Behavioral Health and Developmental Disabilities Administration

Veteran and Military Service Members Three-Year Strategic Plan Supplement

November, 2016

Updated December, 2017 to Reflect First Year Activity

Putting people first, with the goal of helping all Michiganders lead healthier and more productive lives, no matter their stage in life.
November 16, 2016

The Service that our Veteran and Military families have rendered in Michigan, across our Nation and around our world demands that we take significant strides to assist them in recovering to health in the challenging areas of life. Veterans and Military families face mental health and substance abuse issues that, more often than not, remain unmet. As a result of those unmet needs these individuals and families struggle to reintegrate, thrive and effectively engage in their local community.

Based on National data that demonstrated the need for a more direct approach to Veteran and Military family behavioral health intervention, in May, 2016 the Michigan Department of Health and Human Services (MDHHS) Behavioral Health and Developmental Disabilities Administration (BHDDA) created a Veteran Liaison position. The BHDDA Veteran Liaison is the recognized resource between the MDHHS, BHDDA and the Military and Veterans Affairs Administration (MVAA) for Veteran-related activities within the publicly funded behavioral health system. This includes responsibility to develop and oversee BHDDA-related activities and actions plans to support Veterans and Military families in Michigan.

The BHDDA Veteran Liaison has been working diligently with others within MDHHS and the behavioral health service delivery system to implement a process of assessing the needs and identifying the gaps in services to our Veteran and Military families across the State. This information has been used to develop a plan for building capacity to better address these needs in the publicly funded behavioral health care system over the course of the next three years.

This has been and will continue to be a team effort. Other MDHHS and BHDDA staff, Prepaid Inpatient Health Plan directors, Community Mental Health Services Providers chief executive officers and staff, Substance Use Disorder directors, and other community organizations across the State have been open minded, supportive and encouraged by the goals and emphasis that is being proposed in this strategic plan. We thank them for their time, energy and input.

Our initial push is ongoing, the positive feedback we are receiving is evidence that we are heading in the right direction. There is much work to be done, relationships to build, and capacity to be developed. With the support of each of you reading this plan, we will, together, accomplish the mission of taking care of Veterans and Military families in the publicly funded behavioral health system who bear this Nation’s burdens, as is our moral obligation. We are excited about the future of this collaborative venture as it evolves in the weeks, months and years to come. I thank you in advance for your support.

Lynda Zeller, Deputy Director
Behavioral Health and Developmental Disabilities Administration
Michigan Department of Health and Human Services
MDHHS Behavioral Health and Developmental Disabilities Administration gratefully acknowledges the following organizations and individuals for their time, insights and support in the development of this strategic plan.

Prepaid Inpatient Health Plans (PIHP) Directors
PIHP Substance Use Disorder (SUD) Directors
Elena Bridges – Altarum Institute
Jeff Cassidy – Military and Veterans Affairs Agency
Psychological Health Team – Michigan Army National Guard
Dr. Adrian Blow – Michigan State University – Star Behavioral Health Providers
Center for Defense Psychology Team from Fort Hood
Dr. Lisa Gorman
Leslie Shonlian, CEO Michigan Veterans Health System
Star Behavioral Health Training Team
Veterans Community Action Team (VCAT) – Region 8 Leadership Team and organizations as well as leadership forum
VCAT – Region 10 Leadership Team and organizations
VCAT – Region 6 Leadership Team and organizations
VCAT – Region 5 Leadership Team and organizations
VCAT – Region 2 Leadership Team and organizations
VCAT – Region 1 Leadership Team and organizations
VCAT – Region 3 Veterans Leadership Forum
Robert Stewart – Give an Hour Executive Director/Michigan
Amy Smolski – Macomb County Community Mental Health Service Provider (CMHSP)
Shaun Taft – Outreach Director/Wayne County Volunteers of America, Easter Seals
Army Reserve Staff Meeting/Walker MI office
Lapeer County CMHSP Team
Sanilac County CMHSP Team
Tuscola County CMHSP Team
Jackson County/Integro Staff
Northern Lakes CMHSP Staff
Macomb County CMHSP Staff
Saginaw Veteran Affairs (VA)
Battle Creek VA
Ann Arbor VA
VA Summits in Traverse City, Ann Arbor, and Grand Rapids
211 Michigan – Tom Page
211 Northeast Michigan – Sarah Kile
Family Assistance Coordinators – Michigan Army National Guard
Jane Spinner – Military Support Programs and Networks (MSPAN) – University of Michigan
Stephanie Zarb – Director Buddy-To-Buddy
Nick Anderson – Family Program Director – Michigan Army National Guard
Mark Sutton – Public Affairs – American Legion
Nancy Grijalva – Michigan Department of Health and Human Services
Jo Moncher – Director – State of New Hampshire, Department of Health and Human Services
Vet Center in Milford
Vet Center in Shelby Township
EXECUTIVE SUMMARY

A WARNING ORDER AND HOPE

The culture of our Armed Forces is built around an ethos of Loyalty, Honor, Sacrifice and Brotherhood. A culture with its own language full of acronyms and names for each letter of the alphabet. A culture that can be Veteran-to-Veteran, Buddy-to-Buddy, which means they don’t just tell anyone their “issues” or “challenges.” Where discipline, motivation, leadership, love of Country and family are at the pinnacle of accomplishing the “Mission.” In the Veteran/Military world, completing the “Mission” provides the right to go home. Long before a soldier goes on a deployment he gets a “WARNO”, a warning order that he is going to fight or provide support for his unit, his Country, his family, his battle buddies. This Behavioral Health and Developmental Disabilities Administration (BHDDA) strategic plan is a warning order for our publicly funded behavioral health service delivery system. It is a worthy warning order that will describe the support that we all need to prepare ourselves to deliver effective services for our Veteran and Military families to fully complete their mission, and truly BE Home.

In 2013, Governor Rick Snyder initiated the Michigan Veterans Affairs Agency (MVAA) with the Mission to serve as the central coordinating point, connecting those who have served in the United States Armed Forces and their families, to services and benefits throughout the state of Michigan. Through the Veterans Community Action Teams (VCATs) that were created out of this mission, Veteran and Military family care throughout our State has increased significantly since 2013. There is momentum and a positive mindset which must now be translated across the landscape of multiple state, regional and local organizations within the publicly funded behavioral health care system.

The BHDDA plan that follows aligns with the MVAA vision for Michigan “to be the most Veteran-friendly state by providing the advice and assistance Veterans need as they transition through the chapters of their lives; creating a “no wrong door” customer service culture; and advocating for and on behalf of Veterans and their families.” The BHDDA plan can also clearly be matched to the MVAA Goal #4 to Enhance Interagency Collaboration and Leverage Partnerships.

Over the course of the previous four months, various discussions and meetings were held with key stakeholders as this BHDDA plan was being developed. The overarching goal of the BHDDA strategic plan is to create a system that will ensure Veterans, Military members and their families receive efficient, comprehensive and sustained behavioral health services in the publicly funded system, which includes access to other community resources to address their identified needs.

The following objectives will lead toward achieving this goal:

1. Conduct cross-training initiatives to assure the publicly funded behavioral health care system is appropriately trained on Veteran and Military culture; and provide training on effective behavioral health care screening and referral for Veteran and Military groups as requested
2. Engage in inter-and-intra agency collaboration in order to leverage resources and partnerships
3. Identify, train and embed PIHP Regional Veteran Navigators into the publicly funded behavioral health care system throughout the State of Michigan
4. Provide the publicly funded behavioral health care system with resources to evidence-based programs in order to strengthen Military families

5. Develop processes and systems to gather and utilize data to gain a clearer perspective on Veteran and Military families in Michigan, their needs and gaps in services

6. Leverage additional resources for long-term sustainability of this plan

The core of this BHDDA plan is designed around a 5-pronged coordinated approach among key stakeholders and their partners to meet the comprehensive needs of Veterans and Military family members across the state: (1) MDHHS, including BHDDA and provider network of PIHPs, CMHSPs, and SUD treatment and prevention providers, as well as Adult/Family Services local offices and the Director’s office Veteran Liaison; (2) Veteran’s Affairs and MVAA, in conjunction with VCATs, MVTF, and VCAT Regional Coordinators; (3) MIARNG; (4) Other significant community assets including 211, Give an Hour, Partners in Care, MSPAN-Buddy-to-Buddy and service groups such as the VFW and American Legion; and (5) Cross-Training on military culture for the behavioral health care field and training on behavioral health issues for Military units.

This plan will be phased in over the course of three years utilizing three Cohorts identified by PIHP Regions. Cohort 1 (C1), prioritized for Year 1 includes the counties in PIHP Regions 2, 3, 9 and 10. Cohort 2 (C2) includes the counties in PIHP Regions 1, 4, 5 and 6. Cohort 3 (C3) will be implemented in the final year of the plan, and includes PIHP Region 7 and 8. Regions were determined based on identified need, capacity, and readiness. Outcomes will be monitored beginning in Year 1, and any adjustments needed will be made prior to the next Cohort initiating activity. **Update- During the first year of the plan’s implementation, BHDDA was able to utilize a combination of mental health block grant and substance abuse block grant to provide funding to all 10 PIHP regions to embed a regional Veteran Navigator at the local level.**

BHDDA believes that with this all-encompassing approach of collaboration and coordination, an effective environment can be created to greatly increase capacity to provide adequate services to Veteran and Military families accessing the publicly funded behavioral health care system in Michigan.
There are an estimated 23.4 million Veterans in the United States, approximately 2.2 million military service members, and 3.1 million immediate family members. Staggering numbers with significant challenges.

Here in the State of Michigan we have unique challenges as well. We are for the most part a National Guard and Reserve state. This means that with no large active duty bases to provide significant support and resources, we must be creative, innovative, collaborative and intentional in our approaches regarding Veteran and Military family care. These families have struggled and survived through multiple deployments, significant changes and are left with little support upon their return. (samhsa.gov/veterans-military-families)

Although active duty troops and their families are eligible for care from the U.S Department of Defense (DoD), a significant number choose not to access those services due to fear of discrimination or the harm receiving treatment for behavioral health issues may have on their own or a spouses military career. National Guard and Reserve troops who have served in Iraq or Afghanistan (approximately 40% of the total) are eligible for behavioral health services from the VA, but many are unable or unwilling to access those services for the same reasons. National Guard and Reserve in the State of Michigan may reluctantly seek out care in their local community and then become aware that they are not eligible for publicly funded behavioral health care services due to lack of insurance, ineligibility for Medicaid, or the agency where they are seeking services is not a TRICARE provider. (samhsa.gov/veterans-military-families)

The demanding environments of military life and experiences of combat, during which many Veterans experience psychological distress, can be further complicated by substance use and related disorders. Many service members face critical issues such as trauma, suicide, homelessness, and/or involvement with the criminal justice system. Approximately 18.5% of service members returning from Iraq or Afghanistan have post-traumatic stress disorder (PTSD) or depression, and 19.5% report experiencing a traumatic brain injury (TBI) during deployment. Approximately 50% of returning service members who need treatment for mental health conditions seek it, but only slightly less than half who receive treatment receive adequate care. Across the country, 11% of U.S. Veterans meet the criteria for a substance use disorder. (samhsa.gov/veterans-military-families/critical-issues)

Substance use, or the term used frequently in the military of “self-medicating,” is on the rise and giving birth to substantial challenges. Veteran Affairs (VA) data also shows that 22% of those from Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF), the war in Afghanistan, have a substance use disorder. Studies show that alcohol misuse and abuse, hazardous drinking, and binge drinking are common among OEF and OIF Veterans. Multiple deployments and increased combat exposure involving violence or human trauma among OIF Veterans was linked to more frequent and greater quantities of alcohol use than was less exposure to such combat. (SAMHSA Newsletter Fall 2011 Volume 19 Number 3 Pg 7)

Behavioral health issues, such as depression, post-traumatic stress disorder (PTSD), substance use disorder (SUD), and traumatic brain injury (TBI), also increase the likelihood of suicide attempts. One study showed that Veterans with PTSD were more than four times likely to report thoughts of
suicide than were those without PTSD. Thoughts of suicide is a strong predictor of a future suicide attempt. A recent study also showed that Veterans who are unmarried or who report lower satisfaction with their social networks are at higher risk for suicide.

**FEMALE VETERANS**

The number of women involved in OEF and OIF, those who continue to serve today, and the scope of their duties are unmatched historically. The rates at which female Veterans experience certain behavioral health issues vary from those of male Veterans. For example, female Veterans are more than twice as likely as male Veterans to have experienced a major depressive event within the past year. VA data also shows that female Veterans are much more likely than male Veterans to screen positive for military sexual trauma, 1 in 5 versus 1 in 100. Such trauma is associated with both substance abuse and mental disorders including PTSD, depression and other anxiety disorders. ([http://archive.samhsa.gov/samhsaN</a>lunteer/Volume_16_Number_6/WomenInMilitary.aspx])

**CHILDREN OF VETERAN AND MILITARY MEMBERS**

Cumulative lengths of deployments are associated with more emotional difficulties among military children and more mental health diagnoses occur among U.S. Army wives. Children of deployed military personnel have more school, family and peer related emotional difficulties compared with national samples as well as being significantly at-risk regarding traumatic stress and grief based on the amount of negative social, political and media input they receive in abundant measures.

**THE CURRENT SITUATION IN MICHIGAN REGARDING VETERAN AND MILITARY FAMILY MENTAL HEALTH CARE**

The Michigan Department of Health and Human Services (MDHHS) Behavioral Health and Developmental Disabilities Administration (BHDDA) in Michigan has exceptional leaders and staff in place to effectively work with and treat our Veteran and Military families. This includes the publicly funded network of regional Prepaid Inpatient Health Plans (PIHPs), local Community Mental Health Service Providers (CMHSPs) and Substance Use Disorder (SUD) prevention and treatment providers. There are, however, significant barriers to treatment and gaps in services across the continuum of providing adequate treatment and wrap-around community based services to these members.

