

# Oregon Veterans' Behavioral Health Services Improvement Study

The findings below are condensed. Please refer to the full report for the complete recommendations.

## Veterans' role in designing systems improvements

- 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

## Consistent and sustainable coordinated access

- 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

## Outreach to improve access

- 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)

## Quality of care

- 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

# KEY FINDINGS

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### Cultural competency

- 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

### Provider outreach

- 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

### Data and research

- 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

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## Special considerations: Suicide

- 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

## Special considerations: Military sexual trauma

- 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

## Special considerations: Housing

- 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

KEY FINDINGS

# ACRONYM LIST

## DATASETS

<b>APAC</b>	All Payer All Claims
<b>BRFSS</b>	Behavioral Risk Factor Surveillance System
<b>MOTS</b>	Measures and Outcomes Tracking System
<b>NSDUH</b>	National Survey on Drug Use and Health
<b>OVSAR</b>	Oregon Vital Statistics Annual Reports
<b>CPMS</b>	Client Process Monitoring System
<b>TEDS</b>	Treatment Episode Data Sets

## DIAGNOSES & TREATMENTS

<b>CPT</b>	Cognitive Processing Therapy
<b>DBT</b>	Dialectical Behavior Therapy
<b>EMDR</b>	Eye Movement Desensitization and Reprocessing
<b>MST</b>	Military Sexual Trauma
<b>PTSD</b>	Posttraumatic Stress Disorder
<b>SUD</b>	Substance Use Disorder
<b>TBI</b>	Traumatic Brain Injury

## HEALTH CARE FACILITIES & PROGRAMS

<b>CBOC</b>	Community-Based Outpatient Clinic
<b>CCBHC</b>	Certified Community Behavioral Health Clinic
<b>CMHP</b>	Community Mental Health Program
<b>SBHP</b>	Star Behavioral Health Provider
<b>VCP</b>	Veterans Choice Program

## ORGANIZATIONS

<b>CCO</b>	Coordinated Care Organization
<b>CDC</b>	Centers for Disease Control and Prevention
<b>DoD</b>	Department of Defense
<b>ODVA</b>	Oregon Department of Veterans' Affairs
<b>OHA</b>	Oregon Health Authority
<b>SAMHSA</b>	Substance Abuse and Mental Health Services Administration
<b>VISN</b>	Veterans Integrated Service Network
<b>VA</b>	U.S. Department of Veterans Affairs
<b>VHA</b>	Veterans Health Administration

## MISCELLANEOUS

<b>LGBTQI</b>	Lesbian/Gay/Bisexual/Transgender/Queer/Intersex
<b>OTH</b>	Other-Than-Honorable [discharge status]
<b>PTE</b>	Potentially Traumatic Event