



Supplemental Update

AN OVERVIEW OF NEEDS IN OHIO

“Learning Your Needs Project”

Veterans and Family Members

Cultural Competence Needs Assessment Project 2010

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ACKNOWLEDGEMENTS

The Staff and Board of Directors of the Multiethnic Advocates for Cultural Competence wish to thank all of the individuals, organizations, and systems for their support and participation in the “Learning Your Needs” Veterans Assessment Project. Your work will assist us in more effectively advocating for better access, capacity building, and system changes to ensure quality mental health services for all of Ohio’s citizens.

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Veteran and Families Learning Your Needs Assessment
Collaborating Partners



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Introduction

The Learning Your Needs (LYN) Process was designed to hear real needs from real people. Since the initial project in 2006, MACC has continually sought to better understand and address issues of Ohio's diverse consumer populations. The following pages serve as a supplement to the 2006 and 2008 versions of the "Learning Your Needs: Cultural Competence Needs Assessment."

The original needs assessment in 2006 included a two phase process of gathering data. Phase I consisted of focus groups and surveys aimed at mental health consumers and providers. Phase II was focused on gaining perspectives from specific cultural and demographic groups within the state, whose perspectives were needed to better understand stigma issues, accessibility factors, and other potential barriers to receiving care. Both phases included participation by an experienced and diverse pool of facilitators. The persons who participated in the needs assessment process represented a broad and diverse cross-section of stakeholders and points of view. At the conclusion of the 2006 version of the needs assessment, there were several additional target audiences with whom MACC intended to host supplemental research activities to gain a broader perspective and understanding. Among groups targeted in subsequent reports were Somali, Asian and African American communities. See *the 2008 Supplemental Update at www.maccinc.net*.

The Veterans Learning Your Needs (LYN) Process

In 2009, MACC continued its work to better understand the needs of Ohio's cultural communities by focusing the LYN process on Ohio veterans and their families. In partnership with the Ohio Department of Veteran Services and the Ohio Department of Mental Health, MACC convened a multidisciplinary advisory team to design a process that would engage veteran and family stakeholders in a series of regional focus groups and a statewide survey. This project was designed to solicit input from Veteran consumers and non-consumers along with family members of veterans. Specifically, the process intended to gain insights about attitudes, motivations, social and socio-economic factors that encourage or deter veterans and/or their family members from accessing services within the behavioral healthcare system in Ohio.

Our Original Approach

Initially, the Veterans Advisory Committee (VAC) endorsed a 2 phase process whereby both the qualitative and quantitative data would be captured from the target populations. The process outlined below was intended to engage an initial set of veterans and family members in the Columbus, Ohio area to develop baseline data, refine the focus groups questions, and ensure our approach was meeting both the research goals as well as the needs of veteran and family participants. The VAC initially endorsed the process outlined below.

- | | |
|---|-------------------------------|
| • Pre-Research/Committee Orientation | Aug. 2009 |
| • Local Veterans' Focus Groups | Aug. 24, 2009 – Sept. 4, 2009 |
| • Veterans' and Families Survey Available | Sept. 14, 2009 – Oct. 9, 2009 |
| • Regional Focus Group Forums (6) | Oct. 19, 2009 – Nov. 13, 2009 |
| • Issue Draft Report | Nov. 30, 2009 |

Challenges to Engaging Veterans and Families

The process of engaging veterans and their family members (consumers and non-consumers) proved quite difficult for the VAC and research consultants. The VAC selected six target regions for veterans' participation. The regions identified included:

- Northeast (Akron)
- Northwest, (Toledo)
- Central (Columbus)
- Southwest (Hamilton)
- Southeast (Marietta)
- Rural (Chillicothe) Ohio

Despite efforts to invite the population(s) to focus groups in their local areas the VAC was largely unsuccessful in engaging the population(s) to participate. The focus groups were rescheduled on three separate occasions due to low or no registrations from the target population(s). Each time the VAC was careful to allow for adequate marketing and lead time however; the tactics did not prove successful in increasing engagement. Many veteran organizations were not familiar with many of the partners involved or showed reluctance to participate personally, although they were seemingly interested in the potential outcomes of the project. The few focus groups that were scheduled were canceled due to a lack of participation of veterans or their family members.

Initial reactions observed when attempting to engage the target population(s) included:

- ***“Who Are You?”***: Veterans and family members largely were not familiar with MACC or the Ohio Department of Mental Health and their role and therefore viewed these partners as another example of government wanting to take advantage of veterans and their families. In other instances the unfamiliarity with the sponsoring organizations lead to reluctance to engage, and often even discuss, the LYN project further.
- ***“I don’t know any vets with mental issues”***: Many veterans who were called or contacted about their participation refused to acknowledge that they or any fellow veterans they knew had accessed mental health services or had any issues resulting from or following their military service. After being informed that one did not have to be a consumer to participate, they were still reluctant to engage.
- ***“Send it to me in writing”***: Initial marketing efforts for the project were heavily based on electronic and phone-based communication. The resources dedicated to the project were not designed to mail materials directly to potential participants. However after talking with many veterans via phone, the decision was made to produce a series of easy to understand flyers and fact sheets that could be passed along to veterans by email, fax, or by traditional mail.
- **No Response**: Most often, veterans and/or family members did not return calls or emails requesting their participation or their assistance in asking other veterans to participate in the LYN process. Without this initial feedback we were unable to gauge the reason for their reluctance to discuss the project or engage in the focus group.

Although initially discouraged, the VAC and partner organizations used this information to develop alternative approaches to reach the veterans and family members in the state.

A Modified Approach

After the initial challenges in engaging the target population(s) previously cited, the VAC agreed that an alternative approach would be necessary. Based on anecdotal insights from the VAC and other key informants, a revised approach to the LYN process was undertaken to engage veteran and family stakeholders. The major elements of the modified approach included:

- **Increase the visibility of the partnership with the Ohio Department of Veterans Services (ODVS).** This was believed to encourage participation among veterans if the sponsoring organization was seemingly more connected to veterans and their issues. All subsequent correspondence was sent out under the ODVS letterhead and signature.
- **Send focus group information in hard copy directly to the target population(s).** This approach provided a great opportunity to pilot the use of the state's database of veterans compiled from data collected by the Ohio Bureau of Motor Vehicles. The VAC mailed 3000 letters and informational flyers regarding the focus groups directly to veterans in the targeted region(s) of the state using the information from the database.
- **Identify "local champions" in target regions to encourage focus group participation.** The ODVS used personal and professional relationships to contact local individuals throughout the state who would help to disseminate focus group information to constituents. Many "local champions" were also planning to attend the focus group events as ambassadors and project representatives in addition to the veteran facilitator the project would employ.

Unfortunately, despite these modifications to the approach the veteran population(s) were reluctant to engage in the focus group process. The regional focus groups expected up to twenty-four participants. In most cases, registration for the regional focus groups ranged from 0-3 persons despite the direct mail marketing campaign and encouragement by the local champions. In order to maximize financial resources and allow those willing veterans and family members to participate in the process, the six registered individuals were invited to participate in "key informant" interviews rather than the original focus group format. Their responses are summarized in this report. There are likely multiple reasons this assessment process failed to engage the population(s) in the focus groups. The "lessons learned" section of this report shares some possible explanations for the low participation rate.



Focus Group and Key Informant Interviews

Overview of Emerging Themes

1. How well do you believe that the mental health system provides services to the veteran's community and their families?

Veterans

- It sucks! Akron University was going to do something but didn't. Offer support groups for family members of soldiers who are deployed. If this is being offered it should be publicized more
- Family services are lacking
- There is no family housing at the VA hospitals
- There is a stigma attached to veterans who seek mental health services: this seems to be a prevalent stereotype in mental health services
- Mental health services doesn't seem to understand that veterans and their families are a package and must be treated together: it is not effective to treat them separately
- There is often a long waiting list for services
- Many times services are not available locally and veterans and their families must travel long distances: one vet I know told me he had to travel 70 miles to receive services

Family Members

- Ohio National Guard is really striving to make positive changes. But, not sure if any other branches are doing the same thing
- There's always room for improvement and typically the service providers only addressed the needs of individuals when they come up (they need to address the issues earlier)
- Planners of the war should know better than to do so. Taking into account the needs of families
- The mental health system isn't doing very well. Cousin was over-diagnosed with Post Traumatic Stress Disorder and has lack of knowledge of benefits that his family can receive. Respondent feels that there should be a packet that helps these people navigate the system better

2. How would fellow veterans and other military personnel describe a soldier who appears to have a mental illness or for those who might be consumers what things have been said about you?

What words would they use? How would they treat this person in a public setting?

Veterans

- This individual would be looked at as one of my "brothers"
- Some veterans would describe an individual as having ADHD
- Most of these individuals would not be able to keep still, have "thousand mile stare", can't keep a job, have family and work issues, can't go out, don't like big crowds, use alcohol and/or drug, unfriendly and stand offish

Overview of Emerging Themes

Family Members

- Some fellow veterans would say that it is “understandable” to come back with some type of PTSD
- Fellow veterans might tell this person to “suck it up”
- Veterans may say “that’s how the army made him/her and that’s how the training was suppose to make him/her, so he/she is a good soldier due to this experience

3. If this same veteran was a family member or friend of yours, where would you recommend they go to receive help or assistance?

