

Suicide Awareness and Prevention: Addressing the Needs of Our Justice-Involved Veterans

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DISCLOSURE

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Disclosure

- ▶ Dr. Marshall used to work for the Department of Veterans Affairs. The views expressed in this presentation are solely those of the presenter and do not represent those of the Veterans Health Administration, the Department of Defense, or the United States government.
- ▶ There are no financial conflicts to disclose.

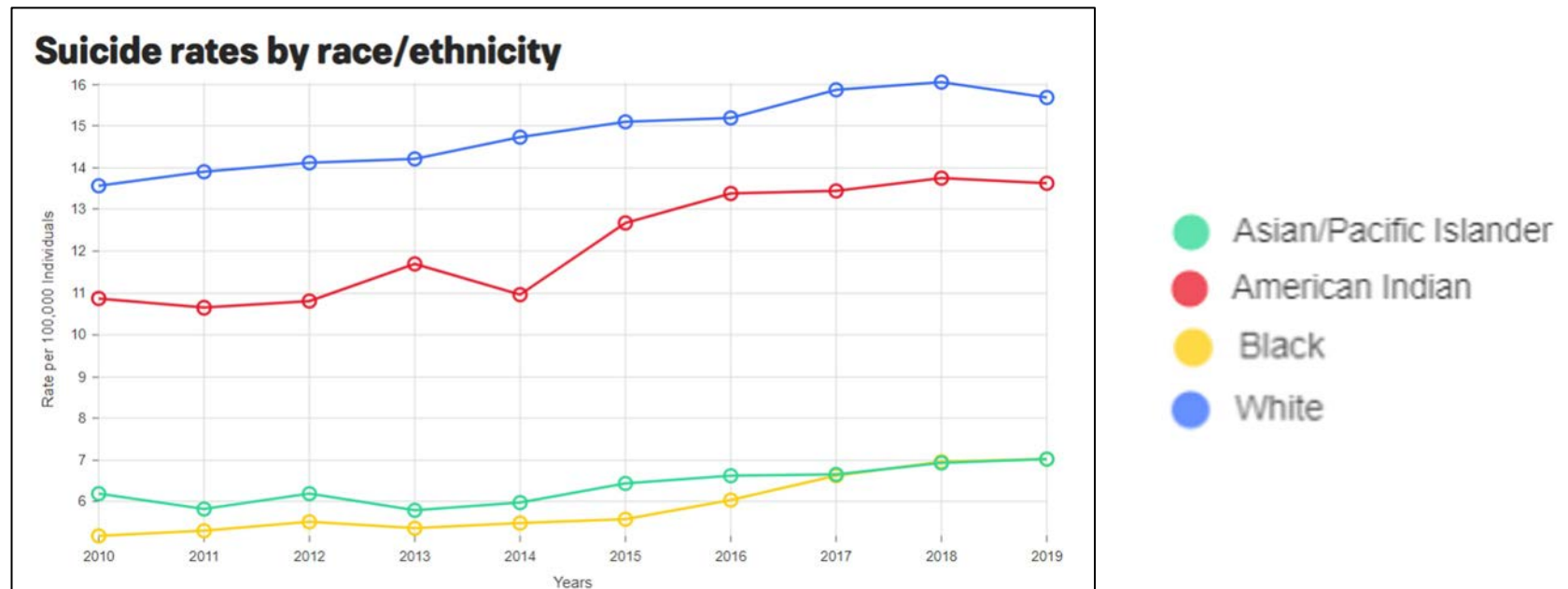
Three Learning Objectives

1. Understand the trends in suicide rates nationally, with a specific emphasis on our Veterans and subpopulations.
1. Learn to recognize the risk factors and warning signs of suicide, with a specific emphasis on Veteran populations.
1. Build confidence in
 - a. talking to Veterans about suicide, including knowing about hotlines and other suicide prevention/support organizations.
 - b. sharing resources that can help Veterans fight against the risk factors of suicide.
 - c. recommending resources to support the mental health and wellbeing of Veterans.

Suicide in the United States

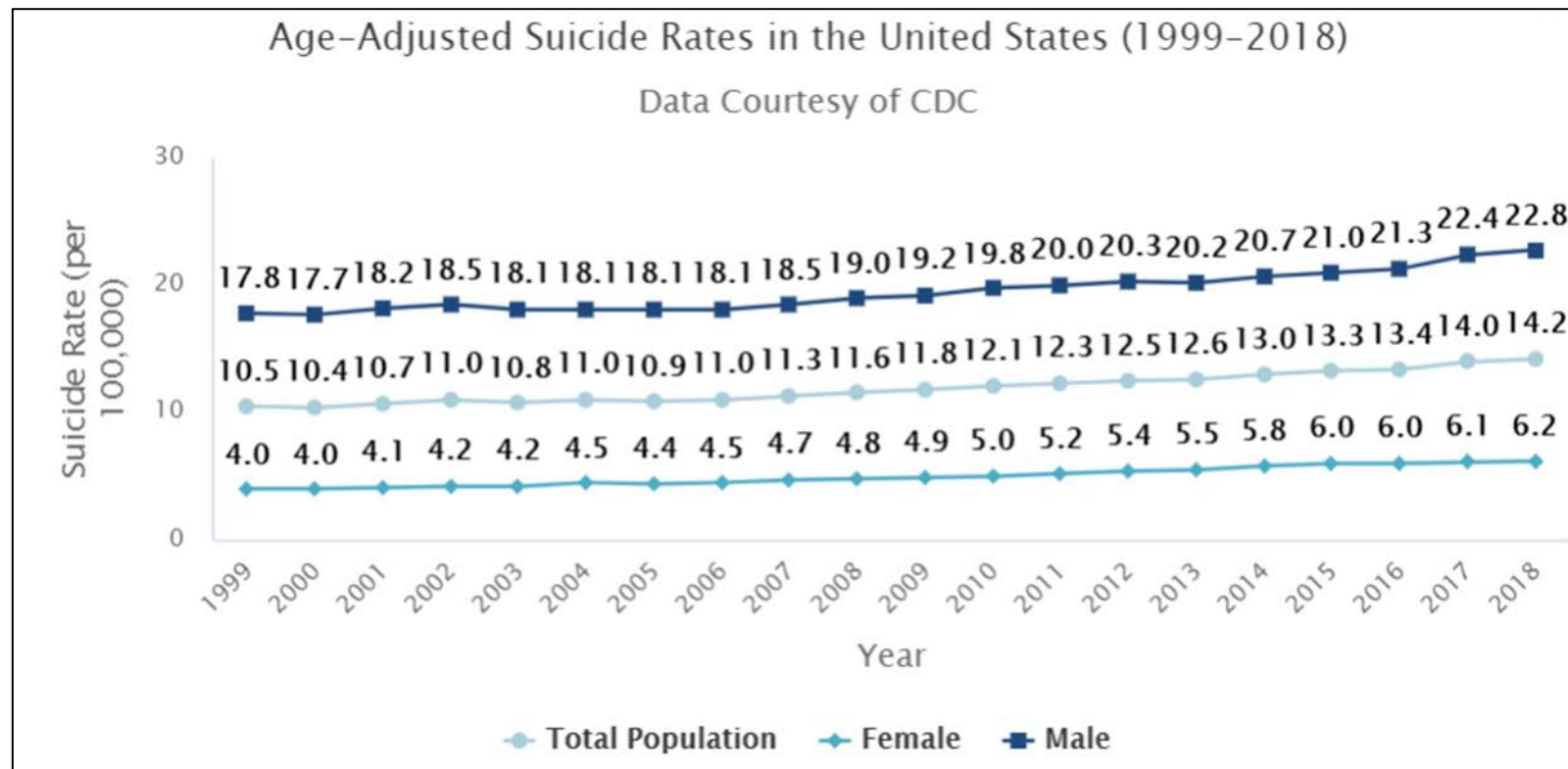
Suicide in the United States

- Suicide is the 10th leading cause of death in the US.
- In 2019:
 - 47,511 Americans died by suicide.
 - There were an estimated 1.38 million suicide attempts.
 - White males accounted for 69.38% of suicide deaths.
 - 50.39% of suicide deaths involved firearms.



Suicide in the United States

- The suicide rate increased 35% from 1999-2018.
- In 2018, males were 3.7 times more likely to complete suicide than females.
- From 1999-2006, the average increase was approximately 1% per year.
- From 2006-2018, the average increase was approximately 2% per year.



Suicide and the Pandemic

- Early data suggests that, during the pandemic, suicides have noticeably increased.
 - Cook County, IL (Chicago)- reporting a 13% increase since 2019
 - Fresno, CA- reported that in June 2020, there was a 70% increase in suicides compared to June of 2019.
 - Los Alamos, NM- suicides have tripled compared to 2019.
- A survey by the CDC conducted between June 24-30, 2020 showed that:
 - 25% of young adults between the ages of 18 and 24 say they have considered suicide because of the pandemic.
 - 11% of adults surveyed had seriously considered suicide in the past 30 days.
 - Over 13% said that they have used alcohol and/or illegal drugs to deal with their pandemic-induced stress and anxiety.



General Risk Factors for Suicide

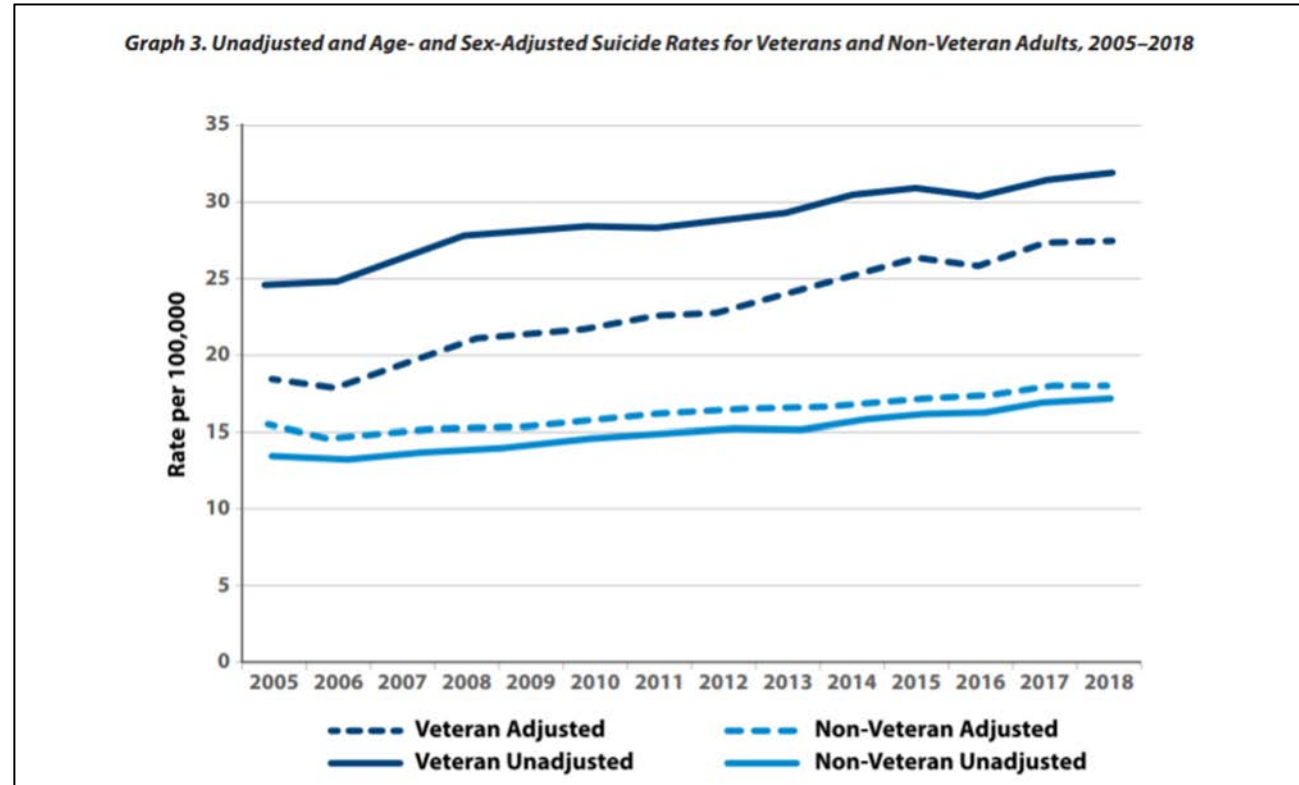
According to the National Institute of Mental Health, the main risk factors for suicide include:



- A prior suicide attempt
- Depression and other mental health disorders
- Substance abuse disorder
- Family history of mental health disorders, substance abuse, or suicide
- Being in prison or jail
- Being exposed to others suicidal BEHAVIOR (friends, family, media figure)
- Medical Illness
- Being between the ages of 15-24 or over 60.

Suicide in Veterans And Veteran Subpopulations

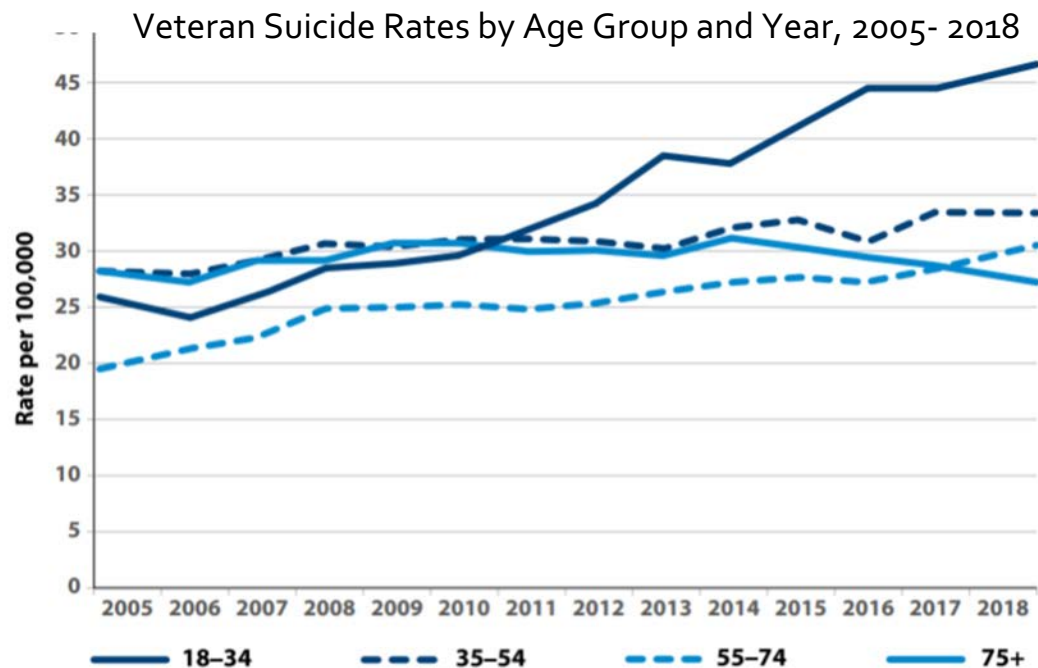
Suicide Rates and Veterans



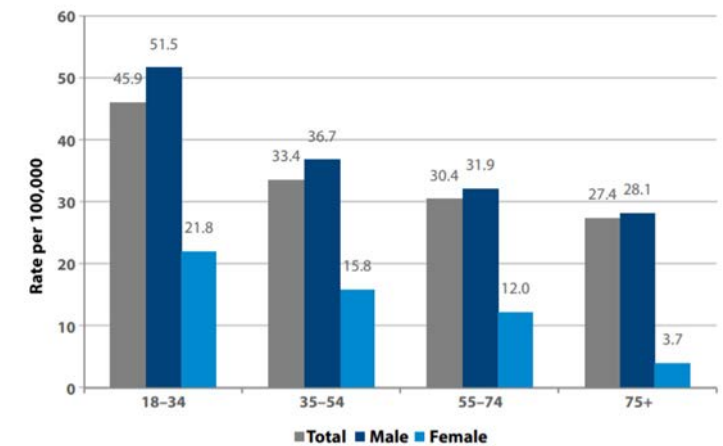
- Veterans are 50% more likely to complete suicide when compared to their non-veteran peers.
- Approximately 20 Veterans complete suicide every day (Richman, 2018).
- Veterans reported that suicide was one of the biggest challenges that they face (DeBeer et al., 2016).

Suicide Rates, Veterans, and Age

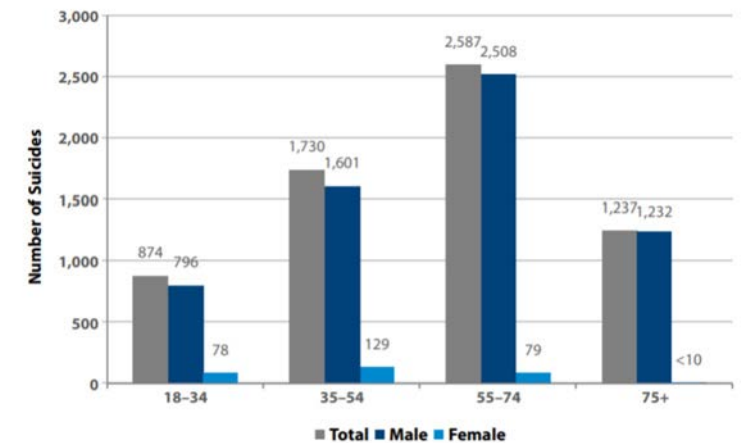
- Suicide rates are increasing for all age groups except ages 75+.
- Most veterans that completed suicide in 2018 were ages 55-74.
- Veterans ages 18-34 had the highest rate of suicide in 2018.



Veteran Suicide Rate by Age Group and Sex, 2018



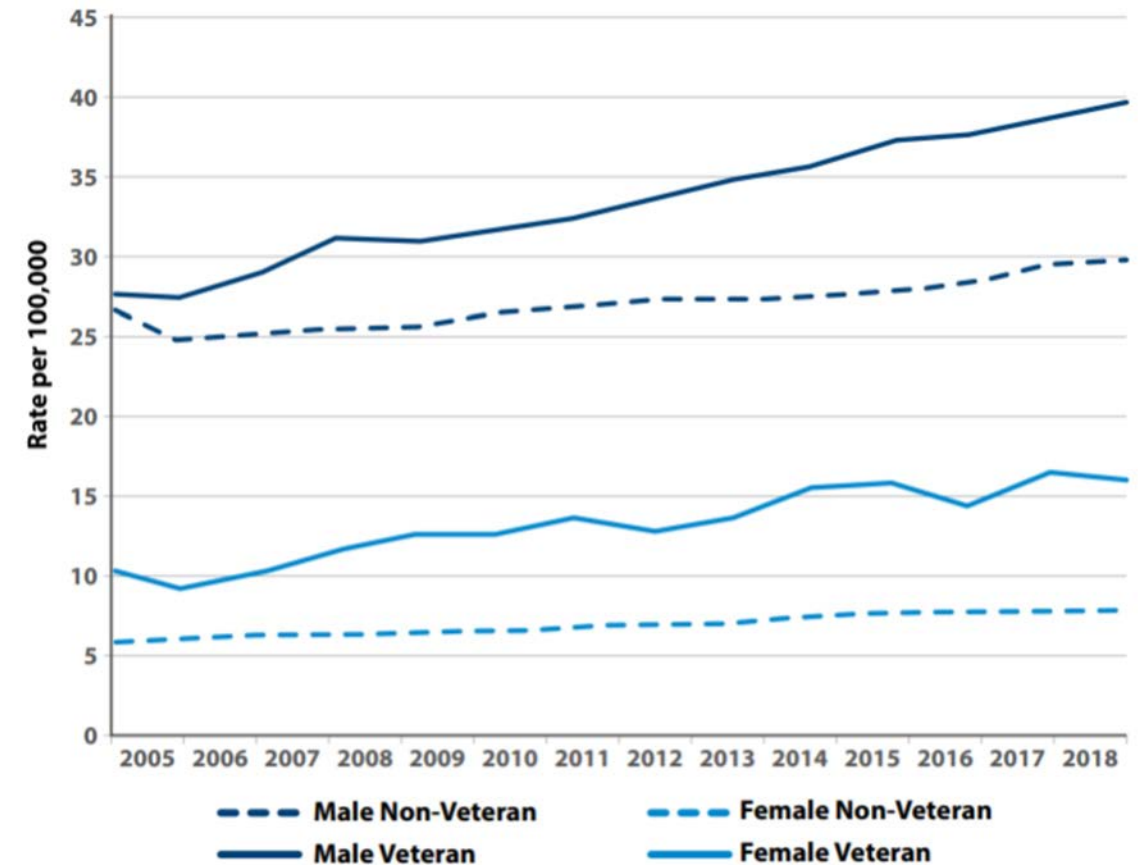
Veteran Suicide Death Count by Age Group and Sex, 2018



Suicide Rates, Veterans, and Gender

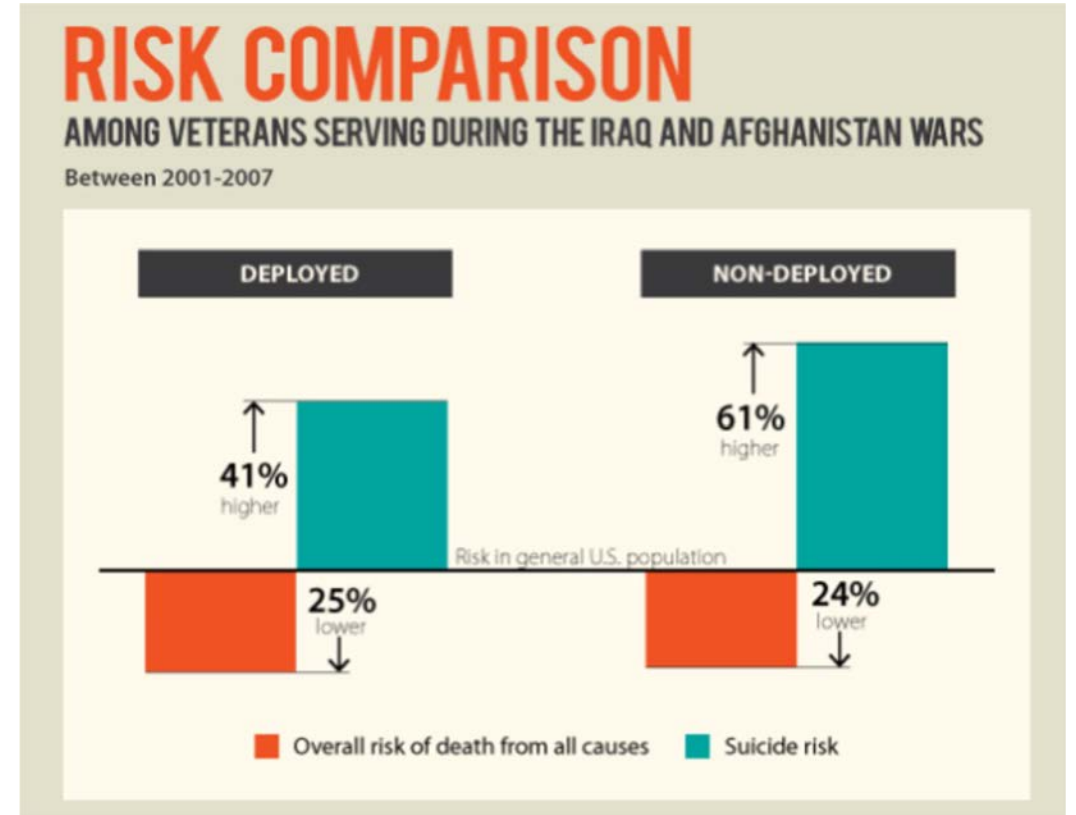
- Within Veteran populations, males have 3x the suicide rate of females. (Kang et al, 2015)
- When compared to the US female population, female veterans were 2.1 times more likely to complete suicide. (2020 National Veteran Suicide Prevention Annual Report)
- When compared to the US male population, male veterans were 1.3 times more likely to complete suicide. (2020 National Veteran Suicide Prevention Annual Report)
- In 2017, suicide rates in the gay, lesbian, and bisexual Veteran population were estimated to be 2x that of cis Veterans. (Lynch et al, 2020)

Graph 9. Age-Adjusted Suicide Rates, by Sex and Veteran Status, 2005–2018



Suicide Rates, Veterans, & Deployment

- When compared to the US general population,
 - Active duty post-9/11 veterans had a 56% increase in suicide risk.
 - Post-9/11 Reserve/National Guard Veterans had a 29% increase in suicide risk.
(Bullman, Schneiderman, and Bossarte; 2017)
- Kang et al (2015) report that non-deployed post-9/11 veterans have a greater suicide risk than deployed post-9/11 veterans.
 - Data shown in graph and infographic.
 - Several studies from the 1990s about Vietnam and Gulf War Veterans showed that suicide rates for veterans were significantly lower when compared to the general US population.
 - Something has changed for our veterans in the 21st century.



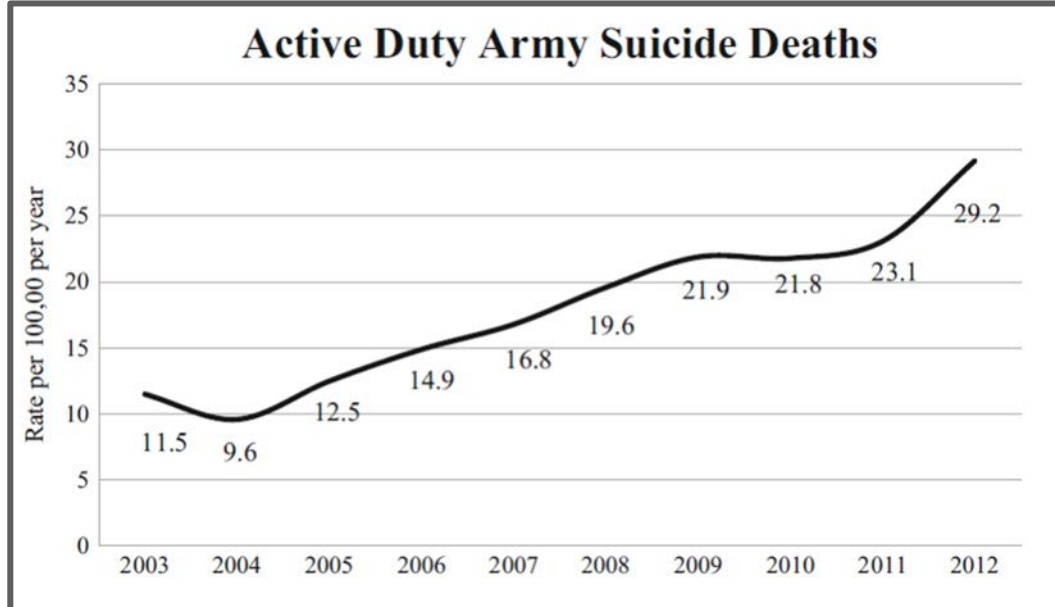
Suicide Rates and Wounded Veterans



- 1996 study of Vietnam Veterans by Bullman and Kang reported:
 - Veterans with the greatest suicide risk were white, had been wounded more than once, and were hospitalized for at least one of those wounds.
- 2016 study by Reger et al. reported:
 - Among Veterans wounded during October 2001 and December 2007, those injured during combat had a higher crude suicide rate than non-wounded Veterans.
 - Adjusting for demographics made these findings no longer statistically significant.
 - Researchers suggest that more indepth research needs to be conducted to look at the severity of the injuries.

Suicide Rates and Mental Health

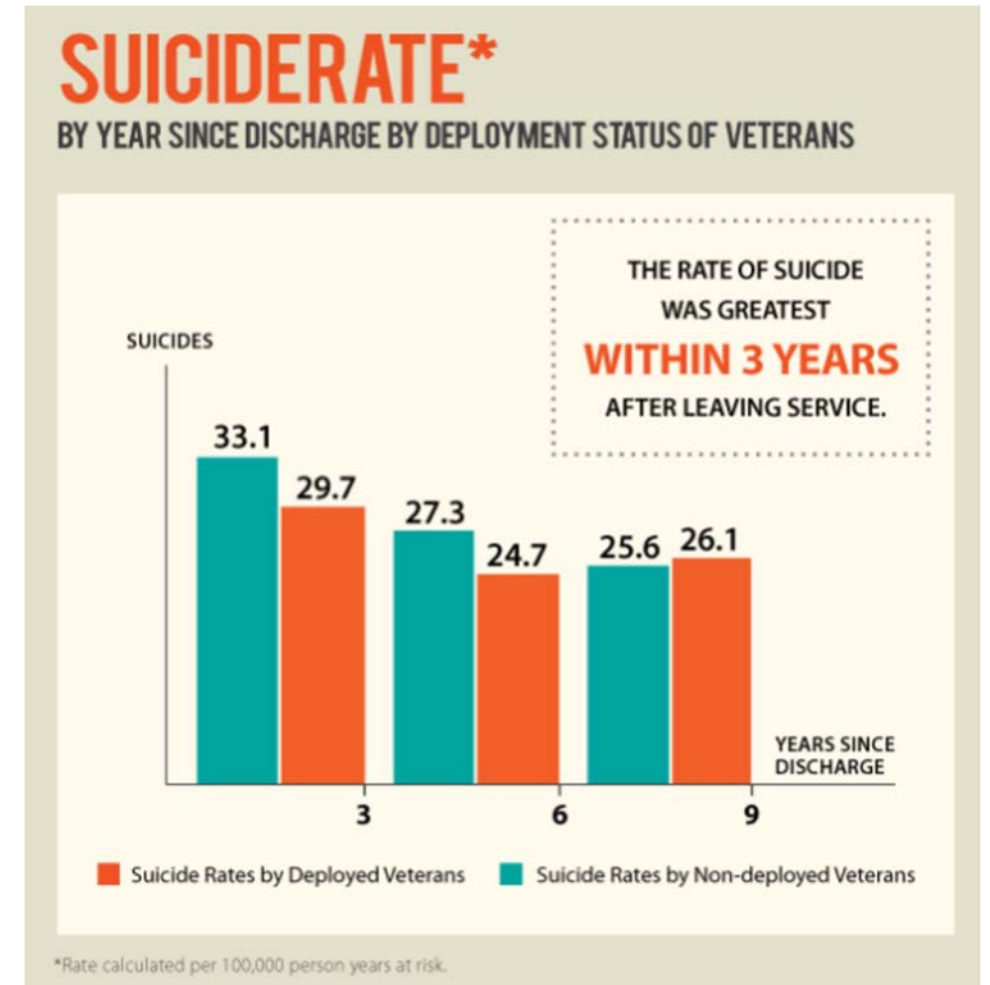
Increase in suicide rate is consistent with increase in mental health hospitalizations, and poorer mental health.



