

Walking With Warriors Veteran and Military Family Strategic Plan 2025-2030

Behavioral and Physical Health and Aging Services Administration



Walking With Warriors

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

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Bureau Director Letter



STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND
HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

October 2024

Since its inception in 2016, the Walking With Warriors (WWW) Veteran Navigator project implemented through the Michigan Department of Health and Human Services, Behavioral and Physical Health and Aging Services Administration (BPHASA) has continued to meet and address the needs of veterans, military members and their families. To date, this program has successfully engaged with over 40,000 veterans and military families, and the project has provided strength, support and hope for those who have served and given much for our freedom. Despite our success, there remains much work that needs to be accomplished.

Veterans, military members and their families and caregivers remain at risk for mental health (MH) and substance use disorders (SUD). It is estimated that 250,000 citizens of Michigan are directly and indirectly challenged with these situations on a daily basis with 90,000 of them suffering from serious mental illness (SMI) directly connected to their service in our military. Another 160,000 are challenged with mild/moderate MH struggles directly attributed to their military service. In addition, veteran caregivers are struggling with compassion fatigue and the inability to find appropriate resources for their loved ones.

The BPHASA veteran liaison, in collaboration and coordination with the Prepaid Inpatient Health Plans (PIHPs), Community Mental Health Service Providers (CMHSPs), five Veteran Health Administrations (VHAs), veteran navigators, veteran peer support specialists and other contract agencies specializing in female veterans and recreational/adventure therapy have been working diligently to identify, connect and advocate daily for those struggling in our veteran population. PIHP and CMHSP veteran navigators, including veteran peer support specialists, have become the go-to resource for meeting these daily challenges in getting our veterans the support they have earned.

WWW has become a standard for MH and SUD approach for our veteran population. This is distinctly a team effort. We learn from each other and lean into each other to bring the best resources for our veterans and their families. WWW progress has without question exceeded our initial expectations. We continue to receive feedback that our program is impacting veteran lives.

The work is not done. Our programs are growing and with it will come continued success. We have a moral obligation to meet our goal to put veteran suicide in the rear-view mirror and instill hope that life is worth living to those who have sacrificed much.

Sincerely,

A handwritten signature in blue ink, appearing to read 'KJ', with a stylized flourish at the end.

Kristen Jordan, Director
Bureau of Specialty Behavioral Health Services
Michigan Department of Health and Human Services

JK/lf

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. Eight years ago, the Michigan Department of Health and Human Services (MDHHS) and Behavioral Health and Developmental Disabilities Administration (BHDDA), now the Behavioral and Physical Health and Aging Services Administration (BPHASA) created a strategic plan. A plan to implement a multi-pronged approach in the publicly funded behavioral health care network of MH SUD providers.

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

- MDHHS, including the director's office veteran liaison.
- BPHASA provider network of Prepaid Inpatient Health Plans (PIHPs).
- Community Mental Health Service Providers (CMHSPs).
- Substance Use Disorder (SUD) treatment and prevention providers.
- Peer Support system.
- Department of Military and Veteran Affairs (DMVA).
- Veteran's Health Administration (VHA).
- Veteran's Benefit Administration (VBA).
- Mission Ambition.
- Zero Day Inc.
- Worldmaker International.
- County VA leadership.
- Veterans of Foreign Wars (VFW).
- American Legions.
- Community resources such as local hospitals.
- Vet Centers.
- Veteran Community Action Teams (VCATs).
- Michigan Veteran's Affairs Agency (MVAA) and Resource Call Center.
- State Veteran Community Engagement Officers (SVCEOs).
- Michigan Army National Guard (MIARNG).
- Other veteran organizations by region or county.

Mission

Our mission is to identify, engage and connect veterans and military families to MH 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 well-being 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 Veteran Affairs (VA entities).
- Support veterans and military families on their road to self-sufficiency.

