

DIG/URS RETURNING COMBAT VETERANS, ACTIVE DUTY SERVICE

MEMBERS, AND FAMILIES WORKGROUP

Conference Call #2

February 1, 2010

Participants:

- George Banks (Virginia)
- Hope Barrett (Kentucky)
- Holly Berilla (SAMHSA/CMHS)
- Susan Bradley (Maryland)
- Kevin Connelly (New York)
- Steve Davis (Oklahoma)
- Becky Ebron (North Carolina)
- Jim Elzey (West Virginia)
- Steven Fishbein (New Jersey)
- Cynthia Godin (Minnesota)
- Maria Gokim (South Dakota)
- Philippe Gross (Hawaii)
- Tanya Guthrie (Texas)
- Melanie Harrison (Alabama)
- Rick Hendy (Utah)
- Acquanetta Knight (Alabama)
- Susanna Kramer (Delaware)
- Tracy Leeper (Oklahoma)
- Sen-Yoni Musingo (Florida)
- John Pandiani (Vermont)
- Roy Praschil (NASMHPD, Inc.)
- Jerry Schneider (Washington)
- Mike Shank (Virginia)
- Mariah Storey (Wyoming)
- Maurice Tippett (Delaware)
- Ted Lutterman (NRI, Inc.)
- Kristin Roberts (NRI, Inc.)

Agenda:

- Recap of last call (held December 4, 2009)
- State Experiences, Capabilities, and Recommendations (by state)
- Challenges
- Next Steps

Recap of Last Call (held December 4, 2009):

NRI's contract to work on the URS data has been renewed. One new area in this contract is to develop performance measures for returning veterans and their families. SAMHSA/CMHS is very interested in learning more specifically where SMHA and Block Grant funds are meeting the needs of veterans, active duty members, and their families. SAMHSA/CMHS is interested in building a mechanism into the URS/DIG data that captures what is happening with SMHAs regarding veterans, active duty military, and their families.

Ten states participated in the first call, held on December 4, 2009. The participants on the first call discussed the possibility of adding a table to the URS that identified how the Mental Health Block Grant and state systems are working to meet the needs of veterans (I don't know if we discussed including active duty service members and families – which is a priority of the new SAMHSA Administrator – by the way) through programs, rather than through a surface-level count of veterans who use state mental health systems. This would be an endeavor similar to the optional children's EBP table piloted last year. States are trying to plan around the needs of their citizens, including veterans. Therefore, states need to be aware of how many veterans live in their respective state, when they are expected to return from active duty, and what types of special needs they may have depending on the conflicts they may have experienced. The group felt it would be useful to hear from more states about the types of initiatives they have to meet the mental health needs of returning veterans and the types of data the SMHA maintains on these programs.

State Experiences, Capabilities, and Recommendations:

- **Florida's SMHA** has a five year grant that aims at jail diversion and trauma recovery for veterans. The state targets veteran's access at the arrest site to treat for mental health and substance abuse. The SMHA currently tracks if a consumer is a veteran (yes or no), and which branch of the service they serve. There is currently no effort to collect information on which (if any) conflicts the veteran served in. This level of detail would be helpful to the SMHA, but is not required.
- **Hawaii** stressed the importance of requesting figures that will be useful to the states, and need to be clear about how the data will be used. The burden of reporting these new figures needs to be worthwhile.
- **New Jersey's SMHA** is involved in reintegration efforts and operates a "vet-to-vet" hotline known as the PTSD Taskforce. Information about the numbers and when National Guard members return from Iraq and Afghanistan are readily available, but the SMHA would find it very helpful to have statistics about when Veterans who served in the Army, Navy, Air Force, and Marines are returning to New Jersey. Very little information is currently made available on these branches of the armed service. New Jersey also uses a registry system to count the number of veterans served. Last year's count was 7,367, consisting of mostly outpatient consumers; however, the registry system is flawed and this is a significant undercount of the actual number.
- **North Carolina's SMHA** is able to obtain figures on when National Guard members return from overseas deployment through work with the Transition Assistance Advisor of the National Guard. Care link provides numbers related to veteran's treatment, and provides the era that the veteran served.
- **Oklahoma** collects whether or not a person is a veteran (yes or no) at intake. The state likes the idea of collecting information on different programs and how many are served in each program.
- **South Dakota** does not have anything right now; however, there is an interest in learning about other states. South Dakota only collects whether or not a person is a veteran (yes or no) at intake; however, this is not a required question.

