



Toolkit for Addressing Barriers to Veteran Well-Being Using An Integrated Care Approach

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ABOUT THE PROGRAM

Clinical Scholars is a national leadership program of the Robert Wood Johnson Foundation led by the University of North Carolina at Chapel Hill. Learn more about RWJF's Leadership for Better Health programs by visiting: rwjf.org/leadershipforbetterhealth

ABOUT THE TOOLKIT

The purpose of this toolkit to illustrate a community-based, trauma-informed approach to Veteran and First-Responder wellbeing using an integrated care model.

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Limited availability of culturally sensitive and effective options for mental health care for military Veterans from all eras represents a major public health issue. Recent wars in Iraq and Afghanistan mark the longest sustained ground combat operations in U.S. history. Roughly 200,000 Veterans are now transitioning annually from military life to civilian roles and responsibilities. Because those who have served in the U.S. Armed Forces comprise a historically low 1 percent of the general population, Veterans in this all-volunteer era shoulder heavy emotional, physical, and spiritual burdens that increase risk for substance abuse, post-traumatic stress, and other health-related conditions. In turn, healthcare leaders throughout the U.S. are struggling to develop equitable solutions to enhance access, delivery, and outcomes of mental health services for Veterans.

Despite innovative solutions by the Veterans Health Administration (VHA), most Veterans who struggle with mental health issues do not pursue treatment. In many cases, Veterans turn to alcohol/drugs to manage stress reactions, depression, chronic pain, and other chronic health conditions. In turn, a mutually reinforcing process can follow that reduces the likelihood of recovery on all fronts. These issues are magnified in southwest Alabama. Of the half-million people who live within 20-miles of metro Mobile, 10 percent are Veterans. Needs assessment projects conducted by members of the project team suggest 30-50 percent of local Veterans need effective services for substance abuse, post-traumatic stress, depression, and/or suicidal behavior. Yet, almost half of them have not received mental health services since leaving the military.

Trauma-informed, peer-infused, for Veteran by Veteran

Our team continues to implement and refine a cost-efficient strategy to infuse peer support and community engagement into evidence-based mental health care for Veterans, first responders, and family members with substance abuse, post-traumatic stress and related issues. Formed by Veterans, for Veterans, Veterans Recovery Resources (VRR) continues to accelerate Veteran well-being by removing barriers to high-quality, compassionate, and affordable care to create a vibrant community of healthy Veterans, their families and caregivers who support each other over a lifetime, enhancing health, equity, and economic development on the Gulf Coast.

To date, we offered evidence-based counseling, primary care, and/or peer support services to over 400 Veterans, family members, and first responders in our patient-centered, holistic, and long-term approach to mental wellness. In an effort to continue to pursue our mission amid the COVID-19 pandemic, we rapidly accelerated our reliance on videoconferencing and other avenues of telehealth for providing our continuum of clinical services.



**VETERANS RECOVERY
RESOURCES**

Unfortunately, even when Veterans have access to evidence-based care, they often do not seek help or respond favorably due to self-stigma, poor synchrony with treatment procedures, or lack of long-term supportive care.

In turn, poor mental health then perpetuates chronic medical complaints.

When such issues are not addressed, Veterans often experience an erosion of resources and connections in life that may partly explain the epidemic of 20 suicides daily in this population.

Planning

Planning began in 2016 with a large scale needs assessment conducted in collaboration with the Community Foundation of South Alabama. Several barriers to Veterans seeking mental healthcare were identified, including difficulties Veterans have navigating the current healthcare systems. In addition to learning the problems, we heard from Veterans what components they desired in a mental healthcare program. Veterans in our region wanted a clinical service program that was predominantly staffed by other Veterans who had 'walked in their boots' and understood military life and the transition from military life to civilian life.

It was noted that there was no integrated, trauma-informed and peer led system for the treatment of Veterans or first-responders in the area. The provision of seamless care infused with peer support was selected as the best aligned solution to this problem. The needs assessment informed a clinical framework that was Veteran-informed, faith-based, adaptive to the individual, and offered a comprehensive continuum of care (Figure 1). Our mental health wellness program is comprised of three phases. Phase one offers immediate treatment emphasizing stabilization and safety. Phase two supports Veterans in understanding the complex trauma and loss that continues to wound and developing trauma-informed coping strategies. In phase three, Veterans redefine normal and their place in their families and community. VRRs strategic plan was to begin with Veteran-informed and infused outpatient services and eventually develop inpatient services.



