

Veteran and Military Family Strategic Plan 2020-2024

Behavioral Health and Developmental
Disabilities Administration



Walking with Warriors

Supporting Michigan Veterans, military members
and their families one by one.

Table of Contents

Deputy Director Letter	2
Executive Summary	3
Preface	3
Mission	3
Vision	3
Values	4
Strategic Priorities	4
Phase 1	4
Phase 2	4
Phase 3	4
Ongoing Veteran and Military Family Challenges	5
Objectives	6
Outcomes	7
History and Highlights	8
MDHHS / BHDDA Contact Information	12



STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ROBERT GORDON
DIRECTOR

February 18, 2020

Over the past three years, the Veteran Navigator project implemented through the Behavioral Health and Developmental Disabilities Administration (BHDDA), has successfully been addressing the needs of Veterans and their families. Despite this success, our Veterans and their families continue to struggle, often facing mental health and substance abuse challenges. Due to the ongoing work through our Veteran Navigator project, we are winning these battles on the ground—side by side with our Veteran community. As a direct result of fulfilling many unmet needs, Veterans are reintegrating and reengaging in their own care and in their own communities.

There is still work that needs to be accomplished. National data and our own experiences have made us aware that the needle has not moved on Veterans committing suicide and struggling with suicidal ideation in our country. The first three years have provided us with valuable information to make an impact on these challenges. Having an open-mind to change, being sensitive to Military culture, and adapting where necessary will help us in moving forward.

The Behavioral Health and Developmental Disabilities Administration (BHDDA) Veteran Liaison, in conjunction with our Pre-Paid Inpatient Health Plans (PIHPs), Community Mental Health Service Providers (CMHSPs), and Veteran Navigators, has been working diligently to identify, connect and advocate daily for the significant needs Michigan Veterans and their family members face. Veteran Navigators have established themselves within their regions and counties, becoming subject matter experts on all things Veteran in order to quickly and effectively provide connection to treatment and resources in their respective communities.

This has been a team effort. It has been supported by not only BHDDA, but also the PIHP and CMHSP leadership teams, and five Veteran Health Administrations (VHA). Each organization has been open to collaborating and coordinating services for the best solutions for care both at the VA and in the community. The conversations, growth and progress continue in these areas.

The momentum of this project has been encouraging. We continue to receive feedback that we have made an impact in the lives of our Veterans and their families. The comprehensive approach we have been taking in conjunction with new projects for the coming years will expand our ability to provide treatment and linkage to needed care. Together, we will accomplish the mission of taking care of our Veterans and Military families. We are encouraged by the successes we have witnessed. We look forward to continued collaboration and coordination of services and resources in the months and years to come. I thank you in advance for your support.

George E. Mellos, M.D.
Senior Executive Psychiatrist Director, Deputy Director
Behavioral Health and Developmental Disabilities Administration
Michigan Department of Health and Human Services

Executive Summary

Preface

Michigan is mostly a National Guard and United States Army Reserve (USAR) state. Our Veteran and Military families have not had access to the resources that Federal Active Duty Military posts provide. To meet the diverse needs of this population, it is important that our approach continue to be creative, innovative and united. Three years ago, the Michigan Department of Health and Human Services (MDHHS) and Behavioral Health and Developmental Disabilities Administration (BHDDA) created a strategic plan. A plan to implement a multi-pronged approach in the publicly funded behavioral health care network of mental health and substance use disorder providers.

This document will describe both past successes, and future goals and objectives. The multi-pronged approach includes the following agencies and stakeholders that will be critical to meet the needs of this plan.

- MDHHS, including the Director's Office Veteran Liaison
- BHDDA provider network of Prepaid Inpatient Health Plans (PIHPs)
- Community Mental Health Service Providers (CMHSPs)
- Substance use disorder (SUD) treatment and prevention providers
- MDHHS Adult/Family Services local offices
- The Peer Support system
- Department of Military and Veteran's Affairs (DMVA)
- Michigan Veteran's Affairs Agency (MVAA)
- Veteran Community Action Teams (VCATS) and their Regional Coordinators
- Veteran's Health Administration (VHA)
- Veteran's Benefits Administration (VBA)
- Michigan Army National Guard (MANG)
- Community Resources such as local hospitals
- VFWs, American Legions
- County VA leadership
- Faith-based organizations
- Other Veteran organizations by Region or County

Mission

Our mission is to identify, engage and connect Veterans and Military families to mental health and substance abuse resources. This approach has shown to lower stigma, decrease suicides and promote self-advocacy.

Vision

To create an effective and sustainable program that increases capacity in the publicly funded behavioral health care system. To encourage a proactive approach to the delivery of behavioral health services to Veterans and Military families with a best practice model that is mobile and easily replicated.

Values

- Safeguard, respect and encourage the behavioral wellbeing of Veterans and Military families
- Collaborate and coordinate with state and local stakeholders to meet the comprehensive needs of Veterans and Military families
- Continue to foster relationships with the Federal and local VA entities
- Support Veterans and Military families on their road to self-sufficiency

Strategic Priorities

To continue to ensure that Veterans, Military members and their families receive efficient, comprehensive and sustained behavioral health services in the publicly funded behavioral health care system. This includes access to other community resources to address their identified needs to be implemented in three phases.

Phase 1

FY20 will provide an opportunity for the Walking With Warriors program to evaluate, assess and improve practices, monitor programming needs in progress, and propose new initiatives. This will allow us to more fully meet the needs of Veterans and families across the spectrum of treatment options. This will promote their ability to be self-advocating and better equipped to reach out for help.

Phase 2

FY21-22 will provide opportunities to implement new initiatives in the areas of Veteran justice and therapeutic approaches to treatment. It will also help Walking With Warriors increase capacity to meet identified needs. Walking With Warriors will have increased data assessment. This will demonstrate cost savings across the spectrum of Veteran care in Michigan.

Phase 3

FY23-24 will provide sustainability, longevity and mobility. The model we have built is easily replicable in other regions and/or states.

Ongoing Veteran and Military Family Challenges

There are an estimated 20.4 million Veteran Affairs (VA)-Eligible Veterans in the United States. There are another estimated 10 million that currently have a Military Service Record (DD214). Due to serving in the Army National Guard or U.S. Army Reserve (USAR) Component unit in Title 32 Status, they remain ineligible for VA services. Many of these “Veterans” frequently go unidentified for mental health and substance use disorders. They believe that help is not available for them. There is also the stigma of reaching out for help among all these residents, especially those still serving.

In Michigan, we continually identify as a National Guard and Reserve state. This means that with no large Federal Active Duty bases, our service members, their families and Veterans lack access to significant support and resources. MDHHS/BHDDA continues to work carefully to identify, engage and connect Veterans and their families to necessary mental health and substance use disorder resources. It also highlights the need for our efforts to continue to make creative, innovative and collaborative approaches available.

The military life and experiences of multiple deployments and frequent separations from family create stressors. These are often exacerbated by substance use and related disorders. We have identified that many Veterans and their family members are facing critical issues. Issues identified are trauma, suicide, employment, housing crisis, law enforcement, personal and interpersonal/domestic struggles.

A national survey of 60,000 Iraq and Afghanistan Veterans identified 13.5 percent of deployed and nondeployed Veterans screened positive for post-traumatic stress disorder (PTSD). Other studies show the rate to be as high as 20 percent to 30 percent. Over the past 13 years, around 500,000 U.S. troops who served in these wars have been diagnosed with PTSD. Less than half (42 percent) have sought any type of help or treatment.

In Michigan, around 62,000 Veterans, service members and those with a military service record remain unidentified for mental health and substance use disorder treatment. This increases to around 250,000 individuals when families are included in this number. It leaves us with a significant task in front of us. Since implementation of this project we have identified, engaged and connected around 3,000 of these individuals with necessary resources. Based on outcomes, 75 percent of individuals identified a greater willingness to reach out for help to access services. Seventy percent (70 percent) also reported being better equipped to function effectively in their community. Both outcomes are used to monitor decreases in stigma. Although progress is being made, we must continue to make strides in reaching and connecting these individuals and families.

