

**Report of the
Military Families Workgroup**

June 27, 2012



Workgroup Members

Staff Sergeant Darrell Buck, Oklahoma National Guard
Juanita Celie, US Department of Veterans Affairs
Rey Madrid, Eagle Ridge Institute
Wendy Nix, Oklahoma National Guard-Family Program Office
Pam Norman, Oklahoma State University Tri-County

Introduction

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) completed a *community assessment in 2010*, whereby it was discovered that in Oklahoma, 12.5 percent (333,358) of the state's citizens are veterans, with 20.7 percent having served in the Gulf War, 35.1 percent having served in Vietnam Conflict, 12.7 percent having served in the Korean War, and 13 percent having served in World War II. The American Forces News Services reports that over 47,000 individuals based in Oklahoma are active in military operations and 24,500 have been deployed since American troops entered Afghanistan (www.usmilitary.about.com. 2008). In addition to other mental health disorders, 20 percent of returning veterans suffer posttraumatic stress disorder. According to the Oklahoma Violent Death Reporting System, 23 percent of suicide deaths between 2004 and 2007 were veterans, which represented 76 percent of all violent deaths among veterans. In addition, a comparison of mortality between *Operation Enduring Freedom/Operation Iraqi Freedom* Veterans and the general U.S. population (adjusted for age, sex, race, and calendar year) showed evidence of a 21 percent excess of suicides among veterans through 2007. Although the evidence is preliminary, it suggests decreased suicide rates since 2006 among veterans of both sexes aged 18–29 who have used Veterans Health Administration (VHA) health care services relative to veterans in the same age group who have not. This decrease in rates translates to approximately 250 lives per year. Finally, more than 60 percent of suicides among users of Veterans Health Administration services include patients with a known diagnosis of a mental health condition. [ODMHSAS 2010 Epidemiological Profile]

Since that time, with the continued war efforts, these statistics have only increased. Of course, service members do not suffer alone. Their families are also impacted by the experiences, injuries, and illnesses. The Oklahoma National Guard estimates that there are *10,500 military families* with the Oklahoma National Guard. This does not include those with the Air National Guard, active duty military, or retirees. [Wendy Nix, ONG Family Program Office] Oklahoma is home to *six military installations* including one Army, three Air Force, and two Coast Guard. So, military families live throughout our state in both *urban and rural settings*.

It is expected that service members and their families will be taken care of as long as the service member is considered “active duty”; however, once there is a *change in status*, there likely are gaps in services available to the members and their families.

A family member is defined as the *family of influence* (meaning the people that are influential or important in someone's life), whether it be spouse and children, siblings, parents, grandparents, aunt and uncle or beyond, if applicable. Because of this diversity in residential settings, branches of services and military ranks, and consideration of family members across the lifespan, our focus was on the gaps in services that may exist.

Workgroup's Task

In July 2009, the ODMHSAS was awarded a Strategic Prevention Framework State Incentive Grant (SPF SIG) by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP). One of the central requirements of the SPF SIG was to develop a state substance abuse prevention plan using the Strategic Prevention Framework (SPF) model. Then, in September 2011, the ODMHSAS was awarded a State Prevention Enhancement Grant by the SAMHSA to assist in strengthening and extending the substance abuse prevention structure. As a result of that planning process, this workgroup was born to review, assess and suggest enhancements to the statewide substance abuse prevention service system on behalf of military families.

The workgroup, consisting of five active members from diverse backgrounds, began its meetings in April 2012 and met through June 2012 to review and assess substance abuse prevention services provided to the military families in Oklahoma. Its findings are detailed below.

Discovery

Acknowledgement of Need –

After reviewing data provided by the ODMHSAS, as well as local and national data, the workgroup acknowledges that there is a need to improve substance abuse prevention services to military families in Oklahoma. More detailed information follows.

Knowledge of Prevention Services across the State included:

- *Regional Prevention Coordinators* for ODMHSAS in the State (17) – covering all 77 counties, their primary goal is to provide regional prevention services by engaging community members, local

organizations, public agencies, youth and the media to change community conditions that contribute to alcohol, tobacco and other drug (ATOD) related problems.

- *Family Assistance Centers for ONG* (10) located in Oklahoma City, Tulsa, Lawton, Enid, Muskogee, McAlester, and Altus- composed of prescribed functions and services provided to military families by the military as a policy and regulatory requirement. They are staffed by military members, civilian workers, and volunteers. They are primarily a resource and referral service. The FAC supports the family of the Guardsmen, which includes the extended family – parents, siblings, other relatives and significant others. [
- ONG IS adding *Regional Resource Teams* (some teams are already in place) - volunteers from across the state are forming Regional Resource Teams to help military families. These teams will provide resources and community connections to assist veterans, service members and their families' to access services within their region, as well as create new initiatives and partnerships. The Oklahoma National Guard, Army OneSource, and the Office of Faith Based and Community Initiatives (OFBCI) are recruiting individuals from the community and in particular from faith congregations who have a passion and interest in assisting these individuals and their families. They hope to create about 15 regional resource teams, consisting of a core group of 4-5 people, offering a variety of services not only for the soldiers, but the spouses and children as well.
- *Substance Abuse Prevention/Treatment Outreach Coordinator for State* (serves Army and Air National Guard)[NOTE: Effective October 2012, only 26 states will continue to have this position due to funding cuts; however, Oklahoma is one of the ongoing states.]

