Warrior-Family Roundtable Discussion Summary
"RAND Study on Public-Private Partnerships for Providing Behavioral Health Care: Findings & Practical Applications to the Warrior-Family Community"
August 21, 2015

The Warrior-Family Roundtable (WFR) discussion was held August 21, 2015 at The Chicago School of Professional Psychology in Washington, D.C. The purpose of the WFRs is to expand on previous MOAA forums and efforts, as well as current programs and policies aimed at improving the physical, psychological and overall well-being of our warriors and their families. Roundtables are an extension of MOAA’s annual Warrior-Family Symposium (WFS) which brings together key leaders in Congress, the Departments of Defense (DoD) and Veterans Affairs (VA), and other governmental and non-governmental organizations and individuals to exchange ideas, collaborate and problem solve. In partnership with Zeiders Enterprises, Inc., the Roundtables provide a valuable, informal and non-attributional venue for more targeted and detailed discussions on topics and issues surfacing from the Symposium.

Summary
MOAA and Zeiders Enterprises recognized the positive impact of the assembled group of community leaders on the warrior-family communities and thanked The Chicago School of Professional Psychology for their continued participation and hosting the group in their facility.

The WFR included brief background information and an overview of the recent RAND study on, “Public-Private Partnerships for Providing Behavioral Health Care to Veterans and Their Families” to set the stage for group discussions around collaborative care models highlighted in the study and practical applications for implementing report recommendations to improve the standard of care for warriors and their families.

American veterans and their family members often struggle with behavioral health conditions, such as posttraumatic stress, depressive disorders, and family conflict, yet few engage and/or complete behavioral health treatment to address these issues. Barriers to care include trouble stigma, accessing treatment and limited communication between civilian and military health care systems, which often treat veterans and their family members separately. This breakthrough report aimed to further explore Public-Private Partnerships that could potentially fill a gap in providing behavior healthcare to this population.

Overview of RAND Report on Public-Private Partnerships and Outcomes for Consideration:

Key Research Questions

- What is a public-private partnership?
- How do you implement a public-private partnership?
- How do you evaluate a public-private partnership?

Little is known about how public-private partnerships could potentially address behavioral health concerns of veterans and their families. Often confusion and varying definitions exist around terms like public-private partnerships and privatization. Generally speaking, public-private partnership is defined as any collaboration, formal or informal between public and private organizations. Key characteristics of
these partnerships are sharing resources, risks and successes; institutional cooperation; community development; and long or short term contracts. RAND has identified nine key public-private partnership components or attributes relevant to veteran behavioral health:

1. Catalyst and an established need for change (e.g., VA, U.S. Interagency Council on Homelessness, HUD, others—Community Solutions and the 100,000 Homes Campaign)
2. Public sector champion, leader to serve as advocate(e.g. Thresholds and various local, Greater Chicago area and National Leader—the Veterans Project)
3. Support from non-public stakeholders at regional/local levels(e.g., Joint project of philanthropic groups and major academic medical centers—the Welcome Back Initiative
4. Detailed plans, agreements and resource strategies(e.g., NAMI and VHA memoranda of understanding agreements)
5. Clear, organized structure and participation partnerships (e.g., Institute for Veterans and Military Veterans at Syracuse University and VA—NYC4Vets)
6. Shared interests and active communication between parties(e.g., NAMI holds monthly conference calls with VA to continue active communication at both national and local levels)
7. Sustainability of plans and resources for short and long-term and ensuring consideration of financial capacity critical (e.g., 100,000 Homes model with national and local governments as a partner and not just a funder to place individuals and families into permanent housing)
8. Evaluation and improvement of practices and policies to track goals and performance (e.g., Hiring Heroes data collection survey of those who participate in training programs to assess needs of servicemembers and veterans)
9. Flexibility to changing priorities and funding environments to adapt to changing landscapes and communities served(e.g., 100,000 Homes noted that public partners were flexible and sought creative ways to maintain program momentum when resources were reduced due to sequestration)

