TAC
TECHNICAL ASSISTANCE COLLABORATIVE

Fostering Partnerships to Provide Community Response to Historically Underserved Individuals

Webinar 2: Establishing Mobile Crisis Teams as Trusted Partners in Communities of Service Members, Veterans, and their Families (SMVF)

February 13, 2023

Agenda

- Introductions
- Defining community partnering and partners
- Challenges and barriers to effective partnering
- Unique needs and approaches to responses to SMVF
- Strategies to engage SMVF to promote effective mobile crisis response:
  - Nontraditional outreach
  - Provider highlight: Next Chapter
  - State and local specific strategies

Meet the Team

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Community Partnering, defined

Purpose

- Focus on equity and trust building
- Partnering at all phases and levels
- Involves people in shared decision making about policies and programs that affect them
- Builds upon wisdom and strengths of the community
- Everyone has a role-states, counties, providers, community members

A practice to advance equity

- Service Members, Veterans, and their families, particularly communities of color, have been harmed by ineffective crisis systems
  - This has created mistrust among turning to those institutions of support
- Partnering should be centered in equity and focused on being culturally responsive and enhancing access to appropriate care
- Improves outcomes, builds trust, highlights unintended barriers, improves program efficacy

Defining Community Partners

- Individuals with Lived Experience
- Homelessness systems
- Law enforcement
- Emergency Medical Services (EMS)
- Places of worship
- Dept of Veterans Affairs
- Recreation centers
- Food pantries
- Vet Centers/ Veteran Service Organizations
- Schools
- Outpatient Providers
- Hospitals
- Community Centers
- Youth groups
- Gyms
- Pediatricians
- Credible messengers
- Veterans of Foreign Wars posts

Barriers to Effective Partnering with SMVF

Insufficient Funding
Organizations do not have funds to adequately engage community or PWLE

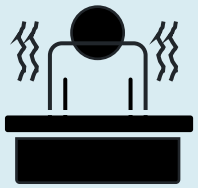
Tokenism
Limited or no representation of SMVF in planning, and implementation of services

Capacity
Competing demands leading to limited engagement

Mistrust
Historical and current trauma responses; exacerbated stigma and perception around engaging behavioral health services

Status Quo & Liability-based System:
Aversion to collaborative lethal means restriction

Incongruent Values
Mismatch of services with needs of SMVF



Lack of Recognition
Misunderstanding of the importance of community engagement

System Siloes/ Diffused Responsibility
Disjointed collaboration between Veteran's Association and SBHA- SBHA may default to deferring back to VA

Strategies for Effective Community Partnering

Common Challenges to Effective Partnering	Local Strategies	State Strategies
Insufficient Funding	Assess ongoing needs and capacity to provide culturally responsive care and leverage additional funding streams to enhance services to SMVF	Braid funding to provide integrated services available regardless of benefit source
Capacity	Identify trusted roles/SMVF peers to engage in community partnering responsibilities outlined in contract	Create a BH workforce pipeline, enhance military lived experience peer network, and prioritize community partnering in contracting
Status quo & Liability based system	Engage in collaborative planning for safety assessments and mutually agreed upon interventions for restriction of lethal means	Constantly engage in self-reflection, and evaluate harm/risk from a global perspective to identify systems that perpetuate harm and work toward repair
Lack of Recognition	Regularly engaging PWLE and the broader community to gather feedback on program and utilize feedback to make programmatic changes	Hire PWLE in leadership roles and engage in partnering at the state level to guide planning and implementation
Tokenism	Ensure diverse representation that includes SMVF and peer to peer outreach to identify and engage missing partners	Create local feedback loops and engage in intentional and sustained partnering at a state level
Mistrust	Identify a community champion/credible messenger and bridge gaps in service to enhance effective care for SMVF	Acknowledge the harm, take intentional steps to redevelop trust, show up authentically in small community groups; make changes driven by community
Incongruent values	Take the time to engage different perspectives with intent of shared understanding to attempt to align services	Modify expectations and operations based on community feedback
System siloes	Authentic outreach to SMVF-serving organizations to promote strong communication pathways	State agency collaboration to create referral and communication pathways

Responding to the Call

- In 2021, **6,392** Veterans died by suicide
- In 2022, **492** Service Members died by suicide
- In 2021, the highest suicide rate was among American Indian or Alaska Native Veterans
- In 2021, **168** family members died by suicide, including **114** spouses and **54** dependents
- These counts are probably higher due to ways deaths are reported

- Many racial/ethic health disparities exist including worse self-reported health and more mental health conditions and infectious diseases
- More than **1 in 10** Veterans have been diagnosed with a substance use disorder
- In January 2020, **37,252** Veterans were experiencing homelessness in the U.S
- Facilities and organizations are often ill-equipped to manage the unique needs of SMVF

Mobile Crisis and Service Members, Veterans, and their Families

- Veteran Crisis Line is key part of VAs suicide prevention strategy
  - 988, press 1
  - 988 often dispatches MCR
- COMPACT ACT
  - Can seek VA or non-VA crisis care without VA enrollment
  - This means that community-based crisis teams can see an uptick in requests for responses
- High levels of gun ownership, high death by suicide rates, and substance use rates, and reluctance to engage with behavioral health systems are factors for mobile teams to consider in creating a partnering plan for effective crisis response
- Mobile crisis as a true community-based response can be a solution to reluctance to interact with brick and mortar providers

Why we need to take a different approach

- Hardest to reach Veterans will typically not come into the office
- Hesitancy stems from historical harm through lack of SMVF cultural competency, consequences within ranks, stigma, and firearm removal
- Resulting mistrust for providers and state agencies
- Suicide prevention efforts which focus on means restriction and referrals to higher levels of care do not reflect the unique culture and needs of SMVF
- Lack of data for novel treatment approaches means that care-as-usual is perpetuated which have little impact on suicide risk

Nontraditional Outreach Strategies

- Consider partnering with trusted resources in the community that might not be affiliated with a provider organization
- Solutions lie not just in awareness-building of services and programs but through collaboration with SMVF to recreate programming and strategies relevant for them
- Targeted outreach and engagement by peers with lived military experience
- Recognize unmet needs and offer solutions to those
  - Employment
  - Sense of belonging
  - Housing
  - Food
  - School

Veterans Suicide Prevention Pilot Program (VSP3)

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A collaborative, that takes a strengths based, functional restoration and culturally responsive approach to addressing the antecedent social determinants of health and wellness, that contribute to mental health crises and suicide in Veterans and their family members.

- Identify the common elements of agencies working in this space
- Listen to their mission priorities, values and aspirations to grow or do more
- Understand their operational, regulatory or funding limiting factors
- Invite them to educate you about how their agency can help or advance services in their specialty part of the service domain
- Understand what your organization can realistically bring to the partner agencies in a collaborative equation
- Collaborative becomes a distributed network of operations

What does an upstream model look like? Or, a collaborative to do what now?

Organizing Principles:

- Bring together the existing Veterans support and transition resources in El Paso county to align efforts at Suicide Prevention.
- Reduce/eliminate barriers to accessing care, including financial, logistical and psychosocial barriers related to locating and scheduling care and support services.
- Develop and deploy and community wide “Call to Action” public health campaign to promote understanding of risks, reducing stigma, access to resources, cross-community engagement, and additional support services development for Veterans and family members.
- Support training county-wide Peer support and Peer recovery services, culturally tuned to Veterans and Veteran family needs and experiences

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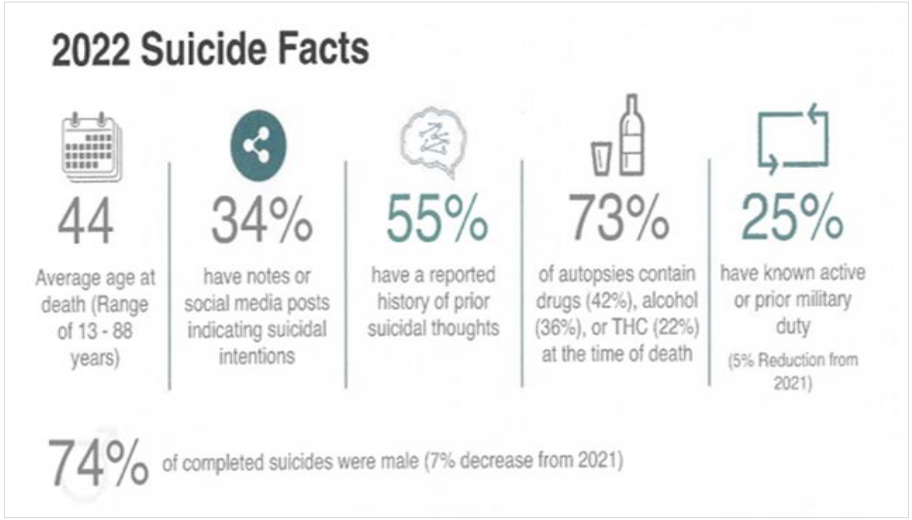
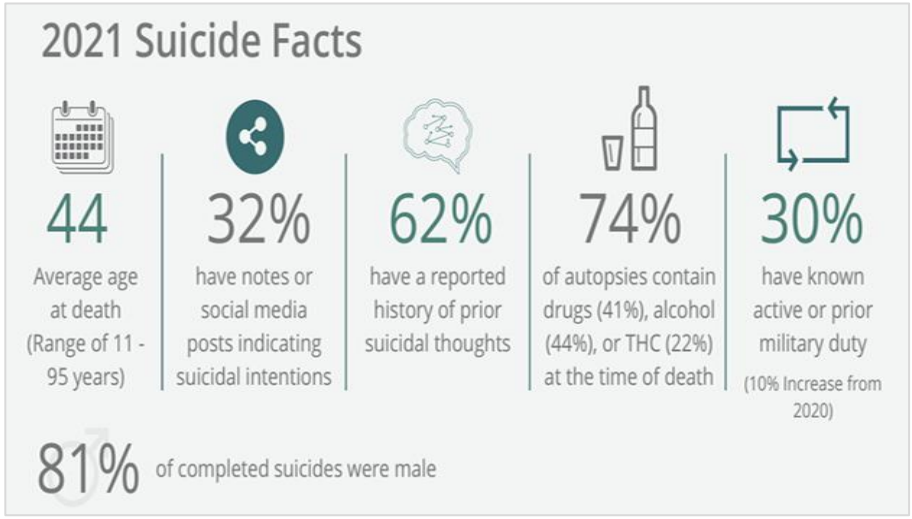
Benchmarks and Outcomes

2021:
176 total / 53



2022:
194 total / 49



In the first Coroner's report since the program started, we hoped to see a plateau in the growth of Veteran suicides. However, the Coroner reported four fewer deaths from the prior year.

A decrease of 5% in the overall share of suicide in the region and an approximate 7% decrease in real lives lost from the previous year.

The most common risk factors present are relationship issues, financial struggles, substance abuse, chronic health problems, grief, and legal issues.

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Outcomes Cont'd:

- No new programs or services created
- Partners are empowered to expand their services within their domain of expertise
- Partner's capacity to serve this difficult to reach population intentionally and structurally supported and developed
- Engagement with non-traditional partners in marketing, the business community, employers, community influencers, firearms dealers and gun ranges to attack stigma and normalize suicide prevention and mental health as a wellness and readiness issue
- Capacity becomes organic to partner organizations and is durable beyond the pilot period
- Veterans report an increased sense of available culturally responsive resources
- Identified more agencies that contribute to "upstream resource pool."
- Challenging traditional notions of "Access to Care" barriers or non-available funding for interventions

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State and Local Strategies

State

- Training for crisis response teams specific to needs and unique presentation of SMVF
- Development of benefits/payment structure which reflects VA benefits, new COMPACT ACT, and nontraditional treatment approaches
- Behavioral Health Administration or department/State Medicaid Agency coordination with Department of Veterans' Affairs
- Focus on integrated health models and consider how health disparities influence crisis presentation

Local

- Expand outreach approach to reach SMVF in different ways
- Hire peer support veterans
- Adopt policies and workflows which support community-based interventions and culturally relevant approaches to lethal means restriction
- Enhance follow-up protocols to continue providing community-based support and involving safe supports
- Partner with local trusted resources for outreach

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