initiatives/programs that your SMHA has in each of the areas listed below. In addition, if you can provide an estimate of the number of persons who were part of each initiative, please provide that number. Finally, please provide a brief description of each initiative.

Initiatives	Focus of Initiative <i>(Please check all Military Service Member, Veteran & Family Member groups that are a focus of the initiative):</i>						Estimated number of Persons Served*	Description of SMHA Initiatives
	OIF/OEF Veterans	Veterans of Prior Conflicts	National Guard	Reserves	Active Duty Military (Regular Military)	Family Members of Military/Veteran		
1. Training								
a. Community MH Providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. State Psychiatric Hospital staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. General Health Practitioners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. Returning Veterans & Military Members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. Families of Returning Veterans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. Other Training: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. Screening								
a. Prior to Deployment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. During Deployment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. At Return from Deployment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. Outreach								
a. Prior to Deployment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. During Deployment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. At Return from Deployment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

		Focus of Initiative <i>(Please check all Military Service Member, Veteran & Family Member groups that are a focus of the initiative):</i>							
Initiatives		OIF/OEF Veterans	Veterans of Prior Conflicts	National Guard	Reserves	Active Duty Military (Regular Military)	Family Members of Military/Veteran	Estimated number of Persons Served*	Description of SMHA Initiatives

4. Other: please describe: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

5. Is the SMHA working with mental health providers to assure appropriate mental health services are available to military service members, veterans and their families? Please check the appropriate boxes in the table below to indicate which types of providers are offering specific services:

MH Services	State Psychiatric Hospitals	Community MH Providers	General Medical Providers	VA System	DoD Providers	Other: _____	Description of How the SMHA is working to assure these services are available:
a. Specialized Traumatic Brain Injury Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Post Traumatic Stress Disorder (PTSD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Co-occurring MH-SA Services for Military and Veterans:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. MH Peer Services for Military and Veterans (using Military/Veterans as peers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Other Specialized MH Services: Describe: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

6. Does your SMHA have any Information Provision/Initiatives to increase their awareness of mental health issues and how to receive services for Returning Service Members, Veterans and their Families?

Yes No, if yes, do these efforts include:

- a. Yes No Resources manuals
- b. Yes No Websites
- c. Yes No Conferences
- d. Yes No Other Activities, describe: _____

7. Has your SMHA specifically allocated federal Mental Health Block Grant funds to address the mental health needs of Returning Veterans and their Families?

- a. How much was allocated: \$ _____
- b. Please estimate how many Returning Veterans and Family Members were served: _____
- c. Please describe MH BG Funded programs:

8. Has your SMHA specifically allocated state funds to address the mental health needs of Returning Veterans and their Families?

- a. How much was allocated: \$ _____
- b. Please estimate how many Returning Veterans and Family Members were served: _____
- c. Please describe:

9. Does your Mental Health Block Grant Plan address the mental health needs of Returning Veterans, Active Duty Military and their Families?

Yes No

- a. If yes, please describe how your MHBG Plan addresses these needs:

10. Has your SMHA been able to coordinate with the Department of Defense, the Department of Veterans Affairs, and/or State's National Guard to work with them to coordinate outreach and other services to military and their families **pre-deployment**?

Yes No

- a. If yes, please describe how your SMHA is collaborating on the pre-deployment mental health needs of military and their families:

11. Has your SMHA been able to coordinate with the Department of Defense, the Department of Veterans Affairs, and/or State's National Guard to work with them to coordinate outreach and other services to military and their families **post-deployment**?

Yes No

a. If yes, please describe how your SMHA is collaborating on the post-deployment mental health needs of military and their families:

12. Is your SMHA Receiving information from the Department of Defense and/or State's National Guard about the number of military being deployed and when and where they will return to your state to facilitate coordinating outreach and other services?

Yes No

a. If yes, please describe how your SMHA uses information about the number and time/location of deployments and returns to coordinate services:

b. If No, please describe any barriers your SMHA has experienced in receiving such information to coordinate outreach and services:
