Attachment C

Mental Health Summit – September 8, 2017
VA Medical Center

Key discussion points:
Suicide Prevention Coordinator – 1-800-273-8255

September is suicide prevention month; key to understanding:

1. Resources
2. Community program
3. VA MH Services

Areas of growth:

1. Dissemination of information
2. VA Resources and dissemination from the PAO to community
3. Utilization of social media – i.e. Facebook and Instagram

Mental Health Council – provides advocacy

Dr. Smith – 2016 – appointed as Regional Director
Gaps and unmet needs –

1. Current and future change of focus upon access to mental health care.
2. SD Medical Examiner reports veteran suicides to the VA.
3. Suicide numbers are still high.
4. Reducing veteran suicides is a goal of the Secretary of the VA.
5. Primary Care Mental Health Integration initiative. Designed to create screening through primary care providers.
6. Uses tele mental healthcare to reduce wait times for care – 3.2 days.

Choice first program is used to address mental health care to reduce backlogs.

Limiting other than honorable discharges.

1. The VA is working on methods to address care that is limited based upon other than honorable.
2. The VA has a team that works to assist veterans to potentially change other than honorable discharges to honorable based upon past service.
3. The technical aspects of suicide lethality determination is based upon predictive analytics.
4. The key to creating change in lethality is creating connectedness with those who have an other than honorable discharge.
5. The key to the factor is the 90-day eligibility for those with other than honorable.
6. Jude Litzenberger – SDVC – stated that if the conditions are right, the deciding judges/legal authority will general lean towards changing discharge to honorable.
7. McHale Smith, Jr. – Ensenada – Nexis letters to military service in support of claim. Nexis letters, according to Dr. Smith, are not required and the claim adjudicator does not read the letters.

Dr. Kudler – VA Central Office – Chief Consultant, Mental Health Services

"Past is never dead. It's not even past." William Faulkner

Reviewed history of VA.

1. VA Mental Health – Largest Integrated Mental Health System Globally.
   a. Discussed dual diagnosis treatment and the interconnectedness between the physical disabilities and mental disabilities.
2. Priority is the elimination of Veteran Suicides as a clinical priority.
   a. Use warm handoffs between staff
   b. Demand for Mental Health Care increased to 28% in 2015 from 19% in 2005.
3. Indentify problems ahead of time.
   a. Key to this is creating open conversation through the integration of MH Services into Primary Care.

VITAL – VA Staff on colleges and universities.

Peer specialists. VA has 1100 peer specialists who complete the intakes. These are generally individuals with BA's or BS degrees in psychology.
Peer coaches. Licensed providers who provide interim services to veterans.

Preventing veteran suicides entails –

1. Improving transition from military to civilian life.
2. Know all veterans – only six out of 20 veteran suicides have received appropriate care.
3. Partner across communities.
4. Lethal means safety – seeking and gaining safety through interventions systems wide will reduce suicides.
5. Improve access to healthcare and also mental health services.

Data development. Patterns are based upon big data (i.e. program analytics).
Women suicides – typically use fire arms and medication. Fire arms are considered lethal.
Suicide happens based upon times of trauma and drama. Coaching into care provides an avenue for veterans to obtain care.

Some training to assist the community to make a difference in the veteran population:
https://VHA.train.org
http://veterantraining.va.gov
http://maketheconnection.net – **videos with stories.**
https://www.ptsd.va.gov/ **PTSD treatment aides – i.e. service dogs.**

VA has it's own app store to obtain training and development in field.

Models of care.
The VA is currently utilizing a measurement based care model. This is designed to create organizational improvements.
Inclusion of mental health on VA Sails and Mental Health Management System (MHMS).

Email: Harld.Kudler@va.gov (he is at the central office).

Coaching into Care. 1-888-823-7458. 0800-2000 Eastern Standard Time, M-F.