Veterans

- Depends on the issue(s); Someone familiar with PTSD. Addictions would be a different provider
- Veterans netcare
- Hard to get the perfect place, due to issues with alternative (non-business) hours

Family Members

- Outside of the VA healthcare systems, due to lack of confidentiality within the VA. It’s hard to get treatment when you know that your whole group (platoon) will know all of your business, once you get back
- Also, there are a lot of cases of misdiagnosis (i.e. her son has currently been diagnosed with 10% PTSD, but when he arrived from Western Bagdad the diagnosis were very high then as time went by the diagnosis was said to have fallen. The system is set up that if you have a lower % of diagnosis then it will be less money paid out by the military (see the correlation?)
- Go to a VA to see if they’re eligible for co-pay or services rather than the civilian community hospitals
- Contact the family readiness coordinator or the 211 line to be referred to the proper services

4. Are there any special rituals, practices, or ways some veterans or family members might attempt to “cure” or manage their mental illness? Are there particular people or professionals that a veteran with mental illness might be taken to (or recommended) for services?

Veterans

- Many times when a veteran returns home they have changed and their spouse constantly tells them they shouldn’t have changed
- There is often a mental age gap between a returning vet and his/her spouse: the vet has gotten a lot older mentally and the spouse has not
- Many vets have little or no connection with their kids
- One way to help vets is to have someone go with them to their appointments
- I would recommend they go to the V.A.
- Self-medicated with alcohol. Swapped addictions. Never deprogrammed

Overview of Emerging Themes

5. How familiar are you with the mental health system and how it is designed? Would you consider yourself more or less educated on the system than the average person from your culture?

Facilitator Note: *Many participants were not familiar with the overall system but knew of some components of the mental health system or a provider in their immediate area.*

Veterans

- Very familiar
- “I work with the mental health system so I am much more familiar with it than most vets”
- More knowledgeable because I worked in the field. Recognized I needed help and sought it out

Family Members

- Feel they have a pretty good grasp on things; “I believe government services are hard to navigate, but would be helpful to have someone that has experience in navigating them”
- Very familiar, but lots of room for improvement. Need to listen to health experts in and out of the VA system
- Military needs to loose the “suck it up” mentality
- The mental health system is not designed, but created by design. It’s more cost effective if the issue is addressed when the soldiers get off the plane, because if it waits then more money is lost in other ways. (i.e. soldiers going to prison because they have not been diagnosed properly so they have tension built up and when something ignites them then they explode, which in turn sends them to prison)
- Probably more educated than most officers, let alone the family members of other Veterans
- As design and policy goes, not too familiar
- More than most people have; Individuals have no clue about complications of the system

6. How would you describe the level of comfort among veterans and/or family members about accessing mental health services?

Veterans

- A lot of anxiety when thinking about accessing mental health services
- The comfort level of veterans and their family members is not very good. There is often a long waiting list and many vets just give up
- Lack of knowledge and education of the system adds to the fear
- Very low. Not everyone is open to the idea. “Biggest roadblock is the comfort level. When we came back you couldn’t talk to anybody unless they had been there. It was 20 years after coming back before I opened up to anyone.”

Overview of Emerging Themes

Family Members

- Depends on how they grew up with the stigma of mental health services. Lots of older veterans/ family members worry about being looked at as weak. Some believe the military did nothing to help them, so why would the VA?
 - Frustration with figuring out the stigma and not being respected
 - It has much room for improvement. “Services are not easily accessible because “important” things stand in the way”
 - Not comfortable because no one likes to admit that they’ve been affected
 - The biggest barrier is the lack of confidentiality and the military does not go out of their way to see who’s monitoring the soldiers
 - There is a lot of fear of the unknown (i.e. being labeled with a diagnosis that will negatively affect their lives)
7. Ideally, where should services be physically located or co-located to make them more accessible to the veteran’s community? (i.e. in the VA/not in the VA, on the bus line, in religious institutions, etc.)

Veterans

- VA
- Easy accessibility (downtown with difficult parking is not a good idea)

Family Members

- Bus-line in the bigger cities, offering transportation to those who need it and outreach services at community based clinics
 - Dispersed locations so that they are close to where the veterans live
 - Within 30 minutes or 30 miles of where the vets receive primary care
 - Traveling clinicians may be a good idea
 - Rural area’s because they are extremely underserved as well as mental health services for veterans with special needs
8. Are there mental or behavioral health services you believe are needed or should be expanded particularly for the veterans and military personnel?

Veterans

- Teach business owners how to treat and interact with veterans; Caregivers need extensive training on how to interact with veterans
- Do programming before people are discharged

Family members

- Tackling the problem when it starts (i.e. out in the field)
- PTSD programs should have less restrictions
- Dual diagnosis among veterans
- Family counseling services
- Separate detox from the psychiatric unit
- Individual counseling sessions with veterans from the same unit or combat mission

Overview of Emerging Themes

9. Have you found these needs to be different based on the age of the veteran? Are there any particular needs based on the age or life stage of the vet?

Family Members

- Older veterans-home sponsorship and on base care
- Younger veterans-marriage counseling, relationship counseling (all based on the individuals)
- Women-more provisions for those with sexual trauma, diseases, etc.
- Gear toward individuals who have children

10. Based on what you know about mental health providers (social workers, psychologists, etc.) what specific trainings would you suggest they go through to better understand and meet the needs of the veterans' community?

Veterans

- Common symptoms displayed by vets
- Alcoholism/drug abuse-symptoms and effects
- In-depth training for gatekeepers (receptionists, front desk people, etc.) on how to interact with veterans. They give the first impression and it is often a very negative one. Help frontline employees understand the need for compassion
- Anti-stigma training
- Ideally another veteran should do the counseling. Definite and deep understanding of PTSD

Family Members

- Military Culture Awareness and training that is consistent across the board
- Learning about the things that affect military people
- PTSD symptoms
- Integration of family in treatment of the veteran
- Grief Counseling
- Depending on the era and where the veterans were stationed may need specific training on what that veteran experienced while serving
- Understanding of the veteran's experiences

Overview of Emerging Themes

11. As the mental health system in Ohio seeks to use this information to improve the services it provides, what other suggestions for changes would you offer?

Veterans

- There needs to be awareness that many vets are adrenaline addicts; they engage in risky behavior because they need the “rush”
- There needs to be awareness of homeless veteran women; it is a growing problem
- There is no coordinated effort at the top: there are lots of services available but they are not coordinated
- Now is the time to prepare for the influx of Iraq/Afghanistan veterans that will be entering the system soon
- There needs to be support groups for families of deployed veterans
- Somebody needs to publicize what veteran benefits are available; many vets have no idea of the services that actually exist
- Everyone involved in mental health services for vets needs to be familiar with the other services that are offered
- Contacting veterans directly is a good idea
- Meet in community-based settings
- “There is a movement that never again will one generation of vets forget another generation of vets.” Use this as leverage to engage veterans to help with mental health services

Family Members

- More money being spent towards mental health services in general
- Training in state hospitals
- Education on war trauma
- Putting PTSD designation on drivers license of veterans with the condition
- Releasing the stigma of military personnel/No preconceived opinions about the population
- Vietnam Vets are suspicious and angry; do better with helping out this population of military personnel
- You need to be in touch with mental health professionals in the VA
- The disability rating system needs to be re-evaluated
- The Department of Defense and the VA need to fix the rating system, because a lot of veterans are being misrepresented/misdiagnosed due to the current rating system



Veteran and Family Member Survey Results

Veterans and Families Statewide Survey

In addition to opportunities to participate in the focus group process, the target population(s) were asked to complete a survey designed to anonymously gain insights about veteran's experiences and perspectives regarding Ohio's behavioral health system and to give insights into the needs of veterans that may require system level changes. The survey was offered in both paper and web-based versions and disseminated through multiple channels including members of MACC. The online version of the survey was linked from the Ohio Department of Veteran Services, MACC, and RAMA Consulting Group websites.

Unlike the focus group process, completion of the veteran and family survey proved very successful. The partners used various channels to distribute the survey throughout the state. The most effective methods of distribution to reach this population(s) are described below.

Email Blast and Website Links – The overwhelming majority (88%) of surveys were completed online. Only 63 hard copy surveys (12%) were returned by mail. This fact is notable when coupled with the demographic data presented in the survey results. The majority of respondents were between the ages of 45-64 which suggests a perceived level of comfort in both the use of technology in general and comfort in completing the surveys via the web-based tool. The distribution of the survey link via a weekly email blast as well as consistent emails from partner organizations likely reinforced the efforts to get as many surveys completed as possible.

