# Veterans' Healthy Minds Advisory Council – South Texas (VHMACST)

### **Meeting Minutes**

WEDNESDAY, 04/20/22, 1100; We met at the Audie Murphy VA Hospital. CALL-IN ONLY PEOPLE - used this option: (\*6 to mute/unmute your phones). Zoom Invitation was e-mailed separately.

**Type of Meeting: Monthly Council Meeting** 

- ✓ Call to Order (Chair) 11:02
- ✓ Call the Role PRESENT: (Secretary) Betsy Davis, Becki Williams, Dave LaPointe, Amelia Peacock, Edsel Thomas, Kevin Crozier, Leah Smith, Troy McGrath, Monica Garcia, Lisa Firmin, Carlos Acosta, Angie Bukowski, Jeff Anderson, Michael Carrion, Karah Smith (excused), Robin Soto (excused) NOT PRESENT: Amanda Jenkins, Jose Gonzales, Larissa Martinez, Leah Whitmire, Natasha Walden, Lakeisha Howard
- ✓ Accept/Approve Previous Minutes as Published (Chair); Kevin motioned to accept minutes. Minutes approved.

#### Old Business

- ✓ Veterans Resilience and Recovery Collaborative (Dr. Davis) (shared screen) There is nothing significant from this group at this time.
- ✓ National VMHC (Dr. Davis) They are trying to do a lot about partnership nationally, so trying to get a website up so councils across the country can collaborate more. Dave inquired about a presentation that was held recently and was not sure if this was part of the National VMHC. This was a Mental Health Town Hall that Betsy and Amelia were able to participate in. That call is for all the mental health providers in the south Texas area. Amelia was able to join last minute and talk about the council and what we do. This has resulted in a few referrals.
- ✓ MH Executive Team (Dr. Davis)
- ✓ New Inpatient Project (Dr. Davis) Dr Davis showed the before and after pictures of the courtyard that was done on Mary 26<sup>th</sup>. USAA, VFW Auxiliary Post 7108 and 8541 were generous sponsor and donations. The Mission Continues helped organize the volunteers, Gardopia Gardens helped with the garden (which all herbs and plants are safe for the inpatient unit), Hearts Need Art helped with the mural, and it was a great collaboration to get this project done. The pictures show the work that went into the revitalization. They are looking for more opportunities to do more similar things.
- ✓ **Buddy check day** May 11<sup>th</sup> is the virtual event that is coming up for Mental Health Month. This is a collaboration with the other VAs in our network (most of the Vas in the state) and they will have speakers who will address life stressors like isolation, financial issues, relationships, etc. The last half hours will be breakouts for local resources, so the last half hour we can talk about the council and other local agencies who will talk about what they provide. This event is an intersection of Buddy Check Day, which is monthly, and Mental Health Awareness month, which May. This is why they selected the 11<sup>th</sup> to have this event. Texas Veteran's Commission and will be there to discuss their initiative. (The flyer is not approved for distribution yet, but once it is, Dr. Davis will provide it).
- ✓ May 16th, at 11 AM, in the Poly-trauma Courtyard, a local potter who is a disabled Vietnam veteran who lost his eyesight and both of his hands in Vietnam who picked up pottery as part of his recovery. He will show how he is able to create pots and will talk about this story, recovery process and do a demonstration. Again, he will be there at 11:00 on May 16<sup>th</sup>.
- ✓ There are a couple of outreach tables coming up, one at the Audie Murphy Canteen on May 3<sup>rd</sup>, one at the Northcentral clinic and one at the new Northwest clinic which we will be kept posted on. Let Dave know if you want to participate in this.

#### ✓ VHMACST Committees

- Woman Veterans Subcommittee (Col Lisa Firmin) Larissa and Colonel just participated in podcast with others, it was aired the first week of April on TVC website. It was well done on people's experiences and healing and should be linked on our website; she will send the link so they can put it on the website
- O Book event is next week. Col. Lisa Firmin's book is out this week, and she is going to collaborate with her publisher to get it out to those who preordered. The event will be educational and will be an overview of the issues. There are 14 stories about MST and assault. People were open and honest in sharing their stories, including LGTBQ stories and others as well. In some cases, she did not identify the assault and the location to protect the people who shared their stories and focuses on the issue that is entrenched in the military and how it affects lives. It is sexual assault prevention month, and this week is the anniversary of Vanessa's Guillen's murder, which was the catalyst for the book. Lisa feels scared and vulnerable with the release but is excited for it. Stories will be from military members rank E3-E6, combat experience and different branches of military are represented. There will be opening remarks and there will be small

