

**Voices Together: Exploring
Priority Needs and Solutions
for Change in Veterans
Reintegration
Perspectives from veterans,
families and service providers
within the Greater Rochester
Community**

November, 2008

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SUMMARY

The challenges facing the servicemen and women of our military are complex and personal. Nearly one in three veterans returning from Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) experiences serious psychological injury including anxiety, depression, and Post Traumatic Stress Disorder (PTSD). Families are also affected, particularly as members of the National Guard and Reserve are being called away from their families and civilian jobs in record numbers, often for multiple deployments. Despite the public's awareness of the OEF/OIF wars, the challenges facing our veterans and their family members are often invisible to local communities, employers, and service providers, making a bad situation worse.

The Veterans Outreach Center, Inc. (VOC) engaged the Center for Governmental Research Inc. (CGR) in a study of veterans' reintegration needs upon returning to their communities in the Greater Rochester/Finger Lakes region from Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). CGR collected data from stakeholders including veterans, family members, and service providers.

During the month of September 2008, CGR, in collaboration with VOC staff, conducted a series of summits called *Voices Together*. These summits were large focus groups, with a total of more than 140 veterans, family members and service providers participating in three all-day sessions. *Voices Together* engaged stakeholders in creating a roadmap for improving reintegration policies and services at both the policy and local levels. These summits enabled stakeholders to hear various and differing

perspectives, while working together to craft needed solutions for change. Veterans, family members and service providers shared many ideas, struggles and hopes for improved reintegration from service deployment back into their respective communities. The summits were excellent vehicles for data collection on the needs of stakeholders during and leading up to reintegration.

Any future funding effort should use the perspectives from summit participants as a “road map” for more specific inquiry, and/or for improving reintegration for veterans and family members. The resulting information, outlined in this report, presents both individual and group consensus around the perceived gaps in services and priorities for improvement. These findings do not present a statistically significant count of the needs, nor a formal asset map of what exists. What they do provide is insight into local needs, local gaps and barriers, and possible local solutions. The report also provides perspectives on larger “top down” needs that could be addressed by federal, state and county governments and/or the military.

Through the summit events, agencies and individuals connected and offered to share or create new resources for each other. As such, both the process itself and the data gathered, provide a powerful foundation to formulate the “plan of attack” for any reintegration improvement initiatives. Along with data regarding reintegration needs, the other ‘as yet invisible’ outcome of the summit sessions is the networking, increased awareness, and improved education for all stakeholders regarding reintegration issues, and available services.

The full *Voices Together* report highlights the method for data collection and analysis, and the needs assessment findings among all three stakeholder groups, and across all three summits.

CGR identified six areas of need across the three summits, all of which include high priority themes and perspectives discussed through our qualitative research. In response to these key priorities, there are suggested actions for VOC in going forward. These areas of need, key priorities and suggested actions have been categorized and summarized in the following chart. These issues are expanded upon in the full report document.

Summary of Findings Chart

SUMMARY OF FINDINGS: Areas of Need, Key Priorities and Suggestions for Action		
AREAS OF NEED	KEY PRIORITIES	SUGGESTIONS FOR ACTION (VOC)
Access to a Coordinated and Comprehensive Network of Services	<p>The number one priority need for stakeholders is a coordinated, comprehensive care network for veterans and family. It must be:</p> <ul style="list-style-type: none"> • local (or locally accessed). • easily navigated. • holistic and comprehensive. • well-publicized and connected. 	<ul style="list-style-type: none"> • Seek grant funding for creation and maintenance of comprehensive local service guide. • Set up local advisory board with stakeholders who are responsible for oversight and dissemination of local services. • Provide structured and scheduled opportunities for resource sharing. • Create a local veteran service network with new funding through advocacy at State and Federal levels. • Support local efforts to create a "one-stop-shop" or umbrella organization.
Increased Support for Family and Children	<p>Stakeholders need more services targeting family, and specifically children. They want:</p> <ul style="list-style-type: none"> • community-based opportunities. • increased knowledge of issues and resources. • services and information beginning at deployment and continuing post-reintegration. 	<ul style="list-style-type: none"> • Advocate for mandated family participation in programs during deployment and reintegration. • Educate service providers on family needs. • Build understanding of military culture in service programs. • Increase outreach toward military families. • Foster innovative programs for supporting children which incorporate alternative therapies and technology and reach kids where they are (schools, online, etc.).
Military Commitment: Policy and Culture Changes to Improve Reintegration	<p>Stakeholders are willing to work at local level, but feel that there also needs to be a top-down recognition of the problems and solutions. They see a need for military policies and culture to change to be responsive to new realities.</p>	<ul style="list-style-type: none"> • Advocate at the state and federal level for policy change to provide increased reintegration support. • Connect veterans, family members and service providers with military leaders to discuss change.
Strengthened Transition Planning and Reintegration Education	<p>Stakeholders agree that information and support are needed during deployment, prior to separation and throughout reintegration. Structure should:</p> <ul style="list-style-type: none"> • Start before the veteran returns home. • Educate service members and family members. • Make transition planning mandatory. • Connect families and veterans with local providers. • Include continuing education opportunities for service providers. 	<ul style="list-style-type: none"> • Seek grant funding for increased research on the creation of a comprehensive resource guide for veterans and families to be distributed at separation of service. • Direct funding towards networking service providers and CBOs for increasing access and knowledge of services. • Develop educational seminars to build knowledge in community of service providers. • Increase direct outreach to families. • Develop a pilot program for families during deployment to better prepare for future reintegration.
Raised Community Awareness and Education	<p>Family members and veterans feel isolated by the general public's lack of understanding and awareness. Schools, employers, social networks and religious organizations can be supportive resources if educated.</p>	<ul style="list-style-type: none"> • Wage a mass media publicity campaign to raise awareness of these issues within the community. • Encourage family members and service members to speak out and create opportunities to do so. • Encourage local community to learn more. • Provide educational materials to community at local events.
Peer Support for Veterans	<p>Veterans look to other veterans for support, and this trust is a critical factor in veterans accessing care. Veterans are more likely to engage in a service if it is provided by another vet, or if they are encouraged by another vet. This has ramifications for recruitment of service/outreach providers. This concept of "taking one to know one" also affects family support services.</p>	<ul style="list-style-type: none"> • Create a reintegration Buddy System. • Act as a liaison between veterans and service providers to increase recruitment of veterans into open positions. • Advocate at the state and/or federal level for a new case manager position - to be filled by a veteran - to assist with demobilization and reintegration. • Explore possibilities for using technology to allow veterans a secure anonymous space for discussing needs.

The *Voices Together* summits were highly successful at collecting perspectives and viewpoints from stakeholders to determine priority needs and suggested actions for change. At each summit, veterans and family members were also asked to fill out a short survey of service needs, and this is detailed in Appendix B. Results of these qualitative and quantitative findings are described in detail in the full report. In addition to the data, the summits also provided a rare opportunity for stakeholders to hear various perspectives on reintegration, and to create and process solutions together as a community.

Given the importance of the process as well as the information collected, the report details both. CGR describes the methodology and data collection, the data analysis and findings as well as the shared priorities and suggestions for action identified. The data itself is presented in three Appendices. Appendix A includes data from the summits in interpreted and raw form. Appendix B provides the survey results, and Appendix C is a list of service provider participants.

Acknowledgements

The staff at CGR respectfully acknowledges the servicemen, servicewomen and families who dedicate their lives to military service for our country. We also recognize the contribution of the people who support military families in the role of service provider. Over 140 of these service members, veterans, family members, service providers and elected officials gave a full day of their valuable time to attend our summits and share their perspectives. Without them, this needs assessment and preliminary action plan for the Veterans Outreach Center would not have been possible.

It was a privilege to use our skills to help this august group express their needs and solutions.

CGR is appreciative of the leadership and program team at the New York State Health Foundation for both its decision to support veterans' reintegration at this crucial time of need, and for the grant funding it has provided to The Veterans' Outreach Center, Incorporated (VOC) to undertake this research endeavor.

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CGR Staff Team

The Project Director is listed on the cover page, but the success of this study, and the production of this report, is primarily due to the efforts of the following CGR staff:

Angela DiNisco and Kirstin Pryor – Project Managers

Responsible for project design, research design, client management, design and facilitation of summits, data analysis and report writing.

Bethany Welch – Research Manager

Responsible for survey design and research integrity.

Sara Abrams – Research Associate

Responsible for quantitative survey analysis and write-up.

Meredith Mabe, Ann Miller, and Samson Osoro - Research Assistants

Responsible for compiling and organizing research data.

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VOICES TOGETHER: PROJECT OVERVIEW

In February 2008, the Veterans Outreach Center, Inc. (VOC) engaged the Center for Governmental Research Inc. (CGR) in a study of veterans' reintegration needs upon returning to their communities in the Greater Rochester/Finger Lakes region from Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). VOC expected to reach a number of reintegration objectives through this needs assessment, in addition to attaining the following expected outcomes from their May – December 2008 New York State Health Foundation grant work-plan, including:

- Increased awareness among community stakeholders of the issues that veterans, recently separated service members, and their families face;
- Increased awareness among stakeholders of the gaps in services that impede or prevent veterans, recently-separated service members and their family members from obtaining the care they need;
- Increased awareness among veterans and recently-separated service members of the health and human service resources and community services available to ensure their readjustment to civilian life.

To collect information on priority needs, while also fostering increased awareness and collaboration between stakeholders, CGR partnered with VOC staff to develop a program called *Voices Together*. This program included three large focus groups, or summits. The focus groups were held at Crosswinds Wesleyan Church in Canandaigua, Ontario County; Nazareth College in Rochester, Monroe County; and Genesee Community College in Batavia, Genesee County. They are referred to in the report as Canandaigua, Nazareth and Genesee.

In total, over 140 stakeholders concerned about reintegration issues participated. Participants included veterans, recently-separated service members, family members and service providers. Together, these stakeholders prioritized their needs and crafted solution strategies for strengthening reintegration policies and services.

Based upon a set protocol, these focus groups were designed to elicit viewpoints and identify priorities about the overall:

- Current functioning of the reintegration system;
- Key strengths of the system;
- Suggestions for improvement;

- Resources needed for a more effective system; and
- Action plans for change.

METHODOLOGY

CGR chose a mixed-method research approach to this study.

In order to best collect information on priority needs, while also fostering increased awareness and collaboration between stakeholders, CGR conducted three large focus groups, or summits, for the *Voices Together* program. Summit participants included veterans, family members and service providers together. All participants were considered stakeholders of the reintegration system—and all were volunteers.

The *Voices Together* summits were held in different locations throughout the Greater Rochester/Finger Lake region with 140 stakeholders participating in total. Participants included recently-separated service members, VA executives, NYS Department of Veterans Affairs executives, family members of recently-separated service members, concerned veterans, healthcare providers, alternative therapy service providers, mental health care experts, education specialists, employment specialists, elected officials and community members. A full list of participating service provider agencies is available as an appendix to this report (Appendix C). Names of family members and veterans are not listed to protect the confidentiality of their responses.

This summit method was custom designed for VOC by CGR, based upon the qualitative research approach known as Appreciative Inquiry (AI). AI can be used for many purposes, including facilitation of large-scale systems change. AI is an action-learning approach used in organizational development and community change initiatives around the world.

The general tenets of this approach suggest that by sharing knowledge and personal experiences, new paradigms can be created among diverse stakeholders. As a result of the process, the collective “voice” of the participating stakeholders can build new collaborative foundations for future action. In this case, stakeholders were coming together to use their varied perspectives to provide information about and offer suggestions for:

- The strengths and weaknesses of the current system of reintegration;
- Resources needed for a more effective system;
- Proposed action plans to strengthen reintegration in the Greater Rochester/Finger Lakes region.

Each focus group or summit followed the same method as described in detail below.

Interviews: Sharing Knowledge and Stories

Early in each program, stakeholders paired off and interviewed each other using an interview guide provided by CGR. The interview guide asked questions in five areas, as each interviewee was asked to describe:

- ◆ A best experience in their life;
- ◆ What they value most in their life;
- ◆ An experience with exemplary service;
- ◆ One strength of the current reintegration system; and
- ◆ Three wishes for an improved reintegration system.

Pairs took turns interviewing each other. When finished, each pair found two other sets of partners to form a table group of six. In the small group, each person described the highlights of their interview to the small group so that each group member had an understanding of each person's values, and ideas for reintegration.

CGR collected interview notes from each participant.

Brainstorming Shared Values: Creating Theme Statements

Next, the group brainstormed the themes they heard from the shared interviews—highlighting the commonality among participants, shared beliefs, knowledge, ideas, and hopes for the future.

Each group narrowed this list to two themes on which they would focus. The small group then shaped their themes into sentence form in present tense. For example, one group heard its various group members mention the importance of community support in reintegration, and therefore they brainstormed 'community' as a theme. After discussion the theme became: "The local community is fully aware of the issues facing veterans and families upon reintegration." All groups hung their two theme statements on the walls around the room for the entire group to read.

Facilitators combined statements that were duplicative. CGR collected both the entire lists of brainstormed themes as well as the theme statements from each group.

Needs Assessment and Prioritizing

Each summit participant was then asked to individually rate every statement on the wall using these two Likert scales to respond:

- How important is this statement to you?

Not very important 1 2 3 4 5 **Very Important**

- To what extent does this statement currently exist?

Very Little Extent 1 2 3 4 5 **Very Great Extent**

Participants were given different color dots for rating, depending on their self-identification as a veteran of OEF/OIF, a service provider or a family member of a veteran of OEF/OIF.

After rating all statements, each participant was given another set of coded stickers and asked to identify:

- His/her TOP 3 priorities out of all the theme statements.

This exercise yielded an immediate visual “gap analysis” as the participants could see the group perspective on both needs and existence of each theme.

CGR collected all of these data at the end of the exercise.

Action Steps – Plans for Change

The final segment of the program enlisted the collective knowledge of stakeholders to craft strategies for improving reintegration going forward. Participants were asked to flesh out themes in greater detail. For each theme, participants were asked to determine:

- ◆ What resources currently exist for this theme?
- ◆ What resources are needed for this theme to exist all the time?
- ◆ What action steps are required to help this theme exist?
- ◆ Who needs to take these action steps?

When finished, participants posted their information on the walls around the room, for others to see and respond. CGR collected these data.

Survey

During each summit, participants were also asked to fill out a short convenience sample survey. Analysis of survey results for veterans and family members is documented in Appendix B of this report. These survey results cannot be generalized to the larger population of veterans and family members, but in conjunction with the focus group findings can be used to understand service needs for this group in more detail. Service providers also filled out a short survey. This service provider data has been sent separately to VOC for analysis and not included here.

DATA ANALYSIS

The data collected at the three summits are organized in Appendix A of this report. Below is a listing and explanation of each type of data that were collected and analyzed, and how the data have been used to synthesize the priority issues for this report.

Interview Guides

Participants were asked to take notes during the interview. These were collected, and two data points were collected from answers to the interview guide:

- Strength of the current reintegration system
- 3 Wishes for an improved reintegration system

This data was used in determining general priority issues and needs of stakeholders. These have been categorized in Appendix A page 23.

Brainstorming Themes

As part of the summit method, participants brainstormed the themes that came up in the interviews, and selected their most important themes from the list. These themes were incorporated into prioritizing, rating and action planning throughout the day.

A full list of brainstormed common themes emerging from interviews and documented by small groups was collected and is available upon request.

Theme Statements

Groups were asked to create theme statements for two brainstormed themes of their choice. The entire group at each summit (every participant) then rated each statement. The rating results were examined by CGR, first in terms of importance to the group and then for its current

existence in the system. Themes with the widest gaps—i.e. rated high in importance (rating 4 or 5) by the group, but low in existence (1 or 2)—were pulled out for further analysis.

The ratings for each theme statement are represented in chart form, showing the average for each scale. This can be seen in full for every theme statement in Appendix A page 2.

Each of these statements was then reviewed for priority status. The theme statement that received the most “priority votes” within each stakeholder group was considered a priority for that stakeholder group. The priority listing, by group, can be seen in Appendix A on page 16. The list of theme statements designated priorities is listed in full in Appendix A page 17.

Priority Needs

Analysis was then conducted across stakeholder groups (recently-separated service members, family members or service providers), and summits (Canandaigua, Nazareth and Genesee) to determine shared priorities. CGR developed the shared priority categories and areas of need after analyzing priority themes and finding common threads among priorities statements. It was necessary for CGR to use judgment in sorting similar priority theme statements into categories because there were three separate focus groups, and because there are multiple ways to word themes with a similar underlying meaning. The role of facilitators and participant observers allowed nuanced understanding of each group’s intention in creating the theme; this was also used in categorizing themes.

Example

At the Canandaigua summit, the following theme statement was created: *Veterans have access to comprehensive services for “holistic” healing.*

At the Genesee summit, the following theme was created: *Local outreach service providers have a concentrated network that allows them to meet soldiers’ varied needs.*

Both of these themes were categorized under the shared priority area of need: **Access to Coordinated and Comprehensive Network of Services.**

As shown in the following table, each theme statement that emerged from the summits can fall into more than one priority area of need. This chart is shown in full in Appendix A on page 2.

