

Knoxville Regional Veterans Mental Health Council Knoxville, TN

2013 Annual Review Veterans Mental Health Council October 1, 2012 to September 30, 2013

Date Council Began: November 29, 2012

Clinic Information:

The Council is based at the William C. Tallent VA Outpatient Clinic (KOPC), in Knoxville, TN., a region of approximately 950,000.

The Council is a Veteran's Council for Knoxville TN and eight surrounding counties, a very large outpatient clinic in a region with a large Veteran population of 87,213. The parent medical facility is Mountain Home, TN, about 110 miles away.

Council Mission Statement:

The mission of the Council is to be a bridge between veterans receiving mental health services and their families, the VA Mental Health professionals and the community support or Veterans service organizations. This bridge allows information and services to flow both ways to develop methods of measuring Veteran's satisfaction and advocate needed changes. Most importantly, to improve the communication and understanding between Veterans and the MH staff in reducing the stigma associated with seeking and using mental health services.

Fiscal Year 2013 Activities and Accomplishments:

- 1. Achieved all seven (7) KRVHMC 2013 goals by July 2, 2013.*
- 2. KRVMHC partnered with the Tennessee Veterans Business Association (TVBA) and hosted a booth at the TVBA 3rd Annual Business and Education Expo. Two Council officers were requested to attend the Expo as speakers, on the PTSD and Employment workgroup panel.*
- 3. Created a KRVMHC website in December 2012; total hits for the FY2013 is 6,827.*
- 4. KRVMHC implemented a strength-based peer support group (Legacy Peer Support Group). The facility space was donated by Elmcroft of West Knoxville Senior Living Communities. Peer Support Facilitator training was provided by Vet to Vet TN who also provides recovery workbooks, manuals and individual outreach cards.*
- 5. KRVMHC developed a transition plan from VA evidence based MH care into Peer strength-based Support Groups following best-in-class procedures from other VAMC and MIRRECs.*
- 6. Vet to Vet TN facilitated LPG 38 strength-based recovery meetings.*
- 7. At the request of a VA Clinician, KRVMHC agreed to establish a second Legacy Peer Support Group serving Sevier County. Evidence-based workgroup will be completing their workgroup in December 2013 and if released, have the option to participate in*

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LPG's continuous strength-based support group. Vet to Vet TN to provide a free facility, Peer Facilitators, recovery materials and training; Sevier County LPG is scheduled to begin in January 2014.

8. *KRVMHC created a Community Clergy committee.*
9. *KRVMHC created a Women's Legacy Peer Support Committee.*
10. *KRVHMC Council membership increased from six (6) members to our current nine (9).*
11. *The Council partnered with the VA Chief of Chaplain Services and our Liaison in the planning of a Community Clergy training program in September. This is a "first of" type of clergy training in an urban setting and was attended by 42 clergy members.*
12. *KRVMHC created a Veterans Treatment Court Committee (VTCC).*
13. *The VTCC partnered with the Knox County Drug Court and created the Knox County Veterans Treatment Court in September 2013. The VTCC received support and funding for training from the TN Administrative Office of Courts (AOC).*
14. *The VTCC initiated a "justice involved veterans" outreach program. Findings: none of the drug courts, jails, prisons, District Attorneys, Police departments, Sheriffs and first responders collected information on military service. VTCC was able to have each judicial department agree to modify their intake for to include "have you served in the military" question.*
15. *KRVMHC was an active participant at the Suicide Prevention Awareness Month and hosted a booth inside the KOPC clinic. The Council and the Clinic's Suicide Prevention Coordinator were guest on an evening news broadcast and on a 2 hour Veterans radio program to promote suicide awareness. The Council and the Suicide Prevention Coordinator held a two hour class during a Legacy Peer Support Group meeting.*
16. *KRVMHC hosted a booth at numerous events during the year to inform Veterans regarding the VMHC and its activities.*
17. *Developed a positive working relationship with Chief of Voluntary Services and the VAMC and have 5 Veterans Peer Support Volunteers certified in August; total hours for the 5 Volunteers is 1,209 hours.*
18. *KRVMHC has received over 170 referrals from numerous sources including the VA, the Vet Center, Veterans Service Organizations and our website.*
19. *KRVMHC has partnered with the Knoxville Vet Center and has a Vet Center OEF-OIF Outreach Specialist attend all of our Council meetings as a guest.*
20. *The Knoxville Vet Center supports LPG's strength-based meeting and provides one of their employees as a "member" of LPG.*

Concerns brought up during the year that impact Veterans and the delivery of mental health services:

1. ***Establish communications between KCVMHC leadership and Mental Health Executive Board (MHEB):*** *Mountain Home Mental Health Executive Board (MHEB) denied our request to have regular meetings with the MHEB; Veteran input to the Council Liaison only. Resolve numerous barriers between the VA and Council utilizing the VA VMHC Guide "solutions" as potential resolutions. Unable to resolve conflicts.*