Participation in Veteran and Family Support Activities – Hard copy surveys or information flyers with online survey information were distributed at several key meetings and events over a six-month period. Some of these included local veterans' support group meetings, a lecture featuring a veteran speaker and through county-based Veteran Service Officers. Increased participation among the target population(s) was likely due to having someone on hand to explain the survey's purpose and to answer relevant questions.

The results of the survey presented offer a snapshot of perspectives from both the veteran and family respondents. Additionally, the Ohio Department of Mental Health's Office of Research and Evaluation recently extracted a sample from the Ohio Behavioral Health (OH-BH) information system administered by the Ohio Department of Drug and Alcohol Services of veterans being served by agencies certified to provide both mental health and drug and alcohol treatment services. *(See the complete survey and data from the Veterans sample from OH-BH in the Appendix)*

Are you a Veteran or Family Member of a Veteran?

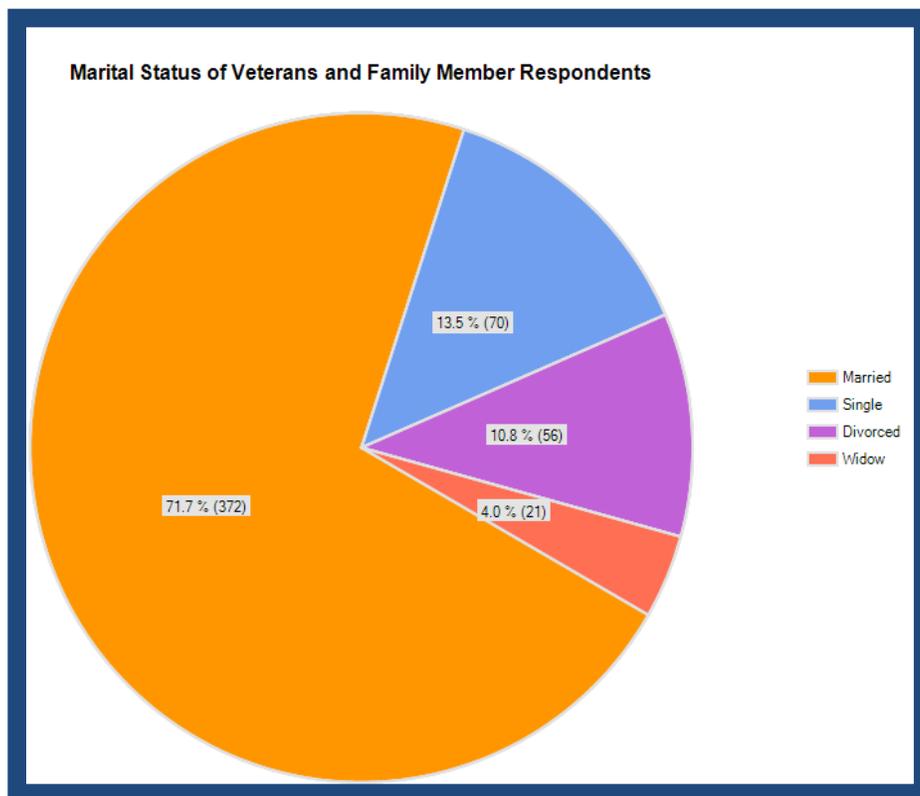
Answer Options	Response Percent	Response Count
Veteran	74.9%	396
Family Member of Veteran	23.2%	123
Unknown	1.9%	10
Total Number of Surveys Completed	100%	529

Gender of Respondent	Veteran	Family Member	Total	Response Percent
Female	61	99	160	31.3
Male	330	22	352	68.7
Total	391	121	512	100%

Average No. of Children	3
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Where do you Live?		
Urban	116	22.8%
Suburban	250	49.2%
Rural	142	28%

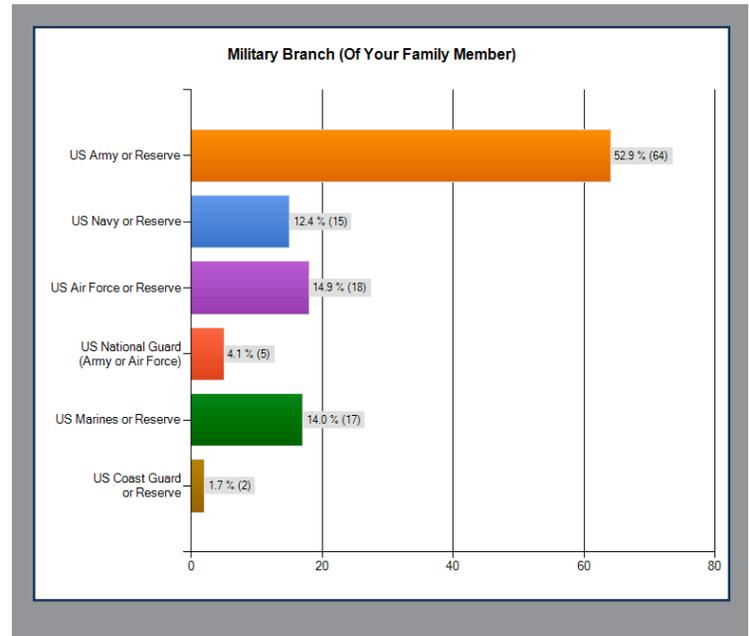
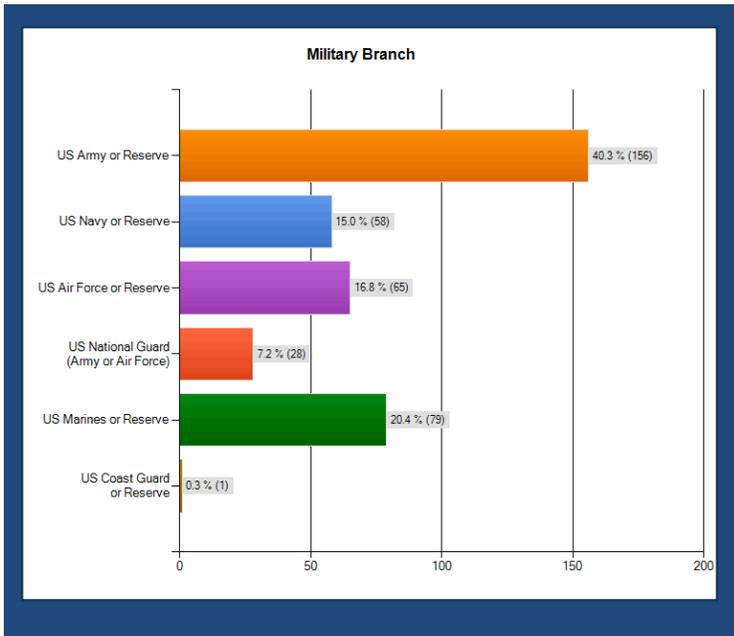
*264 Unique zip codes were represented on the survey



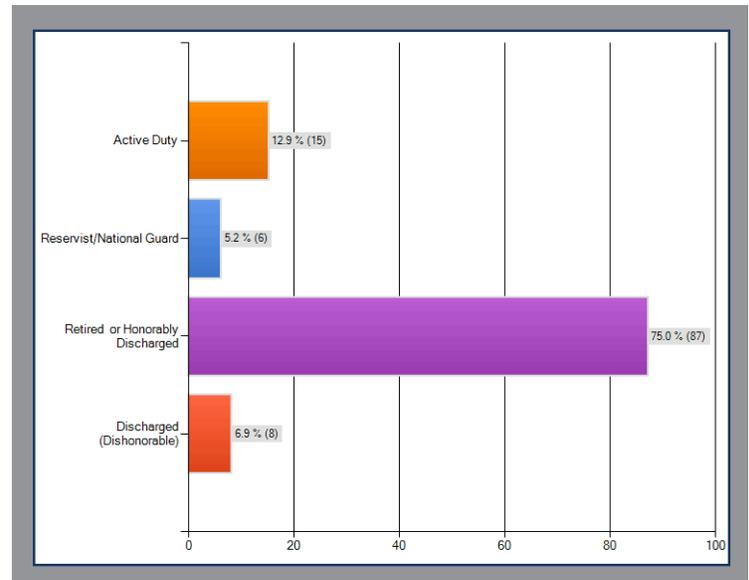
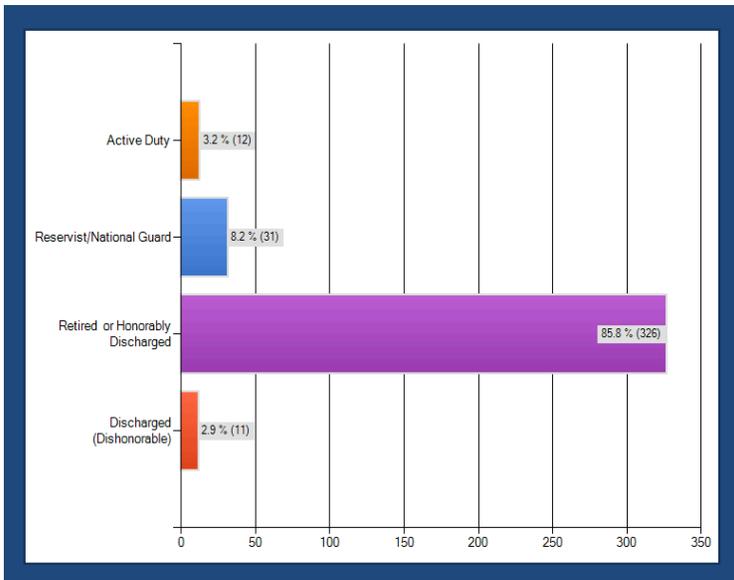
Veteran Respondents

