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# Enhancing Capacity to Address Mental Health Needs of Veterans and Their Families

## The Welcome Back Veterans Initiative

Terri Tanielian, Laurie T Martin, and Caroline Epley

RAND Health

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## Appendix A: Reporting Forms

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### Welcome Back Veterans Performance Report

This regular performance progress report was designed to collect information from WBV Initiative programs in an effort to (1) understand the impact of your program on the population you are serving and (2) help summarize the impact of the program overall. These reports will typically ask about activities you have undertaken in the past three months. Where possible, and to the best of your ability, please include only those activities that have occurred as a result of WBV funding. The information collected in this report is for RAND only and will not be shared directly with the McCormick Foundation or Major League Baseball.

These questions are designed to provide a higher-level summary of your program activities and allow us to gain an understanding of the impact of the WBV program overall. Please feel free to provide notes or additional details to clarify your responses, as this additional information will be particularly useful for our quarterly call. Given the varied nature of grantee programs, not all questions will be applicable; please leave items blank if they are not relevant.

#### 1. *Services*

Please provide the number of individuals (service members, veterans, families, or spouses) to whom you have **provided services** (e.g., screening, care coordination, treatment, groups; note that this is not limited to direct or medical services) by filling in the table below. Please also indicate the number of referrals made outside of your organization for individuals needing care beyond your capacity or needing supplemental services. We would like to track the progression of patients served by your program over time. Please complete Table 1A for new patients serviced during the previous three months. New patients are those who initiated communication during this reporting period. In Table 1B, please report on services provided to patients who initiated services in all reporting periods. In Table 1C, please report on services provided via telephone or video. RAND will use the numbers from each table to determine the cumulative number of people to whom your program has provided services.

**Table 1A. Services Provided to New Patients This Quarter**

<b>Patient Group</b>	<b>Screened/ Precare Activities</b>	<b>Referred Out for Services</b>	<b>Initiated Formal Services</b>	<b>Currently Receiving Services<sup>a</sup></b>	<b>Withdrew from Services<sup>a</sup></b>	<b>Completed Full Course of Care or Treatment<sup>a</sup></b>	<b>Total New Patients Served This Period</b>
Active component							
Current Reserve/ Guard members (even if activated)							
Veterans (no current military affiliation)							
Family (adults)							
Family (children)							
Total							

<sup>a</sup> Sum of “currently receiving services,” “withdrew from services,” and “completed full course of care or treatment” should sum to “Initiated formal services.”

**Table 1B. Services Provided During This Quarter to Patients Who Initiated Activities in a Prior Quarter  
(i.e., existing patients you reported in ALL previous quarters)**

<b>Patient Group</b>	<b>Screened/ Precare Activities</b>	<b>Referred Out for Services</b>	<b>Initiated Formal Services</b>	<b>Currently Receiving Services</b>	<b>Withdrew from Services</b>	<b>Completed Full Course of Care of Treatment</b>	<b>Total Number of Existing Patients Served This Period</b>
Active component							
Current Reserve/ Guard members (even if activated)							
Veterans (no current military affiliation)							
Family (adults)							
Family (children)							
Total							

**Table 1C. Telemedicine**

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In the previous quarter, have you provided consulting services to providers via telemedicine? (Yes/No)  
If yes, approximately how many times in the previous quarter did you provide these consulting services?

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## *2. Outreach and Dissemination*

This section of the reporting form is designed to better capture the types of activities that your program is conducting for outreach and dissemination. The outreach and dissemination tables have subcategories for you to classify your activities. Each is explained below, and examples are listed within the table. Although we recognize that an event may fit into more than one category, please do your best to classify the activity within the most relevant/appropriate category. We recognize that, during outreach activities, you may disseminate information about your program and that people may enroll in your services as a result of dissemination, but we encourage you to think carefully about the purpose of each event or activity before selecting a category. Please do not include any activities designed to build or strengthen referral networks or service delivery partnerships; those will be reported on in Section 3, immediately after outreach and dissemination.

- Outreach activities are those activities specifically designed to encourage your target population to seek program services. There are now two categories of outreach:
  - **Recruitment for program services.** These include Yellow Ribbon events and tables/booths with materials about your program.
  - **Recruitment for research studies.**
- Dissemination activities are designed to raise public awareness about your program, mental health, or stigma, for example. There are five categories of dissemination:
  - **Military-related.** These include veterans' events where your program is participating but not actively engaging in outreach (e.g. recruitment), veteran/military-specific holiday services/events (e.g., Memorial Day, Veterans Day), luncheons, outdoor/recreation activities specifically for service members and families, and toy/gift drives or other donations for military families.
  - **Professional.** These activities include presentations at or participation in conferences, advisory boards or committees, meetings to discuss potential outreach opportunities, and presentations to students designed to bring awareness of your program or the needs of the military population (skills training should be reported in Section 4).
  - **Policymakers or military leadership.** These activities include briefings to higher-level individuals/staff to inform them of program activities.
  - **Donor support.** These include events designed to raise awareness of and support for program activities (e.g., monetary, in-kind donations, volunteer hours).
  - **General publicity/awareness.** These include TV, radio, print, or online spots/articles, as well as events for the general population (e.g., program day at ballpark).

