

Maryland Veterans Resilience Initiative (MaVRI)
Advisory Council Minutes
January 14, 2013, 12:00-2:00
School of Public Health, University of Maryland, College Park

Members Present

Barbara K. Anderson (The Pro Bono Counseling Project), Jerry Boden (Maryland Department of Veterans Affairs), Susan C. Brunsell (Walter Reed National Military Medical Center), Shauna Donahue (Maryland's Commitment to Veterans), Joella Gibbs (Ft. George G. Meade), Russ Montgomery for Laura Herrera (Department of Health and Mental Hygiene), Kathleen Hoppe (Washington DC VA Medical Center), COL Danny Jaghab (Ft. George G. Meade), Samuel Kessel (School of Public Health, University of Maryland College Park), Marsden McGuire (Mental Health Clinical Center, VISN 5), Jim Martin (Graduate School of Social Work and Social Research, Bryn Mawr College), Cheryl Miller (Anne Arundel Community College), Ginger Miller (John 14:2, Inc./Women Veterans Interactive), Stan Seidel (Easter Seals of Greater Washington-Baltimore Region), Donni Turner (Maryland Department of Labor, Licensing and Regulation), Stephanie Weaver (National Guard Counterdrugs, SAMHSA), Sally Koblinsky (MaVRI PI), Leigh Leslie (MaVRI Co-I), Sandra C. Quinn (MaVRI Co-I), Emily Cook (MaVRI Project Director)

Members Absent/Excused

William Brim (Center for Deployment Psychology), Asuntha Chiang-Smith (Maryland Department of Housing and Community Development), CH MAJ Michael Clancy (Maryland Army National Guard), Maria Crane (Mental Health, VISN 5), Paula Domenici (Center for Deployment Psychology), Jesse Harris (Graduate School of Social Work, University of Maryland Baltimore), Marjan Holloway (Uniformed Services University of the Health Sciences), CH COL William Sean Lee (Maryland National Guard Joint Force Headquarters), Denise Williams (Army OneSource), Patrick Young (Towson University)

Call to Order

The meeting was called to order at 12:00 PM.

Introduction and Updates

A committee member informed the Advisory Council that the military is pushing a language shift from 'resilience' to 'fitness.' Fitness is a concept that stems from Total Force Fitness model of troop and family readiness.

MaVRI PI Koblinsky reported that many Advisory Council members have been sending interesting/valuable information to MaVRI staff and asking that it be shared with other members. She announced that while the project benefits from this information, she wanted Council approval to distribute the information to members. It was agreed by the Council that any member not wishing to receive this information would inform the MaVRI Project Director.

Koblinsky informed the Advisory Council that the Wilder Collaboration Factors Inventory would be emailed to all members after the meeting. The inventory is a self-evaluation tool designed to assess the effectiveness of the Advisory Council and give the MaVRI staff feedback for improvement. The Inventory is anonymous and administered online.

Needs Assessment

Koblinsky presented results of the needs assessment and the Advisory Council discussed both the findings and its implications. The online needs assessment was completed by a total of 3,046 professionals, including 1,767 mental health professionals and 1,279 primary care and physical health professionals. Below are the major suggestions and comments offered by Council members during this discussion:

- Follow-up on request for the numbers of professionals on the various boards to whom the survey was sent
- Run analyses of those providers who do screen for veteran status and examine whether they refer to VA facilities, as well as reasons that prevent referral
- Telehealth = Telemental health, there is a push from the VA to offer and support these kinds of services, particularly for distance families
- Tricare requires individual certification, rather than agency/clinic certification
- If a practice accepts Medicare, they should be eligible to accept CHAMPVA

Koblinsky explained that responses to the needs assessment surveys were used to identify 6 of the 7 topics to be addressed in the first behavioral health training: military culture and the deployment cycle; military child/family adjustment issues; PTSD; TBI, sleep disturbances; and women veterans' health. However, MaVRI staff members were unclear about whether the remaining topic of the first training should be: suicide or substance abuse, as these two topics were rated similarly in terms of provider interest. The Council discussed the pros and cons of each topic:

- Pro Substance Abuse: magnitude of the problem
- Con Substance Abuse: not enough time to teach clinical treatment skills, could be incorporated into other presentations (co-morbidities, women's health)
- Pro Suicide: timeliness of the issue, quick suicide screen/prevention available, increasing awareness of the issue and need to reduce stigma, has not been addressed in other state trainings, VA suicide prevention coordinators could provide resources, Council member Dr. Holloway is a potential speaker
- Con Suicide: could be incorporated into other presentations (e.g., PTSD)

The Council decided that MaVRI would attempt to secure a speaker on suicide prevention but would have substance abuse as a fall back topic if needed.

Behavioral Health Training

MaVRI Co-I Leslie provided an overview of planning for the first behavioral health training program on March 22, 2013. Following are the major suggestions made by Advisory Council members:

- Potential Resource: Investigate whether the DCoE Community Provider Tool-kit and other resources are available in paper and online format, and free of charge.
- Invite Secretary Sharfstein to draft the training announcement email and provide a short summary of the Needs Assessment results within the invitation
- Use the same behavioral health Boards to distribute the training announcement as were used to distribute the Needs Assessment invitation
- Panel Composition: should include veterans who served AD, Guard/Reserve, combat deployment, and at least one spouse; try for different service branches
- Panel Recruitment: contact local Vet Centers for veteran panel members
- Offer “Supporting Partners” to local organizations to increase awareness of the project and build community capacity; including a MD coalition that advocates for veterans issues may provide local visibility for the conference and increase potential participant awareness
- Explore providing “resource tables” at the training sites, at a minimum, provide participants with a list of the best resources from other trainings and MaVRI staff research
 - Pro tables: connects us to local organizations, provides them face time with participants
 - Con: logistics, participants will have very limited time to visit tables with a lunch panel and two 15 minute breaks

MaVRI staff plan to follow up with Advisory Council members for their assistance in identifying veteran panel members. MaVRI staff will create an email invitation for potential panel participants, including the purpose of the conference, sample questions, and a small honorarium

Peer Support Activities

MaVRI Project Director Cook discussed recent peer support activities at Howard Community College (HCC) and UMBC. HCC now has created an active student veterans organization with 25 members and a DragonVets logo/t-shirt, participated in the College Park Veterans football game, and launched other student veterans’ activities. An online survey of student veteran experiences and needs was administered at both campuses, and results were shared with appropriate veterans’ services

administrators. MaVRI staff solicited suggestions from the Council for strengthening the program at UMBC. Council members contributed the following recommendations:

- Use the campus' learning management system (e.g., Blackboard, Canvas) to create an online space to connect and stimulate dialogue among student veterans
- Encourage the campus to hold a Veterans Appreciation sporting game (e.g., basketball or other campus sport that has high spectator turn out)
- Provide information about employment opportunities for student veterans (e.g. the MD General Assembly Internships for veterans)
- Explore the creation of a Veterans Center on the campus and assist with the writing of a development proposal to fund a center

New Business: Looking ahead to Year 2 Primary Care Providers Training

MaVRI staff and Advisory Council members discussed the challenges of providing training for primary care providers. Major highlights of this discussion included:

- Build on the success of other organizations (e.g., Dr. Kudler in South Carolina had success integrating these types of trainings within Area Health Education Centers (AHEC) existing trainings)
- Possible contacts for partnering or reaching physicians might include:
 - County or State chapters of national medical and nursing societies
 - Maryland Academy for Family Physicians (includes family doctors, nurses practitioners, and physician assistants)
 - HRSA/SAMHSA have partnerships with medical health centers to provide training materials for primary care

Adjournment

The meeting was adjourned at 2:00 PM.

Submitted by

Sally Koblinsky
MaVRI PI

Leigh Leslie
MaVRI Co-I

Emily Cook
MaVRI Project Director