Family Member Respondents

Military Branch of Service



Current Military Status



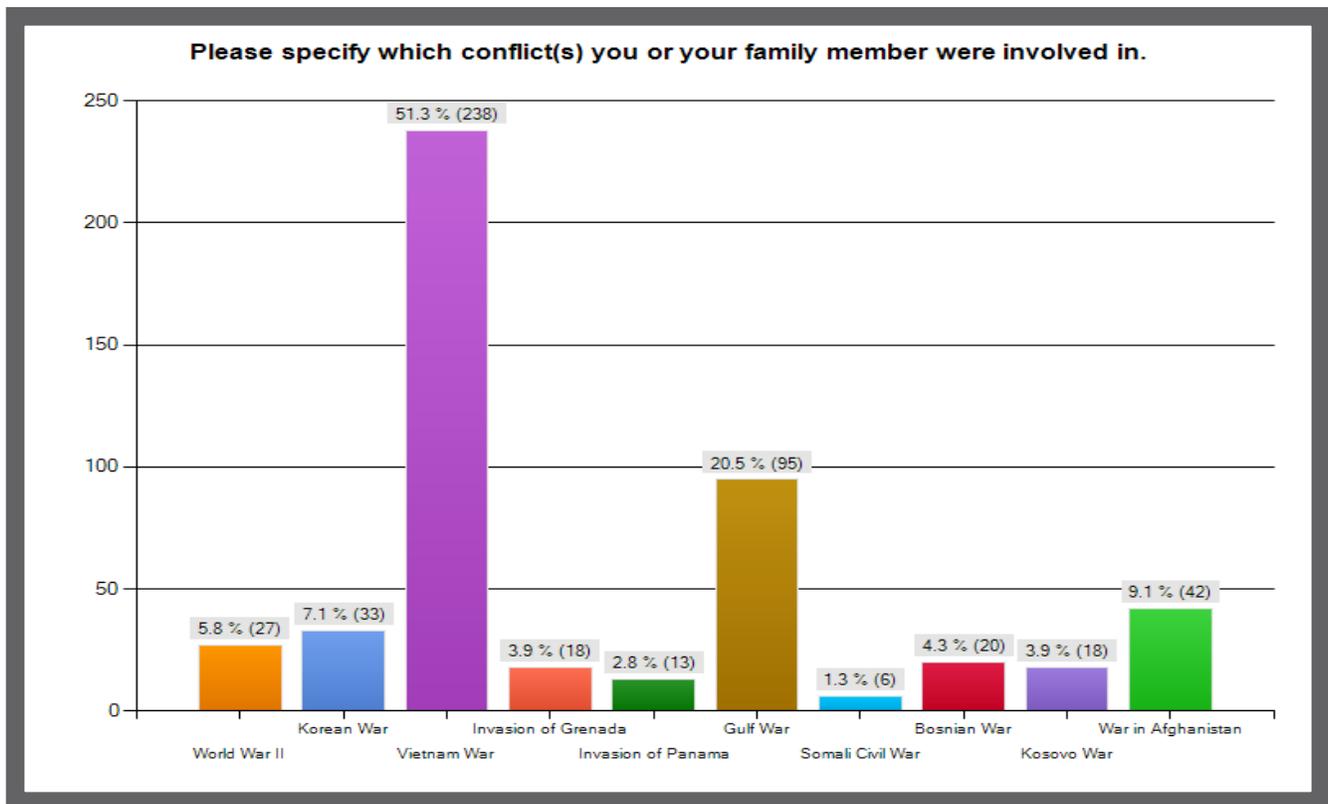
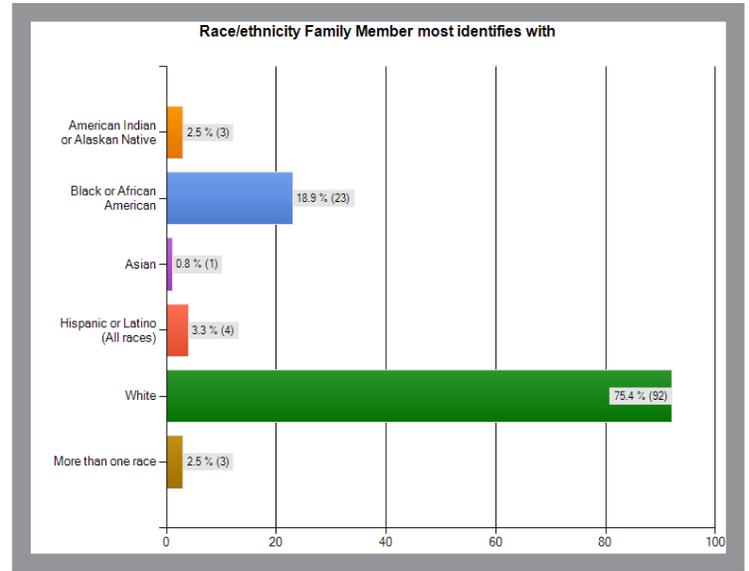
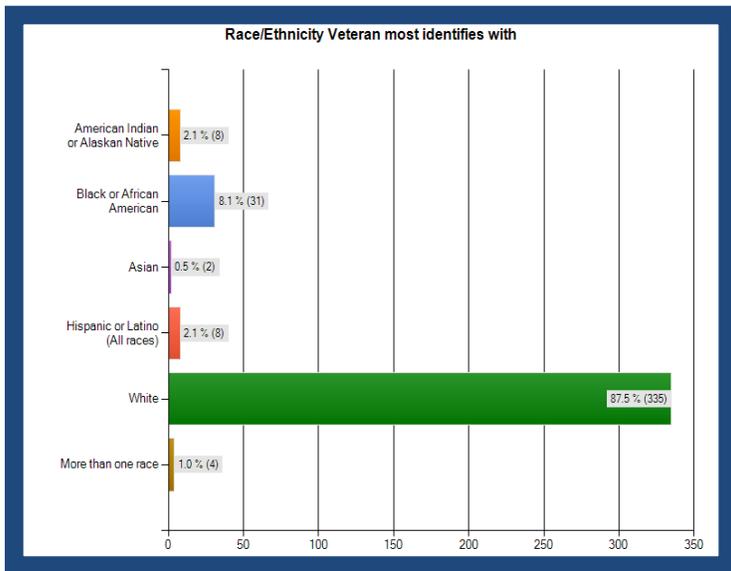
Survey Facts At a Glance:

- Nearly 72% of respondents were married. The remaining respondents were single, divorced, or widowed.
- Top three military branches represented by the survey respondents were: US Army or Reservist (43%), US Marines or Reservist (19%), and US Airforce or Reservist (16.2%).
- Over 83% of veterans represented in the survey were retired or honorably discharged from the military. Only 5% of respondents represented those in the active military status.
- Nearly 56% of respondents were between 45 – 64 years of age with the 55-64 age range representing the highest population at 37% of total respondents. The second highest age range represented was 25-34 years of age which represented 12.7% of the total respondents.

