

ADVISORY COMMITTEE ON THE READJUSTMENT OF VETERANS

September 2006 Meeting Minutes

I. Summary of Agenda:

- A. The referenced Committee conducted a regularly scheduled meeting in Washington, DC on Thursday, September 7 and Friday, September 8, 2006. In attendance were Hector de Leon, Diane Evans, Art Fillmore, Allen Hoe, Daniel Lindsey, Carlos Martinez, Diane Plappert, David Pryce, Candice Ross, John Shannon, Artie Shelton, and John Sommer.
- B. The two day agenda featured (1) presentations by VA officials on identified topics, (2) visits with veteran client groups at the Silver Spring, MD Vet Center and (3) Committee executive sessions.
- C. Presentations included the following in order of appearance:
 1. Col. Terry C. Washam, Reserve Social Work Consultant for VA's Office of Seamless Transition, briefed the Committee on DOD/VA collaborative (PDHRA) Post-Deployment Health Reassessment project. PDHRA is a screening tool for assessing the health care and readjustment needs of veterans 90-180 days post-deployment. During the period November 2005 through the end of July 2006, 16,062 Reserve and National Guard members completed the PDHRA resulting in 6,041 referrals to VA. Approximately 47% of all PDHRA referrals were Vet Center referrals.
 2. Col. Charles Milliken, M.D., Walter Reed Army Institute of Research (WRAIR), met with the Committee to review the basic principles of Battlemind Training designed by the Army to promote soldiers' transition from combat to home. Battlemind Training is the natural outgrowth from the empirical research findings reported in the Land Combat Study by Col. Charles W. Hoge, M.D., et. al. regarding the war-related mental health and readjustment problems found in returning combat soldiers from Afghanistan and Iraq. Col. Hoge's findings also document high levels of stigma found in combat veterans related to accessing professional help for war-related problems.
 3. The Committee members traveled to the Silver Spring, Maryland Vet Center on the Thursday, September 7, 2006. The purpose of the visit was to meet with VA service providers for a briefing on local readjustment counseling services and to meet with veteran clients to review first hand their readjustment needs.

4. Dr. Alfonso R. Batres, Ph.D., M.S.S.W., Chief Readjustment Counseling Officer, presented the Committee with an update on Vet Center program initiatives specifically regarding the extension of services to returnees from OEF/OIF in Afghanistan and Iraq. The Vet Center program presentation also featured presentations by two of the program's GWOT outreach specialists: Elizaberh Lopez, from the El Paso, TX Vet Center and David Hoskings from the Madison, WI Vet Center. Major Vet Center program data includes the following:
 - Since 2003 when Secretarial authority was granted for the Vet Centers to serve OEF/OIF veterans, the Vet Centers have seen over 177,000 veteran returnees from OEF/OIF. Of this total, 42,492 veterans were seen in Vet Centers for clinical service visits.
 - Since the onset of the hostilities in Afghanistan and Iraq, the Vet Centers have prioritized aggressive and timely outreach services to promote effective services to veterans returning from combat in the Global War on Terrorism (GWOT) in Afghanistan and Iraq. Early intervention via outreach, preventive educational services, screenings and referrals for follow-up care help returning veterans stabilize their post-military family and work lives, thereby reducing the risk of subsequently developing more chronic forms of PTSD and associated family problems. The augmented Vet Center outreach campaign currently underway via the activities of 100 GWOT veteran outreach workers is providing ongoing visits to inform and brief returning veterans at military demobilization and National Guard and Reserve sites. These initiatives have resulted in 134,760 documented outreach contacts with returning OEF/OIF veterans, cumulative since June 2005.
 - Following Secretarial authorization in August 2003, the Vet Centers are also actively providing bereavement counseling to surviving military family members whose loved ones were killed on active duty in Afghanistan and Iraq. Since the inception of this program, the Vet Centers have provided assistance to over 1,194 surviving family members of over 783 service members killed on active duty. Of the latter service members, 72% were in-theater casualties in Iraq or Afghanistan.
5. The Committee's concluding agenda item was a briefing by Col. Charles C. Engel, M.D., the Director of the Army's Deployment Health Clinical Center at WRAMC. Col. Engel presented the Army's pilot model currently being developed for treating soldier's post-deployment physical and mental health problems.

D. Committee executive sessions focused on the following topics:

- The importance of Committee field visits for fulfilling the provisions of its charter to represent the service needs of various veteran populations throughout the country. The Committee's discussions re-emphasized the priority for conducting field visits as a means for carrying out its mandate to veterans. Field visits afford Committee members the opportunity for direct access to information related to (1) veterans' needs and service-related concerns, and (2) VA program operations. Committee evaluations in this regard are guided by service delivery outcomes of direct value to veterans such as **access to care, technical quality, functional status, and veteran satisfaction.**
- Review of the Committee's meeting minutes from October 2005 and the Committee's 10th Annual Report to Congress. Based upon the information presented, the Committee also formulated recommendations as presented below in Section III for inclusion in its 11th annual report due next March 2007.