TEAM COMPOSITION

- John Kilpatrick, Executive Director, LCSW
- Jeremy Fletcher, Director of Community Integration, Physical Therapist*
- Joseph Currier, Clinical Director, Clinical Psychologist*
- Erin Lunn, Director of Community Education & Training, Physician Assistant*
- Marjorie Scaffa, Director of Program Development, Occupational Therapist*
- Joshua Moore, Peer Mentor, ALC
- Lloyd Michael Austin, Peer Support Specialist
- Lori Renner, LCSW, RN

**Clinical Scholars Fellows*

Figure 1:

Phases	(#1) Safety & Stabilization	(#2) Revisit & Heal	(#3) Belonging & Meaning
Health Domain	Physical, psychological, environmental	Psychological	Relational, spiritual
Setting	Residential Program		
	Outpatient Clinic		
Clinical Services	Primary Medical		
	Individual Therapy / Counseling		
	Group Therapy		Group Therapy
	12-Step Program		12-Step Program
	Therapeutic Support, PT, OT		Therapeutic Support, PT, OT
Peer Support Services Every Step of the Way			
Healthy, Fun, Physical Community & Volunteer Activities			

KEY SKILL SETS

The skills needed to complete a project such as this include the coordination of a multi-disciplinary team and collaboration with stakeholders in the community encompassing a variety of backgrounds and skills. When originally preparing for this grant application, it was agreed that an interdisciplinary approach would be necessary to provide a comprehensive, holistic approach to Veteran health. Our team consisted of a Physical Therapist, Occupational Therapist, Clinical Psychologist, and Physician Assistant, and Peer Support Specialists. Our Peers were key personnel in assisting our Veteran population and provided the most support in the removal of barriers to care from transportation to their visits and weekly check-ins with their clients. As the project began to develop, it was observed that additional peers would be needed, and therefore a peer network was established to include a leading peer supervisor. Other key skills included a team member with a degree in public health which allowed the team to focus on the wicked health problem from a community standpoint.

FUNDING

Outside of the generous grant from Clinical Scholars, a program of the Robert Wood Johnson Foundation, funding for our work has come from a variety of sources. Local resources have included individual and corporate donors, and our local Community Foundation of South Alabama. The City of Mobile has committed funding in support of our inpatient residential program through Community Development Block Grant (CDBG) fund appropriations. Our local county officials have committed discretionary funding to support operational and building expenses. Nationally, the Cigna Foundation has provided multi-year grant funding for the development and sustainment of our innovative peer support program.

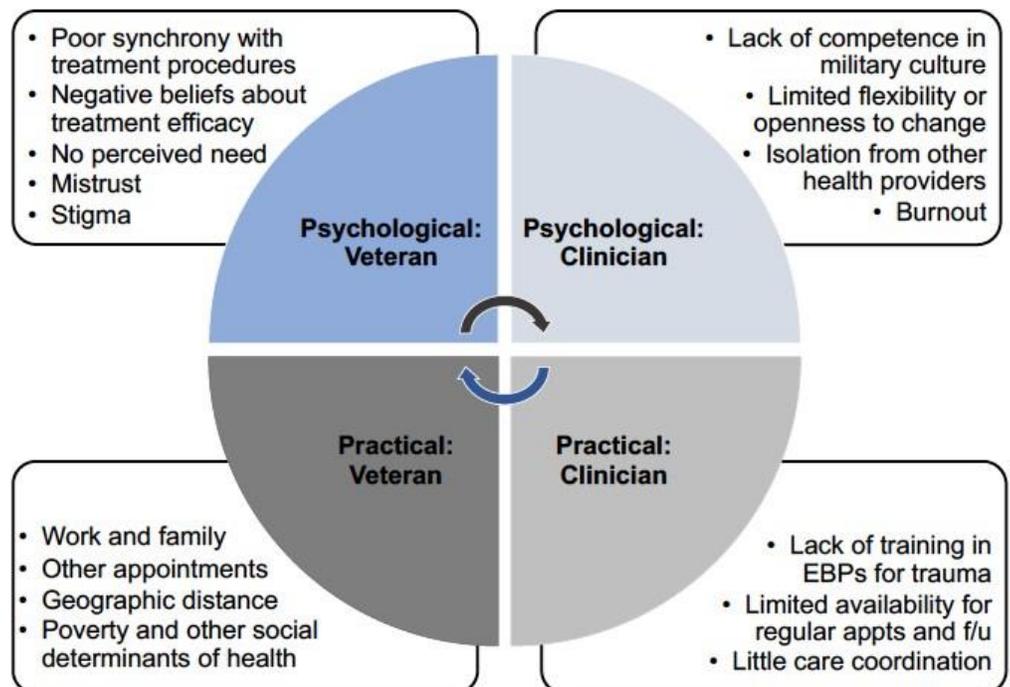
More recently, we have received funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) to become a Certified Community Behavioral Health Clinic. This opportunity will allow VRR to expand the outpatient services by hiring additional personnel to include a psychiatrist, as well as expand our reach and services within the community.