Veteran Respondents

Family Member Respondents

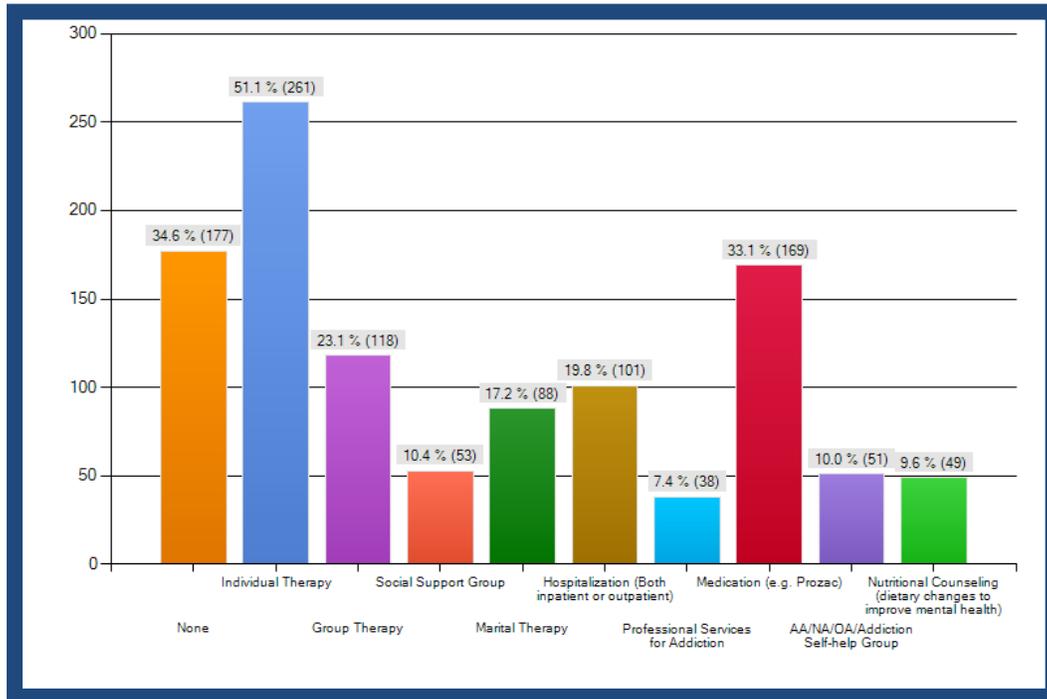
Respondent Race/Ethnicity



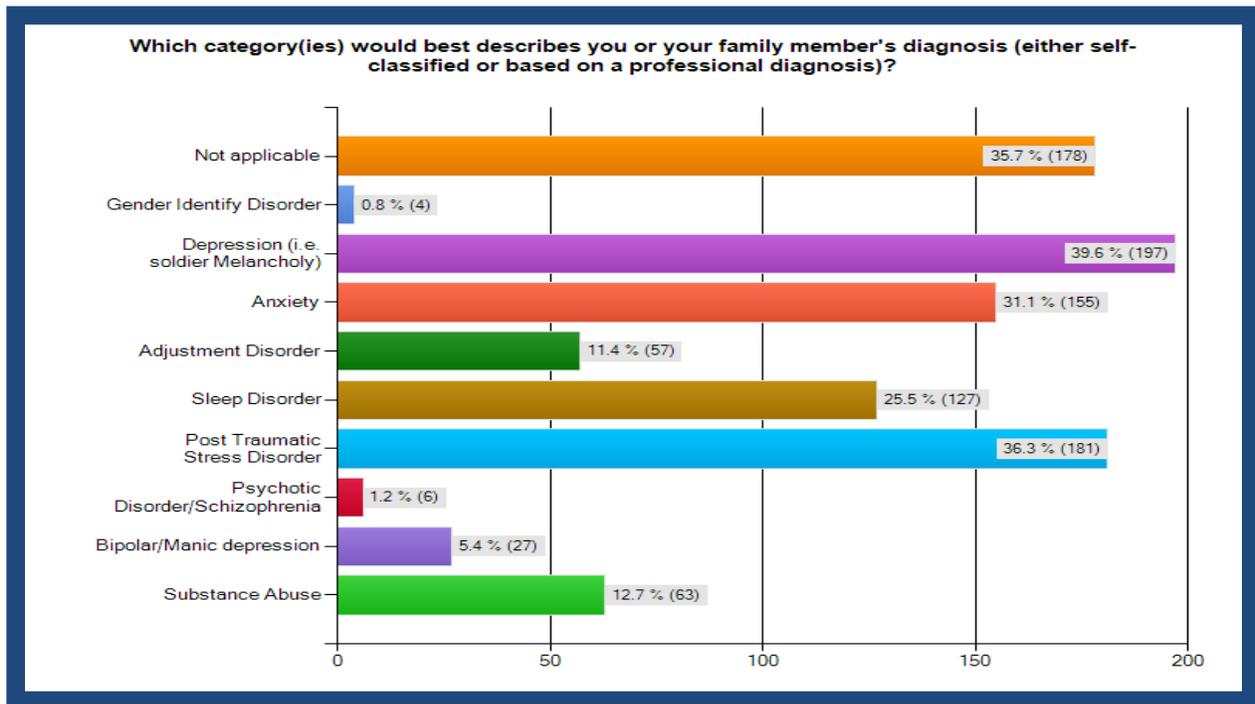
Survey Facts At a Glance:

- The top three military conflicts represented by survey respondents were: Vietnam War (51%), Gulf War (20.5%) and War in Afghanistan (9.1%).

What types of mental health treatments have you or your family received?

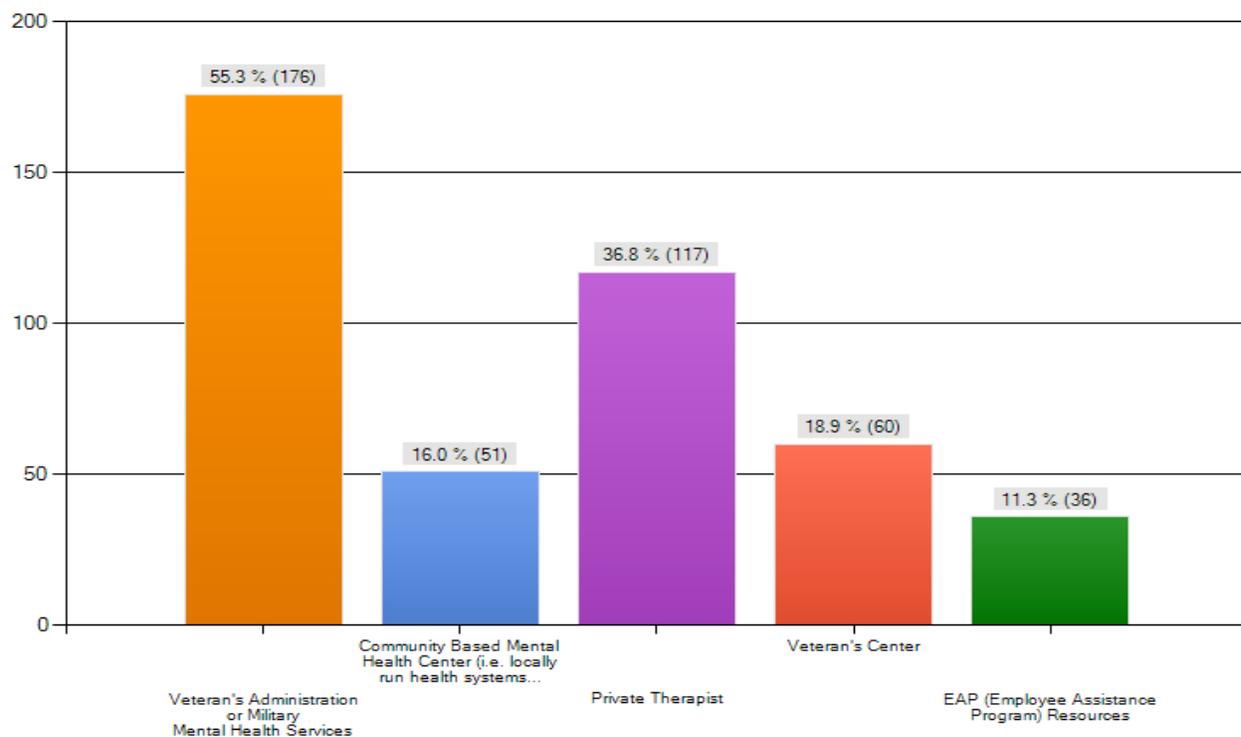


- Top three types of services identified include Individual Therapy (51%), Medication (33.1%), and Group Therapy (23%). 34.6% of respondents cited not having received any mental health treatment.



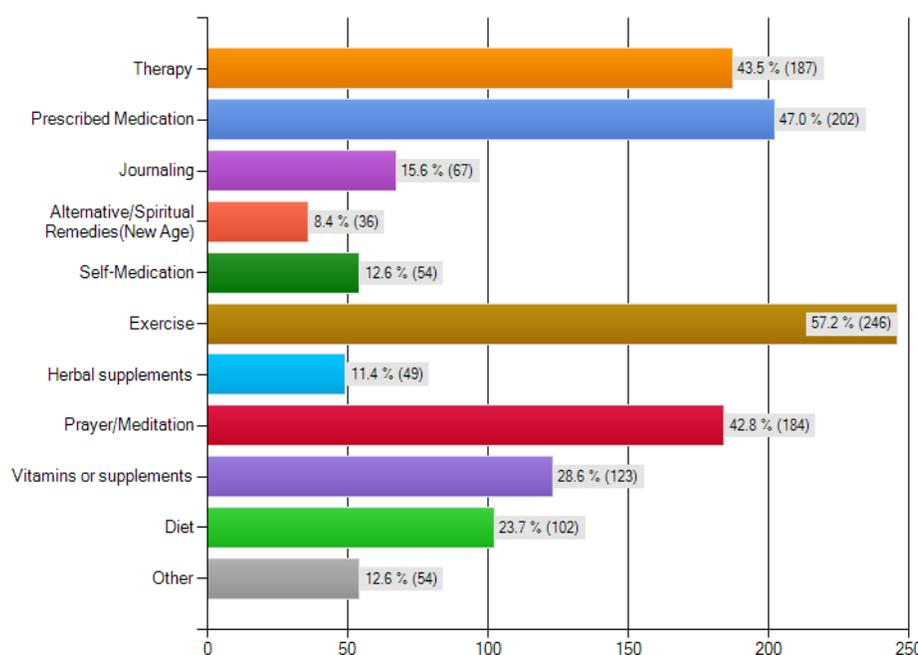
- Top three diagnosis among respondents included Depression (40%), PTSD (36%), and Anxiety issues (31%). Substance Abuse issues ranked lower at 13%.

Where do you go to receive behavioral health services?



- Although, 55% of respondents cited the Veteran's Administration as the majority provider of services, 37% also cited receiving services at a private therapist.
- Faith-based institutions were also cited through write-in comments by several respondents.

What "techniques" have you (or family member) used to maintain or improve your behavioral health?

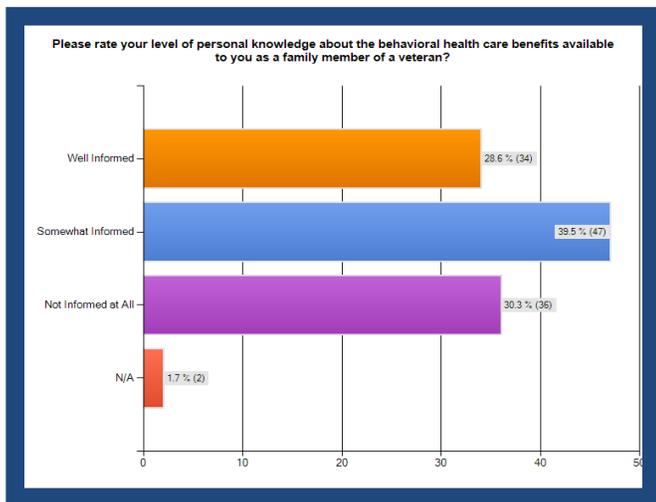


OTHER TECHNIQUES USED:

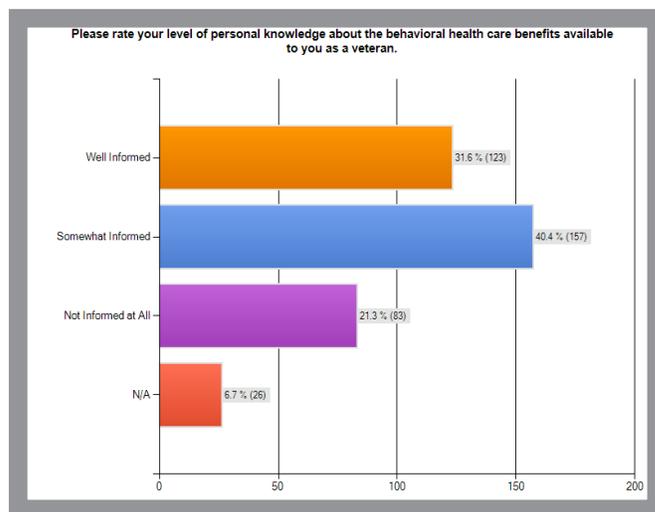
- Talking with friends/loved ones
- Reading
- Substance Abuse/Alcohol
- Avoidance of thoughts and conversations about military experiences
- Volunteering/Civic Engagement

Rate your level of personal knowledge about the behavioral health benefits available to you or your family member as a veteran.

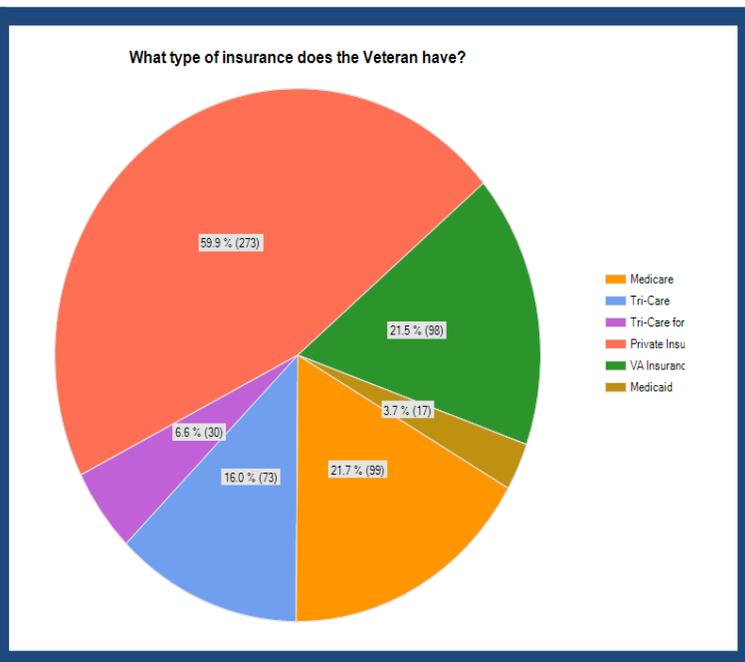
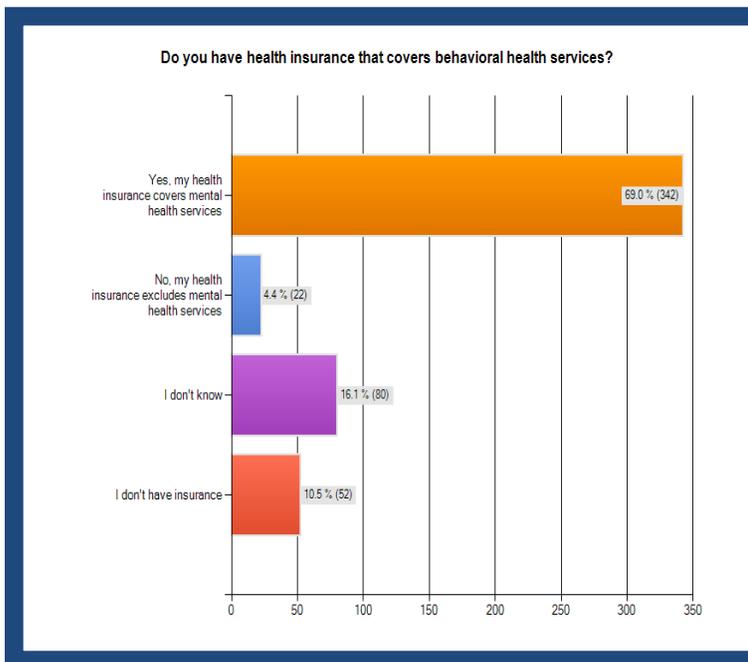
Veteran Respondents



Family Member Respondents

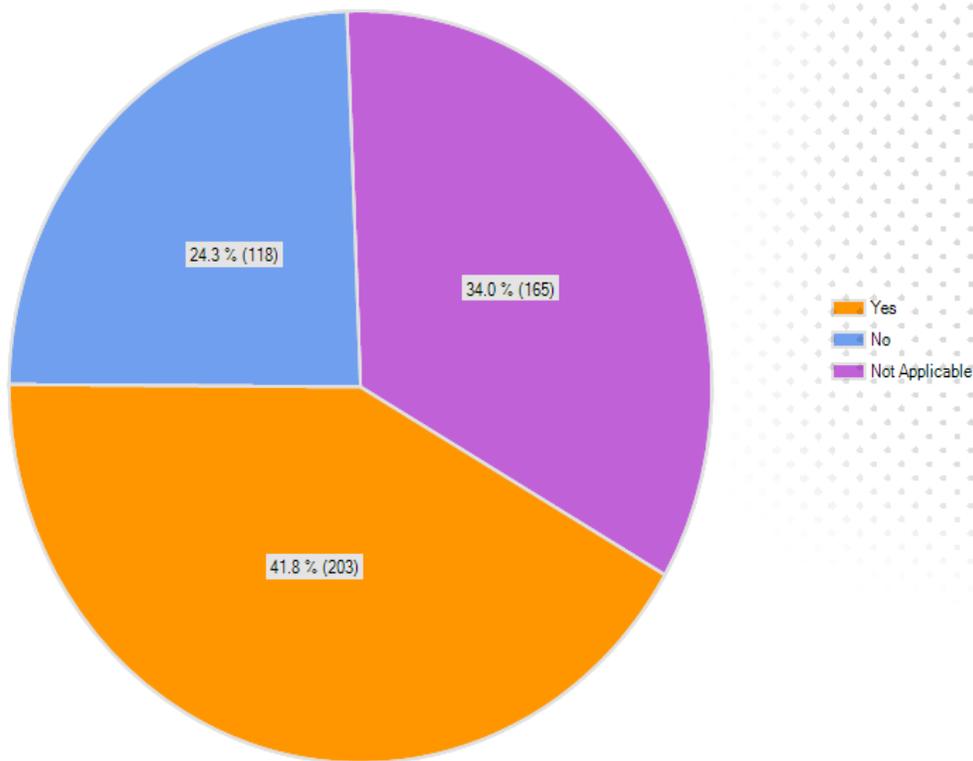


- The majority of veterans and family members are somewhat informed about their behavioral health care benefits. Nonetheless, there remains a sizeable population who are not informed at all about these benefits.



