



# **NATIONAL COALITION** *for* **HOMELESS VETERANS**

## **The Veteran Supported Education Service Treatment Manual: VetSEd**

Ellison, M.L., et al. | [Full Report](#)

### **Quick Takeaways**

- Evidence-based Supported Education (SEd) programs developed for working with individuals with serious mental illness can be adapted to working with young student veterans with mental health conditions.
- Case management and peer support activities should be provided separately but as part of a veteran-centric coordinated case management model that includes all relevant individuals in the veteran's education plan.
- While completing education and training programs, income plans should be flexible, allowing the veteran to engage in full-time or part-time work depending on need, interest, and time management skills.
- Some outreach strategies have shown promise in reaching and maintaining contact with younger veterans, including cautious and selective usage of social media and Assertive Outreach strategies.

### **VetSEd Background, Mission and Program Model**

The VetSEd program was designed to assist OIF/OEF/OND veterans with mental health conditions resulting in functional limitations in accessing and using educational benefits. A primary objective of the program is to help these veterans fully execute their higher education plans, with the goal of stabilizing competitive employment and housing. These educational programs include the Post 9/11 GI Bill.

The program utilizes a “Choose, Keep, Get” model of rehabilitation services, building off of evidence-based practices of Supported Education (SEd) and VA's efforts to embrace peer support within delivery systems for mental health services. This peer support model employs veterans with mental health conditions who have achieved success in their recovery. The program was modeled on the Supported Education program located at the Edith Nourse Rogers Memorial (ENRM) Veterans Hospital in Bedford, MA.

In order to be eligible for this program, a veteran must be eligible for education benefits, have “return to school” as a goal, have a mental health condition, and have functional limitations as a result of the mental health diagnosis that impact success in an educational environment.

### **Manual Structure and Resources**

The manual's primary objective is to assist providers in utilizing the VetSEd model to support education and employment objectives of OIF/OEF/OND veterans with functional limitations resulting from mental health conditions. The target audience is VHA administrators, clinical supervisors and peer support providers, but insights from the program can apply to HVRP grantees providing peer mentorship through education and training programs.

The manual is divided into 3 main components:

- Part One: Summary of the VetSEd's program and service model
- Part Two: Training Manual for practitioners: Overview of services provided in each step of the “Choose, Keep, Get” model and instructions on engaging all participants in the veteran's educational goal

- Part Three: Guidance on logistics of implementation, including fidelity reviews

The manual contains several worksheets and guidelines on:

- Battling self-stigma
- Choosing school programs
- Developing budgets and income schedules
- Engaging with higher-learning institutions
- Conducting outreach to young veterans

### **Critical components of the VetSEd Program**

The program embraces a recovery-oriented framework, citing the Substance Abuse and Mental Health Services Administration's (SAMHSA) definition of recovery: "a process of change through which individuals work to improve their own health and wellbeing, live a self-directed life, and strive to achieve their full potential."

The primary structure of the program was modeled on evidence-based supported education programs. Common elements include:

- Full integration into community educational programs that are within GI Bill's benefit eligibility, instead of utilization of specialized, segregated programs and services
- Program is veteran centric, meaning the services travel to the veteran, and goals are driven by the preferences of the veteran
- Services are flexible and vary depending on the veteran's changing needs
- Services are not time-limited

### **Additional Insights and Suggestions**

While case management and peer support are both critical components of the "Keep" section of the VetSEd program, authors of the manual state that these services should be provided by separate individuals through a coordinated case management model. In fact, success involves engaging all participants in the process: the veteran, veteran's family, educational institution, and all care providers, including the case manager and peer support specialist.

The authors suggest that income plans should be flexible to allow the veteran to engage in full-time or part-time work depending on need, interest, and time management skills. Battling self-stigma can also increase program retention and help the veteran plan realistic goals.

Certain outreach strategies have shown promise for reaching younger veterans. Assertive Outreach strategies include making repeated contact with the veteran and with the veteran's team of service providers to make sure the veteran feels welcome to contact the program and knows how to access services. When used cautiously, social media programs like Facebook and Twitter can be effective outreach strategies.

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