Objectives

1. Conduct Military Cultural Competency Training derived from evidence-based training modules. These modules are created by PsychArmor through a four-phase growth implementation process.
2. Create, coordinate and implement a certification training program. This will designate regional and CMHSP navigators as being competent in areas directly related to their work in regard to Veteran mental health, substance abuse, VA benefits, professional boundaries, motivational interviewing, Military cultural competency and crisis intervention training.
3. Develop formal and informal agreements between BHDDA's Walking With Warriors program and other partners including the MVAA and VHA. This will designate the program as a priority referral for Veterans and their families for mental health and substance use disorders challenges.
4. Engage with MDHHS/BHDDA leadership, VHA, and other necessary partners at the state and federal level to overcome dual eligibility status challenges with Medicaid/VHA. These challenges create a barrier to treatment for our Veterans.
5. Continue to support and increase the PIHP/CMHSP Veteran Navigators. This will improve capacity, provide technical assistance, and create opportunities for best practice training.
6. Provide oversight and direction on the facilitation of faith-based training, including the follow up and connection process.
7. Provide ongoing support and guidance for the female Veteran Peer Support Program through evidence-based approaches.
8. In conjunction with BHDDA Office of Recovery Oriented Systems of Care, strategize a mechanism to provide an evidence-based Recreational Therapy/Healthy Habits program.
9. In conjunction with the MDHHS Diversion Council's Veteran Justice Program, strategize a mechanism to implement a Veteran re/entry Specialist approach. This will connect Veterans and "Military service record Veterans" to effective resources in the community.
10. Provide the publicly funded behavioral health system with resources to implement evidence-based programs. This will strengthen Military families, including expansion of ADAPT4U Program and other nationally recognized practices.
11. Engage in inter-and-intra agency collaboration to leverage resources at both the state and national level. This will also include media and marketing campaigns.

12. Continue to develop processes and improve existing data reporting measures. This will gain and provide a clear perspective to demonstrate cost savings. This can be used in leveraging additional state and federal resources.

Outcomes

1. Increased awareness of and access to publicly funded behavioral health care service providers in the local community by Veterans and Military families.
2. Reduction of stigma for Veterans and Military family members to reach out for help.
3. Reduction in the number of suicides within the Veteran and Military family community.
4. Implementation of an integrated approach to the delivery of publicly funded behavioral health services. This will lead to a reduction in stress and activating events, and an increase in resilience, employment, and overall physical and mental health.
5. Veterans and Military families will identify feeling better equipped to function effectively within their community and social environments.
6. Sustainability of a robust publicly funded behavioral health care service provider network. This will address the needs of Veterans and Military families in a culturally appropriate manner.

History and Highlights

Veteran and Military Members Strategic Plan 2016-2019

The Michigan Department of Health and Human Services (MDHHS) and the Behavioral Health and Developmental Disabilities Administration (BHDDA), created a Veteran Liaison position. This position was developed to lead efforts to create, promote and execute a strategic plan in 2016. The plan addressed the needs of these populations in the publicly funded behavioral health service provider system. The overarching goal was to create a system that ensured Veterans, Military members and their families receive efficient, comprehensive and sustained behavioral health services in the publicly funded system. This includes access to other community resources to address identified needs.