Cultural Sensitivity:

- There is a *culture of acceptance* of alcohol use among military service members. Underage drinking is a problem even though their brains are not fully developed.
- The *family is impacted but often ignored*.
- *Those outside the military don't understand the culture*. Services are not culturally sensitive; even difference between rural and urban, as well as poverty areas of Oklahoma. There is also a difference between the Reserves and National Guard families; active duty families; officers and enlisted families.

- Military families prefer to utilize services connected with the military versus other community services.

Gaps in Services:

- *ONG service members beyond six months of getting out*
- *Ex or former spouses*

[Shared story: An observation I have made during these deployment periods was the incredible amount of responsibility my non-military son felt toward his brother and sister's families, in particular their children. He was consumed with "filling in for his brother", and the often times this sense of responsibility put him in conflict with the responsibilities he had in caring for and nurturing his own young family and trying to do the same for the children of his soldier siblings. He felt he could never do enough, go to enough sporting events, awards assemblies, and church activities. Thankfully, both my soldier children returned home from their service, however I often wonder about the siblings of those soldiers who are severely wounded or those who have given their life to secure our freedom. Had one of the scenarios been a part of our family story I fear my non-soldier son would have experienced extreme guilt and an intensified lifelong internal conflicts that may have very well resulted in problems for which services or support would assuredly been required.]

- Other family members within the sphere of influence.

[Shared story: During the deployments (4) of my son and daughter I have noticed some distinct gaps in services that would have proved to be beneficial for family members of a deployed soldier. My son is divorced and while he was deployed, I observed that his ex-wife, the custodial parent of his young son, was not privy to the traditional services available via the traditional military avenues, even though she was essentially the sole parent of a young son who was experiencing some obvious problems associated with his father's absence. His Ex-wife would have better been able to address the needs her son if the needed resources were more readily available and accessible. Yet beyond the extremely limited resource availability is the question of an "Ex" meeting the criteria to be included as a recipient of said services. The "Ex" walks a fine line, as they are less likely to be as informed of the soldier's daily status, less likely to receive military related communication, less likely to feel "eligible" to access or ask for assistance as a "military family member" as now they see themselves as being

excluded from this group by virtue of being divorced from the deployed soldier. However, this legal status does not divorce the ex-spouse from being responsible for the child or children of a member of the military. They are, in essence, are more secluded and “out of the loop” than most anyone else associated with the soldier, yet the closest and most influential person in the life of the child of the service member.]

Recommendations

After careful review and consideration of substance abuse prevention services for military families in Oklahoma, the Workgroup would like to make the following recommendations to the ODMHSAS.

- *State contracts and policies need to be changed* concerning the non-hiring of individuals with only one alcohol-related arrest.
- *Partner with elderly prescription drug take-back programs*, home health providers, Veterans Affairs, and the Oklahoma Bureau of Narcotics and Dangerous Drugs.
- *Access to Recovery grant* up for application 2013-14 (needed in our State) to assist veterans and military families. SSgt. Buck recently spoke with the grant writer for ODMHSAS about why Oklahoma lost the grant in 2009. It was mentioned that the grant administrator needs to be a veteran who is familiar with the issues/needs of veterans and not a civilian. [The group realizes that this is a treatment grant but still wanted to recommend it.]
- Continue work on *breaking down silos* that still exist where organizations have their own agendas. Some agencies are trying – *Veterans’ Advisory Council* (Deputy Commissioner Steven Buck is a member; contact person is Shane McKinley, 405-778-8125) – including Department of Mental Health & Substance Abuse Services, State Department of Health, Oklahoma National Guard, 211, Major General Rita Aragon (the group meets monthly on the 3rd Thursday of the month).
- *Department of Human Services needs increased knowledge* of veteran’s issues and services.
- *Department of Education has a new Prevention Coordinator* with whom we should collaborate.
- *Community Action agencies* – there are 19 statewide (members of the Oklahoma Association of Community Action Agencies in Edmond, 405-509-2712).

- *United Way agencies* – 21 statewide that have many agency partners.
- *Non-profits and private care providers* providing substance abuse prevention services.
- *Faith-based organizations* providing substance abuse prevention services.
- *ONG is completing an ongoing survey of service members' use of alcohol and others substances.* Over 1,000 have been disseminated to date; expect to complete 4,000. Data has been shared with the ODMHSAS.
- *Not enough substance abuse prevention services available* in the State.
- *Not enough funds* to provide the needed substance abuse prevention services.
- *Need a local clearinghouse to provide information* about available services, particularly in rural areas.
- *Primary needs are for families of ONG and Reserves.* Can reach families of ONG and Reserves across state via mail-outs through Family Service Programs and assigned units.
- *Consider distribution of information to promote prevention services through the American Red Cross* (since they are usually involved with the service members and families across the country). Also, United Way in communities across the State.
- *Each community must work within itself* using local resources, but need to improve marketing of services.

Conclusion

The Workgroup sees no further need to meet beyond June 30, 2012, but feels that the needs of military families can be met through the established Military Advisory Committee and the Regional Resource Teams.