MICHIGAN VETERANS COMMUNITY ACTION TEAMS

Community Assessment Summary Report

September 16, 2014
Preface

This document contains the Summary Report for the Michigan Veterans Community Action Teams (MIVCAT) Community Assessment, produced by the Altarum Institute, Ann Arbor, Michigan. This report was a part of the MIVCAT project sponsored by the Michigan Veterans Affairs Agency (MVAA). Address comments and inquiries related to this report to Patty Russ, Chief of Staff, MVAA, Phoenix Building, 5th Floor, 222 Washington Square North, P.O. Box 30104, Lansing, MI 48909, phone: (517) 284-5215 or email: russp@michigan.gov.
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Executive Summary

The Michigan Veterans Community Action Teams (MIVCAT) project is a collaborative community model created by the Altarum Institute to enhance the delivery of services from public, private, and nonprofit organizations to Veterans and their family members. The MIVCAT project was introduced in Michigan by the Michigan Veterans Affairs Agency (MVAA) in August 2013, with pilots in two of Michigan’s ten Prosperity Regions – Detroit Metro Region 10, comprising Macomb, Oakland, and Wayne counties; and West Michigan Region 4, consisting of Allegan, Barry, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, and Ottawa counties.

To discern the needs of Veterans and the services available to them, Altarum gathered information through several channels. Altarum conducted a community assessment that included interviews with key regional leaders, focus groups with Veterans, a survey of Veterans, and a survey of service providers. This report summarizes the findings of all of these community assessment activities. More details are available in individual reports on the focus groups in each region, the survey of Veterans, and the survey of service providers.

VCAT Community Assessment Key Findings

About the Community Assessment

Over 200 providers and 1,600 Veterans contributed information to the community assessment. The assessment was designed to include hard-to-reach groups, including homeless Veterans and women Veterans who were well represented in both sets of focus groups.

<table>
<thead>
<tr>
<th>Data Collection Activity</th>
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<tbody>
<tr>
<td>Provider Interviews (October–November 2013)</td>
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<td>West Michigan, Region 4</td>
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<tr>
<td>Provider Survey (February–April 2014)</td>
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<td>Veterans Focus Groups (March–April 2014)</td>
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<tr>
<td>Detroit Metro, Region 10</td>
<td>42</td>
</tr>
<tr>
<td>West Michigan, Region 4</td>
<td>58</td>
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</tbody>
</table>

Communicating with Veterans

According to the Veterans survey, Veterans’ first source of information was the United States Department of Veterans Affairs (VA), followed closely by other Veterans. Local service providers and
county agencies also played an important role in communicating with Veterans. In the focus groups, Veterans reported challenges in obtaining information from VA, in particular, but also from local service providers. They felt that there needed to be more efforts to help Veterans navigate the service system and connect them to available resources and services.

The VA has a problem with sending you anywhere for further resources. They do not communicate. They don’t connect together except in meetings.
— Detroit Metro OEF/OIF Group

I feel like there are a ton of resources out there for Veterans, but they just don’t know about them. [When] I started with a support group for OEF/OIF Vets, I didn’t know there was a Veteran’s Trust Fund in Michigan, I didn’t know about a lot of the pro bono legal services. Some of the Veteran’s services provided from organizations like Goodwill, Volunteers of America, VA programs, I didn’t find out really about a lot of it until I got involved in the support program.
— West Michigan Vietnam Era Group

**BENEFITS, SERVICES, AND RESOURCES**

**Knowledge:** The benefits most widely known to Veterans were prescriptions and health care (about three-quarters knew of these), disability compensation and pension (about two-thirds), and assistance available at their county Veterans Services Office (about half). Less than half of respondents in Kent County and about half in Wayne County reported knowing about education and training benefits, and about one-third in each of the areas knew about vocational rehabilitation services and community mental health services. Less than a quarter of the Veterans knew about the services available from the various Michigan state agencies—Michigan Workforce Development (also known as Michigan Works), Michigan Veterans Housing Assistance Program, and Michigan Veterans Trust Fund. About one in three of the respondents knew about transition assistance—to help a Veteran transition from military to civilian life—available to them.

**Veterans’ Knowledge of Services and Benefits (Percentage Saying “Some” or “A Lot”)**

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Kent County (n = 1,075 to 1,116)</th>
<th>Wayne County (n = 374 to 389)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veterans prescription benefits</td>
<td>74%</td>
<td>78%</td>
</tr>
<tr>
<td>Veterans health care benefits</td>
<td>73%</td>
<td>74%</td>
</tr>
<tr>
<td>Veterans benefits that are available to me</td>
<td>72%</td>
<td>73%</td>
</tr>
<tr>
<td>Disability compensation and pension benefits</td>
<td>67%</td>
<td>57%</td>
</tr>
<tr>
<td>Advice &amp; assistance services provided by Veterans Services Office</td>
<td>48%</td>
<td>47%</td>
</tr>
<tr>
<td>Veterans education and training benefits</td>
<td>48%</td>
<td>39%</td>
</tr>
<tr>
<td>Veterans Home Loan Guaranty benefits</td>
<td>39%</td>
<td>39%</td>
</tr>
<tr>
<td>Veterans vocational rehabilitation services</td>
<td>36%</td>
<td>33%</td>
</tr>
<tr>
<td>Community Mental Health Services</td>
<td>30%</td>
<td>30%</td>
</tr>
<tr>
<td>Veterans Transition Assistance</td>
<td>28%</td>
<td>22%</td>
</tr>
<tr>
<td>Michigan Workforce Development (Michigan Works)</td>
<td>23%</td>
<td>18%</td>
</tr>
<tr>
<td>Michigan Veterans Housing Assistance Program</td>
<td>18%</td>
<td>18%</td>
</tr>
<tr>
<td>Michigan Veterans Trust Fund</td>
<td>16%</td>
<td>14%</td>
</tr>
</tbody>
</table>
Reasons for Not Receiving Benefits: About one-third of Veterans said they needed benefits and services in the last 12 months but did not receive them. The top reasons selected were that it was too difficult to figure out how to get the benefits and services followed by not knowing where to go, not knowing how to get information, and not being eligible. Respondents also listed other reasons, with the top ones being: waiting on a claim, claim was denied in error, waiting on an appointment or benefit, and they needed help they didn’t receive.

Reasons for Not Receiving Benefits and Services

<table>
<thead>
<tr>
<th>Reason</th>
<th>Wayne County (n = 122)</th>
<th>Kent County (n = 316)</th>
</tr>
</thead>
<tbody>
<tr>
<td>It was difficult to figure out how to get</td>
<td>47%</td>
<td>43%</td>
</tr>
<tr>
<td>I did not know where to go</td>
<td>32%</td>
<td>30%</td>
</tr>
<tr>
<td>I did not know how to get info</td>
<td>29%</td>
<td>23%</td>
</tr>
<tr>
<td>I was not eligible</td>
<td>28%</td>
<td>21%</td>
</tr>
<tr>
<td>I needed help to figure out process</td>
<td>12%</td>
<td>16%</td>
</tr>
<tr>
<td>It was too time consuming</td>
<td>16%</td>
<td>15%</td>
</tr>
<tr>
<td>The process took too long</td>
<td>14%</td>
<td>14%</td>
</tr>
<tr>
<td>It was too much paperwork</td>
<td>14%</td>
<td>14%</td>
</tr>
<tr>
<td>I felt embarrassed</td>
<td>13%</td>
<td>13%</td>
</tr>
<tr>
<td>I would have had to travel too far to access</td>
<td>12%</td>
<td>10%</td>
</tr>
<tr>
<td>I would have had to travel too far to apply</td>
<td>10%</td>
<td>8%</td>
</tr>
<tr>
<td>I did not have transportation</td>
<td>9%</td>
<td>8%</td>
</tr>
<tr>
<td>I could not take time off work</td>
<td>4%</td>
<td>8%</td>
</tr>
<tr>
<td>I was afraid others would find out</td>
<td>12%</td>
<td>14%</td>
</tr>
<tr>
<td>I was not well enough to access</td>
<td>14%</td>
<td>14%</td>
</tr>
<tr>
<td>I was not well enough to apply</td>
<td>13%</td>
<td>13%</td>
</tr>
</tbody>
</table>

Education: Many Veterans had positive experiences accessing education benefits with strong support from college and university staff; however, some Veterans face challenges in knowing how to access their benefits and in obtaining college credit for their military experience.

Employment: Finding and maintaining employment was a challenge faced by quite a few Veterans in the surveys and focus groups. Veterans who accessed employment services available through VA or the State of Michigan generally had positive experiences, but many had limited knowledge of what was available. Veterans needed help translating military experience into experience suitable for civilian employment and in applying for federal jobs. Many Veterans are frustrated that job fairs are often not helpful in finding employment and do not provide a welcoming atmosphere, especially to Veterans who may be facing challenges in adjusting to civilian life or in finding employment.

