



**Montgomery County Commission on Veterans Affairs
Strategic Planning Meeting Summary Minutes
October 18th, 2016**

I. Call to Order & Introductions

Randy Stone, Vice-Chairman, welcomed everyone to the meeting of the Commission on Veterans Affairs (CVA). Randy asked for all present to stand for the Pledge of Allegiance and to remain standing for a moment of silence for all of those who have given their lives and those who have been wounded for our country in the different conflicts in which our country has been engaged. A POW/MIA Empty Chair is placed at all official meetings of the Commission as a physical symbol of the thousands of American POW/MIAs still unaccounted for from all wars and conflicts involving the United States of America.

II. Approval of Minutes

Jim Campbell, Commissioner, made a motion to approve the September 2016 Meeting Summary Minutes. Mike Subin, Commissioner, seconded the motion. A vote was taken and the September 2016 Meeting Summary Minutes were unanimously approved. Approved minutes are available online at www.montgomerycountymd.gov/cva.

III. Serving Together Updates and Access to Behavioral Health and Wellness Programs – Julie Riggs, Program Manager, Serving Together – A program of EveryMind (formerly Mental Health Association of Montgomery County)

On September 15th, the Mental Health Association of Montgomery County (MHAMC) rebranded to become Every-Mind. Serving Together (ST), a program of Every-Mind, serves Montgomery County as well as Frederick County, D.C., and five counties within Northern Virginia, with plans to expand into Prince George’s County. The name MHAMC was limiting their ability to seek funding to expand the program. The new name also takes away the stigma of mental illness. Every-Mind is focusing more on mental wellness.

ST has been a program of MHAMC since its inception, but was not associated with the organization due to stigma. This is not an issue with the new name. ST will not change in terms of services and will continue to focus on coordinating services in the County or Veterans and their families, collaborating with other organizations, and helping to fill the gaps.

Julie discussed Veterans access to mental health care services with Melissa Barber, Maryland’s Commitment to Veterans. Melissa noted there are two options for Veterans to receive services. The VA Medical Center is one option if the Veteran meets the eligibility requirements and has the time and transportation to get to the Center. The other option is the Silver Spring Vet Center, which now serves combat Veterans including those who have been dishonorably discharged. A large number of Veterans are choosing to receive behavioral health care locally, although not all Veterans qualify for these services. Melissa has not personally seen any Veteran utilize the Veterans Choice Program.

Pro bono mental health counseling through non-profit agencies such as Give an Hour provide free behavioral health services to Veterans. Both Melissa and ST together refer Veterans to these types of organizations.

It is not widely known that Veterans can access behavioral healthcare through the public system in Montgomery County. A Veteran can be served under the uninsured Veteran criteria which excludes them from the financial criteria. Melissa noted that providers do not know that they can bill under the uninsured insurance criteria through Beacon Hill Health Services. Providers need to be educated that they can serve the Veteran population and how to bill for services.

Mike Subin, Commissioner, reported that there are a number of mental health organizations working with the VA on the new Community-Based Outpatient Clinic (CBOC). The County Executive has appointed a Senior Fellow to work on this project.

Handouts:

EveryMind Services - <http://www.montgomerycountymd.gov/HHS-Program/Resources/Files/A%26D%20Docs/CVA/EveryMindServices.pdf>

EveryMind - Mental Health Resources - <http://www.montgomerycountymd.gov/HHS-Program/Resources/Files/A%26D%20Docs/CVA/EveryMindResources.pdf>

IV. Overview of Department of Defense (DoD) Suicide Prevention Efforts – Jackie Garrick, DoD

Suicide is a global problem. In America, 40,000 citizens are lost to suicide every year. It is the 10th leading cause of death among Americans.

In 1990, Ms. Garrick made her first presentation at an International Society for Traumatic Stress Studies Conference on suicide among Vietnam Veterans. In the 1980s, suicide was the leading cause of death among Vietnam Veterans. There were similar patterns with Gulf War Veterans and now there is a similar pattern with OIF/OEF Veterans.

Prior to 9/11, military suicide rates were 10 per 100,000 annually. Now they mirror the private sector at 20 to 22 per 100,000 deaths per year. There are many similarities between the young male civilian population and the young male military population. That data is for all Veterans and is based on data received from about 20 States. Since that study, the VA has received data from more states. DoD has purchased mortality data from the Centers of Disease Control (CDC) dating back to 1979. This information helps to fix inaccuracies in regards to VA death benefits for Veterans and their family members.

