NATIONAL COUNCIL for Mental Wellbeing

HEALTHY MINDS
STRONG COMMUNITIES

Key Partnerships for SMVF Mental Health and Wellness

April 3, 2025

CCBHC-E
National Training and Technical Assistance Center
Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

Acknowledgements and Disclaimer

This session was made possible by Grant Number 1H79SM085856 from the Substance Abuse and Mental Health Services Administration (SAMHSA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views, opinions, or policies of SAMHSA, or the U.S. Department of Health and Human Services (HHS).

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- Please rename yourself so your name includes your organization
  - *For example:*
    - **Blaire Thomas, National Council**
  - *To rename yourself:*
    - Click on the **Participants** icon at the bottom of the screen
    - Find your name and hover your mouse over it
    - Click **Rename**
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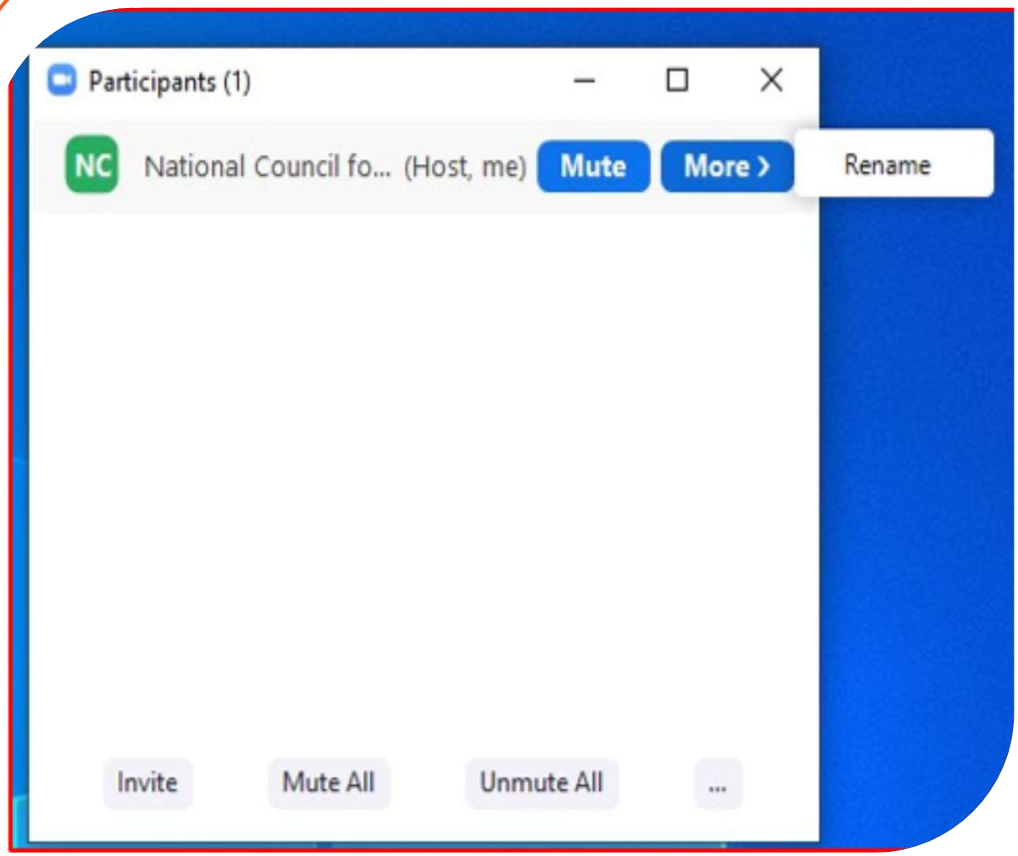

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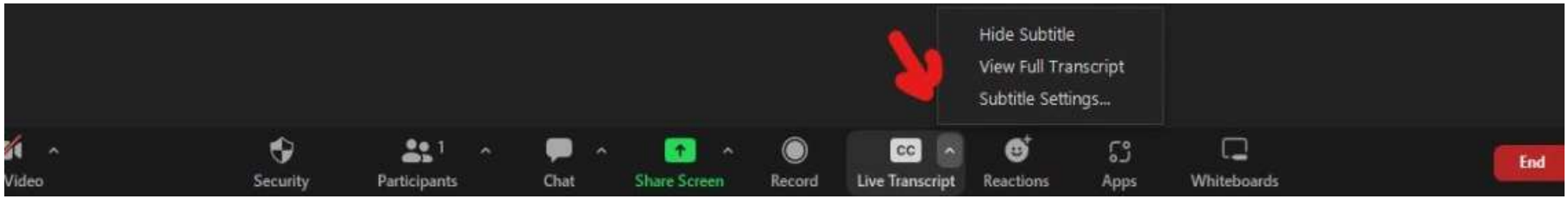

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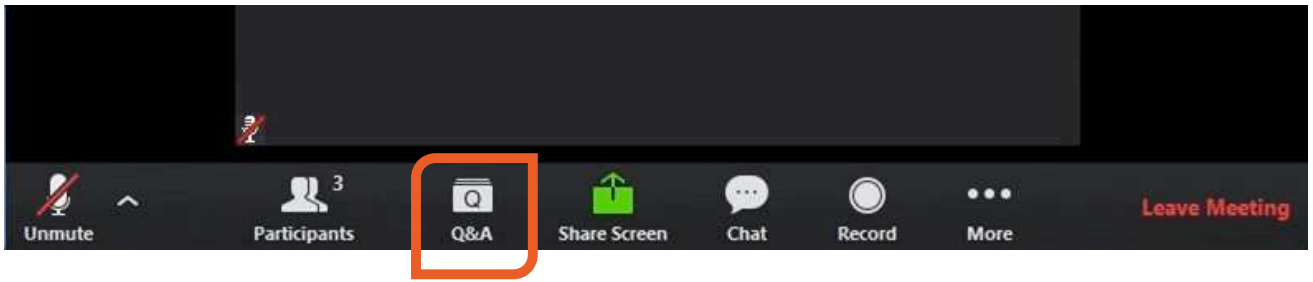

NTTAC Learning & Action Series Team

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SMVF Learning & Action Series Team

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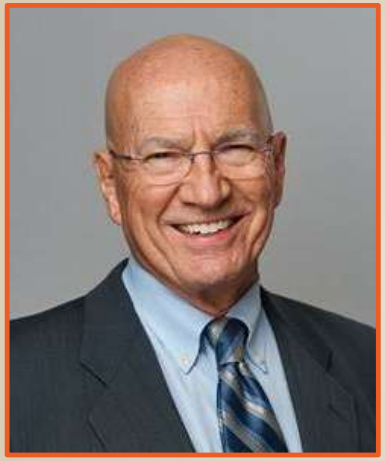
Session Presenters

Elizabeth Kleeman, LCSW, CGP
Special Programs Coordinator, Mental Health Care Line, Michael E. DeBakey Veterans Affairs Medical Center



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Vice President, Integrated Healthcare Services, TriWest Healthcare Alliance

James Kozloski
Veteran Care Coordinator, Community Health Network

Chrissy Waddups, LCSW
CCBHC Project Director, Community Health Network

Learning Series Curriculum

Date	Topic
March 6th	[PAST] Military Culture and Identifying SMVF in Community Clinics
April 3rd	Key Partnerships for SMVF Mental Health and Wellness
May 1st	Clinical Mental Health for the Military Affiliated Population

Learning Objectives

- Learn about how CCBHCs and local VA Medical Centers can be connected through Memorandums of Understanding (MOUs)
- Learn how CCBHCs can partner with TRICARE to support active-duty, retiree, and family member clients
- Learn how to select CCBHCs have partnered with VA and DoD to support military-affiliated clients

Today

- Welcome
- Connecting with the Veteran Community & Helping Veterans Connect to Services - Michael E. DeBakey VA Medical Center
- Military Lifestyle & Culture - TriWest Healthcare Alliance
- Community Health Network CCBHC
- Questions?