Health Care: While frustrated with the VA bureaucracy, Veterans tend to be fairly satisfied with the quality of VA health care. Accessing mental health services are more of a challenge, and some Veterans are concerned about what they perceive as an overreliance on medication. Veterans need support and help in accessing the mental health system and advocating effectively for themselves.

Quality of Life: Disability Benefits. Participants in the focus groups noted that Veterans often do not know about the availability of Veterans Services Officers (VSOs) who can help them with their disability benefit application. Veterans in the Detroit group reported more positive experiences with
VSOs while some in West Michigan had issues when their representative left their position and their case was not transitioned to another VSO.

**Quality of Life: Services for Homeless Veterans.** Many services are available for homeless Veterans, and the quality of services for them is improving. Homeless Veterans and others expressed frustration that sometimes Veterans are not made aware of available services until they are in crisis or out on the street.

**Quality of Life: Support for Women Veterans.** Women Veterans wanted more targeted outreach efforts that address both issues of military sexual trauma and cover other concerns of women Veterans. Women felt that their needs are not always met in groups dominated by male Veterans.

**Quality of Life: Legal System.** Veterans are benefiting from the Veterans treatment courts initiatives that seek to help Veterans who have contact with the legal system, but they believe more can be done to ensure that Veterans who are incarcerated learn about available services before they are released. They would also like to encourage police officers to provide Veterans they encounter with information about Veterans services.

**RECOMMENDATIONS**

Based on the findings from the community assessment, recommendations were made that are intended to inform the work of all organizations or entities interested in improving services for Veterans in the Detroit Metro and West Michigan areas in particular, but many apply to Veterans in other parts of the state and possibly to the country as a whole. It is important to note that both the MVAA and other Michigan coalitions have begun to respond to many of the issues covered in these recommendations. This response reflects both that they were aware of some of these issues prior to the community assessment and that they have been informed of the preliminary findings over the past year. The recommendations are summarized here.

**Communicating with Veterans**

- One of the most common ways Veterans learn about services and resources is through other Veterans; more efforts need to be made so they learn from other sources, and steps should be taken to strengthen the Veteran-to-Veteran information system.
- Develop events designed to inform Veterans broadly about available services and resources similar to what is done at Stand Downs.
- Use a variety of outreach methods to reach Veterans.
- Use outreach messages to provide specific contacts with Veterans who need help, and make it a priority to keep the contact information up-to-date.
- Community providers should work together on outreach efforts.
- Send messages that support and help are available for Veterans who are facing challenges in their lives.
- Conduct outreach events designed to appeal to women Veterans.
- Reach out to Veterans who may have had bad experiences with the system or whose issues were not being addressed when they left the military. These groups include Veterans who have experienced military sexual trauma, particularly, but not exclusively, women Veterans; Veterans from previous conflicts or who left the military early during the Operation Enduring Freedom (Afghanistan) and Operation Iraqi Freedom (OEF/OIF) conflicts and are experiencing post-traumatic stress disorder (PTSD) symptoms; Vietnam-era Veterans who may have been exposed to Agent Orange; Veterans who had bad experiences using the VA medical system, particularly in the years after Vietnam but also in more recent eras; and Veterans who had negative experiences trying to file disability claims.
Benefits, Services, and Resources

- Encourage providers to connect Veterans effectively to other providers.
- Provide support and resources for developing peer-to-peer support specialists.
- Conduct outreach about Veterans Service Organizations and county Veterans agencies' resources and services they can provide Veterans.
- Reach out to college Veterans with information on such topics as disability benefits and the availability of Veterans services officers along with other Veterans benefits.
- Encourage all colleges to give Veterans adequate credit for courses and trainings they completed while in the military.
- Train providers who work on employment issues with Veterans to access information on the Joint Service Transcript and Air Force Technical School transcript and be able to translate military experience into language that is suitable for civilian positions.
- Include navigators at Veterans job fairs who can help Veterans find what they are looking for and provide information or resources that go beyond information available online.
- Provide assistance available to Veterans to help them prepare an effective résumé for positions with the Federal government.
- Acknowledge the challenges Veterans face in obtaining services from VA and emphasize that outreach services are an important resource for Veterans that have helped many of them be healthier and obtain needed help with many problems.
- Help Veterans navigate the VA system.
- Publicize the existence of the VA Vet Centers as a place where combat Veterans can seek help for mental health services outside of the regular VA health care system.
- Help Veterans understand how to become more involved in their own health care and give them the skills they need to question doctors when they feel they are being over-medicated, misdiagnosed, or are having troubles working with a particular provider.
- Provide a clear message that there is free support available to help with disability applications and that support is critical to putting together a successful application.
- Ensure careful tracking of the cases that Veterans Services Officers are working on so that if they leave their job, the Veterans they are working with are notified and continue to get support.
- Continue efforts to reach out to homeless Veterans.
- Ensure that women Veterans have access to and are aware of female Veterans Services Officers who are trained in handling military sexual trauma claims and referrals for services.
- Provide support for women Veterans so they understand how to access both Veteran-focused services and other services, such as subsidized child care, that may be essential to their financial well-being.
- Continue efforts to strengthen support for Veterans within the law enforcement and legal systems.

One final recommendation that does not fit under a specific category is the need to seek continuous feedback from Veterans on needed service system changes.
INTRODUCTION

The Michigan Veterans Community Action Teams (MIVCAT) project is a collaborative community model created by the Altarum Institute to enhance the delivery of services from public, private, and nonprofit organizations to Veterans and their family members. This model aims to institute a community-based Veterans Services System of Care by establishing broad-based coalitions of Veterans service organizations; health, employment, education and quality-of-life community services providers; and other stakeholders. The MIVCAT model has previously been implemented in San Diego, California, and San Antonio, Texas, to demonstrate the value of community-based services coordination for improving the accessibility, scope, and quality of care available for Veterans and their families. Scores of government agencies, nongovernmental organizations, and community-based organizations have collaborated in the project.

The MIVCAT project was introduced in Michigan by the Michigan Veterans Affairs Agency (MVAA) in August 2013, with pilots in two of Michigan’s ten Prosperity Regions – Detroit Metro Region 10, comprising Macomb, Oakland, and Wayne counties; and West Michigan Region 4, consisting of Allegan, Barry, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, and Ottawa counties. MVAA adopted the Prosperity Regions that are part of the Michigan Governor’s initiative to standardize regions served by state agencies. This effort focuses on the unique needs of Veterans in various areas of the state to serve them better. Exhibit 1 shows a map of the two regions and the counties, Wayne and Kent, in which Veterans were surveyed.

More than 300,000 Veterans call these two regions of Michigan their home. Of these Veterans, about 100,000 call Wayne County home and more than 30,000 live in Kent County. With more Veterans returning from service, the numbers of those requiring services is expected to increase in the next few years.
To discern the needs of Veterans and the services available to them, Altarum gathered information through several channels. Altarum conducted community assessments that included interviews with key regional leaders, focus groups with Veterans from the regions, surveys of Veterans in Kent and Wayne counties, and surveys of regional service providers. The survey was limited to Kent and Wayne counties because a list of Veterans to contact was not available for the other counties. This report summarizes the findings of all the community assessment activities. More details on what was found through the community assessment are available in individual reports on the focus groups in each region, the survey of Veterans, and the survey of service providers.

Exhibit 2 summarizes the data collection activities that took place for the community assessments and how many Veterans and service providers participated in each. Over 200 providers and 1,600 Veterans contributed information to the community assessments. The assessments were designed to include hard-to-reach groups, including homeless Veterans and women Veterans, who were well represented in both sets of focus groups.
### Exhibit 2. Community Assessment Participants

<table>
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</table>
Findings from the Community Assessment

Communicating with Veterans

In the surveys, Veterans were asked to indicate from a list of communication modes the sources for information on Veterans benefits and services they currently used. The most common source of information, as Exhibit 3 shows, was “talking in person with VA” (60% of Kent County and 55% of Wayne County Veterans) followed by “other Veterans” (52% of Kent County and 64% of Wayne County Veterans), “talking with local service providers” (51% in Kent County and 44% in Wayne County), the county (46% of Kent County and 32% of Wayne County respondents), and “VA website” (38% of Kent County and 37% of Wayne County respondents). Additionally, “Veterans newsletters” were mentioned by 27% of Kent County and 43% of Wayne County respondents, and friends and family were mentioned by 28% of respondents from Kent County and 35% from Wayne County.