Strategic Priorities

- To continue to ensure veterans and military families receive efficient, comprehensive, and sustained behavioral health services in the publicly funded behavioral health care system.
- To ensure veterans are connected to the Federal VHA/VBA system for initial or increased care and benefits that will improve quality of life for veterans and their families.
- Providing a robust Military Cultural Competency training for the publicly funded behavioral health system.
- Providing an effective and sustainable system for delivery of THRIVE training across the state by region, county and/or community.

Strategic Plan Implementation – Three Phases

Phase 1

Fiscal year (FY) 25 will provide Walking With Warriors (WWW) project to initiate our new Veteran ReEntry Project, evaluate processes and outcomes and make adjustments. We will also be phasing in a new Tribal veteran navigator approach that will allow Tribal entities to meet the distinct needs of their veteran population. With this multi-pronged approach to veteran care, we will be engaging in a comprehensive manner with all areas of veteran care including female veterans. This approach will build supports into our veterans' lives which will lead to a lowering of stigma and an increased ability to reach out for support.

The goal of this phase is to sustain the momentum we have through our everyday work on the ground with our veteran navigators while we maintain our external programs and new projects.

Phase 2

FY26-28 will allow WWW project to expand our capacity in terms of the numbers of veterans and military families engaged with, continue to expand the reach of our THRIVE training program into regions, counties, and communities. This will allow us to build relationships and sustainability into our Veteran ReEntry project and Tribal veteran approaches. This timeframe will also allow us to follow up with and provide continued guidance to other states that have been engaging with us based on this model that is easily replicated. We will also continue to see the need to meet anticipated capacity needs in our larger regions with additional veteran navigators and veteran peer support specialists.

The goal of this phase is to solidify the culture of our veteran navigation model. To continue to build a culture of person-centered treatment, resilience and increased quality of life by addressing all aspects of social determinants of health and continuing to expand our outreach.

Phase 3

FY29-30 will be critical years to continue to adapt, adjust and sustain the work of the past 13 years with the fluidity of the veteran population. This will be a time of meeting the distinct needs of a significantly aging veteran population as well as be prepared for new veteran challenges that may occur in an ever-changing world. This will require our project to be prepared and knowledgeable of the necessary supports that currently are difficult to identify and implement. This timeframe will require us to continue to be open to change and serve an ever changing and challenged veteran population. We have set the standard and will continue to meet the challenges before us in a proactive manner.

The goal of this phase is remaining focused on the main objectives, adaptability and remaining teachable.

Ongoing Veteran and Military Family Challenges

There are an estimated 19.7 million VA-eligible veterans in the United States. There are another estimated seven 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 MH and SUDs. 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. The MDHHS/BPHASA continues to work carefully to identify, engage and connect veterans and their families to necessary MH and 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 creates 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, law enforcement, food insecurity, transition from military service, and interpersonal/domestic struggles.

Iraq and Afghanistan veterans currently identified 20% of deployed veterans screened positive for post-traumatic stress disorder (PTSD). While 10.9% of non-deployed veterans, screened positive for PTSD. Over the past 18 years, around 500,000 U.S. troops who served in these wars have been diagnosed with PTSD. Less than half (49%) have not sought any type of help or treatment.

In Michigan, around 200,000 veterans, service members and those with a military service record remain unidentified for MH and SUD treatment; 70,000 of these most likely struggle SMI and 130,000 are challenged with mild/moderate MH struggles. This increases to around 450,000 individuals when families are included in this number. We are seeing increased stressors and compassion fatigue in veteran caregivers leading to MH crises and suicidal ideation. This leaves us with a significant task.

Since implementation of this project, we have identified, engaged and connected around 40,000 of these individuals with necessary resources, referrals for treatment and ongoing advocacy leading to significant outcomes based on reduction in stigma, a virtual zero suicide rate, and the ability to self-advocate. Based on outcomes, 75% of individuals identified a greater willingness to reach out for help to access services. Seventy-two 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 raising awareness and providing training for our communities and veteran families in order to increase resilience and the ability to overcome adversity.