group discussions at the event. She is grateful for all the resources that will be there, and we will have resources to give to people who show up. She is asking for people to be there to support and share the resources that will be there such as our group, Dr. Davis, Grace After Fire, Endeavors, and Women's Vets of San Antonio will be there. There will be a press release being sent out today from UTSA. The first event is in Kingsville and UTSA will be the second event, with 8 other events coming up. Lisa says thanks for the support and fellowship we have given to her and that it means a lot to her, more than we know. Lisa did report there are 2 active members in the book, one of who is gay and talks about the harassment and their experiences in the military. It is about knowing how the assault impacted their lives and each chapter talks about the healing and resilience in the lives of people in the book. Their stories are powerful and ranges from harassment, to stalking, to assault, racial disparity, sexism, ageism, and more than one case where it is reported and all went well and they were protected, but it is not always the case. One story is a reflects the incidents around a woman who case created the "I Am Vanessa Guillen Hastag" movement - and what she experienced at Fort Hood. She has a whistleblower case and a retaliation case and an IG case as well which are ongoing. What's included are recurring themes, similar to those highlighted in the story concerning Col Lisa Firmin (VHMACST member) own story. She is a Vietnam Veteran, the highest-ranking Latino serving in the Air Force on her retirement. The book is diverse as there are affluent, those who are poor, and those who experience childhood abuse. The book shows how trauma can affect you and how you can seek help. It is an intense book and has been an intense journey, as Lisa authored the book and published it just 10 and a half months.

- Outreach Subcommittee (Michael Carrion)
  - "Check-In" Program (**Dr. La Pointe**)
- ✓ VHMACST Resource Guide (**Dr. La Pointe**) Dave is waiting for the volunteers to get together to be able to start working on all the resources that are compiled. It will happen when they get it all together.
- ✓ VHMACST Reference Book (**Dr. La Pointe**)
- ✓ Veterana Mente (Larissa Martinez) Circle of Arms

#### **♣** New Business

✓ GUEST SPEAKER (S): Maria Gonzales, Market Development Advisor,
Military Health and Resilience,
Humana Military
MGonzales31@humana.com

Maria was introduced by Dave and thanks the council for our time and Lisa for sharing her story. Maria is with Humana Military and her department is military health and resilience. She met Dave about 2 years ago. She wants to share what they are doing here in SA. The department is with Humana Military, which is a provider for Tricare Benefits for all the active-duty residents for this region of US. Maria works with local non-profits, MSOs, and VSOs, as well as academic institutions and researchers to understand what each of them are doing in the space of social determinates of health. Specifically, the department is focused on addressing 3 social determinates of health they have identified that are negatively affecting the health outcomes of our military participated. T. are on a mission to improve those areas using a collective impact model. A lot of the active duty participates, and families are facing food insecurity. The food bank reports that 1 of every 5 families seeking help are military affiliated, which is up since pre-COVID. They are also interested in addressing social isolation and loneliness, whether active-duty service member or spouse as loneliness affects their health decisions that they make for themselves and their families. Third, they are looking at why the prevalence of tobacco and alcohol use is up so much more in the active-duty population as opposed to their civilian counterparts. They are not trying to look at cessation, but at the root cause of that use. They recognize that none of those social determinates are operating independently but are also likely feeding one another. They created the department because they recognize they cannot do this alone. These are complex social issues, so they are leaning onto their social partners. There is no single organization that can solve these issues, so it is in our best bet to work collectively. The collective impact model is a proven model for solving complex social issues, by bringing in cross sector partners (from the city, counties, local, government, non-profit, VSO, MSO, etc.) A collective impact model is different from other models in that it moves groups from isolated impact to coming together to align and coordinate actions to create a single movement across the effort from beginning to end and is measurable. With Operation within, which started in 2021 all organizations came together (YMCA, Food Bank, AHA, Team RWB, Mel Marie) to work to help. They wanted to increase education and awareness to reach as many as they could. They created a podcast and launched a monthly food distribution, and created a mindfulness book to address holistic health, and reinforced each other's programs and projects to be a cohesive effort. It was a well-received effort that was launched last year in 2021. The podcast was aired from the foodbank, and they had guests like Sandy Miranda from YMCA, a gold star spouse, a military spouse, and tried to have a diverse platform to talk about a wide variety of military centric issues to tackle feelings of loneliness and isolation to normalize the feelings. Mary showed a picture of monthly food distribution that was launched at the YMCA at 281 and St. Mary's to try to reach families who live in the community and unfortunately saw quite a few repeat families to show that food insecurity is something that still needs to be addressed. They learned from this pilot that effective communication earlier is needed and making sure that all parties are aligned and on the