Michael E. DeBakey Veterans Affairs Medical Center

Elizabeth Kleeman, LCSW, CGP

Special Programs Coordinator, Mental Health Care Line

Connecting with the Veteran Community & Helping Veterans Connect to Services

ELIZABETH KLEEMAN, LCSW

SPECIAL PROGRAMS DIRECTOR

MICHAEL E. DEBAKEY VA MEDICAL CENTER

ASSISTANT PROFESSOR, PSYCHIATRY

BAYLOR COLLEGE OF MEDICINE

A Healthy Community Values Mental Health

but what does that mean?

Community-Based Coalition Building

Mayor's Challenge

"Since 2008, the Substance Abuse and Mental Health Services Administration (SAMHSA) has assisted states and territories to **strengthen behavioral health service systems supporting service members, veterans, and their families (SMVF)**."

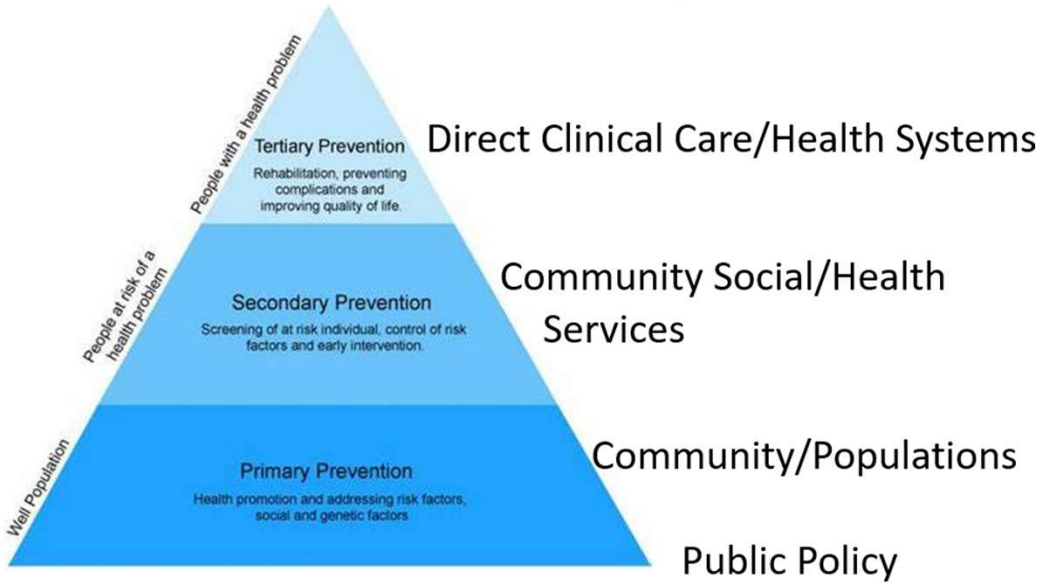
"Recognizing the **importance of addressing these needs at the local level**, SAMHSA and the U.S. Department of Veterans Affairs (VA) are sponsoring the 2018 inaugural Mayor's Challenge to Prevent Suicide among Service Members, Veterans, and their Families."

Senate Research Center (2017), *Bill Analysis, Senate Bill 578*.

Community-Based Coalition Building

- Build an interagency team of local leaders that will develop and implement a strategic action plan to prevent and reduce suicide attempts and deaths in the community
- Acquire a deeper familiarity with the issues surrounding suicide prevention for SMVF
- Increase knowledge about the challenges and lessons learned in implementing strategies by utilizing city-to-city and VA-to-VA sharing
- Employ promising, best, and evidence-based practices to prevent and reduce suicide attempts and deaths at the local level
- Define and measure success, including defining assignments, deadlines, and measurable outcomes to be reported

Why Develop Care Coordination Coalitions?



- Veterans in the community encounter multiple touchpoints
- If there are silos between different providers, there can be a delay or denial of care
- A Care Coordination Coalition can improve availability, efficiency and effectiveness of care
- Ineligible Veterans can be connected to care without a break in service
- Eligible Veterans can be connected with the VA in a timely manner

Barriers to Care

- Veterans, their families, and the community are not always aware of how to connect a Veteran with services either in the community or with the VA
- VA Eligibility can be very complex with many variables
- Silos can interfere or delay efficient communication between providers
- Misinformation about the VA is common
- History and old habits

Steps to Develop Coalitions

- Work with the local VA Suicide Prevention Team
  - They will know about barriers and needed improvements to access of services
  - Include the local VA COMPACT Act Coordinator(s) & Community Engagement and Partnership Coordinator(s)
- Meet with community partners, the local VA SPC and others including first responders, both police and fire departments
- Develop warm hand off processes between the coalition partners
- If desired, complete MOUs for Care Coordination
- Leverage any potential community partners/resources to increase knowledge/awareness and increase impact
- Be honest, nonjudgmental, and nondefensive

Suicide Prevention and Resource Coordination Composition

Suicide Prevention Team

- The **Suicide Prevention Team** serves as subject matter experts for all matters related to preventing Veteran suicide.
  - The Suicide Prevention Coordinators (SPC) are responsible for the identification, care coordination, and support for Veterans identified to be at high acute risk for suicide who are receiving care at the facility, as well as education and outreach within the VA and the community.
  - The Community Engagement and Partnership Coordinators (CEPC) are responsible for actively working with key partners at the community, state & regional level; upholding public health strategies to support planning, partnership, and collaboration across the community; as well as education on suicide prevention strategies and crisis management.

Both components are committed to the coordination of strategies to increase the awareness and adoption of suicide prevention best practices within the community.