Objectives

1. Conduct Military Cultural Competency training derived from evidence-based training modules.
2. Create, coordinate and implement a certification training program that will designate regional and CMHSP navigators as being certified in many different areas directly related to their work within the public funded behavioral health system in regard to veteran MH, substance abuse, VA benefits professional boundaries, motivational interviewing, Military Cultural and Crisis Intervention training.
3. Develop formal and informal agreements between BPHASA's WWW Program and other partners to include the VHA and the VBA that will designate this program as a priority referral in all matters pertaining to veterans and their families regarding MH and SUDs challenges in Michigan.
4. Develop informal and where appropriate formal relationships with Tribal partners to ensure veterans from Tribal entities across Michigan have access to appropriate resources addressing veteran MH and SUD challenges.
5. Continue to support and increase the PIHP/CMHSP veteran navigators across the state to increase capacity, provide technical assistance and create opportunities for best practice training, including ongoing fiscal support based on year-to-year funding approvals.
6. Provide oversight and direction on the facilitation of the WWW Health and Wellness Program.
7. Provide ongoing support and guidance for the Female Veteran Support Program through evidence-based approaches.
8. In conjunction with other sections/divisions within BPHASA, continue to provide an evidence-based or promising practices Recreational Therapy/Healthy Habits Program for veterans and their families.
9. In conjunction with the MDHHS Diversion Council's Veteran Justice Program, strategize a mechanism to implement a veteran re-entry care coordination approach to connect veterans and military service record veterans to effective resources in high veteran population areas across the state.
10. Provide the publicly funded behavioral health system with THRIVE Resilience Base Suicide Prevention training to ensure that stakeholders, leaders and communities are trained to internalize resilience-based habits and learn the language of suicide prevention.
11. Engage in inter-and-intra agency collaboration to leverage resources at both the state and national level, including media and marketing campaigns.
12. Continue to develop processes and improve existing data reporting measures to gain and provide a clear perspective on veterans and military families in Michigan, as well as to demonstrate cost savings to use 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 MH.
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 2020-2024

MDHHS and BPHASA came into 2020 with a new strategic plan that was quickly put to the test with the onset of the COVID pandemic. With most of the WWW team transitioning to remote work, this left us in an adapt and overcome position. Our team quickly adjusted to virtual settings and began to address the fluidity of this shift in approach to care with care package operations and events across the state that brought us into proximity with our veterans to be able to evaluate their MH and well-being. Through this process we were able to identify caregiver and compassion fatigue that we quickly began to refer for treatment and care. Throughout 2020, our team continued to operate in this manner while finding creative ways in which to interact with our veterans and their families.

WWW had been initiated with low expectations in 2016, due to so many unknowns. Due to the process that our veteran navigators utilize by engaging with veterans who are working and living within their communities, we have exceeded our own expectations and goals along with everyone else's. In FY21, we identified a 36% increase in our veteran referrals for MH/SUD treatment: 3,609 veterans were connected to vital resources and received care and advocacy. In FY22, we identified increases to 5,505 veterans and another approximate 1,400 being seen for a second time due to their ability to reach back for support with our veteran navigator team. In FY23, we identified growth to over 7,400 veterans and military families and FY24 we have currently engaged with, advocated for and referred over 6,500 veterans as of July 31, 2024. With our increase in consistent event coverage, we have also engaged with an additional 40,000 veterans and military family members over the past five years where they have received vital information and often direct connection to support in many different areas.

Program growth has been handled in a systematic approach and have been highly successful. WWW now has a robust Military Cultural Competency training process that has been delivered regularly to the PIHP/CMHSP system. Our team have completed, and most are certified in MH First Aid. In 2021, Zero Day initiated our Recreational/Adventure SUD treatment approach to care. This unique creative means of delivering care has been very successful in identifying critical needs in our veterans as well as being a path to discovering best practices in connecting them to other essential supports. This programming continues to increase and produce outcomes beyond what we expected. In 2022, with our objective to lower stigma and end veteran suicide, WWW began work with Worldmaker International to provide THRIVE training, a resilience-based approach to suicide prevention designed to be delivered to communities in order to move the needle on veteran suicide across Michigan. To date, Worldmaker has facilitated 19 trainings with 24 more to be scheduled through FY25. Worldmaker has five trainers currently providing trainings, three master trainers and two junior trainers with six more to be trained in FY25 to facilitate the increased identified trainings due to increased funding.