Takeaways/Next Steps
- Improving mental health remains a national priority—must also serve families dealing with behavioral health issues.
- Need to do more to provide access to quality mental health services.
  - Plenty of champions – maybe too many, confusing to government
  - Organizations/individuals need help navigating waters/multiple resources to determine right organization/POC
  - Communities hungry to connect with others.
  - Multiple models are being used—public-private; public-public; and, private-private.
- More work still needs to be done—need more assessment of these models to get at metrics and outcomes. Should move forward with public-private partnerships in behavioral health to learn more about these models.
  - Partnerships don’t need to be organization-based
  - Don’t get caught up in infrastructure—Go virtual or in community – available to any partners.
  - Sustainment – key to get return on investment. Need to be mindful stewards of our money. Cost containment. Virtual peer to peer support may not need other treatments. Document how you are saving with collaborative programs.
  - Expectations are critical. What brings people to the table?
  - Some legislative barriers
  - Shift in collaboration – DoD/VA/HHS figuring out how to collaborate in different ways
Philanthropy—A lot of zeal and interest but very little coordination and no structure; need strategy to harness support
- Too much emphasis on “fix-a-vet” – need us as civilians long before they need us as professionals.
- Focused on PTSD – need to really get on board with substance abuse.

Case Study Participants/Discussions:
Institute for Veterans and Military Families, Syracuse University
- America Serves – NY Network of care
- Support development and coordination of care – benefits and services across the board.
- Shared set of goals – collective impact
- Continuous learning; approximately 48 participants--900 service members have used the network
  - Common intake assessment (key demographics and perceived needs based)
  - Very transparent and accountable
  - Recently setup network in Charlotte
  - Will be in Pittsburgh October 1
- Evaluation is a very important part of network.
- Indicators and metrics are determined by the group.
- Greatest need – employment followed by housing.
- Impact component still evades us – donors insistent on partners/sustainment and want to know impact.

Hiring Our Heroes, U.S. Department of Commerce
- Employment has a huge impact on mental health.
- Building relationships with government partners, Chambers of Commerce, VSOs and employers.
  - Multiple government partners – VA, DoD, SBA, Dept. of Labor, Army Installation Management Command
  - Helped to address needs—holistic approach that ties veteran and family together.
- Employers pushed Commerce – want to hire Vets but don’t know how.
- Transition Summit Platform
  - Enter community on installation and line up meetings with employers
  - Helping service members learn about other things that they aren’t thinking about.
  - VA Rehab Services – planning committees bring all partners to table for an event – create lasting footprint.

National Alliance on Mental Illness (NAMI)
- New to military space—worked with VA since the 1990s.
- Provide two programs:
  - Family to Family is a free twelve session educational program for family, significant others and friends of people living with mental illness and is currently available in all 50 states.
  - Homefront—a free six session educational program for families, caregivers and friends of military service members and vets with mental health conditions and is currently available in 15 states.
- VA provides the physical space for the classes.
- Take in a lot of folks who don’t qualify for VA services.

Thresholds
- Largest mental health care provider in mid-West, providing housing, employment, social work and case management.
• Serving veterans in unheralded fashion – do a lot in the community – program for vets run by vets—peer service/word of mouth particularly strong with this group. Consolidated all veteran programs to get a handle on the issue of trauma.
• Reached out to VA in 2009 but was unreceptive so had to find private funding.
• Lot of goodwill in the community for veterans – separating soldiers from the war so part marketing efforts and goodwill were catalyst for partnerships.
• VA in Chicago – really great, together with Thresholds they can help veterans navigate the system.
• Work with VA/veterans around housing—less intimidating to VA and over time veterans open up around other issues.
• Some veterans will never walk into a VA – once you do right by the Vets, they’re going to let others know – something about peer service.