Substance abuse issues remain significantly unmet within the Veteran and Military families, and have been consistently overlooked. There exists within certain segments of behavioral health across the State a sense of territorialism in regards to implementation and personnel. In regards to publicly funded behavioral health care system across Michigan there has not been an intentional approach to treatment of Veteran and Military families. It has been, at best, hit and miss in part to no specific program to support this mission holistically from beginning to end.

There are several individuals and organizations across the state who are informally providing various supports and services to some degree. Currently, limited data is being captured through the screening, assessment and referral to treatment process that would allow insight into best practices and/or barriers to treatment. There is no formal process in place within the publicly funded behavioral health care system to ensure that Veteran and Military families receive appropriate mental health or substance abuse treatment. Among publicly funded behavioral health care providers, there is also sporadic or limited awareness of other community resources available.
where Veterans can be referred. The process of referral must include follow-up on referrals in order to ensure that these individuals and families are engaged in supports and services that are meeting their needs.

The best way to provide effective treatment to any demographic group is to KNOW that group. As previously mentioned, military families have a specific culture and unique behavioral health care needs that may not be understood within the larger community and general population. At the federal level, the Substance Abuse and Mental Health Services Administration (SAMHSA) supports the behavioral health care needs of America’s service men and women, active duty, National Guard, Reserve and Veterans, as well as their families. SAMHSA is leading efforts to ensure that community based services are accessible, culturally competent, and trauma informed. One Veteran stated “Finding a community-based provider who understands the military culture and language is hit and miss; and that understanding can be the difference between receiving ongoing effective treatment and not returning for a second appointment.” Another active duty soldier concurs, and said that after months of heavy drinking and misuse of prescription drugs, he turned to a community-based provider for help because he didn’t want to risk being kicked out of the Army after 20 years of service. (SAMHSA News Fall 2011, Volume 19 Number 3, Pg 5)

Currently there exists no formal advertising/marketing campaign to expose our Veterans and Military family members to possible publicly funded behavioral health care services. A significant push regarding advertising and marketing of proposed programs will be necessary to the success of BHDDAs goals and long term vision.

Due to Michigan being a majority National Guard and Reserve state, there are a significant number of service members that have TRICARE insurance and/or access to CHOICE insurance through the VA. TRICARE and CHOICE insurances are legally designated as Non-VA Healthcare Insurance. Ninety-five percent (95%) of publicly funded behavioral health care service providers in Michigan are not paneled or certified as TRICARE/CHOICE providers. SAMHSA encourages private-sector and publicly funded service providers to become TRICARE-authorized (certified) practitioners to ensure they are eligible for reimbursement for their services to military members and their families. SAMHSA also encourages behavioral health care professionals to serve our men and women in uniform, noting their help can ensure our military consumers continue treatment and therapy and have a greater opportunity to recover. Supporting and strengthening our military families is not only critical to our national security, it is a national moral obligation. (SAMHSA News Fall 2011, Volume 19 Number 3)

Update: During the first year of this strategic plan’s implementation (2017) federal mental health block grant (MHBG) and substance abuse prevention and treatment block grant (SABG) funding began to be used to fund Regional Veteran Navigators in each of the ten PIHP regions. Although it is anticipated this will help build a solid infrastructure moving forward, there currently remains a significant barrier to treatment for Veteran and Military families. As Veterans and their family members are introduced to resources available within and through the publicly funded behavioral health care system, there must be consistent processes in place that will make it possible for them to receive ongoing treatment and care.

PAVING THE WAY: Updated to Reflect First Year Activity

The needs and challenges that our Veteran and Military families have are significant; however we must find a path over, around, or through any obstacle. Many times Military families figure this out
on their own, at great cost. BHDDA believes we have an opportunity before us to help move some of these mountains for them.

As the strategic plan was being developed and in the first year of implementation, the BHDDA Veteran Liaison met and spoke with PIHP Directors, CMHSP CEO’s and their staff, SUD Directors, community leaders, and Veteran Community Action Teams (VCATs) in conjunction with the MVAA. In addition to face-to-face meetings, there have also been several phone conferences. These meetings and conferences were used initially to gather input on needs and challenges facing Veteran’s and Military families, as well as ideas on how to address, alleviate and remove barriers for access to behavioral health care services in Michigan.