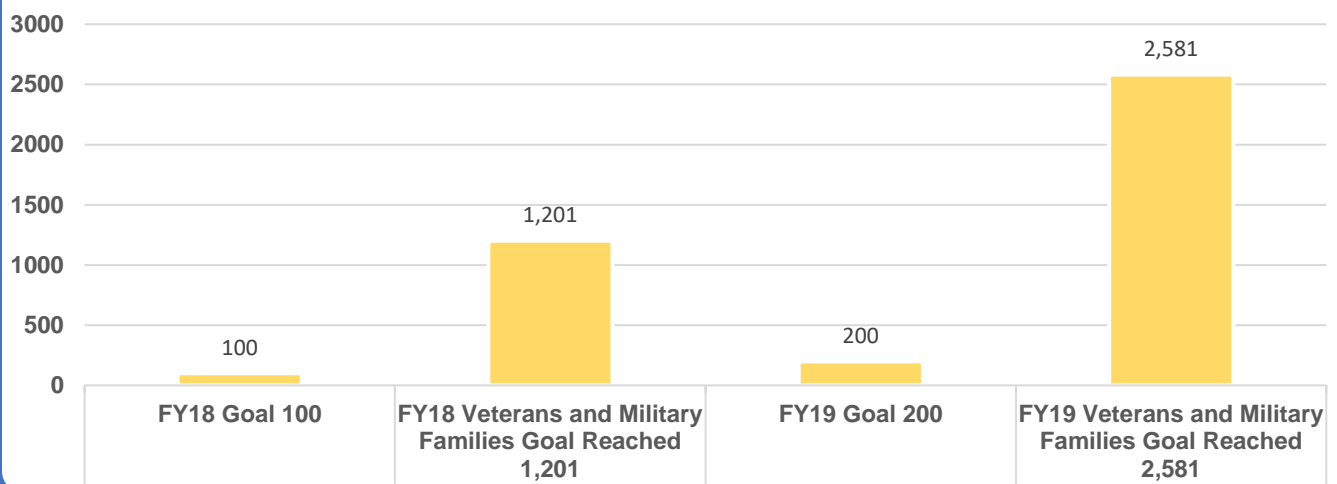
The Veteran Liaison initiated MDHHS' Veteran and Military Members Strategic Plan to meet the ongoing needs of the Veteran community. Following a comprehensive needs assessment process involving key stakeholder groups from across the state and nation, a review of promising practices or evidence-based approaches, and in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA) Service Members, Veterans and their Families Technical Assistance Center (SMVF), a decision was made to embed Veteran Navigators into the Regional Prepaid Inpatient Health Plans (PIHPs) and in many Community Mental Health Service Providers (CMHSPs). This regional and local approach was patterned after the State of Texas Veteran Commission. The strategic plan was approved in November 2016.

Over the past three years, the PIHP Veteran Navigator system and approach has effectively turned this plan into action through a multi-pronged approach.