WWW will implement a Veteran ReEntry Project beginning on Oct. 1, 2024. This project is intended to work with veterans who are exiting the prison system and need connection to essential resources and one on one advocacy. Our goal is to provide intensive engagement and referrals in the first 30 days to ensure our veterans have access to the resources and benefits that will provide them with the best path to success. Our goal is to provide care and connection for one year with the belief that this will lower recidivism by 60% and as well provide a budget relief on state funds.

As we look to the future, there are currently goals to begin veteran navigator work within Tribal entities across Michigan. We are hopeful that we will begin to impact veterans who have reached out to our program from 21 other states with a model that can be replicated in their own.

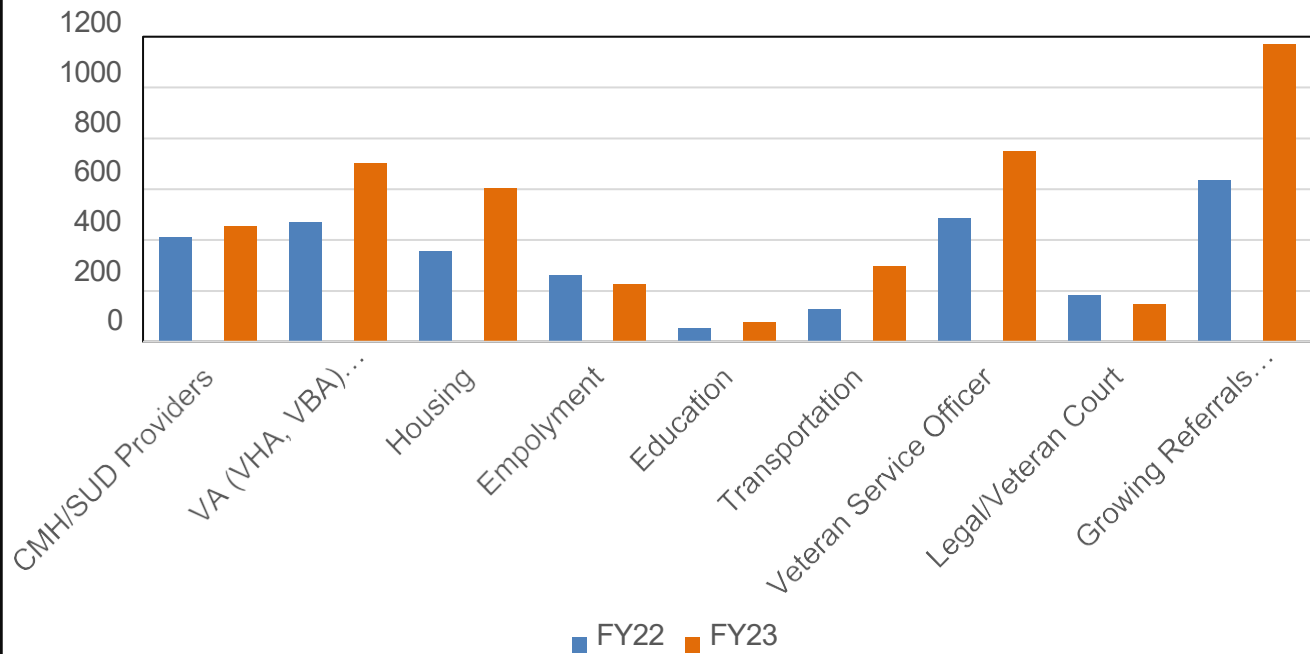
We have engaged with over 40,000 veterans and military families over the past seven and a half years and have a virtual zero suicide rate due to our intensive in person approach to identifying, connecting and advocating for our veterans and their families.

