

## **Returning Veteran, Military Personnel, and their Families Workgroup Call Thursday, May 6, 2010 @ 3:00 pm EDT**

### **Participants:**

- Joanne Autio (MN)
- Susan Bradley (MD)
- Steve Davis (OK)
- Jim Elzey (WV)
- Maria Gokim (ND)
- Olinda Gonzalez (CMHS)
- Tanya Guthrie (TX)
- Mark Kruszczyński (NJ)
- Ted Lutterman (NRI)
- John Morrow (CMHS)
- John Pandiani (VT)
- Kristin Roberts (NRI)
- Susan Wagner (ND)
- Robyn Wilson (IA)
- Elizabeth Statzer (FL)

### **Meeting Notes:**

This was the fourth call of the Veterans Workgroup. The objective of the workgroup is to create a new URS table to gather information about mental health services states are offering to Veterans, Active Duty service men and women and their families.

Dr. John Morrow from CMHS discussed his new role working on the SAMHSA Administrator's Strategic Initiative on Veterans and their Families. SAMHSA needs to have more information about how mental health and substance abuse providers are helping to meet the needs of returning Veterans and their families. Dr. Morrow described that CSAT and the CMHS TRAC system are looking to add a few data elements to gather additional information about Veteran status (and family status).

The Workgroup's prior calls have reviewed available information from SMHAs that could identify counts of Returned Veterans, Active Duty Military, and their Families. Unfortunately, only 2 or 3 states have expanded their data system to include expanded Military Status measures that allow identification of returned Veterans, Active Duty Military, or Families of Veterans/Active Duty. Most SMHAs reported they either have (1) No Military Status information available, or (2) have a "Veteran Status" measure that identifies if a consumer is a Veteran, but these fields do not provide information on which conflicts the person is a Veteran of, and do not gather any information on Active Duty Military's use of SMHA services or the use of SMHA services by family members of Veterans and/or Active Duty military.

Throughout the previous calls, and through CMHS's Mental Health Block Grant Application Report, the Workgroup has identified multiple initiatives that states are undertaking to reach out to veterans, military members, and their families and to collect data on the services they receive. Even though many states do not have the capacity to report detailed information on how many veterans are receiving specific services, CMHS requested the Workgroup to develop a "Checklist" of activities for SMHAs to report on the multiple initiatives they have underway. Using a checklist table, SMHAs could report to

SAMHSA on the array of initiatives and services they have developed to help meet the needs of these groups.

Based on the prior calls, and the CMHS Block Grant Review, a draft table for potential inclusion in the URS tables was created to capture such information (See Appendix A). The purpose of this call was to review this table and identify:

- Participants' impressions of the overall table
- The level of detail the checklist needs
- What is feasible in terms of consumer counts

The participants on the call expressed a variety of reactions to the proposed table. Issues the states raised with the current version include: (1) Who is the Focus of the Table? (2) The appropriate array of initiatives (rows) in the Table? And (3) what else should be reported or collected instead?

1. **Who is the Focus of the Table?** The workgroup discussed if the table should ONLY focus on Veterans returning from the Iraq/Afghanistan conflicts (OEF/OIF), or if it should address initiatives for all Veterans and Military.
  - a. Other active duty personnel (aside from OEF/OIF) are excluded from this table. OEF/OIF tends to be the focus of national attention; however, there needs to be a balance and efforts need to be made to include services offered to those service men and women and their families who were not deployed to the recent conflicts Iraq or Afghanistan.
  - b. The current conflicts in Iraq and Afghanistan are prompting vets from prior conflicts (e.g. Desert Storm) to seek services. The current version of the table does not capture these people.
2. **What is the appropriate array of Initiatives to include in the Table?** The workgroup made several suggestions regarding initiative/service efforts by SMHAs that should be included in a checklist Table.
  - a. How does the table address co-occurring disorders or services? Should specific co-occurring initiatives be added to the table?
  - b. Veteran Peer services are an important initiative that should be added to the checklist.
  - c. Some of the initiatives may not be targeted to specific Military/Veterans groups, but may be for any or all of the columns in the table.
3. **Is this Table the Best Way to Gather Information or should alternative information be gathered instead?**
  - a. This table is not constructed to allow SMHA-funded community MH Providers to report on the services they are providing to Veterans and their families.
  - b. How will this table relate to or be coordinated with substance abuse, overall health, and suicide prevention. Important to work with CSAT and HRSA to bring a coordinated effort to collecting information on services to veterans and their families.

The Workgroup participants discussed these issues, but did not agree on how to move forward. Several potential options were discussed:

- Leave the table as is:
- Move the table from the URS to the Profiles Reporting
- Simplify the table to collect information on how many veterans and family members are receiving services. We can then build on this table to collect something greater through the use of EHRs, for example. Currently, the table is trying to capture too fine grain data; need broader data collection. Could leave the table as is and add a general category for states to report overall, while allowing others to report detail.
- Expand the table to collect information on substance abuse, suicide prevention, overall health, and individual branches of the military.

**Next Steps:**

Dr. Morrow will work with his colleagues at CMHS, CSAT, and HRSA to identify SAMHSA's broad intention of the project, and how we can best collaborate with the initiatives of other SAMHSA divisions. The next Workgroup Call will reexamine the proposed table in light of how it fits into SAMHSA's strategic initiative.