



# DEVELOPMENT OF COMMUNITIES OF CARE

PART I

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## SCOPE OF THE ISSUE

- o “The challenges are enormous and the consequences of non-performance are significant. Data...indicate that 38% of Soldiers and 31% of Marines report psychological symptoms. Among members of the National Guard, the figure rises to 49%. Further, psychological concerns are significantly higher among those with *repeated deployments*, a rapidly growing cohort.

--Report of the DoD Task Force on Mental Health  
 June 2007

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## SCOPE OF THE ISSUE

- o Psychological concerns among *family members* of deployed and returning OEF/OIF veterans, while yet to be fully quantified, are also an area of concern. Hundreds of thousands of children have experienced the deployment of a parent...”

--Report of the DoD Task Force on Mental Health  
 June 2007

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## OEF/OIF VETERANS AND VA

- As of First Quarter, FY 2009:
  - 981,834 OEF/OIF veterans eligible for VA services
  - 43% (425,538) have already sought VA care
- Possible mental health problems reported among 45.6% (193,879) of those who have presented to VA

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## BEYOND THE DOD/VA CONTINUUM

- Ideally such problems will be picked up somewhere within the DoD/VA continuum of care *but*:
  - If only 43% of All OEF/OIF Veterans eligible for VA care have come to VA *where are the other 57%?*
- There is a “silent majority” of OEF/OIF veterans not coming to VA

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## COMPARISON TO THE NATIONAL VIETNAM VETERANS READJUSTMENT STUDY

- Only 20% of the Vietnam Veterans with PTSD at the time of the study had EVER gone to VA for Mental Health Care yet:
- 62% of all Vietnam Veterans with PTSD had sought MH care at some point

Kulka et al. 1990, Volume II, Table IX-2

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## PUBLIC HEALTH MODEL

- Most war fighters/veterans will *not* develop a mental illness but all war fighters/veterans and their families face important readjustment issues
- This population-based approach is less about making diagnoses than about helping individuals and families retain a healthy balance despite the stress of deployment

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## PUBLIC HEALTH MODEL

- Incorporates the Recovery Model and other principles of the President's New Freedom Commission on Mental Health
  - *Having a post deployment problem or even a formal diagnosis doesn't mean a person is disabled*
- Requires a progressively engaging, phase-appropriate integration of services

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## PUBLIC HEALTH MODEL

- This program must:
  - Be driven by the needs of the Service Member/Veteran and his/her family rather than by DoD and VA traditions
  - Meet prospective users where they live rather than wait for them to find their way to the right mix of our services
  - Increase access and reduce stigma

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**BEYOND THE DOD/VA  
CONTINUUM: PARTNERING WITH  
STATES AND COMMUNITIES**

DoD/VA/State and Community Partnerships Are Already  
Under Way or in planning in:

- Upstate New York
- Washington State
- Ohio
- Alabama
- Vermont
- Rhode Island
- Oregon
- Minnesota
- Texas
- Missouri
- Virginia
- Maryland
- Other states?

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**ADVANTAGES OF WORKING  
AT STATE AND COMMUNITY  
LEVELS**

- May enhance *access* for Service Members, veterans and family members concerned about seeking help within the DoD/VA continuum
- May enhance the *quality of services* veterans and family members receive in the community

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**ADVANTAGES OF WORKING  
AT STATE AND COMMUNITY  
LEVELS**

- National Guard programs are organized by state
- Each state has its own veterans services program
- Builds a system of interagency communication and coordination that may serve well at times of disaster
- No two states are exactly alike in resources, needs and opportunities

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## COLLABORATION AND DEVELOPMENT OF COMMUNITIES OF CARE:



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

Part II

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## 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!

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## 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

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## 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"

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## 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

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## 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

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## 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

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## 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**

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## THE BOTTOM LINE

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

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