

GOVERNOR'S BEHAVIORAL HEALTH
SERVICES PLANNING COUNCIL

Veterans Subcommittee Report

2015

2014 GBHSPC Veterans Subcommittee Membership

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OLD BUSINESS:

An update of 2014 GOALS OF THE SUBCOMMITTEE

The Veterans Subcommittee of the Governor's Council last met on February 2, 2015, and at each meeting we host veterans to present on the issues they have or are facing, that the group may be able to address.

We accomplished several goals in 2014.

1. Identify veterans in the state that are served in the behavioral healthcare system, (NOT COMPLETE. IN PROGRESS. (KDADS is working to build this question into their data collection systems for mental health and substance use disorder providers.)
2. Identify resources that are available to veterans and families in the state. WSU staff on the subcommittee are looking at how to build a resource directory for Kansans with veteran population, bh and sa resources, VA and other BH resources available in one location (a map possibly.) NOT COMPLETE. IN PROGRESS.
3. Identify and disseminate current credentialed training that is available to BH providers on military culture, military 101 (native, African and other military cultures if possible). KDADS posted training list on their web page, with endorsement letter by Secretary. COMPLETE INITIAL. ONGOING. Thanks to the fantastic support of KDADS and Secretary Bruffett, this is on the KDADS web page at <http://www.kdads.ks.gov/commissions/csp/behavioral-health/providers/veteran%27s-services>
4. Incorporate suicide prevention efforts into all stages of work of the subcommittee. (recommended to Suicide Prevention Subcommittee.) COMPLETE INITIAL. ONGOING.
5. Infuse Peer Support into the #2 resource directory and #3 military culture training. (this is included in the provider training listing now on the KDADS web page.) COMPLETE INITIAL. ONGOING.

NEW BUSINESS:

BH SERVICES FOR VETERANS DIRECTORY/MAP: Sweeney and Vandecreek met with Missouri Department of Mental Health veteran's program manager and IT director. Discussed how Missouri has implemented veterans information into their behavioral health services, how having one staff person at the state agency level garners a lot of support and outreach for veterans BH services. In addition, Missouri will allow Kansas to have their Veterans services director/map application to pattern or copy. Contact information has been shared with KDADS for Missouri's IT director to work with KDADS IT, and Vandecreek. Subcommittee is seeking grant funding to allow Vandecreek to complete the application. KDADS has agreed to house the resource directory on their web page. See RECOMMENDATION BELOW.

SAMHSA has invited the VetSubComm to participate in a policy academy on Substance Use Disorders Virtual Implementation Academy (SUD VIA). We have invited a number of "extra" folks to participate in addition to the VetSubComm members. April 28 will be a webinar to learn and kick off the initiative, and May 20-21 was an onsite summit in Wichita, with several other states joining via phone and internet with some subject experts that we will all have access to for questions. The goal is to develop a strategy for the future around substance use disorder treatment, prevention and recovery. The four goals developed at that summit are attached.

The VetSubComm has discussed veterans and treatment courts to help reduce stigma for veterans with BH issues, and may be looking into that topic after the summit, as well as veterans who may be hospitalized in our state psychiatric hospitals when they are VA services eligible. Rural veterans must be kept in mind in all policy discussions given services are more difficult to obtain and stigma may be greater for issues such as PTSD. The group agreed to support goals and focus of Stigma reduction and identifying needs, barriers.

Goals for 2015. After February 2, 2015 meeting of the subcommittee, the following goals were adopted.

1. Submit recommendation to the Suicide Prevention Subcommittee to urge the Department of Defense and the Kansas Department of Health & Environment to collect suicide statistics on military **SPOUSES, CHILDREN**

AND FAMILIES, in addition to the military members. The Veterans Subcommittee offers any assistance or collaborating in moving this forward to the two agencies that now track suicidal deaths. Completed.

2. After review of other states and their services for veterans and families within the BH realm, we have developed the following recommendation:

Urge KDADS to create one new position within the agency to perform as a Veterans Representative and Program Manager.

