

MISSION Diversion & Recovery for Traumatized Veterans (MISSION DIRECT VET) Early Planning and Development

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What is MISSION DIRECT VET?

MISSION DIRECT VET is a SAMHSA- funded, court based diversion program targeting veterans in Massachusetts with trauma-related mental health and substance use problems.

- MISSION-DIRECT VET seeks to: * Reduce criminal justice involvement
 - * Treat mental health, substance abuse and other trauma related symptoms
 - * Use a systematic wrap-around model
 - * Provide care coordination, peer support and trauma informed services

Background

The MISSION (Maintaining Independence and Sobriety through Systems Integration, Outreach, and Networking) model has successfully reduced chronic homelessness in veterans through:

- * peer support
- *case management
- *integrated mental health and substance abuse treatment

The goal is to adapt this model and test whether it can reduce criminal justice involvement among veterans.



Development of Collaborative Relationships

*Early planning and development involving active engagement with various state and local mental health, criminal justice, and public health agencies. Collaboration was critical for working through issues around diversion, training, dissemination of services. *SAMHSA-approved strategic plan with endorsement from SAC and WAC representatives. *Endorsement from 16 leaders from statewide agencies to sign a Memorandum of Agreement in support of MISSION DIRECT VET.

Identified Barriers and Proposed Solutions		
	Identified Barriers	Proposed Solutions
Referral and Screening Process	Objections raised to a pre-arraignment, pre-adjudication diversion program.	Main intercept point was changed to post-adjudication/pre-sentencing.
Research on court-mandated treatment	Concern that divertees would feel coerced into research participation.	 Treatment slots made available for individuals who opt out of research participation; Research recruitment/assessments to be done by non-treatment staff.
Confidentiality Concerns	Concern that incriminating information revealed to peers or case managers would not be privileged.	 Peers and case managers will operate under a licensed clinician, offering potential protection under MA privilege statutes; Consent form indicates that privilege is not waived by diversion participation; Peers and case managers to be trained on the limits of confidentiality and privilege.
Budget Cuts	Concern for impact state budget cuts would have on availability of services.	Plan to monitor impact as project unfolds.

Future Directions

- Rollout of services planned for Nov. 1, 2009
- Trainings for criminal justice staff will include trauma-informed care as well as veteran needs and co-occurring disorder
- Program Refinement:
- *Feedback from participants, peers and case managers may lead to modification of the types of services provided
- *Continue to hold advisory meetings to address potential concerns

Program Sustainability:

- *Goal is to develop sustainable infrastructure for diversion and treatment services
- *SAC and WAC will continue to discuss blending funding from different agencies, reorganizing existing funds, exploring new sources of federal, local and private funding
- *Data collected during study period will be used to advocate for future funding and support



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