It is assumed that deployment increases the suicide risk, but data shows that within the last 15 years there was a higher rate of suicide among those who did not deploy than among those who did. As deployments increased in frequency, the risk of suicide decreased. This data does track with the media narrative of suicide in the military.

Suicide is a very complex issue. To explain, Ms. Garrick discussed her suicide trajectory analogy involving snowflakes, snowballs, and avalanches. Snowflakes are the stresses of every day life, such as families and jobs, that we juggle. These snowflakes can turn into snowballs if the issue becomes harder to deal with, such as divorce, loss of a job, or financial or relationship problems. In time these snowballs can turn into an avalanche and a person can feel buried alive. Typically, mental health services focus on the avalanche level in terms of rescue, recovery and treatment. There weren't many services that focused on prevention or how to manage the issues that can turn into snowballs.

The DoD Defense Suicide Prevention Office (DSP) was established in 2011 to create suicide prevention and resilience programs and policies to ensure servicemembers and their families overcome risk factors and are mission ready from entry on duty to retirement or separation. Ms. Garrick was the Director for DSP from 2011 to 2015.

Relationships fail due to underlying reasons and causes such as intimacy dysfunction and an inability to communicate, which can turn into substance abuse, domestic violence and sexual assault.

Another issue that has come to light is the change in command structure and the military environment. Before, a Commander could easily visit his commands on base and performance wellness checks. Today, to make the military more attractive, servicemembers are now able to live in their own community and

can marry without pre-authorization. Commanders can no longer visit their troops because they are spread out.

DoD has started to track the suicide rates for the National Guard (NG) and Reserves (R). Even though NG/R serve part of the time, we are still relying on them in the Iraq and Afghanistan wars. The NG has become less traditional. When Ms. Garrick was providing training to a combat operational support unit in Afghanistan, she noted that many NG were guard hopping (serving in Guard units not from their area). For areas where the economy and job market are not good, being deployed and staying deployed is viewed as economically advantageous.

There are 32 different statutes under Title 32 and Title 36 that the NG can serve under, but if a NG member does not deploy or receive Title 10 orders they are not considered Veterans and therefore are not eligible for VA services. NG/R can get into legal troubles with liens and foreclosures due to deployment, but they are not eligible to receive assistance with legal or court issues, although some courts now include Active Duty along with the Veteran population.

On the DoD has tried to partner with the VA as much as possible to provide services for Active Duty, NG, R, and their families. For example, the Veterans Crisis Line was rebranded to the Military Crisis Line to encourage Active Duty servicemembers to use the program. The number is the same as the National Prevention Lifeline. Callers can press 1 and they are transferred to the VA Call Center. Veterans need to know this is a resource for them and they can trust it. Active Duty military also have Military OneSource, which has a Call Center that provides free, comprehensive information and resources on every aspect of military life to service members (regardless of activation status), their families and survivors.

The Defense Centers of Excellence (DCOE) funds research and provide transition services as well as assisting Active Duty servicemembers in receiving mental health counseling if they move from base to base. DCOE also has a toll-free number (1-866-966-1020) to provide information on psychological health and traumatic brain injury as well as mobile applications on managing symptoms of post traumatic stress and depression. The younger generation prefers to text, use an online chat system, or attend webinars.

The Vets4Warriors peer support program based in New Jersey provides peer support and case management to all Active Duty, NG, R, Veterans and their families. Ms. Garrick discussed two phone calls that were handled by the program. One Veteran was suicidal and an alcoholic and was having difficulty accessing VA programs. The peer support person was able to call the VA and get the Veteran into a program. The other caller was a 19-year old Active Duty male who was dealing with relationship stress and loneliness. The peer support person was able to address his issues and discuss solutions.

The floor was opened to questions.

Has any research from the Army STARRS-Project been made available yet? The Army STARRS-Project is a research project funded by DoD to create practical, actionable information on risk reduction and resilience-building for suicide, suicide-related behavior, and other mental/behavioral health issues in the military. The Army has published some information on factors like deployment issues. They are also reviewing other factors such as personality types and gender issues. They are beginning to include the NG and R in their studies.

Does your data include all seven branches Uniformed Services? Ms. Garrick will have to look into this question. It may depend on the status of service. If someone is activated and they receive a DD 214 then their record will be in the Defense Manpower Data Center. Family member records are also available in that database.

What is the age across the spectrum of those who have committed suicide? On the Active Duty side, it is mostly white males between the ages of 18 to 24 who are E-4 rank or lower. For statistics relating to Veterans, suicides tend to increase between 50 to 55 years of age and then again around 80 years of age.

There is a similarity with the civilian population. Suicide rates for individuals 35 to 55 decrease as people tend to be busy with their lives in terms of work and family. There is a decline in that same age range for service members, and even more so for those who have multiple deployments and stay in the military long-term.

Are there programs or resources available for families of Veterans who have committed suicide?

The Tragedy Assistance Program for Survivors (TAPS) has a national peer support network and connection to grief resources, all at no cost to surviving families and loved ones. Vet Centers provide services to family members if the service member dies while on Active Duty. The VA also has suicide prevention coordinators.

How many Active Duty suicides occur annually? Active Duty suicides, including NG and R, total 510 to 520 annually.

What can the Commission do to help? Ms. Garrick suggested that all websites have information on the Military Crisis Line as well as information about the DCOE. She also suggested including NG and R in all literature and language. Firearm safety planning at home could be a County program and should be discussed. It is important to have a safety plan in place. Research shows that when a firearm was in the house, the spouse knew about it 7% of the time while the children knew about it 47% of the time. Women Veterans are more likely to die by suicide from a firearm than their civilian counterparts.

Are there any rehabilitation facilities in Montgomery County for Veterans? No, there are no facilities specifically for Veterans.

How many phone calls the VA Crisis Hotline receives and is there data available by County and State? Since 2007, the Veterans Crisis Line has answered more than 890,000 calls and made more than 30,000 lifesaving rescues nationwide. Vets4Warriors receives approximately 1,000 calls per day. Data may be available to the extent that phone calls can be tracked. Jackie noted that Maryland has one of the lowest suicide rates.

Do military service members have a hard time transitioning into civilian life because they lack the structure from being in the military? Ms. Garrick said it is important for the community to receive Veterans and connect them to available County and State resources. For example, the DoD's Employers Support Group of the Guard and Reserve helps businesses to bring Veterans back into their workforce after they have deployed. The military has a very powerful social structure from their environment and camaraderie, as long as the person thinks they fit in, and the transition back into civilian life can be very tough. Issues stemming from relationship and work are contributing factors to suicide. DoD has worked the last few years to improve the transition process and strengthen available resources. President Obama has gotten involved with the VA and Congress has passed the Veterans Opportunity to Work (VOW) Act, which legislates that Transition Assistance Program provides servicemembers who are about to be discharged with job seeking skills such as resume writing to help their transition to the civilian world.

It was noted that Veterans need to connect with the community itself and engage civically with the community. Veterans want to continue to serve and feel valued and relevant. The Commission could assist in identifying relevant and worthy volunteer projects and opportunities in the community for Veterans. Such opportunities would assist in promoting a healthy mental wellness.

V. Chairman and Vice-Chairman Report:

Dan Bullis, Chair, reported that he has spoken with the VA representative that is handling the Community-Based Outpatient Clinic about their outreach to Montgomery County Veterans. They plan to contact the 8,000 residents who are currently enrolled in the VA Healthcare System and they will discuss outreach efforts with their public relations team about outreaching to the residents that are not enrolled. There are an estimated 42,000 Veterans living in Montgomery County. The Commission can provide assistance with outreach to Veterans and encouraging them to enroll with the VA.

The 8th Annual Tribute to America's Veterans will be held on Thursday, November 10th. LCpl Morton A. Davis, USMC, will be the key note speaker and there will be a special tribute to former POW Col. Fred Cherry, USAF, who passed away this past February. A first-responder from 9/11 will also be part of the celebration.

The Commission will be meeting at the Executive Office Building in the 9th Floor Conference Room from now until May, unless otherwise noted.

VI. Announcements:

The Department of Transportation is continuing to move forward with their plans for the Vietnam Veteran Memorial in Wheaton. Dan would like Commissioners to begin contacting the families of those killed in action in Vietnam to inform them of the future memorial and inquire as to whether they would like to be a part of the opening ceremony.

Dan Bullis reported that American Legion Post 41 has coordinated with the American Legion and Veterans of Foreign Wars Department of NC to launch a donation drive of food, water and clothing for the City of Lumberton, NC, which has experienced widespread flooding and destruction of both business and personal property.

Stan Seidel, Commissioner, Maryland Veterans Commission, reported that the Maryland Gold Star Family Memorial is being dedicated on Friday, November 11th in Annapolis. Wayne Miller, Commissioner, will be singing at the dedication. Stan also reported that Veteran status on a Maryland's driver license will now be noted on the front. There is no charge for a Veteran to change their license to include their Veteran Status. He has invited representation from the Maryland Veterans Trust to the December meeting to discuss the program. There is over \$145,000 in trust fund money to assist Veterans, their spouses and families.

On Monday, October 24th former Redskin Tony McGee's Pro Football Plus show will be hosting a Hire a Veteran Challenge at Easter Seals in Silver Spring. The Commission will have a table at the event.

Adjournment: 7:30 p.m.

Next Full Commission Meeting: Tuesday, November 15th, 2016 from 6:00 p.m. to 7:30 p.m. at Executive Office Building, 101 Monroe Street, 9th Floor Conference Room, Rockville, MD 20850

Respectfully submitted:

Carly Clem, Administrative Specialist I

Betsy Luecking, Community Outreach Manager

Montgomery County Commission on Veterans Affairs Attendance Report

November, 2015 – October, 2016

VOTING MEMBERS			NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	SEPTEMBER	OCTOBER	ABSENCES
<input checked="" type="checkbox"/> Volunteer Form on File with Risk Management P = Present / A = Absence / P* = Ex-Officio Member Alternative Attended W = Waived Absences by County Executive / R = Waiver Requested M = Military Active Duty / * February Absences Waived – Inclement Weather													
1.	Baltimore, Vicki	Director Designee – Dept. of Health & Human Services Partial term expires 10/31/2015 RESIGNED	X	X	X	X	X	X	X	X	X	X	X
2.	Bockman, Henry <input type="checkbox"/>	Veteran 1 st term expires 10/31/2018	X	X	X	X	X	X	P	P	A	P	1
3.	Bolling, Dan <input type="checkbox"/>	General Public 1 st term expires 10/31/2017	P	P	P	P	P	P	P	A	P	P	1
4.	Bullis, Daniel <input checked="" type="checkbox"/>	Disabled American Veterans 1 st term expires 10/31/2016	P	P	P	*	P	P	P	P	P	P	0
5.	Campbell, James <input type="checkbox"/>	Military Officers Assn. of America 1 st term expires 10/31/2017	P	P	P	P	P	P	P	P	P	P	0
6.	Dixon, Octavia <input type="checkbox"/>	Veterans of Foreign Wars 1 st term expires 10/31/2017	P	P	P	*	A	P	P	P	P	A	2
7.	Drach, Ron <input type="checkbox"/>	Disabled American Veterans Partial term expires 10/31/2016	A	A	P	P	P	P	P	P	P	P	2
8.	Godwin, Jerry S. <input checked="" type="checkbox"/>	Director or Designee – Dept. of Economic Development 2 nd term expires 10/31/2016 RESIGNED	X	X	X	X	X	X	X	X	X	X	X
9.	McCarthy, Jane <input checked="" type="checkbox"/>	American Legion 2 nd term expires 10/31/2016	P	P	P	P	P	P	P	P	P	P	0
10.	Miller, Wayne <input checked="" type="checkbox"/>	Disabled American Veterans 2 nd term expires 10/31/2018	P	P	P	P	P	P	P	A	P	P	1
11.	Posard, Marek <input type="checkbox"/>	General Public Partial term expires 10/31/2017	X	X	X	X	X	X	P	P	P	A	1
12.	Starling, Joanna <input type="checkbox"/>	Ex-Officio Representing Montgomery College 1 st term expires 10/31/2018	P	P	P	*	P	P	P	P	P	P	0
13.	Stone, Randy <input checked="" type="checkbox"/>	American Legion 2 nd term expires 10/31/2018	P	A	P	P	A	P	P	P	P	P	2
14.	Subin, Michael L.	Ex-Officio Representing County Executive 3 rd term expires 10/31/2017	A	P	P	P	P	P	P	A	P	P	2
15.	VACANT	General Public VACANT											
16.	VACANT	General Public VACANT											
Attendance Policy: A Voting Member may miss up to 3 meetings within a one year rolling period. Voting Members who miss more than 3 meetings in that period or who miss 3 consecutive meetings will be automatically removed. Waivers may be requested for absences caused by extenuating circumstances.													

Non-Voting Congressional Representatives

1.	Morris, Austin – Office of Rep. Chris Van Hollen / McManus, Karen – Alternate	P	A	P	P	P*	P	P	P*	P*	A	2
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