

# A-TrACC Project for the Behavioral/Mental Health of Veterans/Service Members & Families

## Project Description

For FY 2011, the Health Resources and Services Administration (HRSA) modified its contract no. HSH250200900063C with the National AHEC Organization (NAO) for the AHEC Training and Consultation Center (A-TrACC). Modification 0004 added a training component for the purpose of using AHEC Centers to impact the delivery of healthcare services in the civilian sector for veterans, reservists, and their families who are coping with post deployment mental and behavioral health and substance abuse issues.

Tasks and deliverables for the contract modification included the following:

- Conduct an assessment of areas of highest need within the AHEC network for technical assistance regarding the mental and behavioral health and substance abuse issues of veterans and their families;
- Develop and conduct 10 regional workshops – one in each HRSA region – focused on implementing “train the trainer” continuing education modules on this topic;
- Provide technical assistance on this topic to AHEC grantees by conducting up to two online trainings per month and one in person training at the Summer 2012 NAO Meeting;
- Provide ongoing financial and/or logistics support to AHEC programs and centers to provide interprofessional continuing education to mental and behavioral health care providers and primary care providers on this topic;
- Develop AHEC-specific evaluation tools and methods to determine the effectiveness of the “train the trainer” continuing education modules and the continuing education itself on improving the competency and practice of health care providers, and
- Facilitate the accreditation of continuing education curriculum used in trainings at the state and national level for the appropriate health professions licensing needs.

In implementing this contract modification, HRSA set goals of training 200 AHEC staff to provide continuing education to 10,000 civilian health professionals by the end of September 2013. Each AHEC attending a workshop was asked to commit to provide CE offerings for 75-100 people and to use nationally standardized measures to evaluate project outcomes measuring participants’ commitment to practice change.

## Train-The-Trainer Workshops for AHECs: Implementation and Evaluation Report

A-TrACC promoted and offered these trainings to all staff in HRSA AHEC Grantee program and center offices.

Participation in the 10 regional workshops offered in January, February and March 2012 was extremely strong with a total of **247 AHEC staff/partners attending**. They represented 135 centers – more than half of the nation’s 257 AHEC Centers. An additional 44 guests attended the workshops as well.

These 8-hour workshops equipped participants to facilitate CE programs for civilian primary care, mental and behavioral health, and other healthcare providers, building upon existing curriculum developed by the North Carolina AHEC program and the Citizen Soldier Support Program (CSSP). Participants left the workshop with a notebook of slides and handouts supporting all topics covered. TTT participants were emailed all PowerPoint files from the workshop and electronic versions of resource materials. The most current versions of these files are available for download from the A-TrACC website at <http://bhpr.hrsa.gov/grants/areahealtheducationcenters/ta/vmhcetoolkit.html>.

The effectiveness of these workshops was evaluated through a survey of participants with a response rate of 56%. The survey measured 10 learning objectives and gave respondents the opportunity to answer 3 open ended questions. On all quantitative measures, 90% or more of respondents indicated that they strongly agreed or agreed that the learning objectives were achieved.