In addition to the above contacts, other major stakeholders at the state and national level were consulted and have provided input into the BHDDA plan. Attempts were made to contact all the key stakeholders when it comes to providing essential, effective and immediate delivery of services to our Veteran and Military families. These stakeholders include the Veterans Affairs Administration (VA) and the Michigan Veterans Affairs Agency (MVAA). The VA currently provides the highest delivery of services to Michigan’s military community through facilities in Detroit, Ann Arbor, Battle Creek, Saginaw and Iron Mountain. The MVAA, with their Resource Center and Regional Coordinators located throughout the State, is also a key stakeholder. The MVAA VCATs, a system of community organizations currently functioning across the 10 Prosperity Regions in Michigan, were also instrumental in the development and implementation of this plan.

Other statewide collaborators include the Michigan Army National Guard (MIARNG), which has significant resources in the areas of psychological health, substance abuse, suicide prevention, Military child programs, and Family Assistant Coordinators stationed at armories across 9 Regions. Relationships have also been developed with 211, Give-An-Hour, faith-based organizations and two major service organizations for Veterans: the Veterans of Foreign Wars (VFW) and the American Legion.

One of the overarching needs identified through these conversations is a lack of understanding of military culture in the publicly funded behavioral health care service delivery network. To address this need, military cultural competency training for all publicly funded behavioral health providers is an integral part of the BHDDA plan. Star Behavioral Health Providers has been providing training to many CMHSP leaders and staff, as well as many Veteran organizations throughout Michigan. After participating in two of these trainings, the BHDDA Veteran Liaison believed this is the appropriate model to address military cultural competency to serve the needs in the publicly funded behavioral health system. Feedback from clinicians receiving the training have stated “before learning about the military culture, I couldn’t fully appreciate my military clients’ problems. I didn’t understand much of the terminology. I have a new appreciation for their experiences and I am changing my goals to being more family centric.” Clinicians also report feeling more confident asking individuals who are Veterans or Military member’s questions about their experiences. These questions help build rapport, and demonstrate that the clinician understands some of their culture. (SAMHSA News Fall 2011, Volume 19 Number 3, Pg 5-6)

At the core of this BHDDA plan, the base is designed around a 5-pronged coordinated approach among the stakeholders identified above and their partners to meet the comprehensive needs of Veterans and Military family members across the state. These prongs are:
1. Michigan Department of Health and Human Services
   a. BHDDA, in conjunction with
      i. Regional Prepaid Inpatient Health Plans (PIHPs)
      ii. Community Mental Health Service Providers (CMHSPs)
      iii. Substance Use Disorders Prevention and Treatment Providers (SUDs)
   b. Adult/Family Services
      i. Local County offices
   c. Director’s Office Veteran Liaison

2. Veteran’s Affairs and the Michigan MVAA
   a. Veteran Community Action Teams (VCATs)
   b. Michigan Veteran Trust Fund (MVTF)
   c. VCAT Regional Coordinators and Call-In line

3. Michigan Army National Guard (MIARNG)
   a. Family Assistance Centers (FACs)
   b. Independent contractors for substance abuse, suicide prevention and psychological health
   c. Military Child Program

4. Other Significant Community Assets
   a. 211
   b. Give An Hour
   c. Partners in Care
   d. Buddy-to-Buddy
   e. Service Groups (VFW, American Legion, etc.)

5. Cross-Training
   a. Military Culture training for the behavioral health care field through Star Behavioral Health Providers
   b. Behavioral health training for Military units
   c. Regional Veteran Navigators T4T to foster and instill culture of Veteran care within their respective PIHP Region

WINNING THE BATTLE: IMPLEMENTATION

The initial 3-year plan outlined a step-by-step process that provides specific, measurable benchmarks that will spur efforts forward as BHDDA continues to build capacity throughout the State to encourage a proactive approach to the delivery of behavioral health services to our Veterans and Military families.

As part of the needs assessment and capacity building process, information gathered was prioritized and turned into goals, objectives and action steps. Once the plan began to be developed, significant discussions with stakeholders continued to determine if we were accurate in identifying their challenges and barriers, and that the plan was heading in the right direction. These discussions generated much support and encouragement. In addition, over the last four years the State of New Hampshire has been embarking on a similar journey as the BHDDA strategic plan outlines. Michigan is farther ahead in the areas of collaboration within our communities than New
Hampshire was when they began their mission, yet they have been overwhelmingly successful. Despite the need to first build collaborative partnerships, the accomplishments New Hampshire and Texas have achieved is further confirmation what we have set goals and a direction that is doable and effective.

Update: As previously identified, utilizing federal MHBG and SABG funding, beginning in April, 2017 support began to be provided to the 10 PIHP regions to support the implementation and ongoing increase in service delivery. The first cohort receiving priority from October 1, 2016 through September 30, 2017 included Region 2, 3, 9, and 10. The second cohort receiving priority from October 1, 2017 through September 30, 2018 includes Region 1, 4, 5, and 6. Outcomes will be monitored on the first two cohorts, and any adjustments needing to be made will be complete for the third and final year of this plan’s implementation. Cohort 3 will be implemented during the final year of this plan, October 1, 2018 through September 30, 2019. Regions 7 and 8 will be included. A map of the Regional PIHP’s is attached to this document.

