

Ohio Department of Mental Health Veterans Projects

OHIOCARES is a collaboration of the Ohio Adjutant General, Ohio Department of Alcohol and Drug Addiction Services, Community Behavioral Health Board and Provider organizations agency leadership to improve veterans, service members and their families access to timely and appropriate level community services wherever they may be needed. OHIOCARES initially began as an initiative of the ONG Adjutant General and behavioral healthcare state agency directors to address crisis and other behavioral health needs of returning service members and their families. It soon became clear to leadership that these service needs were the same across types of military experience whether national guard, veterans, or returning service member.

OHIOCARES provides a central point of statewide collaboration in providing direction, guidance and now includes the Executive Leadership of Adjutant General, Director of Ohio Department of Mental Health, Director of Ohio Department of Alcohol and Drug Addiction Services, Ohio Association of County Behavioral Health Authorities, Ohio Council of Behavioral Healthcare and Family Service Providers, Ohio Department of Veteran Services, Veteran Service Centers, Department of Veteran Affairs, City of Columbus Veteran Affairs and other community partners.

A key purpose of OHIOCARES is to enhance the “safety net” of community behavioral health services available for military personnel and their families and to complement the services available through the Department of Veterans Affairs and Vet Centers by linkages with county alcohol, drug and mental health boards and behavioral health care providers.

OHIOCARES is guided by four objectives:

- Maintain and grow the network of behavioral health providers available to service members, veterans, and their families
- Train and educate providers on behavioral health issues related to the military
- Coordinate behavioral health services for Service Members, veterans, and their families
- Promote awareness about OHIOCARES and behavioral health issues related to the military.

OHIOCARES Initiatives:

- OHIOCARES supports collaboration of multi-state and community providers in assuring access to appropriate behavioral health services to military members and families.
- Helping to shape public messaging including, an awareness campaign for the public and to better inform state leadership of behavioral health needs of the military community
- Created a website that can be accessed to locate behavioral healthcare boards and link to providers. <http://www.ohiocares.ohio.gov/>
- OHIOCARES has held two statewide conferences for behavioral health clinicians and service members to share information and to provide educational forums to improve skills in providing services members in the local community. Hundreds of clinicians throughout Ohio have received trainings through this statewide initiative
- OHIOCARES has developed a provider affiliation agreement for behavioral healthcare organizations to step up and be identified as service providers for veterans, returning service members and families in need of behavioral health services. (attached)
- OHIOCARE statewide conference to provide education and cross training of community providers and military is tentatively planned for 2011.

Ohio Department of Mental Health Veterans Projects

- OHIOCARES leadership, including the Adjutant General, ODMH Medical Director and ODADAS Deputy Director have been key presenters of the OHIOCARE model to the Veterans Administration at National Conferences.
- OHIOCARES is one of 10 states selected by Substance Abuse Mental Health Services Administration (SAMHSA) to participate in June 2010 Returning Service Members, Veterans and Families Policy Academy. Outcome the identification and development of strategic planning activities, and policies to improve state system of care for veterans, service, members and families.
- OHIOCARES created and or shared various resource materials including, Suicide Prevention, Reintegration Action Plan, A self guided workbook for returning service members, Coping with Stress, A Guide For Soldiers and Families, Continuing The Transition Home Cards, The Service Member, Family and Community Behavioral Health Resource Guide, and information to address TBI and PTSD concerns.
- ODMH recently ordered for distribution to Ohio National Guard 5,000 "Continuing the Transition Home" information cards for distribution to service members through the Ohio National Guard. We have previously distributed these to service members and families at RESPECT and Family Reunion briefings and community service providers. They are widely received and requested for service members.
- OHIOCARE and ODMH are supportive of veteran peer to peer initiatives and recently had discussion regarding the potential for Wellness Recovery Action Plan approaches for Veterans and persons returning from military service. This approach includes connection with families through NAMI and family support.
- Behavioral health providers participate as appropriate in RESPECT and Family Reunion briefings for Ohio National Guard troops returning from war zone deployment. Consistent theme is that no one who experiences war is unaffected by it, but for those who find that their responses are interfering with their ability to function, help is available in the community.
- OHIOCARES in collaboration with the Tennessee National Guard, and SAMHSA will be participating in a three day "military immersion" program to familiarize substance abuse and mental health communities with the military culture through actual immersion in the activities and environments of a military base. The immersion trainings will be August 30 – September 1, 2010. We will be duplicating this program in Ohio through OHIOCARES partnering with state mental health, substance abuse and addiction, Office of Veteran Services community behavioral health system of care and the military community including, Veteran Hospitals, Ohio National Guard,
- OHICARES has also created an Alcohol Substance Abuse and Suicide Prevention Subcommittee that is working to develop policy for addressing issues around suicide and substance abuse and addiction. The goal of committee is to Prevent, identify, and treat alcohol disorders to promote wellness among National Guard members."
- OHIOCARES is working to prevent and reduce incidence of suicide and violence through linkage with ODMH Campus Safety initiative and is funded with soon to be exhausted TSIG grant dollars. The initiative is a partnership that includes the Ohio Suicide Foundation (OSPF), the Ohio Board of Regents, Northeast Ohio University College of Medicine, Community Behavioral Health Boards working to promote campus safety and successful transitioning of veterans and service member in their return to college and university campuses. An activity provided by this has included 2 regional Suicide Prevention Gatekeeper Trainings. Other veteran and service member program activity include services and initiatives with college and university partners some of which are;

