

***Warrior-Family Roundtable Attendee Input
On Warrior-Family Needs & Recommendations to Meet These Needs
From May 3, 2011***

“What Do Warriors-Families Say They Need From Government to Enhance Their Well-Being and Psychological Health?”

CORE POINTS / OUTSTANDING QUESTIONS

- Presidential Directive No 9 – Implementation is where the rubber meets the road!
 - How do issues get on the agenda? How do we have a seat at the table at for example DOE or HHS? Who’s sitting in “our” chair?
 - Nothing about us without us!
 - Key Questions for City Councilmen, Mayors, Businesses, State Legislatures, House, Senate, White House (related to PSD No. 9):
 - How does this program/funding decrease/etc affect an active duty/veteran family impacted by a disability?
 - How were military/veteran families with special needs included in this decision?
- How does this massive plan of interventions and initiatives trickle down to the recipient (s) of all this care and concern? Who/What is the COG? How do we insure that the work continues to move forward and is evaluated for its effectiveness when it does?
- Stovepipes (SAMSHA, Center for Medicaid and Medicare, VA, DoD, ARC, STOMP).
- Treat Warriors and their Families like you would a weapon system
 - Access to Care
 - Medical Treatments (a Cadillac, not a Chevrolet, certainly not a Yugo)
 - Short and Long Term Implications for Caregivers
 - Metrics for Military/Community Programs (not build it and forget it)

EFMP Families (Who are we?)

- Includes spouses, children, or dependent parents who require special medical or educational services
- Have a diagnosed physical, intellectual or emotional condition (hugely diverse group based on disability...many services need to be individualized)

Many military parents of kids impacted by a disability...

- Are sleep deprived
- Don’t have much of a social life
- Don’t have their own hobbies or interests (their child’s disability is their “hobby”)
- Don’t get support from their family, civilian community, or schools
- Place an extraordinary value on time (they don’t have seconds, let alone minutes or hours to waste)
- Have difficulty scheduling and completing simple daily living tasks (grocery shopping, doctors appointments, dental appointments, post office)
- Experience financial difficulties (one parent unable to work, costs of care and medical expenses often out of pocket)

- Are constantly worrying about today, tomorrow, and the future for their family and their child
- Are used to and expect adversarial encounters with service professionals (doctors, teachers, therapists)

SPECIAL NEEDS

Well Being and Psychological Health” Means Providing the Help Needed

Family Needs During a PCS

- Accurate, up to date information regarding services available at all locations (specific to disability and severity)
- Clear, simple, transparent policy on assignment procedures (with compliance)
- Effective identification and communication of needs through an objective third party
- Objective comparison of needs vs. services and replicable decision making process on assignment

Family Needs Day to Day

- Assistance with identifying and accessing child care and respite services (remove barriers)
- Assistance with enrolling and accessing military (ECHO) and local (Medicaid Waiver) special needs programs
- Assistance with identifying and accessing specialty care providers (dental, speech, behavioral, neurology)
- Assistance with identifying and accessing appropriate special education programs specific to disability
- Crisis support as needed for surgery, major in-patient procedures, emotional breakdowns, severe behavioral episodes
- Ongoing assessment of member/family, check of needs and adequacy of services (quarterly, annually?)
- Assistance with establishing and maintaining records
- Assistance with financial planning and special needs trusts/long term care
- Advocacy across all areas
- Advice, lessons learned, and strategizing specific to local community and conditions

Family Needs in the Community

- Establish partnerships with local community providers of child care and respite for special needs children
- Ensure current issues regarding accessibility and utility of ECHO and Medicaid programs are communicated on behalf of military members
- Ensure issues regarding access to specialty care are communicated back thru chain of command
- Ensure issues regarding adequacy of special education services are communicated back to local communities
- Facilitate participation in local community support groups, organize/establish military support groups, establish e-mail groups and list serves

Family Needs during Deployments

- Respite care, respite care, respite care (Access to counseling doesn't matter if you can't get there).
- Proactive assistance in evaluating and establishing/ increasing services as needed (counseling, behavioral therapy and supports in the home)
- Touch points pre, during, and post deployment to assess needs and access to services
- Typical family needs (communication, resiliency training, mission awareness)
- Frequent contact and checks on needs and supports in coordination with unit

RECOMMENDATIONS

- Qualitative research needs to be done to gather the rich stories from our senior leaders and their spouses, along with other representation across ranks, about their experiences and how they are maintaining a sense of "wellbeing." This will allow us to capture common themes and build programs around these identified successes
- Provide training/sensitivity for mental health professionals
 - "A person first and then a diagnosis"
 - Treat people as people
- Undertake the challenge of Congressional funding for program management and development
- Do a better job of collecting data for useful metric development (helps justify actions)
- Look at our warfighters as a "system within a system"
 - Concept of the Army's Human Dimension
- Learn how to "walk in my shoes"
 - Must teach empathy to health/caregiver personnel (environmental awareness)
- Obtain more data which would affect how/where services are delivered (especially rural populations)
 - Measure outcomes and evaluation studies
- Work with schools to identify children's needs
- Need to look at the relevant effectiveness of the "overflow" of resources
 - Community reintegration model project
- Look at veterans from the perspective of the local level
 - Baltimore Assistance program for veterans
 - More than community-based; has to be neighborhood-based
- Get community colleges and universities involved
- "We are Virginia Veterans" (benchmark program)
 - Private/public partnership
 - Seven upcoming regional summits for local communities to decide what help they need from national organizations
- Need to know what each state resources are and problems they have
- Ensure help is provided as easily accessible as possible
- Treat warriors-families holistically
- Cross check all organizations' information/collate