Update Note: As the first year of this strategic plan implementation ended, it has been updated to reflect accomplishments achieved and any readjustments needed moving forward in the remaining two years. Those are identified in the following tables of objectives and action steps.

The overarching goal is to create a system that will ensure Veterans, Military members and their families receive efficient, comprehensive and sustained behavioral health services in the publicly funded system, which includes access to other community resources to address their identified needs. As noted previously, the base of this plan is designed around a 5 prong coordinated approach to meet the comprehensive needs of these individuals and families.

Objectives, Action Steps, and Timeframes of the BHDDA strategic plan.

**Objective 1: Conduct cross-training initiatives to assure the publicly funded behavioral health care system is appropriately trained on Veteran and Military culture; and provide training on effective behavioral health care screening and referral for Veteran and Military groups as requested.**

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Start Date</th>
<th>End Date</th>
<th>Update</th>
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<tbody>
<tr>
<td>1.1: Develop contract with Michigan State University for Star Behavioral Health Providers to conduct up to 6 regional trainings per year for behavioral health care system in target communities on Military competency, Mental Health First Aid for Veterans, and other evidence-based programs</td>
<td>C1: 4/1/17</td>
<td>9/30/17</td>
<td>Complete</td>
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<td></td>
<td></td>
<td>C2: 10/1/17</td>
<td>9/30/18</td>
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<td></td>
<td></td>
<td>C3: See new item 1.5 below</td>
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<tr>
<td>1.2: Identify and confirm locations and logistics at least three months prior to scheduled trainings</td>
<td>Varies by date/region</td>
<td>4/1/19</td>
<td>Ongoing</td>
</tr>
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<td>1.3: Conduct Motivational Interviewing (MI) and Screening, Brief Intervention &amp; Referral to Treatment (SBIRT) training for MIARNG Chaplain Corp; provide follow-up technical assistance as requested</td>
<td>July, 2017</td>
<td>9/30/17</td>
<td>Deferred to FY18 due to other priorities of MIARNG</td>
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<tr>
<td>1.4: Conduct MI and SBIRT training for other Veteran and Military groups as requested</td>
<td>10/1/17</td>
<td>Ongoing</td>
<td>Initiated and Ongoing</td>
</tr>
<tr>
<td>1.5 <strong>NEW:</strong> Develop, train, and certify 2-3 individuals to conduct training of trainers for Regional PIHP Veteran Navigators in order to</td>
<td>10/1/18</td>
<td>Ongoing</td>
<td>New Action Step FY18</td>
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Objective 2: Engage in inter-and-intra agency collaboration in order to leverage resources and partnerships

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<th>Action Steps</th>
<th>Start Date</th>
<th>End Date</th>
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<tr>
<td>2.1: Meet face-to-face with PIHP, CMHSP and SUD directors in regions of each Cohort to collaborate, engage and receive feedback on needs, gaps and capacity in terms of serving Veterans and Military families</td>
<td>C1: 6/1/16</td>
<td>12/31/16</td>
<td>Complete</td>
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<td></td>
<td>C2: 3/1/17</td>
<td>9/30/17</td>
<td>Complete</td>
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<td></td>
<td>C3: 3/1/18</td>
<td>9/30/18</td>
<td>Initiated</td>
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<tr>
<td>2.2: Collaborate with University of Michigan MSPAN Buddy-to-Buddy (BTB) program to develop a plan for how Veteran peers can best be utilized to supplement and enhance regional behavioral health Veteran Navigators</td>
<td>September, 2016</td>
<td>3/30/17</td>
<td>Complete</td>
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<tr>
<td>2.3: Begin to initiate plan for BTB involvement, which may include funding a BTB Behavioral Health Coordinator, providing additional training for BTB volunteers, securing funding, etc.</td>
<td>4/1/17</td>
<td>Ongoing</td>
<td>Initiated</td>
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<td>2.4: BHDDA Veteran Liaison will attend Veteran events, VCAT meetings and trainings, behavioral health conferences, and other relevant events across Michigan; as needed, prioritization will be given to statewide events, summits and regional events during each Cohorts initial roll-out year</td>
<td>6/1/16</td>
<td>9/30/19</td>
<td>Initiated and Ongoing</td>
</tr>
<tr>
<td>2.5: Conduct annual BHDDA Veteran Summit to publicly acknowledge inter-and-intra collaboration, recognize individuals and organizations, celebrate successes, report on activities and data, and promote the next year activities</td>
<td>September, 2018</td>
<td>Ongoing</td>
<td>Planned</td>
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<td>2.6: Develop agreement with MIARNG to reflect leadership commitment to help promote BHDDA behavioral health care system across their command and state</td>
<td>1/1/17</td>
<td>7/1/17</td>
<td>Initiated</td>
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<td>2.7: Engage and collaborate with other Veteran and Military Reserve units and programs to gain support in promoting BHDDA behavioral health care system across their commands</td>
<td>10/1/17</td>
<td>9/30/18</td>
<td>Initiated and Ongoing</td>
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<td>2.8: In partnership with MIARNG and MDHHS Communications, develop and produce promotional materials to encourage Veterans and Military Family members to access behavioral health care services</td>
<td>4/1/17</td>
<td>Revised date</td>
<td>Revised date</td>
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<td></td>
<td>7/1/18</td>
<td>9/30/19</td>
<td>Revised date</td>
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<td>2.9: After promotional materials are developed, target distribution to regions of the state based on Cohorts of roll-out</td>
<td>10/1/18</td>
<td>9/30/19</td>
<td>Planned</td>
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Objective 3: Identify, train and embed Regional Veteran Navigators into the publicly funded behavioral health care system throughout the State of Michigan