Exhibit 3: Current Sources of Information

![Chart showing current sources of information]

Veterans were also asked to indicate the communication method they would prefer to use to obtain information about Veterans benefits and services. The most used sources of information also topped the list of preferred sources of information. “Talking in person with VA” (68% of respondents in each county) followed by “talking with local service providers” (60% in Kent County and 61% in Wayne County), “the county” (51% in Kent County and 46% in Wayne County), “other Veterans” (49% of Kent County and 59% of Wayne County respondents), “VA website” (40% of Kent County and 45% of Wayne County respondents) and “Veterans newsletters” (35% of Kent County and 45% of Wayne County respondents) topped the list of preferred sources of information (Exhibit 4).
While VA is the number one source of information, Veterans in the focus groups reported challenges in obtaining services and information from VA. Many VA facilities are intimidating in terms of size and are hard to get around.

"I walk in the VA hospital, and what do you do? No one is there to recommend where to go."
— Detroit Metro Vietnam Era Group

Veterans indicated that VA often does not make connections to other services within VA or within the community.

"The VA has a problem with sending you anywhere for further resources. They do not communicate. They will not send you anywhere, and if I can’t get on that floor [access to particular services], it doesn’t exist. They don’t connect together except in meetings. We are stopped at [the] door at the VA 9 times out of 10. It is very rare for somebody to tell you about the other pieces."
— Detroit Metro OEF/OIF Group

There were also challenges in finding out what community organizations and local and state government had to offer Veterans.

"I feel like there are a ton of resources out there for Veterans, but they just don’t know about them. [When] I started with a support group for OEF/OIF Vets, I didn’t know there was a Veterans Trust Fund in Michigan, I didn’t know about a lot of the pro bono legal services. Some of the Veterans services provided from organizations like Goodwill, Volunteers of America, VA programs, I didn’t find out really about a lot of it until I got involved in the support program."
— West Michigan Vietnam Era Group

"People that get back from deployment, two years later they are having issues. They don’t know where to start. They have the phone number for VA, have VA website, but don’t know initial starting point."
— West Michigan OEF/OIF Group

One Veteran who worked as a peer support volunteer talked about how difficult it was to find information about what services are available.

"I work for Buddy to Buddy, Vietnam Veterans working with OEF/OIF [Veterans]. I was trying to work with people who are homeless. And they weren’t homeless living on the street, they were homeless like borrowing space from a family member and are about..."
Veterans in the focus groups discussed how helpful other Veterans were in providing information about available benefits and resources.

“Ninety percent of everything I’ve learned, all benefits that I’ve learned that I’m entitled to, came from word-of-mouth—Veterans. They showed me you have to go do this. ‘No, don’t take it there; take it here.’ The organizations, they will scratch the surface, but to actually get [information] on how to actually get the benefits [you have to talk to other Veterans].” — Detroit Metro OEF/OIF Focus Group

“Found out the benefits and stuff through all the Veterans [he has met]. In other words, they are not advertising nothing—that is for sure—if you don’t get involved in nothing you ain’t going to learn nothing.” — Detroit Metro Vietnam Era Group

Veterans shared information through a variety of means; much of the sharing occurred in informal conversations, but they also shared information through Veterans Service Organizations (VSOs) and this seemed particularly common in the Detroit Metro area.

“Nothing better than Veterans passing info to other Veterans. We [Buddy to Buddy] do groups and share information. Plus, Buddy to Buddy, they are at almost every welcome home event, every Stand Down.” — West Michigan Vietnam Era Group

One of the most promising approaches to reaching Veterans appeared to be efforts to develop informed peer-support specialists or Veterans who receive some level of training to help other Veterans. Peer-support specialists are often volunteers, but a number of agencies and organizations have hired them to work with Veterans.

“When I do stuff here in Michigan—run into other Vets—I’d rather them go to [a] VSO and go to a VFW. If you want to get something done through VA, go to the VFW.” — Detroit Metro Vietnam Era Group

When asked to recommend how information should be provided, Veterans identified a variety of sources for reaching other Veterans. No single source predominated, although television, the Internet, direct mailings, and community outreach events received far more mentions than other sources. The Veterans in the focus groups stressed that different generations and groups of Veterans may require different approaches.
For the younger generation, I think that is going to be email, some kind of application [they] can just plug into. For the older Vets, Vietnam era, things like that, I think there has got to be a different support system for them. — Detroit Metro OEF/OIF Group

“Some people still don’t have emails, but you should have records of Veterans and make sure they have mailing, and say, ‘Look, here are some of the benefits that come out; here is [sic] events [you are] eligible for; or please give us a call if you have questions or need help. Give us a call.’” — West Michigan Vietnam Era Group

Veterans in both communities talked about Stand Downs as a model for sharing information with Veterans. Stand Downs are community events designed to reach Veterans with information about resources and services. Most Stand Downs primarily target homeless Veterans, but participants in the groups suggested that they can be useful for all Veterans because they bring together all the various resources Veterans may need.

The whole purpose of Stand Down is to house all of the information from Volunteers of America, Buddy to Buddy, Vet to Vet, Goodwill, Salvation Army, just anything that you basically need to know, various programs, what is available. The VA has a booth there and provides Vets with information pertaining to health or mental health or even housing. You can be directed. If you attend there on a yearly basis—you can get updated information. — West Michigan Vietnam Era Group

I would like to see the Stand Down bigger, more inclusive of all Veterans, not just homeless Veterans—more community outreach. I would like for the VA to host community outreach programs where they can address a multitude of issues. — Detroit Metro OEF/OIF Group

When asked their assessment of challenges in reaching Veterans, as shown in Exhibit 5, providers reported that they were hard to reach because they were geographically scattered and because of limited budgets for staffing and outreach. They also indicated that they were not quite sure how best to reach Veterans.

**Exhibit 5: Challenges in Reaching Veterans**

![Challenges in Reaching Veterans chart]

<table>
<thead>
<tr>
<th>Issue</th>
<th>Detroit Metro (n = 63)</th>
<th>West Michigan (n = 42)</th>
</tr>
</thead>
<tbody>
<tr>
<td>They are geographically scattered</td>
<td>46%</td>
<td>38%</td>
</tr>
<tr>
<td>We are not sure what the best way is to reach Veterans</td>
<td>38%</td>
<td>38%</td>
</tr>
<tr>
<td>We do not have a large enough outreach budget</td>
<td>36%</td>
<td>38%</td>
</tr>
<tr>
<td>We do not have the staffing necessary to do outreach</td>
<td>31%</td>
<td>32%</td>
</tr>
<tr>
<td>Other challenges</td>
<td>24%</td>
<td>19%</td>
</tr>
<tr>
<td>We do not have a message that resonates with Veterans</td>
<td>14%</td>
<td>13%</td>
</tr>
</tbody>
</table>
Benefits, Services, and Resources

This section discusses Veterans’ knowledge of various benefits and services available to them and their experience with the Veterans service system.

Knowledge of Services and Benefits

Veterans were asked how much they knew about a list of services and benefits available to them. As Exhibit 6 shows, more than seven in ten of the respondents in both counties said they know “some” or “a lot” about prescription and health care benefits available to them. About two-thirds reported knowing about disability compensation and pension benefits, and just over half said they were aware of advice and assistance available at their county Veterans Services Office. Veterans in the survey were probably more likely to have this information as their names were obtained from VetraSpec, a benefit claims management system, which implies that they are more familiar with benefits and services, having tried to access them, compared with those who have not. In the best-case scenario, while more than seven in ten of Veterans knowing about a specific benefit or service seems positive, this still leaves a sizable group who are unaware of those benefits and services. Further, Veterans who had not sought support through their county or other offices likely knew even less about their benefits.

Less than half of the respondents in Kent County (39%) and about half (48%) in Wayne County reported knowing about education and training benefits, and about one-third in each of the areas knew about vocational rehabilitation services and community mental health services available to them. Less than a quarter of the Veterans knew about the services available from the various Michigan state agencies—Michigan Workforce Development (also known as Michigan Works), Michigan Veterans Housing Assistance Program, and Michigan Veterans Trust Fund.

About one in three of the respondents knew about transition assistance—that is, assistance to help a Veteran transition from military to civilian life—available to them. This is not surprising, given that most Veterans in the survey were older Veterans who have been in civilian life for a longer time.
Ease of Access to Benefits and Services

Respondents receiving benefits and services in the last 12 months were also asked to indicate how easy or difficult it was to obtain those services. More than eight in ten users of prescription benefits and more than seven in ten users of health care benefits in both counties found those services easy to use. Slightly more than half the users of community mental health services in Wayne County and about two-thirds of users in Kent County said it was easy to access; 54% of Wayne County and 55% of Kent County users of disability compensation and benefits reported those services easy access; as did 54% of Wayne County and 49% of Kent County users of the Michigan Workforce Development (Michigan Works). Fewer Veterans rated the other services as easy to access (Exhibit 7).
Satisfaction with Benefits and Services

Health-related services fared best in satisfaction ratings, while other services had considerable room for improvement. Respondents who reported using a benefit or service in the last 12 months were also asked to rate their satisfaction with that benefit or service. Most users of Veterans prescription benefits (90% in Wayne County and 85% in Kent County) were “very” or “somewhat” satisfied with the services; and 83% of Wayne County users and 77% of those from Kent County were similarly satisfied with their health care benefits. Users of community mental health services and of their county Veterans Services Office’s advice and assistance in Kent County were more likely to express satisfaction, 71% for the former and 69% for the latter, compared with 48% and 59%, respectively, of Wayne County users. Additionally, about two-thirds of users of disability compensation and pension benefits expressed satisfaction with those benefits. Fewer users of the other services reported being satisfied with those benefits and services (Exhibit 8).
About one-quarter to three in ten respondents expressed dissatisfaction with the various benefits and services, except for Veterans prescription benefits, where fewer than one in ten respondents reported being dissatisfied; and health care benefits, where about one in ten respondents expressed dissatisfaction. The remaining survey respondents expressed neither satisfaction nor dissatisfaction with the benefits and services they used in the past year.