Reason for Hospitalization	Change from 2001-2012
Depression	Increased Two-Fold
Alcohol Abuse and Dependence	Increased Two and a Half Fold
Substance Abuse and Dependence	Increased Five-Fold
PTSD	Increased Ten-Fold
Suicidal Ideation (2005-2012 due to available data)	Increased Ten-Fold

Suicide Rates and Time Since Discharge

- Iraq and Afghanistan Veterans
 - Bullman, Schneiderman, and Bossarte (2017) found that
 - The risk of suicide decreased as time since operation increased.
 - The highest risk of suicide was during the first year.
 - Kang et al. (2015) reported that
 - The rate of suicide was greatest during the first 3 years after leaving the military, with the highest risk of suicide occurring during the first year.
 - Non-deployed Veterans had a higher suicide risk than deployed Veterans.



Summary of Veterans and Suicide Statistics

- Age
 - Ages 55-74 have the largest number of suicides.
 - Ages 18-34 have the highest rate of suicide.
- Gender
 - The suicide rate of male veterans is 3x that of female veterans.
 - The LGBTQ+ community isn't well reflected in research. Although, many indicate that they are at a much higher risk than cis peers.
- Deployment
 - Veterans who were deployed during their time of service have a lower suicide rate.
- Wounded veterans who were also hospitalized may have a greater suicide risk.
- Veterans have the highest suicide risk during the first year that they leave the military.



Why Is The Suicide Rate Higher for Veterans?

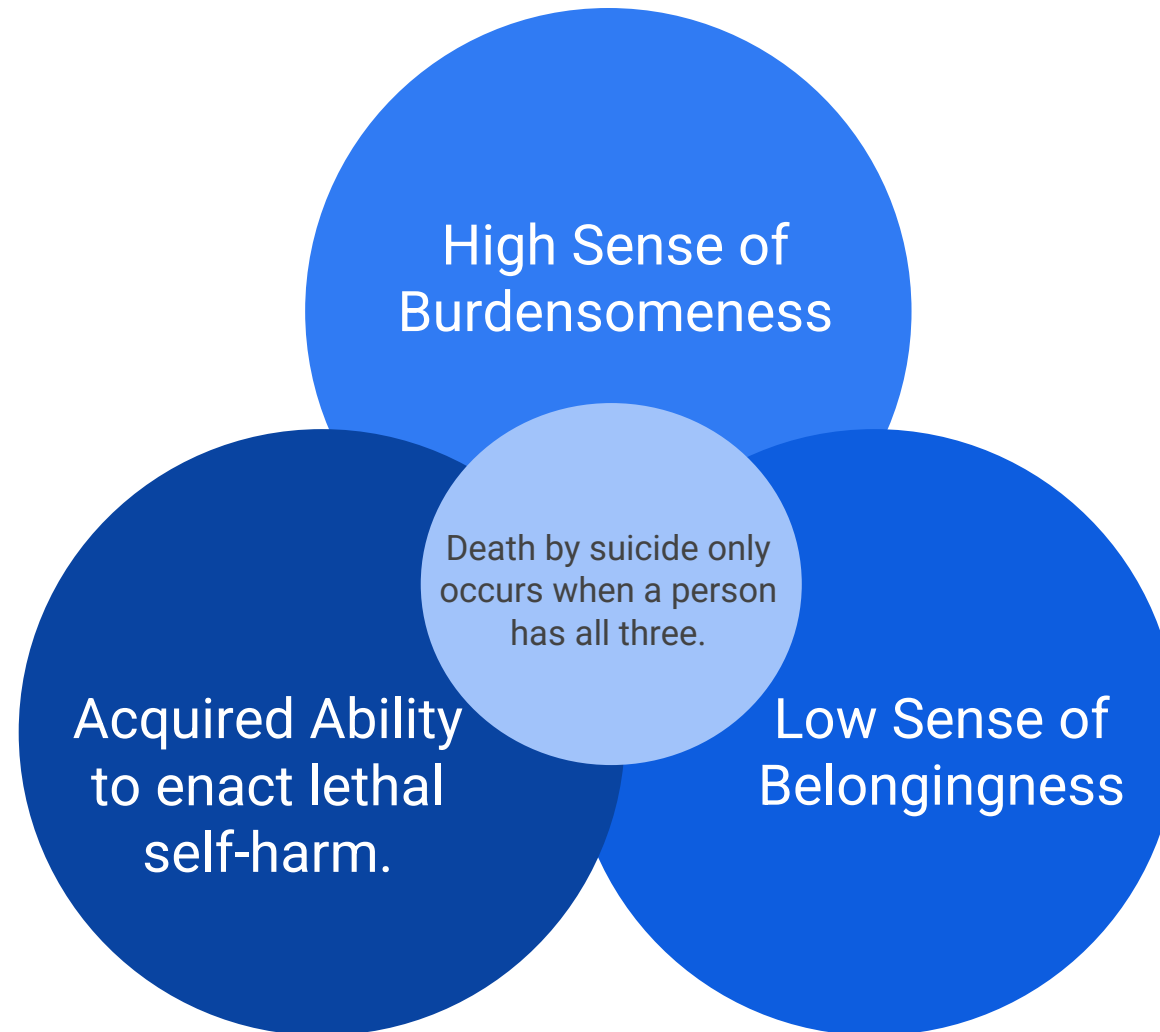
- Castro & Kintzle (2014) offer these ideas:

Table 1 Offered hypotheses and explanations for high army suicide rates

Mental health issues (i.e., PTSD, depression, mood disorders, personality disorders)	Risk taking behavior from combat such as high alcohol consumption and drug misuse
Combat and deployment	Experiencing adverse childhood events
Isolation	Inadequate or no social support
Loss of sense of purpose	Chronic pain
Experiencing sexual assault	Legal problems
Mild traumatic brain injury	Financial difficulties
Poor physical health	Failed intimate relationships
Genetic predisposition	Weak moral character
Grief and moral injury	Contagion from suicide exposure
Expertise in weaponry and killing	Desert heat
Constant reminders of suicide through mandatory training	Disruption in natural energy fields surrounding the body
Poor or inadequate nutrition (i.e., low Omega-3 amino acids)	Small or underdeveloped hippocampus and/or neocortex

- Suicide is a complex issue.
- Let's explore what research tells us.....

Interpersonal-Psychological Theory of Suicide



The Modern Veteran vs WWII Veterans

- Belongingness
 - Shared military culture identity is important when returning to civilian life.
 - Veterans have an increase sense of accomplishment, which may lead to a sense of entitlement.
 - Civilians may not understand or reciprocate this entitlement.
 - The dissonance between military and civilian life was more easily overcome during the post WWII era.
- Burdensomeness
 - Being unable to find a job upon returning home can lead to an increased sense of being a burden.
 - Modern veterans are entering a more competitive job market.

	Afghanistan and Iraq Wars	WWII
Population of Citizens Under 35 Serving in War	12% male 3% female	50% male 15% female
Unemployment Rate When Returning Home	7-8%	1-2%
Average Education of US Population	88% graduated high school 30% have bachelor's degree	< half graduated high school
Belongingness	More Difficult	Less Difficult
Feelings of Burdensomeness	Greater Risk	Lower Risk

The First Transition Period- Going Back to Civilian Life



- More than 40% of veterans say they experience high levels of difficulty when transitioning. Studies show that those individuals are 5x more likely to experience suicidal ideation.
- When asked if their transition experience was more difficult than expected, 48% of veterans agree. When asked if their transition experience was stressful, 76% of veterans agree.
- More than 80% of post-9/11 veterans say that the public does not understand the problems those who have served face in transitioning to civilian life.
- More than 80% of civilian organizations have no veteran-specific recruiting programs, and more than 50% offer no onboarding or transition support to veteran hires.
- More than 45% of veterans with combat experience describe transition as difficult, compared to 18% of veterans with no combat experience.
- Roughly 35% of veterans say they have trouble paying their bills in their first few years after leaving the military.
- Only about half of NCOs and enlisted personnel agree when asked if the military prepared them well for the transition to civilian status.

