

COLLABORATION AND DEVELOPMENT OF COMMUNITIES OF CARE:



Part II

THE NORTH CAROLINA GOVERNOR'S SUMMIT ON RETURNING VETERANS AND THEIR FAMILIES

Harold Kudler, M.D.

Associate Director

VA VISN 6 Mental Illness Research, Education and Clinical Center on Deployment Mental Health

Associate Clinical Professor

Department of Psychiatry and Behavioral Sciences

Duke University Medical Center

Harold.Kudler@VA.GOV

THE NORTH CAROLINA GOVERNOR'S SUMMIT ON RETURNING VETERANS AND THEIR FAMILIES

- On September 27, 2006, key leaders of North Carolina State Government, VA, and DoD met with representatives of state and community provider and consumer groups
- Governor Michael Easley charged Summit participants to develop new ideas that would help veterans succeed in getting back to their families, their jobs and their communities
- The Summit was only the start of a process, not its end!

SUMMIT GOALS

- Exchange information about respective agencies' assets and goals
- Identify strategic partnerships
- Articulate an integrated continuum of care that emphasizes access, quality, effectiveness, efficiency, and compassion
- Optimize access to information, support, and, when necessary, clinical services across systems as part of a balanced public health approach

NEXT STEPS

- Governor's Letter to Veterans and Families
 - A strong and clear "Thank you"
 - A toll free number from the State Department of Health and Human Services (1-800-662-7030)
 - Access to health, educational, financial and vocational services for Service Members/Veterans and family members
 - A *new mission* for veterans and their families
 - "Build stronger careers, families and communities for the good of all the people of North Carolina"

4

NEXT STEPS

- Form bridges between DoD, VA, state and local mental health, primary care and family support programs
 - PDHA/PDHRA/Yellow Ribbon Programs
 - State-Wide AHEC Outreach Series
- Coordinate with TRICARE and Military OneSource
 - Increase the number of TRICARE providers
- Enhance interchange between military and VA chaplains and local faith communities and train local faith and lay leaders
 - Clinical Pastoral Education Training
 - Rural Health Initiative

5

NEXT STEPS

- Explore and develop other partnerships at the local, state and national levels
 - American Psychological Association
 - American Psychiatric Association
 - American Pediatric Association
 - American Academy of Family Practitioners
 - Sesame Street Talk, Listen, Connect
 - 4-H Operation Military Kids
 - Military Child Education Coalition
 - Zero to Three

6

NEXT STEPS

- Still More Potential Partners
 - National Military Family Association
 - Military One Source
 - National Guard Family Assistance Centers
 - VA Office of Rural Health
 - National Rural Mental Health Association
 - Citizen Soldier Support Program
 - The VA National Center for PTSD
 - International Society for Traumatic Stress Studies
 - SAMHSA's Paving the Road Home Report/Process
 - The Center for the Study of Traumatic Stress
 - National Child Trauma Network

7

GOALS

- Enhance outreach
- Increase appropriate referrals
- Reduce stigma
- Promote healthy outcomes/Resilience/Recovery
 - Strengthen families
 - Decrease military attrition
 - Decrease disability
- Increase consumer and provider satisfaction
- ***Transform* the post deployment health system**

8

THE BOTTOM LINE

There should be *No Wrong Door* to which OEF/OIF veterans or their families can come for help

9



Harold.Kudler@VA.GOV