**Reasons for Not Receiving Benefits and Services**

About one-third of Veterans (33% in Kent County and 35% in Wayne County) said they needed benefits and services in the last 12 months but did not receive them. Those needing but not receiving services and benefits were asked to indicate why from a list of reasons. The top reasons, as Exhibit 9 shows, were that it was too difficult to figure out how to get the benefits and services (40% in Kent County and 51% in Wayne County) followed by not knowing where to go (30% in Kent County and 32% in Wayne County), not knowing how to get information (29% in Kent County and 37% in Wayne County), and not being eligible (28% in Kent County and 20% in Wayne County). Almost half the respondents gave other reasons for not receiving benefits and services. These reasons included waiting for a claim to be processed (36 of 149 responses in Kent County and 18 of 57 in Wayne County), and being denied incorrectly (26 in Kent County and 11 in Wayne County). Other responses included long wait times to access services or receive the benefits when they were needed and not receiving the help they needed.
Exhibit 9: Reasons for Not Receiving Benefits and Services

<table>
<thead>
<tr>
<th>Reason</th>
<th>Wayne County (n = 122)</th>
<th>Kent County (n = 316)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other reason did not receive benefits or services</td>
<td>47%</td>
<td>49%</td>
</tr>
<tr>
<td>It was difficult to figure out how to get</td>
<td>32%</td>
<td>30%</td>
</tr>
<tr>
<td>I did not know where to go</td>
<td>30%</td>
<td>29%</td>
</tr>
<tr>
<td>I did not know how to get info</td>
<td>20%</td>
<td>28%</td>
</tr>
<tr>
<td>I was not eligible</td>
<td>23%</td>
<td>21%</td>
</tr>
<tr>
<td>I needed help to figure out process</td>
<td>16%</td>
<td>12%</td>
</tr>
<tr>
<td>It was too time consuming</td>
<td>15%</td>
<td>8%</td>
</tr>
<tr>
<td>The process took too long</td>
<td>14%</td>
<td>10%</td>
</tr>
<tr>
<td>It was too much paperwork</td>
<td>14%</td>
<td>9%</td>
</tr>
<tr>
<td>I felt embarrassed</td>
<td>13%</td>
<td>12%</td>
</tr>
<tr>
<td>I would have had to travel too far to access</td>
<td>8%</td>
<td>14%</td>
</tr>
<tr>
<td>I would have had to travel too far to apply</td>
<td>12%</td>
<td>8%</td>
</tr>
<tr>
<td>I did not have transportation</td>
<td>10%</td>
<td>9%</td>
</tr>
<tr>
<td>I could not take time off work</td>
<td>9%</td>
<td>4%</td>
</tr>
<tr>
<td>I was afraid others would find out</td>
<td>12%</td>
<td>9%</td>
</tr>
<tr>
<td>I was not well enough to access</td>
<td>14%</td>
<td>13%</td>
</tr>
<tr>
<td>I was not well enough to apply</td>
<td>13%</td>
<td>14%</td>
</tr>
</tbody>
</table>

**Education**

Many Veterans had positive experiences accessing education benefits, with strong support from college and university staff, in part because colleges have a financial interest in helping Veterans.

> I had no problems with the financial aid counselor telling me what to do. They are going to find money. Because they had professionals there that dealt with financial aid, they then told us what we needed to do. They had a Veteran in the office that said that this is the form you need; you need four credit hours; these are the majors to consider. They walked you through it; they wouldn’t let you fail. — Detroit Metro OEF/OIF Group

> When I went to go start school, I didn’t know where to go. Luckily, they have Veterans coordinators there to walk you through. They walk you through applying for benefits, tell you what to fill out. I thought that was helpful. Davenport had two to three coordinators that work for the school to get Veterans through that process. Without that, I would have taken six months to get enrolled in school. I was home by November and I started that January, so two months later. — West Michigan OEF/OIF Group

There are Veterans, however, who may be reluctant to go directly to a college to find out about their education benefits and only initiate using them if a service provider or another Veteran helps them understand what is available.

> I didn’t know how to go about getting it [education benefits] started. Everything spurred from the one job event that I went to and running into that one person who helped me. — Detroit Metro Women Veterans Group

Veterans varied in their experiences when it came to colleges taking the lead in helping them obtain college credit for the education and training they received in the military.
All of them took [military] experience as credits. Ones in California took all of them. Others picked and chose. — Detroit Metro Women Veterans Group

I ran into a gentlemen who told me how to change my credits into college credits. I don’t think anyone at school told me about it. I think I met a Veteran who was going to the school at the time who told me, “Check out this website; you can get college credits.” He got me switched over. — Detroit Metro OEF/OIF Group

**Employment**

Finding and maintaining employment was a challenge faced by quite a few Veterans in the focus groups and Veteran survey. About 15 percent of the Veterans in the survey reported being unemployed and looking for work. In the focus groups, one Veteran of multiple deployments who was still in the National Guard said with the military shrinking, employment is an increasing concern for him and others in his position.

I don’t have a civilian job; I’m actually [on active status]. Every six months I get renewals. I’ve been doing that, trying to find a civilian job. That is something huge in Michigan. I have a lot of friends that had been on five, six, seven deployments; now there isn’t anything left. Everyone is struggling because they don’t know what to do. — Detroit Metro OEF/OIF Group

In the Veterans survey, employed Veterans who are looking for another job and unemployed Veterans looking for work were asked to rate their perception of employers’ ability to reach out and hire Veterans, disregard negative stereotypes about Veterans, understand how military service connects with their ability to perform the job, and evaluate the skills Veterans have gained from the military experience. As Exhibit 10 shows, about one-third of Veterans looking for work felt “very” or “somewhat” positive on all of these aspects about prospective employers. Still, as reported in detail in the MIVCAT Report on the Survey of Veterans, about one-third of survey respondents from both counties gave prospective employers negative ratings on these aspects, although only about a fifth of the respondents from Kent County gave a negative rating when asked about employers negatively stereotyping Veterans, compared with about three in ten in Wayne County; and almost half of the Wayne County respondents reacted negatively about employers reaching out to Veterans, compared with 36% of Kent County respondents.

**Exhibit 10: Assessment of Prospective Employers (Percentage Saying “Very” or “Somewhat” Positive)**

![Chart showing assessment of prospective employers](chart.png)
Veterans discussed available employment support. There were some mixed assessments of Michigan Works but, among the limited number of Veterans who reported contacts with or knowledge of Michigan Works, the responses leaned more positive than negative.

*Michigan Works is a great resource. They have a Veterans’ person there. They are really knowledgeable.* — West Michigan OEF/OIF Group

*Michigan Works agency has money to put you back to work. They have a bunch of programs, if anyone is unemployed, for a résumé, go there. They have trainings.* — West Michigan OEF/OIF Group

Veterans often do not know how to translate their military experience into language that will appeal to a civilian employer.

*The problem is I hadn’t been taught the website [that translates military positions into language civilian employers understand]. You can go there and it tells you your skills, basic résumé. It will make skills look basic, but if you get keywords you need from this website that I found three or four or five years later [after he had been unsuccessfully looking for employment] to put together—I was [a] logistics manager; that means I handled gear that was in the material management skills, these skills weren’t transferred to me when I got ready to leave. When they said, “What do you do?” Ok, supplies, logistics; I didn’t know that I was in charge of the entire financial planning for my unit. This can be put in a résumé.* — Detroit Metro OEF/OIF Group

*They [most Veterans] don’t know how to adjust their résumés to get employment. They have no idea on what skill to obtain and don’t know how to get skills [they already have] to something readable to civilians. They look underqualified when they go in to get jobs when they are probably overqualified.* — Detroit Metro Women Veterans Group

Most Veterans know about government hiring preferences for Veterans, but they do not necessarily know how to navigate the hiring system for U.S. government jobs.