Specific Risk Factors in Veterans

1. Substance Abuse

- Especially heavy binge drinking.
- Veterans with a substance abuse disorder have **twice the risk** of suicide.
- Female Veterans with a substance abuse disorder are **5x more** likely to complete suicide.
- Opioid use

2. Insomnia

3. Long term use of benzodiazepines

- Often prescribed for insomnia, anxiety, dementia, PTSD, and Chronic Obstructive Pulmonary Disorder (COPD)

4. Sexual Dysfunction (Khaliphian et al., 2020)

5. Low Cholesterol (Reute et al., 2017)



Specific Risk Factors in Veterans

6. Mental Health Conditions:

- Manic-Depressive Disorder
- Post-Traumatic Stress Disorder (PTSD)
- Traumatic Brain Injury (TBI)
 - Including post-TBI symptoms (Shura et al;2019)
- Depression
- Anxiety

7. Social determinants of health: (Blosnich et al; 2020)

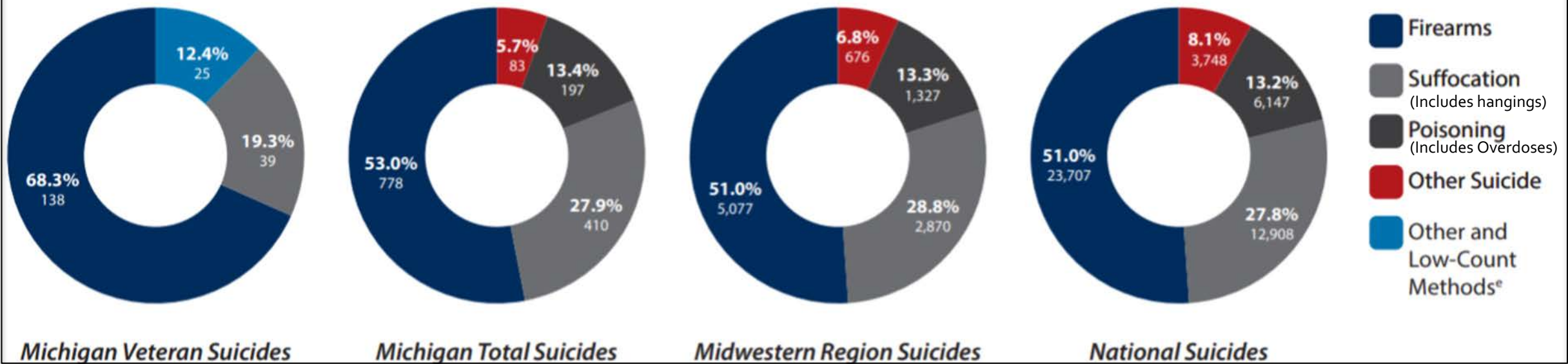
- Violence
- Housing Instability
- Financial or Employment Problems
- Legal Problems
- Familial or Social Problems
- Lack of access to health care and transportation
- Nonspecific psychosocial needs



Specific Risk Factors in Veterans

8. Access to a firearm and/or having a gun in the home is related to an increase in suicide.
- Studies have found that suicides are 2-10 times more likely in homes with firearms.
 - Variations are seen re: age of population in study and the method for storing firearms.
 - Increase risk is not isolated to the gun owner, but anyone living in the house (i.e. spouse, children).

Michigan Veteran and Total Michigan, Midwestern Region, and National Suicide Deaths by Method,^d 2018



^e "Other Suicide" refers to all methods of suicide death apart from firearms, suffocation, and poisoning. "Low-Count Methods" refers to methods used in fewer than 10 deaths in a given state or territory. In states or territories with fewer than 10 firearm deaths, suffocation deaths, or poisoning deaths, those data are represented in the "Other and Low-Count Methods" category to protect the privacy of individual suicide decedents.

The Second Transition Period- Elder Veterans

The Hemingway Effect

- Ernest Hemingway
 - American Literary Figure
 - Awarded a Nobel Prize for Literature
 - Died of suicide at age 61
- Changes as he aged:
 - Decreased Belongingness
 - Increased Burdensomeness
 - Had the acquired ability to inflict lethal self harm

Factors that May Increase Suicide Risk	Ernest Hemingway's Life
Combat/Trauma Experience	Spanish Civil War, WWI, and WWII (Never actually in the military, but served extensively)
Genetics	Dad, Brother, and Sister all died by suicide
Chronic Pain/Poor Health	Back pain from two plane crashes
Alcohol Abuse	Heavy Drinker Had Cirrhosis of the Liver Due to Drinking
Access to Firearms	Skilled Hunter and Shooter
Mental Health	Severe Depression and possibly PTSD
Personal Relationships and Social Network	<ul style="list-style-type: none">• Three family members died by suicide before him.• Loss of close friends.• Estranged from Mother and Children

Current VA Initiatives:
REACH VET & SAFE VET

REACH VET Program

Recovery Engagement and Coordination for Health- Veterans Enhanced Treatment

- Uses predictive modeling and medical records to identify high risk veterans.
 - Looks at factors such as age, marital status, diagnoses, and prescriptions.
 - The top 0.1% of people are flagged as high risk.
 - Data suggests that this population's suicide risk is 40x that of an average person.
 - A list of names is generated monthly
 - A dashboard allows doctors and researchers to track contact with veterans on the list.
- Program started in April 2017
 - 30,000 Veterans were identified during the programs first year.
- Early data suggests a positive impact:
 - Increases health and mental health appointments
 - Fewer missed appointments
 - Decrease in inpatient mental health admissions
- Doctors working with the program report that the program helps them identify veterans that would have otherwise been overlooked.



SAFE VET: Safety Planning Intervention



Traditional ED Strategy



SAFE VET: Revised ED Strategy



SAFE VET: Safety Planning Intervention



Safety Plan: 6 Steps

- (1) Identify the Warning Signs
“How do I know when to use the Safety Plan?”
- (2) Internal coping strategies that could be employed without the assistance of another person
- (3) People or social settings that could serve as a distraction
- (4) Information for reaching out to friends or family members for help
- (5) Information for contacting professionals and agencies
- (6) Making the environment safe (i.e., limiting access to lethal means)

Stanley, B. & Brown, G. K. (2008, 2012)

SAFE VET: Safety Planning Intervention



SAFE VET Intervention

- **Structured Follow up Phone Calls by the project clinician who conducted the Safety Plan Intervention:**
 - Assess suicide risk
 - Review and revise safety plan
 - Remind of upcoming mental health appointments
 - Discuss and problem solve barriers to care
 - Provide additional referrals including rescue if needed
- **Calls were made 72 hours following ED discharge and weekly thereafter until the Veteran was engaged in care**

Warning Signs of Suicide and Tips for Talking about Suicide

Warning Signs of Suicide



- Talking about suicide
 - “I’m going to kill myself.”
 - “I wish I were dead.”
 - “I wish that I hadn’t been born.”
- Obtaining the means- buying a gun, getting pills
- Withdrawing from social contact
- Have severe mood swings
- Preoccupation with death, dying, or violence
- Feeling trapped or hopeless
- Increase use of drugs or alcohol
- Doing reckless things- using drugs, self- destructive behaviors, driving recklessly
- Giving away personal belongings or getting affairs in order
- Saying goodbye to people as if they won’t be seen again
- Developing personality changes or being severely anxious or agitated.

Conversations about Suicide and Suicide Rates

- It is a myth that talking about suicide causes a person to have increased suicidal ideations.
- There is no statistically significant data that suggests talking about suicide leads to suicidal ideation.
- Talking about suicide and acknowledging suicidal thoughts may help to:
 - Reduce the stigma
 - Reduce suicidal ideation.
 - Improve mental health in treatment seeking population



How to Talk about Suicide

- Remember, suicidal ideation is not a permanent situation, it is a sign that an individual is suffering and needs treatment. (Fuller, 2020)
 - Don't feel hopeless, but don't burden yourself with providing treatment. Find a professional that can help.
- Be sensitive, but direct.
- If you fear that a person is in immediate danger
 - Do not leave them alone
 - Call 911



How to Talk about Suicide

Ask questions



- How are you coping with what's been happening in your life?
- Do you ever feel like just giving up?
- Are you thinking about dying?
- Are you thinking about hurting yourself?
- Are you thinking about suicide?
- Have you ever thought about suicide before, or tried to harm yourself before?
- Have you thought about how or when you'd do it?
- Do you have access to weapons or things that can be used as weapons to harm yourself?
- What's causing you to feel so bad?
- What would make you feel better?

How to Talk about Suicide



Offer Support

- National Suicide Prevention Lifeline 1-800-273-8255
- Encourage them to seek treatment from a professional
- Offer to help them find help. Directly ask how you can help them.
- Encourage them to continue to talk to you
- Be respectful, not patronizing or judgemental
- If possible, remove potentially dangerous items from a person's home.

How to Talk about Suicide



Do Not

- Promise to keep someone's suicidal thoughts a secret.
- Dismiss a person's feelings.
- Try to talk them out of their feelings.
- Act shocked.

Don't be patronizing or judgemental

- "Things could be worse."
- "You have everything to live for."

Suicide Resources and Help

Suicide Prevention Lifeline

Veterans Crisis Line

1-800-273-8255

Text **838255**

CHAT WITH VCL ↗

Veterans in crisis and their families and friends can be connected with qualified Department of Veterans Affairs responders through a confidential toll-free hotline, online chat, or text by calling 1-800-273-TALK (8255) and pressing 1.

What Happens When I Call The Lifeline?

First, you'll hear a message telling you that you've reached the National Suicide Prevention Lifeline.

We'll play you a little hold music while we connect you.

A skilled, trained crisis worker who works at the Lifeline network crisis center closest to you will answer the phone.

This person will listen to you, understand how your problem is affecting you, provide support, and share any resources that may be helpful.

Remember, your call is confidential and free.



Options For Deaf + Hard of Hearing

For TTY Users: Use your preferred relay service or dial 711 then 1-800-273-8255.