Aligning Priorities

Identify Service Members, Veterans, and their Families and Screen for Suicide Risk

Promote Connectedness and Improve Care Transitions

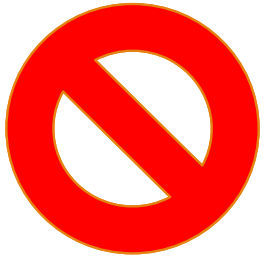
Increase Lethal Means Safety and Safety Planning

Collaboration between
The Harris Center & the Houston VA Medical Center

Before the MOU:

The Harris Center learns of a Veteran and…

- Cannot consistently connect them to VA care without a clear channel for communication
- Is unclear if they can be served by The Harris Center when possibly eligible for VA services
- Instructs them to follow-up with VA without confirmation of engagement in needed MH services



The VA learns of a Veteran who is not eligible for VA care or of a humanitarian case in need of outpatient MH services and…

- Cannot consistently connect them to care without a clear channel for communication with The Harris Center
- Instructs them to follow-up with The Harris Center by giving them a phone number without confirmation of engagement in needed MH services

With the MOU:

The Harris Center learns of a Veteran and…

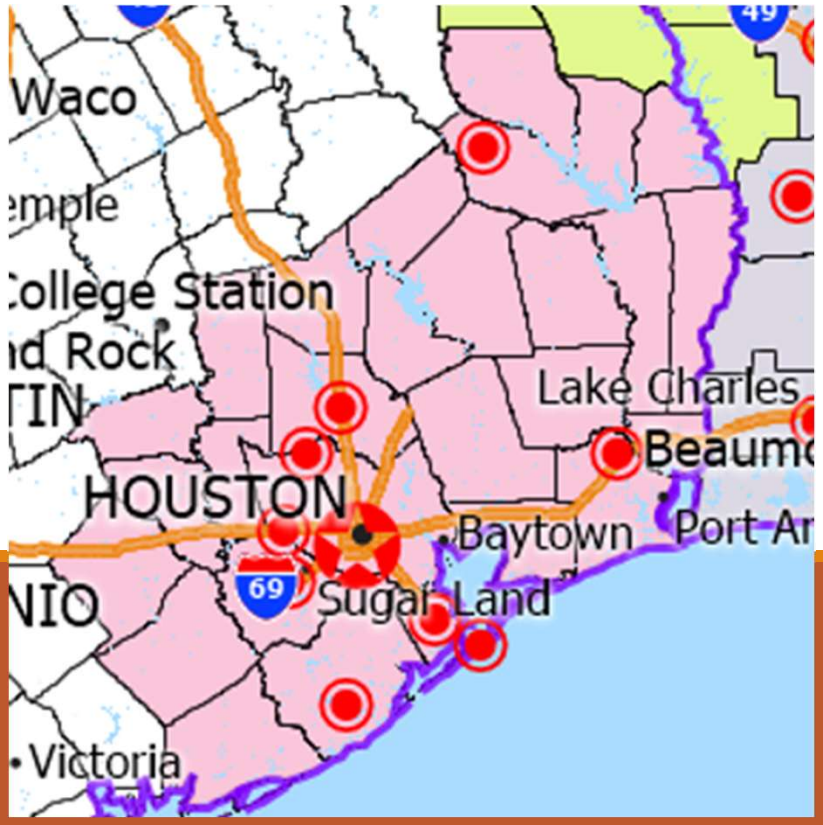
- Can consistently connect them to the VA for care with a warm handoff
- Clarifies if they can be served by The Harris Center until confirmation of eligibility is made with VA and care is initiated
- The Northeast Clinic has been designated as a landing spot for Veterans desiring care through The Harris Center

The VA learns of a Veteran who is not eligible for VA care or of a humanitarian case in need of outpatient MH services and…

- Can consistently connect to care with a warm handoff
- to The Harris Center
- VA Clinicians from all settings can complete referrals to The Harris Center, as needed, which enhances discharge planning and follow-up care

Harnessing Momentum

- The Harris Center
- Tri-County: *3 Counties*
- Gulf Coast Center: *2 Counties*
- Texana: *6 Counties*
- Spindletop: *4 Counties*
- Burke: *13 Counties*



And then…

- Get creative
  - The goal is not to overlap more, widen gaps. The goal is to work together as community.
- Share data, information, and history
  - These things change. Provide updates, be willing to pivot/adjust.
- Come together
  - Face time and connection counts – at all levels!
- Regularly educate and train
  - Because things change, regular, standing meetings are helpful! Even if only annually.

Lethal Means

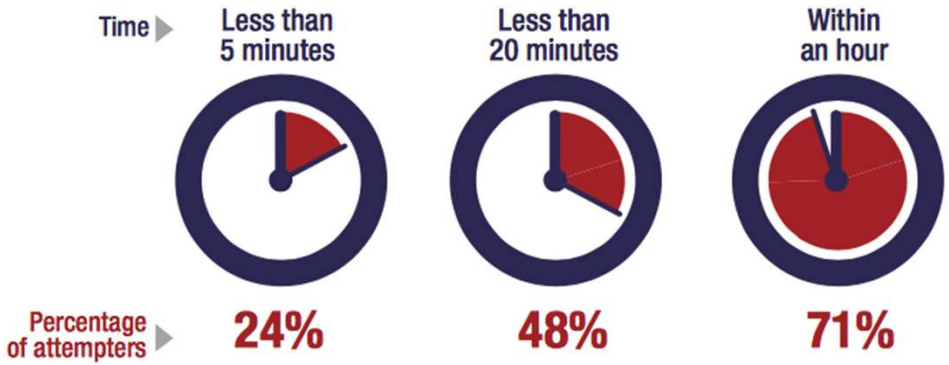
In 2020, firearms were the method of suicide in 72.1% of male Veteran suicide deaths and 48.2% of female Veteran suicide deaths.

The percent of suicides that involved firearms was greater among Veteran men and women than among non-Veteran men and women.

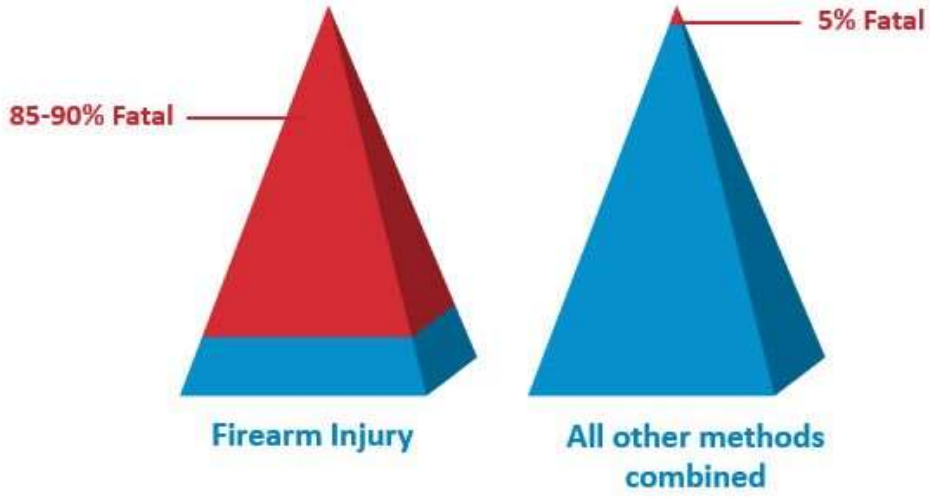
SUICIDE DECEDENTS, METHODS INVOLVED												
	Non-Veteran U.S. Adults		Veterans		Non-Veteran Men		Veteran Men		Non-Veteran Women		Veteran Women	
	2020	Change*	2020	Change*	2020	Change*	2020	Change*	2020	Change*	2020	Change*
Firearms	50.3%	-2.3%	71.0%	+4.5%	55.3%	-2.7%	72.1%	+4.8%	33.3%	-2.1%	48.2%	+11.2%
Poisoning	12.8%	-5.6%	8.4%	-4.8%	8.0%	-4.3%	7.5%	-4.9%	29.3%	-8.7%	26.8%	-16.0%
Suffocation	28.4%	+7.6%	14.9%	+0.9%	28.6%	+6.2%	14.7%	+0.6%	27.7%	+12.0%	19.2%	+8.8%
Other	8.4%	+0.3%	5.8%	-0.6%	8.1%	+0.8%	5.8%	-0.5%	9.6%	-1.1%	5.8%	-3.9%

