



# Working with Military-Connected Members of the Community (Cultural Competency)

# Presenter

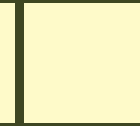


Captain Troy Davidson is the officer-in-charge (OIC) of the MN National Guard Resilience, Risk Reduction, and Suicide Prevention (R3SP) program and the Substance Abuse Prevention (SAP) program; he oversees a team of military personnel, civilian contractors, and Licensed Alcohol and Drug Counselors (LADCs); and is responsible for risk reduction, prevention, assessment, brief intervention, referral and access to treatment follow-up, as well as training and program evaluation.

# Learning Objectives

- Understand the impact of substance use disorders and mental health challenges on military-connected members of the community, the effects of deployment on both service-members and their families, as well as the evolving nature of military service in a post-9/11 world
- Gain better understanding of unique challenges faced by military-connected members of the community seeking care for SUDs and mental health counseling, such as stigma within the ranks, cultural humility in the provision of treatment, and limits of military insurance coverage (TRICARE)
- Acquire knowledge about the specific challenges faced by organizations, agencies, and civilian treatment providers serving these populations, and how to improve outreach and the quality of care provided to these members of the community

# Audience Makeup



Are you a Veteran or Military Member?

- Era?

- Active Duty/Guard/Reserve?

- Branch?

Are you family of Service-Members? (Parent/spouse/sibling/other?)

Do you work with Military-Connected Members of the Community?

- VA

- Federal/State Agency

- Private Practice

**Why did you sign up for this session; what are you looking to take away from it?**



# Terms of Reference

- **Servicemember** – General term for Current member of the armed forces
- **Veteran** - Title 38 of the Code of Federal Regulations defines a veteran as “a person who served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable.” This definition explains that any individual that completed a service for any branch of armed forces classifies as a veteran as long as they were not dishonorably discharged. However, with regard to applicable benefits, other considerations are important and will be covered in later sections.
  - State & Federal standards vary: diagnosed service-connected disability or war zone deployment
  - Some private standards: successful discharge, honorable or medical from service regardless of time or deployment history
- **Soldier (Army)**
- **Airmen (Air Force)**
- **Marine (Marine Corps)**
- **Sailor (Navy)**
- **Military Family Member** - Immediate **family members** related by blood, marriage, or adoption to a veteran of the U.S. armed forces.

# Minnesota National Guard

- Approximately 10,000 currently serving members of Minnesota ARMY National Guard (Soldiers)
- Approximately 2,000 currently serving members of the Minnesota AIR National Guard (Airmen)
  - Most are Traditional (M-Day) Soldiers and Airmen/Airwomen
    - (2 days per month/2 weeks in the summer)
  - Approximately 750 Active Guard Reserve (AGR)
    - Fulltime (day-to-day operations)

# Minnesota National Guard



## Internal Resources/Services:

- Resilience, Risk Reduction, Suicide Prevention (R3SP) Program
  - Behavioral Health Officers (BHO)
  - Psychological Health Coordinators (PHC)
  - Military Family Life Counselors (MFLC)
  - Transition Assistance Advisers (TAA)
    - Master Resilience Trainers (MRT) – Unit Level
    - Suicide Intervention Officers (SIO) – Unit Level
- Substance Abuse Prevention Program
  - Licensed Alcohol and Drug Counselors (LADCs)
  - Prevention Coordinators (Provide Training)
    - Unit Prevention Leaders – Unit Level
- Family Programs/Family Assistance Centers
- Family Readiness Groups/Family Readiness Support Assistants
- Citizen Soldier for Life Counselors
- Military One Source (MOS)

# VA Health Care

- For the purposes of VA health benefits and services, a person who served in the active military service and who was discharged or released under conditions other than dishonorable is a Veteran.

## Basic Eligibility:

- If you served in the active military service and were separated under any condition other than dishonorable, you may qualify for VA health care benefits. Current and former members of the Reserves or National Guard who were called to active duty by a federal order and completed the full period for which they were called or ordered to active duty may be eligible for VA health benefits as well.

\*\*\*Reserves or National Guard members with active duty for training purposes only do not meet the basic eligibility requirement.

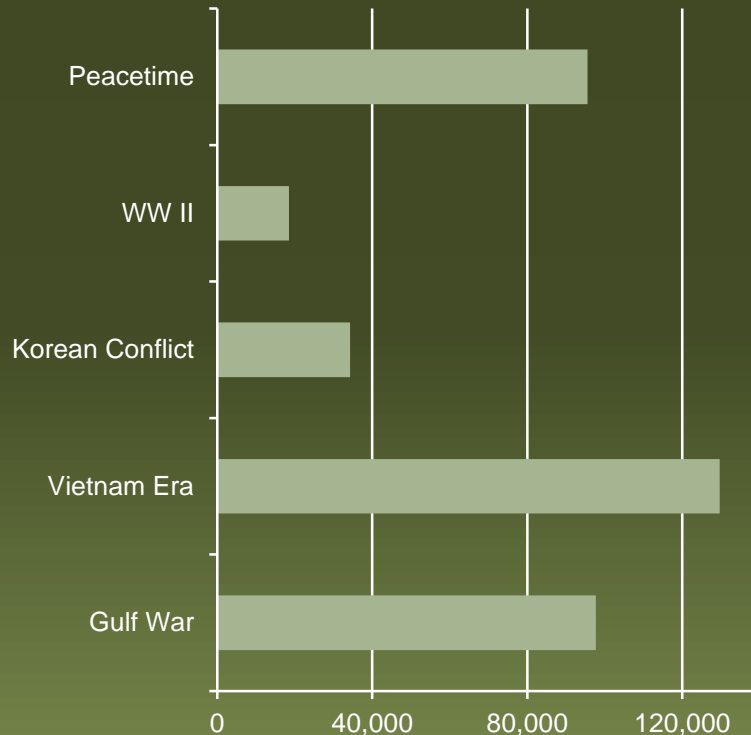


# Demographics of Minnesota Veterans

## Veterans by Period of Service

U.S. Department of Veteran Affairs 2014

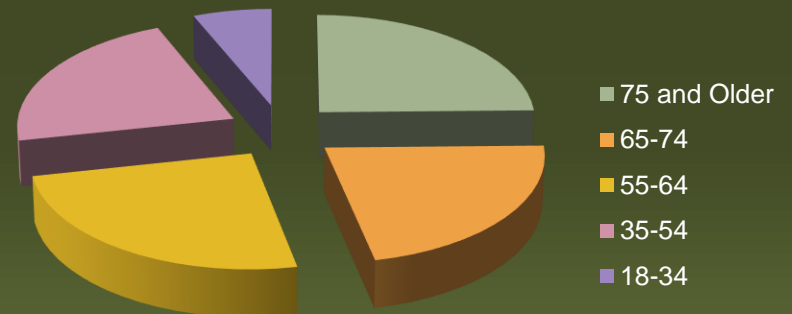
### Veterans in Minnesota Total = 369,149