Project work

Current and future services provided by VRR include outpatient and inpatient treatment, peer support, and community integration activities.

COMMUNITY PARTNERSHIPS

Community engagement is critical to our work. Community partnerships were developed with local (city/county), state, regional, and national partners. Partnerships allow VRR to address unmet practical, medical and social needs of our Veterans, First Responders, and family members while simultaneously positively influencing our local mental health systems of care. Examples of community partnerships include the Baldwin County Veterans Court system, Mobile Fire and Rescue Department (city), Alabama Fire College (state), and America’s Warrior Partnership (national).



OUTPATIENT SERVICES

The outpatient clinic at Veterans Recovery Resources (VRR) was opened in November 2018. Since that time, we have expanded our peer support services, and developed and implemented an intensive outpatient program. The outpatient clinic provides integrated, trauma-informed services and will eventually be a transitional site for those needing inpatient to outpatient rehabilitation. The clinical services will continue to be expanded over time with the addition of a full-time primary care provider and additional peer support specialists.

The Intensive Outpatient Program (IOP) is a rehabilitation approach for substance abuse and other mental health challenges designed to enable the Veteran to achieve and maintain abstinence, develop a support system, improve problem-solving skills, and address psychosocial issues such as housing, employment, and parenting. The program consists of 3 sessions per week of 3 hours each, meeting in the late afternoon and early evening. The manualized treatment is based on Acceptance and Commitment Therapy and runs for 3 months. Participants can complete the program multiple times if desired and/or indicated. Intensive outpatient treatment allows the Veteran to remain in the community, continue living at home and working and/or going to school while attending the program. The hope is that some of the graduates of the IOP will become peer support specialists in the future.

INPATIENT SERVICES

A local, dedicated inpatient residential and detox facility is the next line of effort in the treatment of substance abuse and mental health. The groundbreaking ceremony for this facility occurred in December 2020 and the anticipated project completion date is Fall of 2022. Additional funding is necessary to develop this property as well as hire additional staff to include a full-time physician, with a background in psychiatry and/or an addiction specialist. This will expand our reach not only within the local community, but also throughout the state and Gulf Coast region for Veterans, first responders and family members suffering from mental health conditions, as well as substance use disorders. The inpatient facility will also be a safe place in the community for Veterans to gather and find mentorship and comradery.

PEER SUPPORT

Veterans experiencing anguish related to the mental, physical, emotional, and spiritual wounds of war tend to isolate themselves from society. Peer support services provide a flexible and adaptable solution to meeting a Veterans need along their path to recovery. Regardless of the stage of readiness to change, a peer support specialist can extend care beyond the walls of a traditional clinic setting, entering the life space of the Veteran. Peer support specialists serve the roles of ally and advocate on the often-intimidating road of recovery. VRR provides peer support training and incorporates Veteran peer support specialists in every aspect of business, clinical, and programmatic development.

VOICES OF VETERANS RECOVERY RESOURCES



[Click to watch their videos on YouTube](#)

COMMUNITY INTEGRATION

The primary goal of the Community Integration Program (CIP) is to further decrease substance use disorders, co-occurring mental health conditions, and Veteran suicide in South Alabama, by facilitating community integration and engagement for Veterans through peer recovery support services, and partnerships with community agencies and organizations. Veteran peer support specialists play a crucial role in offering recovery support, navigation services, and linkages to housing and other services in the community. To achieve this end, VRR's CIP is designed to:

- Increase employment opportunities for Veterans
- Increase Veteran participation in volunteer activities, and community, cultural, and recreational opportunities
- Increase alignment of community-based health care organizations to meet the physical and mental health needs of Veterans
- Increase the provision of integrated primary care and mental health services for Veterans
- Increase secondary prevention efforts to identify and refer at-risk Veterans, First Responders, and family members to appropriate services in the community

An important component of the CIP is the Community Advisory Council. The primary purpose of the VRR Community Advisory Council (CAC) is to advise VRR's leadership team toward the successful execution of its mission. Activities of the CAC may include providing input on program planning and development, fundraising, policy development, and public relations. The CAC is composed of a broad and diverse group of individuals with an array of racial and ethnic backgrounds, skills and experiences.