*Difference compared to suicide deaths in 2001

Time From Decision to Action < 1 Hour



Source: Simon, T.R., Swann, A.C., Powell, K.E., Potter, L.B., Kresnow, M., and O'Carroll, P.W. Characteristics of Impulsive Suicide Attempts and Attempters. SLTB. 2001; 32(supp):49-59.



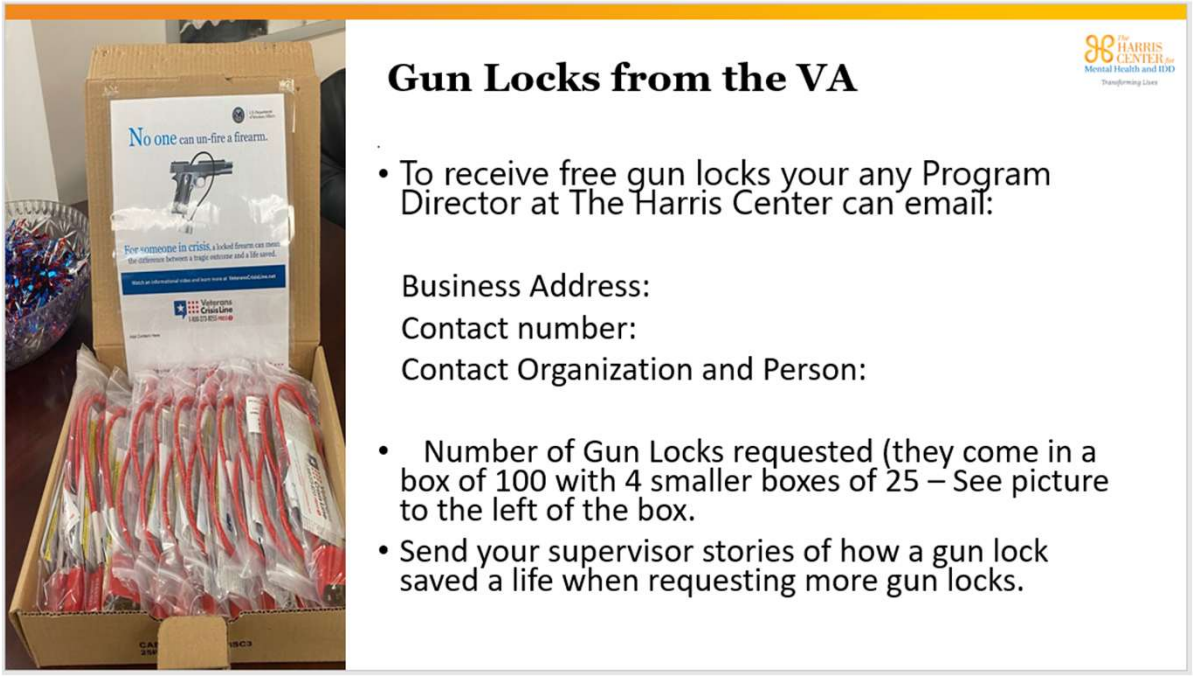
CDC WISQARS: Deaths from death certificate data; nonfatal incidents estimated from national sample of hospital emergency departments

Source: CDC WISQARS and US Dept. of Veterans Affairs
https://www.mirecc.va.gov/lethalmeanssafety/facts/

PRIORITY AREA 3

Coordination IRL

- Collaboration doesn't need to be complicated
- Strategies *can* be simple AND rooted in data and evidence-based principles
- It can fail, change, improve.
- It's best developed as process-dependent rather than person-dependent



PRIORITY AREA 2

VA Behavioral Health*

- Outpatient Counseling (mental health & substance use)
- Psychosocial Rehabilitation & Recovery Services (day program)
- Mental Health Intensive Care Management
- Vocational Rehabilitation Services
- Homeless & Housing Services
- Chaplain Services
- Inpatient psychiatric hospitalization

each VA and Community Based Outpatient Clinics varies

Crisis and Support Lines

VETERANS CRISIS LINE

988 or

988, Press “1”

Text: 838255

Chat: veteranscrisisline.net

**each VA and Community Based Outpatient Clinics varies*

Eligibility

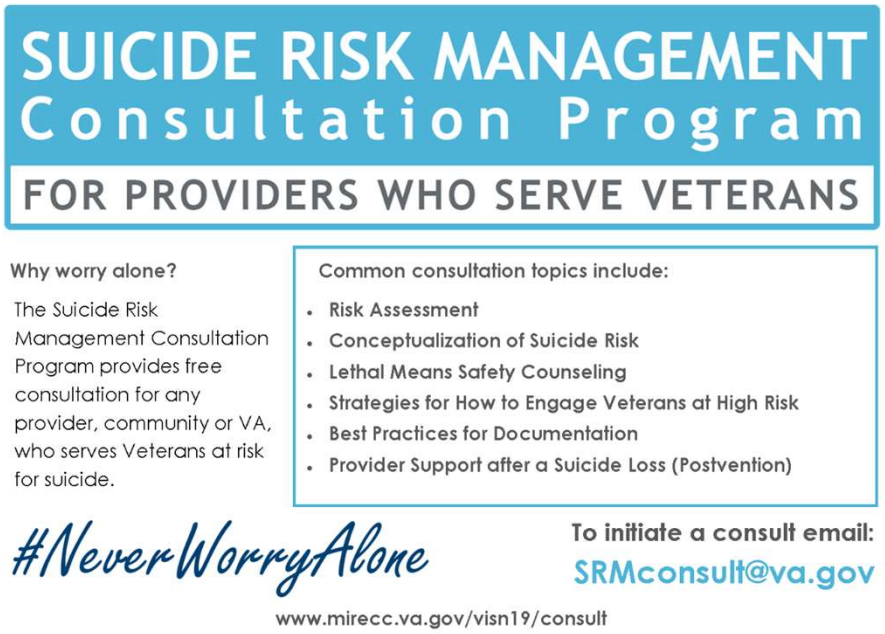
Identify all Veterans by developing eligibility processes & partnership with your local VA

- Veteran must meet VA health care eligibility criteria established by Congress.
  - Questions? Call the Health Eligibility Center: 855-488-8440
  - Consider using SQUARES: https://www.va.gov/homeless/squares/

SQUARES
Status QUery And Response Exchange System
Veteran Eligibility Portal

PRIORITY AREA 1

Suicide Risk Management Consultation Program



ROCKY MOUNTAIN MIRECC

Collaboration in Action

A disabled veteran called the Crisis Line with anxiety, depression, & fear of being homeless the next day. Crisis Line connected veteran with the MCOT team. MCOT Clinician coordinated care with Veteran Services Department Outreach Team, and the VA worked collaboratively to provide the support needed to help the veteran with hospitalization and a discharge plan.

