Welcome Back Veterans (WBV) is a unique program established in 2008 with funding from Major League Baseball Charities and the Robert R. McCormick Foundation. WBV provided grants to medical schools around the United States to launch programs focused on addressing the mental health needs of service members, veterans, and their families.
THE PROBLEM

An increased need for mental health treatment options

U.S. service members and veterans returning from combat zones face increased risks of mental health problems, including posttraumatic stress disorder, depression, and anxiety. From 10 to 15 percent may have experienced traumatic brain injury, and a sizable number are at risk for substance abuse and alcohol dependence issues.

Despite substantial strides by the Military Health System (MHS), the U.S. Department of Veterans Affairs (VA), and community mental health providers, the mental health care system responsible for this population’s care faces persistent challenges in offering high-quality, collaborative systems to address veterans’ mental health issues and finding ways to engage families in mental health care.

ACCOMPLISHMENTS

WBV steps up to fill gaps in care

To help fill gaps in the current system, private-sector programs, such as WBV, have stepped up. An earlier phase of RAND work that monitored the emerging WBV programs found that they had value and offered a promising guide to similar efforts by other private entities. A second phase of RAND’s work found that the grantee programs had sharpened their focus on aligning their services with the WBV aim of establishing sustainable programs that support the mental health needs of service members, veterans, and their families through public-private partnerships. Grantee programs engaged in activities in four areas: delivering clinical services, training, raising awareness, and creating referral networks.

Delivering clinical services. Since 2010, WBV grantees provided clinical services to a total of 915 active component service members, 3,771 veterans, 901 reserve or guard members, and 5,146 family members in the form of screening, referrals, and treatment or care. Sites also developed other clinical services that focus on specific mental health issues and distinct populations of service members, veterans, and their families.

Training more providers, enhancing cultural competence. The WBV initiative rivals VA training in terms of number of sessions offered and number of people trained. Since the initiative began, grantees have offered 564 training sessions, attended by 28,736 learners. Training has focused on expanding the pool of providers who can deliver culturally competent mental health care to service members, veterans, and their families. About half of these sessions train health providers. Other sessions aim to educate service members and veterans, students, community members, fami-
lies, friends, and legal professionals serving military populations. Grantees have also leveraged their own expertise in evidence-based treatments to increase the number of mental health providers who are trained to deliver these treatments.

**Raising awareness and promoting help-seeking.** Programs conducted outreach and dissemination aimed at raising awareness about mental health issues and encouraging those with mental health needs to seek help. Grantees participated in community events; organized activities for veterans, service members, and their families; met with key stakeholders; and sent information about programs to targeted audiences. Some WBV sites also partnered with other organizations to disseminate information and recruit individuals into training and clinical services. Many programs also hired veterans as peer outreach specialists, who engaged other service members and veterans and offered support during service delivery.

**Creating referral networks.** The WBV initiative has worked as a safety net by helping to fill gaps in coverage for veterans, service members, and their family members who may be ineligible or unwilling to seek care elsewhere. WBV also referred eligible patients to the VA, MHS, and private or community health care programs for long-term or more-intensive care as needed. In this way, WBV’s partnerships and referrals helped individuals access appropriate mental health care from the most appropriate system. In addition, WBV’s efforts to raise awareness about mental health and reduce stigma associated with mental health care encouraged those who need help to understand their mental health options and pursue treatment as needed.

**MOVING AHEAD**

**How to sustain these efforts?**

WBV has made significant strides in developing programs to meet the mental health needs of service members, veterans, and their families and in improving collaboration with the systems of care in their local communities. However, sustainability challenges loom. As public and philanthropic support shifts and resources decline following the drawdown of U.S. forces deployed overseas, WBV grantees and other programs must adapt to sustain their mental health service offerings and meet the demand for care. Negotiating third-party payment and expanding collaborative networks are options for helping private mental health care programs, such as those in the WBV initiative, continue to build capacity and make a difference going forward. Organizations that support community-based mental health programs for service members, veterans, and their families should consider adopting an approach that promotes greater coordination and integration across programs and the different systems of care to help extend programs’ reach and strengthen their long-term sustainability.
This brief provides an overview of the Welcome Back Veterans (WBV) initiative, which provided grants to programs focused on addressing the mental health needs of service members, veterans, and their families.

Participating Welcome Back Veterans Programs

<table>
<thead>
<tr>
<th>PROGRAM NAME</th>
<th>MEDICAL SCHOOL AFFILIATION</th>
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<tbody>
<tr>
<td>Emory Veterans Program (EVP)</td>
<td>Emory University, Atlanta, GA</td>
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<tr>
<td>Duke University Veteran Culture and Clinical Competencies (V3C)</td>
<td>Duke University, Durham, NC</td>
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<tr>
<td>Red Sox Home Base Program</td>
<td>Massachusetts General Hospital, Boston, MA</td>
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<tr>
<td>Road Home Program</td>
<td>Rush University, Chicago, IL</td>
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<tr>
<td>Nathanson Family Resilience Center (NFRC)</td>
<td>University of California, Los Angeles, Los Angeles, CA</td>
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<tr>
<td>Military Support Programs and Networks (M-SPAN)</td>
<td>University of Michigan, Ann Arbor, MI</td>
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<tr>
<td>Steven A. Cohen Military Family Clinic at NYU Langone Medical Center</td>
<td>New York University, New York, NY</td>
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This series of research briefs describe work done in RAND Health and documented in *Bridging Gaps in Mental Health Care: Lessons Learned from the Welcome Back Veterans Initiative*, by Terri Tanielian, Caroline Batka, and Lisa S. Meredith, RR-2030-MTF, 2017 (www.rand.org/t/RR2030). To view this brief online, visit www.rand.org/t/RB9981z1.

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