Nacional de Prevención del Suicidio

1-888-628-9454

Suicide Resources and Help

Veterans Crisis Line
Confidential help 24/7





Or, send a text message to 838255
www.veteranscrisisline.net


Suicide Resources and Help

Stop Soldier Suicide

Go to:
stopsoldiersuicide.org/get-help

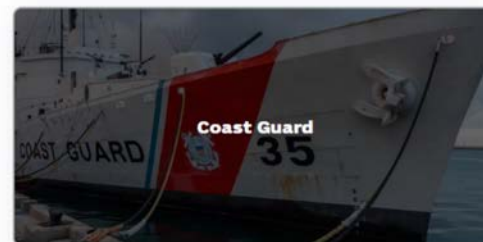
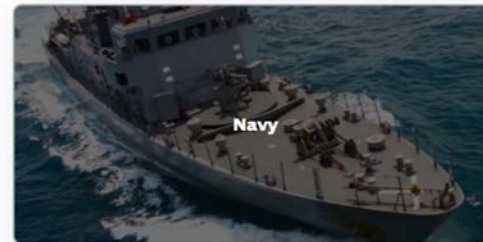
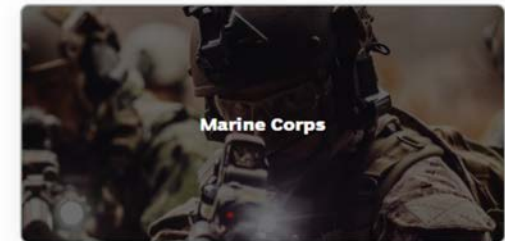
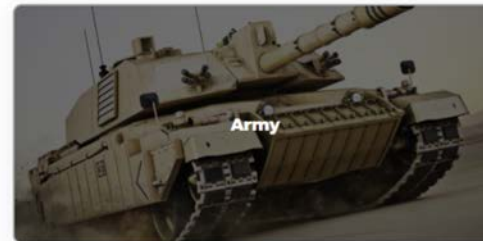
Call: 844-907-1342

If you're a veteran or service member in crisis, please call **844.907.1342**   

 [How We Help](#) [Our Story](#) [Get Involved](#) [Get Help](#) [Donate Now](#)

Emergency Information: If you are in crisis, or at risk of harming yourself or others, please call us at **(844) 317-1136** immediately. If this is an imminent emergency, please call 911 or proceed to the nearest ER.

What branch of the military did you serve?



Suicide Resources and Help



For more information about VA's suicide prevention efforts, access these online resources:

- **Veterans Crisis Line:** A free, anonymous, confidential resource that's available to any Service member or Veteran in crisis

Web Link: <https://www.veteranscrisisline.net/>

- **Veteran suicide prevention shareable materials:** Downloadable resources and information to help support Veterans

Web Link: <https://www.veteranscrisisline.net/support/shareable-materials>

- **"Be There" public service announcement:** Service members and Veterans talking about the small actions by friends and family members that made a big difference to them

Web Link: <https://www.youtube.com/watch?v=MCSZ7FjTq5I>

- **S.A.V.E. online suicide prevention video:** Training to learn how to recognize suicide risk factors and warning signs

Web Link: <https://psycharmor.org/courses/s-a-v-e/>

- **Make the Connection:** Stories of Veterans who have dealt with mental health issues, have found support (whether through treatment or with the help of a loved one), and are living healthy, productive lives

Web Link: <https://maketheconnection.net/>

- **VA Mental Health website:** VA's repository of mental health resources, information, and data materials, including VA's National Strategy for Prevention Veteran Suicide 2018–2028

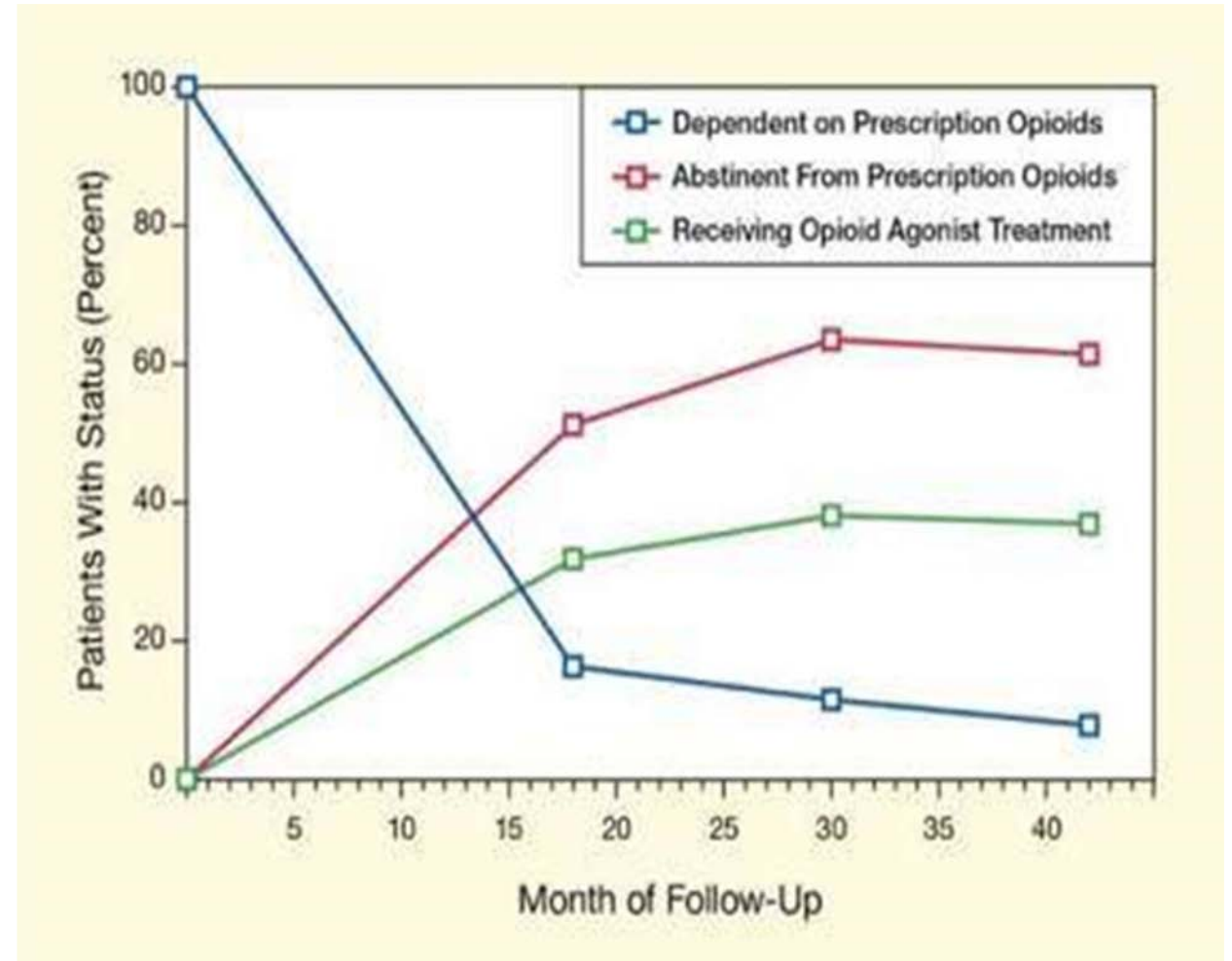
Web Link: <https://www.mentalhealth.va.gov/>

Web Link: https://www.mentalhealth.va.gov/suicide_prevention/docs/Office-of-Mental-Health-and-Suicide-Prevention-National-Strategy-for-Preventing-Veterans-Suicide.pdf

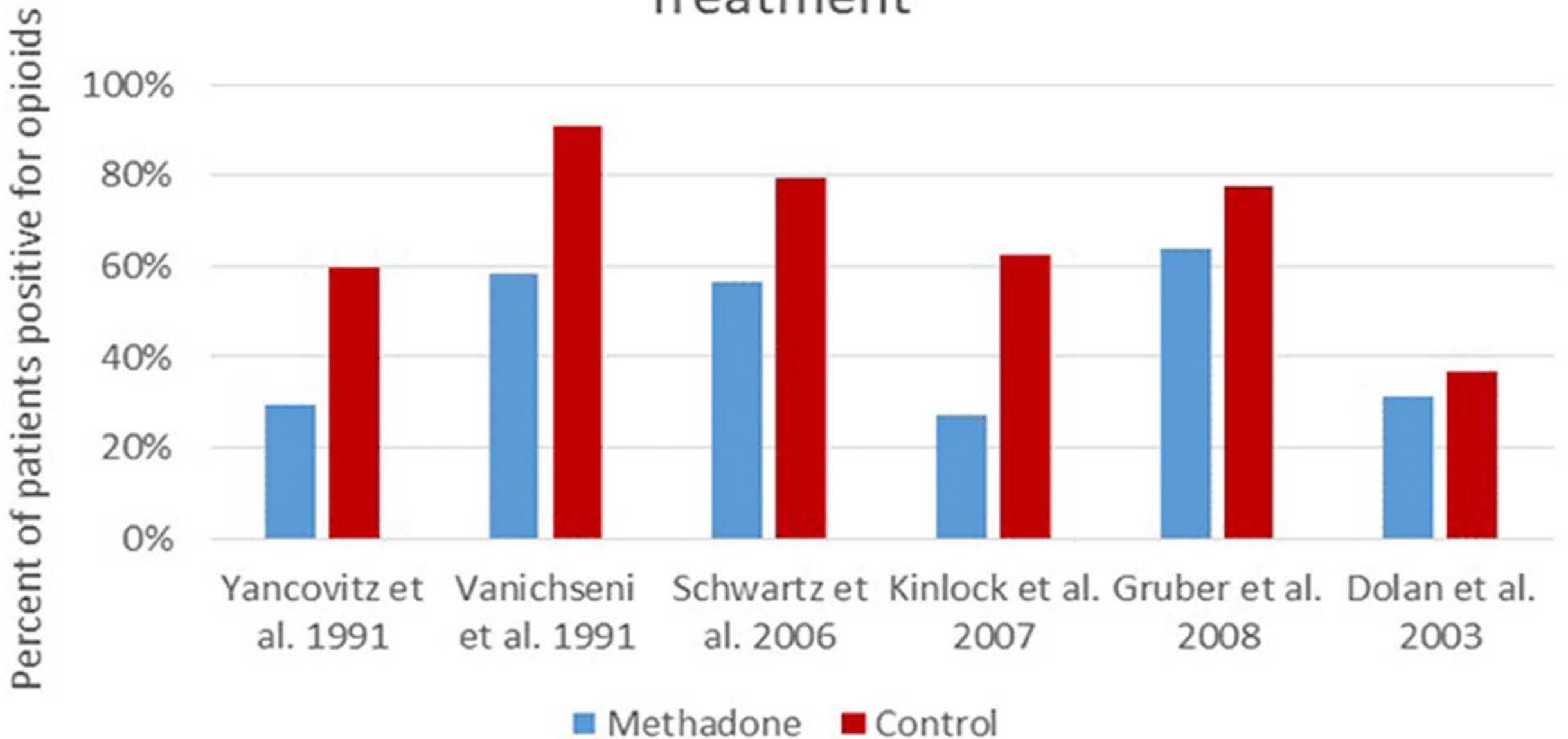
Resources and Information to Prevent Intentional and Accidental Overdose

