OREGON VETERANS’
Behavioral Health Services Improvement Study: Needs Assessment & Recommendations Report

Executive Summary
Acknowledgments

June 2019
This report was produced by the Rede Group for the Oregon Health Authority and the Oregon Department of Veterans’ Affairs. Thanks also to the United States Veterans Health Administration and all the health care providers who contributed invaluable information on current practices and data.

Submitted by:
Jill Hutson
Alex Muvua
Emily Drum, MPH
Erin Charpentier, MFA
Kate Marsi, MSW, MPH
Stephanie Young-Peterson, MPH
Robb Hutson, MA

In collaboration with:
Bonnie Gee Yosick, LLC
ELE Consulting, LLC

Acknowledgments:
We gratefully recognize the contributions of these collaborators on this report:

Jill Hutson
Alex Muvua
Emily Drum, MPH
Erin Charpentier, MFA
Kate Marsi, MSW, MPH
Stephanie Young-Peterson, MPH
Robb Hutson, MA

Bonnie Gee Yosick, MBA
Eric Einspruch, PhD

Sheronne Blasi, MPA
Royce Bowlin, MS
David Greaves, PhD
Holly Heiberg, MPP
Michael Morris, MA
Jeff Scroggin
Laurie Skillman, JD
Mitch Sparks
Emily Watson, MPA

This document can be provided upon request in alternative formats for individuals with disabilities or in a language other than English for people with limited English skills. To request this publication in another format or language, contact us at 503-378-3486, email dhsalt@state.or.us or 711 for TTY.
Over the course of this project, 4,659 veterans gave their time and energy to inform this study. They completed surveys, shared their experiences in interviews, participated in photo shoots, and met for focus groups. They shared personal stories of illness, stigma, treatment, health, and recovery. Most of all, they shared their hope—hope for a better behavioral health system for themselves and for all the veterans who will follow them home.

We are profoundly grateful to each one of these individuals for their contributions to this study.
Underscoring the state’s commitment to supporting the 10% of Oregon adults who have served in the U.S. military, the 79th Oregon Legislative Assembly prioritized the behavioral health of Oregon veterans by charging the Oregon Health Authority (OHA) and the Oregon Department of Veterans’ Affairs (ODVA) to identify and fund programs and services that improve their behavioral health outcomes. In response, OHA commissioned this report to assess veterans’ access to adequate and appropriate behavioral health services across the state.

The key findings in this study are derived from research conducted through literature review; analysis of national and state datasets; structured interviews with Veterans Health Administration (VHA) and non-VHA providers and local and national Tribal representatives; and a statewide online questionnaire survey and focus groups with Oregon veterans. These findings highlight the unique issues Oregon veterans face in accessing behavioral health care, dispel some perceptions about veterans’ behavioral health while reinforcing others, and illustrate the ways in which the current behavioral health system impacts veterans and the providers who serve them.
EXECUTIVE SUMMARY

KEY FINDINGS & RECOMMENDATIONS

The findings and recommendations below are condensed from the final findings and recommendations of this report. Please refer to the full report for the complete findings and recommendations in detail.

Veterans’ role in designing systems improvements

FINDINGS
- Oregon veterans exhibit a strong desire to achieve behavioral health and wellness. However, the efforts of some are stymied by issues comprising two main categories: access and quality of care
- Veterans express a strong desire to improve behavioral health conditions for future veterans

RECOMMENDATIONS
1. By October 2019, OHA should present this report to veterans and key stakeholders at 15-25 small, community-based meetings throughout Oregon to share report findings and provide a forum for local-level problem solving
2. By June 2020, OHA should develop a mechanism to fund innovative, cross-sector, community-level projects that are designed to bridge gaps in services found in this report
3. By June 2020, ODVA and OHA should establish a veterans’ behavioral health commission which is chaired by a veteran and whose membership comprises at least 75% veterans, with representation from rural, women, Tribal, and LGBTQI veterans