Evaluation and dissemination

We rely on three lines of evaluation of program outcomes to ensure that clients received high-quality care, services are continually improving efficacy, and we are responsive to the needs of our community.

First, beginning with a baseline assessment that every client completes before the first encounter (see Appendix D for copy of intake assessment), clinical outcomes are systematically assessed at 3-month and 6-month intervals with validated instruments administered via online surveys (REDCap), phone calls, and face-to-face visits to the outpatient clinic. Information from these assessments are used to:

1. Develop care plans responsive to Veterans' preferences, values, and needs;
2. Track progress in recovery journeys and responses to care; and
3. Continually improve Veteran satisfaction and quality of services.

The psychometrically validated outcome measures capture targeted indices of physical, psychological, relational, and spiritual health.



COMMUNITY ADVISORY COUNCIL

Members of the CAC represent a heterogeneous group of Veterans, first responders and family members. Desired characteristics of VRR CAC members are:

- A lived experience of suffering, pain, or addiction
- A desire to serve the community of Veterans, First Responders, and Family Members
- A personal testament to the impact (positive or negative) a Veteran, first responder, or family member has made on their life
- Skills, abilities, or relationships that align with the VRR strategic plan
- A commitment to adhere to VRR values and principle

Second, we rely on several means of gathering information from clients and stakeholders about the efficacy of care and satisfaction with our services via a community participatory approach. The Community Advisory Council (see above) is one means of tracking perceptions, our reputation, and quality of care, and identifying and remediating any problems. We also periodically collect client satisfaction surveys, and plan to coordinate a second community health needs assessment survey that will rely on focus groups and stakeholder interviews. Looking ahead, we also plan to develop a brief assessment that captures the outcomes of the peer support program in a manner that honors preferences and needs of our Veteran stakeholders. While we are currently exploring technology options (e.g., SMS messaging, cell phone app) for disseminating the assessments, we aim to pilot an innovative strategies utilizing social networks to allow Veteran peers to track the weekly progress and functioning of their “battle buddies” for the main purpose of providing support, problem-solving, and feedback. In addition, information from these repeated assessments will enhance our peer support services as well as advance the knowledge base about strategies for overcoming this wicked problem in other areas of the country.

Third, all clinicians and peer support specialists assume a person-centered approach to their professional role as well as relying on measurement-based care. In so doing, persons receiving services are invited to share concerns and preferences on an ongoing basis. As part of the treatment planning process, clinicians also identify individualized outcomes and goals that align with client needs and preferences. In turn, results from routine outcomes monitoring are used to inform and adapt treatment on a case-by-case basis. Information derived from client feedback is then also used to continually improve the quality of care in our organization.

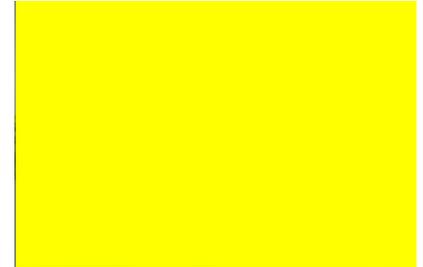
PRESENTATIONS

International

- Lunn, E, & Currier, J, (2020). Veterans Recovery Resources: Providing Trauma Informed Care with a Community-Based Integrated Behavioral Health Approach. Poster presented at the 36th Annual International Society for Traumatic Stress Studies, Atlanta, GA.
- Hinkel, H.M., Isaak, S.L., & Currier, J.M., Manalo, M., & Stevens, L.T. (2020). Moral Injury predicts pain intensity and interference among treatment-seeking Veterans in an integrated behavioral health clinic. Poster presented at the 36th Annual International Society for Traumatic Stress Studies, Atlanta, GA.

National

- Lunn, E, Currier, J, Fletcher, J, Scaffa, M, Veterans Recovery Resources: Providing Trauma-Informed Care with a Community-Based Integrated Behavioral Health Approach. Robert Wood Johnson Foundation Clinical Scholars, University of North Carolina, Chapel Hill, Virtual, October, 2020.