This individuals would work to:

- ✓ Identify the needs of the veteran population around BH, identify gaps and barriers to treatment and care.**
- ✓ Increase access to care, reaching out to providers of BH services across systems to ensure better access for service members and families.
- ✓ Raising awareness of resources available to service members, veterans and families, promoting statewide information, marketing and training.
- ✓ Reduce the stigma of seeking assistance, promote the courage in seeking help and recovery.

NOTE: Attached here are several documents outlining Missouri's veteran program under their Division of Mental Health, including the position description for the Veterans Representative and Program Manager position there.

**UMKC has developed an online needs assessment around veterans and BH needs, open now for Missouri residents. But they may be willing to allow Kansas or work with Kansas to do the same type of survey. Sweeney will follow up, with Jason's help.

3. Develop military culture, peer support and native American cultural awareness package and offer to train at behavioral, primary care, AHEC, Aging services, VA, Justice and judicial programs, higher education, student veteran programs, substance use disorder and other cultural and educational venues. Examples are: associations of health care, behavioral healthcare, substance use disorder, nursing, family and consumer organizations, military venues, state agency and other venues. Members have begun to reach out to organizations. Association of CMHCs is hosting military culture training at their September 2015 annual conference. KSU Military Institute released online course in military culture.
4. Identify other needs that are within the charter of the VetSubComm and discuss how and when to pursue.
5. After May 20-21 SAMHSA SUD summit, develop working goals for 2015 and 2016 around SUD and veterans/families by the subcommittee. See attached Goals from the summit.

2015 Meeting dates:

May 20-21 SAMHSA SUD Policy Academy

Wednesday, August 12* *Onsite SAMHSA SUD Follow Up Visit*

November 9

Respectfully submitted by

Sheli Sweeney ssweeney@acmhck.org Co-Chair

Harold Casey at harold@sackansas.org Co-Chair

**SAMHSA's Service Members, Veterans, and their Families
Technical Assistance Center
Substance Use Disorders Virtual Implementation Academy
IMPLEMENTATION PLAN**

Strategy #1

Identify National Guard members who would benefit from SUD treatment

Action

*Include SBIRT or comparable tool into KS Natl Guard's PHA (Lenexa, Salina)

*Consult with Iowa (TA: Michelle Tilotta)

*Look at Unit Risk Inventory (URI) for follow-up

*Training for staff to administer SBIRT

Responsibility

Dan Pempin, KNG, John Agnew, Sandra Dixon, Jenny Rosinski

Strategy #2

Linking NG members who don't have resources to SUD services

Action

*Using technology to engage OEF/OIF/OND

*Identify applications that may be helpful and share with KNG

*Online peer support groups

*Develop listing of all known SUD providers in Kansas for KNG use

Including map.

Consult with Dr. Taylor to create map

*Self-directed recovery tools/apps

*Web-based education

Responsibility

Dan Pempin, Teresa Stuart, Janet Haynes, Chris White

Strategy #3

Expand TRICARE SUD-eligible provider network to include in their benefit package all ASAM approved levels of care available in the community

Action

*Advocate to allow all state licensed SUD providers to serve TRICARE beneficiaries

*Engage all behavioral health trade organizations

Responsibility

Shelli Sweeney, Brian Baker, Robbin Cole

Strategy #4

SUD Workforce Development in Kansas

Action

*Participate in SAMHSAs Workforce Development / Career Ladder and advocate for improvements

*Collaborate with Dan P. (National Guard)

*Participate in SAMHSA Regional Learning Collaborative

*Connect with Veterans Upward Bound (through Universities)

*Advocate for changes/improvements identified in process

*Watch and participate in SAMHSAs Workforce Development / Career Ladder

*Reach out to Higher Ed, HOSA, National Health Service Corps

To implement low-cost tools targeting "younger" service members (OEF/OIF/ONF) to connect to services; they are technology users/comfortable with this medium.

*Possible pilot program with KNG and current providers from this group brings diversity into the field

*Identify, gather, review info on organizations with current workforce to identify gaps: VA, HRSA/FQHCs, ATTC, CMHCs, Higher Ed, Justice, etc.

Responsibility

Ruth Owens-Jurgens, Harold Casey, Randy Johnson

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