*Applying for a government job in and of itself is an ordeal. You need someone who can tell you. You have to have a special résumé to even get seen. There is so much behind a government résumé. You find in order for you to apply for these jobs you have to have the skills—your skills from the military also have to be put into a certain way—and, if you don’t have anyone to tell you, it is not going to happen. You will keep trying over and over again and [still be] unsuccessful. It took me three years—my résumé I had put on usajobs.com—I heard that I was not going to get it [a government job] because it was not correct—it wasn’t done correctly.* — Detroit Metro OEF/OIF Group

Most of the Veterans in the focus groups had very negative perceptions of job fairs; this was particularly true in Detroit.

*I was notified through the VA to go to a job fair, bring 40 résumés, have to bring 40 DD214, 40 transcripts, 40 disability, and this costs. I was following protocol. I went down the list. These are the things you would need. I had to register. I registered online. Went to the job fair. I didn’t need not one résumé. I was upset because I spent three packages of ink/paper, all these copies and nobody needs my résumé. They said go online and apply. What am I coming here for? They can say what they need to say on the news—apply online. That is time wasted, gas, after the second job fair I said, you know what, I’m not going to no more Veteran job fairs.* — Detroit Metro Women Veterans Group

*I see Vets that go through it [job fairs] and have nervous breakdowns walking in because it is overwhelming. Nowhere to start, no welcoming committee, [no one says] “Hey, is this your first time at a job fair?” Never even hear that.* — Detroit Metro OEF/OIF Group
Health Care: Physical Care

Veterans expressed a great deal of frustration about many aspects of the bureaucracy involved in getting health care through VA; they have better things to say about the quality of the health care they receive. Vietnam-era Veterans in particular compared the care favorably with the care VA used to provide.

The care that we are getting now is because of the political system changes. They opened up to Veterans. Now the atmosphere at the VA is better than what I ever knew it to be in this state. — Detroit Metro Vietnam Era Group

If I hadn’t had to go for a hearing test, I did not have a real positive view of VA medical. It was like an epiphany when I came in here. It was like, “Is this the same VA?” The answer is no, it’s a lot more caring of an organization, more personalized, more friendly, supporting, but I would not have known about it if it hadn’t have been for that experience. When I talked to other Vietnam Vets, they haven’t had anything to do with the VA, they won’t. — West Michigan Vietnam Era Group

Another Veteran talked about the importance of reaching out to Veterans who had bad experiences and letting them know things are better and that services are available.

There is a lot of Veterans they had some bad experience and they refuse to come to the VA to receive medical and other benefits that can help them or assist them attain information. They don’t come here because of that experience, and that is something that needs to be addressed. — West Michigan Vietnam Era Group

Health Care: Mental Health

Experience with the mental health care system was more mixed. In the Veterans survey, respondents were asked if they received counseling in the past year. Twenty-five percent of the respondents from Kent County and 30% from Wayne County said they had received counseling in the past year, and another 6% from each county said that they had needed counseling but had not received it. Of those receiving counseling, 75% in Kent County and 82% in Wayne County went to a VA facility only; another 15% in Kent County and 9% in Wayne County went to a non-VA facility; and 10% in Kent County and 9% in Wayne County reported using both.

In the focus groups, Veterans reported that there are often delays in accessing mental health services from VA.

When I began having symptoms—harsher systems of PTSD—I really needed someone to sit me down and let me know what was going on with me. When I stopped using alcohol, I realized I had more problems than just the alcohol. When I came into the medical, health division of the VA, I began to ask them the questions. One guy told me, “You don’t seem like you have a problem, so let’s make you an appointment.” It was set for six months later. — Detroit Metro OEF/OIF Group

They gave me numbers to call, said you need to make sure [you] have mental health [services]. About two to three months—even having [an] appointment—two to three months to get in and be assigned. — West Michigan OEF/OIF Group

Some Veterans indicated that information about the availability of mental health services was not widely known or available.

I wouldn’t say it is easy at all [to find out about mental health services]. It is difficult to know where to look for the information. If you don’t know you are SOL [out of luck]. It is like a big secret almost. “Do you know about where to get counselor for mental
illness?” “I don’t know but Ray said…” [she laughed]. It is a big secret. — Detroit Metro Women Veterans Group

I know about basic health, but mental health, there wasn’t much information, where to go, which resources to dig into. So it’s like finding a needle in a haystack or something. It should be easier, but they make it difficult. — West Michigan Women Veterans Group

Similar to physical health services, many Veterans who were able to access the services often found them to be high quality and very helpful.

I met the doctor; she told me that I was suffering from PTSD and that I’ve been in denial. I was self-medicating. I was violent, and I was out of my mind. When the VA did start giving me medical attention and medication, then that is when I seen the difference in myself. How I related to other people and what I was doing. — Detroit Metro Vietnam Era Group

[Once you find out it is available] it’s not as bad as you thought it was from the beginning. I could have [had] this [mental health services] and did this all this time ago. You feel like you got cheated. — Detroit Metro Women Veterans Group

When asked to rate their experience with counseling services, 70% of Kent County and 58% of Wayne County respondents using counseling services indicated being “very” or “somewhat” satisfied with the services; another 17% of Kent County and 21% of Wayne County respondents said they were “neither satisfied or dissatisfied”; and 13% of Kent County and 21% of Wayne County respondents expressed dissatisfaction with the counseling services they received (see Exhibit 11).

Exhibit 11: Rating Counseling Services

In the focus groups, some Veterans were concerned that the VA was too quick to rely on medication for mental health treatment.

My first experience with the VA, I felt like a number. They finally got me in to see a counselor for PTSD, and their option was to give me a bunch of medication and send me on my way. And I didn’t want that. So I ended up on my own through another organization. — Detroit Metro OEF/OIF Group

I’m in the CPT [Cognitive Processing Therapy] group here in the VA for PTSD [post-traumatic stress disorder]. One of the complaints we’ve had is first time a Veteran comes to the VA, first thing they do is medicate them—seriously first thing they do. I was on 14 medicines, now I’m down to 8. — West Michigan Vietnam Era Group
Veterans also reported that, if you raise concerns about your treatment, providers will work with you to adjust it.

> With doctors, you have to be proactive. They do want to give you narcotics and want to give you benzos and what-not to keep you mellow. There are alternatives. Say, “Listen, I feel like I’m drooling in the corner. I need something different.” They have alternatives. They will work with you, but you have to take it upon you to want that. That is the key. Most people don’t realize that. — West Michigan OEF/OIF Group

I’ve been seeing the same mental health provider for five years. She ramped me up. I didn’t like it. I finally talked her to let me come down off it. Now that I’m on the lowest minimum levels for the two drugs I take [for] mental health—depression and bipolar. — West Michigan OEF/OIF Group

One Veteran, who had less-than-honorable discharge and could not receive services at VA because of that, reported being turned away by a community mental health provider because he was a Veteran.

> I tried Network 180, but they looked at me and said, “You’re a Vet. You should get services from them,” but with my discharge I can’t. — West Michigan OEF/OIF Group

### Quality of Life: Disability Benefits

Participants in the focus groups noted that Veterans often do not know about the availability of Veterans services representatives who can help them with their disability benefit application.

> The second time I applied I went online and applied through eBenefits. They approved me. A lot of people asked me if I had a service rep. I said no, I just applied myself. I was tenacious. They were, like, “Wow!” I didn’t even know about service reps until recently. I just found out my service rep is my best friend. Whenever I have an issue or a problem, I’m supposed to go to my service rep. — Detroit Metro OEF/OIF Group

The only thing I was told by other Veterans is go apply for your benefits because you’re going to get something. When I got home, I did a search, found VA site, and did it on my own. I never had a peer-to-peer specialist or someone that could help me. [That] would have been way better. — West Michigan OEF/OIF Group

Moderator: Do most Veterans know they can get help with claims?

> [Everyone indicates no.] Veteran: A lot of Veterans don’t even know they have a claim. If they don’t meet that certain criteria, the first thing I thought about: walking wounded. The walking wounded are wounded but they don’t get the attention. People don’t even know. — Detroit Metro Vietnam Era Group

Most Veterans in the Detroit Metro focus group reported positive experiences with Veterans service officers.

> Disabled American Veterans [DAV] helped me. They were really good. I was homeless so I was fast-tracked on my pension, so that helped. — Detroit Metro Vietnam Era Group

Getting my medical records was a pain. It took me almost a year and a half. I went to the DAV, and they took it from there. They showed up in three months. They got the records. — Detroit Metro Vietnam Era Group

While some of the West Michigan group also had positive experiences, quite a few Veterans in those groups described negative experiences. A few Veterans mentioned that they faced difficulty because their Veterans Services Officer left without transitioning their case to someone else.
The initial person handling the case moved on while my stuff was in the process. Didn’t affect the process for me, but when it came time for me to appeal a decision, that person wasn’t available. No one followed up with me to say “I’ll be handling your case from here.” … I tried to go to a different organization, and they didn’t want to touch the case because they didn’t know anything going on and didn’t have access to it, power-of-attorney out to someone else and hadn’t been released. It was kind of a mess. — West Michigan OEF/OIF Group

The next guy I got, he retires, and it wasn’t until [my social worker] found out and said, “Oh that guy. He retired; he didn’t tell anybody.” — West Michigan Vietnam Era Group

Other Veterans felt that they had a Veterans Services Officer who was not knowledgeable.

I don’t know if Service Officers are as knowledgeable as they should be. They handed me a paper and said, “Here; wrote your appeal.” You don’t want to go through [that] process again, people give up, and that’s a big problem. — West Michigan Women Veterans Group

Some Veterans described bad experiences that led them to give up on the process and as a result they are reluctant to try again.

That guy was just totally out the window with his professionalism. I got up, shook it off, and said I am not going to kiss anyone’s behind for what I feel is mine. I should have fought for it but I just gave up because he didn’t have my back as a Veteran. — West Michigan Women Veterans Group

That’s not what is wrong with me [what was written on her denial letter]. I didn’t say that is wrong with me. Why is that on my claim? So I just got frustrated and said forget it. I’m 28 years old; I don’t care. — West Michigan Women Veterans Group

The different experiences across the two regions may reflect that Veterans in the Detroit Metro area have access to some of the most experienced and knowledgeable Veterans Service Officers while that is not always the case outside the metro area.

**Quality of Life: Services for Homeless Veterans**

Veterans in the focus groups, many of whom had experienced homelessness, discussed how often you do not find out about services until there is a crisis.

After I became homeless and I had gone through suicide attempts, and I ended up in the VA—it was only place I could go to, the only place I could get any type of service. I ended up in B2 north. There is some great people that came forward and told me about what I needed to do to get stuff. — Detroit Metro Vietnam Era Group

After being homeless and being on the street in order for them to bring you in. That’s how I got it. I was almost dead. After using and drinking and calling and saying I’m going to hurt someone or myself, then here they come. — Detroit Metro Women Veterans Group

Veterans discussed how they were able to access services once they were homeless and, particularly in West Michigan, how the support system had improved over time.

Through the Healthcare for Homeless Vets, I actually now have Section 8 through the VA. I’m not sure how often they come out with the application process, but I know regular Section 8 could be on waiting list for 10 years. I got in one month from when I turned in my application. — West Michigan Metro Women Veterans Group

[In 2011] We had applied for the benefits, but not like it is now. Now it’s awesome, at first bad…. I came back [to the VA’s Homeless Services] and I find out they have a new
office; it was an all-new world. They had a lot more available to us. It was a whole different experience. — West Michigan OEF/OIF Group

Veterans who had been homeless cited Stand Downs as being effective because Veterans who are homeless could solve a large number of problems in one place and make direct connections with service providers.

They [homeless Veterans] can expunge their record, talk to Legal Aid. They get clothing, they get resources. They talk about hygiene. You get a lot of core services in the auditorium at that point in time to help Veterans understand or give them more information about what you can do—more information than a business card. — Detroit Metro OEF/OIF Group

Veterans discussed specific service providers or types of organizations that had been particularly helpful when they became homeless.

Southwest Solutions was a good place, I think they jump into action doing things quicker than the VA does because they are driven by the grants. — Detroit Metro OEF/OIF Group

When I was homeless, Veterans with chapters [VSO posts] and everything come down to Park Avenue—actually take them [Veterans who are homeless] out to where they are at, feed them, take them on day trips—that was real cool to me. See different posts, a lot in Michigan that help Veterans when they have the Stand Down, you can get a lot of information. — Detroit Metro Vietnam Era Group

Another Veteran who had recently transitioned out of prison and had experienced homelessness reported receiving extensive help from a local non-profit.

Community Rebuilders really helped me and supplied me with just about any information, and kind of stuff that I may need or directions, maps, time tables, and has helped me not only find me a place to live, but helps me with my rent right now, subsidizes that and has been open—just support—and that reassurance: “You call somebody and they will do whatever they can to assist you and help you with whatever matters that you might be having problems with.” — West Michigan Vietnam Era Group

Quality of Life: Support for Women Veterans

Women Veterans were asked about their experiences seeking services as women, and some indicated that the services were good and that VA was welcome to women.

Moderator: Is VA more or less welcoming to women?
First Veteran: I don’t see it as being bad, as being negative as far as welcoming females.
No, I don’t see it negative.
Second Veteran: I think it is equal. I have my situation. There have been days I needed help, I think they jump to the gun. Timely amount for me. In terms of the men, I’m not sure. — Detroit Metro Women Veterans Group

However, there was also a sense among many of the women that there needed to be more targeted outreach and services. In one group, the women Veterans talked about attempts to hold a Veterans Stand Down for women that were not entirely successful because there were limited numbers of service providers present.
We went to one in Lansing. That was decent. They had a lot of good stuff. Still the services you need aren’t there. There were services but mostly limited to people in that area. If you have an event..., it should be for all women Veterans not just for ones in that area. We traveled all the way out there, and we couldn’t make use of it.

— Detroit Metro Women Veterans Group

They noted that over 300 women Veterans had shown up at this event from around the state and suggested that the organizers were not quite expecting such a turnout.

They didn’t expect that amount of people. Women Veterans were coming by the bus load. — Detroit Metro Women Veterans Group

When asked if there were any providers in the area that were doing a good job reaching women Veterans, the focus group participants had not heard of any.

First Veteran: No, not that we have heard about.
Second Veteran: I have seen posters, but they don’t lead anywhere. I’ve never seen a number or address. It is just a cute picture, and that is the end of that. I don’t see groups or places to contact, just [a] picture [telling you] to support women Veterans.

— Detroit Metro Women Veterans Group

Quite a few Veterans in the women’s Veterans groups experienced discrimination; many indicated there had been some degree of harassment; and a few were dealing with the after-effects of sexual trauma.

When I got out in ’92—was dealing with sexual trauma and everything—the VA center, they didn’t give me any help, any assistance. I asked for therapy, they didn’t have it at that time. I was basically on my own. — West Michigan Women Veterans Group

One woman Veteran who has been active in addressing Veterans’ issues noted that things were beginning to change and experiences that were not taken seriously earlier or that were misclassified are now being classified as sexual trauma.

The VA is taking a harder look [now]. I know a lot of friends who were sexually assaulted in the military and they got disability—labeled as bipolar, that’s what they labeled them as—now you’ve been assaulted and are assaulted again by being labeled with mental disability. They are making changes; they are aware, PTSD is now [the label], connected to sexual trauma. People can resubmit claims and get help.

— West Michigan Women Veterans Group

A Veteran who experienced sexual trauma noted the importance of getting the right treatment after years of being misdiagnosed because no one was addressing the issue of military sexual trauma.

I have 20 years of chaos and it’s like, when you don’t get the right treatment, you can’t fix the right thing. — West Michigan Women Veterans Group

However, she also noted that while VA is better at addressing the issue of sexual trauma when a Veteran takes the initiative, their outreach in the area, particularly to Veterans who had been victimized in the past, is still limited.

As far as the VA reaching out? No. [They] say [they] reach out, but then say we’ve moved and paperwork got lost. They might say that they are reaching out, but I have to say if you need to refile, refile because they are looking at [sexual trauma] different now, but I don’t think [they are] reaching out like [they] say they are.

— West Michigan Women Veterans Group
The Women Veterans in one of the Detroit Metro area groups thought there was more outreach around sexual trauma but not enough around other women Veterans issues.

I agree with [name of another Veteran in the group] about putting the information out there and having more stuff for women. You see sexual trauma everywhere, but there are other needs out there because not everyone was sexually harassed. There is more to it. Some people have mental issues or whatever. — Detroit Metro Women Veterans Group

One of the Veterans pointed out that women Veterans need an opportunity to get together to share information and that events targeted at women Veterans send a message.

When we do get together, we find out a lot of information. In a little group like this, little groups like this can give a lot of information. It also shows that you care. I've been around and you do not see a lot of stuff for females. — Detroit Metro Women Veterans Group

Another Veteran discussed how women have different issues than men and how it is important that they get specifically addressed.

There are special issues that female Veterans have that males don't. It gets rolled up into one. They don’t do anything with the females: maybe she has kids; maybe need to find out how to handle her school work and provide childcare for her kids; or maybe trying to separate from [or] divorce [a spouse]. I had a fiancé in the military; they helped him and they didn't help me. There is a lot of stuff that goes on that you need special assistance, and [it is] not addressed. — Detroit Metro Women Veterans Group

Other Veterans talked about how women’s concerns are often not heard when they are expressed in a forum dominated by male Veterans.