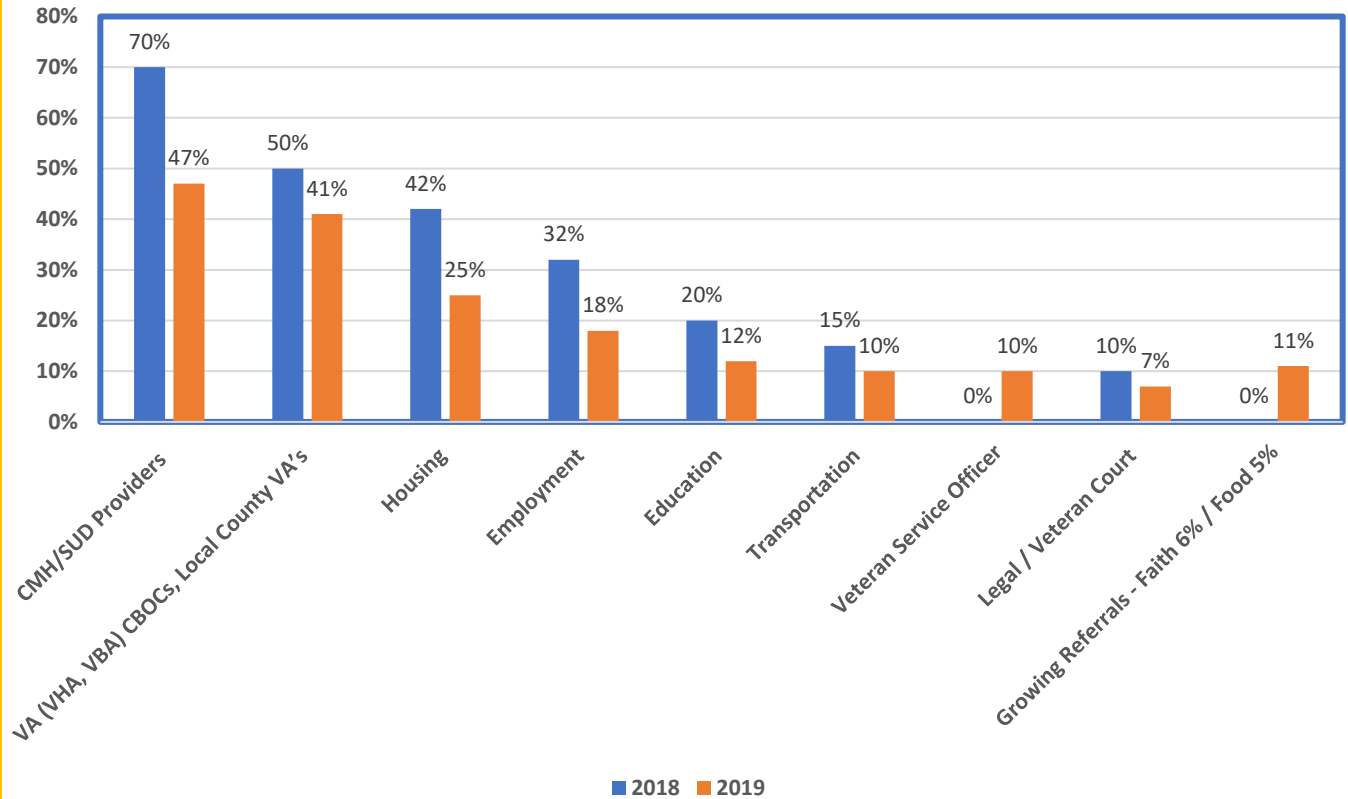
1. Veteran Navigators were identified and embedded in the 10 PIHPs and seven CMHSPs by April 2017.
2. Veteran Navigators began identifying Veterans and Military families who were previously unidentified and in need of mental health and substance use disorder services.
3. Inter-and-intra agency collaboration was initiated to leverage resources and partnerships which are essential to long term sustainability.
4. Veteran Navigators have developed an effective mechanism for frontline triage with state and county Veteran Affairs entities and other community resources. Veterans and their families are now successfully connected to behavioral health treatment in an expedited manner as well as, provided with follow up and connection to additional resources. This has dramatically increased the ability to identify Veterans, Military members and their families who previously have gone unidentified and provide a comprehensive approach to treatment or referrals for preventative care.
5. Veteran Navigators were trained by SAMHSA on the delivery of Military Cultural Competency Training. They have begun educating and equipping their respective staff on these evidence-based practices.
6. The development of processes to collect and utilize data continues to be improved on a regular basis. This increases our ability to expand and improve service to our Veteran and Military family community. It also demonstrates cost savings to the department and state.
7. The first Veteran Navigator Summit was held in October 2018. The data was presented on the successes of FY18. It was noted that the Veteran Navigator program had exceeded their performance indicators by about 1100 percent during the first year.

8. Data shows that after one year of engagement by a Veteran Navigator, the number of interactions in the community increases by 200 percent for individuals engaged in this project.
9. In May 2019, collaboration with the MDHHS Office of Community and Faith Engagement was initiated. This began building a robust system of faith-based crisis intervention. Along with a process of engagement, collaboration and coordination between faith leaders and PIHP/CMHSP Veteran Navigators. In FY19, trainings were held in Grand Rapids, Frankenmuth, Marquette, and Lansing. This process will continue in FY20 with the objective to build effective communication when necessary in this area.
10. In April 2019, a Female Veteran Peer Support Program pilot model was initiated. This was due to state and national assessments reporting a significant need for capacity in this area. Female Veterans have significantly higher mental health and substance use disorder challenges than their male counterparts. A peer support program to address these needs was implemented. Followed by the development of a strategic implementation plan, policy guidelines were created and approved. Although early in its implementation, this pilot project is showing above average success. It is being adapted based on need and increased engagement for the future.