same goal. They learned to start planning and over communicate as early as possible, that everyone knows their role, and to have a contingency plan as staff changes over the course of the pilot showed that this is needed. As a result, they have developed a Military Health Advisory Board (MHAB). Dr. Jill Palmer (Endeavors) is the chair of the military health advisory board, and this is to provide more structure and serve as a governing body of input from wide community partners for sharing. They are not interested in duplicating efforts, but for sharing where they intend to collaborate by bringing community partners together; encourage innovation to enhance or expand community projects and tracking their results. There are a lot of organizations who have agreed to work with Humana and Maria showed a slide of those partners. The larger circles are serving of the backbone (United Way, Humana Military, Endeavors), while approximately 32 other organizations are involved. MHAB meets quarterly and will be in May. They will be meeting with Dr. Palmer to outline what the expectations will be for the organizations and what they can commit to, and Maria invites us to also be involved. They had a summit last October and did a call to action, to bring organizations forward and on the screen, there is a representation of where they are today. There are some structures in the model like a strong backbone and having a common agenda. They are finding out the needs of the local community as the last needs assessment was last done in 2016. Out of that came the idea that they work with Sinas who are conducting those local needs assessment currently. In 6 months, they will have the results which will help focus efforts in an intentional way. The needs assessment was the first thing that came out of the board and the 2<sup>nd</sup> thing is the support further the service sponsorship program. Humana Military are very fond of program and think it will help with transitional service members. They will have a sponsor to help them transition back into the community. The final report should be available for publication in September or October of this year and will be available to community partners. Maria appreciates the community partners who work to help move the needle on the health-related social factors that impact the community. Maria will leave her contact information in the chat (information was not in the Chat messages). Dave thanked Maria and would like for our council to be a bubble on the slide of partners and reported that Dr. Palmer used to be a part of this council, she reads our emails all the time.

GUEST SPEAKER: Leah M. Smith, LCSW, (US Air Force Veteran)

San Antonio and Austin,

Texas - VA Regional Community Coordinator (VACC)

**VA TAM/V Sponsorship Initiative** 

Dave introduced Leah Smith, one of our newest members. Leah promises she didn't look to create the longest, wordiest, duty title! She talked today about Veteran Sponsor Partnership Network, AKA Veteran Sponsorship Initiative, which is a public/private partnership (P3 as some know it) that is in support of transitioning service members and veterans. Leah's title is VA Regional Community Coordinator, she is a veteran and was in the Airforce for 10 years as mental health tech. She transitioned to work with the VA in 2018 after doing some community social work. Leah reports she is happy to be a part of the council and is sorry that she was not here last month, but COVID caught up with her but now she is healthy and happy to be back. Transitioning is an inherent part of military service and transitioning from active-duty military service to civilian/veteran life is called ETS (or expiration of term of service, and the Marine Corp call it EAS). Transition factors, or social determinants of health, when we are in a transition period, those are the things that become highlighted. Whenever we transition, they are the things we must get in place, get rooted in to set up a new routine such as employment, housing, family needs, social/physical activities, health care, and other basic needs like food. We need to find a new job, find a home for the family, find daycares, find schools, etc. In the military when you go from base to base you have PCS or a PCA, you can go from unit to unit and that can mean you have to move across the city, and the transitions in the military are so inherent. Some of the remarkable things about some of the branches is that there are people in the unit who are certified to be sponsors. When Leah moved from Lackland to the REF in the UK she was assigned a sponsor who picked her up from the airport, showed her where her lodging was, showed her where the PX was, showed her where the gas station was, talked her about driving on the other side of the road, talked to her about her base orientation. Leah did not have a family at that time, but if she had a family then the sponsor would have been a person with similar demographics to help person get settled at the new assignment. From post to post you have the priorities you must get settled, and that sponsor helps you with those things. When you leave the military, it is more of a challenge. It happens less frequently because they are not going from one base to another or just showing up at a barracks or a dorm, there are a lot of things that need to be figured out. When you leave the military there are things in place like TAP (Transition Assistance Program), which is mandated by the Dept. of Labor, to serve the 200,000+ men and women leaving the military to help prepare people for the transition. There are mandatory elements that help, and this includes getting enrolled in the VA, getting a good resume, learning what benefits there are, getting health care, and sometimes it is like drinking from a water hose. Members might be focused on different areas for situations they are going into, and there are individualized things that are going on that will retain the focus on the immediate of where they are going. There is so much that gets done when people are getting recruited to the military to train and prepare people for their specific jobs but upon leaving the military not as many dollars are put into that space. So, there is something called the deadly gap, which is when the military member is becoming a civilian/veteran and during this time of transition, veterans are at a higher risk of suicide than other veterans and the general public. We know the rates of Veteran suicide, but the authors of the articles have found that only 25 % of vets who committed suicide were enrolled in VHA care, and there is an extremely low