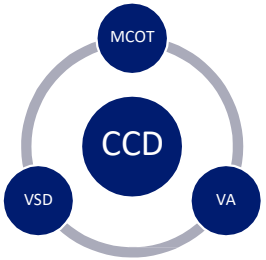
Thanks to the collaborative effort of the partnering agencies, the veteran was admitted to Warrior Refuge Program where he will be connected to housing, counseling, psychiatric services, training, and other resources.

The Harris Center Crisis Line

The Harris Center MCOT Clinician

Harris County Veteran Services Dept.

Michael E. DeBakey Houston VA



Collaboration in Action

A veteran was referred for services from CCD earlier in September feeling hopeless and helpless. Since September, the MCOT team, Veteran Services Department, and the VA worked collaboratively to provide the support needed to help the client get his life back on track.

He is now feeling more stable and receiving the services he needs to maintain his health and even complete his courses at Houston Community College!

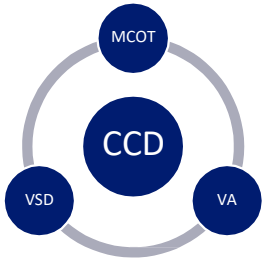
The veteran was appreciative of the help he received, starting from the Crisis Call Diversion team, to the MCOT team, then with Veteran Services Department, and the VA. True collaboration was at work, to help the veteran get what he needed!

911 Crisis Call Diversion

MCOT Rapid Response

Michael E. DeBakey VA Hospital

Harris County Veteran Services Dept.



Benefits of Community Coalition Work

- Develop close working relationships with multiple agencies that assist the people we serve (SMVF and others)
- Can be accomplished with no additional funding
- Coordinated community-wide crisis response to facilitate engagement in mental health care and prevent suicide deaths
- Ongoing analysis to improve the system
- When major disasters occur like COVID, the community is already prepared to respond

TriWest Healthcare Alliance

R. Blake Chaffee, PhD, ABPP

Vice President, Integrated Healthcare Services
TriWest Healthcare Alliance

Military Lifestyle & Culture

R. Blake Chaffee, PhD, ABPP

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Slide 38

MS0 Martine Opening Remarks 1-2 minutes

Martine Sagun, 2022-10-13T15:51:22.599

Disclosures

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This material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. The fact that a service or treatment is described in this material, is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

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Slide 39

MS0 Blake and Brooke. Can add additional intro or background information if desired. 2 minutes
Martine Sagun, 2022-10-13T15:52:40.816

U.S. Military: Current Status

MS0

8 Service Branches

Department of Defense (DoD)

- Army
- Marine Corps
- Navy
- Air Force
- Coast Guard
- Space Force

Separate departments

- Public Health Service Commissioned Corps
- National Oceanic & Atmospheric Administration Commissioned Officer Corps

Department of Veterans Affairs (VA)

- Different than the Department of Defense
- Veterans must enroll with the VA

MS0 Brooke Slides 9-23. 25 minutes

Martine Sagun, 2022-10-13T15:22:01.086

Military Status

- Active Duty – Full time military
- National Guard – Part-time (38 days/year)
  - Active Guard and Reserve (AGR) are full time
  - Dual Role: State and federal missions
  - Army and Air Guard only
- Reserves – Part time
- Veterans

Active and reserve United States military force personnel in 2023, by service branch and reserve component

Service Branch	Active Duty	Reserve	Total
Army	449,344	176,680	626,024
Navy	327,934	55,072	383,006
USAF	314,648	66,216	380,864
USMC	172,577	33,036	205,613
National Guard			
Army Guard	?	?	325,066
Air Guard	?	?	104,974
TOTAL	1,264,503	331,004	2,025,547

Historical Trend

- The number of active-duty service members dropped from 3.5 million in 1968, during the military draft era, to about 1.3 million in today's all-volunteer force. Active-duty service members now comprise less than 1% of all U.S. adults.

Definition

Veterans (prior military service)

Those who once served in the military, but have now either separated or retired and are no longer active duty

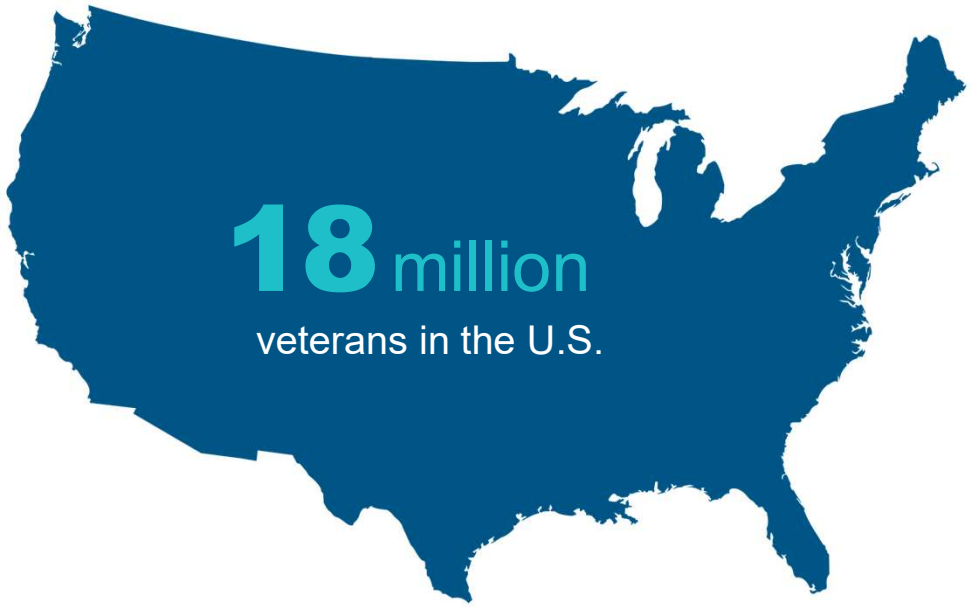
"There's no common definition of what a Veteran looks like, sounds like or even is."

