



Community Health &  
Research Center

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Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans Policy Section _/#_	Ana Dutcher Quality Assurance Manager	5/12/2023	5/30/2023	Page 1 of 5

<b>Approved By:</b> Mona Makki	<b>Title:</b> Community Health and Research Center Director
<b>Signature:</b> <i>Mona Makki</i>	<b>Date:</b> 5/30/2023

## I. POLICY

It is the policy of ACCESS Community Health and Research Center (ACCESS CHRC), as a Certified Community Behavioral Health Clinic (CCBHC), to be committed in providing intensive, community-based mental health care services to members of the US Armed Forces and Veterans. ACCESS acknowledges the unique challenges and experiences faced by this population and strives to deliver services that are person-centered, trauma-informed, and aligned with best practices recommended by SAMHSA.

## II. PURPOSE

To provide a comprehensive and effective framework for ACCESS CHRC employees including contractors and subcontractors to deliver intensive, community-based mental health care services to members of the US. Armed Forces and Veterans. This policy aims to ensure accessible, culturally sensitive, and evidence-based programs that support the mental well-being, resilience, and successful reintegration of the US. armed forces members and veterans.

## III. APPLICATIONS

This policy applies to all ACCESS employees, interns and volunteers who provide support and treatment on behalf of the ACCESS CHRC.

## IV. PROCEDURES

### 1. Service Delivery:

- a. ACCESS shall provide a range of intensive, community-based mental health care services tailored to the specific needs of armed forces members and veterans, including individual therapy, group therapy, case management, peer support programs, and family counseling.



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- b. ACCESS shall ensure that services are accessible, culturally competent, and trauma-informed, integrating evidence-based practices such as Cognitive Behavioral Therapy (CBT), Eye Movement Desensitization and Reprocessing (EMDR), and Trauma-Informed Care.
- c. ACCESS shall establish guidelines for the frequency, duration, and intensity of services based on individualized assessments and treatment plans.

**2. Client Assessment:**

ACCESS ensures that

- 1. The individuals requesting services are asked if they have ever served in the U.S. military
  - a. For those affirming current or former service in the U.S. military; ACCESS shall:
    - i. Assign a case worker following Intake, unless the VHA has already assigned a Principal Behavioral Health Provider.
    - ii. Conduct a comprehensive assessment using an integrated Biopsychosocial Assessment (IBPS) to identify their mental health needs, trauma history, co-occurring disorders, social support systems, and functional impairment.
    - iii. IBPS reviews need for
      - 1. Housing
      - 2. Case management
      - 3. Supported employment
      - 4. Family psychoeducation
      - 5. Social skills training
      - 6. Illness management
      - 7. Pharmacological treatment
    - iv. Discuss with client all needs and provide options
    - v. Offer assistance with enrollment in the VHA for the delivery of health and behavioral health services.
    - vi. Complete LOCUS, if applicable
    - vii. Screen to determine stage of change, frequency of use, and optional treatment methods. Tools used are:
      - 1. Addiction Severity Index (ASI)
      - 2. Use Disorder Identification (Audit)
      - 3. Drug Abuse Screening Test

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## **2. Treatment planning:**

After assessing the needs, staff shall:

1. Develop a Treatment Plan and Individual Plan of Service (IPOS) as follows:
  - a. Staff shall collaborate with clients to develop individualized treatment plans that address their specific concerns, goals, and strengths, considering the results of the IBPS assessment and veteran's values and preferences.
  - b. Staff shall reassess treatment progress every 6 months, adjust interventions as necessary, and involve client in the decision-making processes.
  - c. Maintain regular contact with the veteran as clinically indicated as long as ongoing care is required.
  
3. The treatment plan shall cover the following:
  - a. Veteran's diagnosis or diagnoses and documents consideration of each type of evidence-based intervention for each diagnosis
  - b. Approaches to monitoring the outcomes (therapeutic benefits and adverse effects) of care, and milestones for reevaluation of interventions and of the plan itself.
  - c. Interventions intended to reduce/manage symptoms, improve functioning, and prevent relapses or recurrences of episodes of illness.
  - d. Services are determined in partnership with the individual/guardian and family through a person-centered planning process.
  
4. Coordination and development of the veteran's treatment plan incorporates input from the veteran.
  - a. When appropriate, the family, with the veteran's consent when the veteran possesses adequate decision-making capacity or with the veteran's surrogate decision-maker's consent when the veteran does not have adequate decision-making capacity.
  - b. If ACCESS staff suspects the veteran lacks the capacity to make a decision about the mental health treatment plan, they must ensure the veteran's decision-making capacity is formally assessed and documented.
  - c. For veterans who are determined to lack capacity, ACCESS staff must identify the authorized surrogate and document the surrogate's verbal consent to the treatment plan.



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5. The IPOS is revised
  - a. Every 6 months
  - b. And when necessary
  
6. Implementation of the IPOS is monitored and documented on an ongoing basis by
  - a. Tracking progress in the services delivered
  - b. The outcomes achieved
  - c. The goals attained

**3. Integrated Care:**

ACCESS CHRC shall ensure to:

1. Refer US Armed forced/ Veteran members to care or provide care through the VA Hospital
2. Coordinate between the care of substance use disorders and other mental health conditions for those who experience both
3. Coordinate between care for behavioral health conditions and other components of health care for all veterans

**4. Staff Training and competency:**

ACCESS ensures to:

- a. Provide specialized training to staff members on military culture, post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), substance abuse, and other mental health issues commonly experienced by armed forces members and veterans.
- b. Continuously support staff members' professional development, ensuring their competency in evidence-based practices, trauma-informed care, and cultural sensitivity when working with this population.
- c. Encourage staff members to engage in ongoing education, certifications, and professional networks related to military and veteran mental health care.
- d. Satisfy the current requirements of the VHA Uniform Mental Health Services Handbook by training psychiatrist, or independent prescriber to review and reconcile each veteran's psychiatric medications on a regular basis.
- e. Train all staff to communicate with the veteran (and family/friends as consented for) for addressing any of the veteran's problems or concerns about their care.

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## V. QUALITY ASSURANCE/IMPROVEMENT

ACCESS Quality Assessment and Performance Improvement Program (QAPIP) must:

- Include measures for both monitoring of and for the continuous improvement in quality of the program or process described in this policy.
- Conduct regular audits and quality assurance reviews to ensure fidelity and adherence to SAMHSA's recommended practices and guidelines.  
Collect and analyze data on clients outcomes, and satisfaction to ensure that voices and perspectives of the individuals served are considered in the decision-making processes.

## VI. COMPLIANCE WITH ALL APPLICABLE LAWS

ACCESS Employees, interns and volunteers are bound by all applicable local, state, and federal laws, rules, regulations, and policies, all federal waiver requirements, state, and county contractual requirements, policies, and administrative directives in effect and as amended.

## VII. LEGAL AUTHORITY AND REFERENCES

- A. VHA Handbook 1004.1
- B. Michigan Mental Health Code, P.A. 258 of 1974, as amended; MCL 330.1710; MCL 330.1752
- C. Agency Policies (All Agency Policies refer to the most recent at the time of writing)
- D. ACCESS Policy and Procedures
  - Screening and Access to Services and exhibits
  - Assessments and Reassessments
  - Consent to Treatment and Services
  - Person-Centered Planning and Individual Plan of Service
  - Treatment with Dignity and Respect
  - Local and Alternate Dispute Resolutions