Ohio Department of Mental Health Veterans Projects

- University of Miami in Butler County is extending Mental Health First Aid to address the needs students with special focus on returning veterans.
- Urbana University, Logan and Champaign counties, is providing mental health crisis trainings to counselors, safety officers to help address veteran service needs.
- Kent State University, in Portage county received funding to assist in the development of a 16 hour training of the "Facilitation Education Action Team or "FEAT" with focus on mental health education, recognition of signs and symptoms of PTSD in returning veteran students, de-escalation strategies and linkage to community based care.
- University of Rio Grande in Gallia County, with focus on early identification, developing help seeking behavior, and behavioral health stigma reduction for veteran students.
- Sinclair Community College, in Montgomery County, the project is working to promote student mental health awareness and places special emphasis on mental health issues of displaced workers, veterans and disabilities.
- Wilmington community College, Warren/Clinton counties, educating students, staff, and faculty on warning signs and risk factors of suicide and depression for students, returning service members and veterans and where to get help.
- University of Cincinnati in Hamilton County is working to sustain CIT trainings with veterans focus and to redirect to appropriate level mental health services.

According to the Department of Veterans Affairs of the more than 206,000 veterans entering the VA healthcare system from 2002- 2007 more than one in three was diagnosed with at least one mental health disorder and 41% were diagnosed with either a mental health or behavioral health disorder. The diagnosis rate for PTSD was 20%, followed by 14% for depression and about 10% for alcohol and substance abuse.

The VA also suggests that these rates are increasing among Iraq and Afghanistan Veterans. American service members serving in Iraq and Afghanistan truly reflect our Nation's newest generation of heroes. They have responded to our Nation's call to war with unwavering duty, dedication and sacrifice. Their resiliency combined with support from families, the military, the VA and behavioral health communities across America will aid them as they adjust to the trauma of war, and resume lives at home. OHIO CARES will continue to be a vital and key resource to Ohio's returning service members, veterans, National Guard and families.

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Ohio Department of Mental Health Veterans Projects

Affiliation Agreement Between Ohio National Guard Units and Behavioral Health Providers

Whereas, the people of Ohio appreciate the service of the members of the Ohio National Guard (ONG); and,

Whereas, the Ohio publicly funded behavioral health providers wish to support the needs of service members, veterans, and their families: and,

Whereas, the ONG, through OhioCares, wishes to provide options for service members and their families for behavioral health treatment;

Now therefore be it agreed that the ONG will make behavioral health (mental health and substance abuse) referrals through OhioCares or other confidential resources as assessed to be appropriate: and

_____ (provider name) agrees to discuss referrals with OhioCares, a local National Guard confidential contact designee, or self-referrals to determine appropriateness: and,

_____ (provider name) will accept referrals, as deemed appropriate, provide treatment and will bill through normal billing mechanisms, e.g., private insurance, Medicaid, Medicare, CHAMPUS (Tri-Care), and, will inform the ONG if they are TriCare providers.

The content of all treatment will remain confidential.

This agreement will remain in effect until modified by both parties.

_____ Ohio National Guard _____ Date
_____ Phone _____ Fax _____ E-mail
_____ Address
_____ Provider Representative _____ Date
_____ Phone _____ Fax _____ E-mail
_____ Address

Ohio Department of Mental Health Veterans Projects

PATH Veteran Pilot Projects

ODMH has funded three Veteran Pilot projects during State Fiscal Years 2010 and 2011 with a portion of the increased dollars from the Projects for Assistance in Transition from Homelessness (PATH) dollars that have come into the state in order to increase effectiveness working with the Veteran population.