Medication Assisted Treatment (MAT)

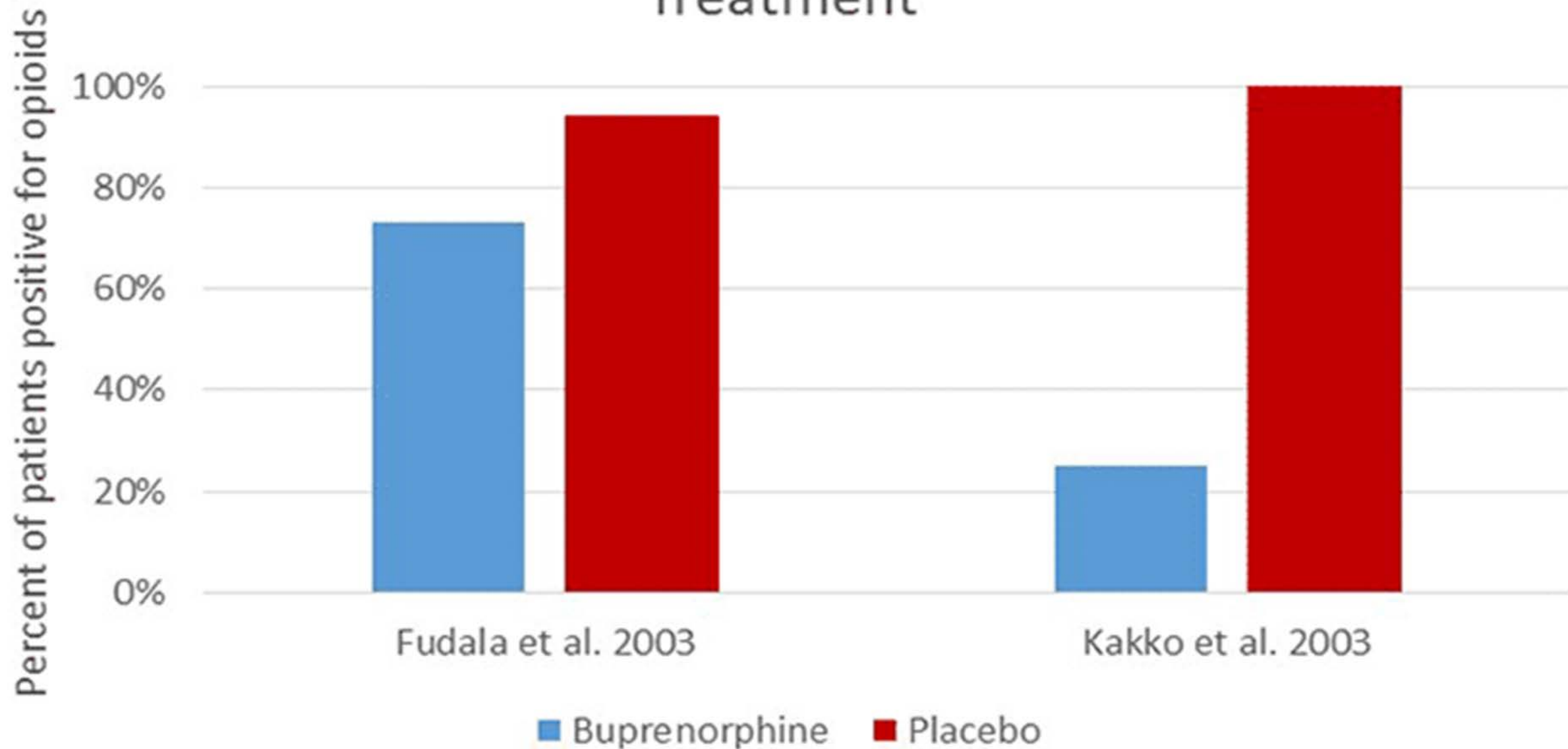
- MAT is effective and works!
- MAT is a form of harm reduction and saves lives.
- MAT increases treatment retention
- It decreases illicit opiate use and other criminal activity in people with Substance Use Disorders (SUDs) (Krebs et al., 2017)
- It increases patients' abilities to gain and maintain employment
- It improves birth outcomes among pregnant women with SUDs
- It can lower a person's risk of contracting HIV or Hepatitis C by reducing the potential for relapse (NIDA, 2012)
- It is cost effective and provides more health benefits than treatment without medication (Connock et al., 2007)



Opioid Use With or Without Methadone Treatment



Opioid Use With or Without Buprenorphine Treatment



Medication Assisted Treatment (MAT)



MAT saves lives!

- Buprenorphine and Methadone save lives (Wikner et al., 2014)
- Buprenorphine and Methadone reduce mortality rates by two-thirds (Sordo et al., 2017)
- 11 clinical trials involving 1,969 people, methadone improved treatment retention and reduced heroin use compared with nonmedication treatment (Mattick et al., 2009)
- If all eligible offenders were offered methadone treatment, 3.3 million nondrug crimes could be averted (Bhati et al., 2008)
- Every dollar spent on ongoing methadone treatment yields almost \$38 in benefits through reduced crime, better health, and gainful employment (Zarkin et al., 2004)
- Naltrexone also saves lives (Krupitsky et al., 2013)

Syringe Services Programs (SSPs)

- Also called syringe exchange programs (SEPs) or needle exchange programs (NEPs)
- According to the CDC, SSPs provide:
 - Referral to substance use disorder treatment programs.
 - Screening, care, and treatment for viral hepatitis and HIV.
 - Education about overdose prevention and safer injection practices.
 - Vaccinations, including those for hepatitis A and hepatitis B.
 - Screening for sexually transmitted diseases.
 - Abscess and wound care.
 - Naloxone distribution and education.
 - Referral to social, mental health, and other medical services.



Syringe Services Programs (SSPs)

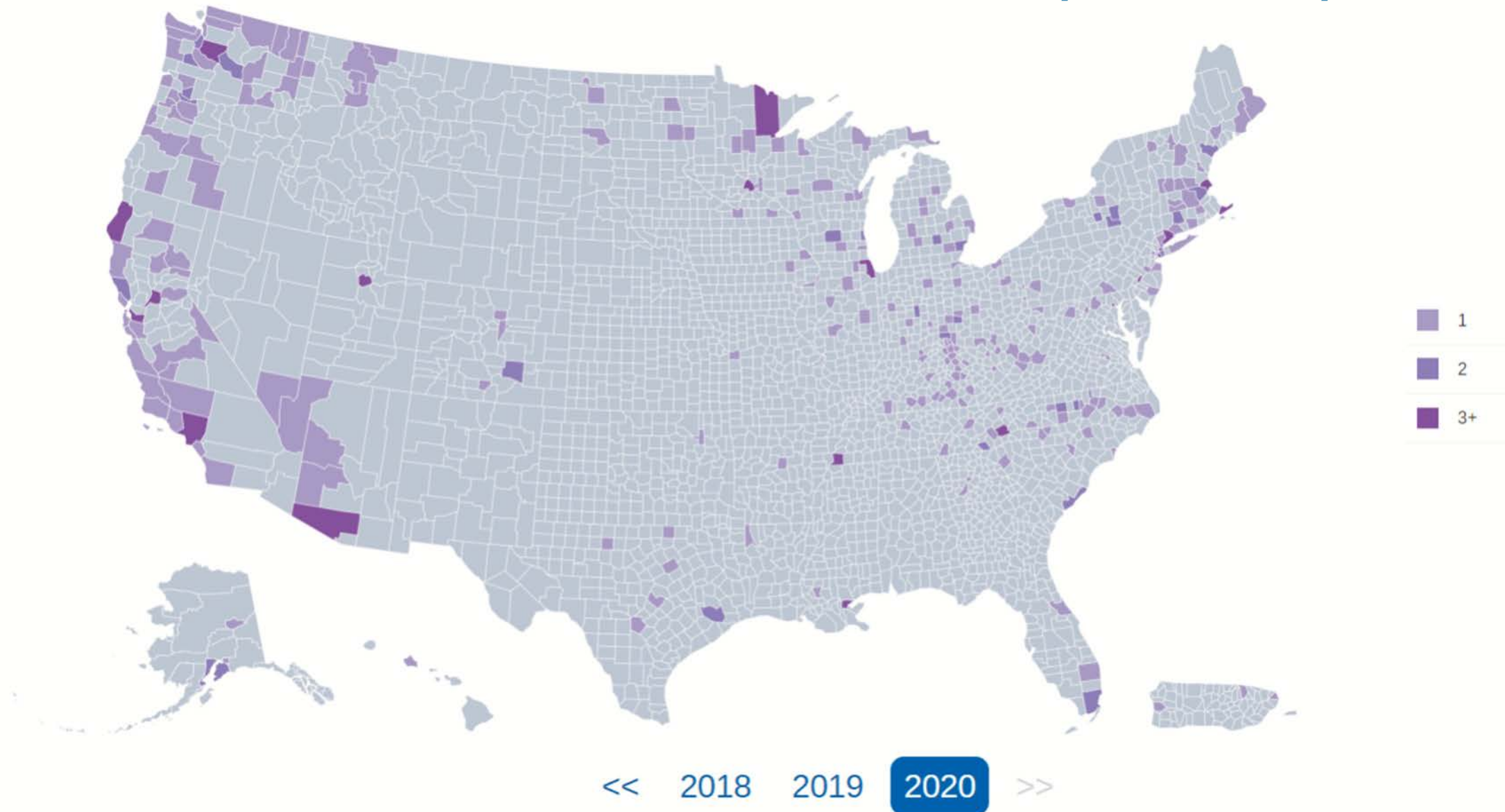
- SSPs have been shown to:
 - Help prevent transmission of blood-borne infections.
 - Help stop substance use.
 - Help support public safety.