1. Services all veteran eras.
2. Marketing into the community.
3. Goal is to help veterans navigate the VA system and POCs (i.e. doctors, services, etc).
4. 85% of the program participants require psychosocial support

5. Responders – have a BA in Psychology.
   a. Answers initial calls
   b. Offer follow up appointments and contact.
   c. Provides resource information (i.e. appointments, care guidance, determine goals of contact).
6. Coach – licensed mental health provider.
   a. Provides 5-50-minute sessions that create a plan of action for the caller.
   b. Analyses psychological symptoms; if any.
   c. Evaluates client for future services in the mental health arena and care recommendations.
7. Warm transfers to providers.
   a. Responders and coaches provide warm hand offs to providers in response to specific health care needs.
   b. Clients are not just transferred; rather, they are transferred to someone that answers the telephone.

Website: coachingintocare.va.gov.

Give An Hour. Website: giveanhour.org.
This program has 7,000 volunteer licensed mental health providers. Each provider is vetted and overseen by a supervisor. Each provider provides at least one hour for a year to a veteran.

The program allows for internships with appropriate licensure supervision.

Iraq and Afghanistan Veteran of America (IAVA). Items discussed:
Clay Hunt suicide prevention act (SAV).

1. Required increase access to mental healthcare by seeking peer support and community outreach pilot program.
2. Used a pilot program at the VA to attract mental health providers through student loan repayment for students in debt in psychiatry for recruitment to VA.
3. Boost accountability of mental health providers and participation by veterans in programs.

Key to the transitioning of veterans is to teach the culture and ensure there is understanding by the veteran. This can be accomplished through peer support specialists and personal coaches.

Operation Engage America.

1. Discussed the moral dilemma of incongruent behavior between having to kill someone and not wanting to kill someone.
2. Has made the rounds in DC promoting change.
3. Key factors in suicide include:
   a. Moral injury – congruence between actions and words.
   b. Gun research - Congress has removed federal funding for firearms-related research.
   c. It is illegal to gain access to information about who owns what gun.
   d. Privacy laws.
   e. DoD responsibilities.
   f. Effective PTSD Research
   g. Suicide efforts.

4. Created a local list of support networks that is maintained in .pdf format.

The founders recommended the use of TRIBE. Tribe equates to:
Transition
Renewal
Integration
Becoming
Empowerment

The founders stated that the program is designed to eliminate MH stigma; improve military readiness; improve veteran engagement; heals moral injuries (i.e. having to kill); sustains behavioral wellness; and celebrates honorable military service.

The founders recommended that the program utilize International Coaches Federation coaches who are "certified". This is of concern as the ICF coaches can have a high school diploma and no formal university education in psychology. This program does not meet the current TAP and VOWS Act requirements. This is taking a step backwards instead of moving forward with the programs. During Q&A Dr. Horvath brought this to the attention of the organization. The founder stated it was not his suggestion; rather, that of the author. Yet, the founder brought the suggestion and support request to the VA community.

The Transition GPS requirements are that of having a career coach with a master's degree in counseling psychology or related field per current Army and Navy contracts.

The program basically takes the active duty service member off of military duties for at least six months prior to retirement or ETS. This would cause the military to increase human capital costs while impacting mission readiness.

Break out groups.

1. **Moral injury and PTSD.** Chaplain Lee discussed the theoretical dilemmas that veterans face when transitioning from military to civilian life. One of the key issues goes back to the issues of congruence between deeds and beliefs – i.e. being ordered to kill and later finding out that the person you killed was not a terrorist only a father excited that his newborn son had arrived. Yet, you were ordered to shoot on sight.
2. **Innovations in Mental Health.** Discussed how the program operated and how conditions of discharge change.
3. **Veteran Justice Outreach.** Discussed program purpose and also how to access program. Works with Veteran's Court, probation, housing, and other key components of a veteran's basic needs.

Important to note that according to Jude Litzenberger – SDVC – stated that Dr. Smith stated that there will be telemedicine available for those residing in Mexico shortly.

Summit closed at 1525 with acknowledgement of those who participated and those who worked tirelessly to create the Summit.