Theme	Access to a Coordinated & Comprehensive Network of Services	Increased Support for Family & Children	Military Commitment: Policy & Culture Changes to Improve Reintegration	Strengthened Transition Planning & Reintegration Education	Raised Community Awareness & Education	Peer Support for Veterans
Veterans have access to comprehensive services for "holistic" healing	X					
Veterans and their family members have ease of access to coordinated services regardless of point of entry or contact in the integration system	X					
Veterans' children have easy access to counseling and support services	X	X				
Veterans have individual case managers to help them navigate and understand the benefits system prior to release from active duty			X	X		
Reintegration services provide quality transition services while veteran is still on active duty			X	X		
Families of veterans have access to comprehensive services for "holistic" healing	X	X				
The Communities are educated about the spectrum of veterans re-integration challenges					X	
The access of reintegration services for veterans and their families would be without stigma			X	X	X	X

Survey Data

The responses to various questions on the quantitative survey completed by veterans or family members were used to guide the identification of priority areas of need. Complete survey results are included in Appendix B of this report.

Action Planning Data

Each group at each summit selected two themes to flesh out for action planning. Each lists the existing resources, needed resources, action steps and who should take action (where appropriate) for each theme statement.

This data is listed in entirety, in Appendix A on page 18, and the information was used in determining the Suggestions for Action section of this report.

FINDINGS

Access to a Coordinated and Comprehensive Network of Services

This theme was present in over half of the total theme statements created at the summits, much more prevalent than other concerns. It was also designated as one of the top priorities at each of the three summits, and received top priority votes from each of the three stakeholder groups.

The gap analysis data is instructive as well. Across the board, statements dealing with this theme were rated a 5 for importance, but never more than two on existence. This shows that there is some foundation to build on, and plenty of work to be done.

The centrality of this need is further bolstered by the veteran and family member survey and the comments we heard from families, veterans, and service providers.

On the survey, the general categories of mental health and health care services received the highest percent of “very important” ratings, and just under 90% rated support in navigating the current health care system “very important”—in conjunction with the themes, this seems to indicate that streamlining the access of those services is a priority. Additionally, a majority of family members want more information on both VA and non-VA services (with nearly equal numbers reporting interest in more information on both), thus underlying the need for comprehensive and consolidated information on resources.

Evaluation and discussion from the summits revealed strong sentiment that the act of participating in the summit provided a rare chance to learn about a host of resources already available in their community. *A continuous theme heard at the summits was the need for information and networking to better understand what services are available and how to access them.* Participant comments such as “I didn’t know that organization was doing that!” or “I had no idea about that resource,” were frequent refrains. The fact that service providers themselves expressed incomplete knowledge of available services in their community underscores this need for coherence.

At the summits, providers were able to learn of the needs facing families and veterans and to link their services to others; veterans and families learned about available services, and began to inform the providers’ offerings. *Because these needs and resources vary depending on the community, information must be spread on the local level to address the current fragmentation of the system.* The value of building structures to foster solid linkages and shared knowledge was made clear by how much participants valued the summit opportunity. Both their comments and their evaluation forms attested to the significance and need to create more such venues.

Increased Support for Family and Children

This need to focus on family members (especially children) was rated one of the top two priority issues by each stakeholder group in each of the summits. The striking degree of consensus highlights the deep-felt need for increased support for families. The ratings show a similar picture as

the previous theme—unanimously high ratings for importance and consistently low ratings for existence. Here again is an opportunity to “fill the gap.”

The veteran and family member survey underscores this need. “Support activities for families” were rated “Very Important” by 91% of respondents, with no one rating them “Not important.” This was the second highest rating after mental health and health care services, indicating respondents’ concern.

Military Commitment: Policy and Culture Changes for Improved Reintegration

Summit participants were willing and eager to work on crafting local solutions, but they were also adamant in their calls for the military to work from the “top down” as they work from the “bottom up.” There is a strong sense that the military has both the responsibility and the capacity to make policy and culture changes that would substantially improve reintegration for those who serve. Themes included phrases like “global commitment” and ensuring “no soldier left behind” to signal the depth of the commitment they feel is necessary.

Close to 30% of the theme statements created, and roughly 40% of those chosen as priorities, dealt with some kind of military commitment—ranging from broad good-faith gestures to policy changes around benefits, to implementing a more robust transition planning process, to conducting a PR-public health campaign with “military celebrities.” Another important theme involved the need for a reduction in the stigma of asking for help.

Within this category, the data show a convergence around the need for the current military process of transition planning to change and improve.

Participants want quality education around the real issues in transition to be provided for soldiers, families and service providers. They want soldiers and families to be required to participate in education or planning, and they want it to start during active duty. This notion that transition planning or education needs to begin in earnest while soldiers are still on active duty consistently received top priority votes from all three stakeholder groups. As one vet said, “Soldiers GET mandatory”—by which he meant that the best way to encourage veterans and families to access services is to make it a requirement of service.

Another area of convergence was around policies that would ensure easier access and navigation through the existing benefit structure. There is a very real desire for some uniformity of benefits, coupled with individualized support or case management.

The survey results and summit discussions also support this as a priority need.

Strengthened Transition Planning and Reintegration Education

A priority for veterans, families, and service providers is the need for increased effectiveness of transition planning/reintegration education. This includes both the process of reintegration (strengthened transition planning) and increased education on how to navigate through it (reintegration education). Over 43% of the theme statements created by participants addressed this—providing evidence of the widespread nature of the need.

There are two main points that the data highlight. Transition planning needs to begin while soldiers are still on active duty—partly because while on active duty they will be more likely to participate, and partly because it's believed that they will be more willing to listen if they are with their peers. The scope, depth and quality of reintegration and transition planning needs to be increased in order to better address issues of financial and educational (or workforce) planning, family relationships, benefits, and mental and physical health in a more robust, supportive and ongoing way.

The second desire was strengthening the educational component of reintegration—for the family, service providers and community as well as the soldier. Fully 50% of the theme statements mentioned the need to focus on education as a way to address the challenges and service gaps for reintegration. All stakeholders identified this as a priority issue, and in the true “can do” spirit of the military, feel that with more knowledge and preparation they will be more equipped to support their veterans.

In addition to the prioritization of these themes, the survey results show that almost 70% of veterans want more information on the Department of Veterans Affairs, and over 60% of family members want more information on both the VA and non-VA services. Through participant observation we heard service providers repeatedly expressing the need for more information. These results do not address the need for education on issues facing returning soldiers, but they do underscore the call for more comprehensive transition education—integrated, coordinated and comprehensive knowledge of what is available.

Raised Community Awareness and Education

The level of emotion and depth of discussion around this theme led CGR to include Community Awareness as a priority area of need. Many of the conversations around other themes overlapped here, because *veterans of OIF and OEF in particular are coming home to their respective civilian communities—not to a military base. Veterans and families especially voiced the need for school personnel, neighbors, and employers to be aware of the issues facing both veterans and family members.* They believe that heightened awareness will increase the level of empathy and support, but also have very practical effects such as helping to identify and treat mental health issues, and connecting people to available services.

Both veterans and family members each chose this theme as one of their top three priorities in two out of the three focus group summits. *A total of 85% of survey respondents stated that employer education and awareness was “very important,”* which further supports increased community awareness as a priority need area for this group.

Peer Support for Veterans

Though not as prevalent as many of the other themes within the priority need areas, this theme was a priority for veterans. Because it was discussed with such intensity by the veterans who participated, and in light of the fact that it was difficult to entice veterans to participate in the focus groups, it merits inclusion.

All stakeholder groups, at all three focus groups, agreed that veterans are more likely to access services if they are provided by, or at least recommended by, their peers. On the survey, only 5% of veterans responded that interacting with other veterans was **not** important.

Anecdotally, this concept of peer support should also be considered for family members of veterans.

SHARED PRIORITIES AND SUGGESTIONS FOR ACTION

The data collected through *Voices Together* was rich in detail and compelling in its honesty. The fact that so many common themes emerged across summits and stakeholders merits using these findings as a roadmap for future action.

The similar themes and rated priorities have been grouped into areas of need. Key priority needs and suggestions for action have been synthesized within each area of need.

Areas of Need

Based on CGR's analysis of summit data, there are six priority areas of need for the reintegration system.

Key Priorities

Many themes—representing needs—emerged from the data collected at the three summits. Out of these themes, stakeholders rated their “priority needs.” CGR developed a list of shared key priorities after analysis of themes and priorities across stakeholders groups and summits. CGR synthesized various data points collected from the summits and has included our observations from summit discussions. For a detailed explanation of data collection and analysis, see the methodology and data analysis sections of this report.

Suggestions for Action

For each priority need area, there are corresponding suggested actions—a high level review of actions for the VOC to use going forward. This list is not exhaustive, nor does it represent CGR recommendations as to what is feasible or best. Instead, these suggestions include CGR's interpretation of all information collected and analyzed during the summits, including anecdotal information noted by participants. Participants contributed highly specific action planning work, which we have documented in Appendix A, page 18, and which can be used for further detail and action planning.

A concise table presenting the areas of need, key priorities, and suggested actions that surfaced from the summits can be found at the end of this section (as well as in the Summary).

CGR's roadmap for future action is summarized below and includes both priority needs and suggestions for actions.

AREA OF NEED

Access to a Coordinated and Comprehensive Network of Services

The number one need for veterans and families is a coordinated comprehensive network of services. This network of services must be local, easily accessible, holistic and comprehensive in nature, and well-publicized and connected for easy navigation.

A major impediment to successful reintegration is the current fragmented system of services of reintegration. Participants need local services that can be easily accessed through a network of comprehensive care—any study of gaps in services must take into consideration this fundamental gap in knowledge about what services are available now, who provides the services and how veterans and families can access services.

Along with the need for coordination, stakeholders expressed a need for holistic healing—*policies and providers that can address the full range of associated issues in one place, and that take a holistic view of health.*

This does not mean that all services would be provided by one agency, but that there is a networked system that includes all types of services.

KEY PRIORITIES

- There is a stark need for a network of providers that have the complete picture of available services in their region. This network needs to span both VA and non-VA care, so that the onus of connecting the dots is not on veterans and families.
- Similarly, a central resource guide or clearinghouse needs to be created in each region. This should be both in print and online.
- This network of services must be comprehensive in scope and take a holistic view of healing and support. Mental health providers must be clued in to employment issues, health care providers must address marital stress, benefits coordinators must know about services for children. There must be an expectation that all service providers will think comprehensively.
- Veterans, family members and providers would all welcome some way to coordinate care, so that each “problem” doesn’t have to be addressed in a disparate fashion. This may require a range of solutions including benefit structure changes, creation of a one-stop-shop, funding of case managers, co-location of services, and creation of local umbrella agencies.

SUGGESTED ACTIONS

VOC has an opportunity to:

- Seek grant funding for creation of a comprehensive local service guide sent to service providers and regularly updated (explore print and online versions, and take advantage of university or VISTA volunteers for labor).
- Set up local advisory boards that are regional, include various stakeholders, are responsible for oversight and dissemination, and focus on increasing coordination and local control of services.
- Provide structured and scheduled opportunities for sharing resources in local communities.
- Create a specific veteran service network with new funding through advocacy at state and federal levels.
- Support local efforts to create a “one-stop-shop” or umbrella organization.

AREA OF NEED

Increased Support for Family and Children

Stakeholders want ongoing and easily accessible support services for family and children.

Family and children face a host of difficulties when their spouse, parent or children go to war, and when they return. Family support services are available, but many families do not know how to access these services. Participants at summits overwhelmingly voiced the need for an increase in support services for families. This is a priority need as families struggle to cope with the deployment and reintegration of service members, particularly in light of the heavy participation of members of the National Guard and the Reserve.

Children were specifically mentioned as a priority need. Participants felt children are not given the support they need. Participants mentioned the need to access kids “where they are” through schools and online. Anecdotal evidence from the summits highlights military cultural barriers for families as well as veterans. For instance, spouses have the “tough, can-do” attitude of the military, and can’t really “afford to dwell on emotional issues” while their soldier is in theater—and therefore do not seek out help. This can lead to difficulties emotionally for both spouse and children.

KEY PRIORITIES

- Increased support services are needed to *address the scope of family difficulty from deployment through the stages of reintegration*. These supports should begin prior to reintegration and involve the entire family.
- Increased outreach and education for families and children is necessary. This outreach must target family needs. When service members do not seek help, families are left to try to handle very difficult circumstances – and often to cope with untreated mental illness. Education is necessary for understanding the issues their loved one faces while at war – and then during reintegration.
- Counseling and support for children is not extensive enough, and must be increased as soon as possible. This outreach should attempt to reach children “where they are” –including school, online, rec centers, etc.

SUGGESTED ACTIONS

VOC has an opportunity to:

- Advocate for mandated family participation/education while soldier is deployed, leading up to release, and through reintegration to help families through the entire process of reintegration.
- Educate service providers on acute family needs—including non veteran-oriented service providers (e.g., schools, religious organizations, coaches, recreation centers, employers, etc.).
- Build an understanding of military culture into service programs.
- Create and support local pilot programs and partnerships that offer support for children in innovative ways.
- Target families through local outreach efforts.
- Promote innovative links with arts or recreation organizations for alternative therapies.
- Explore ways of using technology to reach and engage children.

AREA OF NEED

Military Commitment: Policy and Culture Changes for Improved Reintegration

Stakeholders understand that local change is possible and are willing to work on local solutions, but feel that this must be done in conjunction with

changes in military culture and policy that improve reintegration for veterans and families.

Despite the fact that several local, regional and statewide efforts are attempting to improve the reintegration process, these efforts remain disjointed and lack a cohesive response to the growing health problems of OEF/OIF veterans and their family members. While the focus of this study was on local efforts for change, participants did feel that priority changes at the policy level are needed in order to advance improvements for reintegration.

KEY PRIORITIES

- The military needs policy improvements in its current reintegration planning and programs. This includes *developing a transition plan that is mandatory and inclusive of both the service-member and his/her family*. Many supported the call for a formal transition plan that includes a process of advising and planning in financial, employment, and relationship areas. This formal transition plan could form the basis for ongoing follow-up and allow for services and support when symptoms arise.
- *Any reintegration awareness and training should begin before separation, and not be squeezed into the busy time leading up to transition*. Many participants called for a “decompression time” that allows the service member to still be paid, and have a slower adjustment phase before separating from service.
- The benefit structure needs unification across all branches of service—equal and similar benefits will make the system less complex and more equitable for service providers and service members.
- There is a great need to reduce stigma within the military and make a strong effort to change the culture regarding mental illness and seeking help.
- Reintegration services need greater clarity during demobilization. There is a strong need for an individual case manager to handle demobilization and to provide ongoing support during reintegration—similar to the model of social work in the healthcare community.

SUGGESTED ACTIONS

VOC has an opportunity to:

- Advocate at the state and federal level to support policy change and provide increased reintegration support.
- Connect veterans, family members and service providers with military leaders to discuss future changes.

AREA OF NEED**Strengthened Transition Planning and Reintegration Education**

Veterans and families are often unaware of what they need, where to get help and how to access services. Family members expressed despair at summits when describing how unprepared they were for the illnesses and difficulties with which their son, daughter or spouse returned home. Some of the mental illnesses described at summits were so severe, family members felt their loved ones were “simply a shell” of the person they once were. These families were wholly unprepared for this reality.

This is compounded by the fact that families are often left alone in trying to cope. The veterans themselves may be unable or unwilling to seek out services. Even for those who are not experiencing severe trauma, they are often uninterested or resistant to accessing the benefits and services that might help their family or themselves.

Families feel both “clueless and helpless.” It is clear that a major barrier to improving reintegration is the simple lack of information needed to get help—before it’s too late.

Beyond the veterans’ and family members’ need for more education, many summit stakeholders acknowledged the need for service providers to gain more knowledge in available services, service gaps and needs. Service providers expressed concern that they are unable to help participants, due to a lack of knowledge regarding available services and how to access them. These providers would like increased education.

KEY PRIORITIES

- A priority need for veterans and families is strengthened transition planning, done during active duty. Veterans and families are often unaware of what they need, where to get help, and how to access services. *Planning for needs is important upfront—before the service member returns home.*
- Soldiers and family members need honest and thorough information about the pitfalls of reintegration. They need to know the signs to look for, strategies for coping, and that it’s acceptable and common to struggle.
- *Education for family members and veterans is needed to increase knowledge of reintegration and how to access services. They need this information before the soldier returns home, and it needs to be specific to their local community.*

SUGGESTED ACTIONS

- Service providers need improved knowledge about available services, service gaps and needs. Service providers expressed concern that they are unable to help participants, due to a lack of knowledge regarding available services and how to access them. These providers need increased education to be a priority.

VOC has an opportunity to:

- Seek grant funding for increased research on the creation of a comprehensive resource guide available for veterans and families, distributed to each home upon separation from service.
- Direct funding specifically towards networking service providers and community-based organizations for increasing access and knowledge of services. VOC is perfectly placed to act as a network hub for service providers, linking providers with veterans and families.
- Develop an educational seminar or other structure to increase knowledge within the community of providers.
- Increase direct outreach to families.
- Develop a pilot program for families during deployment and reintegration. Then if effective, expand and replicate.