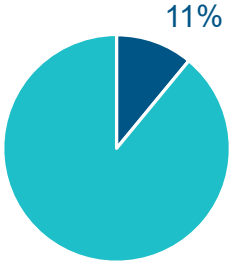
Duane France, *Behind the Mission*

https://psycharmor.org/podcast

Veteran Population

(as of October 2021)





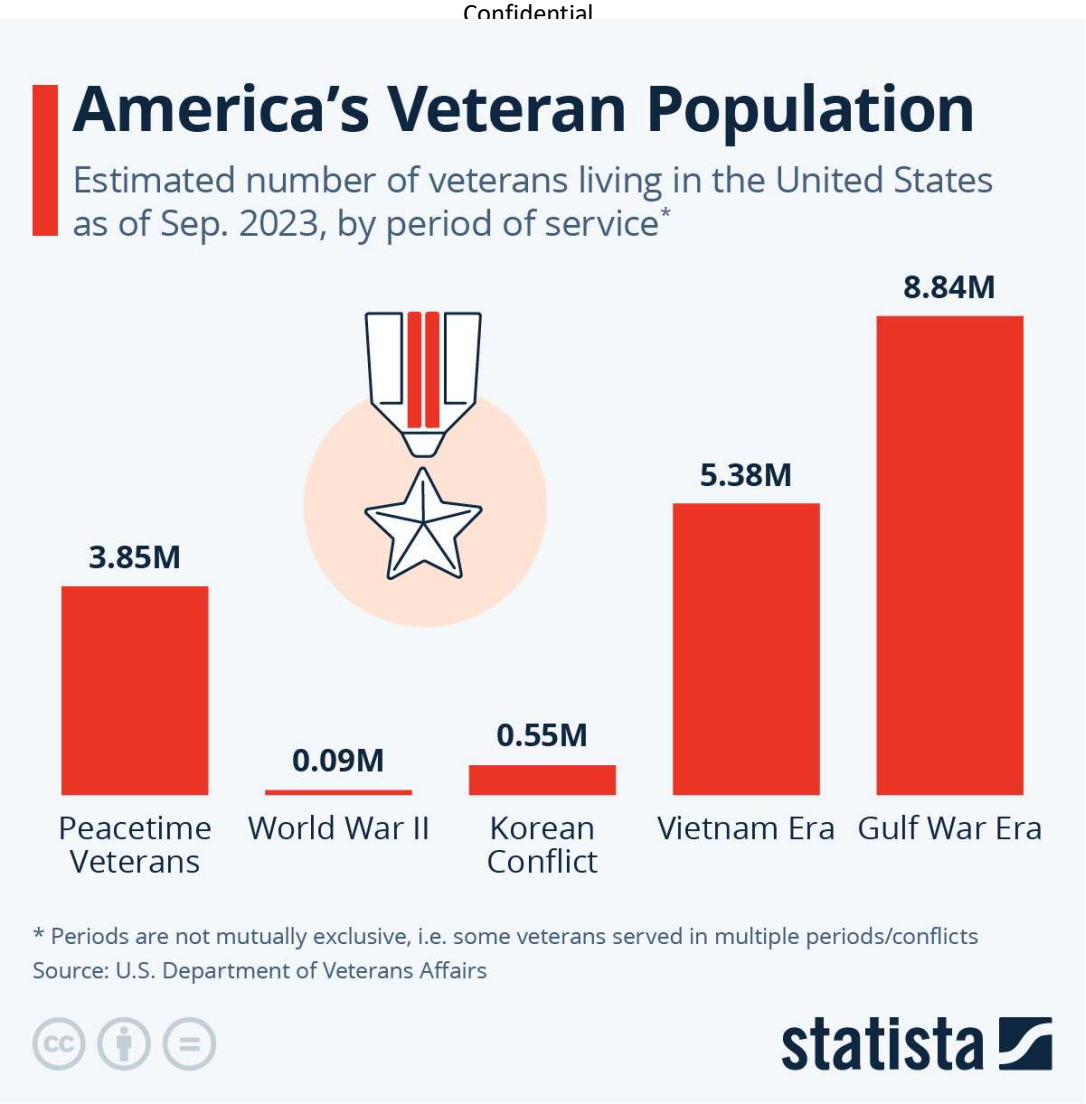
2 million

or 11% were female; projected to be 2.2M or 18% by 2046.

8.4 million

in the civilian labor force

Source: Pew Research Center



Service Branch Missions

- **Army**: Conducts land-based operations, including combat, combined arms operations, and special operations
- **Navy**: Conducts naval missions, including defending U.S. naval bases and ships
- **Marine Corps**: Specializes in amphibious warfare, including defending naval bases and ships, guarding U.S. embassies, and assisting in ground combat
- **Air Force**: Manages air and space operations, including defending the country against attacks and providing air support to ground troops
- **Space Force**: Protects U.S. interests in space
- **Coast Guard**: Responsible for maritime security and law enforcement, including enforcing laws at sea, securing waterways, and leading search and rescue missions

Different Missions, Language & Subculture

If you give the command **"SECURE THE BUILDING"**, here is what the different services would do:

- The **NAVY** would turn out the lights and lock the doors.
- The **ARMY** would surround the building with defensive fortifications, tanks and concertina wire.
- The **MARINE CORPS** would assault the building, using overlapping fields of fire from all appropriate points on the perimeter.
- The **AIR FORCE** would take out a three-year lease with an option to buy the building.
- https://www.strategypage.com/humor/articles/20020406.asp

Service Branch Differences

- Individual, Distinct Cultures
  - Different branches have different communities:
  - Infantry vs. Artillery
  - Surface fleet vs. Naval Air vs. Submarine service
  - Helicopter vs. Fixed wing
  - Fighter vs. Attack aircraft
  - Regular forces vs. Special Forces: Navy SEALs, Army Rangers, Army Green Beret
- Uniforms
  - Branch specific
  - Climate/Mission specific
- Rank/Insignia
  - Mostly different; some similarities

Culture

Confidential

Why do people join the military?

- 1 in 4 Americans have a military connection
- Early 1950's universal military services
- Adventure/escape (get out of jail?)
- Family tradition
- Now all volunteer force
- Opportunities for education or training
- Sense of responsibility

Core Values

- Army: Loyalty, Duty, Respect, Selfless Services, Honor, Integrity, Courage
- Marine Corps: Honor, Courage, Commitment
- Navy: Honor, Courage, Commitment
- Air Force: Integrity, Service before Self, Excellence
- Coast Guard: Honor, Respect, Devotion to duty

Military Chain of Command

- Commissioned Officer: Overall management, planning, and leaderhisp; generally must be a college graduate
  - Pay grades: O-1 to O-10
- Enlisted Personnel: Specialists of the military; those who carry out the missions
  - Pay grades: E-1 to E-10
  - Non-Commissioned Officers (NCO): Enlisted who hold a position of authority and leadership
    - Pay grades: E-4 to E-10
  - Warrant Officers: Highly skilled technicians
    - Pay grades: W-1 to W-5
  - Specialty: Military Occupational Specialty (MOS); Air Force Specialty Code (AFSC); Naval Enlisted Code (NEC)

Variable Lifestyle: Semper Gumby

- Permanent Change of Station
  - Expect to transfer duty stations every two years
  - May involve family relocation
- Always on duty
  - Variable schedule; long hours
- Deployment/Reunification
  - Recent conflicts: Multiple deployments; reduced “dwell time”
  - Normal operations: 8-month Navy WestPac cruises; Submarine service;
  - Non-conflict deployments
    - Peacekeeping
    - Training

Combat Related Injuries

- Mortality rates by conflict
  - WWII 30%
  - Vietnam 24%
  - OEF/OIF 10%
- More combatants survive but with long-term injury or disability
  - Changes in the nature of conflict
  - Improvements in operational medicine
- OEF/OIF
  - 97% of injury is from explosions
  - 50% to head/neck
  - 20% have some level of TBI

Military Lifestyle and Culture: Engagement

Confidential

Slide 57

MS0 Blake Slides 4-8 . 10 minutes

Martine Sagun, 2022-10-13T15:14:40.904

What did you do in the Service?