## TRAIN-THE-TRAINER (TTT) WORKSHOP DATA BY HRSA REGION

TTT Workshops were provided in January February and March of 2012

HRSA Regions	States in Region	*AHEC Programs in Region	AHEC Centers by Region	VMH TTT Workshop Sites	TTT Host Center	Attendees	VMH Trained AHEC Centers
Region 1	6	6	21	Boston	Berkshire AHEC	26 - AHEC Staff/Partners 01 - Guests	13 (62%)
Region 2	2	2	12	Buffalo	Erie Niagara Area Health	25 - AHEC Staff/Partners 04 - Guests	10 (83%)
Region 3	4	5	24	Baltimore	Eastern Shore AHEC	17 - AHEC Staff/Partners 12 - Guests	8 (33%)
Region 4	8	13	47	Tampa	Gulfcoast North AHEC	23 - AHEC Staff/Partners	22 (47%)
Region 5	6	6	36	Chicago	Chicagoland AHEC	29 - AHEC Staff/Partners 16 - Guests	23 (68%)
Region 6	5	8	37	Dallas	Texas AHEC East – DFW Region	51 - AHEC Staff/Partners 04 - Guests	25 (68%)
Region 7	3	5	17	Omaha	Central Nebraska AHEC	17 - AHEC Staff/Partners	7 (44%)
Region 8	6	5	18	Denver	Central Colorado AHEC	32 - AHEC Staff/Partners 03 - Guests	12 (67%)
Region 9	4	5	33	Los Angeles	California AHEC Program	13 - AHEC Staff/Partners 04 - Guests	9 (27%)
Region 10	4	3	12	Portland	Oregon AHEC Program	12 - AHEC Staff/Partners	6 (50%)
<b>Totals</b>	<b>48 States w/ AHECs</b>	<b>58 AHEC Programs</b>	<b>257 AHEC Centers</b>	<b>10 TTT Workshops</b>		<b>290 Attendees (25% greater than goal)</b>	<b>135 (53%) AHEC Centers Trained</b>

\*Includes Territories & DC

## AHECs Trained to Provide CE for Civilian Health Professionals on Behavioral/Mental Health of Veterans/Service Members & Families

Interactive map <http://batchgeo.com/map/00740402dc934a680a35edca0b6dbad9>



**TTT FACULTY**

**TTT Team Lead**

**Sheryl Pacelli, MEd**  
South East AHEC, Wilmington, NC, Presented in Regions: 1,3,4,7

**Carol Giffin-Jeansonne, EdD**  
Western Colorado AHEC  
Presented in Regions: 6,8,9,10

**James P. Kelly, MD**  
The National Intrepid Center of Excellence, Bethesda, MD  
Presented in Regions: 6,8,9

**Gretchen Forsell, MPH**  
Northern Nebraska AHEC  
Norfolk, NE  
Presented in Regions: 5,7

**Bob Goodale, MBA**  
Citizen Soldier Support Program, Univ. of North Carolina Chapel Hill, Presented in Regions: 1,2,3,4,5,7

**Mimi McFaul, PsyD**  
Western Interstate Commission on Higher Education (WICHE)  
Boulder, CO.  
Presented in Regions: 6,7,8

**Nicola Winkel, MPA**  
Western Interstate Commission on Higher Education (WICHE)  
Phoenix, AZ  
Presented in Regions: 7, 9, 10

**Carol Trono, MA**  
Texas East AHEC  
Galveston, TX  
Presented in Regions: 2

**CREDIT FOR TTT ATTENDANCE:** South East AHEC in Wilmington, NC, offered contact hours credit to participants. As of June 18, credit for 1,049 contact hours was granted to 125 participants with requests still being granted as received.

**TOPICS:** Each TTT Workshop included\*

- Scope of the problem
- Military culture
- Identify service members and their families
- Behavioral health issues
- TRICARE
- Department of Veterans Affairs
- Boots on the Ground – service members’ experience before, during and after deployment
- Overview of Veterans Mental Health Project
- Project forms – registration, evaluation and reporting
- Dept Veterans Affairs survey of civilian healthcare providers
- How to find speakers
- CSSP toolkit – each participant given one
- CSSP database
- Continuing education (CE) process

\* The trainings in LA, Denver, and Dallas had an additional topic of Traumatic Brain Injury (TBI).

**EVALUATION**

After each session all participants were emailed a link to a survey. The participants were asked to rate 10 learning objectives (6 for content, 4 for course administration) on a Likert-like scale from *Strongly Agree* to *Strongly Disagree*. When participants completed the survey, they were transitioned to a *Certificate of Attendance* page. If they requested contact hour credit, they were also transitioned to a *Certificate of Credit* page. Fifty-six percent of participants responded to the survey.