% of veterans who seek mental health care from the VA and that means they complete 8 or more sessions. Leah asked the group to guess what that % is. Dave guessed less than 10%. It is 3.3%. In addition to suicide statistics, lead to the creation of the veteran sponsorship partner network (VSPN or veteran sponsorship initiative). In collaboration with community partners, there is a non-profit organization that is called the ETS sponsorship program, which is a national program to train community integration coordinators (individuals, VSOs, or CVOs) who partner with VA regional coordinators to

support people who are volunteers who are peer mentor or sponsor to transitioning service members to bridge that deadly gap. What they aim to do is be a bridge by helping sponsors transition to their post military communities. The structure is the sponsor support starting at the VRCC (Leah's position) and the Community Integration Coordinator (CIC) and they have transition coordinators (TC) who do a lot of the administrative tasks to match service members to volunteer sponsors once they have been trained. TC's support the VRCCC and CIC by making sure sponsors receive training based on rubric. Actual sponsors meet with service members, plan with them whatever their goals may be, and help them through the process of transitions which starts anywhere from 1 year to 6 months pre separation until they mutually agree to end services. There are partnerships in place between the VA, CICs and ETS programs all over the map (10 states have CIC or a governor's challenge). Most of the country is yellow, which is where service members are transitioning to states and have national support but do not have local support yet. The training process to get sponsors trained to be effective, they have to go through an experiential learning process with a lot of roles playing during the 3-day long cohort that are ran. The rubrics are created by the VA, transitioning service member and suicide prevention center in the Bronx. They are training people all over the nation and they learn about empathy, relationship building, creating goals, things at the national level and local level, the veteran crisis line and how to access it. Part of the training is they must successfully show in role play how they access crisis line on a call to get certified. At the field level the sponsor is a peer-to-peer buddy to help walk them through the process and support service members before they separate. They will have contact with service members before separation, whether it is calls, text, zoom and are coached the whole way through and they get information on the service member to better equip them so they can better service members and help meet their needs. There have been a lot of developments in the press. Partnerships with Soldier for Life is automatically enrolled in this program and have a sponsor, but you do have an "opt out" option. So, a lot of good partnerships happening at the VA and ETS level. For people to sign up, there is an app and a website, where you ca. sign up to be a sponsor and start to access training. Leah will make the slides will be available

#### ✓ Unaccompanied Burial Memorial Service (Dr. La Pointe) – This is a Bexar County Service

(An Unaccompanied Veteran is someone who's next of kin is unknown and/or burial arrangements have been made by a public administrator, a VA Medical Center, or any other authorized entity who is not the familial next of kin at the time of the Veteran's passing.) We are taking this on a monthly event. It is a service at Fort Sam for veterans who have no family or next of kin that can be contacted. Services are short but are nice, professional, and conducted well. They play taps, present the flag, do a 21-gun salute and present fired shell casings to a person representing the veteran's being honored. There were approximately 50 people at the ceremony. There were 5 veterans honored this month but in January they had 43 due to COVID. We (VHMACST) provided a floral arrangement. If you are interested, please let Dave know.

- o 3<sup>rd</sup> Wednesday of the month at 0900
- Fort Sam Houston National Cemetery 1520 Harry Wurzbach Road, SATX 78209
- VHMACST will place a wreath, floral arrangement, or other appropriate display
- PLEASE wear your VHMACST ID Lanyard if attending
- COVID Requirements for various meeting locations (Dr. La Pointe) This came up at the last meeting, so Dave wants to touch base on it. The council will comply with whatever the host of the meeting's requirements are. Personal preference is not taken into account. If there are questions or concerns of the requirements at a specific location, just ask. The last thing we want is to offend or risk not being invited back or put host in compromising position by not complying. So, when we go out to the new location, if they have something different, we go along with what those requirements are and not have conflict or confusion. The current rule at the VA is masks are required indoors but outdoors is optional. The upcoming pottery event will be in courtyard so masks will/should be optional.
- ✓ VA Implementation of PAWS Act (Amelia Peacock) the VA is working with this organization to use it as a form of therapy to help those in therapy to train the dogs. They will train the animals to be service dogs and that is the therapy portion for the individual and it will be able to help the veteran. So, it is the training of the animals because the animals will not be able to stay with the training family. If anyone has questions, please let us know.
- ✓ La Coronela's Last Command (Col Lisa Carrington Firmin) (not on any longer)