We had a meeting a couple of weeks ago. We got over ran by those male Veterans. We were not even heard. — Detroit Metro Women Veterans Group

When you go in certain places, and they speak to you as if you weren't in the military. I am looking at them like, “I did more time than you.” They think that your service time was cute. We get discounted for being females. — Detroit Metro Women Veterans Group

Quality of Life: Legal System

Interviews with providers and some of the focus group discussions covered how there are quite a few Veterans who have had contact with the legal system. A few Veterans in the focus groups had benefited from being connected to Veterans Courts when their actions led to contact with the police and the legal system.

With Veterans Court, there is a lot of help getting in touch with other programs because they are actually trying to help people. That is the point of Veterans Court. So many Veterans in jails and prisons that don’t need to be there. They just need treatment for mental or drug or alcohol programs. — West Michigan OEF/OIF Group

A couple of Veterans in one group were ex-offenders who had recently been released from prison; they discussed support available to them. One talked about support for Veterans transitioning.

Moderator: Did a Veterans’ outreach person talk to you before got out?
Veteran: Yeah. I made an effort to talk to them.
Moderator: They don’t automatically talk to every Veteran that is processing out?
Veteran: No. There was a Veteran’s Justice Center worker program thing going on. — West Michigan Vietnam Era Group
The two Veterans who had been ex-offenders got into discussion about what is out there to support ex-offenders who are Veterans and how easy it is to access.

First Veteran: When [you are] being released from [prison], there is no one saying, “Hi, I’m so and so from Veterans department. We’ll help you get this and this; help you get clothes on your back; food in your cupboards.” None of that [is] going on.

Second Veteran: [There is] justice outreach and programs; [there are] things out there. The social worker out there, all the people, they couldn’t do enough to help me.

First Veteran: You stumbled across them. — West Michigan Vietnam Era Group

In the service provider interviews in the Detroit Metro area, an interviewee reported that a coalition of providers, the Tri-County Veterans Services Coalition, had worked with a local police department and Veterans to develop a small card with contact numbers for resources and services that the police could hand out to Veterans they encountered who were having difficulties. When asked about efforts to encourage the police to do outreach, the OEF/OIF group in West Michigan agreed that it would be helpful if the police were able to connect Veterans to help either in the form of peer support or services offered at Vet Centers.

Moderator: How helpful would it be for police to have [a phone] number for a peer support provider so that if [he or she is] not arresting you but talking to you, they can hand something out.

First Veteran: Very helpful.

Second Veteran: That’s it [police to have a phone number for peer support provider]. That would be the difference.

Third Veteran: [It would be helpful] if police write a citation that you need to bring proof that [you] visited Vet Center or….

Second Veteran: That would be awesome. — West Michigan OEF/OIF Group
RECOMMENDATIONS

This section provides a series of recommendations based on the community assessment. These recommendations are intended to inform the work of all organizations or entities interested in improving services for Veterans in the Detroit Metro and West Michigan areas in particular, but many are also likely to apply to Veterans in other parts of the state and possibly the country as a whole. The community assessment was conducted as part of Michigan’s No Wrong Door initiative and is intended to inform the work of the MVAA and the regional coalitions that are being developed under the initiative. The regional coalitions being developed as part of the initiative can help organize, share information about, and improve Veterans’ services and help connect local communities to state and federal services. While no group would be able to tackle all these issues at once, these recommendations are intended to inform the strategies and priorities to be selected by the Detroit Metro and West Michigan regional VCATs and other coalitions that form in Michigan.

It is important to note that both the MVAA and the coalitions have already begun to respond to many of the issues that are covered in these recommendations. This response reflects both that they were aware of some of them prior to the community assessment, and that they have been informed of the preliminary findings over the past year. The response reflects a strong commitment to improve the Veterans services system in Michigan and bodes well for efforts to continue to address the issues raised in this report.

The recommendations are presented in the order in which relevant findings are discussed in this report.

Communicating with Veterans

- **One of the most common ways Veterans learn about services and resources are through other Veterans; more efforts need to be made so they learn from other sources, and steps should be taken to strengthen the Veteran-to-Veteran information system.** Veterans report that they often learn about benefits, resources, and services through other Veterans. This suggests there is a need for more formal outreach efforts, but efforts should also be made to support these informal networks and to help Veterans who are interested in being conduits for information by making sure they have accurate information and are able to connect their fellow Veterans to the right source for particular kinds of benefits. Efforts should be made to strengthen both the informal peer-to-peer sharing and to develop more formal means of peer-to-peer support through hiring Veterans to help others navigate the Veterans services system.

- **Develop events designed to broadly inform Veterans about available services and resources, similar to what is done at Stand Downs.** Veterans leave the military with limited information about what benefits, services, and resources they are eligible for. The main piece of advice they have been given, at least in the past, is to check in with VA. For a variety of reasons, VA is not effective at sharing information about the broad array of benefits, services, and resources Veterans are eligible for. There is a need to fill that void and one of the ways that Veterans would like that to be done is through broad outreach events that share information and offer Veterans an opportunity to access benefits, services, and resources whether they are provided by VA or state or county governments, or community organizations.
• **Use a variety of outreach methods to reach Veterans.** Veterans identified a variety of sources for reaching other Veterans with information about services and resources. No single source predominated, although television, the Internet, and community outreach events received far more mentions than other sources. Direct mailings received a few mentions. Social media sites may be useful as a means of keeping Veterans who are already in Veteran services networks informed about events or resources. However, it was not cited as a key way of reaching Veterans who are not already connected to the system. It may be useful to encourage well-informed Veterans to at least occasionally share information about Veterans services through their social media connections, especially if their networks include large numbers of Veterans. The state could take advantage of Veterans’ information that is collected as part of getting a driver license and use that as a means of reaching Veterans either at the time they complete the form or later via regular mail or other outreach.

• **Use outreach messages to provide specific contacts to Veterans that need help, and make it a priority to keep the contact information up to date.** Veterans want outreach messages that let them know whom they need to call to address concerns or issues they are having or to access services and resources. They prefer a central number that can effectively connect them with the service they need, regardless of their specific concern. They have experienced getting telephone numbers, or sometimes multiple numbers, or accessing websites that refer them to someone else or somewhere else only to have that person or site refer them elsewhere. They have also experienced being referred to out-of-date numbers or broken web links; the latter can quickly undermine faith in a particular resource.

• **Community providers should work together on outreach efforts.** In the provider survey, community providers indicated that their biggest challenges in reaching Veterans result from Veterans being geographically scattered and from having limited budgets for outreach and staff. By working together through regional coalitions, providers will be able to reach more Veterans throughout the areas they cover and combine resources to target Veterans more effectively at a lower cost than they could do alone.

• **Send messages that support and help are available for Veterans who are facing challenges in their lives.** The focus groups included a diverse group of Veterans at various points in their lives who have faced a wide range of challenges. There are many services out there to help Veterans with many of these challenges, and Veterans believe that one of the goals of an outreach effort should be to help Veterans know that. If done effectively, it can help Veterans before their situation deteriorates. Quite a few Veterans who had serious crises reported not really learning about what was available to them until they were in a legal, mental health, or substance abuse situation that led them to being placed in confinement or inpatient treatment.

• **Conduct outreach events designed to appeal to women Veterans.** Women make up a relatively small but growing percentage of Veterans. While women Veterans have extensive experience in working in a male-dominated work environment, there is a need to hold at least some outreach events that specifically target women Veterans. These events are useful for addressing issues that are more common among women, for providing a venue for women who may not feel as comfortable in a male-dominated setting, and for providing women an opportunity to connect with other women Veterans who have had similar experiences.
- **Reach out to Veterans who may have had bad experiences with the system or whose issues were not being addressed when they left the military.** There are various conditions, symptoms, and issues that the military and Veterans services systems did not address effectively during earlier eras. In addition, the Veterans services system faces challenges and had periods where there were issues with the quality of services for Veterans. Some Veterans were alienated from the services system because of their experience in trying to get their problems addressed, and special outreach efforts may be needed to encourage these Veterans to try again if those problems have not been resolved. These groups include Veterans who have experienced military sexual trauma, particularly, but not exclusively, women Veterans; Veterans from previous conflicts or who left the military early during the OEF/OIF conflicts who are experiencing PTSD symptoms; Vietnam-era Veterans who may have been exposed to Agent Orange; Veterans who had bad experiences using the VA medical system, particularly in the years after Vietnam but also in more recent eras; and Veterans who had negative experiences trying to file disability claims.