A vet, after struggling with reintegration issues finally sought counseling. During the biopsychosocial intake he was asked what he did in the Army. He explained that he was an infantryman.

The counselor asked what's that and he explained that he was one of the warfighters who were the trigger pullers and their job was to locate the enemy and overwhelm them with superior fire power.

She asked what war he was in and he advised that he had been fortunate that there was no wars during his time.

And she retorted, "Oh! so you did nothing."

Participant JF statement (2-19-2020) – "I found the encounter troubling"

When there is no active war, military personnel typically focus on training, readiness exercises, peacekeeping operations, humanitarian aid missions, disaster relief efforts, and specialized skill development to maintain their combat capabilities and be prepared for potential future conflicts, while also contributing to national security through non-combat roles like military engineering, intelligence gathering, and supporting diplomatic initiatives; this is often referred to as "Military Operations Other Than War" (MOOTW).

Engagement: Ask the Question

- Have you or someone close to you ever served in the military?
- What branch of service?
- What was your job in the military?
- Did you deploy? Were you assigned to an area of hostilities or combat?
- Did you experience enemy fire, or see combat or casualties?
- Were you wounded or hospitalized?
- What was your best day on active duty? Your worst?

PsychArmor.org: 15 Things Veterans Want You to Know

1. We are not all soldiers.
2. The Reserves are part of the military.
3. Not everyone in the military is infantry.
4. We have leaders at every level of the chain of command.
5. We are always on duty.
6. We take pride in our appearance, conduct and fitness.
7. We did not all kill someone; and those who have don't want to talk about it.
8. We do not all have PTSD.

PsychArmor.org: 15 Things Veterans Want You to Know *(Continued)*

9. Those of us who do have an invisible wound are not dangerous and not violent.
10. It is really hard for us to ask for help. (Expectation of mission accomplishment)
11. Our military service changes us.
12. We differ in how much we identify with the military after we leave active duty.
13. Our families serve with us.
14. We would die for each other, and we would die for our country.
15. We've all made the sacrifice for one reason: To serve something more important than ourselves.

Resources

American Academy of Nursing Pocket Card

Have You Ever Served?

- Page 2: Areas of Concern for All Veterans
  - – Post-traumatic stress
  - – Military sexual trauma
  - – Blast concussions and traumatic brain injury
  - – Suicide risk
- Page 3: Common Military Health Risks
  - – Environmental health risks by location or theater of operation
- Page 4: Resources for Providers


Military Health History Pocket Card for Clinicians

HAVE YOU EVER SERVED?

WWW.HAVEYOUEVERSERVED.COM

Have you or has someone close to you ever served in the military?

- When did you serve?
- Which branch?
- What did you do while you were in the military?
- Were you assigned to a hostile or combative area?
- Did you experience enemy fire, see combat, or witness casualties?
- Were you wounded, injured, or hospitalized?
- Did you participate in any experimental projects or tests?
- Were you exposed to noise, chemicals, gases, demolition of munitions, pesticides, or other hazardous substances?

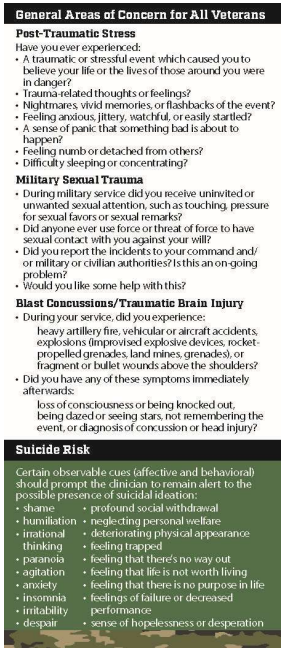
Have you ever used the VA for health care?

- When was your last visit to the VA?
- Do you have a service-connected disability or condition? Do you have a claim pending? If so, what is the nature of the claim?
- Do you have a VA primary care provider?

Do you have a safe place to go when you leave today?

- Do you need assistance in caring for yourself or members of your household?

American Academy of Nursing


General Areas of Concern for All Veterans

Post-Traumatic Stress

Have you ever experienced:

- A traumatic or stressful event which caused you to believe your life or the lives of those around you were in danger?
- Trauma-related thoughts or feelings?
- Nightmares, vivid memories, or flashbacks of the event?
- Feeling anxious, jittery, watchful, or easily startled?
- A sense of panic that something bad is about to happen?
- Feeling numb or detached from others?
- Difficulty sleeping or concentrating?

Military Sexual Trauma

- During military service did you receive uninvited or unwanted sexual attention, such as touching, pressure for sexual favors or sexual remarks?
- Did anyone ever use force or threat of force to have sexual contact with you against your will?
- Did you report the incidents to your command and/or military or civilian authorities? Is this an on-going problem?
- Would you like some help with this?

Blast Concussions/Traumatic Brain Injury

- During your service, did you experience:
  - heavy artillery fire, vehicular or aircraft accidents, explosions (improvised explosive devices, rocket-propelled grenades, land mines, grenades), or fragment or bullet wounds above the shoulders?
- Did you have any of these symptoms immediately afterwards:
  - loss of consciousness or being knocked out, being dazed or seeing stars, not remembering the event, or diagnosis of concussion or head injury?

Suicide Risk

Certain observable cues (affective and behavioral) should prompt the clinician to remain alert to the possible presence of suicidal ideation:

- shame
- humiliation
- irrational thinking
- paranoia
- agitation
- anxiety
- insomnia
- irritability
- despair
- profound social withdrawal
- neglecting personal welfare
- deteriorating physical appearance
- feeling trapped
- feeling that there's no way out
- feeling that life is not worth living
- feeling that there is no purpose in life
- feelings of failure or decreased performance
- sense of hopelessness or desperation


Common Military Health Risks

Radiation Exposure/Nuclear Weapons (WWII: Amchitka, Alaska, Hiroshima, Nagasaki, POW in Japan; Korea; sub-mariners exposed to nasopharyngeal radium treatment; Gulf Wars; Bosnia; Afghanistan): High risk for cancer.

Agent Orange Exposure (Korea & Vietnam): High risk for cancers (including respiratory and prostate cancer), chloracne, type 2 diabetes, ischemic heart disease, soft tissue sarcoma, peripheral neuropathy, spina bifida in veterans' biological children.

Camp Lejeune Water Contamination (January 1, 1957–December 31, 1987): Veterans and families stationed at Camp Lejeune exposed to chemical contaminants in the groundwater and wells are at risk for the following cancers (bladder, blood dyscrasia, breast, esophageal, kidney, leukemia, lung, multiple myeloma, myelodysplastic syndromes, non-Hodgkin's lymphoma) and conditions (female infertility, hepatic steatosis, miscarriage, renal toxicity, scleroderma).