Over the past five years, the PIHP veteran navigator/CMHSP/Certified Community Behavioral Health Clinic (CCBHC)/special populations system and approach has effectively turned this plan into action through a multi-pronged approach.

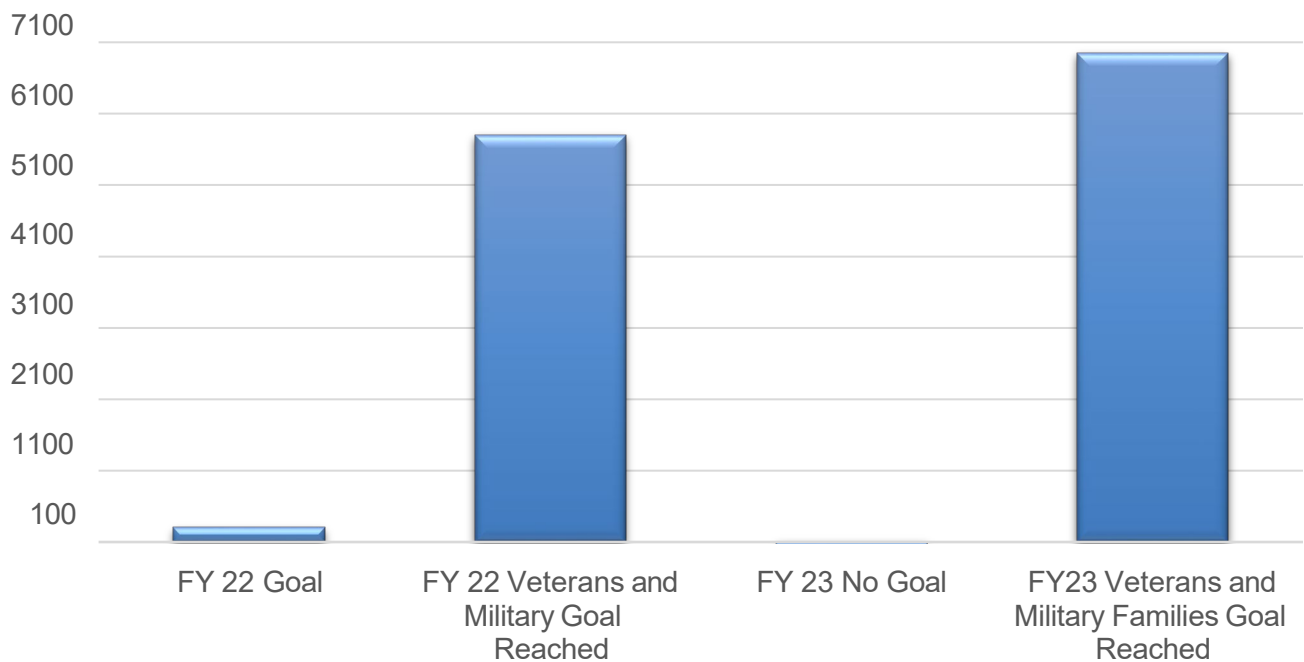
1. Veteran navigators remain in 9 of 10 PIHP Regions, several CMHSPs and have increased significantly due to the CCBHC Substance Abuse and Mental Health Services Administration (SAMHSA) grant that provides for increased services for veterans struggling with mild/moderate MH.
2. Veteran navigators continue to excel at our three-prong approach of identifying, connecting, and advocating for our veterans and military families. We have now worked with over 40,000 veterans and their families.
3. Inter- and -intra agency collaboration has significantly increased in both qualitative and quantitative ways with our team being considered a main connection for veterans struggling with MH/SUD challenges.
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. This process will increase in both quantitative ways and through the implementation of additional forms of media to accomplish this mission.
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 services to our veteran and military family community. It also demonstrates cost savings to the department and state.