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<tbody>
<tr>
<td>3.1: BHDDA Veteran Liaison will coordinate initial contacts and networking within each region to ensure efficient capacity building opportunities</td>
<td>C1: 10/1/16</td>
<td>3/30/17</td>
<td>Complete</td>
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<tr>
<td></td>
<td>C2: 4/1/17</td>
<td>3/30/18</td>
<td>Initiated and Ongoing</td>
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<tr>
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<td>C3: 4/1/18</td>
<td>3/30/19</td>
<td>Initiated</td>
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</table>
3.2: Provide support for local CMHSP Veteran Navigators embedded within the publicly funded behavioral health care system to be the point of contact for all Veterans and Military family members to assure access to and receipt of adequate, effective and timely mental health care as needed. Note: (There are currently 6 CMHSP Veteran Navigators in 8 counties)

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<th>Action</th>
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<td>C1</td>
<td>4/1/17</td>
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<tr>
<td>C2</td>
<td>1/1/18</td>
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<td>C3</td>
<td>1/1/19</td>
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3.3: NEW: Assure that the Regional Veteran Navigators are embedded within the 10 PIHP Regions and are responsible for the same as above on a Regional level and encompassing SUD

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<td>4/1/17</td>
<td>Ongoing</td>
<td>Initiated and Ongoing</td>
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3.4: PIHP Regional and local CMHSP Veteran Navigators will develop a strong referral network and resources within their local community to address the multitude of potential needs Veterans and Military family members may have, including but not limited to housing, employment, health care and other supports. In order to accomplish this, Regional Veteran Navigator will collaborate and coordinate with Buddy To Buddy volunteers that have been identified in their Region as reciprocal partners. They will be responsible to share basic information and provide guidance and referrals to any and all Veteran and Military families that they encounter in their day to day functions

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<tr>
<td>C3</td>
<td>1/1/18</td>
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3.5: Based on Performance Indicators identified in the State of Michigan, Regional Veteran Navigators in coordination with Buddy To Buddy will seek to: Identify Veteran and Military families that would not otherwise be identified for MH/SUD Treatment.

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<td>4/1/17</td>
<td>Ongoing</td>
<td>Initiated and Ongoing</td>
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3.6: BHDDA Veteran Liaison and or State Regional Veteran Coordinator will host quarterly meetings via conference call or face-to-face for all Regional and local CMHSP Veteran Navigators/Liaisons for networking, addressing challenges and barriers, and providing ongoing training

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<td>4/1/17</td>
<td>Ongoing</td>
<td>Initiated 9/7/17 and Ongoing</td>
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Objective 4: Provide the publicly funded behavioral health care system with resources to evidence-based programs in order to strengthen Military families

