



Operation Re-Entry North Carolina: Veteran Resiliency and Reintegration through Technology (ORNC: R&R)

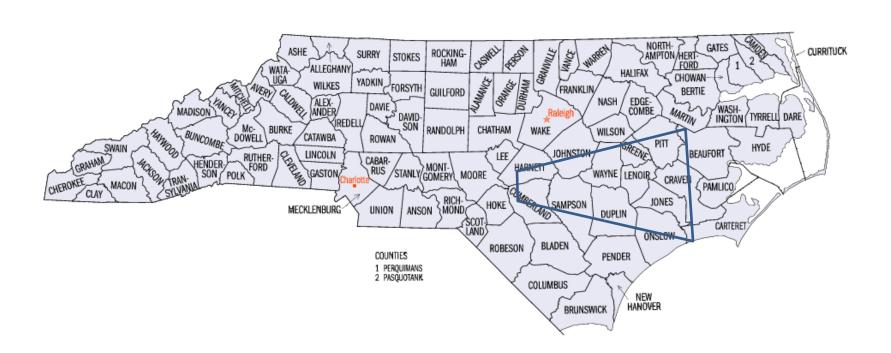
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NC: A Military State

- 800,000 Veterans reside in NC
 - Psychosocial issues
 - Homelessness
 - Unemployment
 - Behavioral/mental health
 - Ethnic/gender/sexual orientation minorities at higher risk
- Eastern NC (i.e., east of I-95)
 - Military corridor
 - Marine Core Base Camp Lejeune
 - Mare Core Air Station Cherry Point and New River
 - Pope & Seymour Johnson AFBs
 - Fort Bragg Army Base
 - Rural and Poor: Health, employment, etc. disparities
 - Rural Veterans at increased risk for suicide than urban counterparts.

Catchment Area



Our Mission & Objectives

 Mission: Strengthen the resiliency and facilitate the reintegration of homeless and underserved Veterans and their families through innovative uses of technology.

Objectives:

- increasing the number of rural, eastern NC homeless and underserved veterans and their families who access medical, psychiatric, and behavioral health services,
- reducing substance use and symptoms of co-occurring mental health disorders (e.g., suicide, post-traumatic stress, depression, etc.),
- reducing the number of veterans and their families experiencing a homeless episode,
- increasing their social and vocational functioning, and
- measuring the impact of the use of technology-based delivery systems on these objectives.

Our Team

- East Carolina University
 - 4 Departments/4 Clinics across 4 Colleges
- Community
 - VA, Shelters, Soup Kitchens, Local Providers, Law Enforcement, etc., etc.
- Intra & Interdisciplinary
 - Addictions Counselors
 - Marriage & Family Therapists
 - Psychiatrists
 - Biofeedback Technicians
 - Vocational Counselors

Our Technology

- Rover
- Texting
- Email
- Telephone
- Biofeedback*
- Polycom*
- A-CHESS*
- EHR⊗
- Guiding principles
 - A little tech at a time
 - Contact between contacts

Rover





Typical Mission

- Team members
 - Doctoral students masters students at various levels of training
- Team location description
 - Determining sites with most "hits"
 - Consistent scheduling/communication
- Mission goals
 - "Evaluation as engagement"
 - Enrolling for clinical services
- Mission relationships
 - Communication with participants and with agency staff
 - Reminder slips

Typical Mission Outline

- Departure preparation
- Departure
- Arrival and Rover deployment
- Participant engagement
 - Varying levels
- Return trip preparation
 - Preparation begins now
- Mission hand-off

What we've done (so far...)

- 90 Missions
- Enrolled 155 in some level of service
- Text message blasts:
 - 90 mission location blasts,
 - Over 200 "monthly check-in" contacts by various means,
 - Over 100 "who's hiring" blasts by county.
- Enhanced clinical encounters:
 - 40 email counseling sessions,
 - 35 phone counseling sessions,
 - 62 face-to-face sessions,
 - 5 feedback sessions.

How we've done (so far..)

- GPRA 6-month follow-up
 - 47.8% follow-up rate (11 of 23)
 - Substance use increased 16.7%*
 - Social connectedness decreased 12.5%
 - Crime decreased 10%*
 - Employment increased 100% (18% to 36%)
 - Bio/Behavioral Consequences decreased 10%
 - Stable housing increased 150% (18% to 45%)
- Focus interview: Frequency of technology use

	Not at all	Little	Some	A lot
Cell Phone	16	22	28	74
Email	75	16	14	35
Tablet/ iPad	119	4	4	12
Text Messaging	59	23	15	41
Web Sites	67	18	14	39

Intra- and Interdisciplinary Strengths and Challenges

- Benefit of learning from one another
 - Informal teaching/van conversations
 - Formal training opportunities
- Multiple services available to clientele.
- Assumptions and the importance of the hallway conversation.

Lessons learned (so far...)

- Benefits of simple technology
 - Polycom
 - Absence of smartphones
 - Satellite
- Regular meetings and communication.
- Processing different roles for clinically trained students.
- Relational work difficult.

Thank you.

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