**Benefits, Services, and Resources**

- **Providers should be encouraged to effectively connect Veterans to other providers.** Veterans are frustrated by the fact that providers often do not provide information about other services or resources available. They see this as an issue both within VA and among community providers. Providers should make an effort to better understand and connect Veterans to the Veterans services system, including VA, state, and community services. It may be useful to establish hubs for specific service areas that are able to connect Veterans to the full range of services available in the area. Michigan Works sometimes fulfills that function for employment services, but it faces more challenges in doing so because of reductions in staff focused on Veterans and changes in responsibilities of existing staff based on federal funding requirements. If hubs are not workable in all areas, it will be important to come up with alternatives that let providers connect Veterans to the services that are the best fit for the Veteran regardless of what organization provides them.

- **Provide support and resources for developing peer-to-peer support specialists.** Peer-support specialists were seen as very helpful by Veterans. They appreciated having the shared experience of serving in the military, and many of the specialists were good at connecting Veterans to a variety of services. Support in developing both volunteer and para-professional peer-support specialists could help address some of the current Veterans system challenges. Peer-support specialists can be particularly helpful in rural areas where few provider agencies or organizations are found.

- **Ensure that peer-support specialists are targets for outreach information and are encouraged to participate in regional coalitions.** To ensure that peer-support specialists are kept informed and are knowledgeable about the services system, they should be considered as important targets for outreach information and efforts should be made to encourage their participation in regional coalitions.

- **Veterans Services Organizations and County Veterans Agencies should conduct outreach around resources and information that they can provide Veterans.** Veterans Services Organizations and County Veterans Agencies need to reach out to Veterans and let them know
what they are able to provide and how they can help connect Veterans to information, resources, and the Veterans services system.

- **Reach out to college Veterans with information on such topics as disability benefits and the availability of Veterans Services Officers along with other Veterans benefits.** Colleges and universities are one of the few places where there is a concentrated group of OEF/OIF Veterans. They appear to be doing a good job helping Veterans enroll and take advantage of their education benefits. Communities and states should take advantage of the presence of Veterans in these settings to help ensure these Veterans are informed about available resources and benefits. These Veterans also represent a tremendous resource for the Veteran and larger community. Gatherings of college Veterans present an opportunity to engage Veterans and encourage them to take leadership positions serving their fellow Veterans and the community at large.

- **Encourage all colleges to give Veterans adequate credit for the courses and training they completed while in the military.** It is unclear how well colleges and universities are doing in giving Veterans credit for their military training and experience. Outreach efforts should encourage colleges and universities to maximize their efforts in this area. The regional coalition could play a role in encouraging colleges to become more Vet friendly through efforts to identify colleges and universities who are already taking positive steps in this area.

- **All providers who work on employment issues with Veterans should be trained to access information on the Joint Service Transcript and Air Force Technical School transcript and be able to translate military experience into language that is suitable for civilian positions.** Many Veterans have had the benefit of getting college credit for their military experience and using resources that enable them to translate that experience into language that will appeal to civilian employers. However, there are still instances where the use of these tools to support Veterans does not appear to be routine. Efforts should be undertaken to ensure that all service providers and peer-support specialists who encounter Veterans know about these tools and that those focused on education or employment are skilled in using them to help Veterans.

- **Job Fairs for Veterans should include navigators who help Veterans find what they are looking for, and the fairs should be designed to provide information or resources that go beyond information available online.** Veterans have developed negative impressions of job fairs and do not see most of them as providing a useful service. Too many job fairs for Veterans are not effective. Many Veterans have grown cynical about the practice and promises of employers who indicate they are eager to employ Veterans. To make job fairs more effective, there should be people available onsite who ask Veterans what they are looking for and who can review a Veteran résumé if the Veteran asks. Employers who are at the fairs should have jobs available and should be providing more than directions to a website where Veterans can apply for a job. This could range from initial job interviews to concrete information that can help the Veteran put together an effective application for that company or organization.

- **There should be assistance available to Veterans to help them prepare an effective résumé for positions with the federal government.** Résumés for federal government positions require a special format that is not suitable for other positions and that most Veterans do not appear to be familiar with it. Special courses, classes, or assistance should be available to help Veterans
prepare these résumés and ensure that they receive their appropriate Veteran preferences for federal positions.

- **Outreach efforts need to both acknowledge the challenges that are involved in obtaining services from VA and emphasize that it is an important resource for Veterans that has helped many of them be healthier and obtain needed help with many problems.** Even with various community organizations and resources helping Veterans, VA remains at the center of the Veterans services system. Veterans need to know what VA can do for them and steps they need to take to find out more information and to access services. Community providers need to acknowledge some of the challenges of the VA system while letting Veterans know that if they need VA services or resources, they should find out what is available. This may be especially important with older Veterans who have had experiences with VA when there were more serious quality issues on the health care side.

- **Help Veterans navigate the VA system.** The VA system can be intimidating and difficult to navigate. Ideally, VA itself would take steps to make it more user-friendly, and it has done some things such as put more of an emphasis on peer support. Realistically, it is not going to solve this issue on its own, and states and community agencies and advocates who work with Veterans can play an important role in helping Veterans access and navigate the VA system and in educating each other and peer-support providers about how to work with the system effectively.

- **Publicize the existence of the VA Vet Centers as a place where combat Veterans can seek help for mental health services outside of the regular VA health care system.** Many Veterans who may be eligible for services through VA Vet Centers do not appear to know about the availability of mental health care through this system. While it is not suitable for everyone, it does provide a resource that many Veterans might be willing to use when they are reluctant to use the mental health system based in VA medical centers and outpatient clinics.

- **Help Veterans understand how to become better involved in their own health care and give them the skills they need to ask doctors questions when they feel they are being over-medicated, misdiagnosed, or are having troubles working with a particular provider.** Some Veterans report concerns over managing multiple medications and the side effects of drugs given to treat mental health issues or physical pain. Veterans may need support as they learn to be their own advocates, and they must be willing to ask questions about their treatment and the medications they are prescribed. The information provided should not be anti-medication, but it should help Veterans work with providers to ensure that they are getting effective treatment that minimizes negative side effects.

- **Provide a clear message that there is free support available to help with disability applications and that support is critical to putting together a successful application.** Many Veterans are not aware that Veterans Services Officers are available to help them with disability or pension claims and that such help can increase the likelihood of filing a successful claim. Both the availability of help and its importance need to be emphasized. Veterans need clear information on where they can go for help, including county offices in places where the county office has service officers who handle claims.

- **Ensure careful tracking of the cases that Veterans Services Officers are working on so that if they leave their job, the Veterans that they are working with are notified and continue to get support.** Several Veterans reported experiences where they worked on a claim with a services
officer and the services officer retired or changed jobs and they were not notified; they either needed to refile or it took them time to clear up the issue. There needs to be a clear transition process in place for the cases of Veterans Services Officers who leave their jobs.

- **Continue efforts to reach out to homeless Veterans.** The services system for homeless Veterans appears to have undergone significant improvements in recent years. It is important to continue outreach efforts to homeless Veterans and to take advantage of the many resources that have been developed as part of the national push to end Veteran homelessness.

- **Ensure that women Veterans have access to and are aware of female Veterans Services Officers who are trained in handling military sexual trauma claims and referrals for services.** Many women and some men in the military experienced sexual trauma. Until recently, limited efforts were made to address this effectively, and the experience of trauma was often compounded by the negative consequences if it was reported. Because the issue is now being taken seriously, efforts need to be made to reach women who experienced such trauma and its subsequent harm and, as appropriate, to file claims and to help access proper services and treatment to address the harm that was done. Because this is a sensitive issue and because many women have had difficult experiences involving male perpetrators and males who may have not taken the offense seriously, well-trained female services officers who are specialists in handling these claims need to be available to help them access services through VA and other providers.

- **Provide support for women Veterans so they understand how to access both Veteran-focused services and other services, such as subsidized child care, that may be essential to their financial well-being.** Women Veterans can benefit from targeted outreach efforts that focus on their specific needs because they may differ from a male Veteran’s needs. Women Veterans may also be more likely to engage in a setting that focuses on women Veterans and are less likely to have their needs overshadowed in such a setting.

- **Continue efforts to strengthen support for Veterans within the justice system.** Great strides have been made as a result of the development of Veterans Courts. Efforts should continue to strengthen and expand the system of Veterans Courts. Other parts of the legal system should also be engaged. Police officers who encounter Veterans may be in position to share information about available resources and services. Veterans who are being released from the county jails or state prisons should be informed about resources and services available for them. Veterans who have contact with the law enforcement system and who have a less-than-honorable discharge should be given advice on the possibility of upgrading their discharge so they can access Veterans services.

There is one final recommendation that does not fit under a specific category and that is the need to seek continuous feedback from Veterans on needed service system changes. The Veterans in the focus groups appreciated the opportunity to share their experiences and concerns. Many of them shared information with each other and some were planning on getting together again. Community coalitions should look for opportunities to foster the development of groups of Veterans who can provide feedback and work to improve the Veterans services system. Veterans should be encouraged to engage with the coalitions for their own benefit and for the benefit of their peers and the coalitions.