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<tbody>
<tr>
<td>4.1: Beta Veteran Liaison will forward resources from the SAMHSA Veterans &amp; Military Families website with the entire publicly funded behavioral health care system</td>
<td>1/1/17</td>
<td>Ongoing</td>
<td>Initiated and Ongoing</td>
</tr>
<tr>
<td>4.2 BHDDA Veteran Liaison will research various evidence-based programs to strengthen Military families, including children</td>
<td>1/1/17</td>
<td>12/30/17</td>
<td>Revised date</td>
</tr>
<tr>
<td>4.3: BHDDA Veteran Liaison will provide justification and rationale to recommend up to three evidence-based programs for Michigan to focus on to address needs of and strengthen Military families across the state</td>
<td>1/1/18</td>
<td>3/30/18</td>
<td>Revised date</td>
</tr>
<tr>
<td>4.4: BHDDA Veteran Liaison will meet with publicly funded behavioral health prevention coordinators and providers across the state to encourage use of identified evidence-based programs and gather input from their perspective</td>
<td>4/1/18</td>
<td>9/30/18</td>
<td>Planned</td>
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Objective 5: Develop processes and systems to gather and utilize data to gain a clearer perspective on Veteran and Military families in Michigan, their needs, and gaps in services
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<tr>
<td>5.1: Identify specific questions to be asked and tools to be used to gather data on individuals accessing the publicly funded behavioral health care system in Michigan to measure and track identified outcomes</td>
<td>1/1/17</td>
<td>3/31/17</td>
<td>Complete and began to gather in BH TEDS 10/1/17</td>
</tr>
<tr>
<td>5.2: As each Cohort rolls out, Regional Veteran Navigators will compile aggregate data on identified metrics and submit to BHDDA on monthly basis to track progress/gaps in services/barriers to receiving services/and best practices</td>
<td>4/1/17</td>
<td>Ongoing</td>
<td>Initiated and Ongoing</td>
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<tr>
<td>5.3: Standard questions will be added BH Treatment Episode Data System (BH TEDS) to track all individuals who are Veterans and Military members entering the publicly funded behavioral health care system</td>
<td>10/1/17</td>
<td>Ongoing</td>
<td>Complete</td>
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<tr>
<td>5.4: An annual report will be compiled to track admissions into system and measure outcomes</td>
<td>1/1/18</td>
<td>Ongoing</td>
<td>Planned</td>
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**Objective 6: Leverage additional resources for long-term sustainability of this plan.**

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<tr>
<td>6.1: Collaborate with other Veteran organizations across the state to design an unduplicated, cost-effective system to reach Veterans and Military family members in Michigan in order to reduce stigma and increase willingness to access to behavioral health care</td>
<td>10/1/16</td>
<td>Ongoing</td>
<td>Initiated and Ongoing</td>
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<tr>
<td>6.2: In conjunction with Buddy-to-Buddy program, establish a plan to identify Veteran peers in each PIHP region, and develop guidance/protocol on how to utilize these peer navigators/liasons in the publicly funded behavioral health care system</td>
<td>10/1/16</td>
<td>9/30/17</td>
<td>Initiated and Ongoing</td>
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<tr>
<td>6.3: Provide a successful model to be utilized to assure 90% of publicly funded mental health and SUD treatment providers are TRICARE Paneled and Choice Certified within three years</td>
<td>10/1/16</td>
<td>9/30/19</td>
<td>Initiated</td>
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<tr>
<td>6.4: Coordinate at least two workshops/educational seminars each year for the publicly funded behavioral health care system on the process of becoming TRICARE Paneled and Choice Certified</td>
<td>10/1/16</td>
<td>9/30/19</td>
<td>Initiated and Ongoing</td>
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<td>6.5: At minimum, one time per month monitor the Federal Register, as well as federal, state, and appropriate private foundation websites to ascertain potential Requests for Proposals that fit the direction of this plan</td>
<td>10/1/16</td>
<td>Ongoing</td>
<td>Initiated and Ongoing</td>
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**OUTCOMES**

As the system described above is developed, anticipated outcomes to be monitored include the following:

- Increased awareness of and access to publicly funded behavioral health care service providers in the local community
- Reduction of stigma for Veterans and Military family members to reach out for help
- Reduction in the number of suicides within the Veteran and Military family community
• Implementation of a holistic approach to the delivery of publicly funded behavioral health services leading to a reduction in stress and activating events, and an increase in resilience, employment, and overall physical and mental health for Veterans and Military families
• Veterans and Military families will identify feeling better equipped to function effectively within their community and social environments
• Sustainability of a robust publicly funded behavioral health care service provider network addressing the needs of Veterans and Military families in a culturally appropriate manner

LOOKING TO THE FUTURE WITH GREAT HOPE

When Veterans and Military families look to their future, often there is significant stress, much that is unknown, and a feeling of walking alone. This BHDDA plan will create a system that will ensure 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 that will address their identified needs; access to and the delivery of quality services in the areas of mental health and substance abuse treatment; providing culturally appropriate, evidence based programs for Veteran and Military family members that effectively address their needs; and establishing linkages to community resources. It is envisioned this will create a sense of hope, and that Veterans and Military family members in Michigan will realize there is someplace to go and someone to talk to who will be able to provide needed resources for them and their family. By meeting these needs, Michigan Veterans and Military family members will be healthier, more productive, and able to participate in and succeed in our communities.