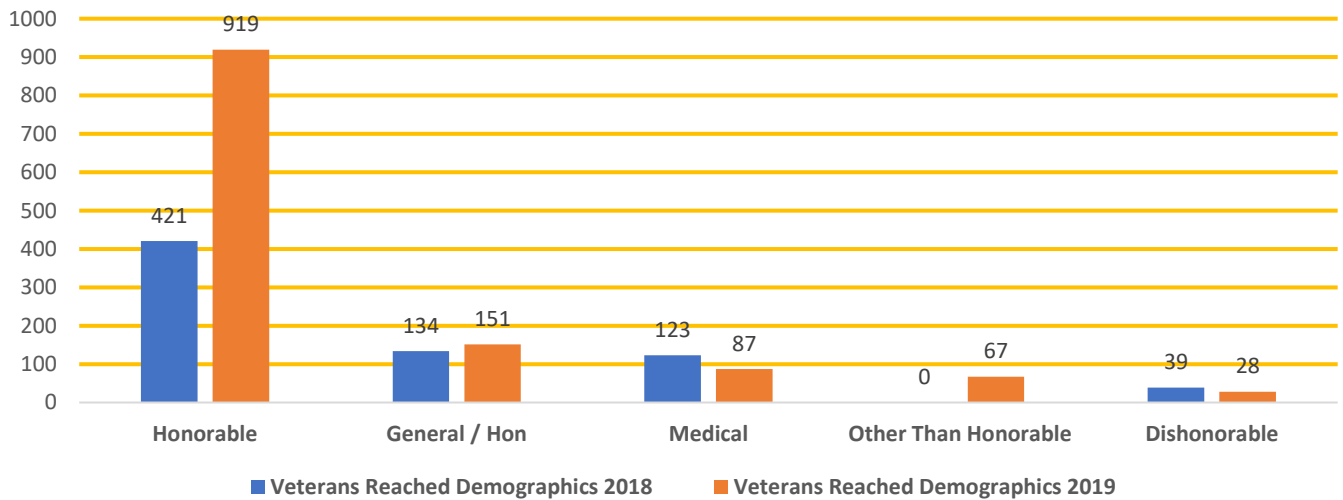
Previously Unidentified Veterans and Military Families for Mental Health and Substance Use Disorder Treatment



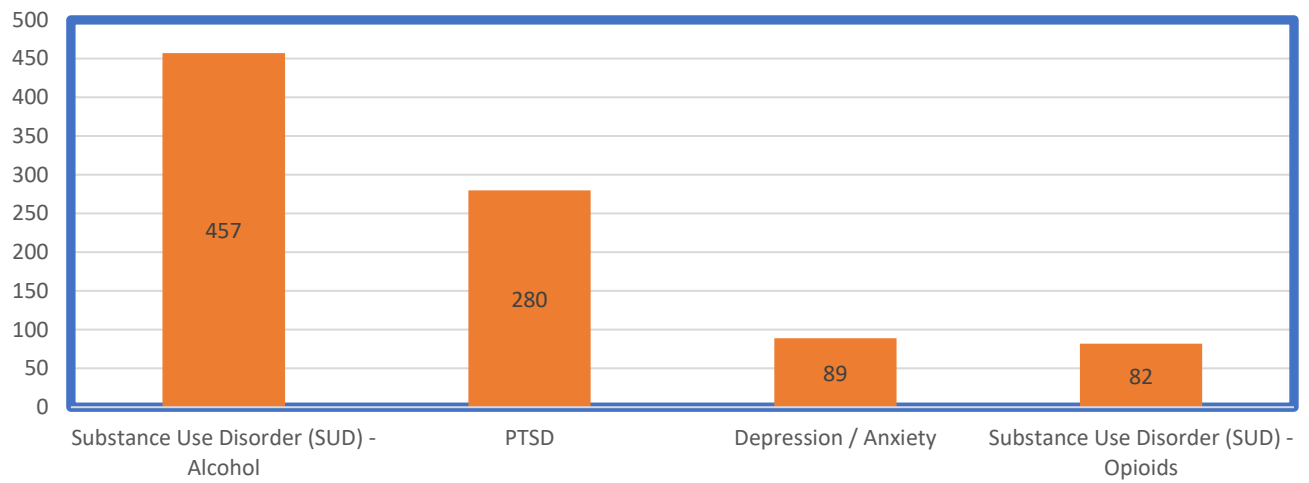
Where Are We Referring Newly Identified Veterans and Military Families