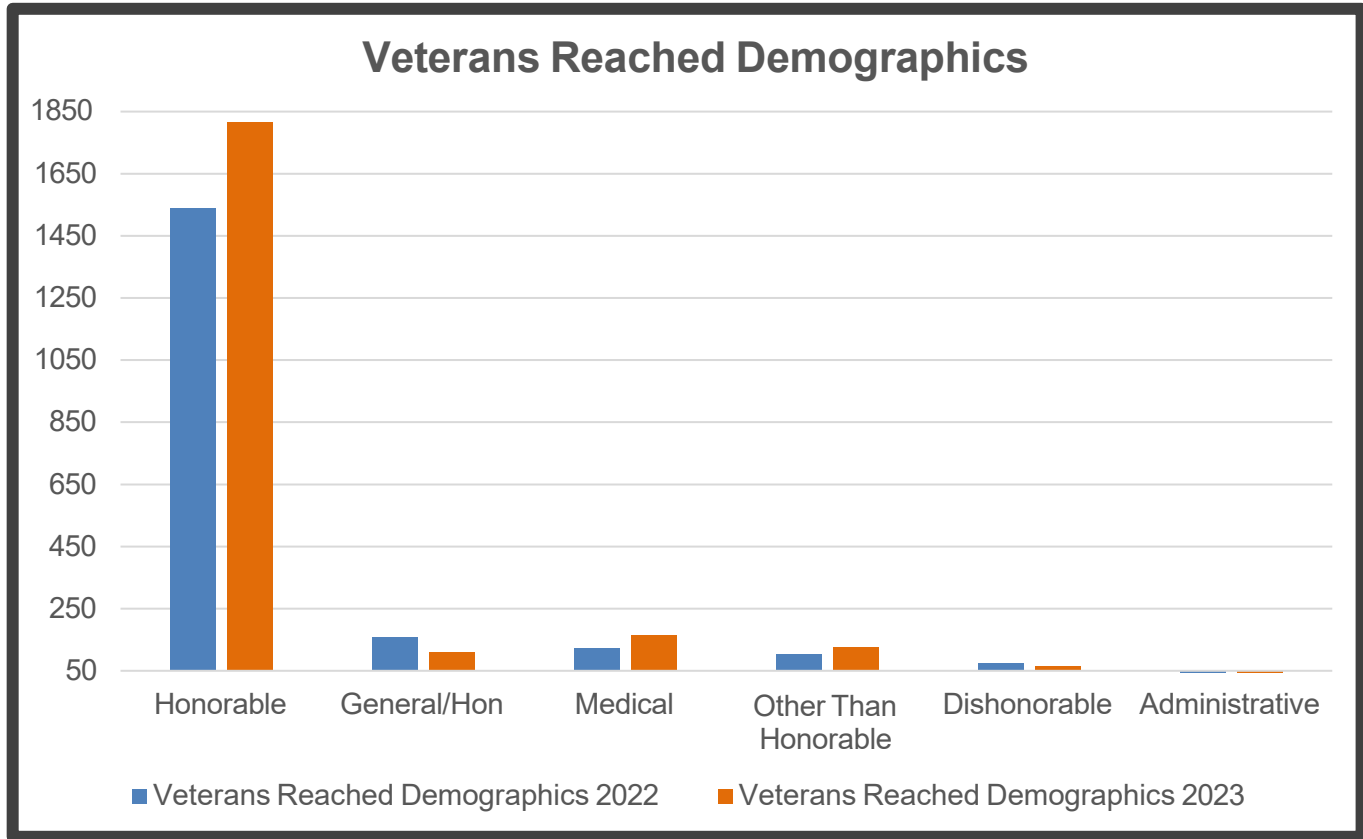
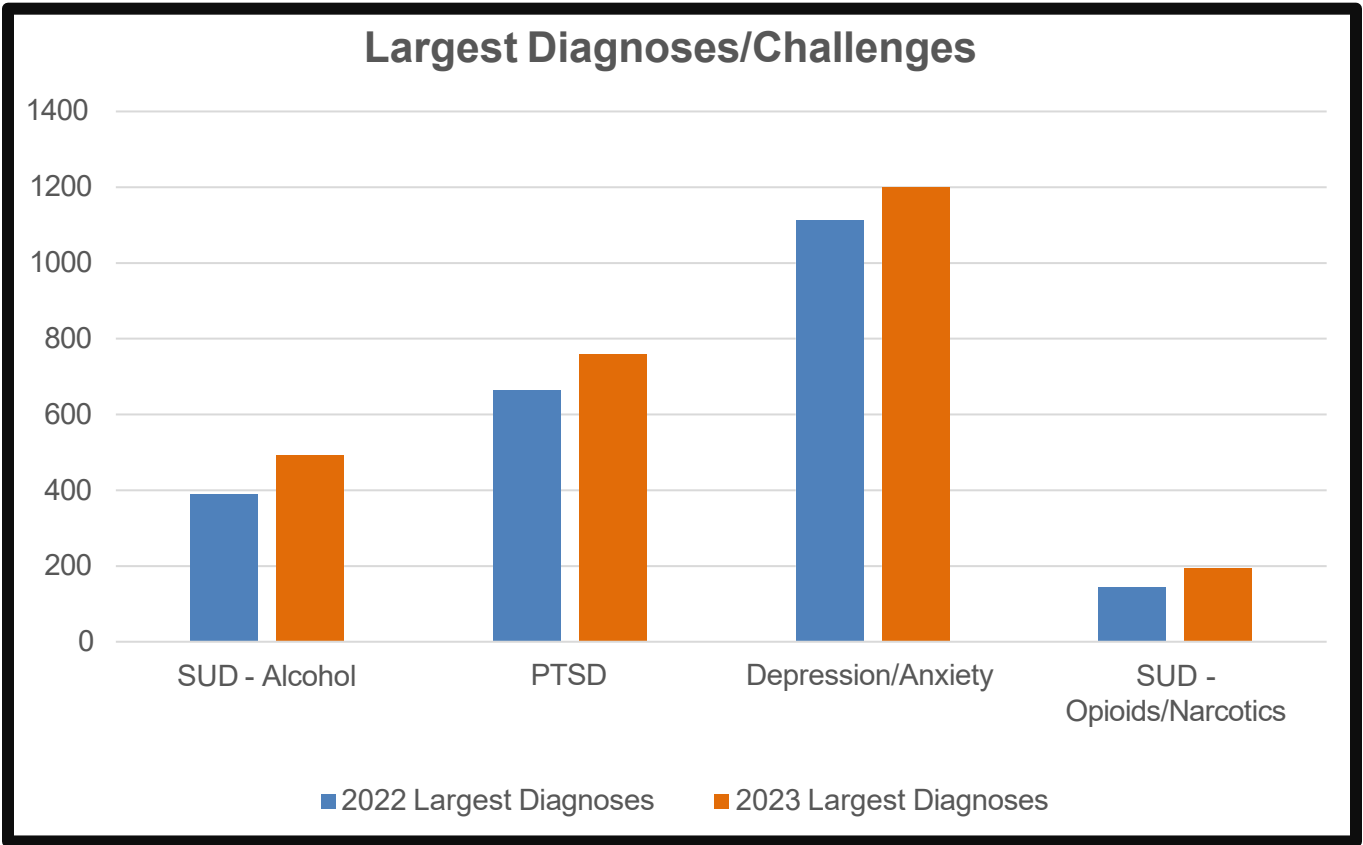
7. WWW veteran navigators have been force multipliers in connecting veterans to those who can assist with their Veteran Affairs Disability Benefits application. Due to this work, we have directly impacted over 25 million in federal funds coming back to Michigan through our veterans receiving the benefits they earned.
8. The addition of new programs that address special populations has significantly increased our ability to meet these less identifiable needs in a more robust manner with the processes implemented that focus on each area's direct challenges.
9. Data shows that after one year of engagement by a veteran navigator, the number of interactions in the community increases by 200% for individuals engaged in this project.
10. WWW Health and Wellness program has allowed us to identify and focus on a yearly goal of equipping our team to not only learn new skills and obtain new tools for their everyday work, but to ensure their health and well-being is considered through this process by holding events centered on self-care in a more stress-free environment.
11. 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 MH and SUD 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. We currently have nine chapters that meet across the state as well as in the Upper Peninsula. These chapters are in person/hybrid and virtual in nature to ensure that we are meeting as many specific needs as possible.