- Nearly 70% of respondents agreed that their insurance covers some level of mental health services. 11% of respondents stated they do not have insurance.
- 16% of respondents are not aware if their insurance provider covers mental health services.
- 60% of respondents have private insurance followed by both Medicare and VA insurance (tied at 22%) as the second highest providers of insurance to the target population(s) based on the survey.

If your insurance does cover behavioral health services, are there restrictions about where you can go to receive care?



How does your insurance restrict you in receiving behavioral health services?

- Specific providers in their network/system including VA facilities
- Restrictions on number of sessions (e.g. only 10 sessions per year)
- Providers in a certain geographic area
- Only those who accept Medicaid or certain insurance types

Are there any other barriers that prevent you or your family from accessing Mental Health Services? (Top three issues listed)

- Lack of available services in some areas/requires travel from rural to urban areas for services
- Expensive co-pays
- Stigma (maybe more profound among military service members)
- Overcrowding
- Office hours of the VA and Vet Centers don't match consumer's lifestyle
- Lack of trust and experience with sensitive issues (e.g. transexuality, enlisted personnel, privacy, etc)
- Need more trained professionals (LPC's and PCC) at the VA
- Amount of paperwork required by the provider
- Lack of cultural competency/sensitivity
- Many providers are not veterans and don't appear to fully understand veterans' perspectives



Lessons Learned

Lessons Learned

After reviewing the process undertaken on this project several themes emerge as lessons for those who are planning to conduct research activities among veterans and military populations. The ideas below may be helpful in providing insight into developing this type of project in the future.

- 1. Provide adequate time for recruitment and engagement of veteran organizations, systems, and partners** – Because of the splintered nature of many of the veteran and support organizations in the state, we found that engagement is very much a person to person endeavor. There is no single point of access to the community that touch veterans and family members representing varied generations, conflicts and military branches, although several organizations have diverse participation. The disconnected nature of the veteran serving organizations requires planning for adequate resources and time for use in relationship development, in-person meeting travel, and multiple communication/marketing methods. Additionally, the method of contact is important. Simple email and electronic communication did not yield access to the population(s). Many vets preferred phone calls or requested hard copies of the information before further considering their participation in either the survey or a focus group.
- 2. No concrete system exists to connect the many veteran and family support organizations that exist in the state** – Based on experience, we note that there are many organizations doing good work for their constituency but no umbrella group to coordinate the efforts, reduce duplication or encourage collaboration. In many communities local veterans and family members have banded together and formed support organizations that meet local needs. While this does serve a very important purpose, the ability to reach out to the organizations or galvanize them to action becomes difficult due to weak infrastructure to support this work. The need to ensure that an adequate communication system is developed while still respecting the ability of local veterans and families to organize in the most effective ways for them seems to emerge as a need within Ohio.
- 3. More efforts needed to better utilize the state's veteran database** – The State of Ohio has taken a very progressive step in asking veterans to identify themselves through the Bureau of Motor Vehicles (BMV). This effort has produced a database with over 500,000 names and addresses of veterans in our state. This is a great resource that should be utilized more in outreach to this population. This project provided the first opportunity to use the database and therefore took longer than expected to deliver the queries requested. Since the law gives access to the Ohio Department of Veteran Services in addition to the BMV, we believe ODVS will begin building their capacity to better utilize this valuable tool.

Lessons Learned

- 4. Veterans may not be reluctant to share their feedback however may refrain from doing so in an unfamiliar environment** – Based on the difficulty in recruiting focus group participants one might assume that the veteran population(s) are reluctant to share their perspectives on health related issues. However, the research indicates that although this population did not take advantage of opportunities to attend local focus groups even with fellow veterans as facilitators, they did share feedback online or through hard copy surveys anonymously at a much higher rate than consumers in previous LYN research projects. The respondents also took more opportunities to provide additional qualitative feedback for open-ended questions and in comment boxes. Upon closer review, we also noted that there was a spike in survey completions after the direct mailing to veterans. This indicates the information was received, read, and that there was sufficient interest to encourage their participation via the survey. This could be due to its confidential nature (anonymous) or its convenience in comparison to the focus group attendance.
- 5. Older veterans appear to have stronger networks and support organizations** – The project identified that many veterans from conflicts in the past 15-20 years are not as organized or connected as their fellow veterans from previous eras. In many cases, where a veteran or support organization existed in local communities, it was headed or predominately made up of older veterans. Several factors might impact this reality but this could suggest a need for a more concerted effort to encourage affiliation among younger veterans in these kinds of support system activities.



Appendix

Special Population Report (Revised Tables): Mental Health Consumers with Military Service

A sample of 23,045 records for adults age 18 or older who received mental health services in SFY 2010 was extracted from the Ohio Behavioral Health (OH-BH) information system administered by the Ohio Department of Drug and Alcohol Services. This sample was submitted by agencies certified to provide both mental health and drug and alcohol treatment services. While dually-certified agencies represent about one-third of all agencies providing care, these are large agencies providing services to half of all consumers in the publically-funded system of care.¹

In SFY 2010, about 229,700 adults over the age of 18 obtained at least one service from a mental health provider in the public system. The sample of 23,045 adults on which this report is based represents about 10% of adult consumers who received care in SFY 2010. There was a total of 429 military veterans (active, disabled, and discharged) identified in the sample of 23,045, or 1.9% of the sample. If the sample of 23,045 is assumed to be representative of adult consumers in the system of care, approximately 4,365 military veterans were served in SFY 2010.

Table 1. Status of Military Veterans in Sample (N = 23,045)

Status	Frequency	Percent
Civilian	22,616	98.1
Active Duty	4	<.1
Disabled Vet	19	0.1
Discharged	406	1.8
Total N	23,045	100%

¹ Carstens, CA. March 2008. *Analysis of Behavioral Health Database as a Representative Sample*. Archived at: <http://mentalhealth.ohio.gov/assets/research-evaluation/reports/behavioral-health-database-analysis.pdf>

Table 2. Iraq and Afghan Veterans (N = 429)

Status	Frequency	Percent
Iraq	8*	0.018
Afghan	3*	<0.1
All Other Vets	420	97.9

*Two vets in this sample served in both Iraq and Afghanistan.

Table 3. Military Status of Iraqi and Afghani Vets (N = 9)

	Iraq	Afghanistan
Disabled	1	1
Discharged	6	1
Total N	7	2

Table 4. Gender Distribution of Veteran and Civilian Population (N = 23,045)

Gender	Vets	Civilians
Male	82.8	42.3
Female	17.2	57.7
Total N	429	22,616

Table 5. Racial Distribution of Veteran and Civilian Population (N = 23,045)

Race Group	Vets	Civilians
Alaska Native	0	<.1
American Indian	0.5	0.3
Asian	0.2	0.2
Black/African-American	16.6	16.4
Native Hawaiian/Other PI	0.2	0.1
Two or More Races	0	0.1
Unknown	0.5	1.5
White	82.1	81.4
Total N	429	22,616

Table 6. Ethnic Origins of Veteran and Civilian Population (N = 23,045)

Ethnicity	Vets	Civilians
Cuban	0	<.1
Hispanic - Specific Origin Not Specified	0	<.1
Mexican	0.5	0.5
Not of Hispanic Origin	99.1	98.4
Other Specific Hispanic	0	0.7
Puerto Rican	0.2	0.3
Unknown	0.2	0.2
Total N	429	22,616

Table 7. Living Situation of Veteran and Civilian Population at Admission (N = 23,045)

Living Situation	Vets	Civilians
Community Residence	0.9	0.5
Correctional Facility	1.4	1.2
Crisis Care	1.4	0.9
Foster Care	0	0.1
Homeless	8.2	4.5
Hospital	0	<.1
Indep. Living (Own Home)	51.3	52.1
Licensed MR Facility	0	0.1
Nursing Facility	0.9	0.4
Other	2.6	3.5
Other's Home	30.5	34.1
Residential Care	0.7	1.4
Respite Care	0	<.1
State Hospital	0.2	0.2
Temporary Housing	1.6	0.5
Unknown	0.2	0.5
Total N	429	22,616

Table 8. Employment Status of Veteran and Civilian Population at Admission (N = 23,045)

Employment Status	Vets	Civilians
Disabled	20.0	16.1
Engaged in Residential/Hospitalization	0.2	<.1
Full Time Employed	17.9	10.9
Homemaker	3.0	4.7
Inmate of Jail/Prison/Corrections	1.4	1.2
Other not in Labor Force	4.4	6.6
Part Time Employed	8.9	10.0
Retired	2.6	0.7
Sheltered Employment	0.9	0.7
Student	1.2	5.1
Unemployed but Actively Looking for Work	38.0	42.4
Unknown	1.4	1.4
Volunteer Worker	0	<.1
Total N	429	22,616

Table 9. Diagnostic Groups of Veteran and Civilian Population at Admission (N = 23,045)

Diagnostic Group	Vets	Civilians
Schiz & Other Psychotic Disorders	10.3	7.1
Anxiety Disorders	3	7.2
Adjustment Reaction Disorders	19.6	18.4
Major Depression	17.7	22.1
Bipolar Disorders	21.9	12.2
All Other Mood Disorders	14.2	17.1
All Other Diagnoses	7.2	8.1
Missing	6.1	7.5
Total N	429	22,616



Ohio Department of Veterans Services

April 12, 2010

Dear Ohio Veteran:

Thank you for your service to our nation. Your efforts to defend the freedom and dignity of our nation are both honorable and noteworthy. Just as you have provided extraordinary service to all Americans, the Ohio Department of Mental Health, Ohio Department of Veterans Services and the Multiethnic Advocates for Cultural Competence (MACC) are equally committed to providing you and fellow veterans and your families with high quality, relevant mental health services. This is why we are reaching out and asking for your support by participating in an upcoming focus group in your area about the experiences of veterans and families in accessing and using the mental health system in Ohio.

Our three organizations are partnering to implement the "Learning Your Needs" Veteran and Families Needs Assessment project. We need input from veterans like you along with your family members to ensure that mental health services in Ohio are provided in the most appropriate manner to meet your unique needs. Based on feedback from the Veterans Administration and other care systems, we are receiving reports of more reported cases of mental health issues among veterans. Many of you have personally witnessed or experienced issues such as depression, post traumatic stress disorder (PTSD), sleep disorders and other challenges following your military service. We invite you and other adult family members to share your experiences with us in a series of regional focus groups being held in various locations around the state. The attached flyer details the upcoming focus group for your area.

In addition, we invite all veterans and families to participate in a statewide anonymous survey to further share your thoughts. The survey is available online at: http://dvs.ohio.gov/learning_your_needs_survey.aspx. You may also contact our consultants, RAMA Consulting Group, to be sent a hard copy survey at 614-245-0451 or via email at qtaylor@rama-consulting.net

This statewide needs assessment is very important to better understanding how we can modify our systems and make them more accommodating to veterans in our state. Please don't sit back and allow this opportunity to share your thoughts and have your voices heard to slip by. We need your service once again to make our state a great place to live, work, and raise a family.

**Join us at the Learning Your Needs Focus Groups coming to a city near you!
REGISTER TODAY!**

Sincerely,

Bill Hartnett
Ohio Department of Veteran Affairs

Sandra Stephenson, MSW, MA
Ohio Department of Mental Health

Charleta Tavares
Multiethnic Advocates for Cultural Competence



Ohio Department of Mental Health



Multiethnic Advocates for Cultural Competence



Veteran and Family “Learning Your Needs” Survey

PLEASE PRINT LEGIBLY.

TELL US ABOUT YOURSELF

I am a: <input type="checkbox"/> Veteran <input type="checkbox"/> Family Member of Veteran		Marital Status? <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/> Female	
Where do you live? <input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural <input type="checkbox"/> Other (Please Specify)				Number of Children? (i.e. 1, 2, 3)	
Race: <input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American		<input type="checkbox"/> Asian <input type="checkbox"/> More than one race <input type="checkbox"/> White		<input type="checkbox"/> Other /Please Specify:	
Age: <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65-74 <input type="checkbox"/> 75-84 <input type="checkbox"/> 85-over		Please specify which conflict(s) you or your family member were involved in: <input type="checkbox"/> World War II <input type="checkbox"/> Korean War <input type="checkbox"/> Vietnam War <input type="checkbox"/> Invasion of Grenada <input type="checkbox"/> Invasion of Panama <input type="checkbox"/> Gulf War <input type="checkbox"/> Somali Civil War <input type="checkbox"/> Bosnian War <input type="checkbox"/> Kosovo War <input type="checkbox"/> War in Afghanistan <input type="checkbox"/> Iraq War			
I (or my family member) is currently: <input type="checkbox"/> Active Duty <input type="checkbox"/> Reservist/National Guard <input type="checkbox"/> Retired (Honorable/General) <input type="checkbox"/> Retired (Dishonorable)					
Military Branch (yours or your family member's): <input type="checkbox"/> US Army or Reserve <input type="checkbox"/> US Navy or Reserve <input type="checkbox"/> US Air Force or Reserve <input type="checkbox"/> US National Guard or Reserve <input type="checkbox"/> US Marines or Reserve <input type="checkbox"/> US Coast Guard or Reserve					
1. What types of mental health services have you or your family member received (at any point in your life)? (check all that apply) <input type="checkbox"/> None <input type="checkbox"/> AA/NA/OA/Addiction self-help group <input type="checkbox"/> Group therapy <input type="checkbox"/> Marital Therapy <input type="checkbox"/> Professional services for addiction <input type="checkbox"/> Medication (e.g. Prozac) <input type="checkbox"/> Social support group <input type="checkbox"/> Individual therapy <input type="checkbox"/> Hospitalization (Both inpatient or outpatient) <input type="checkbox"/> AA/NA/OA/Addiction self-help group <input type="checkbox"/> Nutritional counseling (dietary changes to improve mental health)					
Other (please specify) 					

2. If you have behavioral health issues, which category(ies) would best describes you or your family member's diagnosis (either self-classified or based on a professional diagnosis)? (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Gender Identity Disorder | <input type="checkbox"/> Depression (i.e. soldier Melancholy) |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Adjustment Disorder | <input type="checkbox"/> Bipolar/Manic Depression |
| <input type="checkbox"/> Sleep Disorder | <input type="checkbox"/> Post Traumatic Stress Disorder | <input type="checkbox"/> Psychotic Disorder/Schizophrenia |
| <input type="checkbox"/> Substance Abuse | | |

Other (please specify)

3. Where do you go to receive behavioral health services? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Veteran's Administration or Military Mental Health Services | <input type="checkbox"/> Private Therapist |
| <input type="checkbox"/> EAP (Employee Assistance Program) Resources | <input type="checkbox"/> Veteran's Center |
| <input type="checkbox"/> Community Based Mental Health Center (i.e. locally run health systems, Public or Private Hospital, etc.) | |

Other (please specify)

4. Please rate your level of personal knowledge about the behavioral health care benefits available to you as a veteran or a family member of a veteran?

- Well informed Somewhat Informed Not Informed at All N/A

5. Based on your experiences and/or those of fellow veterans and family members, how well do behavioral health providers meet the needs of veterans through their service delivery? (If both family and vet has received services, rate overall experience of both. Explain below, where necessary.)

- Excellent Good Fair Poor Don't Know

Comment:

6. What "techniques" have you used to maintain or improve your behavioral health?

- | | | |
|--|--|---|
| <input type="checkbox"/> Prescribed Medication | <input type="checkbox"/> Journaling | <input type="checkbox"/> Alternative/Spiritual remedies (New Age) |
| <input type="checkbox"/> Self-Medication | <input type="checkbox"/> Exercise | <input type="checkbox"/> Herbal supplements |
| <input type="checkbox"/> Vitamins or supplements | <input type="checkbox"/> Diet | <input type="checkbox"/> Substance Abuse (Alcohol or Drugs) |
| <input type="checkbox"/> Therapy | <input type="checkbox"/> Prayer/Meditation | |

Other (please specify)

7. Do you have health insurance that covers behavioral health services?

- Yes, my health insurance covers mental health services
 No, my health insurance excludes mental health services
 I don't know
 I don't have insurance

Other (please specify)

8. Type of Insurance:

- | | | | |
|---------------------------------------|-----------------------------------|--|--|
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Tri-Care | <input type="checkbox"/> Tri-Care for Life | <input type="checkbox"/> Private Insurance |
| <input type="checkbox"/> VA Insurance | <input type="checkbox"/> Medicaid | | |

Other (please specify)

9. If your insurance does cover behavioral health services, are there restrictions about where you can go to receive care?

Yes No Not Applicable

10. Please specify where your insurance/coverage restrictions you to receive services (i.e. certain private practices, the VA, specific agencies, etc.)

11. Are there any other barriers that prevent you or your family from accessing Mental Health Services?

12. Is there anything else you would like to tell us about how the behavioral health system in Ohio can better accommodate veterans and their families?

13. I would like to be contacted about participating in a Veteran or Family Member focus group in my region of the state:

Yes No

If Yes, (Provide Email or Phone Number)

CONCLUSION

Thank you for your honest input through this survey! We look forward to addressing these pertinent issues to enhance the mental health system in Ohio. After you click "Done" below you will be redirected to the Multiethnic Advocates for Cultural Competence (MACC) website.

For more information or to receive this survey in hard copy or to mail in your copies, please contact our consultants at:

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Caveats about Agency

RAMA Consulting Group has been careful in collecting, aggregating, analyzing, and presenting data from a variety of sources to prepare the report: “Cultural Competence in Mental Health: An Overview of Needs in Ohio.” Although RAMA has judged its data sources to be reliable, it was not possible to authenticate all data. If readers of the report discover data errors or typographical errors RAMA (and MACC) welcomes this feedback and will incorporate corrections into future updates of the report.



Ted Strickland, Governor
Sandra Stephenson, Director

Funding support from the Ohio Department of Mental Health
Sandra S. Stephenson, Director