Consistent and sustainable coordinated access

FINDINGS
- Oregon currently does not have an adequate number of providers to support the behavioral health needs of the state’s veterans
- Veterans who receive care through the VHA report slightly higher levels of satisfaction with services than those who receive care through other means
- Some veterans’ trust in VHA behavioral health services has been undermined by the perception of a one-size-fits-all approach with an overreliance on pharmacological therapies, inability to choose their own providers, frustration with navigating logistics, and disappointment with previous VHA care experiences

RECOMMENDATIONS
4. OHA should continue to develop strong relationships with regional VA providers throughout VISN 20
5. OHA, ODVA, and Portland VA Health Care System should collaborate to develop a comprehensive state- and federally-funded program to address veterans’ needs through transition back to civilian life

6. Cross-agency collaboration among OHA, ODVA, and VA Health Care Systems in Oregon should drive increase of state and federal agency coordination across behavioral health systems

Outreach to improve access

FINDINGS

• Stigma around mental health and substance use is a major barrier to seeking behavioral health care for veterans. Stigma is embedded in military culture and communities-at-large and can be targeted at specific subgroups of veterans whose access to services may already be impacted by fear or discomfort in seeking services (e.g., women veterans, LGBTQI veterans)

RECOMMENDATIONS

7. OHA, ODVA, and the VA Health Care Systems in Oregon should collaborate to develop a cohesive, well-researched, and targeted education and outreach effort to destigmatize behavioral health issues and treatment using market tested, culturally-specific messages promoting care-seeking and demonstrating that Oregon is making veterans’ behavioral health care a priority. Minimally the outreach effort should include:

• Provider education
• Mass communication with formative research testing
• Programs highlighting and directing veterans to existing services
• Outreach to community groups

As a component of this effort, OHA and ODVA should collaborate on a one-stop website that provides veterans and their families with basic navigational support

Quality of care

FINDINGS

• Both veterans and providers identify peer relationships as an essential aspect of behavioral health services
• Coordinated Care Organizations (CCOs) and Community Mental Health Programs (CMHPs) provide important services that could benefit veterans but report concerns about the level and quality of care available to veterans
EXECUTIVE SUMMARY

KEY FINDINGS & RECOMMENDATIONS

RECOMMENDATIONS

8. OHA should continue to develop and fund quality peer support models across the state and prioritize expanding culturally competent peer support for specific populations (e.g., rural, Tribal, combat, aged 34-and-under)

9. OHA should work with CCOs and CMHPs to collect veteran status data in Electronic Health Records and encourage and support CCOs in developing quality improvement strategies for veterans’ behavioral health services

Cultural competency

FINDINGS

- Tribal representatives report a need for cultural competency in services, with an emphasis on a preference for traditional healing modalities and peer support as the most important factors in care-seeking behavior for Tribal veterans
- Variances exist in the specific needs and expectations of subgroups of veterans (e.g., age, gender, LGBTQI identity, etc.) that impact how those veterans seek care
- Some women veterans report that they are met with bias affecting their care when interfacing with VA Health Care facilities

RECOMMENDATIONS

10. The VHA and Vet Centers should promulgate plans to build capacity for cultural competency practices with measurable objectives that address the unique needs of groups of veterans

Provider outreach

FINDINGS

- The availability of publicly-funded non-VHA providers who are trained in the knowledge and skills to screen for and/or treat concerns specific to veterans and their families is limited, particularly in rural areas

RECOMMENDATIONS

11. OHA and ODVA should collaborate to increase the number of non-VHA providers with training in military or veterans’ behavioral health issues to improve veterans’ access to providers with the skills to identify their needs and to provide military trauma informed services
12. OHA should conduct a review of evidence-based programs, such as the Star Behavioral Health Providers training, to offer providers a menu of programs that will provide them with the tools to provide culturally relevant care to individuals with military posttraumatic stress disorder (PTSD), traumatic brain injury, and military sexual trauma.