• The RAND report can be used as a stepping stone to appraise partnerships.
• Need to get beyond process metrics
  o Can make a financial argument – don’t get lost in an emotional argument.
  o Characterize vets as assets – not deficient. They are bankable commodities – built to work and built to serve.

Group Discussion Questions

• 1. Other Models for consideration? Welcome Back Vets initiative
  • Warrior Care Network
  • NY State Clinic
  • Charlotte Bridge Home
  • Augusta Warrior Project;
  • TAPS Care Network – share technology, training, programs, evaluations

1. 2. Important next steps?
  o Government relations – a lot more work defining public-private partnerships within the government in terms of what it means. More work to done – share with leadership in Congress and Administration.
  o Community outreach fragmented. Identified and addressed a lot of needs, but a lot more we don’t know about. Need to become communities veterans can reintegrate into.
  o Bridge people to resources
  o There is power in collaboration.

  o Public-private partnerships are a good thing; concept at national level, great – reality work gets done at regional level. Utility to allow for each part to find each other and create partnerships. Something like Unite Us utility could be really helpful.
  o Biggest lesson – every community is different. There is no one size fits all. How we map wider space?
  o Grassroots level – contact in DC necessary. One doing great work is Augusta Warrior Project – would love to replicate with Hiring Our Heroes (employment, housing, mental health) to build communities and communication.
  o Need to share best practices with other organizations.
  o Build better communication – people work and stay in their lanes. How do we look across different lanes to build better communities for vets to come home too?
  o Think bigger – not just behavioral health – how are public-private partnerships working. Get past the idea of “fix a vet”.

4
Enormous sea of goodwill on how to maneuver through the system. Public connection important.

Key concepts are important – partnerships are very idiosyncratic—need for defined roles.

Great examples of working partnerships – how do we provide greater awareness of successful programs? Identify how best to connect vets to programs and program to programs in communities.

Learn about new resources. Put your info in master resource library. Welcome partnerships – use informal network – one way to do a work around – carefully consider.

It’s so much – don’t know where to start. Celebrate successes we are having, don’t turn into an environment that looks at every veteran as a problem. Keep awareness going, power at local level and networking. Contributing citizen to the U.S. – that’s success.

Theme of day – relationships.

Multiplayer game, philanthropic entities, customers

Collaboration and competition dynamics at play – focus on limited amount of dollars

Opportunity and responsibility to enhance what we’re good at

Program evaluation piece/baseline metrics needed

MOAA and Zeiders express our thanks to The Chicago School of Professional Psychology and to an enthusiastic and engaged audience. The WFR adjourned at noontime.

WFR Attendees:
Dorian Anderson
Nick Armstrong
Caroline Batka
Kathy Beasley
Rene’ Campos
Lynda Davis
Lauren Friedman
Mike Hartford
Michael Hayden
Ingrid Herrera-Yee
Robert Koffman
Jackie Maffucci
Brent Peterson
Lalaine Estelle
Ryan Robinson
Norb Ryan
Heather Sheets
Rebekah Stroman
Terri Tanielian
Wendy Tenhula
Scott Thompson

Zeiders Enterprises
Institute for Veterans & Military Families, Syracuse University
RAND Corporation
Military Officers Association of America
Military Officers Association of America
Tragedy Assistance Program for Survivors (TAPS)
The Chicago School of Professional Psychology
Zeiders Enterprises
Military Officers Association of America
National Alliance on Mental Illness (NAMI)
Semper Fi Fund
Iraq and Afghanistan Veterans of America (IAVA)
Thresholds
Tragedy Assistance Program for Survivors (TAPS)
MSO-VSO Liaison, The White House
Military Officers Association of America
The Chicago School of Professional Psychology
Hiring Our Heroes – U.S. Chamber of Commerce
RAND Corporation
Veterans Administration/Department of Defense Integrated Mental Health
Veterans Mental Health Coalition of New York City