AREA OF NEED

Raised Community Awareness and Education

Our summit participants highlighted that veterans and family members desperately want and need their communities to understand their issues and service needs.

While leveraging increased importance on a national scale, the issue of reintegration is very much a local community issue. It is those at the local level who provide services that often fall outside of VA care and treat the aftermath of injuries, domestic issues, employment, substance abuse, PTSD, depression and anxiety. Many veterans return to communities made up of other military personnel who offer helpful support and understanding of issues post-deployment. *National Guard and members of the Reserve, however, are deployed from bases around the country and do not necessarily return home with other service members or anyone who has a shared experience of war. This group often returns to a community that does not understand the symptoms or issues related to reintegration.*

With many of the OEF/OIF forces coming from the National Guard and Reserves, this issue of community understanding has taken on increased importance. Community employers, neighbors, and service providers can

form a place of support or one of isolation. Our summit participants highlighted that *veterans and family members desperately want and need their communities to understand their issues and service needs.*

KEY PRIORITIES

- Communities need increased education to better understand veteran and family member needs and service gaps upon reintegration. Reintegration can be improved if veterans and families feel connected to the communities in which they live.
- Communities need education on the aftermath of war for service members and families. Veterans and family members feel isolated from communities (colleagues, neighbors, school officials, employers, etc.) who display little understanding or experience of war. This isolation is compounded by the fact that National Guard and members of the Reserve are frequently deployed from locations around the country, serve with people who are not from their communities, and then return home to communities which lack obvious supports.
- Education for community employers is crucial to stop the downward spiral of reintegration.

SUGGESTED ACTIONS

VOC has an opportunity to:

- Wage a mass media publicity campaign to raise awareness of these issues within the community. VOC can use networks and contacts for media and informational spots.
- Encourage family members and service-members to speak out, create unique opportunities (e.g., radio, YouTube, high school media classes) to do so in collaboration with VOC or with other local organizations.
- Encourage the local community to learn more. Create innovative programming that builds bridges between non-military and military families. This can include for example, fun opportunities for learning (e.g. book club or movie nights with a mixture of non-military and military families).
- Provide educational materials at local events to educate the local community on military culture and reintegration needs.

AREA OF NEED

Peer Support for Veterans

Veterans are much more willing to acknowledge needs and access services in non-threatening settings and when other veterans are participating. Establishing trust and empathy are very important elements in effectively reaching this population, and participants shared that often veterans will not open up to anyone who does not have a shared understanding of combat. Summit participants also shared that *family*

members are similarly in need of sympathetic settings in which to share their experiences of their loved ones' untreated depression, anxiety or PTSD, as well as sharing their own needs.

KEY PRIORITIES

- Veterans are more willing to access services when other veterans are participating, or are part of the recruitment process. Any program for veterans needs to establish trust and empathy upfront, such as by including people who have combat experience.
- Family members are similarly in need of sympathetic settings in which to share their experiences and their own needs.
- Veterans consistently shared that “veterans helping veterans” supports their reintegration. Increasing the number of veterans in service provider positions is a priority need for this group.

SUGGESTED ACTIONS

VOC has an opportunity to:

- Create a veteran reintegration buddy system—veterans are more likely to attend events and information forums if asked by a buddy.
- Act as a liaison between veterans and service providers in the community as a way to increase recruitment of veterans into open positions.
- Advocate at the state and/or federal level for a new case manager position for veterans. This position would be able to reach out to veterans and families before the veteran is demobilized and reintegrated. This case manager would assist with demobilization and then link or network community service providers and act as a “service clearinghouse” for veterans and families after separation from service.
- Explore possibilities for using technology to allow veterans a secure and anonymous space for discussing needs.

Summary Chart

SUMMARY OF FINDINGS: Areas of Need, Key Priorities and Suggestions for Action		
AREAS OF NEED	KEY PRIORITIES	SUGGESTIONS FOR ACTION (VOC)
Access to a Coordinated and Comprehensive Network of Services	The number one priority need for stakeholders is a coordinated, comprehensive care network for veterans and family. It must be: <ul style="list-style-type: none"> • local (or locally accessed). • easily navigated. • holistic and comprehensive. • well-publicized and connected. 	<ul style="list-style-type: none"> • Seek grant funding for creation and maintenance of comprehensive local service guide. • Set up local advisory board with stakeholders who are responsible for oversight and dissemination of local services. • Provide structured and scheduled opportunities for resource sharing. • Create a local veteran service network with new funding through advocacy at State and Federal levels. • Support local efforts to create a "one-stop-shop" or umbrella organization.
Increased Support for Family and Children	Stakeholders need more services targeting family, and specifically children. They want: <ul style="list-style-type: none"> • community-based opportunities. • increased knowledge of issues and resources. • services and information beginning at deployment and continuing post-reintegration. 	<ul style="list-style-type: none"> • Advocate for mandated family participation in programs during deployment and reintegration. • Educate service providers on family needs. • Build understanding of military culture in service programs. • Increase outreach toward military families. • Foster innovative programs for supporting children which incorporate alternative therapies and technology and reach kids where they are (schools, online, etc.).
Military Commitment: Policy and Culture Changes to Improve Reintegration	Stakeholders are willing to work at local level, but feel that there also needs to be a top-down recognition of the problems and solutions. They see a need for military policies and culture to change to be responsive to new realities.	<ul style="list-style-type: none"> • Advocate at the state and federal level for policy change to provide increased reintegration support. • Connect veterans, family members and service providers with military leaders to discuss change.
Strengthened Transition Planning and Reintegration Education	Stakeholders agree that information and support are needed during deployment, prior to separation and throughout reintegration. Structure should: <ul style="list-style-type: none"> • Start before the veteran returns home. • Educate service members and family members. • Make transition planning mandatory. • Connect families and veterans with local providers. • Include continuing education opportunities for service providers. 	<ul style="list-style-type: none"> • Seek grant funding for increased research on the creation of a comprehensive resource guide for veterans and families to be distributed at separation of service. • Direct funding towards networking service providers and CBOs for increasing access and knowledge of services. • Develop educational seminars to build knowledge in community of service providers. • Increase direct outreach to families. • Develop a pilot program for families during deployment to better prepare for future reintegration.
Raised Community Awareness and Education	Family members and veterans feel isolated by the general public's lack of understanding and awareness. Schools, employers, social networks and religious organizations can be supportive resources if educated.	<ul style="list-style-type: none"> • Wage a mass media publicity campaign to raise awareness of these issues within the community. • Encourage family members and service members to speak out and create opportunities to do so. • Encourage local community to learn more. • Provide educational materials to community at local events.
Peer Support for Veterans	Veterans look to other veterans for support, and this trust is a critical factor in veterans accessing care. Veterans are more likely to engage in a service if it is provided by another vet, or if they are encouraged by another vet. This has ramifications for recruitment of service/outreach providers. This concept of "taking one to know one" also affects family support services.	<ul style="list-style-type: none"> • Create a reintegration Buddy System. • Act as a liaison between veterans and service providers to increase recruitment of veterans into open positions. • Advocate at the state and/or federal level for a new case manager position - to be filled by a veteran - to assist with demobilization and reintegration. • Explore possibilities for using technology to allow veterans a secure anonymous space for discussing needs.

CONCLUSION

In these troubled, uncertain times...we need a better means to engage everyone's intelligence in solving challenges and crises as they arise.
Meg Wheatley, Finding Our Way: Leadership for an Uncertain Time

The varied and challenging reintegration experiences of summit stakeholders is compelling in its disparity—the system of reintegration as it exists in this region does not currently meet the needs of many veterans and their families. The wellspring of honesty, energy, ideas, and local

willingness to be part of reforming the system is evident from the perspectives discussed in the *Voices Together* summits, and with a more coordinated effort, changes and improvements can be made within the system of reintegration to improve the quality of life after combat for many of our veterans and their families.

Veterans' reintegration is a system of caring. Within every system, a configuration of parts is connected together by a network of relationships—in this case, veterans, families, service providers, the community and the military are interconnected stakeholders of the reintegration process. Because this is a system of relationships, the best way to fully understand how needs arise or go unmet is to understand the needs of the component parts of the reintegration system, in relation to the whole.

This needs assessment focused on bringing these stakeholders together and asking the same questions of each person and group. The summit method allowed us to understand how each stakeholder group affects—and is affected by—the whole system of care, and how each has specific needs for improvement. Together, system stakeholders were able to better understand how they interrelate as a system of care currently, while at the same time, learning about individual needs, perspectives and hopes for the future of reintegration.

Armed with this shared knowledge of needs and perspectives, and through suggested actions, the Veterans Outreach Center can now begin to craft strategies that result in changing the reintegration system for the better. What is strikingly clear from the *Voices Together* summits is the current level of commitment by all stakeholders to improving the quality of life for veterans and families after military service. Using the information gathered within this report, this commitment can be channeled into a coordinated effort by the reintegration community. The areas of need, and key priority findings outlined above, provide focus areas for both policy and local change within this community. CGR is confident that our partners at the Veterans Outreach Center Inc. will capitalize on the momentum begun through these summits and use this document as a roadmap for eliciting the changes that are needed.

APPENDIX A – SUMMARY RESULTS AND BACKGROUND DATA

Summary Results

Themes

As part of the summit method, participants brainstormed common themes heard in the interview process. Each small group agreed on two themes, and created a theme statement from each. These statements were then incorporated into prioritizing, rating and action planning throughout the day. CGR did not edit theme statements; they are participants' words.

CGR synthesized the data gathered into six shared **areas of need**. This chart categorizes each theme into those areas. Many themes encompass more than one area of need.

Session	Theme	Access to a Coordinated & Comprehensive Network of Services	Increased Support for Family & Children	Military Commitment: Policy & Culture Changes to Improve Reintegration	Strengthened Transition Planning & Reintegration Education	Raised Community Awareness & Education	Peer Support for Veterans
Canandaigua	Veterans have access to comprehensive services for "holistic" healing	X					
Canandaigua	Veterans and their family members have ease of access to coordinated services regardless of point of entry or contact in the integration system	X					
Canandaigua	Veterans' children have easy access to counseling and support services	X	X				
Canandaigua	Veterans have individual case managers to help them navigate and understand the benefits system prior to release from active duty			X	X		
Canandaigua	Reintegration services provide quality transition services while veteran is still on active duty			X	X		
Canandaigua	Families of veterans have access to comprehensive services for "holistic" healing	X	X				
Canandaigua	The Communities are educated about the spectrum of veterans reintegration challenges					X	
Canandaigua	The access of reintegration services for veterans and their families would be without stigma			X	X	X	X
Canandaigua	Reintegration services provide continuing education for veterans' service providers				X		
Genesee	The reintegration system provides the returning veteran with immediate access to community service providers	X			X		
Genesee	The system uses technology to allow soldiers to anonymously acquaint themselves with services on demand	X					
Genesee	Children have access to support programs through the reintegration system	X	X				
Genesee	Family members have access to veteran's educational benefits		X	X			
Genesee	Unified support services (ment. health, edu., med.) are consistent across ALL branches of service, for the vets, spouse, child and family	X		X			
Genesee	All active and returning military personnel and their families will be required to participate in a structured and confidential reintegration and assessment program	X	X	X	X		

Themes (continued)

Session	Theme	Access to a Coordinated & Comprehensive Network of Services	Increased Support for Family & Children	Military Commitment: Policy & Culture Changes to Improve Reintegration	Strengthened Transition Planning & Reintegration Education	Raised Community Awareness & Education	Peer Support for Veterans
Genesee	Services for veterans and their families should be individualized						
Genesee	Benefits and services are designed to meet real, identified needs of veterans & their families						
Genesee	All veterans' service providers will present programs with honesty and integrity						
Genesee	Service providers are aware of all services & resources for vets & families and can direct accordingly.....clearinghouse	X			X		
Genesee	Families of deployed Reserve & National Guard soldiers have open access to grass roots support from CBOs, churches, etc. for all aspects of life	X	X			X	
Genesee	Local outreach service providers have a concentrated network that allows them to meet soldiers' varied needs	X					
Genesee	Veteran services are at the local level and involve peer to peer support	X					X
Genesee	The reintegration system offers coordinated comprehensive services	X					
Genesee	Veteran to veteran advocacy promotes TRUST, resulting in increased service utilization						X
Genesee	The community service providers are aware of veteran families' needs		X		X		
Genesee	There is a unified disability rating system across all services, branches and the VA to determine degree of disability with a claim/appeal process to deal with issues that arise in the future	X		X			
Genesee	Local communities will have education for providers pertaining to veteran and family needs with community resources	X			X	X	
Genesee	The community is aware of stressors of military services on all members of the family		X			X	
Genesee	Local media coverage to effectively disseminate information on availability of services for veterans and families (in addition to the VA)	X			X	X	
Nazareth	Veterans have ongoing support to face the pitfalls of reintegration	X			X		
Nazareth	Veterans & Families have easy access to local comprehensive services	X					
Nazareth	Family members get honest & excellent education on re-integration on a continuous basis (during & after deployment)		X	X	X		
Nazareth	Veterans receive lifelong adequate medical care			X			
Nazareth	The global community is committed to the reintegration process			X		X	
Nazareth	Community members are aware of soldiers' reintegration issues					X	
Nazareth	Local public is educated on the needs & gaps in services for service members & families	X				X	
Nazareth	There is proactive advocacy to ensure that no service member is left behind			X	X	X	

Gap Analysis: Rating the Themes

Participants were asked to rate each theme for both importance and existence. For importance, each theme was rated on a Likert scale of 1 to 5, with 1 representing “not important” and 5 representing “very important.” For existence, each theme was rated on a scale of 1 to 5, with 1 representing “exists to a little extent (currently)” and 5 representing “exists to a very great extent (currently).”

For the purpose of communicating this information graphically, the weighted average rating for both importance and existence were calculated for each theme. The weighted average rating was calculated by weighting each rating by the number of participants that selected it, summing across the weighted ratings, and dividing by the number of participants that voted in each theme.

In each graph, the theme being rated is displayed in the title. Since the graph for each theme combines the ratings for importance and existence, the rating description on the x-axis was slightly modified in order to accommodate both. On the graph, a “very low” degree of importance and existence corresponds to a rating of “1” and a “very high” degree of importance and existence corresponds to a rating of “5” as described above.

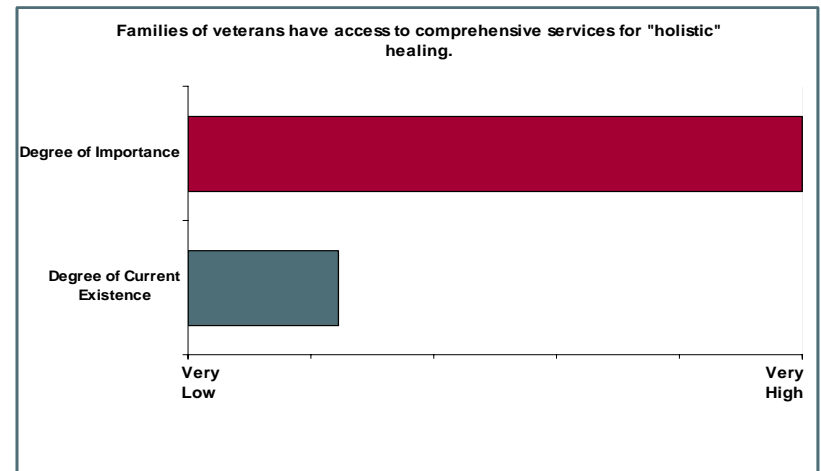
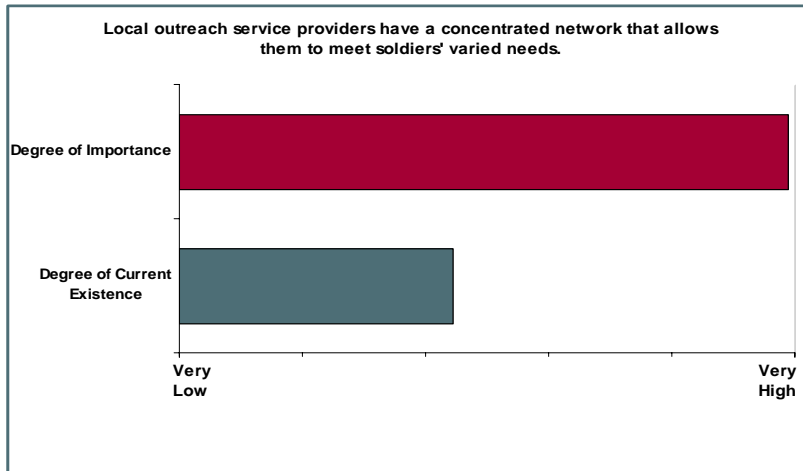
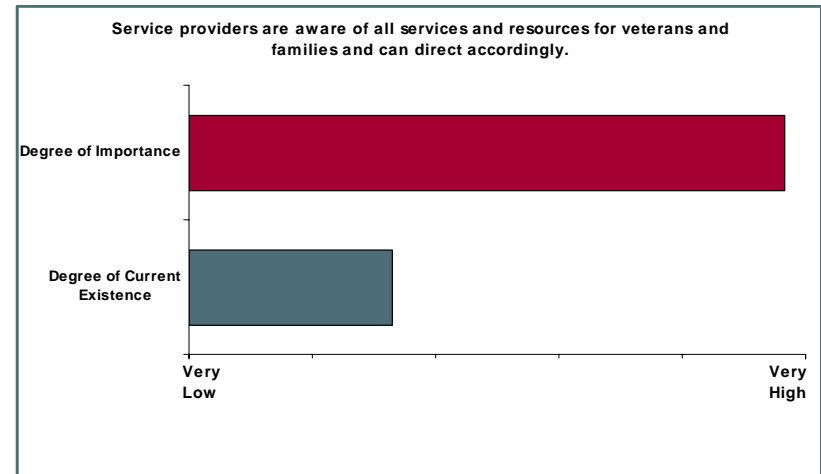
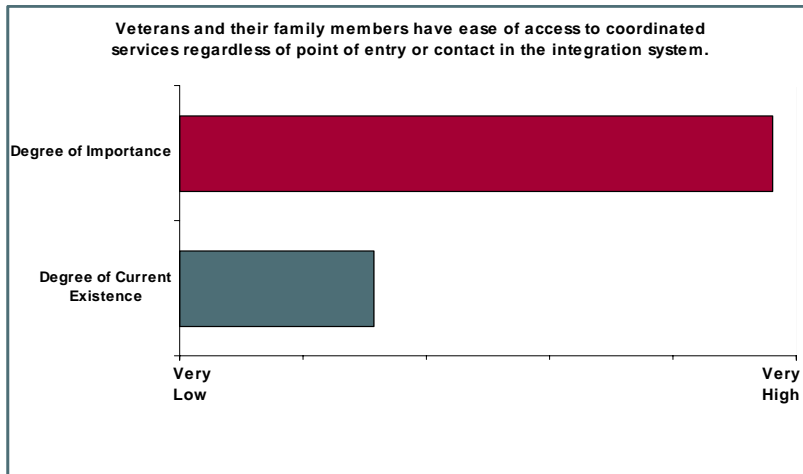
For organizational purposes, the charts have been loosely organized into the priority areas of need:

- Access to a Coordinated and Comprehensive Network of Services
- Increased Support for Family and Children
- Military Commitment: Policy and Culture Changes
- Strengthened Transition Planning and Reintegration Education
- Raised Community Awareness and Education
- Peer Support for Veterans

There is no significance to the order of categories or charts.