## Veterans by Age

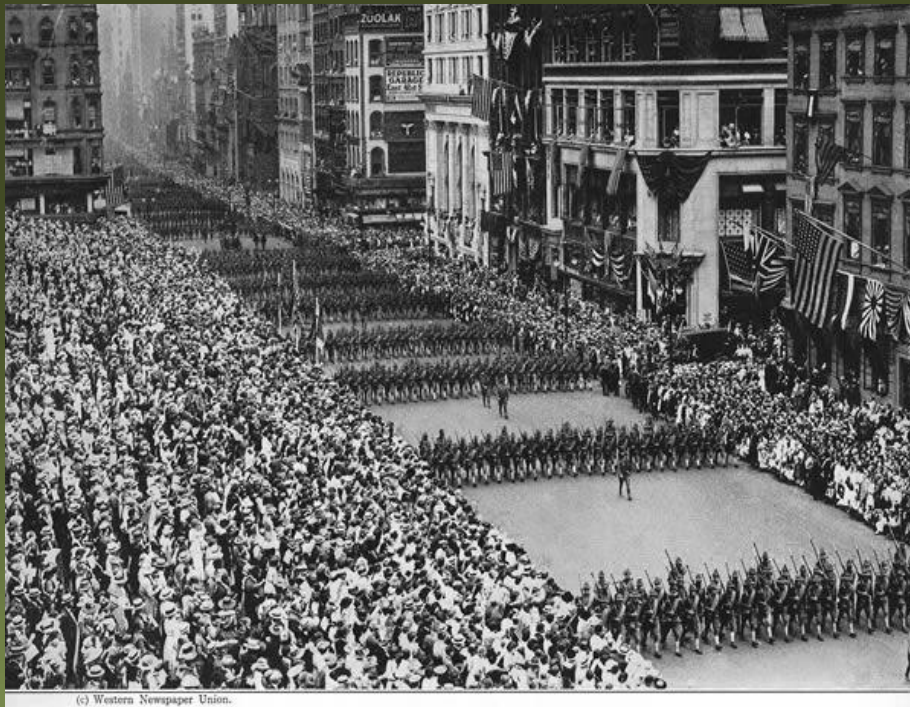
Minnesota Department of Veteran Affairs 2013

### Minnesota Veterans by Age Total = 366,990



# New Dimensions/New Challenges

**Previous Conflicts/Wars:**  
Returning with unit after single tour



**Today:** Returning after multiple deployments back to community



[illegible]

- Minnesota*  
**NATIONAL GUARD**   
NATIONALGUARD.com

# ARMORY MAP

**MINNESOTA HAS 62 ARMORIES IN COMMUNITIES THROUGHOUT THE STATE** 



THIEF RIVER FALLS  
CROOKSTON  
MOORHEAD  
DETROIT LAKES  
FERGUS FALLS  
WADENA  
ALEXANDRIA  
SAUK CENTRE  
MORRIS  
ORTONVILLE  
APPLETON  
MADISON  
MONTEVIDEO  
MARSHALL  
PIPESTONE  
LUVERNE  
WORTHINGTON  
JACKSON  
FARMINGTON  
ALBERT LEA  
AUSTIN  
BEMIDJI  
CHISHOLM  
HIBBING  
GRAND RAPIDS  
CLOQUET  
DULUTH  
CLARK COUNTY  
PINE CITY  
CAMBRIDGE  
MONTICELLO  
NORTHFIELD  
FARIBAULT  
OWATONNA  
ROCHESTER  
WINONA  
ANOKA  
BROOKLYN PARK  
ARDEN HILLS  
STILLWATER  
MINNEAPOLIS  
ROSEVILLE  
ST. PAUL  
EAST ST. PAUL  
WEST ST. PAUL  
BLOOMINGTON  
INVER GROVE HEIGHTS  
COTTAGE GROVE  
HASTINGS  
ROSEMOUNT  
RED WING

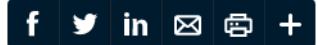
# 'Weekend Warriors'

- 'One weekend a month and two weeks in the summer' has become much more

## National Guard reaches out to families, companies as training days increase



By Scott Maucione | @smaucioneWFED  
October 14, 2016 3:19 pm



The Army National Guard is trying to provide predictability for troops and businesses as it begins the process of increasing the number of training days for some brigades.

The Guard is reaching out to soldiers and industry to reconcile the fact that soldiers who previously spent at least 39 days a year in active-duty training will be spending more time in their Guard duties.

"We've been talking to the soldiers, we are putting together a communications plan. We think it's important we provide predictability and that they understand the readiness model and why we are doing this. It's important to me and to the Army National Guard that we as leaders carry the message of why it's important to our soldiers, their families and ultimately their employers," Director of the Army National Guard Lt. Gen. Timothy Kadavy told Federal News Radio.

# Scope of the Problem

- Veterans-20/day in U.S. commit suicide.
- Veterans represent <8% of population in U.S.
- 20% of suicides in U.S. are veterans.
  - <10/100k (civilian)
  - >22/100k (military/vet)
- Minnesota civilian suicide rate is 41<sup>st</sup> in nation per 100,000 population.
- Minnesota has 2nd the highest rate of suicides in the National Guard in the U.S in the past 5 years (Pennsylvania)
- 18.5% of OEF/OIF have been diagnosed with PTSD or Depression.
- 19.5% have TBI.
- Co-occurring: Combination diagnoses of PTSD, Adjustment Disorders, etc.
- Large gaps in mental health care.
- TRICARE gaps-low rate of reimbursement.
- 1 out of 9 exit the military due to mental illness.

# Silos of Service

- Veterans Affairs Medical Centers (VAMC)
  - (2 – Minneapolis & St. Cloud)
- Community-Based Outpatient Clinics (CBOCs) & Vet Centers (17)
- Non-Profit Organizations (LSS, Goodwill Easter Seals, etc.)
- Private Entities





# Same Challenges as Non-Military

- Military-connected members of the community (Veterans, active duty, National Guard/Reserve, and military family members) face many of the same challenges and underlying risk factors as non-military when it comes to accessing treatment for SUDs:
  - Personal Relationships/Emotional
  - Employment
  - Education
  - Financial
  - Health Insurance/Healthcare
  - Family History/Adverse Childhood Effects

# ...And Some Unique Challenges

- They also face a few unique challenges:
  - Onerous eligibility requirements for services and benefits
  - Lack of continuity between military and civilian health care systems
  - Too few practitioners qualified to provide experience-informed treatment



# TRICARE: 4-Letter Word?

- TRICARE is the health insurance program offered to all MNNG SMs and is an affordable option.
- However, for SMs and beneficiaries covered by TRICARE, access to treatment for SUDs is complicated:
  - “TRICARE does not cover intensive outpatient services, and certain evidence-based pharmacological therapies which are standard components of care for SUDs.
  - SUD services are restricted to certified Substance Use Disorder Rehabilitation Facilities, which has led to an expensive reliance on hospital-based treatment far from SM’s homes.
  - The current configuration of capacity and the current TRICARE benefit structure promote use of the most expensive settings of care and limit access to lower-cost modalities that are evidence based (outpatient counseling, intensive outpatient, and partial hospitalization programs).” (Substance Use Disorders in the U.S. Armed Forces, Institute of Medicine, 2012)

# In the News

## Investigation: Army substance-abuse program in disarray

Gregg Zoroya, USA TODAY Published 2:52 p.m. ET March 11, 2015 | Updated 7:14 a.m. ET March 12, 2015

Each year, 20,000 soldiers suffer from some kind of alcohol or drug-related problem and are sent to the Army's substance abuse program for screening. Wanda Kuehr, the former chief of clinical services for the program says it needs to be changed. USA TODAY



(Photo: Erich Schlegel for USA TODAY)

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Twenty thousand soldiers who seek help each year at Army substance-abuse clinics encounter a program in such disarray that thousands who need treatment are turned away and more than two dozen others linked to poor care have spiraled into suicide, a USA TODAY investigation has found.

The Army's transfer of substance-abuse outpatient treatment from medical to non-medical leadership in 2010 has led to substandard care, the mass exodus of veteran personnel and the hiring of unqualified clinic directors and counselors, according to senior Army clinical staff members and records obtained by USA TODAY.

"This is the crux of the whole thing," said Wanda Kuehr, a psychologist who agreed to speak out about the problems after retiring Feb. 2 as the program's director of clinical services. Non-medical managers want to "get the reports in on time and fill the slots. They think that makes a good program. Our goal is to give treatment to soldiers. And (the bosses) see that as inconsequential ... What's happening to soldiers matters and the Army can't just keep pushing things under the rug."

## After USA TODAY reveals problems, Army revises drug, alcohol abuse program

Gregg Zoroya, USA TODAY Published 2:02 p.m. ET Oct. 20, 2015 | Updated 11:02 a.m. ET Oct. 21, 2015

The Army is placing medical officials in charge of substance abuse treatment for soldiers in the wake of a USA TODAY investigation. Reporter Gregg Zoroya speaks with producer Shannon Rae Green about the change. USA TODAY



(Photo: John Bazemore, AP)

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The Army is placing medical officials in charge of substance abuse treatment for soldiers in the wake of a USA TODAY investigation that uncovered poor treatment and a spike in suicides among those suffering addiction.

Army Secretary John McHugh decided to shift oversight of the program back to the Army Medical Command to improve the counseling soldiers receive, an Army deputy assistant secretary, Anthony Stamilio, said in an interview. About 20,000 soldiers are screened each year for drug and alcohol abuse.

Problems began surfacing after the Army decided in 2010 to place the program under the Army's Installation Management Command, which operates garrisons and lacks medical expertise.

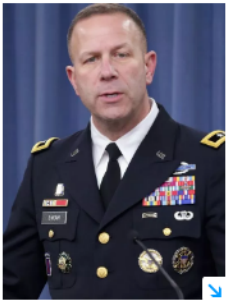
That move led to a sharp decline in the quality of care. Half of the Army's treatment clinics fell below professional standards, veteran personnel left en masse and clinics hired unqualified directors and counselors, according to senior Army clinical staff members and records obtained by USA TODAY.

# In the News

## Army is accepting more low-quality recruits, giving waivers for marijuana to hit targets

Tom Vanden Brook, USA TODAY Published 4:49 p.m. ET Oct. 10, 2017 | Updated 10:41 a.m. ET Oct. 11, 2017

The U.S. Army is pulling less qualified soldiers into its ranks while also granting waivers for soldiers who have used marijuana. Buzz60



(Photo: Chip Somodevilla, Getty Images)

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WASHINGTON — Faced with increasing demand for new soldiers, the Army has reached deeper into the pool of marginally qualified recruits, offered hundreds of millions in bonuses and relaxed the process for granting waivers for marijuana use.

The Army will reach its goal of 80,000 new soldiers without compromising quality, predicted Maj. Gen. Jeffrey Snow, who leads its recruiting command. The need for new soldiers comes as Congress has reversed trends begun in the Obama administration to downsize the military. An additional headwind for

recruiting in all the service branches: a growing economy where civilian jobs, not joining the military, attract young people.

## Army says USA TODAY story forced it to drop plans for waivers for high-risk recruits

Tom Vanden Brook, USA TODAY Published 2:26 p.m. ET Nov. 15, 2017 | Updated 7:40 p.m. ET Nov. 15, 2017

The Army will now allow recruits with a history of some mental health conditions to seek waivers to join the service. Here's why this is happening now. USA TODAY



(Photo: Alex Wong, Getty Images)

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WASHINGTON — Army Chief of Staff Gen. Mark Milley said Wednesday the Army has rescinded a September memo stating that people with certain mental health issues, including self-mutilation, would be eligible for waivers to join the service.

Milley, appearing before reporters, said the Army rescinded the memo because of an article published Sunday by USA TODAY.

He maintained that the policy on considering such waivers had not changed but had been delegated to a lower level for approval.

Milley said the Army had done a "terrible" job explaining the policy. He credited USA TODAY for bringing the issue to his attention.

"There wasn't a change in policy," Milley said. "There cannot be a change in policy by someone who doesn't have the authority to change policy. I know it sounds circular."

The memo from Sept. 7 said that people with a history of "self-mutilation," bipolar disorder, depression and drug and alcohol abuse would be eligible to obtain waivers to join the Army. The change, which was not announced publicly, was made in August, according to documents obtained by USA TODAY.

A statement to USA TODAY last week, vetted by several Army officials, reflected that a change had been made in the way the Army dealt with waivers for those mental health conditions. The ban on considering waivers for those conditions, put in place in 2009 during an epidemic of suicides among troops, had been lifted.

# In the News

## “Always Ready, Always There”

“When service-members die by suicide, their deaths look a lot like civilian suicides – the same people, the same risk predictors, and the same means.”

[http://fivethirtyeight.com/features/suicide-in-the-military/?ex\\_cid=538fb](http://fivethirtyeight.com/features/suicide-in-the-military/?ex_cid=538fb)

## “Reserve Suicides Up 23 Percent – Active Duty Count Remains Steady”

<http://www.militarytimes.com/story/military/2016/04/04/reserve-suicides-up-23-percent-active-duty-count-remains-steady/82619724/>

“Suicide prevention experts say the high number of reserve and National Guard deaths may be linked to fewer resources for these troops, who may not have the same access to support services and mental health care as active personnel.”

## “Suicide Hits Hard Among the Ranks of MN National Guard”

<http://www.startribune.com/suicide-hits-hard-among-the-ranks-of-minnesota-national-guard/374333051/>

# Case Study

## They sought help when their Army dad deployed. Now they're barred from joining the military.

By: Karen Jowers  4 days ago



### Military daughters denied enlistment because of dependent mental health notations

This military family didn't know notations about mental health that would keep their daughters from enlisting — and that dependent medical records are merged with new active duty medical records.

By seeking [counseling](#) for their two teenage daughters as their family coped with [multiple moves](#) and multiple deployments to Afghanistan, an Army major and his wife unwittingly prevented both girls from following their father, their grandfather and their great-grandfather into military service.

Rudy and Mia De La Rosa thought they were providing emotional support for daughters Juliet and Samantha.

Neither the parents nor the daughters knew there were notations like “[suicidal gesture](#)” or “self-mutilation” in their counseling files. And neither knew Army and Air Force medical providers would have access to those records — and anything else in dependent [medical records](#) — if their daughters ever enlisted.

This sets them apart from their civilian counterparts, who don't come into the military with a previous [electronic health record](#). It sets them apart from military dependents entering the Navy and the Marine Corps, which don't merge dependent and service member records. And it puts the actions of the Army and Air Force in their cases, and those involving other dependents, at odds with the ethical judgement of some medical experts.

# A Call for Action and Cooperation

- Further define needs by geographical area and demographics
- Greater community mental health center involvement
- Cooperative training consortium of all entities to ensure best practices and identified providers
- Seamless compendium of resources
- Support efforts of the military mental health initiative conference (MMHC) to bring all concerned entities together
- Regular on-going dialogue



# Beyond the Yellow Ribbon

Beyond the Yellow Ribbon is a comprehensive program that creates awareness for the purpose of connecting Servicemembers and their families with community support, training, services and resources.

<http://mnbtyr.ng.mil/>



- Give an Hour™ is a nonprofit 501(c)(3), founded in September 2005 by Dr. Barbara Van Dahlen, a psychologist in the Washington, D.C., area.
- The organization's mission is to harness the expertise and generosity of volunteer mental health professionals capable of responding to both acute and chronic conditions that arise within our society.
- Currently, GAH is dedicated to meeting the mental health needs of the troops and families affected by the post-9/11 conflicts in Iraq and Afghanistan.
- We provide counseling to individuals, couples and families, and children and adolescents.

<https://www.giveanhour.org/Home.aspx>



# Veterans Choice Providers

- Veterans Choice Program (VCP) expands Veterans' access to health care by allowing eligible Veterans to obtain approved services in their community.
- Eligible Veterans must contact Health Net Federal Services, LLC (Health Net) to obtain authorization for all care under VCP. Veterans are encouraged to access health care through Health Net's comprehensive Patient-Centered Community Care (PCCC) network. However, VCP allows a Veteran to choose a provider outside of the PCCC preferred network when one is not available or the Veteran has a preference for another community provider.
- Veteran-selected providers are screened by Health Net to confirm providers are Medicare-participating and accept VCP terms of participation. After confirming providers are Medicare-participating and accept terms of participation, the certification process is initiated prior to Health Net scheduling an appointment.
- To meet certification and license requirements for participation, providers must:
  - be Medicare participating,
  - have an active unrestricted state license,
  - be DEA licensed (as applicable),
  - have no sanctions, and
  - provide a Type 1 and/or Type 2 NPI (as applicable).
- If you or your organization is interested in serving Veterans under VCP as a participating provider, view the complete VCP participation terms and register today!

<https://www.hnfs.com/content/hnfs/home/va/home/provider/options-for-providers/become-a-veterans-choice-participating-provider.html>

# Veterans Mental Health Advisory Council

## **Partnering with VA Mental Health Leadership to Improve Mental Health Services for Veterans**

The Veterans Mental Health Advisory Council is a group of Veterans and their supporters who work to improve VA mental health.

### **If you are...**

- ...a Veteran who has used VA mental health services, or
- ...a supporter of a Veteran who has used VA mental health services

### **And...**

- ...you like to talk through ideas
- ...you enjoy looking for real solutions

## **We need you! You can help by:**

1. Sharing your ideas for improvements with a member of the Council or the Staff Liaison.
2. Encouraging your fellow Veterans and their supporters to share their ideas.
3. Joining the Council.

Call for more information: Lisa Hoffman-Konn, Staff Liaison, 612-467-1838

**You can attend meetings from Community Clinics or home—call for info!**

# Military Mental Health Conference



## 2018 MILITARY MENTAL HEALTH CONFERENCE

APRIL 26<sup>TH</sup>-27<sup>TH</sup> AT THE CAMP RIPLEY TRAINING CENTER

15000 MN HIGHWAY 115 • LITTLE FALLS, MN 56345

### KEYNOTE SPEAKERS

Bill Lunn is an Emmy Award winning anchor and reporter in Minneapolis, where he covers military and veterans' issues. He embedded with Minnesota Red Bull troops during 2016 rotation at the National Training Center in Fort Irwin, CA. He is the author of *Heart of a Ranger*, the story of Ben Kopp, a special operator from Rosemount, MN, who was killed in Afghanistan in 2009 and whose heart saved the life of a Chicago woman. Bill is the father of three boys, including a Minnesota Red Bull soldier. He lives in Stillwater, Minnesota.



Chief Warrant Officer 4 Clifford W. Bauman is the survivor of an attempted suicide; after which, he realized he needed support. He was diagnosed with PTSD, received treatment, and now believes that counseling has made him a stronger man — and a stronger soldier. He wants fellow soldiers to know that asking for help will not end their career in the military. Clifford's 28-year career includes working at the U.S. Army Accessions Command, Training and Doctrine Command Headquarters, and Deputy Commanding General Initial Military Training. He deployed during Operation Iraqi Freedom. His military awards include the Soldier's Medal, Meritorious Service Medal, and Army Commendation Medal.



**\$85 FOR ONE DAY/\$150 FOR BOTH (SCHOLARSHIPS AVAILABLE)**  
**PROFESSIONAL CEUS AND POST-TESTS AVAILABLE**  
**LUNCH WILL BE PROVIDED EACH DAY**

**FOLLOW US FOR UPDATES! • FACEBOOK.COM/MILITARYMENTALHEALTHCOALITION • MILITARYMENTALHEALTHCOALITION.COM**

**Continuing Education Credit:** This conference has been approved to provide continuing education credits by the MN Board of Social Work. Individuals participating in this conference will receive 6.25 continuing education clock hours for day one and 6.5 continuing education clock hours for day two. A certificate of attendance will be awarded at the end of the program to those who complete the program evaluation.

**Target Audience:** Addiction Counselors • Case Managers • Clergy • Family Members of Military Members • Family Readiness Advocates • Housing Specialists • Law Enforcement • Licensed Practicing Counselors • Marriage and Family Therapists • Nurses • Psychologists • School Counselors • Social Workers • Therapists • Vocational Rehabilitation

Facebook:

<https://www.facebook.com/militarymentalhealthcoalition/>

Eventbrite:

<https://www.eventbrite.com/e/military-mental-health-conference-2018-tickets-42004461475?aff=ehomesaved>

Website:

<https://www.militarymentalhealthcoalition.com/>

# Discussion



Questions and Comments from  
Audience Participants

# CONTACT US

## FOLLOW US FOR UPDATES

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FACEBOOK

<https://www.facebook.com/MN-National-Guard-Resilience-Risk-Reduction-Suicide-Prevention-R3SP-1577637605887506/>



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