Data and research

FINDINGS

- Some veterans’ behavioral health outcomes, when compared to those of non-veterans, are counterintuitive when considered in light of differences (or lack thereof) in behavioral health characteristics between the two groups. For example:
  - Veterans are less likely than non-veterans to report they have been told they have depression but more likely to die by suicide
  - Veterans and non-veterans have similar tobacco and alcohol use, but veterans are more likely to die in opioid-affiliated occurrences
- Publicly funded non-VHA providers do not have comprehensive systems in place to identify veterans, a significant gap in access to quality data that impacts the state’s ability to evaluate improvements in behavioral health systems
- More research into behavioral health conditions and treatments for veterans with other-than-honorable discharge (OTH) status is necessary in order to adequately serve this group
- VHA providers report administrative and other challenges with the purchased and referred care systems. Providers at individual VHA facilities also report they are unable to provide some services that are considered essential to best practices for veterans’ behavioral health care

RECOMMENDATIONS

13. OHA should further investigate age-specific trends in substance use and other suicide and opioid mortality risk factors, specifically in veterans aged 34 and younger. OHA should continue to monitor veterans aged 75 and older

14. OHA should establish data systems to routinely gather veteran status, health status, behavioral health, and health care information about Oregon’s veterans, with particular attention paid to those at greater risk due to social determinants of health
15. The VA should establish a method for monitoring the effects of changes in purchased and referred care such as the Veterans Choice Program. Areas of inquiry should include an analysis of whether or not administrative issues present a barrier to non-VHA providers who may otherwise be qualified or interested in serving veterans.

Special considerations: Suicide

FINDINGS
- Veterans aged 18-34 are at the highest risk for suicide in Oregon and are more vulnerable the more recently they have been discharged from service.

RECOMMENDATIONS
16. OHA and ODVA should continue efforts to improve and coordinate suicide prevention programs specific to the veteran population pursuant to current strategic initiative articulated in:
   - VA's National Strategy for Preventing Veteran Suicide
   - Oregon Public Health State Health Improvement Plan

17. Recognizing the critical role of innovation in problem solving and systems change, OHA, ODVA, and the VA Health Care Systems in Oregon are encouraged to seek out and embrace promising innovative practices. OHA and ODVA could, for example, collaborate to develop artist-in-residence programs with the intention of decreasing suicide risk by exploring creative solutions to welcome returning veterans home and assist their transition back into their communities.

Special considerations: Military sexual trauma

FINDINGS
- Veterans’ capacity for care-seeking is impacted by both a military culture of behavioral health stigma and the effects of trauma. In older female veterans especially, the effects of long-held trauma and related secrecy are compounded. Female veterans with military sexual trauma report discomfort or fear at VHA facilities, and providers report a need for more community-based, gender-specific care options.
- Both male and female veterans experience military sexual trauma, however, a high percentage (at least 50%) of female veterans in Oregon have experienced military sexual trauma. There are no inpatient military sexual trauma treatment programs within the state, and female veterans report in greater proportion than male veterans feeling that they have needed behavioral health services and did not receive them.
Executive Summary

KEY FINDINGS & RECOMMENDATIONS

RECOMMENDATIONS
18. OHA, ODVA, and VA Health Care Systems in Oregon should improve access to treatment for military sexual trauma by reconfiguring clinical spaces and intake processes, increasing the number of providers who are specially trained to identify and treat military sexual trauma, and conducting a cost analysis study for establishing an inpatient option in Oregon. Residential options must provide separate sleeping areas for men and women.

Special considerations: Housing

FINDINGS
- Key informants from the VHA, CMHPs, and CCOs interviewed for this report identified housing insecurity and homelessness as a serious challenge in providing care to veterans.
- The stability, quality, safety, and affordability of housing affects health outcomes at the individual and population levels.

RECOMMENDATIONS
19. Like all social determinants of health, housing must be a consideration in efforts to improve behavioral health outcomes. ODVA, OHA, and the VA Health Care Systems in Oregon all support or provide resources and information for veterans experiencing homelessness; in addition, OHA should continue efforts (building on current work with CCOs) to prevent housing insecurity and homelessness, systemically.