#### ✓ Upcoming Training;

o Caregiver Skills Workshop - In Person, Monday, 15 Apr 2022, 1300-1500, register online. Link/info provided

#### ✓ Upcoming Events; please participate in Col Firmin and Dr. Davis is sponsoring

- o Who's In Your Dugout Managing Mental Health in an Organization during Stressful Times; 20 April 2022, 0900, La Vernia High School Auditorium, 225 Bluebonnet Rd FREE, register online. Link/info provided
- Poetry Writing Circle, (Every Third Saturday of the Month) 21 May 2022, 1000-1230, 8310 Ewing Halsell Dr., SATX 78229 (Led by Cyra Dumitru, Poet & Poetic Medicine Practitioner)
- O Poetic Rhythms, (Every Monday) 25 Apr 2022, 1100-1200, Rainbow Senior Center at Kronkosky Place, 17 Old San Antonio Rd., Boerne, TX 78006 (Led by The Ecumenical Center's Music Therapist and Poetic Medicine Practitioner)
- Expressive Therapeutic Rhythm Making (First Saturday of Every Month) 7 May 2022, 1000-1130, The Ecumenical Center Headquarters, 8310 Ewing Halsell Dr., SATX 78229
- Open Art Studio, (Forth Saturday of the Month) April 23 2022, 1000-1200, 8310 Ewing Halsell Dr., SATX 78229, (Led by Deborah D. Murphy, MA, LPC-AT-S, ATR-BC)

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## **Upcoming Outreach Events; please participate in these things**

- o UTSA Book Event *Stories from the Front: Pain Betrayal, and Resilience on the MST Battlefield*, hosted by UTSA, Thursday, 28 Apr 2022, 1400 A book by Col Lisa Carrington Firmin, MS, USAF Ret.
  - VHMACST will have a table, VA MH/suicide prevention/MST may have a table as well
- Flags for fallen Veterans VHMACST to assist in placement and removal of flags; PLACEMENT 29 May 2022, 0900, Removal – 4 June 2022, 0900
- Unaccompanied Burial Memorial Service (Third Wednesday of the Month) VHMACST will be providing/placing a wreath, floral arrangement, or other appropriate display, 20 Apr 2022, 0900, Fort Sam Houston National Cemetery 1520 Harry Wurzbach Road, SATX 78209 (Please wear your VHMACST ID lanyard if attending)

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# If you attend, present, or participate in any training, event, or outreach please let us know so we can track appropriately. Thank you.

- ◆ Other Because of the VHMACST and the events we participate in, we've had input/contact from veterans around the country. Specifically, input from Pennsylvania, Michigan and California from people who see what we are accomplishing here and want to be involved. For example, Dave served with a person, now retired Air Force and as a civilian is doing similar work to what Leah Smith in involved with, transitioning veterans, family members. Etc. This is one of the reasons that we are happily moving forward and moving in the right direction by getting information out to people who are benefiting from our information.
- ✓ Next Meeting 20 Jun 2022, 1100, at the Northwest Center.
- Miscellaneous Kevin sent us information on the counts: in total we are at 400,000, we are at 355,000 and the home page has 115,000 hits. Our resources have gone up. Our numbers went up 100-150 visits on average. The MST section is still getting traffic and went up about 50 visits.
- If you were there, you could get brochures and some of the 1000 thank you cards. We have large posters in the back. Dave will take pictures and put them online so if we can order/use them. There are all sorts of information about membership and people trying to get in, we have had 2 new people referred, not referred by Dr. Davis! A bigger issue we will talk about is the possibility of turning the VHMACST into non-profit organization. We did receive a \$150.00 donation today specific due to starting to do the unaccompanied veteran burial so we might have to add a treasurer to the group to track those monies. Thanks to Ed for working on this. Speakers were highly informative, and all questions were answered so the meeting went on longer than expected.
- Adjournment; Kevin, Angie and Amelia motioned to adjourned, Dr. La Pointe adjourned the meeting at 12:14.