II. General Action Items:

The Committee requested approval to conduct its next meeting in the field to directly interact with veterans and VA service providers. The Committee's objective in this regard is to directly assess veterans' service needs and the availability of VA services to meet these needs via onsite visits to VA facilities and local veterans' groups. The committee is requesting a field visit to the southeastern area of the country possibly in February or early March 2007.

III. Summary of Recommendations: September 8, 2006

1. The Committee commends VA for authorizing a Vet Center program augmentation for FY 2007 that includes two new Vet Centers and staff augmentation at 11 existing Vet centers. However, based on a number of findings as listed below, the Committee recommends additional augmentation of the Vet Center program:

- The number of separated service members from OEF/OIF to date.
- The high number of National Guard and Reserve component forces who disperse to all corners of the country upon separation from OEF/OIF.
- The Army studies conducted by Hogue, et. al. that document the incidence of combat related stigma and readjustment problems among OEF/OIF returnees.

- The effectiveness of the VA's community-based Vet Centers in contacting the new veterans via an aggressive GWOT outreach campaign and in providing readjustment counseling to veterans and veterans' family members.

Based on the high number of National Guard/Reserve combatants in OEF/OIF, many of whom come from widely dispersed rural areas of their home states, the Committee recommends that VA prioritize creating Vet Center outstations and augmenting staff in Vet Centers that serve rural areas. The Committee believes that VA's capacity to respond to the service needs of the increasing number of OEF/OIF veterans and family members will be critical for years to come, and that expanding the Vet Center program is the most effective way to build VA's infrastructure to meet their needs over time.

2. Based upon the legislative authority for treating veterans' families at Vet Centers, the centrality of family relations to veterans' readjustment, and upon the demonstrated value of providing family treatment at those Vet Centers that have a qualified family therapist on staff, the Committee recommends that VHA augment the Vet Center program's capacity to provide family counseling to traumatized veterans by providing additional resources for qualified family therapists at Vet Centers, the number and location of which to be determined by RCS. The Committee understands that a family therapist is not necessary at every Vet Center, but that some level of augmentation of family therapists at Vet Centers would enhance the program's capacity to clinically address the more complicated family adjustment problems among increasing numbers of returning OEF/OIF combat veterans.

3. The Committee recommends that VA promote evidence-based needs assessments among the OEF/OIF veteran population focusing on measuring incidences for the full range of social and psychological readjustment problems. The Committee further recommends that such studies show demographic breakouts for veterans' age, gender, ethnicity and marital and family status.

4. The Committee believes that the Vet Center program's separate system of client records and related policy of guaranteeing confidentiality for the veteran is essential for serving a war-traumatized veteran population and goes a long way toward mitigating the stigmas manifested by this population against accessing care. The Committee recommends that VA safeguard the current policies and practices regarding the Vet Center program's system of maintaining veterans' confidentiality.

5. Given the higher number of female military personnel serving in OEF/OIF, the Committee recommends that the Vet Centers continue to carefully monitor the demographics of local catchment areas to ensure that female veteran service providers are represented on Vet Center teams at appropriate levels.

6. Given the incidence of mental health needs of returning OEF/OIF veterans as documented by the Army research of Hogue, et. al., the Committee recommends that OEF/OIF veterans be extended priority access to VA medical centers for mental health screening, assessment and treatment to avoid the barrier of waiting lists of several months for an appointment.

7. The Committee commends the Readjustment Counseling Service for establishing an aggressive GWOT veteran outreach program consisting of 100 OEF/OIF veterans who provide early contact, program information and educational briefings to veterans at military demobilization and National Guard and Reserve sites. The Committee recommends that RCS closely monitor the program's outcomes and that VHA assess the feasibility of further extensions to this program initiative contingent upon increasing workload volume among returning OEF/OIF veterans.

8. The Committee believes that as time increases following demobilization and separation from active military, many veterans will develop readjustment problems to include the delayed onset of PTSD. To facilitate ease of access to Vet Centers for care, the Committee recommends that Vet Centers ensure continuation of the more traditional methods of community outreach in addition to the GWOT outreach at demobilization sites. Such methods would include liaison with community emergency responders, educational presentations at community mental health and social service agencies, and any other form of community liaison that will result in facilitating veteran referrals for follow-up readjustment counseling.

9. The Committee recognizes the DOD/VA partnership in conducting PDHRA screenings to be an important means of referring OEF/OIF veterans for needed VA services. However, the Committee noted that the PDHRA format contains no questions that screen for military sexual trauma. Therefore, the Committee recommends that the PDHRA survey be updated to include questions that screen for military sexual trauma.

10. Given the Committee's observations that post-war readjustment for some veterans may include filing for service connection, and given the many barriers inherent in the adjudication process as reported by veteran consumers, the Committee recommends that the Under Secretaries for Health and Benefits conjointly review access issues related to the claims process and assess the feasibility of out-stationing VA benefits counselors at some Vet Centers, either full or part time.