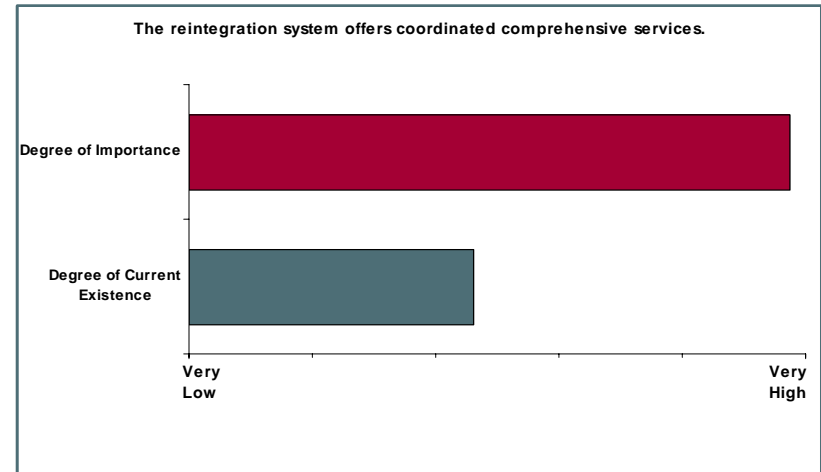
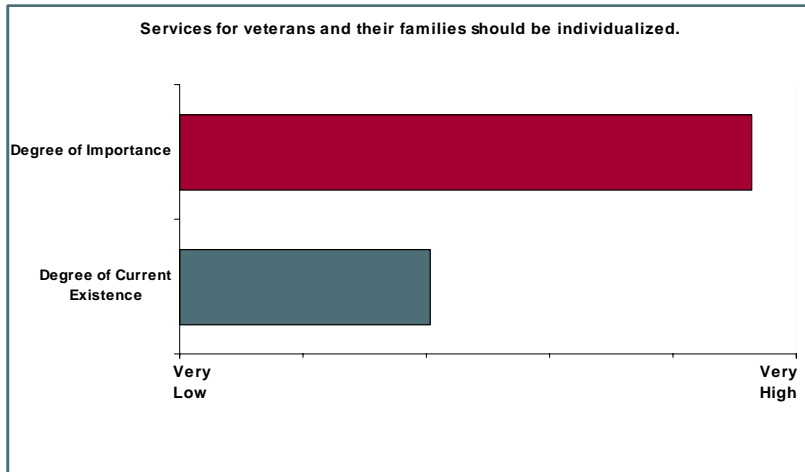
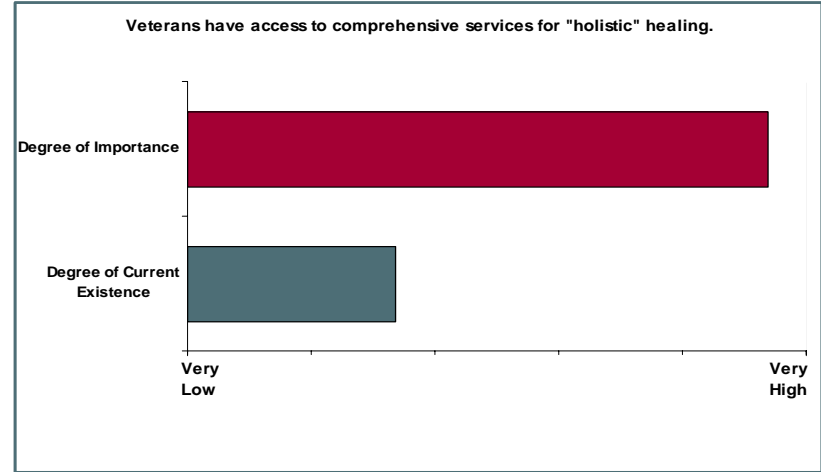
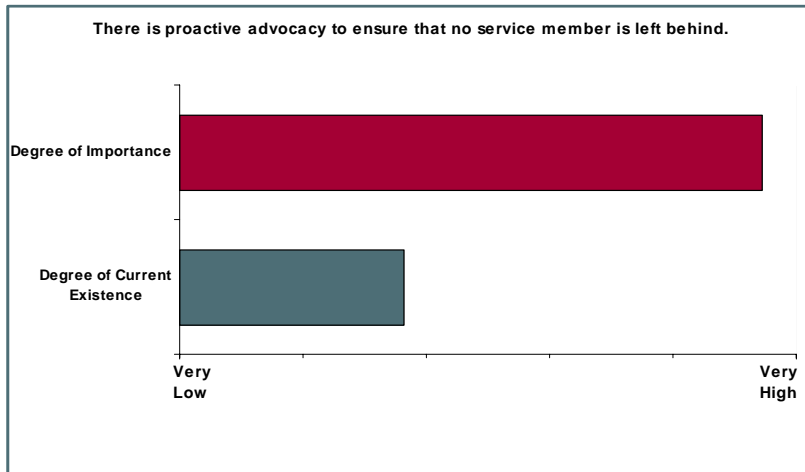
Gap Analysis (continued)

Access to a Coordinated and Comprehensive Network of Services



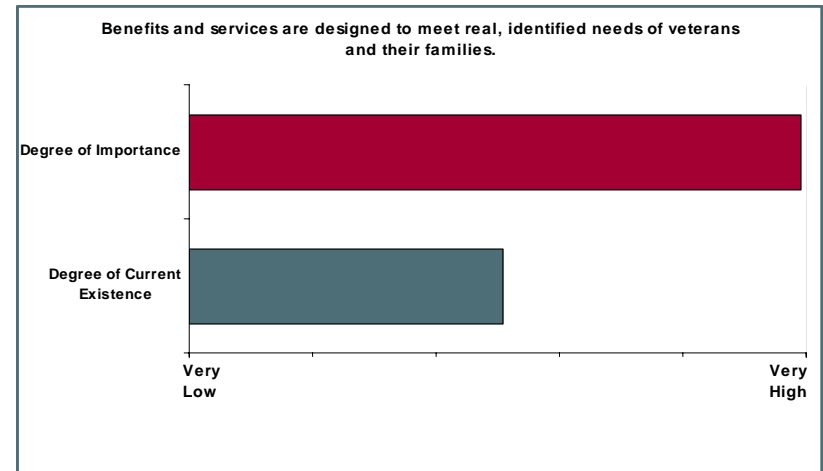
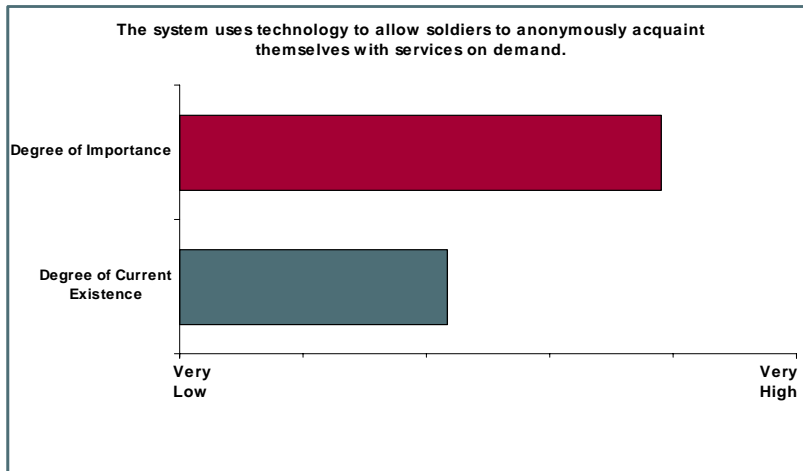
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Access to a Coordinated and Comprehensive Network of Service (continued)



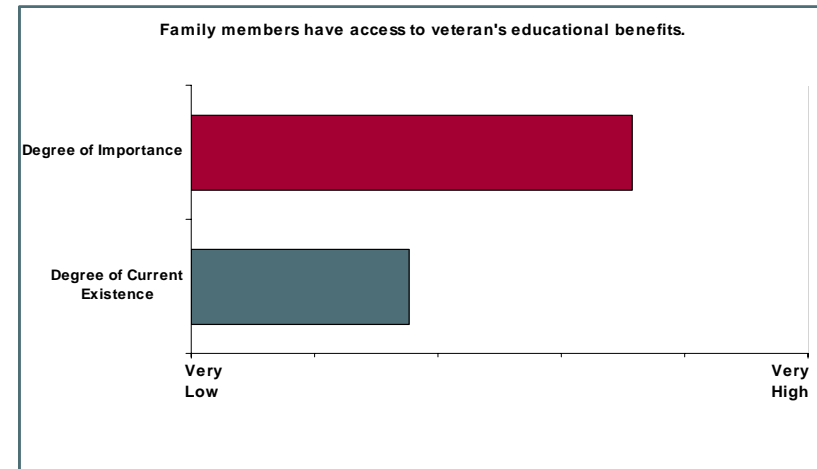
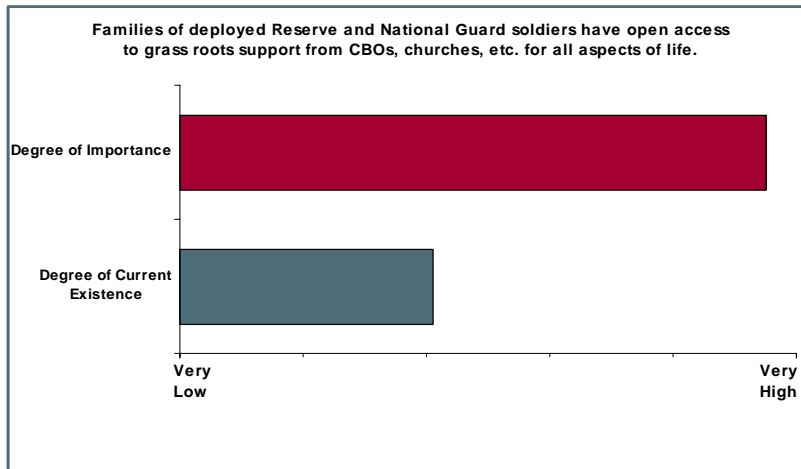
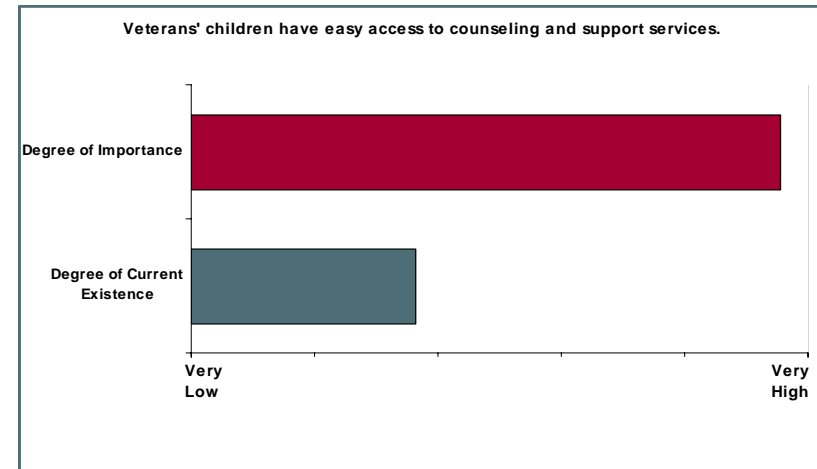
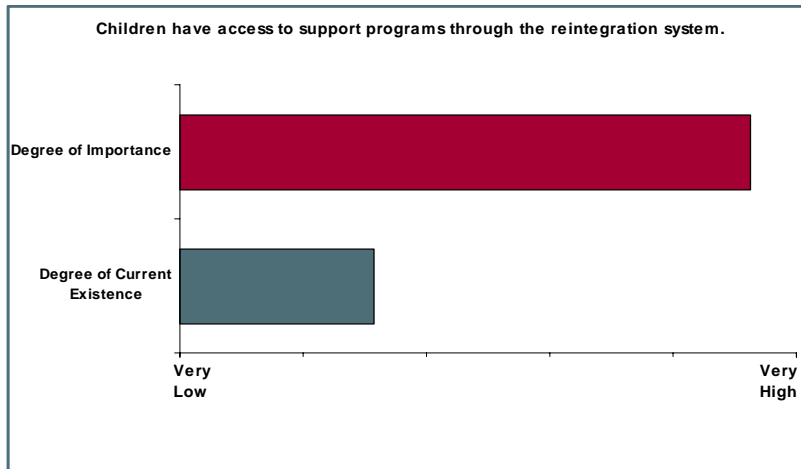
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Access to a Coordinated and Comprehensive Network of Service (continued)



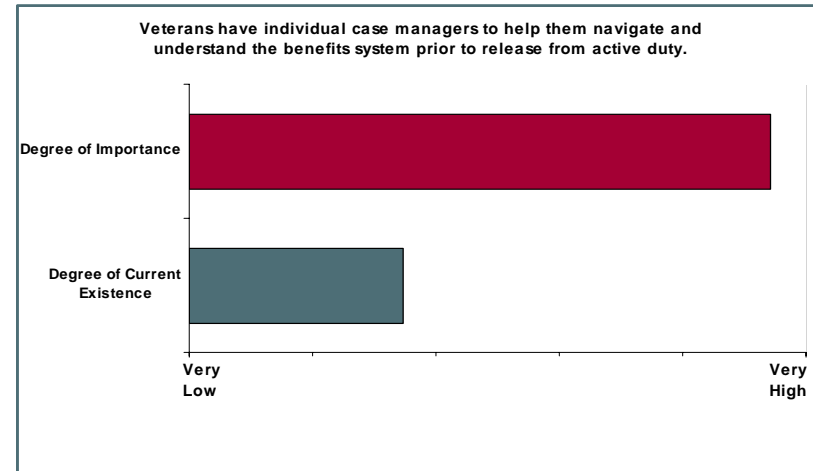
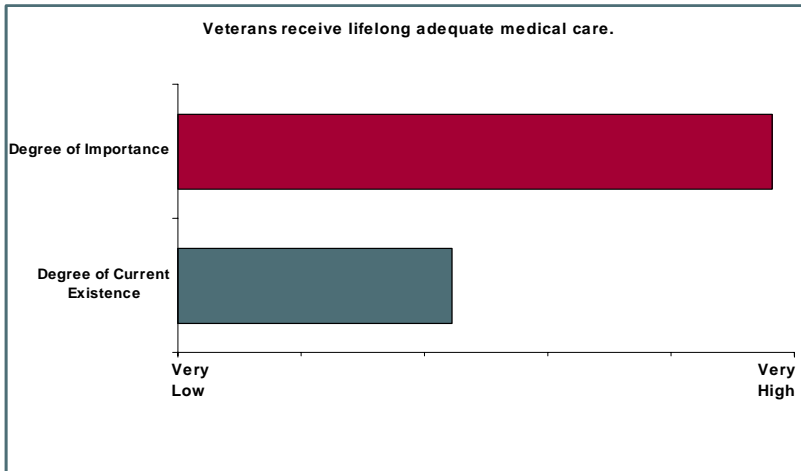
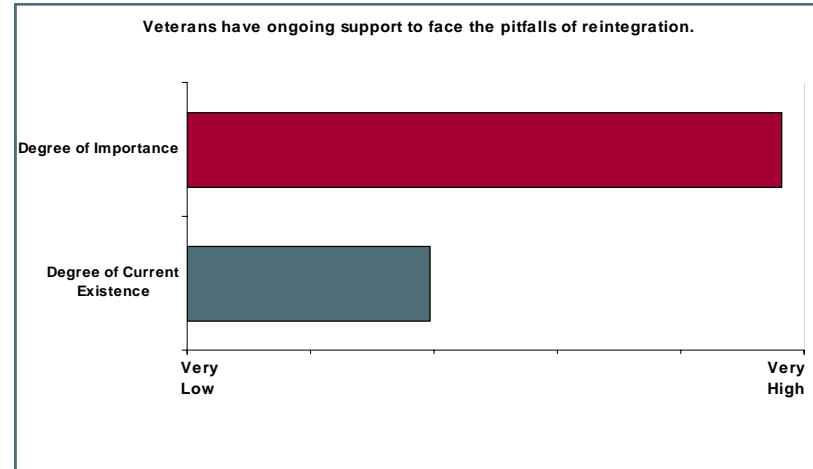
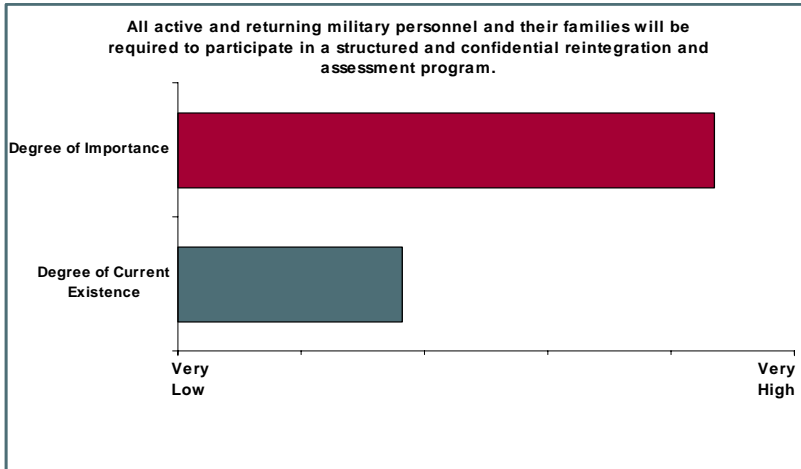
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Increased Support for Family and Children



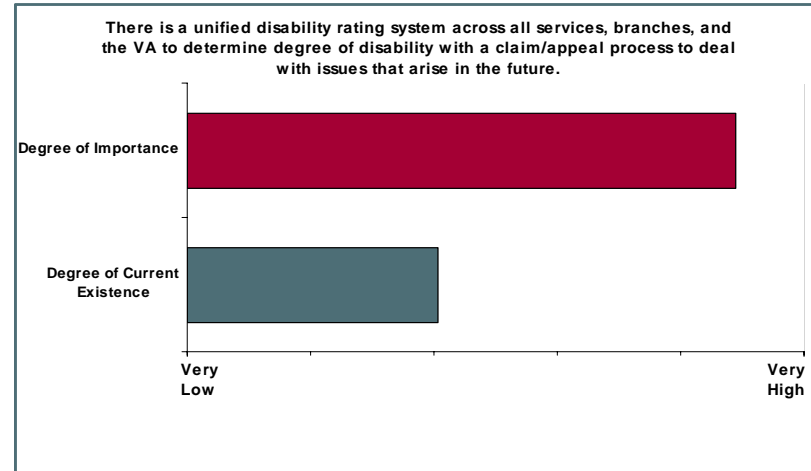
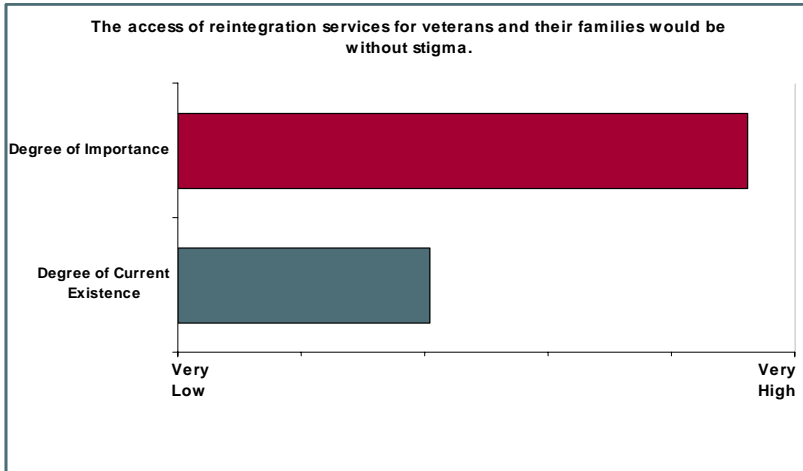
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Military Commitment: Policy and Future Changes



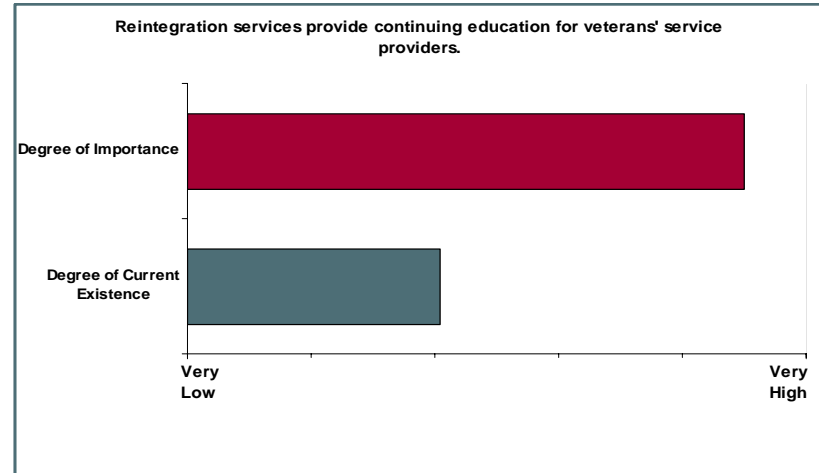
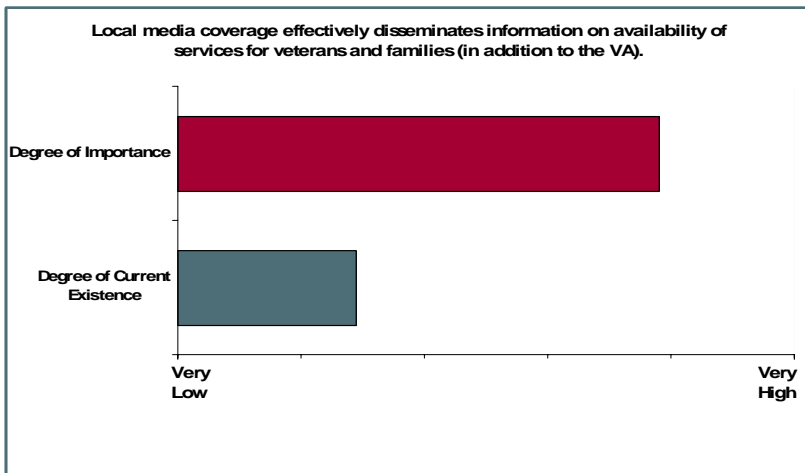
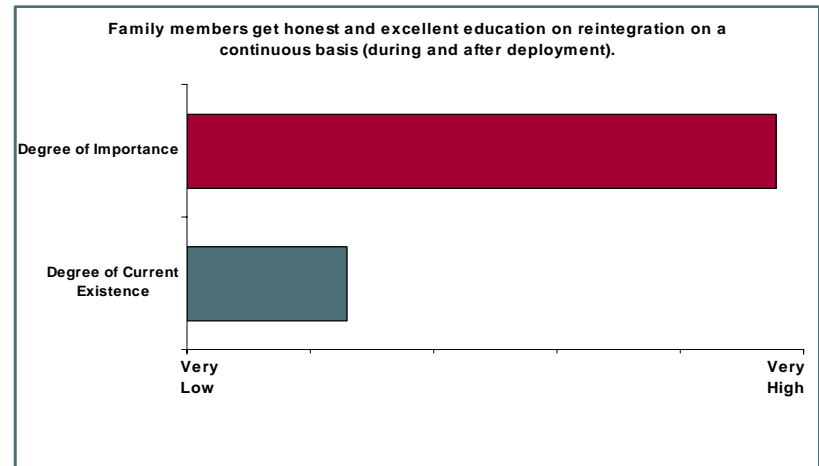
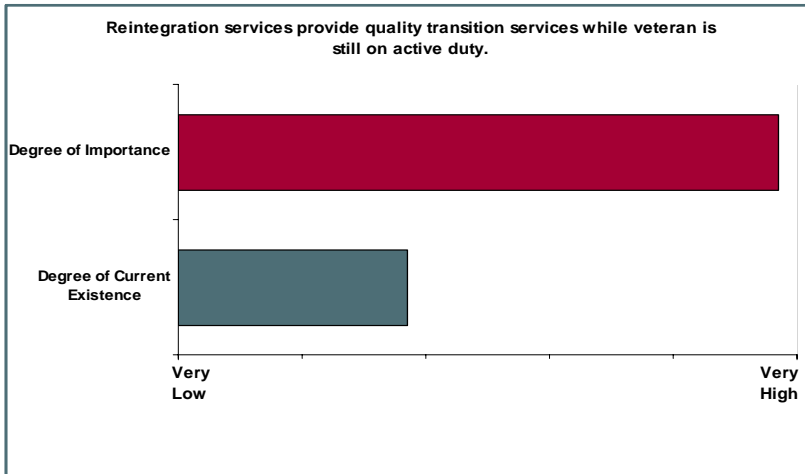
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Military Commitment: Policy and Future Changes (continued)



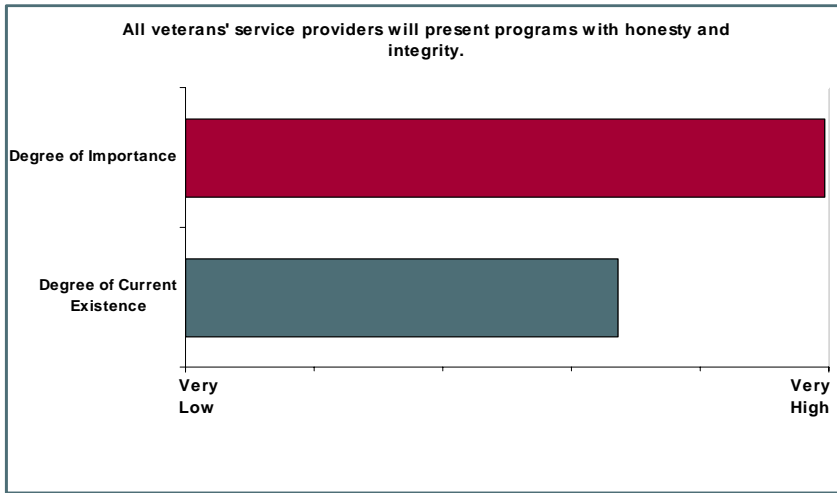
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Strengthened Transition Planning and Reintegration Education

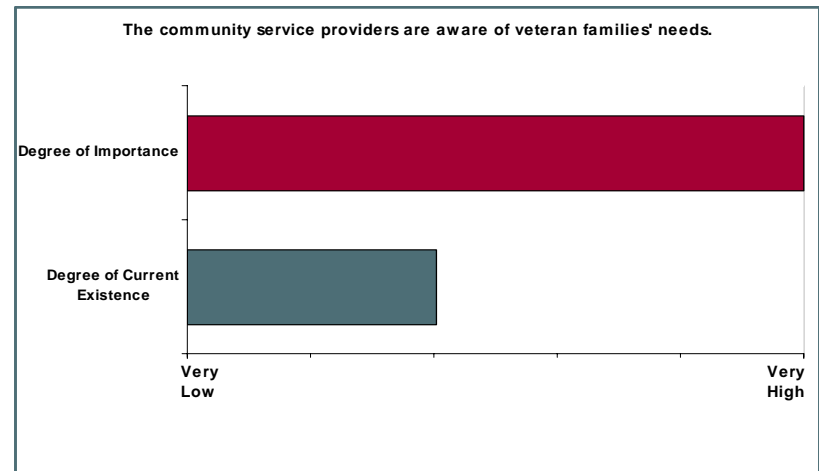
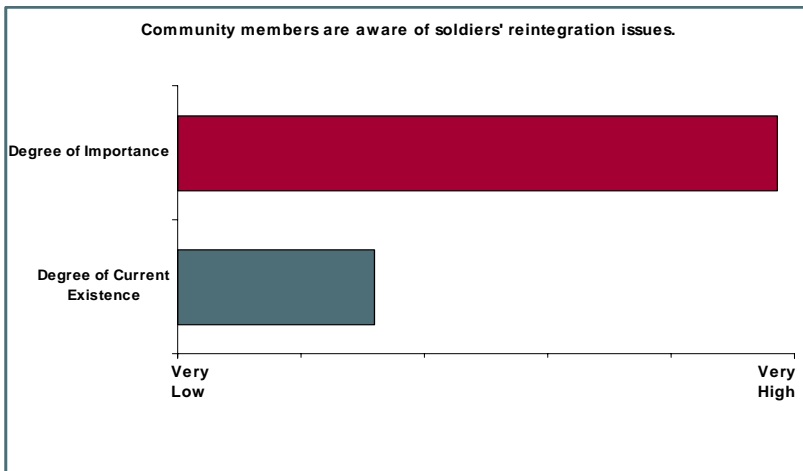


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Strengthened Transition Planning and Reintegration Education (continued)

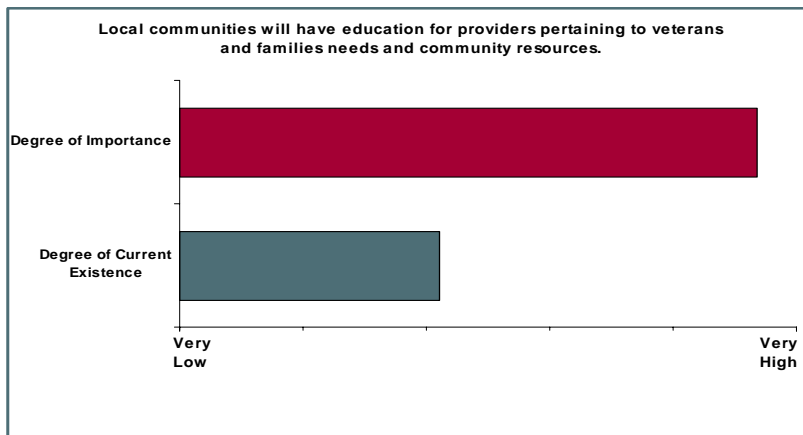
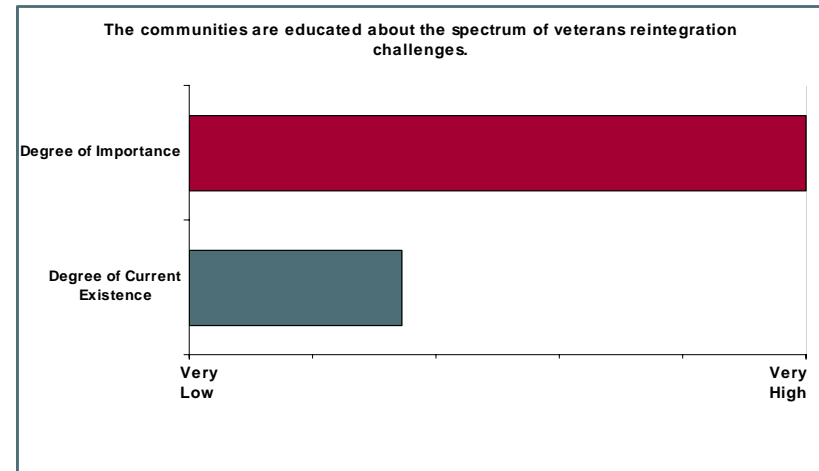
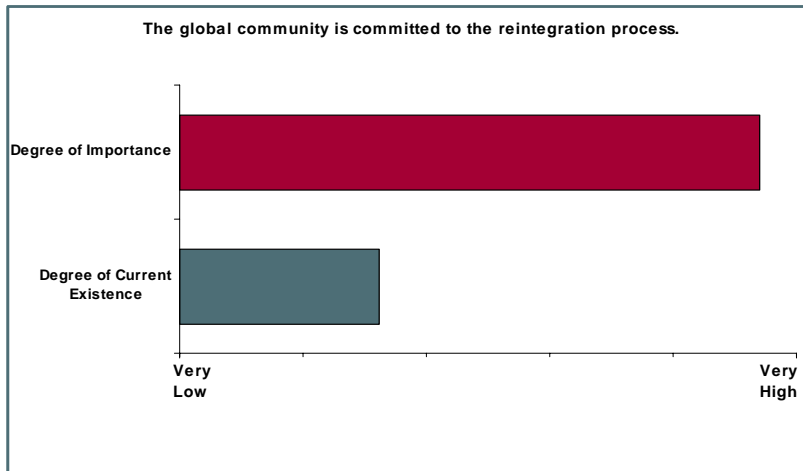


Raised Community Awareness and Education



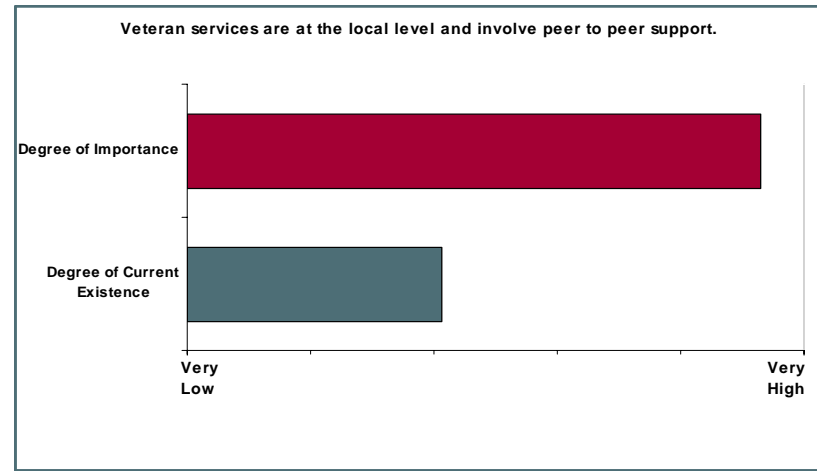
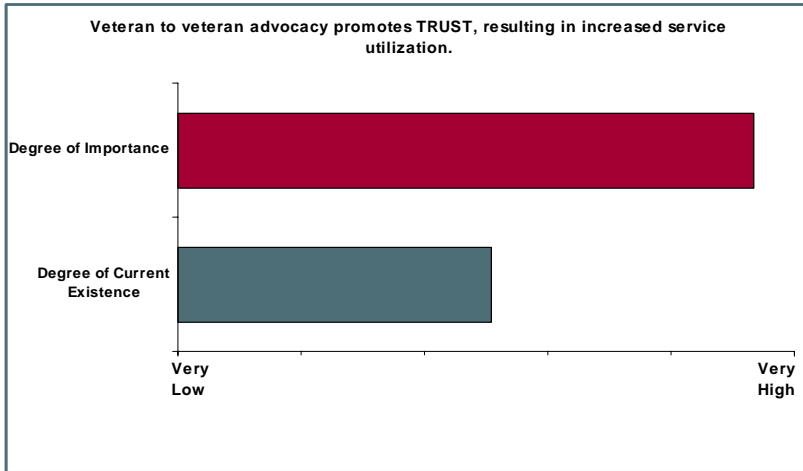
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Raised Community Awareness and Education (continued)



Gap Analysis (continued)

Peer Support for Veterans



Priorities by Respondent

Veterans

Canandaigua	Votes	% Votes	Genesee	Votes	% Votes	Nazareth	Votes	% Votes
Veterans' children have easy access to counseling and support services	4	33.3%	Local outreach service providers have a concentrated network that allows them to meet soldiers' varied needs	3	20.0%	Veterans receive lifelong adequate medical care	5	33.3%
Veterans have individual case managers to help them navigate and understand the benefits system prior to release from active duty	3	25.0%	Veteran to veteran advocacy promotes TRUST, resulting in increased service utilization	3	20.0%	Family members get honest & excellent education on re-integration on a continuous basis (during & after deployment)	3	20.0%
Veterans and their family members have ease of access to coordinated services regardless of point of entry or contact in the integration system	1	8.3%	Children have access to support programs through the reintegration system	2	13.3%	Veterans & Families have easy access to local comprehensive services	2	13.3%
Families of veterans have access to comprehensive services for "holistic" healing	1	8.3%	Local media coverage to effectively disseminates information on availability of services for veterans and families (in addition to the VA)	2	13.3%	There is proactive advocacy to ensure that no service member is left behind	2	13.3%
Reintegration services provides quality transition services while veteran is still on active duty	1	8.3%				Community members are aware of soldiers' reintegration issues	2	13.3%
Veterans have access to comprehensive services for "holistic" healing	1	8.3%						

Family Members

Canandaigua	Votes	% Votes	Genesee	Votes	% Votes	Nazareth	Votes	% Votes
Veterans and their family members have ease of access to coordinated services regardless of point of entry or contact in the integration system	4	26.7%	Unified support services (ment. health, edu., med.) are consistent across ALL branches of service, for the vets, spouse, child and family	5	13.9%	Veterans have ongoing support to face the pitfalls of reintegration	7	23.3%
The access of reintegration services for veterans and their families would be without stigma	3	20.0%	Service providers are aware of all services & resources for vets & families and can direct accordingly.....clearinghouse	4	11.1%	Veterans & Families have easy access to local comprehensive services	6	20.0%
Veterans' children have easy access to counseling and support services	3	20.0%	Services for veterans and their families should be individualized	3	8.3%	Family members get honest & excellent education on re-integration on a continuous basis (during & after deployment)	4	13.3%
Reintegration services provides quality transition services while veteran is still on active duty	3	20.0%	Families of deployed Reserve & National Guard soldiers have open access to grass roots support from CBOs, churches, etc. for all aspects of life	3	8.3%	There is proactive advocacy to ensure that no service member is left behind	4	13.3%
			Veteran services are at the local level and involve peer to peer support	3	8.3%	Community members are aware of soldiers' reintegration issues	4	13.3%
			The community service providers are aware of veteran families' needs	3	8.3%			
			All active and returning military personnel and their families will be required to participate in a structured and confidential reintegration and assessment program	3	8.3%			

Service Providers

Canandaigua	Votes	% Votes	Genesee	Votes	% Votes	Nazareth	Votes	% Votes
Reintegration services provides quality transition services while veteran is still on active duty	10	20.4%	All active and returning military personnel and their families will be required to participate in a structured and confidential reintegration and assessment program	11	36.7%	Veterans & Families have easy access to local comprehensive services	10	25.6%
Families of veterans have access to comprehensive services for "holistic" healing	9	18.4%	Service providers are aware of all services & resources for vets & families and can direct accordingly.....clearinghouse	11	36.7%	The global community is committed to the reintegration process	6	15.4%
Veterans have access to comprehensive services for "holistic" healing	8	16.3%	Local outreach service providers have a concentrated network that allows them to meet soldiers' varied needs	10	33.3%	There is proactive advocacy to ensure that no service member is left behind	5	12.8%
						Veterans have ongoing support to face the pitfalls of reintegration	5	12.8%

Top Three Priority Themes Vote Tally

Session	Priority	Veterans	Family Members	Service Providers	TOTAL
Nazareth	A. Veterans & Families have easy access to local comprehensive services	2	6	10	18
Genesee	B. Service providers are aware of all services & resources for vets & families and can direct accordingly...clearinghouse	1	4	11	16
Genesee	C. Local outreach service providers have a concentrated network that allows them to meet soldiers' varied needs	3	2	10	15
Canandaigua	D. Families of veterans have access to comprehensive services for "holistic" healing	1	1	9	11
Nazareth	E. There is proactive advocacy to ensure that no service member is left behind	2	4	5	11
Canandaigua	F. Veterans and their family members have ease of access to coordinated services regardless of point of entry or contact in the integration system	1	4	5	10
Canandaigua	G. Veterans have access to comprehensive services for "holistic" healing	1	0	8	9
Genesee	H. Services for veterans and their families should be individualized	1	3	1	5
Genesee	I. Children have access to support programs through the reintegration system	2	1	9	12
Canandaigua	J. Veterans' children have easy access to counseling and support services	4	3	2	9
Genesee	K. Families of deployed Reserve & National Guard soldiers have open access to grass roots support from CBOs, churches, etc. for all aspects of life	0	3	5	8
Genesee	L. All active and returning military personnel and their families will be required to participate in a structured and confidential reintegration and assessment program	0	3	11	14
Nazareth	M. Veterans have ongoing support to face the pitfalls of reintegration	1	7	5	13
Nazareth	N. Veterans receive lifelong adequate medical care	5	3	4	12
Canandaigua	O. Veterans have individual case managers to help them navigate and understand the benefits system prior to release from active duty	3	1	7	11
Genesee	P. Unified support services (ment. health, edu., med.) are consistent across ALL branches of service, for the vets, spouse, child and family	1	5	3	9
Canandaigua	Q. The access of reintegration services for veterans and their families would be without stigma	0	3	3	6
Canandaigua	R. Reintegration services provides quality transition services while veteran is still on active duty	1	3	10	14
Nazareth	S. Family members get honest & excellent education on re-integration on a continuous basis (during & after deployment)	3	4	4	11
Genesee	T. Local media coverage to effectively disseminates information on availability of services for veterans and families (in addition to the VA)	2	0	0	2
Nazareth	U. Community members are aware of soldiers' reintegration issues	2	4	3	9
Genesee	V. The community service providers are aware of veteran families' needs	0	3	5	8
Nazareth	W. The global community is committed to the reintegration process	0	1	6	7
Genesee	X. Veteran services are at the local level and involve peer to peer support	0	3	8	11
Genesee	Y. Veteran to veteran advocacy promotes TRUST, resulting in	3	1	4	8

Action Steps

At each summit, small groups selected two themes for action planning. For each theme, they aimed to create solutions which would move that theme farther along on the “existence” continuum—i.e., that would make that theme a reality. For each, they listed

- Existing resources
- Resources needed
- Action steps to be taken, and where appropriate by whom that action should be taken

Theme	Existing Resources	What is needed?	Action Step	Taken By
Access to a Coordinated and Comprehensive Network of Services				
A. Veterans & Families have easy access to local comprehensive services	Community agencies	The agencies need to be integrated into one comprehensive, centralized point of contact (common website, help desk - one centralized number)	An agency to take ownership of this task or for a new agency to be created in government or non-profit sector to act as clearinghouse.	
	Veteran's Outreach Center (central referral & support)	Public Awareness-communications to troops & families, communications to existing & potential service providers (agencies, clubs, individuals)	Connect with existing resources	
	VA offers more than medical care	Continuing advocacy development & maintain connections for follow through	Vista intern (obtained by government grant) to build capacity for increased advocacy and networking	
	Local business/non-profit/individual contributors to services available to service member	Watch for & reduce parochialism	Incentives for volunteers or agencies- intrinsically motivated - self motivated, - extrinsically motivated - external incentives	
			Create a system for a general call for volunteers for specific functions	
	Local employers & businesses	Discounts for veterans from local businesses	Offer tax incentive to local employers & businesses for discounts to vets	Local and/or state lobbyists congressmen, senators
			Create both a written guide and electronic website local directory of providers & businesses that give military discounts	town council, chamber of commerce, county office bldg. recruiting offices
Logo for givers of discounts for tax deductions			graphic artist	
		Logo for military employers	state contest - participants that are veterans	
B. Service providers are aware of all services & resources for vets & families and can direct accordingly...clearinghouse	Data Not Provided			

Actions Steps (continued)

Theme	Existing Resources	What is needed?	Action Step	Taken By
Access to a Coordinated and Comprehensive Network of Services (continued)				
C. Local outreach service providers have a concentrated network that allows them to meet soldiers' varied needs	<ul style="list-style-type: none"> • Military onesource.com • FRGs • VA • VOC • NY State Division of Veterans' Affairs • County Veteran's Services - Amer. Legion • VFW VVW, DAV • Campus VAs • DAV transport shuttles 	<ul style="list-style-type: none"> • Individual unit involvement • Unification/awareness across agencies • Inclusion of OEF/OIF generation (needs, experiences) • To address needs of homeless vets • Outreach/Marketing/Advertising • Education - in service • Service provider coalition • Easily accessible locations (central & outlying) • More current eligibility definitions or alternative organizations 	<ul style="list-style-type: none"> • Develop service provider coalition • Institute periodic service provider conferences • Web/listserv/forum for providers to share ideas & info • Develop family component to veteran's service organizations • Increase partnerships and outreach 	<ul style="list-style-type: none"> • NYSDVA
D. Families of veterans have access to comprehensive services for "holistic" healing	Re-integration process - National Guard, 30-60 day for vet & family, 90 day for unit to reconstitute	Commanders to be more aggressive to make soldiers attend	Department of Defense creates better "out processing" transition	DOD
	Fragmented supports	Availability to more than just National Guard	Include family	DOD emails family and sends VA rep to them w/ benefits info
		Case Manager/mentor for process		
		Truly identify and evaluate what exists		
E. There is proactive advocacy to ensure that no service member is left behind	Data Not Provided			
F. Veterans and their family members have ease of access to coordinated services regardless of point of entry or contact in the integration system	<ul style="list-style-type: none"> • Casualty assistance officer • Veterans Administration (VHA, VBA) • Community Veterans Services 	<ul style="list-style-type: none"> • Continuity • Knowledgeable individuals • Outreach efforts (comprehensive) • Communication (comprehensive) 	<ul style="list-style-type: none"> • Comprehensive Package (benefits/services) for all service members and families (regardless of duty status and locale) • Pre/Post Deployment Seminars for all (mandated) - unit commander made accountable 	<ul style="list-style-type: none"> • "Dream Counsel" (Military, Veterans, Families, Advocates, Community Providers) (oversight committee)
G. Veterans have access to comprehensive services for "holistic" healing	Fragmented supports	Comprehensive re-integration process	Employment - Department of Defense has to begin when leaves and takes back to home community so that VA is ready to care for education for family	Department of Defense
		Modify HIPPA forms (begin to work with family a good amount of time before coming home)		

Action Steps (continued)

Theme	Existing Resources	What is needed?	Action Step	Taken By
Access to a Coordinated and Comprehensive Network of Services (continued)				
H. Services for veterans and their families should be individualized	V.A. - health/transportation	Non-traditional programs (engage peers, non-V.A.) - arts, writing, equestrian, fly fishing	Infrastructure discussion outside of veteran community	
	VSA - education/loans/pension	Individual comprehensive evaluation upon separation		
		Access to non-V.A. services/resources		
		Infrastructure discussion, re: outsourcing & relationship w/elder population boom		
Increased Support for Family and Children				
I. Children have access to support programs through the reintegration system	Very limited	Awareness	Organization	Veteran families
		Education on community level	Mission statement	Other volunteers
		Facilities	Document process	School districts
		Volunteers	Fund raisers	
		Funding	Donations	
		Community support		
		Media coverage		
		Increase veterans' awareness of service		
J. Veterans' children have easy access to counseling and support services	<ul style="list-style-type: none"> • Unit Family Support Groups • 4-H programs (outreach to kid programs) • College scholarships are available for military kids 	Less isolation for military kids	School visits by armed services rep. (preferably someone from community)	
		More community involvement/services available	PSA's about services available	local TV networks
		More programs available at no charge/minimal charge for children of service members	chat room, after school activities	
		Outreach to schools	Rec. center - put out info flyers, food	
		Big brother/sister program		
		Centralized database to identify kids who have parent mobilized, so help can be offered	Educate therapists about issues facing military kids & families	county mental health offices
		Increase awareness about these programs	public and school media campaign	
		"Career Days"- (bring service members in to school to talk to kids and teach about what's going on in military life)	Discuss with school officials, mobilize service members to get involved	
		Case manager to work with children	Grant funding	
		"Casualty officer" to work with kids who have experienced death of parent, or injured parent		

Actions Steps (continued)

Theme	Existing Resources	What is needed?	Action Step	Taken By
Increased Support for Family and Children (continued)				
K. Families of deployed Reserve & National Guard soldiers have open access to grass roots support from CBOs, churches, etc. for all aspects of life	<ul style="list-style-type: none"> • VFW • Churches - cookie brigade • Girl Scouts • Family Support Group -gen. co. • YMCA • Social Organizations (lions/Kiwanis) • Genesee Co. Churches United • Rochester Council of Churches • Orleans Co. Ministries 	<ul style="list-style-type: none"> • Child care for deployed families - respite • Spiritual, emotional, day to day emergency and peer supports 	<ul style="list-style-type: none"> • Education to groups • Finding out what are the veterans and their families needs • Community exercise to give ideas - brainstorm session (ex. Babysitting) • Media & Promotion about what is being done - safety without putting families in jeopardy 	<ul style="list-style-type: none"> • VOC • Vets Centers • Regional Task Forces (ROC, Gen. Co. Vet Support Network, etc.) • Service Providers • Family members of Deployed Vets
Military Commitment: Policy and Culture Changes to Improve Reintegration				
L. All active and returning military personnel and their families will be required to participate in a structured and confidential reintegration and assessment program	<ul style="list-style-type: none"> • Vet outreach • TAP class (transition assistance program) • PTSD clinic (input/output) 	<ul style="list-style-type: none"> • Local vet outreach • Increase in participation of "posts" including VFW, American legion • Increase in collaboration between VA and community agencies • Involvement of schools, support of interest to a younger generation (teach) 	<ul style="list-style-type: none"> • Public policy initiatives, legislators • Establish local outreach centers • Increase partnerships 	<ul style="list-style-type: none"> • Vets • SVC providers • VA, "posts" • Vet support network • MHA • Vet Outreach Center
M. Veterans have ongoing support to face the pitfalls of reintegration	<ul style="list-style-type: none"> • G.I. Bill • 3-Day Demobilization • Veterans Outreach Center 	<ul style="list-style-type: none"> • Updated skill assessment • Local credentialing (school, licensing) • Longer, paid transition period to provide continued care (PTSD) • Local briefings 	<ul style="list-style-type: none"> • Availability of skills assessment during LONGER transition period • Establish Military FAMILY Support Center provide "one stop shop" 	<ul style="list-style-type: none"> • VOC already provides. Need contracted services to fully test/validate KSAs • Patrick Coffey Military Family Support Center (government funded or P.C.'s endowment)
N. Veterans receive lifelong adequate medical care	Tricare for life	No cost or rated cost based on length of service	External counseling access identified	VA
	Duration based medical coverage	Faster access to mental health services	Less red tape/paperwork	
		More medical centers of excellence		

Actions Steps (continued)

Theme	Existing Resources	What is needed?	Action Step	Taken By
Military Commitment: Policy and Culture Changes to Improve Reintegration (continued)				
O. Veterans have individual case managers to help them navigate and understand the benefits system prior to release from active duty	Short classes at time of discharge		Extend discharge date (x # days) past date that you leave de-mob station. Everyone leaves & goes home, but service member still getting paid. Go to local reserve center & then fill out all forms, understand importance of filling out forms truthfully, have time to ask questions unhurriedly & get help needed with case manager onsite.	DOD & VA
	Limited case management for "avg." families/vets	Reserve center or A.D. post to assign case manager		
		Longer statute of limitations for returning service member to report problems to case manager		
		Meet with case manager at earliest time & at regular intervals		
		Service members not to jeopardize future benefit eligibility or access to treatment because they rush through forms to get home fast		
		More offices & staff		
P. Unified support services (mental health, education., med.) are consistent across ALL branches of service, for the vets, spouse, child and family	<ul style="list-style-type: none"> • Army - Family Programs • Army - Family Readiness Group Meetings • Army - Homecoming deployment briefings • Army - Reintegration • Army - Marriage enrichment • Army - Youth programs 	<ul style="list-style-type: none"> • Military Community Centers (Family Assistance, Family Readiness Groups) • Family reintegration (out processing, counseling) • Follow-up 	• Community based advocacy for unified support	<ul style="list-style-type: none"> • All veterans group (ex. American Legion, VOC) • Congressman/Senators/Legislators
Q. The access of reintegration services for veterans and their families would be without stigma	Chaplain	Increased behavioral health support in combat units	Education	Military, veterans, community, families
	Resources exist in community	Enlighten military culture to facilitate understanding and acceptance of wide range of behavioral health issues	Self Disclosure (awareness, acceptance, treatment of behavioral health issues)	Military leadership
		Elimination of consequences of seeking help and support		

Actions Steps (continued)

Theme	Existing Resources	What is needed?	Action Step	Taken By
Strengthened Transition Planning and Reintegration Education				
R. Reintegration services provides quality transition services while veteran is still on active duty	Transition counselors	Combat experience counselors; more veteran counselors	Recruit combat counselors	Dept. of Labor, Dept. Defense (fed, state agencies)
	10 days "to clear"	Period of time dedicated to transition only	Mandate continuing education for chain of command	Defense Dept.
	Different units have different approaches	Consistency amongst branches & units	Mandatory registration with VA at home prior to discharge	Military Personnel
		All veterans to be registered at a VA facility (central registry) near their home before they're discharged		
		Financial advisors		
		Mandatory civilian plan done by vet prior to discharge		
		Career linkage between military & civilian life		
S. Family members get honest & excellent education on re-integration on a continuous basis (during & after deployment)	Recruiting offices & reserve units	honest & ongoing communication & resources with recruit & family	Develop a Resource Guide	
		pamphlet of local veteran services & providers	Establish known location for Military Family Support Center	Operation Welcome Home & Recovery, Rochester Region Coalition & Area Provider, Vet Center & VA
		veterans resource guide for individual counties or towns		
	FRG During Deployment (Social Organizers, Phone Tree)	Continue after demobilization. for all care givers		
	Handouts with general info (returning) short briefings			
	Resources available @ military installations	Better organized trained and connected FRGs Resource Guide w/ Local contacts (Available for Guard, Reserves and Discharged Service members per State & County)		
T. Local media coverage to effectively disseminate information on availability of services for veterans and families (in addition to the VA)	Central referral services website wnmilitaryfamily.com	Local news coverage featuring community service providers	Provide media with access to info on available services	Public Affairs officers
		Feature news stories on local veterans events/services	Mass distribution of DAV newsletter	DAV, American Legion, VFW, Posts
		Greater distribution of local veterans' organization's newsletters		
	Tricare Reserve Select Local Newsletter			

Actions Steps (continued)

Theme	Existing Resources	What is needed?	Action Step	Taken By
Raised Community Awareness and Education				
U. Community members are aware of soldiers' reintegration issues	VA educates law enforcement	Veteran's court - Rochester (in works)	EAP - businesses	
		Diversity training - vet reintegration	Multimedia - blogs, YOUTUBE, Facebook documentaries	
		School awareness Faith community	Family members telling their stories	
V. The community service providers are aware of veteran families' needs	Pre-deployment briefings	More options w/regard to benefits for veteran families	Community education	County/State
	Deployment briefings		Symposium for providers & networking amongst providers	Service providers
W. The global community is committed to the reintegration process	DOD Directives	CDR's need to set priority for mandatory participation	Notify wife, mothers, etc. of services to members	Unit CMD Structure
	Family Readiness Groups.	Offer services to all family members even if in different cities or units	CDR's need to be accountable	Congressional Audit
			Employers & media & media	ESGR
Peer Support For Veterans				
X. Veteran to veteran advocacy promotes TRUST, resulting in increased service utilization--add local and peer to peer	NYSDVA, NYS DOL	More veterans service providers involved in reintegration briefings	Advertise to service providers	V.A., VSO, VSA, DOD
	Vet. Service Agency	Individualized curriculum to support service members and dependants needs	Educate service providers	Command, Army, Navy, Marines, Air force, Coast Guard
	Veteran Service Organization		Notify and invite providers	
Y. Veteran services are at the local level and involve peer to peer support	V.A.- volunteers are vets	Alternative resources that are unique/innovative	Formalize or structured peer programs	CBOs, VA, VSOs, FBO
	Veteran service organizations - legion, active duty personnel.	Innovation that draws in younger generation	Coordination of peer programs	
	V.O.C. (Monroe)	Vets. Core - mentor program		
	VSA Site (Selected) - social/medical	VSA Symmetry		
		V.O.C. expansion Mental health I.D. - In vet community support to geriatric vets, emotional issues etc.		

Background Data

Interviews

Early in each program, stakeholders paired off and interviewed each other using an interview guide provided by CGR. CGR collected interview notes from each participant. In this section, responses to the following two questions are listed:

- ◆ One strength of the current reintegration system
- ◆ Three wishes for an improved reintegration system.

Note that responses are transcribed verbatim, with no editing or attempt to clarify.

Strengths

Interview Question: "In your opinion...what is a current strength of the reintegration system? Why? Please be as descriptive as possible."

- Does not have a lot of knowledge, it happens by word of mouth. She took home info to her family
- Social worker available that work with three folders, medical and benefits side; soldiers now being taken away as opposed to WWII and Vietnam
- Family look in VA from May-July, 1st compensation expected
- Knowing the system, not taking 'no' for an answer, being a guiding light, supportive
- Help veteran placement system; employment benefits; getting help they need, very rewarding
- I don't know anything about it
- People are addressing it; consciousness
- Vet. Centers for PTSD counseling; they not only deal with the veterans, but help spouses, children, parents. Totally confidential
- re: (National Guard) - recognize from past mistakes, brings families, contact my counselors, 30 day reintegration needs to be mandated
- Contact with VA health care is in Syracuse; Incredibly devoted and focused on providing services, willing to try new things; Often VA produced DVD to help educate new providers and general public

- Fact that it is a big organization, services and facilities are available; Support that soldiers and families give each other rather than what system provides (remain a lot of work to be done); Staff are incredibly devoted to what they do; Family readiness programs, welcome and airport - trying to be there for their fellow soldiers
- VA and Outreach Center working for vets
- Soldiers have to attend demobilization. Class on benefits, also examine soldiers before they are discharged
- Strong bonds seminars given by unit; Bring issues up after deployment to help married couples after being away from each other
- Effort to try and connect with veterans and their family; it opens avenues for new and innovative interventions
- Trying to do the right thing -intention good; need guidance - integration
- Recognize military duty, active duty (combat experience)
- This type of program to improve awareness and providing info
- Working with students entering college to understand the new system at college transitioning from the military and if they need more support helping them
- No knowledge
- No clue as to not in valued in process; as a parent, we were not notified.
- A better way to meet individuals with people with follow-ups. How you make them feel safe, warm and give them shelter
- Not sure of positives, NOT working well enough; Needs improving education check list does not work; educate as it can be years before comes an issue of follow-up for years personally contacting sooner is better; advertising campaigns media, volunteer; time ripple PSA should be used other than 6 am Sunday
- Welcoming comrades from Vietnam era, GI bill, legislation, services, VOC, inspect
- VOC - At crisis state for family they listened, supportive and often help - interacted with son and attended court proceedings due to son's troubles. Had support from family and they responded, wife found through contacts at work DePaul Clinic

- Debriefing about services, screened, positive things
- VA has learned from them, how to provide services better now. Good for being open, flexible and acceptable
- Organizations understand returning Vets more understanding than the government
- Veterans organizations (ex. VOC); Community base work best
- I don't think it works that well. It's weak right now. When I left my baby was a baby, when I came back she was walking, talking, etc. Husband left five days later, I didn't know how to get in the house, use the keypad. I didn't have a break - no time to adjust. Depressed, poor sleep and appetite, Dave didn't want me. Didn't want to talk to counselor
- No experience yet, first time
- Informing the service member
- Want to know what the college can do by collaborating with the VOC
- More familiar system. Strength may be that we recognize we need a system
- Better job preparing families like homecoming programs available, Can't get people there, prepare for multiple deployments
- Level of awareness needs of vets, collaboration; doesn't know all but want to learn; doesn't have exposure to system or veterans
- Phonebook for VA
- Needed supports through VA initially, now he receives better help; Suicide hotline
- Very good group of people interested in this locally, plus having a VA present
- Unsure of what is out here, other than what is available - G.I. bill
- Mental Health Assessment that good military is acknowledged, there is an issue with Vets coming back
- Functions like this one, community involvement, VOC puts the word out for "operation welcome home", existing outreach resources - collective aware of vets, learn from mistakes; Variety of disciplines involved, many people coming forward

- The availability of different community agencies out there devoted to improve the health of all communities and military members; Funding supports already out there in spirit of collaboration, a theme for veterans to take military to work
- Not familiar, registration is APX.
- Not involved a lot, don't know yet, wants to know
- Services provide assume, have no experience, need to learn
- Family involvement is current strength, the families are part of reintegration, not just the soldiers
- Unsure, Haven't experienced reintegration system; (military) (closing) to include hospitals suicide increase
- Adapting, attempting different approaches to achieve results, readjust family, keeping count
- Different reintegration systems- families, peer to peer and vets centers working together over time
- Can't answer don't know more familiar with NH Vets due to geriatric and medical needs and reintegration
- Answer - I don't know
- Financial security for family members who are retired career military; VFW and American Legion - social aspects, camaraderie
- Schooling; don't know a lot about it
- Outreach attempt to educate veterans about supportive service in community; ex. At Fort Drum - when troops are discharged, being truthful on where to get counseling and benefits
- Veteran's Affairs' services branch- active duty; recognize importance of reintegration of society, Members without reintegration. - Military will suffer
- A retreat for soldiers is a great strength and the fact that they offer services. The retreat is mandatory which does not single any soldier out from receiving service
- Summits like this - being proactive and meeting to learn how to help the soldiers return from active duty; recognition that we need to inform and develop services to help the soldiers

- Not sure of system; positive support, helps him inquire- VA -finds resources to seek out and ask questions, ex. About benefits
- A lot of services available (ex. Families, kids), VA in terms of services
- Veterans at organizations, partnering to provide to get veteran's benefits; Common between veteran organizations - more commitment to working together between the veterans
- Department of Defense making more effort with Veteran's Affairs to work together and be on same page; Military support organization (community outreach)
- Not sure - has heard of PTSD clinic; caring community, still learning
- People are whole heartedly helping and doing all they can to help; encouraging to see the network of care; great relatives with VA. Impressed with quality and passion of people and how they want to help
- Not aware of strengths in Genesee County; Strength - open to more cohesive approach and alternative to reintegration looking at transportation
- Bias - not much is working; Demand greater than resources and we are way behind the 8 ball
- This workshop, thanks to former vets; they see the need now, but didn't think see it was necessary 30 years ago; Continued to get through to outreach center
- Work with group in Genesee - meet monthly - document events, service medical records, date, time, place
- Support system is beneficial for returning servicemen. Warmth and appreciation to show, though many groups make it easier for service men to come home, support groups available
- Not directly involved with the reintegration; needs to know various contacts to assist veterans
- Group for military pride, gives service members information. A place to share information and feelings
- People involved in system are people that care about returning veterans and what happens to them; they know how badly Vietnam vets were treated, politicians know how tuned in, VA much better trying to help
- Not sure very well and that is why am here to listen, learn

- Genesee Co - VA: Good social worker, department of labor work together - good collaboration and referral service. (education, medical, good services)
- Don't have enough knowledge on this subject. That is why I am here. (collaboration is good in own county); goal to hear what they need to support and refer them to the agencies
- American people's attitude, counseling service providers helping out. People appreciate the service provided by veterans, a lot of service and funding
- The new Guard 30-60-90 program
- VA Staff - Hospital
- Government sets the bar, people need to make sure they are doing that; county agency a strength; VA system/good base
- A great PTSD program here in Batavia - people who volunteer; He goes and meets people at car and carries luggage
- Good care at local level, quicker outreach, 1 to 1 key point contact

A Magic Wand

Interview Question: "If you had a magic wand and could make 3 wishes come true, how would you improve the reintegration system? What would you do?"