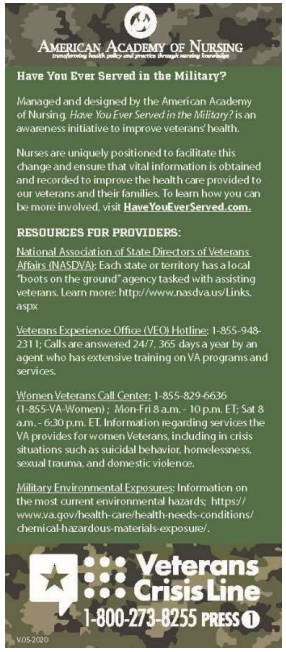
Hepatitis C (Vietnam): Transfusions prior to 1992, battlefield exposures to blood and human fluids, group use of needles, razors, toothbrushes, and other personal items and injecting drugs such as heroin or cocaine increase risk. It is recommended to have regular screening for Hepatitis C or HIV.

Exposure to Open Air Burn Pits (Vietnam; Iraq; Afghanistan): High risk for respiratory illnesses and wide variety of cancers, including leukemia. Veterans of Iraq and Afghanistan were exposed to high levels of particulate matter associated with Burn Pits. Early respiratory symptoms are often misdiagnosed as allergies, flu or common colds. On biopsy, titanium and plastics have been found in patients' lungs which compromise respiratory function and becomes constrictive bronchiolitis.

Gulf War Syndrome (Gulf Wars): Characterized by fibromyalgia, chronic fatigue syndrome, headaches, gastrointestinal problems, cognitive impairment and pain, high rates of brain and testicular cancers, and neurodegenerative diseases (ALS, MS).

Depleted Uranium (Gulf Wars; Bosnia; Afghanistan): Inhaled or ingested microfine particles (heavy metal toxicity). Risk for respiratory and kidney diseases.

Infectious Diseases (Iraq & Afghanistan): Malaria, typhoid fever, viral hepatitis, leishmaniasis, TB, rabies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Have You Ever Served in the Military?

Managed and designed by the American Academy of Nursing, *Have You Ever Served in the Military?* is an awareness initiative to improve veterans' health.

Nurses are uniquely positioned to facilitate this change and ensure that vital information is obtained and recorded to improve the health care provided to our veterans and their families. To learn how you can be more involved, visit HaveYouEverServed.com.

RESOURCES FOR PROVIDERS:

National Association of State Directors of Veterans Affairs (NASDVA): Each state or territory has a local "boots on the ground" agency tasked with assisting veterans. Learn more: http://www.nasdva.us/Links.aspx

Veterans Experience Office (VEO) Hotline: 1-855-948-2311; Calls are answered 24/7, 365 days a year by an agent who has extensive training on VA programs and services.

Women Veterans Call Center: 1-855-829-6636 (1-855-VA-Women) ; Mon-Fri 8 a.m. - 10 p.m. ET; Sat 8 a.m. - 6:30 p.m. ET. Information regarding services the VA provides for women Veterans, including in crisis situations such as suicidal behavior, homelessness, sexual trauma, and domestic violence.

Military Environmental Exposures: Information on the most current environmental hazards; https://www.va.gov/health-care/health-needs-conditions/chemical-hazardous-materials-exposure/.

Veterans Crisis Line 1-800-273-8255 PRESS 1

V.05.2020

Resource

haveyoueverserved.com/pocket-card--posters.html

Military and Veterans Crisis Line

Free, confidential support 24/7 hours a day, 365 days a year

Veterans Crisis Line

DIAL 988 then PRESS 1

- Veterans
- Service members
- Family members
- Friends

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Questions?

Community Health Network

James Kozloski, Veteran Care Coordinator

Chrissy Waddups, LCSE CCBHC Project Director

Kayla Pritt, CCBHC Program Manager

Session 2: Key Partnerships for SMVF Mental Health and Wellness

James Kozloski, Veteran Care Coordinator

Kayla Pritt – CCBHC Program Manager
Chrissy Waddups – CCBHC Project Director

Community Health Network

CCBHCs and local VA Medical Centers can be connected through Memorandums of Understanding

Veterans Affairs (VA) and Certified Community Behavioral Health Clinic (CCBHC) Procedure

CCBHC provides all 9 following services to veterans or anyone in the armed forces:

- Crisis services
- Treatment planning
- Screening, assessment, diagnosis and risk assessment
- Outpatient mental health and substance use services
- Targeted case management
- Outpatient primary care screening and monitoring
- Community-based support for veterans
- Peer, family support and counselor services
- Psychiatric rehabilitation services

CCBHC & VA procedure continued

Included in our VA & CCBHC procedure :

- CCBHC OBLIGATIONS

Notifying VA of shared client, provide coordination for VA member, document in EMR, etc.

- CCBHC PROCESS

Describes process for current CCBHC clients, non-enrolled CCBHC client, and VA referrals.

- ACCESS

VA should provide services to clients referred, if they have the capacity.

- COMPLIANCE

The parties agree to comply with all applicable laws, regulations, payor requirements, professional and accrediting standards related to CCBHC.

- CONFIDENTIALITY

Each party shall comply in all material and applicable respects with all federal and state mandated regulations, rules and orders applicable to the privacy and security of patient health information.

CCBHC Veteran's Program Brochures were disbursed to the VA, Emergency Departments, Primary Care Offices and Crisis Centers.

CCBHC and TRICARE to support active-duty, retiree, and family member clients

TRICARE

- We have providers who are credentialed with TRICARE, and Community is an in-network provider of TRICARE.

Future IT build for COMPACT ACT

- Ensure accurate reimbursement, billing and claims collections.
- Assist our CCBHC in ensuring the Veteran doesn't experience an out-of-pocket expense.
- Streamline how treatment is provided to Veterans. This will ensure seamless transitions between services i.e., Transition from in-patient treatment to ongoing outpatient treatment.

Partnerships with CCBHC, VA, and DoD to support military-affiliated clients

- Developed relationships with the VA Compact and Suicide Prevention offices.
- Partnered with the VA Compact Office to provide the SAVE Training to clinical treatment providers at Community.
- Facilitating on-going meetings between the VA Compact Office and Clinical staff of Community Inpatient hospitals and crisis centers to develop best practices for VA reporting and treatment of Veterans experiencing crisis's that involve suicidal ideations.
- Attend Military Stand-Downs which are Resource Fairs that each county has in the Community for Veterans and Family members of veterans.
- Attend Veteran Events to include the VA Roundtable at the International CIT Conference.
- Participates in on-going coordination with the VA to provide targeted case management, to include assistance with applying for disability benefits, and assisting with Mental Health and Physical Health treatment transitions.

Questions?

Upcoming Sessions

Date	Topic
May 1st	Clinical Mental Health for the Military Affiliated Population

NATIONAL COUNCIL *for* Mental Wellbeing

HEALTHY MINDS
STRONG COMMUNITIES

CCBHC-E
National Training and Technical Assistance Center
Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing