Enhancing Access to Community Behavioral Health Services for Military Service Members, Veterans, and Families.
Presentation Outline

• Overview of Va Military and Veterans Coordinating Committee (VMVCC) work & ties to STEP VA
• Virginia’s Ask the Question Campaign
• Military Cultural Competency Training Recommendation and Resources
• FY16 CCS Data on Military/Veterans/Families & Data Quality
• Next Steps
• Joint Advisory Body for DBHDS and Dept. of Veterans Services (DVS) on behavioral health, rehabilitative, and supportive services for Service Members, Veterans, and Families (SMVF)

• Worked with SAMHSA to develop a Strategic Action Plan (SAP) to **enhance access to community-based behavioral health services for SMVF** in Virginia
  – VMVCC Subcommittees responsible for action items in the SAP.
• VMVCC divided into 3 Subcommittees:
  – **Data** – to increase awareness of SMVF population data and military/veteran specific resources in Virginia
  – **Military Cultural Competency (MCC)** – to enhance intake and services data on SMVF and delivery of culturally competent services to SMVF in CSBs
  – **Peer Recovery** – to provide resources and credentialing to community-based peers working with SMVF
VMVCC and STEP VA

• VMVCC’s Subcommittee work enhances STEP VA.
• System Transformation, Excellence and Performance (STEP) VA components:
  – Ready access to community-based, culturally competent, behavioral health services for Military Service Members, Veterans, and Families (SMVF)
  – Specialized outreach, peer support, and care coordination for SMVF
VMVCC Military Cultural Competency (MCC) Subcommittee

- Co-Leads Challis Smith (DBHDS), and Leanna Craig (DVS)
- CSBs represented: RACSB, HRCSB, Fairfax, NRVCS, MRCSB, CMCSB, RBHA, CBH, and CIBH
  - Worked with SAMHSA to develop the Virginia Behavioral Health Services Collaborative Infographic and the Ask the Question Campaign
  - Also developed a Military Cultural Competency (MCC) training recommendation and training resource sheet for CSBs
Virginia’s Ask the Question Campaign

• **GOAL** - To improve **service delivery and intake data accuracy** for identified Service Members, Veterans, and Families (SMVF) in Community Services Boards (CSBs)

• **3 STEPS: ASK – LINK - COLLABORATE**

• **STEP 1 – ASK “Have you or a family member ever served in the Military?”**
  – Question should be posed at multiple entry points for CSB services (i.e. call center, initial assessment, emergency services, medical assessments, and any other entry points)
Virginia’s Ask the Question Campaign cont.

- **STEP 2 – **LINK the Military Service Member, Veteran, or Family Member (SMVF) with a provider in your agency that has been trained in *military cultural competency* for needed services.
  - Direct Services Provider should assess for a connection between military service and service/support needs.
  - **Military Cultural Competence** - when civilian service providers have an understanding of military culture to include organizational structure, rank, branches of service, core values, and demographics and enhanced ability to communicate and effectively interact SMVF.
Military Cultural Competency (MCC) Training Recommendation – DBHDS and DVS recommends that all CSB staff receive introductory MCC training to increase the number of SMVF identified at intake and to enhance service delivery and resource connections for this priority population.

CSB staff should receive one introductory MCC training at hire as part of new staff training and annual updates thereafter.

It is also highly recommended that direct services staff receive more in-depth trainings in MCC, assessing behavioral health concerns among SMVF, and recommended treatments.

– Resource list of free/online MCC trainings AVAILABLE.
Virginia’s Ask the Question Campaign cont.

• **STEP 3- COLLABORATE** with military/veteran specific resources to meet all service needs of SMVF
  
  – i.e. Dept. of Veterans Services Virginia Veteran and Family Support program; disability, education, and employment benefits; Veterans Administration (VA) services; military installation programs etc.
FY16 & FY17 Military/Veteran CCS Data

- Total of 4,695 veterans served in CSBs in FY16 - combined military (active duty, NG, reserves), retired and discharged fields
  - Total veterans served mid year in FY16 = 3,377 (7/1/15 through 12/31/15)
  - Total veterans served mid year in FY17 = 3,340 (7/1/16 through 12/31/16)
Service Members, Veterans, and Families (SMVF) are receiving more MH outpatient, MH case management, SA outpatient, emergency, and assessment and evaluation services in CSBs

- Total of 9,720 service codes for individuals with an SMVF status (an individual can have multiple service codes) compared to 9,632 in FY15
- Total of 7,250 service codes so far in FY17 (thru 1/31/17)
Data Quality & Ask the Question Campaign

• In FY16, there is a large amount of missing data for Military Status
  – Total of 32,686 records were ‘Not Collected’ (not asked)
  – Total of 6,045 records were ‘Unknown’ (asked but not answered)
    • 38,731 records/222,190 total records *100 = ~17% missing data for military status field

• The Ask the Question Campaign seeks to decrease the number of Not Collected records.
Next Steps – ASK, LINK, COLLABORATE

- Implement the **Ask the Question Campaign** in your CSB
- Monitor Service Member, Veteran, and Family Member (SMVF) data quality ongoing
- Integrate Military Cultural Competency (MCC) into staff training program in your CSB
  - Confirm that SMVF are referred to direct services providers with MCC training
- Inventory military/veteran specific resources in your local area to facilitate cross referrals.
- **Want to get more involved or have questions?**
  - Please contact Brandi Jancaitis, Veteran Services Coordinator, brandi.jancaitis@dbhds.virginia.gov 540-558-8415
Virginia's military and veteran communities are an important part of the fabric of our Commonwealth, with approximately **784,711 veterans representing 1 in every 10 citizens**. Military service comes with inherent sacrifices for service members, veterans, and their families; with long, recurring family separations, frequent moves, deployments, and transition challenges that may increase behavioral health risk. To reach every service member, veteran and family member who needs help, the Commonwealth is promoting outreach to this priority population, and further collaboration with behavioral health service networks.

### Veterans in Virginia

- **784,711** Veterans in Virginia
- **16%** Female

Virginia Female veteran population to grow **11% in next five years**.

### Age of All Veterans:

- 50,000
- 100,000
- 150,000
- 200,000
- 250,000
- 300,000

### Period of Service:

- OEF/OIF/OND
- Gulf War I (8/1990-8/2001)
- Vietnam Era
- Korean War
- WWII

### Key Statistics:

- **515** Total Homeless Veterans - 2016 one night average
- **20%** Total % of All Veteran Disabled

Department of Veterans Affairs (VetPop2014 - projected for 2016)

U.S. Dept. of Housing and Urban Development, 2016 Point in Time Count

Census Bureau 5 year ACS Summary 2011-2015
WHERE ARE MILITARY VETERANS ACCESSING BEHAVIORAL HEALTH SERVICES IN VIRGINIA

Virginia has 784,711 veterans and is currently 7th in the nation for veteran population; projected to be 4th by 2022.

BEHAVIORAL HEALTH SERVICE LOCATIONS FOR VETERANS
Total Veteran Population: 784,711

Legend
- Community Service Boards
- Virginia Veteran and Family Support
- VA Medical Centers
- VA Community Based Outpatient Clinic
- VA Vet Center

Number of Veterans by County
- ≤1,000
- 1,000 - 4,999
- 5,000 - 9,999
- 10,000 - 49,999
- ≥50,000

*Note: This map does not include the Veterans Affairs Medical Center (VAMC) locations in DC, Martinsburg, Beckley, Durham, and Mountain Home that some veterans in Virginia access care.

8.76 million veterans are served annually in 1,700 Veterans Affairs (VA) sites across the U.S.

In Fiscal Year (FY) 2015, more than 1.6 million veterans received specialized behavioral health treatment from VA; this number has risen each year from over 900,000 in FY 2006. This increase may be attributable to proactive screening to identify Veterans who may have symptoms of depression, Posttraumatic Stress Disorder (PTSD), alcohol abuse or Military Sexual Trauma (MST) [source: VA Mental Health Fact Sheet, 2016].

From 2005 to 2015, the number of women veterans enrolled in VA health care increased 83.9 percent, from 397,024 to 729,989. [source: VA Report: The Past, Present and Future of Women Veterans, February 2017].

Not all veterans are eligible for care through VA, and some veterans choose not to seek care because of the location of the medical centers and clinics, stigma, or having private insurance. Community-based service providers may be the first choice for some military members, veterans, and their families.

MILITARY MEMBERS AND VETERANS SERVED BY COMMUNITY SERVICES BOARDS
Total: 4,695

Legend
FY16 Military Members and Veterans Served
- >100
- 100 - 200
- 201 - 277

Number of Veterans by CSB Region
- 841 - 16,053
- 16,054 - 31,260
- 31,261 - 46,476
- 46,479 - 61,690
- 61,691 - 76,902

*Note: This map does not include the Veterans Affairs Medical Center (VAMC) locations in DC, Martinsburg, Beckley, Durham, and Mountain Home that some veterans in Virginia access care.
UNIQUE BEHAVIORAL HEALTH SERVICE NEEDS OF NATIONAL GUARD AND RESERVISTS

National Guard (NG) and Armed Forces Reserve (AR) service members cope with unique challenges in comparison to their active duty counterparts. Many NG and AR soldiers who are not on active federal service live in remote locations around the state, and their families do not always have access to, or qualify for, military-provided medical and behavioral healthcare services. After military missions and deployments, NG and AR service members reintegrate into their civilian lives and may face challenges without military supportive services.

Because of the lack of access to military-provided services and the financial strain that might result, it is crucial that community behavioral healthcare providers prioritize outreach and services to NG and AR military families to assist in ensuring that a behavioral health service network is available.

Military service members and veterans can be at higher risk for behavioral health concerns such as Post Traumatic Stress Disorder, traumatic brain injury, Military Sexual Trauma, anxiety, depression, and substance use disorders. The Virginia National Guard 2016 Unit Risk Survey data presented below compares high-risk behaviors in 7,000 Virginia NG members to NG members across all states. Though state averages are lower, in 2016, survey responses continue to demonstrate significant risk for alcohol overuse and suicide. Although behavioral health risk is improving, rates reflect continued challenges.

<table>
<thead>
<tr>
<th>Risk Category</th>
<th>2016 Virginia Average</th>
<th>2016 All States Average</th>
<th>2015 Virginia Average</th>
<th>2015 All States Average</th>
<th>2014 Virginia Average</th>
<th>2014 All States Average</th>
<th>Hazards / Individual Risk Level</th>
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</thead>
<tbody>
<tr>
<td>Alcohol Use Disorders</td>
<td>7% 10% 10% 11% 11% 14%</td>
<td>Problem Drinkers - Respondents in the unit were identified as problem drinkers by the Alcohol Use Disorders Identification Test (AUDIT) using questions 1-10.</td>
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<td>Financial Problems</td>
<td>17% 20% 22% 22% 24% 25%</td>
<td>Have been in financial trouble.</td>
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<td>Suicide</td>
<td>4% 5% 5% 5% 5% 6%</td>
<td>Have had suicidal thoughts</td>
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<td>27% 34% 36% 34% 36% 32%</td>
<td>Of those having suicidal thoughts made a plan</td>
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<td></td>
<td>1% 1% 1% 1% 1% 1%</td>
<td>Have attempted suicide</td>
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<td>20% 23% 24% 23% 25% 24%</td>
<td>Do not have enough time to relax due to job demands.</td>
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</table>
The most common behavioral health problems for OEF/OIF/OND veterans are PTSD, depressive disorders, generalized anxiety disorder, alcohol use disorders, and drug use disorders.¹

Based on a study of 800 OEF/OIF/OND veterans receiving care within VA and Community Systems²

70% screened as having a behavioral health (BH) problem

30% of those screening positive for behavioral health problems report receiving adequate BH care

~50% of those who need BH treatment received it


What we know

“OEF/OIF/OND veterans are struggling with behavioral health concerns but are not receiving adequate care to address these concerns.” ²

The Military Times Report - September 11, 2015

"Negative perceptions of mental health conditions and treatment continue to keep troops and veterans from seeking care, but the issue is larger than just the stigma of a diagnosis; it is complicated by concerns over keeping their careers and not wanting to be medicated."

WHAT CAN YOU DO?

Service members, veterans, and their families report that navigating resources for behavioral healthcare is a serious challenge. Our aim is to reach all veterans and their families in need, wherever they are in the Commonwealth, by achieving the following wide-reaching goals:

1. **Provide training resources on military cultural competence and behavioral health needs of Service Members, Veterans and Families (SMVF) to Community Services Board staff.**

   **MILITARY CULTURAL COMPETENCE (MCC):** In order to communicate and effectively interact with SMVF, it is essential that civilian service providers have an understanding of military culture, including organizational structure, rank, branches of service, core values and demographics.

   **MCC TRAINING RECOMMENDATION**
   The Virginia Department of Behavioral Health and Developmental Services and Virginia Department of Veterans Services recommends that all Community Services Board (CSB) staff receive introductory MCC training to increase the number of service members, veterans, and families identified at intake and to enhance service delivery and resource connections for this priority population. It is recommended that CSB staff receive one introductory MCC training at hire as part of new staff training and annual updates thereafter. It is also highly recommended that direct service staff receive more in-depth trainings in MCC, assessing behavioral health concerns among SMVF, and recommended treatments.

2. **Support Virginia’s multi-agency Ask The Question Outreach Campaign.**

   Goal of the campaign is to increase awareness of behavioral health and supportive resources for SMVF by coordinating systems, stakeholders, advocates and partners.

   **WARRIOR ETHOS**
   I WILL ALWAYS PLACE THE MISSION FIRST
   I WILL NEVER ACCEPT DEFEAT
   I WILL NEVER QUIT
   I WILL NEVER LEAVE A FALLEN COMRADE
ASK, LINK, AND COLLABORATE!

VIRGINIA’S ASK THE QUESTION CAMPAIGN

Goal: To improve service delivery and intake data accuracy for identified Service Members, Veterans, and Families (SMVF) in Community Services Boards (CSBs)

Steps:

1. **ASK** “Have you or a family member ever served in the military?”
   - Question should be posed at multiple entry points for CSB services (i.e. call center, initial assessment, emergency services, medical assessments, and other entry points)

2. **LINK** – SMVF with a provider in your agency that has been trained in military cultural competency for needed services
   - Direct Services Provider should assess for a connection between military service and service/support needs

3. **COLLABORATE** – with military/veteran-specific resources to meet all service needs of SMVF
   - Dept. of Veterans Services Virginia Veteran and Family Support program; disability, education, and employment benefits; VA services; military installation programs etc.

For more information please visit websites for
CASE STUDIES: ACCESS TO COLLABORATIVE TREATMENT AND SUPPORTIVE SERVICES

Chris, an Army veteran who served in Iraq and Afghanistan, connected with the Department of Veterans Services’ Virginia Veteran and Family Support (VVFS) program for employment and financial assistance. Chris stated getting care at the local Veteran Affairs Medical Center was difficult due to travel barriers. During the initial comprehensive assessment, Chris disclosed that he was facing marital issues and imminent job loss. He also reported thoughts of suicide. VVFS acted quickly to initiate support from the local Community Services Board (CSB). In a collaborative effort between the CSB and VVFS, Chris’s family was able to access family counseling within the CSB and VVFS connected him with employment resources. VVFS monitored service delivery and supported the family in the weeks that followed. Chris found steady employment and his relationship improved through CSB counseling. With support, the family was able to transition from crisis to stability in the community.

Andrea, a Virginia Army National Guard service member, connected with Virginia Veteran and Family Support (VVFS) for assistance with transition challenges. Andrea spoke of issues within the family upon her return from a lengthy training separation. In recent years, Andrea and her partner had experienced multiple separations due to military deployments. VVFS provided a comprehensive assessment to the family and a referral to the VVFS Mission: Healthy Relationships workshop. The couple attended the workshop, which focuses on communication and resilience skills building. During the workshop, the couple requested additional counseling, and VVFS linked them to the CSB for services. The entire family unit was also linked to a VVFS Mission: Healthy Family workshop. Through the workshops and ongoing counseling, the family was able to continue working on their transition challenges in a healthy and progressive manner.
# BEHAVIORAL HEALTH SERVICES NETWORK IN VIRGINIA

<table>
<thead>
<tr>
<th>BEHAVIORAL HEALTH RESOURCE</th>
<th>SERVICES DESCRIPTION AND LOCATIONS</th>
<th>ELIGIBILITY</th>
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</thead>
<tbody>
<tr>
<td>Community Services Boards (CSBs)</td>
<td>Public Behavioral Health Centers, 40 agencies statewide that offer mental health, substance abuse, and developmental disability services.</td>
<td>Must be a Virginia resident, open to all Veterans, Service Members, and Families.</td>
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<tr>
<td>Virginia Veteran and Family Support</td>
<td>Program of the Virginia Dept. of Veterans Services. Staff locations statewide that offer peer and family support, needs assessment, and linkage to needed behavioral health, rehabilitative, and supportive services.</td>
<td>Must be a Virginia resident, open to Veterans, Service Members (not in Active Federal Service), and Families.</td>
</tr>
<tr>
<td>Veterans Affairs Medical Centers (VAMCs)</td>
<td>U.S. Dept. of Veterans Affairs Medical Centers (VAMCs) are full service hospitals which also have behavioral health services. VAMCS are located in Roanoke, Richmond, and Hampton Virginia.</td>
<td>Veterans – specific eligibility and priority based on military discharge status, active duty service time, service era and other details. Not all veterans will be eligible, please confirm individual cases.</td>
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<tr>
<td>Veterans Affairs Community Based Outreach Clinics (CBOCs)</td>
<td>U.S. Dept. of Veterans Affairs CBOCs are smaller treatment clinics with select outpatient medical, behavioral health, and supportive services (individual agency services may vary). CBOCs are located in Fredericksburg, Charlottesville, Emporia, Albemarle, Chesapeake, Virginia Beach, Danville, Lynchburg, Staunton, Tazewell, and Wytheville Virginia.</td>
<td>Veterans – specific eligibility and priority based on military discharge status, active duty service time, service era and other details. Not all veterans will be eligible, please confirm individual cases.</td>
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<tr>
<td>Veterans Affairs Vet Centers</td>
<td>U.S. Dept. of Veterans Affairs Vet Centers are outpatient behavioral health centers that offer treatment and counseling services for military-related issues. Vet Centers are located in Alexandria, Richmond, Roanoke, Norfolk, and Virginia Beach Virginia.</td>
<td>Veterans and impacted family members - Veteran must have served in any combat zone and received a military campaign ribbon (Vietnam, Southwest Asia, OEF, OIF, etc.).</td>
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<tr>
<th>Training Area</th>
<th>Training &amp; Options</th>
<th>Mode</th>
<th>Staff to be trained</th>
<th>% of Staff Trained</th>
<th>Frequency of Training</th>
<th>Notes</th>
<th>Competency/Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Military Cultural Competency (MCC) - Introductory</td>
<td>Center for Deployment Psychology and Veterans Affairs - 75 minute MCC overview training. <a href="http://deploymentpsych.org/online-courses/military-culture">Access</a></td>
<td>Online</td>
<td>All Community Services Board (CSB) staff should have one Introductory MCC training</td>
<td>100%</td>
<td>At Hire/Annual Updates</td>
<td>Course Description: This interactive online training course provides an overview of military culture to include organizational structure, rank, branches of service, core values, and demographics as well as similarities and differences between the Active and Reserve components. It is intended to assist civilian mental health providers in better understanding, communicating and effectively interacting with Service members and their families. CE credits available.</td>
<td>Competencies: 1. To explain the military rank structure and organization and distinguish the primary mission and core values of each branch of service. 2. To describe differences and similarities between Active and Reserve components. 3. To discuss demographic characteristics of Service members. 4. To recognize general and deployment-related military terms. <strong>Outcome:</strong> Documentation of completed staff trainings. An increase in identification of military personnel, veterans, and their families.</td>
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<tr>
<td>Military Cultural Competency (MCC) - Introductory</td>
<td>Psych Armor MCC trainings - multiple training options divided into 10 min to 1 hr self-paced online segments: [Veteran 101 - DoD](20 minutes); [Veteran 101 - Service Branch Overview](20 min); [Veteran 101 - Military Culture](30 min); [Veteran 101 - Laws and Regulations](10 min); [Veteran 101 - Officer vs. Enlisted](35 minutes); [Veteran 201 - Military Lingo &amp; Discharges](20 min); [Veteran 201 - Timeline of Wars](45 min); [Veteran 201 - Profession vs. Occupation](35 min); [Veteran 201 - Veterans (20 min)]; [Veteran 201 - Military Families](60 min). <a href="http://psycharmor.org/military-culture">Access</a></td>
<td>Online</td>
<td>All CSB staff should have one Introductory MCC training</td>
<td>100%</td>
<td>At Hire/Annual Updates</td>
<td>Course Description: Free, requires online user registration for access. CE credits available.</td>
<td>Competencies: 1. To take a look inside to the lifestyle of service members and their families. 2. To learn about the historic culture and ingrained values of the U.S. Armed Forces. 3. To gain exposure to the latest research and trends on veteran-specific issues. 4. To learn from nationally-recognized subject matter experts. <strong>Outcome:</strong> Documentation of completed staff trainings. An increase in identification of military personnel, veterans, and their families.</td>
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<tr>
<td>Military Cultural Competency (MCC) - In-Depth</td>
<td>Psych Armor MCC trainings - training options (in addition to the Veteran 101 and 201 courses) divided into self-paced online segments: 15 Things Veterans Want You to Know (45 min); Invisible Wounds of War Overview (30 min); Comprehensive Post Traumatic Stress Disorder (3 hours); Suicide in the Military (60 minutes); Connecting with the VA (60 minutes); Military Sexual Trauma (60 minutes); Inner Conflict and Survivor's Guilt (60 minutes); Rural Veterans (25 minutes), Building a Military Veteran Practice (20 minutes) and many more!</td>
<td>Online</td>
<td>Direct services staff working with military, veterans, and their families including (but not limited to) medical program staff, emergency services staff, peer staff, case managers, and clinicians</td>
<td>To be determined by individual CSBs.</td>
<td>To be determined by individual CSBs.</td>
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<td>Virginia Department of Veterans Services - In-Person training, 90 minutes</td>
<td>In Person, free and available statewide by request to Virginia Department of Veterans Services (DVS). DVS will offer at least annually in each CSB region and by request.</td>
<td>Direct services staff working with military, veterans, and their families including (but not limited to) medical program staff, emergency services staff, peer staff, case managers, and clinicians</td>
<td>To be determined by individual CSBs</td>
<td>Course Description: Free, requires online user registration for access. CE credits available. Psych Armor has an extensive training library including in-depth trainings for healthcare professionals, caregivers and families, employers, volunteers, and educators. Veteran 101 and 201 courses are recommended as prerequisites for the in-depth courses.</td>
<td>Competencies: 1. To take a look inside to the lifestyle of service members and their families. 2. To learn about the historic culture and ingrained values of the U.S. Armed Forces. 3. To gain exposure to the latest research and trends on veteran-specific issues. 4. To learn from nationally-recognized subject matter experts. Outcome: Documentation of completed staff trainings. An increase in identification of military personnel, veterans, and their families.</td>
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<tr>
<td>Military Cultural Competency (MCC) for Healthcare Professionals - In Depth</td>
<td>Center for Deployment Psychology and Veterans Affairs - 8 hour (4 module) training. Module 1: Self-Assessment and Introduction to Military Ethos; Module 2: Military Organization and Roles; Module 3: Stressors and Resources; 4. Treatment Resources and Tools. Access: <a href="http://deploymentpsych.org/military-culture-course-modules">http://deploymentpsych.org/military-culture-course-modules</a></td>
<td>Online</td>
<td>Direct services staff working with military, veterans, and their families including (but not limited to) medical program staff, emergency services staff, peer staff, case managers, and clinicians</td>
<td>To be determined by individual CSBs.</td>
<td>To be determined by individual CSBs.</td>
<td>Course Description: The primary audience for the curriculum is mental health professionals employed by the VA or DoD, but the curriculum is intended to benefit any health care professional who serves members of the military, Veterans, or members of their families, regardless of setting. This includes physicians (including psychiatrists’), psychologists, nurses, social workers, and counselors. Competencies: 1. To identify factors that shape opinions about the military and military service. 2. To analyze potential prejudices and biases that you may hold related to military culture, Service members, and/or Veterans. 3. To evaluate the possible impact of military culture and military ethos on a Service member’s, Veteran’s, and/or Family member’s sense of self, others and worldview. 4. To assess how military ethos impacts clinical presentation and interactions you have had with Service members, Veterans, and their families. 5. To describe how military ethos may contribute to stigma, help seeking, and health behaviors. Outcome: Documentation of completed staff trainings. An Increase in identification of military personnel, veterans, and their families.</td>
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