Veterans Reached Demographics

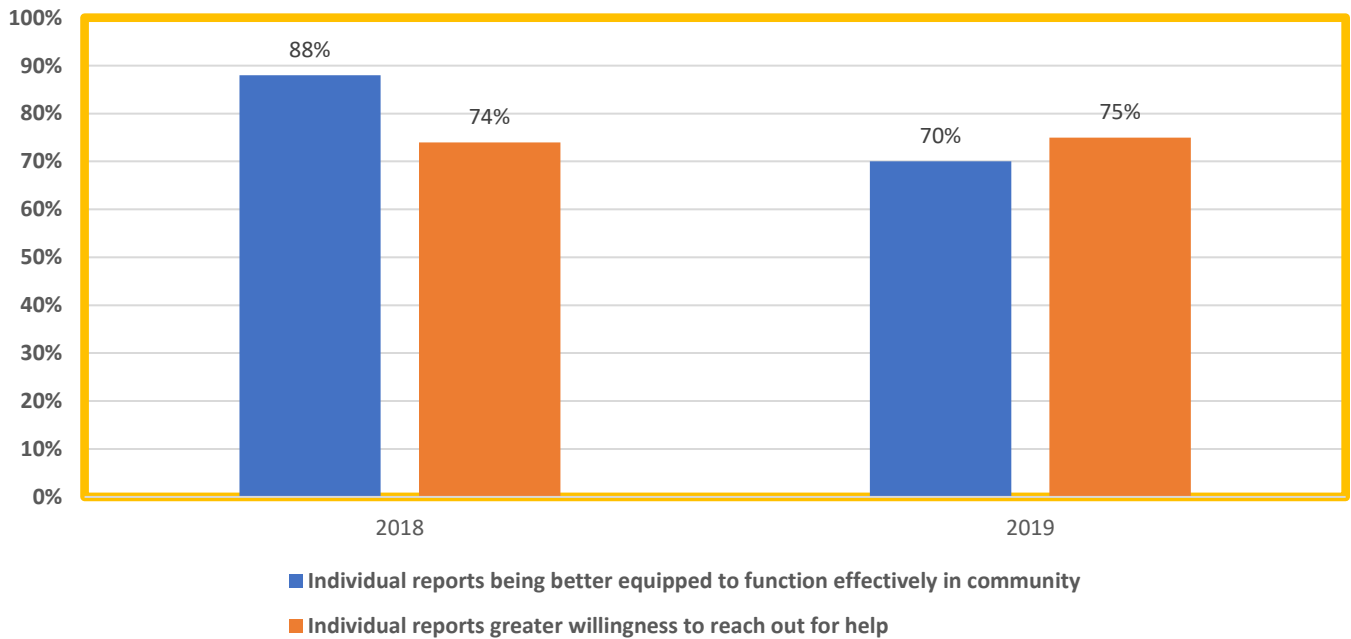


2019 Largest Diagnoses / Challenges



For 2018, overarching diagnoses / challenges were the same however, specific data was not tracked.

Outcomes



MDHHS/BHDDA Contact Information

Should you have any questions regarding information in this strategic plan or want to know how to get connected to this project or leadership, contact individuals below for assistance:

Brian Webb

MDHHS/BHDDA Veteran Liaison

webbb3@michigan.gov

Brenda Stoneburner

MDHHS/BHDDA Community Practices and Innovations Section
Manager

stoneburnerb@michigan.gov

www.Michigan.gov/WalkingWithWarriors