

COVER COMMISSION VETERANS FOCUS GROUP
BACKGROUND and PARTICIPATION SELECTION INFORMATION

WHO: The Creating Options for Veterans Expedited Recovery (COVER) Commission was established under the Comprehensive Addiction and Recovery Act (CARA) of 2016, Section 931 to examine the evidence-based therapy treatment model used by the Department of Veterans Affairs (VA) for treating mental health conditions of Veterans, and the potential benefits of incorporating complementary and integrative health treatments.

WHAT: You are invited to participate in a focus group discussion. If you fit the four criteria listed in the table below, we want to talk to you!

Important Criteria to Consider
Are you comfortable speaking in a group setting?
Do you have a reliable form of transportation and can arrive on time?
Both men and women Veterans, any age, combat duty or peacetime service, will be selected for this Veterans Focus Group.
Have you ever received care for Mental Health conditions through VA or outside of VA?

WHY: We would like to hear about your experiences with mental health treatments received either through VA or outside the VA. You also will be asked about your preferences regarding mental health treatment options, challenges related to seeking mental healthcare, and any suggestions for improvement of services. This discussion will last 2 hours. Participation is completely voluntary, and you may stop at any time, if there are questions that you are uncomfortable answering. Anything you say will be kept private to the extent provided by law.

HOW: We will screen all potential participants and select 7 Veterans to participate in the Focus Group. All information shared will remain private and will be compiled in a brief report that summarizes major findings. None of the feedback will be attributable back to you. If you are interested, please contact the Focus Group Support Team listed below, and a COVER Commission Support Team Member will ask you a few screening questions to ensure the group selected will be representative of the Veteran population within, and around, the local area.

WHEN: **xxxxxx**

WHERE: **xxxxxx**

*Specific directions will be provided to you after screening.

Veterans must be screened to participate.

Please contact the COVER Commission at:

COVERCommission@va.gov

by **xxxx (date) to participate.**

A COVER Team Member will contact you directly.