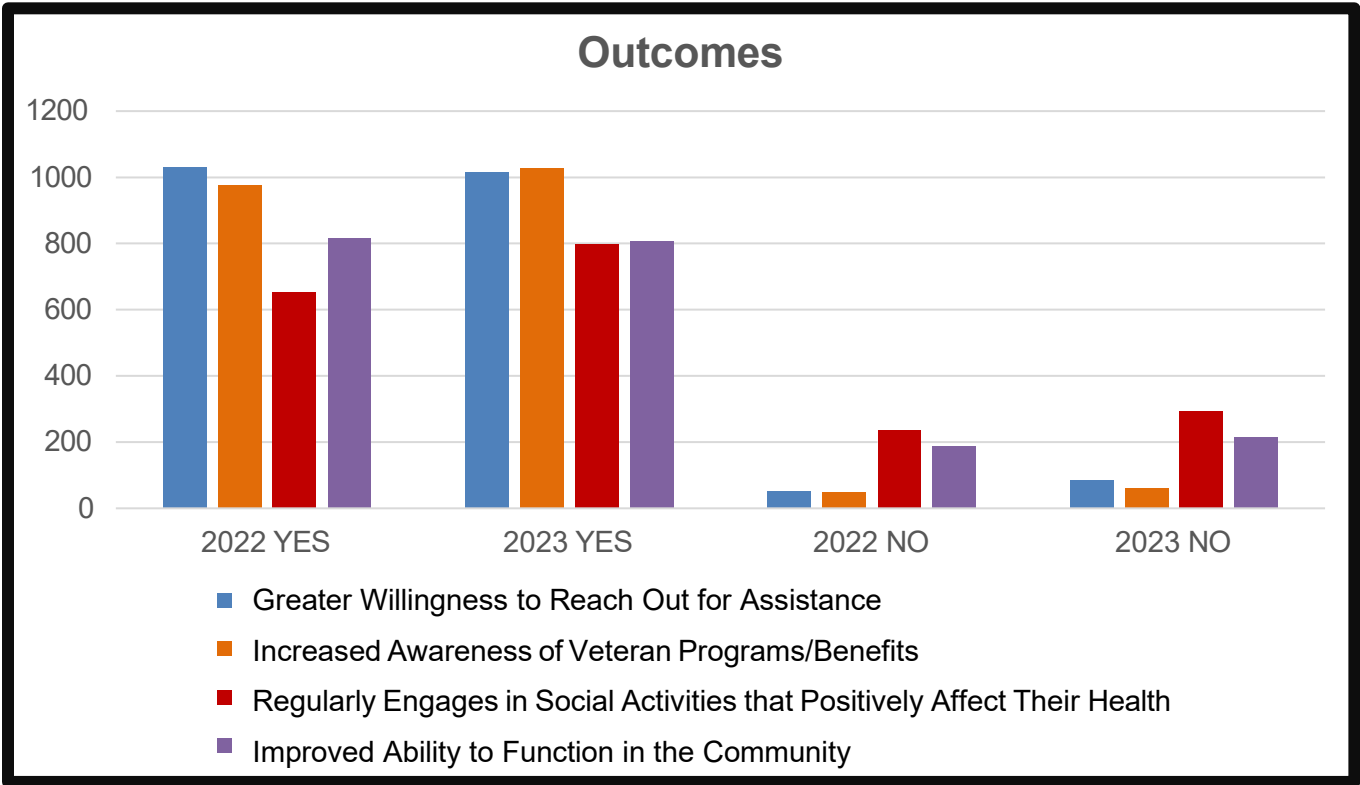
Where Are We Referring Newly Identified Veterans and Military Families?



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







MDHHS/BPHASA 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, please contact individuals below for assistance:

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