Please provide information on your outreach activities in Table 2A. Include only those activities specifically designed to encourage your target population to seek program services through referral or recruitment. For research, this may also include study recruitment efforts. Specify the target population(s) (e.g., veterans, family members, providers, community) and estimated numbers of individuals reached. Please expand the table as necessary.

**Table 2A. Outreach Activities**

Activity	Date	Brief Description	Target Population(s)	Estimated Reach
Recruitment for program services				
Recruitment for research				

Please provide information about your **dissemination activities** in Table 2B. The activities are broader and designed to raise public awareness about your program, mental health, or stigma, for example. Please list the activity under the appropriate category.

**Table 2B. Dissemination Activities**

Activity	Date	Brief Description	Target Population(s)
Military-related (e.g., veterans events, holiday events, outdoor activities for service members and families)			
Professional (e.g., conferences, advisory boards, presentations to students)			
Policymakers or military leadership (e.g., briefings)			
Donor support (e.g., events to raise awareness and support of program activities)			
General population (e.g., radio, newspaper article, day at ballpark)			

### 3. Building or Strengthening Referral Networks or Service Delivery Partnerships

Many WBV programs have existing partnerships with academic or other community organizations. Others are looking to strengthen or expand these partnerships and/or build new partnerships to improve the reach, service delivery, and sustainability of their programs. Please provide a summary of interactions you have had with other programs or agencies with respect to building and strengthening your referral network or system of service delivery. Please use the partnership levels (defined below) and select the level that best describes your program’s current relationship with the organization. Please expand the table as necessary. Meetings with organizations not specific to service delivery or referral networks should be listed above in Section 2B (Dissemination).

#### Partnership Levels:<sup>1</sup>

1. We have informed the organization or stakeholder about our activities and services, either through phone calls, emails, or the dissemination of flyers and other informational materials.
2. We have conducted a face-to-face formal briefing or meeting with staff of the organization to discuss potential collaboration, partnership or establishment of referral network.
3. We have begun a formal process of partnership, investigating potential mutual referral protocols and opportunities for our staff to provide services, education or training in partnership with the organization.
4. We have begun to receive referrals from the organization, and/or to provide services, education or training in partnership with the organization, or at the organization’s facility/location.
5. We have begun to partner with the organization on future program or curriculum development /adaptation.

**Table 3. Partnerships**

New or Existing Relationship	Organization Name	Type or Focus of Organization	Purpose of Partnership	Partnership Level	Have You Scheduled a Meeting to Discuss Further Strengthening Partnership (e.g., Switching from Level 1 to 2)?
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<sup>1</sup> This characterization was adapted from Patricia Lester and her team at UCLA as a descriptive framework for tracking their community capacity building—we would like to thank them for their willingness to share this framework with us and to allow its use in our performance monitoring activities.



#### 4. Education/Training

Please summarize the **education and training activities** (e.g., skill, clinical, or service trainings) conducted by your program; expand the table as necessary. Specify who was trained (e.g., providers, families), the number of individuals trained, and provide a brief description of the content of the training.

**Table 4. Education and Training**

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Title of Training	Date	Brief Description	Target Population Trained	Estimated Number Trained
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#### 5. Research and Formative Program Development

Please provide an update on the **specific research efforts** of your program, including progress with formative program development (e.g., convening a panel of ten stakeholders).

**Table 5. Research Efforts**

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Title	Target Enrollment	Number Recruited/ Received Information	Agreed to Participate	Total Enrolled
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## **6. Challenges.**

Please list at least two major challenges you have faced this quarter and a detailed description of how you have worked (or are working) to overcome them (e.g., have you spoken to other grantees to identify solutions, implemented best-practices). These challenges may be related to any aspect of your program (e.g., implementation, outreach, partnerships, technology, retention). Feel free to list additional challenges.

- a.
- b.

## **7. Major Goals or Objectives for the Future**

As you think about your project's timeline and anticipated activities, please provide a summary (list format is fine) of the major goals or objectives you hope to achieve over the next year or more.

- a.
- b.
- c.

## **8. Program Materials**

Please provide us with copies of any new program materials you have created for your project. These may include outreach materials, manuals, training materials, etc. Note these will be used for performance monitoring only and will not be released to the public in any form. Please note that you do not need to attach these materials to this report. We will discuss on the quarterly call how best to receive them depending on file type, size, whether it is hard copy, multimedia, etc.