Evaluation Results – Content-Specific Learning Objectives

Objective	Response N	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
<b>Knowledge:</b> Discuss Importance of military culture	157	106	47	2	2	0
<b>Knowledge:</b> List signs and symptoms of PTSD and TBI	152	64	67	10	11	0
<b>Knowledge:</b> Resources available - VA, TRICARE, National Guard, military posts/bases	157	78	68	8	3	0
<b>Knowledge:</b> Understand project evaluation guidelines*	135	56	69	9	1	0
<b>Skills:</b> Organizing a training in local AHEC area	148	63	70	10	5	0
<b>Commit to Action:</b> We will complete continuing education evaluation requirements	135	73	54	8	0	0
<b>Totals</b>	<b>56% Response Rate</b>	<b>92% Percent Strongly Agree/Agree</b>		<b>5% Undecided</b>	<b>3% Percent Disagree</b>	

\*Objective added after first training

## Evaluation Results – General Learning Objectives

128 Participants responded to the following Overall Course Administration Learning Objectives:

- Course content pertinent to my needs/expectations
- Course content achieved stated objectives
- Registration process was user-friendly
- Facilities and location were adequate

The evaluation results to this set of objectives showed 91% Strongly Agree or Agree, 5% Undecided, and 4% Disagree.

## Evaluation Results – Open-ended Questions

After rating the learning objectives, participants were given the opportunity to respond to 3 open ended questions. Below is a summary of comments by question.

*What tools, skills or ideas do you now have that you did not have at the beginning of this program?*

The concept mentioned most was an appreciation of **military culture – how it is more than “just a job”** and how it affects everything that involves the family. Other positive comments were about 1) the **resources available** – course materials; Citizen Soldier Support Program (CSSP) database and toolkit; speakers from TRICARE, Dept Veterans Affairs, and National Guard; and 2) **confidence to organize** a continuing education event. A few people indicated increased knowledge of PTSD and TBI.

*How will you apply/use this information in your daily practice?*

Some said they would disseminate the information in their **continuing education** events (in addition to those required by this project). Others said they would use it in their work with **coalitions, organizations, community members, medical students, employers, other healthcare professionals**, in workforce development projects, and in public relations/marketing for their events. Many mentioned using the information to help provide a more supportive environment for military personnel in their community.

*General comments about the program.*

Most general comments were complementary and indicated that the workshop was **well organized** and provided “everything needed to go home and organize events.” General comments did indicate a need for follow-up technical assistance which was provided through conference calls and online meetings with workshop participants. General comments also reflected challenges inherent in using local speakers to present on behavioral health issues, TRICARE, Dept. of Veterans Affairs and military culture at each workshop. While it was beneficial, expeditious and financially necessary to have local experts present, it impacted speaker quality and consistency of the curriculum at some workshops.

## SUMMARY

The Train-The-Trainer workshops were well attended and well received. Participation goals were surpassed, and training goals were met. Based on informal, voluntary reporting of CE activities, continuing education trainings are planned or have been implemented in 33 different states by 78 AHECs as of June 5. Those numbers are increasing weekly.

The A-TrACC team has received consistent feedback from AHEC staff as to how valuable the trainings were and how beneficial the project will be in building partnerships in their communities and with other AHECs. As stated by one workshop logistic host,

*“We had representatives from five states – people who had never worked together on any projects in the past. If you’ve seen one AHEC, you’ve seen one AHEC; but, this group of people enjoyed learning from one another and from the presenters, and looked forward to working on this project together and offering some much needed support for our returning veterans. What a wonderful project this turned out to be . . . .”*

Another workshop host said,

*“It was great to be a part of a national effort to better serve our veterans and to have the opportunity to work with NAO and other AHEC staff that typically we never get to meet or we see once every year or every other year at the NAO conference.”*

AHEC centers are partnering with hospitals and clinics; schools of medicine, nursing and allied health; VA Medical Centers and Community Based Outpatient Clinics; public health organizations and health cooperatives; military bases; National Guard, Reserve, American Legion and VFW posts; community health centers, and a wide variety of mental and behavioral health organizations and providers. The momentum for this project is steadily increasing, and initial feedback shows that it can significantly impact civilian healthcare providers’ ability to meet the mental and behavioral healthcare needs of this medically underserved population in communities nationwide.