PATH is a formula grant administered by the Center for Mental Health Services, a component of the Substance Abuse and Mental Health Services Administration (SAMHSA). PATH services are for people with serious mental illness, including those with co-occurring substance use disorders, that are experiencing homelessness or at risk of becoming homeless not linked or engaged with traditional community mental health services. PATH services include community-based outreach, mental health, substance abuse, case management and other support services, as well as a limited set of housing services.

The funded projects are located in Butler/Hamilton County (Transitional Living, Inc. in partnership with Greater Cincinnati Behavioral Health Services); Cuyahoga County (Mental Health Services for Homeless Persons, Inc.) and Franklin County (Southeast, Inc.). The targets of these pilot projects are to expand culturally appropriate outreach, engagement, treatment, and other services to veterans with mental illness who are experiencing homelessness. One requirement of all pilot projects was to train all PATH Staff members in the principles of Trauma-Informed Care, including but not limited to the diagnosis of PTSD. Other targeted outcomes from the projects are sustainability planning, project replicability, current collaboration with local veteran service providers, and effective collaboration with local housing providers or the ability to leverage local housing dollars with their local communities.

All of the projects were required to hire a veteran peer as part of their PATH outreach teams. By incorporating a veteran peer all projects report they have improved the team's ability to engage homeless veterans in settings where they are known to congregate and have increased their awareness and understanding of military culture. The veteran workers have also been able to train their PATH team members on how to more effectively ask questions of people experiencing homelessness in order to obtain information regarding their veteran status. All projects have demonstrated an increase in the number of veterans served, with Cuyahoga County stating that their numbers almost tripled during the first year of the pilot in comparison with the previous year of service. Projects report an increase in their overall collaboration with and understanding of how to navigate the VA system, particularly knowing who is and who is not appropriate/eligible for VA services. Additional lessons learned specific to VA services have been how to effectively and efficiently work towards upgrading a veteran's less than honorable discharge status and the potential benefits of those meeting a "veteran" definition threshold.

The pilot projects noted the following lessons learned at the end of the first year of funding:

- The need to develop collaborative relationships with other providers; as there are other agencies providing services to Veterans in Cuyahoga County, it was essential to develop partnerships with those already doing the work.
- The importance of identifying a niche; the ability to serve those who had an other than honorable discharge aided in the public perception of the service filling a gap in the existing resources, and subsequently opened many doors for collaborative work.

Ohio Department of Mental Health Veterans Projects

- The training regarding trauma-informed care was critical in establishing rapport with the most challenging clients, as the whole team now has improved engagement skills to help them avoid re-traumatizing clients as they engage them in services.
- Veterans identify and relate to other veterans, which leads to more honest disclosure of veteran status and a more rapidly established trusting relationship.
- There is a need for specialized information and knowledge of veteran resources to aid homeless veterans in obtaining veteran benefits and services which has been significantly underutilized in the past
- All workers can benefit from training on Trauma-Informed Care.
- The knowledge that the majority of the population served by this pilot, are individuals that have served country but do not meet criteria of "Veteran" (i.e. did not serve in a branch of the armed services long enough, had a less than honorable discharge) and that this population still requires much need for service & advocacy.
- The importance of having a peer or "expert" as part of PATH for Veterans and for those that have served country, with this "expert" being able to most efficiently navigate the VA system.
- There is an application process for people who have served in the armed forces who have a less than honorable discharge to request an upgrade to an honorable discharge. This will allow the vet to be eligible for VA services.
- The knowledge that this population can often benefit from having their service discharge upgraded to an honorable status, therefore increasing the opportunities to formally enroll w/ VA services and the knowledge of who to request that upgrade.

The PATH pilot project staff are encouraged by the demonstrated increase in their effectiveness in engaging and service veterans experiencing mental illness, as a result of the services delivery model facilitate by the project required training and design. All of the pilot projects are willing to share their individual and collective experiences resulting from their participation in these innovated pilots, especially but not limited to the veteran peer staff members.

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Ohio Department of Mental Health Veterans Projects

PROJECT VETS

Project Summary: Project VETS is a three prong approach to assisting military personnel and their families suffering from Post Traumatic Stress Disorder (PTSD) or other trauma related disorders who may become involved with the criminal justice system. There will be a strong emphasis on providing wrap-around services inclusive of support and intervention for the spouses, children and other involved loved ones of the veteran. The pilot project will be launched in Hamilton County, Ohio. The three prongs include 1) prevention; 2) criminal justice intervention and diversion 3) long term recovery and supports.