WEBSITE AND SOCIAL MEDIA

- veteransrecoveryresources.org
- [VRR Facebook](#)
- [VRR LinkedIn](#)
- [VRR Instagram](#)

PUBLICATIONS

- Scaffa, M., Fletcher, J. & Kilpatrick, J. (2020). Community reintegration services for military veterans. In M.E. Scaffa & S.M. Reitz, Occupational Therapy in Community and Population Health Practice. Philadelphia, PA: F.A. Davis.
- Scaffa, M. E. (2020). Enhancing the health and well-being of veterans through community-based occupational therapy services. *SIS Quarterly Practice Connections*, 5(4), 17–19.
- Lunn, E, Currier, J, Fletcher, J, & Scaffa, M. (2021). Toolkit for Addressing Barriers to Veteran Well-Being Using an Integrated Care Approach. *Clinicalsolarsnli.org*. July 2021

Challenges, successes, and lessons learned

CHALLENGES

- COVID pandemic-implementation of telehealth
- Sustainability: Multiple grant applications, community investment for our organization. Engaged at the state, regional and local levels. Using consulting funds to develop creative and innovative revenue models and funding mechanisms.
- Strategically communicating our value proposition
- Developing our communications plan with partners in the community
- Social Media Campaigns
- Current mental health systems not meeting the needs of the community

SHIFTS IN THINKING

- Expanding our services to other populations, including first responders
- Expanding consulting capabilities to increase revenue
- Adapting to the changing environment of our community to build long-term capacity
- Meeting the community and individuals where they are to bring about a culture of change to improving mental health
- Adapting and evolving the roles of the team to meet the needs of the community and organization

SUCCESSSES

- Development of a peer support program and culture of change in the Mobile Fire and Rescue Department
- Recognition by local, state, and federal funding sources on the accomplishment of our program's ideas and commitment to our mission
- Maintaining team relationships in high times and in low times
- Securing grant funding to ensure sustainability
- Our culture and our mission continue to set us apart



LESSONS LEARNED

- The importance of continuously asking for feedback from the community and being flexible and adaptable to change
- Using community based participatory approaches to problem solving to increase efficacy
- Implementing and disseminating information on trauma informed care to our staff and in the community
- Offering free education and training events on mental health
- Social determinants of health are key elements in decision-making processes
- Too much training, too little time

BARRIERS

- Mistrust in the current mental health system in the community
- Status quo environment and the need to change the system
- Majority of funding goes to systems that only benefit certain populations furthering the gap for individuals that do not meet certain criteria

Recommendations

Recommendations to pursue a successful project such as this would first include a needs assessment in your community. We recommend against making assumptions about the community's real or perceived needs. Explore resources on how to conduct a community needs assessment. The information gathered will inform the organization on the current barriers and gaps in healthcare in the area and allow you to build unity in solving your wicked problem. Your solution to the wicked problem should align with the organization's mission and culture. Gathering key community stakeholders will assist in supporting the project at local, state, regional and national levels. Other crucial elements would include developing a team of interdisciplinary professionals that also integrates peer support, to provide a holistic and thorough plan for each individual client. Training in trauma-informed care practices and acceptance and commitment therapy for all staff/clinicians has been a crucial element in our project allowing for a shared culture and vision within our organization. A participatory and adaptive approach to leadership empowers individual staff to further develop and refine the organization's programs and activities.

WHAT WE WISH WE WOULD HAVE KNOWN

- Embedded concepts and issues related to systemic racism affect the ability of a community to gain consensus and work together.
- Trauma is pervasive. It is a barrier that, if not well understood, can hinder your work in communities.
- Strategies for promoting cultural change and overcoming systemic and political barriers to accomplishing our mission.
- The culture of other organizations in the community can positively or negatively affect our working relationships with them.

ADVICE

- Always look for an opportunity to challenge your understanding.
- Check your ego at the door.
- Choose your teammates wisely and carefully. Be ready to do whatever it takes to be successful.
- Working with communities and culture change requires patience. Everything takes much longer than you think to accomplish.



BEST PRACTICES

- Interdisciplinary team
- Trauma-informed care
- Shared culture
- Peer support
- Mindfulness
- Self-care

ADDITIONAL RESOURCES

- [Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery | RAND](#)
- [Ready to Serve: Community-Based Provider Capacity to Deliver Culturally Competent, Quality Mental Health Care to Veterans and Their Families](#)
- [Evaluation of the Department of Veterans Affairs Mental Health Services](#)
- [2020 National Veteran Suicide Prevention Annual Report](#)
- [ACT Made Simple: An Easy-to-Read Primer on Acceptance and Commitment Therapy \(9781684033010\): Harris, Russ: Books](#)

Appendix

[APPENDIX A: BOOTS TO BOOKS REPORT](#)

[APPENDIX B: TRAUMA INFORMED CARE ASSESSMENT](#)

[APPENDIX C: CULTURAL ASSESSMENT](#)

[APPENDIX D: CLIENT INTAKE ASSESSMENT](#)