- Have to do it prior to discharge similar to a hospital discharge coordinator to help them plan their move home
- Health care for all vets regardless income - no limitations
- Family counseling when they come back vs. individual counseling for vet only. Spouse and children
- More places to go to for counseling and free counseling
- Children counseling - re: vet died
- Military needs to serve people better when they're leaving, give better information
- Benefits to retired combat vets, move more (balance) merit (orientation)
- (Department/Dependant) benefits
- More education for the returning veterans as a provider

- Adequate facilities for medicals
- Job training, adequate medical help
- Being successful to the fullest
- Reduce Bureaucracy
- Political - needs to be improved all levels, grass roots to state to country
- 24 years service with state successful stories with integrated veterans
- Offer more support for Vietnam vets
- Generalized mailing
- Must begin in military 10 days to clear - focus on immediately getting out
- More funding - therapy, resources
- College courses to understand, more specific to the experience of combat
- Military to recognize symptoms of PTSD and not make it a negative stigma
- Fed government to spend more money in health care or benefits for veterans
- VA upgrade veterans' benefits
- Mandated reintegration (for incentives)
- Help families live, how difficult life changes and shattering
- Feel the "switch" to help heal
- Access to TX
- GI Bill Extension
- Provide case manager to work with individual families
- Improve career services
- Focus on issues that might lead to homelessness
- Publicize more available resources

- Little benefits explanation
- Mental health services including multi-sensory rooms
- Improved access to health services for vets
- "Case manager" work with military before they come home, sometimes need help before they come home - friends and family not always available or know how to deal with problems
- Career services - military experience does not always translate to private sector
- Improved services for kids (counseling, support groups) PSA's about availability of these service
- More family time with meetings together
- More on rights and programs for vets
- People that listen and do things to improve VA programs
- Benefit Counselor visit colleges
- Job fairs
- More offices to go to for help (computer. education, etc.)
- More information that actually gets to service members
- Help with VA claims and where to get it
- VA medical centers are used by all vets and not just if you have a documented disability
- Improve coordinating services between provider's business
- Programs too much all at once, so much information - too much for vets and family members to understand point of contact person to help to vet member that need help with court systems, appointment with mental health
- Increased funding for innovative services
- Improved facilitation for vets and their families to available services
- Lessen stigma around accessing services
- Truly integrated services - veteran centered

- Improved ways to engage veterans and family members
- Create feedback, Meeting needs, continuous assessment
- Accountability to veterans
- Less bureaucratic
- Increase empathy
- Put resource in place that recognize the needs of combat vets expenses
- Mandatory MH program if referral has been made
- Family counseling pre/post deployment
- Decrease stigma of needing help
- Better understanding of resources available from a civilian perspective
- Understanding of what he/she might need to be sensitive to
- Better understanding of what the community could be doing to help - it is isolating not to know
- Cultural and psychological evaluation and treatment
- Include family members for BOTH single and married soldiers
- Local briefings for returning soldiers
- More state and country specific, Re-organize the VA, make them more sensitive
- How to involve my beliefs to get peer support
- Having trained therapists to know what combat is like
- Be able to have groups that they can feel safe and trusted
- Money
- VA open minded to energy, psychology
- Engage in community support for presentations
- STOP any war completely, no fighting at all, 2 and 3 not needed

- Decompression time-period of 30-60 days, base working in military environment
- More seminars and brochures for families of returning soldiers education of families
- Legislation - hiring veterans and setting up companies who know veterans most
- More information given immediately on where to go for assistance
- More support for family members
- Follow up - stay connected
- User friendly - services, question, (RAC) direction
- Community forums/research to get involved with
- Enough service providers
- Continue outreach in community
- More support for children
- Outreach more in the community
- Jump through hoops for benefits having an advocate, rudeness of some workers
- Recreate V.O.C. accessible nationally
- Ensure veterans are actively involved in this organization to bring awareness to government unity
- Communicate effectively to all veterans and family through TV, radio, etc.
- More emotional support for returning soldiers because Iraq is very different experience from services to help families get reacquainted with each other
- Period of veterans' deployment - return and redeployment is not a vacation or a rest. There is continuous adjustments and training for redeployment, no time to get situated! We were told "We need bodies, not feelings"
- Way to contact veterans coming back

- Place to go to get information
- Public awareness of needs/benefits
- individual "handler"
- Simpler processing
- Provide on going care and support to soldiers
- Provide on going care and support to families
- Public education critical
- System/government recognizes that military doesn't end when your turn is up. Continuous of care needs to continue
- Case worker contact person that needs to be in place
- Families need help too
- Veteran system is closed. Don't need to be all encompassing, other systems can be exclusive
- Families on pay status - to talk separate from military member
- Educate schools, kids having problems, be aware actions relate to deployment
- While deployed, education for spouse, busy and involved keeps mind off
- GI Bill
- Thorough medical and psychological evaluation
- Services available, counseling, Dispels rumors/ideas of counseling
- People/vets identified earlier in return to give earlier access to services available and address needs
- Awareness of civilians, and of services available, better communication
- Medical issues all at once not just knees/back etc.
- His availability that fits his work day after hours - 7pm
- Change out process from active duty and include family; marines not allow

- Communicate earlier - overall support
- Tricare
- Brick and Mortar- an outreach center serving vets in this county - advocate for funding for identification of special needs for vets in courts to evaluate before the process continues which cuts across all courts.
- Advocate for change in laws, state legislation and Veteran's Affairs
- More family support, heighten awareness of families
- Members returning home get free education as much as they want to Ph.D.
- Vets should not have to work for their benefits, red tape
- Extend their orders to cover 3-6 months to be involved in their community support groups, specifically for them in need of work; focus on reintegration not worry about financial problems
- Employers be given greater tax breaks/incentives to higher national guard and reservists wouldn't have to worry about losing job
- Local government officials would understand and would be trying to help with the process in community at local level
- Eliminate stigma attached to being psychologically wounded
- Raising awareness of adults, know how to tell if a child is affected by military service of a parent
- Jobs/Education, more money for veterans
- Slow fast paced culture, pay attention to how people are forever affected by military service
- More public support for those who've served and ability to put political biases aside
- Recognize that the demobilization is a waste and each step should be eliminated
- start off talking with person - no computer answer system, one person central coordinator
- Easier sigma system - Before V.A.
- Erase both stigmas because they don't see the good the military is doing

- Vet and family know services available and easily accessible
- Respect and support for everyone involved
- Getting work
- Linking with services
- Fill in gaps
- Better job guarantees
- Longer medical coverage
- Additional 30 day block leave
- Info on VA and centers for help
- Reopen VA centers and improve
- Bring troops home resolving all issues - mental/physical issues
- All money spent on Iraq to be available for troops; wants to be in charge of money
- Create a system that is easy to follow all
- Comprehensive effort with all agencies
- Agency follow-ups over long period
- Whole personal approach-physical, mental, don't treat symptom, treat person
- Continue to increase mental health services
- Continue to improve any support needed
- Updated GI Bill
- Update VFW Ladies Aux to develop services, etc. for young spouses
- Get rid of mental health stigma
- Respect for everyone - especially those who have been challenged physically and emotionally
- Access department for health waiver, eligible for more state programs

- Education between agencies - better way to network
- Better trained and paid providers
- Better communication and understanding of providers - what they offer and how to get it
- Stop the bureaucracy - so will learning people and their jobs and get it done
- More emphasis giving the family support while soldier is away
- Paid public awareness of sacrifices and employer support
- Dedicated funding for V.A.
- Rework system for consistent standard from V.A. - Active Military & Congress
- System - applicable to all active guard and resource
- Unit-integrity - away from family and community
- Sufficient funding - community and family integration
- Expand effort VA and Military on family support
- That information that is given should be broken up and not all at once
- Getting more family involvement
- Getting the community more involved (National Guard Soldiers)
- Community informed and involved
- Voters informed
- People continue to care and want to help soldiers
- Career counselor in Career Development Center be a resource
- Someone to talk to educational system
- Post deployment, soldiers need more time, (at least 1 week)
- More education for officers, soldiers
- Higher education- and for possible disabilities

- Keeping organization together sharing information
- Communicating more often between VA & Veteran organizations
- Written materials
- Job back if recent/active duty/National guard
- Deployment/communication and education on what to look for (training on benefits)
- Department of Defense should work more closely with VA
- Connect when coming home - required talk for one week
- Phasing back to society - phasing out of military
- Financial support - job support – evaluation
- Something that they will use
- Families support for kids/services
- Family Programming - how to get a hold of families, create "art" of access to families
- Provide an outlet for vets to create - into "therapy" creative realm
- Access to people who are in health care - provide a positive therapeutic benefit through arts-Outpatient, Push ins, In patient
- Connect veterans to each other
- Transportation (a lot of DWI, loss of license, cant get approved)
- Establish veterans outreach center in Batavia
- Anticipate veterans family needs effectively
- Steps in place to make sure soldiers survive
- That they reach out to more families
- Better coordination to decrease duplication if efforts
- That the system remains in place not just during war time
- This kind of research is on going, focus on positives

- Show agencies came on board, outreach for volunteers peer to peer
- Services to recognize this is an issue and provide resources
- Have returning vets meet with service officer's upon immediate return
- Need complete physical exam and medical attention
- Enrolled in VA healthcare system upon return 5 years free medical, go once a year
- More focus on family issues
- More services offer to family members (especially children)
- Weeks paid vacation on the government; reasoning is the service took 1 year of life, Give back 1 week
- Educational benefits for family members
- They know where they can go for new benefits
- The correct person to know what is right for veterans
- Support systems for PTSD
- Marriage counseling
- Support Groups/treatment centers that offer free services
- Wish everyone was more aware of benefits
- They reform info so they can take advantage of benefits
- Send to school GI Bill, week employment for veterans, Tuition Award and TAP and Pell – additives
- PTSD goes away (ever really cured?)
- Solution to help people
- Get jobs for veterans that would be self worth
- Continue meaning relationships with families
- Fewer veterans getting into trouble
- Department of Defense and Veterans Affairs talk to each other and have a transition for veteran into civilian life

- Expedited period of claim processing
- System from NYS - to forward a DD214 (discharge papers) to V.A. - local office
- Community education - 2nd any provider and social worker
- Issue was in mental health - with vets private and community service providers
- Availability of choice - not all vets can use the Veteran's Affairs
- Better Funding - into the community services
- More hospitals, counseling
- More counseling
- Peer guidance and follow-up
- Education benefits, past 10 years
- Make it mandatory
- Soldier and spouse are open minded
- Make word out better
- More counselors
- Better care hospital
- Follow-ups
- Veteran's Affairs inclusive - active want everyone's family
- Devoid system from politics
- Lottery so could have money for all we need in this area
- Each system connected before leaving for service that they could reach out to for any needs and well dependant on support for them in outreach center
- Receive Department of Defense medical records timely
- Better communication training
- Faster approval, active duty

- Work incentives as opposed to disincentive advocate
- Normalizing - reducing stigma early intervention taking opportunities to increase awareness
- Improved benefits for vets and families

APPENDIX B – SURVEY RESULTS

Survey Results

As part of the *Voices Together* summits, veterans, spouses, and other family members completed a brief survey assessing their experience with the reintegration system. The survey contained 12 questions which assessed demographic characteristics of respondents, ways to reach veterans, importance of services in promoting successful reintegration, and veterans' access to and interest in services. Veterans and family members were asked to complete the surveys anonymously during each Summit. A separate survey was distributed to service providers (this data was given in raw form to the Veterans Outreach Center). Forty-two veterans and family members completed the voluntary survey.

Respondent Characteristics

More than half of survey respondents were female (62%). Two-thirds of respondents were between 23 and 54 years old and 29% were age 55 to 64. The vast majority of veterans and family members completing the survey were white (88%), while a small proportion was black non-Hispanic or Hispanic (both 5%). Over two-thirds of respondents were from Monroe County (29%), Genesee County (14%), or Erie County (12%). Almost all were from the Western New York region, although there was at least one participant from the Eastern end of the state—attending from Rensselaer County.

Veterans accounted for 45% of survey respondents and two-thirds reported being either a spouse or a family member of a veteran. Seven of 42 respondents were both veterans and family members of a veteran. The veterans who completed the survey were primarily associated with the Reserves (48%) and over one-quarter were associated with an active component of the military.

Reaching Veterans

Veterans and family members participating in the Summits reported learning about them in a variety of ways. Nearly one-third of survey respondents found out about the event via e-mail. Approximately 20% learned about the event from other services members and just over 15% learned about it from a family member. Seven of 42 respondents learned about the event through more than one method.

Approximately half of respondents (48%) thought that fellow service members were the best method to reach other service members. Although only 7% indicated hearing about the event through a mailing, one-third pointed out that mailing would be a viable way to reach veterans. One-

third also indicated e-mail as a good way to reach service members. Other methods selected by less than one-quarter of respondents include flyer, friend, poster, family member, and phone call from service providers. Survey respondents were able to select multiple responses to indicate the best ways to reach other services members.

Importance of Services in Promoting Successful Reintegration

Survey respondents were asked to rate the importance of various services in promoting veterans' re-entry into civilian life. Table 1 below shows respondents' ratings for each service, in order of importance.

	Very Important		Somewhat Important		Not Important	
	n	%	n	%	n	%
Mental Health Services	40	95	2	5	0	0
Health Care Services	40	95	1	2	1	2
Support Activities for Families	38	90	4	10	0	0
Support or Advice in Navigating the VA Health Care System	37	88	5	12	0	0
Employer Education and Awareness	35	83	7	17	0	0
Advocacy	35	85	5	12	1	2
Employment/Training/Workforce Support or Development	34	81	8	19	0	0
Opportunities to Interact and Socialize with Other Veterans	26	62	15	36	1	2
Financial Planning or Advice	24	57	18	43	0	0
Public Displays of Support (e.g. Operation Welcome Home)	24	57	14	33	2	5
Internet Support Services	11	26	27	64	4	10
Other	8	19	34	81	0	0

Mental health services, which include therapy, counseling, support groups, and medication, were rated as the most important in promoting veterans' successful reintegration. 95% of respondents rated mental health services as "Very Important" and 5% rated it as "Somewhat Important." Health care services were rated as a close second, with 95% rating as "Very Important", 2% as "Somewhat Important", and 2%, as "Not Important." Veterans and their family members thought that both mental health services and health care services are central to successful reintegration into civilian life.

Survey respondents indicated that support services related to families and accessing VA services are essential in promoting successful reintegration into civilian life. Advocacy services were also rated as highly important to promoting successful reintegration. Opportunities to interact with other veterans were rated as moderately important and community-based support such as public displays were less important to veterans and family members. Although current literature shows that younger veterans utilize online social support such as online chat rooms, MySpace, and Facebook, respondents to this survey did not rate Internet support systems as important. The composition of the respondent group likely contributed to this finding. Only 1 respondent was under age 23 and nearly one-third were over age 54.

- Support activities for families was rated “Very Important” by 90% and “Somewhat Important” by 10%.
- Support or advice in navigating the VA health care system was rated as “Very Important” by 88% and “Somewhat Important” by 11%.
- Advocacy was rated as “Very Important” by 85%, “Somewhat Important” by 12% and “Not Important” by 2%.
- Opportunities to interact and socialize with other veterans were rated as “Very Important” by 62%, “Somewhat Important” by 36% and “Not Important” by 2%.
- Public displays of support (e.g. Operation Welcome Home) were rated as “Very Important” by 57%, “Somewhat Important” by 33% and “Not Important” by 5%.
- Of the 11 services listed, only Internet support systems was rated as “Very Important” by less than half of respondents; 64% rated it as “Somewhat Important” and 10% rated it as “Not Important.”

Another key component of reintegration in the community is re-entry to the workforce. Services related to employment were rated as highly important to successful re-entry by more than three-quarters of survey respondents, whereas financial services were considered slightly less vital.

- Employer education and awareness was rated as “Very Important” by 83% and “Somewhat Important” by 17%.
- Employment/training/workforce support or development was rated as “Very Important” by 81% and “Somewhat Important” by 19%.
- Financial planning or advice was rated as “Very Important” by only 57% of respondents and “Somewhat Important” by 43 %.

Veterans’ Access to and Interest in Services

Veterans and their family members were also asked about utilization of and interest in Department of Veterans Affairs and Non-VA services since return from tour of duty. Data are presented for veterans and family members separately in Tables 2 and 3 below. The responses of the seven survey respondents who were both veterans and family members of veterans were categorized as veterans for this analysis.

Veterans were more likely to report accessing VA services (84% vs. 53% accessing non-VA services) and also reported much greater interest in learning more about VA services (68% vs. 26% interested in non-VA services). More than half of the veterans surveyed reported using a VA-

affiliated Medical Center (58%), a VA-affiliated outpatient clinic (53%), or a Vet Center (53%).

Relatively few veterans reported using any one non-VA service. Slightly less than one-third accessed a non-VA hospital or medical center, 16% used a non-VA outpatient clinic, and one veteran (5%) used home-based health care services. Only 11% reported relying on other community support, which might include VOC, Mama Cindy, or places of fellowship and no one reported using community center services.

	Accessed Services		Want To Know More	
	n	%	n	%
Department of Veterans Affairs	16	84	13	68
Medical Center	11	58	8	42
Outpatient Clinic	10	53	7	37
Vet Center	10	53	9	47
Non-VA	10	53	5	26
Hospital, Medical Center	6	32	0	0
Outpatient Clinic	3	16	0	0
Community Center	0	0	2	11
Home-based Health Care	1	5	0	0
Other Community Support	2	11	3	16
Other	1	5	0	0

Unlike veterans, family members were more likely to report accessing non-VA services (48% vs. 38% accessing VA services); however family members were nearly equally interested in VA and non-VA services, 62% and 67%, respectively. Family members were most interested in learning more about Vet Centers (57%), Community Centers and Other Community Support (both 43%). This might reflect that family members have a greater need for social support and a lesser need for health care services. One-third indicated interest in learning more about services provided by VA-affiliated Medical Centers and also about VA-Affiliated Outpatient Clinics.

	Accessed Services		Want To Know More	
	n	%	n	%
Department of Veterans Affairs	8	38	13	62
Medical Center	5	24	7	33
Outpatient Clinic	5	24	7	33
Vet Center	4	19	12	57
Non-VA	10	48	14	67
Hospital, Medical Center	4	19	3	14
Outpatient Clinic	4	19	2	10
Community Center	2	10	9	43
Home-based Health Care	0	0	4	19
Other Community Support	7	33	9	43
Other	1	5	2	10

Veterans had higher rates of utilization of both VA and non-VA services overall, but family members were more likely to use certain types of services, such as community centers and other community support. Despite a high degree of use among veterans, two-thirds of veterans and nearly two-thirds of family members are interested in learning more about VA services. Family members are far more interested in learning more about non-VA services than veterans, particularly community-based services.

Summit Participant Comments

Survey respondents were also given space to add additional thoughts or comments. Several respondents expressed gratitude for being able to participate in the event and to Veterans Outreach Center. Another respondent commented that the program should be expanded into other areas in New York State. Participant comments are further listed below:

- “I think any program needs to have consistent standards, but take into account very real difference between [National] Guard/Reserve and Active Component needs and access to resources.”
- “Reintegration has many facets, contexts, and is individual to the veteran and individual family members. Needs are not only immediately following deployment, but prior to, during, and well after.”
- [Veterans] “Need longer paid transition period[s] after three-day demobilization.”
- “Personal contact [by] one vet to encourage another to attend and make use of benefits available.”
- “I would like to see VA doctors [be] able to treat multiple health issues at one time instead of waiting until one is completely finished.”

APPENDIX C – SUMMIT ATTENDEES SERVICE PROVIDERS

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