Strategy and Intervention: The first prong of the project will be early prevention. This phase will operate simultaneously with the other two phases and will be a natural extension of them. The primary goal of this phase is to preclude a veteran from becoming involved with the criminal justice system by working with entities to identify early warning signals of potential problems and family crises that may be related to PTSD. The second prong is intervention when a veteran is arrested and appears in court. Project VETS will utilize the current specialized dockets, which have shown success in diverting individuals with mental illness and substance abuse disorders, as an avenue to diversion and access to appropriate and population specific interventions. An individual who is arrested and identified as a veteran will be moved onto an existing specialized docket. An assessment will be conducted to identify any prevailing issues related to trauma, mental illness and/or substance abuse. Veterans identified as having symptoms of either will be offered an opportunity to participate in Project VETS Intervention Program (PVIP). PVIP will consist of a Trauma Informed Care model of treatment, such as Trauma Recovery and Empowerment Model (TREM), substance abuse programming and other wrap around and support services for the veteran and his/her family (assistance with housing, benefits, bus tokens, family reunification, etc.). The third prong is long term recovery and support services. Upon successful discharge from PVIP and the finalization of the disposition of any criminal charges, the veteran will be moved into this phase of the project. This phase will provide the veteran and his/her family with any services that are needed to maintain stability and the highest level of functioning possible without further criminal justice involvement (assistance with housing, benefits, family counseling, etc.).

Project Goals and Measurable Objectives: The project will serve approximately 20 veterans/families in the first year and 75 veterans/families annually the following four years. Expected outcomes will be at least 320 veterans identified, screened and diverted from prison or jail along with wrap around services and supports in Hamilton County, Ohio. If outcomes are favorable, then long term infrastructure changes would include developing specialized dockets throughout the state solely for veterans. Specific objectives related to accomplishing the goals include convening a statewide advisory committee, education and training to various entities inclusive of trauma informed care model of treatment, disseminating results from the pilot project and overall evaluation.

Ohio Department of Mental Health Veterans Projects

Area of Impact	Intervention	Anticipated Outcome	Measurement Strategy
Veteran	Diversion at various points of intercept with a trauma informed model of care & focus	Greater functioning & less symptomatology Less criminal behaviors Able to meet basic needs Better understanding of the effects of combat	Number of veterans diverted Number of veterans identified & receiving appropriate services regardless of diversion Completion of the TREM program & improve rating on sx scale
Family	Education, outreach services, hotlines, readjustment & transitional support	Improved family functioning Greater family support Children w/ less problems related to veteran's issues Veteran encouragement from family	Number of families involved w/ the veteran Basic needs of families involved in the program met Veterans accepting the tx needed
Community	Outreach & Education	Community providers & emergency responders more knowledgeable about PTSD & veteran issues Veterans receiving assistance prior to becoming involved in CJ system	Long term reduction in veterans being involved in the CJ system

EBP	WHY CHOSEN	POSSIBLE ADAPTATIONS
Helping Women Recover (Stephanie Covington)	Gender Specific Model of Trauma Intervention	May need assure the unique trauma needs of women are also targeted
Wellness, Recovery Action Plan (WRAP) (Mary Ellen Copeland)	Empowers the client by teaching them recovery & self-management skills & strategies for dealing with mental health difficulties	There is a newer version of this model of intervention that is veteran specific. If funding permitted, this curriculum could be purchased & used instead of adapting
Trauma, Recovery, Empowerment Model (TREM) (Maxine Harris)	EBP supported by SAMHSA on addressing issues of trauma	Primarily a female specific model of service, needs to be adapted for men. Some areas have created a M-TREM
Motivational Interviewing (MI) (Miller & Rollnick)	EBP supported by the National Institute on Drug Abuse (NIDA) & SAMHSA to facilitate change	Again, little evidence on this specific population, unique needs may mean adapting somewhat
IDDT (Dartmouth New Hampshire)	EBP supported by SAMHSA for people w/ co-occurring disorders, which many of the target population will experience	None anticipated
Stages of Change Model (Prochaska & DiClemente)	EBP that accesses where individuals are in the change process – compliments MI	None anticipated
Housing First – as part of the PATH program	EBP supported by SAMHSA & the Interagency Council on Homelessness	Consumer driven model but may not have veteran consumers involved. May need to look at getting some veterans involved.
Strength-based Case management (SBCM)	Effective response to clients w/ multiple problems. Chosen based upon its five guiding principles which will be necessary for this project	Focus on the unique needs & strengths as it relates to the veteran
PTSD Specific Screening Instrument	Has not been chosen – will need further review by clinical team.	None anticipated

Ohio Department of Mental Health Veterans Projects

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