

Effective Outreach and Engagement Strategies for Service Members, Veterans, and their Families

Aug 20 Webinar: View webinar: <https://goto.webcasts.com/viewer/event.jsp?ei=1040498>

Outreach → Where they are: Work, worship, live.

- Keep in mind who we are targeting specifically. What era of veteran? Vietnam? What branch? National Guard?
- We need to make it easy for them to find you as a resource.
- Contact them where they are.
- Partner with service providers vets and their families' access.
- Use social media. Where are they accessing social media?
- Use bathrooms as a way to market and advertise your services.
- Sporting events can be used to get your message out.

Engagement → Rapport and forming a trusting, individual level relationship

- Establish a welcoming, appealing, competent level of (programmatic) services that meet their needs.
- Establish policies, structures, and culture that is necessary for supporting resilience and recovery (systems level).

Barriers to seeking mental health care (primarily attitudes and beliefs/stigma):

- Seeking care could harm my spouse's career
- I could be denied a security clearance
- Co-workers/members of my unit would have less confidence in me if they found out
- My leadership might treat me differently
- I would be seen as weak
- Seeking care is the antithesis of the Warrior Creed
- Meds have too many side effects
- Attitude/belief that I can handle this myself
- Attitude/belief that others are worse off than self
- Difficulty getting time off of work to seek and get care
- Distance (biggest common barrier). Access to care is hard when vets and family members do not have transportation resources needed to establish and maintain care. Many vets live in rural communities. Mental health resources are often not located in rural areas and vets must travel to urban communities to seek care. Distance to accessing care is the strongest predictor of poor mental health/medical treatment. 60M Americans live in rural location. 9% of physicians practice there in rural areas.
- Perceived barriers outweigh benefits of seeking care

Provider Perspectives – Keep in mind

- Understanding military culture is key
- Navigating the military system is a challenge
- Hiring peers and financing services is key
- Outreach and Engagement is everyone’s responsibility
- Local planning matters
- Vets, family members, and community leaders are our best allies
- Staff need the appropriate training
 - Military orientation
 - Intro into military culture
 - Military rank structure
 - Branches of service: missions, structure and core values
 - Active vs. reserve component
 - Demographic challenges

Keys to successful engagement

- Treating the whole person and coordinating related services
- Hiring peers with military experience
- Increasing access to care – minimize wait times and establish welcoming waiting rooms
- Embracing evidence based practices
- Building a personal connection with the client/relationship building

Resources

- Veterans Health Administration
- National Call Centers: crisis line, caregiver support line, combat call center
- Online outreach: <http://maketheconnection.org/> , National Center for PTSD <http://www.ptsd.va.gov/> , Mental Health at <http://www.mentalhealth.va.gov/>

VA

- Many vets enroll in VA, but still reluctant to seek care.
- Stigma attached to mental health issues
- Service members have strength and self-reliance: in the face of challenges, they are reluctant to reach out
- Share experiences only with other combat vets
- Want to make their own decision – resist decisions of family and friends made on their behalf
- Family and friends can become concerned, demanding, and afraid to say something

Coaching into Care – VA initiative: <http://www.mirecc.va.gov/coaching/>

- Focus on recently returned vets not in mental health care or those who have dropped out of care or those who resist returning to care
- Free service
- Take calls directly from vets
- One call center from three locations with responders and coaches. Some are BA level psychology technicians. Coaches are made up of social workers with a background in psychology.
- Answer initial calls – Not phone therapy, but help people get into care.
- Provide resources
- May provide brief coaching
- Calls are between 5-50minutes (initial call time) and 20-30 minutes (average call time)
- Call/contact volume 2010 = 11,370 (including e-mails) into Coaching into Care center. There has been an increase in call volume since 2011. Top reason for the increase is the psychosocial, behavioral, mental health, and substance abuse involved.
- Suggest resources and a follow-up call
- Hours 8am-8pm EST, Monday – Friday.
- Call in number and after hours e-mail
- Coaching
 - Caller = client
 - Coach helps clarify the goals of the caller
 - Emphasizes free choice of vet
 - Encourages caller with supportive communication
 - Helps caller solve logistical problems
- Who calls in?
 - 15% vets
 - 28% spouse or partners
 - 81% female callers – mostly spouses and family members
 - 19% male callers
- Access to care Issues
 - Vets who don't qualify for VA services
 - Try to coordinate with municipal and veteran state affairs to see what is needed and what is provided (depends on discharge status)

Mental Health First Aid: <http://www.mentalhealthfirstaid.org/cs/>

- Identify and respond to someone who is in crisis or developing a mental illness.
- Designed to provide the help needed to get people care
- 8 hour training, evidence based program

Course Online – to obtain a “Serving Our Veterans Behavioral Health Certificate”:

<http://vets.academy.reliaslearning.com/>

Green Zone Initiative (out of Nevada): http://www.veterans.nv.gov/GZI_Channel_2.html

- Veterans outreach and services coordinated in Nevada
- In support of suicide reduction efforts
- State-wide strategic planning initiative designed to improve services in Nevada to service members
- State-wide infrastructure that includes
 - Interagency council on veterans affairs
 - Local vet communication councils
 - Specific focus on area efforts
 - Online social networking platform
- Assumptions
 - The Sea of Goodwill (Whitepaper):
http://www.jcs.mil/Portals/36/Documents/WarriorFamilySupport/SOGW_donor_to_ne_ed.pdf
 - Veterans as Assets
 - Evolving, grassroots solutions required...
- Pillars of GZI:
 - Policy Development (easiest)
 - Service provider coordination
 - Establish partnerships by joining community forces
 - Communication with vets (hardest)
 - Conduct constant outreach
 - Attend job fairs
 - Grow partnership
- Engagement
 - GZ Networking → builds on success of student veterans advisory council by conducting leadership events → Arts and Ideas Festival. Plan and service events and community clean-ups.
 - Host engagement events: GZ Breakfast
 - Rotary Club Model
 - Changing the Narrative
 - Taking Responsibility
 - Supporting each other
- Success
 - Injecting “veterans” into every policy service provision conversation

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The webinar archive entitled, “Effective Outreach and Engagement Strategies for Service Members, Veterans, and their Families,” is now available for viewing. Sponsored by SAMHSA’s Service Members, Veterans, and their Families (SMVF) Technical Assistance Center, the webinar presenters discussed outreach and engagement strategies for SMVF, as well as methods for implementation.

Links discussed on the webinar include:

U.S. Department of Veterans Affairs, Mental Health Resources: <http://www.mentalhealth.va.gov/>

Center for Deployment Psychology workforce training resources: <http://www.deploymentpsych.org/>

SAMHSA GAINS Center, Behavioral Health and Justice Transformation resources:

<http://gainscenter.samhsa.gov/>

Green Zone Initiative Environmental Scan, Business case, Finance report, and Action Plan:

http://veterans.nv.gov/GZI_Information_Downloads.html

Please note that the link for **Make the Connection** should be www.maketheconnection.net and has been corrected in the slide presentation.

For more information:

<http://smvftcenter.prainc.com/content/effective%20outreach%20and%20engagement%20strategies%20service%20members%20veterans%20and%20their%20families>