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2. **VA staff participation:** *The success of our Council will depend on how well it collaborates with mental health and medical leadership. Request to have one or two mental health staff members regularly attend Council meetings and invite additional staff members to attend only as a particular topic or issues arise. Unsuccessful to date.*
3. **Volunteer services:** *All VA Volunteer orientation, finger printing and background checks are performed at the VAMC which is over 100 miles from all of the Volunteers. The Chief of Volunteer Services is doing everything possible to work with our Volunteers especially since he is aware of the extra burden, including time and money, incurred by our potential VA Volunteers. Pursue reasonable alternates.*
4. **First Aid Mental Health:** *The KRVMHC continues its dialogue with the Clinic leadership to develop a monthly mental health group meeting with a VA clinician and our Volunteer Peer Support Facilitators (VPSF). We have been informed this service is being provided by numerous VAMCs and CBOCs. The well-being of our VPSFs is extremely important as they provide an important component in the “recovery oriented care system”. Requested monthly and no response.*
5. **VJO position at KOPC funded and posted:** *Our clinic does not have a VJO and the VJO at the Mountain Home VAMC does not service our CBOC. KRVMHC requested the VAMC provide the clinic with a VJO to support our Veterans Treatment Court and other Veterans services. KRVMHC request was denied on the first request. Council submitted a second request and was notified a VJO position for KOPC was under consideration and possibly available in January 2014. The KCVTC is on schedule to begin the second quarter of 2014. Hire a VJO for KOPC as soon as possible.*
6. **VA Peer Support (PS) Apprentice:** *KOPC hired their first full time Peer Support Apprentice in July 2013. The PS was supposed to support our Legacy Peer Support Group in early 2013. The PS has not attended a LPG meeting and Council has requested each month for the PS support. Unresolved this issue.*
7. **Travel Pay Reinstatement:** *Travel pay reinstatement has been predicated on the attendance of the VA’s PS. This agreement was approved in June 2012 and is currently on hold due to the PS issue. This issue is unresolved.*

Staff Presentations during the Year:

KRVMHC Community Clergy training; Presentations & materials provided by the VA Chaplain Services, KOPC and KRVMHC on September 10, 2013.

Veterans Mental Health Council Information Sharing to Medical Center:

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Council shares minutes from Council meetings, Committee & Outreach briefings with the VA Liaison and Mental Health Leadership. No input or response from MHEB.

KRVMHC amended the Council bylaws on June 20, 2013 with unanimous approval. Amended bylaws submitted to our Council Liaison.

KRVMHC participated in the first teleconference meeting with other VHMCs in VISN 9 in an effort to share best-in class-practices with each other. Only two VHMC attended from VISN 9 since other emerging VHMCs in VISN 9 are just beginning.

Council members attended the Mountain Home VA Mental Health Summit in August 2013.

One (1) face to face meeting between Mental Health Leadership and KCVMHC occurred this year just before the Mental Health Summit in August.

KRVMHC provided a brief summary of the 7th Annual National Peer Support Conference held in August 2013. KRVMHC was invited to attend and requested to provide a history of the Council's development. The name of our presentation was "From Adversary to Ally: How Tennessee Veterans Created a Grassroots Peer Movement in Cooperation with of the Department of Veterans Affairs (VA) and was presented by one of the Council's officer.

KRVMHC provided a brief summary of the 3rd Annual Tennessee Peer Support Recovery Specialist Conference held in August 2013. KRVMHC was invited to attend and requested to provide a history of the Council's development. The name of our presentation was "From Adversary to Ally: How Tennessee Veterans Created a Grassroots Peer Movement in Cooperation with of the Department of Veterans Affairs (VA) and was presented by one of the Council's officer.

KRVMHC provided our liaison with VA Veterans Mental Health Council Guide, VHA Handbook 1160.01 Uniform Mental Health Services in VAMC and Clinics, VHA Handbook 1163.01 Psychosocial Rehabilitation and Recovery Services, VHA Handbook 1163.05 Rehab & Recovery Peer Support Handbook, International National Association of Peer Supporters (iNAPS) National Ethical Guidelines and Practice Standards for Peer Supporters and the Peer Specialist Toolkit (This document is a collaborative project between the VISN 1 New England MIRECC Peer Education Center, and VISN 4 MIRECC Peer Resource Center.

Suggestions/Goals for Fiscal Year 2014:

- *Increased # of regularly scheduled Outreach activities; i.e. having a booth in the clinic's lobby on a regular basis to support the OEF, OIF, OND outreach initiative*
- *Veterans Treatment Court to begin no later than 2nd quarter 2014*
- *Establish a VTC hub from the KCVTC which will support all Veterans in KOPC and Sevierville KOPC service areas.*
- *Obtain KCVTC certification from Justice For Veterans (JFV) for KCVTC.*

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- *Train other TN Recovery Courts*
- *Open 2nd LPG in Sevier County January 2014*
- *Open 3rd LPG in Blount County 2014*
- *Host “When War Comes Home” Forum for community clergy*
- *Establish Veteran Friendly congregations (VFC), cities and counties*
- *Increase number of Veterans transitioning from evidence-based to strength-based programs*
- *Train more Peer Support Facilitators.*
- *Train VTC Mentors*
- *Train VFC Facilitators*
- *Meet and collaborate with TN Mental Health Commissioner and TN Department of Veterans Affairs Commissioner and TN Chief Justice on Council’s committee initiatives.*

Respectfully Submitted:

Edouard “Ed” P. Junod
Chair, Knoxville Regional Veterans Mental Health Council

Cc: Christie Cook
Staff Liaison

1. The council gives permission for a copy of this report to be shared on the VA VMHC SharePoint.

yes no

2. The council gives permission for a copy of this report to be shared with other VMHCs.

yes no