- **Texas** is not able to capture demographic information specific to veterans; however, initiatives through transformation grants are currently in place. Additional information on these initiatives is unavailable at this time.
- **Vermont** looks at the State Hospital data set. Nine percent of consumers served in the state hospital were veterans who were residents for more than six years. It is very important to expand data collection to identify in which conflicts the veterans served. The state does have a data share agreement with the Veterans Administration. The relationship was not very difficult to set up. The state went through an independent review board, and worked through the bureaucracy and now receives data that is used with Vermont SMHA data (using Probabilistic Population Estimation (PPE) to calculate the number of Veterans in the state hospital. Dr. Pandiani will send out to the DIG listserve a copy of the report on Veterans in the Vermont State Hospital calculated using this approach.
Vermont volunteered to work with other states that would like to calculate and share information about the use of state psychiatric hospitals by Veterans.
- **Virginia** began collecting veteran's status data this year. The state requests information on military status, including which branch, whether or not they are active duty, if they are a family member or if they are direct service. Less than two percent of respondents indicated they were direct service or were a family member. Currently the data is collected with new admissions. The state just started tracking insurance claims. The payment source is a potential way to count veteran's status.
- **Washington** emphasized the importance of identifying consumers who are family members/dependents of veterans (e.g., children, spouses). There are higher incidences of mental health, substance abuse, and behavioral health issues among families of veterans. There is concern about increased demand and the capacity to meet this demand for SMHAs.
- **West Virginia** 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. Of the eight different categories of conflict, the majority of veterans served in WWII and Vietnam (70%). Twenty-four percent of veterans served in more than one conflict. For unknown reasons, the forms have a 50% response rate. The results indicate that the SMHA serves just more than two percent of veterans (742/32,000), and less than one percent of veteran-dependents. 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.

Challenges:

- Identifying populations/needs in rural areas
- Identifying consumers served by private providers in larger urban areas
- Lack of reimbursement from Tri-Care
- How do you identify what happens to those who have served in the military, but are less than honorably discharged and don't qualify for veteran's status? Is this a field we should try to gather information on?

Next Steps:

Throughout the next year, the workgroup will have regular monthly calls to identify questions/tables that could be added to the URS, pilot these items, and ultimately make a recommendation to SAMHSA. The workgroup discussed three sets of activities it will pursue:

1. **Checklist of SMHA Returning Veterans' Initiatives:** Work with SMHAs and states to develop a list of various Initiatives and programs that SMHAs have developed to help meet the needs of returning veterans and their families. This list will cover various screening, outreach, training, prevention, coordination and service initiatives that SMHAs have developed. The workgroup will ultimately recommend an optional table for states to report on the types and number of such initiatives and programs they have.
 - a. It was suggested that at CMHS's latest round of Regional MHBG reviews, that state planners were asked to discuss SMHA initiatives. It was recommended to check with CMHS to see if a summary of these regional review discussions is available that may help in the development of this checklist of initiatives.

2. **Enhance SMHA Client data collection about Returning Veterans:** To help states that are interested in expanding their client-level collection of information about Veterans to gather information about which conflicts the person served in (the recent Iraq or Afghanistan conflict or earlier conflicts), as well as if the person is a Veteran, current member of the Military, or a Family Member, that examples of some of the coding schemes already implemented by states be shared with other states. This optional task would inform states that are considering collecting additional data about Returning Veterans by letting them learn from the experiences of other states that have already expanded their collection of this information.
 - a. James Elzey from West Virginia agreed to share Military Status variable with the states. Other states that have expanded their data collection to gather similar information are also encouraged to send examples of their operational definitions and coding to the NRI to share with other states.

3. **State Hospital Study:** Following on the analysis in Vermont, SMHAs that have information about the use of their State Hospitals by Veterans and interested in sharing results will discuss a project to coordinate data across states to describe the use of State hospitals by Veterans. States interested in this special study should notify Ted Lutterman at the NRI. A conference call will be held for those states interested in learning more about this study.

The next monthly workgroup call will discuss and identify programs aimed at Veterans and their Families (e.g., training, referral programs, etc), and will delve into the level of detail to collect on these programs.