- More information about SSPs on the CDC website:
<https://www.cdc.gov/ssp/index.html>

- Find a SSP location:
<https://www.nasen.org/map/>



SSPs in the United States by County



Find an SSP Near You

Interactive Map found at www.nasen.org/map/

COVID-19 Response Black Lives Matter

NASEN
A DAVE PURCHASE INITIATIVE

[OPERATORS](#) [LOCATIONS](#) [CONTACT](#) [FAQS](#) [DONATE](#)

Map Satellite

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Undisclosed One to One One Plus Need-based Secondary Mobile

Select Language ▼

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Narcan Availability



Find the laws in your state here:
<https://www.safeproject.us/naloxone-awareness-project/state-rules>

- Laws surrounding Narcan/Naloxone vary by state.
- Third Party Prescribing Laws
 - Allow a prescriber to write a prescription to someone so that they can give the medication to someone else.
 - Ex: Friend/family of drug user might obtain a prescription so that they can give the medication to their loved one if they overdose.
 - States with no law: Kansas, Minnesota
- Standing Order Laws
 - When a prescriber writes a prescription that covers a large group of people.
 - Essentially makes it legal for a pharmacist to dispense the medication to anyone that asks for it.
 - States with No law: Idaho, Nebraska, Oregon

Narcan Training

Online trainings:

<https://www.getnaloxonenow.org/#gettraining>

<https://www.trilliumhealth.org/testing-treatment-and-prevention/opioid-overdose-prevention-and-naloxone-narcan-training>

Also, search in your area for other available Narcan Trainings.

If you are not sure about the laws surrounding MAT, Narcan Availability, SSP, and other related issues, visit <https://opioid.amfar.org/>

You can search by state and county using the interactive maps.



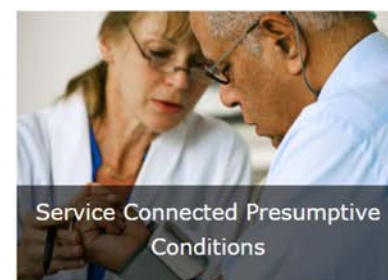
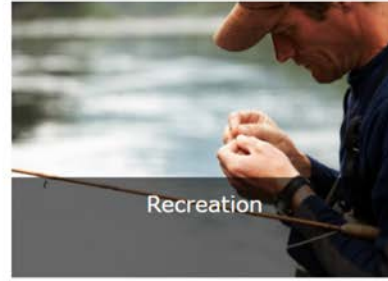
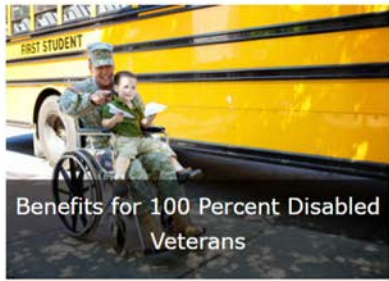
Resources for Veterans

Resources for Veterans

1. US Department of Veterans Affairs (va.gov)
1. Operation We are Here
 - www.operationwearehere.com/michigan.html
 - Find information for many state and local resources.
3. Michigan Veterans Affairs Agency (MVAA)
 - Veterans can get more information about benefits that they may have earned
 - Call the MVAA's Veteran Resource Service Center at 1-800-MICH-VET

Airport support
Benefits and resources
Christian support and encouragement
Deployment support
Education
Employment
Equine therapy
Farming, gardening and beekeeping programs
Female veteran support
Financial support and home repairs
Get connected, peer support
Gold Star family support
Holiday/adopt a family support
Homeless (or at risk) veteran support
Honor flights
Memorial Day resources and opportunities
Mental & physical health, fitness, and wellness support
Military and veteran spouse mentoring & resiliency programs
Motorcycle clubs and organizations
Parents of military support
Podcasts
Regional resources with a range of services
Reintegration support
Service dogs, therapy dogs, companion pets
Vacation and recreation opportunities
Veterans homes
Volunteering and community service
Wounded warrior & disabled veteran support
Additional support for military & veteran families

Michigan Veterans (www.michiganveterans.com)



Resources for Veterans

giveanhour.org/get-help

- Give an Hour's mission is to develop national networks of volunteers capable of responding to both acute and chronic conditions that arise within our society. By harnessing the skill and expertise of volunteer professionals, we are able to increase the likelihood that those in need receive the support and care they deserve.
- To identify at-risk populations and other groups in need that can benefit from our model of delivering services through a network of volunteer professionals. Since 2005 we have focused on providing free mental health care to active duty, National Guard and Reserve service members, veterans, and their families. In 2016, we began expanding our efforts to address the mental health needs of other populations.



Resources to Help Navigate Practical and Economic Concerns

(Resources not exclusively for Veterans.)

Unemployment Resources

- Department on Labor
 - <https://www.dol.gov/general/location>
 - Interactive map with links to statewide resources
 - Includes a link to apply for unemployment in every state.



Financial Assistance

www.needhelppayingbills.com

- State and Local Aid Programs
- Rent Assistance
- Mortgage Help
- Electric & Heating Bill Assistance
- Medical Bills
- Debt Help
- Extra work and work from home job ideas and resources
- Tips for reducing your expenses
- Tips for dealing with debt
- Help finding low cost or free clinics along with other medical care and prescriptions



Medicaid & CHIP

- Children's Health Insurance Program (CHIP)
 - Program name is different in each state.
 - Find your state here:
<https://www.healthcare.gov/medicaid-chip-program-names/>
 - Children who qualify come from families whose:
 - Income is too high to qualify for Medicaid.
 - Income is too low to afford private insurance.
- Covid 19 and Medicaid
 - <https://www.medicaid.gov/resources-for-states/disaster-response-toolkit/coronavirus-disease-2019-covid-19/index.html>



Applying for Medicaid

Medicaid



Go to: <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/>

Apply for Medicaid and CHIP 2 ways

1. Through the Health Insurance Marketplace

Fill out an application through the Health Insurance Marketplace.

- If it looks like anyone in your household qualifies for Medicaid or CHIP, we'll send your information to your state agency. They'll contact you about enrollment.
- When you submit your Marketplace application, you'll also find out if you qualify for an individual insurance plan with savings based on your income instead. Plans may be more affordable than you think.

[Create an account](#) to start a Marketplace application.

2. Through your state Medicaid agency

You can also apply directly to your state Medicaid agency. Select your state below for your Medicaid agency's contact information.

Select Your State

SUBMIT

Using the Health Insurance Marketplace may be easier and faster than going through the state Medicaid agency.

All information is sent directly to the state agency as needed.

Finding Providers that Accept Medicaid

Medicaid



Go to the specific website for your state's Medicaid program.

Call your state's Medicaid or your health plan. The phone number should be on the back of your card or on your eligibility letter.

Low Cost Internet, Devices, and Training

Go to <https://www.everyoneon.org/find-offers>

Search by your zip code and household characteristics to find:

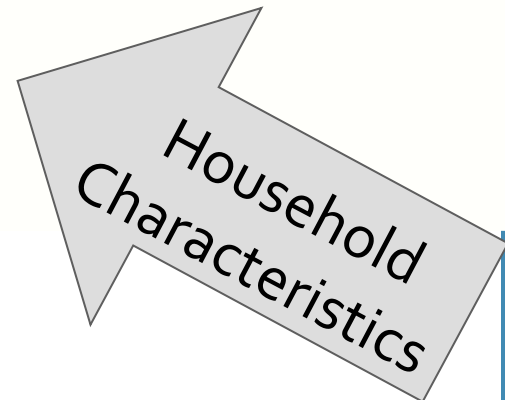
- Internet Offers
- Device Offers
- Digital Literacy Training Locations



STEP 2: DO ANY OF THESE APPLY TO YOUR HOUSEHOLD?

Check all that apply, then scroll down to view offers.

- Low-income (household of four: at or below \$49,000 annual income)
- Live in public housing
- Have a K-12 student or college student in your household
- Participate in the National School Lunch Program (free or reduced lunch at school)
- Participate in Supplemental Nutrition Assistance Program (food stamps or CalFresh)
- Participate in Temporary Assistance for Needy Families Program - TANF (or CalWorks)
- Participate in Supplemental Security Income (SSI)
- Participate in Medicaid or Medi-Cal
- Participate in Veterans Pension and Survivor Benefits
- Participate in Community Eligibility Provision (CEP)
- Bureau of Indian Affairs



Finding Internet Hotspots

- Use an app on your phone:
 - Wi-fi Map
 - Wefi
 - Wi-Fi Masterkey
- Common places that offer free wi-fi
 - McDonalds
 - Starbucks
 - Public Libraries
 - Hospitals



Food Kitchens and Pantries



Websites that allow you to look for food pantries in your area:

<https://www.feedingamerica.org/find-your-local-foodbank>

<https://www.foodpantries.org/>

<https://ampleharvest.org/find-pantry/>

<https://www.homelessshelterdirectory.org/foodbanks/>

Questions?

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