Thank you for your interest in the V3C Learning Series: Becoming a Military-Informed Practice. Part 1 of this packet contains information on the training opportunity: sponsorship, background, content, training approach and timeline. Part 2 of this packet is a team application form for your agency to complete and submit for consideration. Applications are due no later than February 13, 2014.

Part 1: Information

V3C Project Background

In the past decade, U.S. military efforts have deployed more than two million service members to Operations Iraqi Freedom and Enduring Freedom with National Guard and Reserve troops comprising approximately two-fifths of deployed military personnel. A growing body of research highlights the adjustment challenges, opportunities to enhance resilience, and potentially negative effects for service members, children, spouses, and family members related to wartime deployment. For example, a 2010 national study reported an 11% increase in behavioral health encounters among a group of three- to eight-year-old children of deployed military parents, with 18% exhibiting behavioral disorders and 19% exhibiting traumatic stress.

In addition to their military experiences and transitions to and from active duty service, Guard and Reserve service members face specific challenges that affect their families. As a result of living off base, Guard and Reserve service members often visit community providers for their mental and physical health needs. However, research demonstrates that more than half of community providers do not ask their patients about military service and only one-third have ever been trained to become military informed by the VA, a leader in provider care training.

V3C Breakthrough Series Collaborative (2012-13) – A Pilot Program

In 2011, our North Carolina-based V3C faculty found that the challenges facing Veteran, Guard and Reserve families are particularly pronounced in Cabarrus, Gaston, Mecklenburg, and Union Counties where there are over 2000 Guard service members, all of whom have experienced at least one deployment since Sept 11, 2001. Furthermore, there are roughly 4000 military children aged 0-18 in these counties, more than two-thirds of whom are children of Guard and
Veteran Culture and Clinical Competence (V3C): Becoming a Military-Informed Practice Learning Series 2014

Reserve service members. To increase the presence and quality of military-informed care for Veteran, Guard and Reserve families, the Duke Evidence-based Practice Implementation Center (EPIC), in partnership with the Center for Child and Family Health (CCFH) and the National Center for Child Traumatic Stress (NCCTS), hosted a 14-month Veteran Culture and Clinical Competence (V3C) Breakthrough Series Collaborative with 6 community-based agencies, 37 clinicians, 7 in-person training days, site visits and in-person team consultations, inter-agency taskforces and over 80 hours of training. This pilot program serves as the foundation for the V3C Learning Series curriculum.

V3C Mission and Goals

The mission of the Veteran Culture and Clinical Competence program is to increase the capacity of community-based behavioral health providers to serve Veteran, Guard, and Reserve families and their children in a manner that demonstrates awareness and sensitivity to military culture, incorporates evidence based treatments and standards of practice, and emphasizes preserving and promoting resiliency in our military families.

The V3C Learning series will prioritize knowledge of military culture and skill-building of clinical competencies among agencies serving or seeking to serve military children and families. A military-informed behavioral healthcare practice will use knowledge of military culture, family resiliency, deployment lifecycle stressors, child development, and traumatic stress to shape decisions, actions, policies, procedures, staffing, and supports with the aims of greater access, engagement, and improved outcomes for children and families seeking behavioral healthcare services.

The main goal of the V3C program is to support community-based agencies in the development of a service delivery model that:

1. Improves provider knowledge about serving military families;
2. Increases access to effective treatment for military families;
3. Effectively and continuously engages families in treatment until goals are successfully achieved;
4. Educates and supports families affected by deployment;
5. Promotes understanding that, like medical and other forms of care, behavioral healthcare is an integral part of an individual’s and family’s overall well-being; and
6. Maximizes the resiliency and strengths inherent in Veteran, National Guard, and Reserve service members and their families.

Applications Due: February 13, 2014
Submit by email to Karen.Goetz@duke.edu
Veteran Culture and Clinical Competence (V3C): Becoming a Military-Informed Practice Learning Series 2014

Collaborative Sponsors

Duke EPIC, in partnership of the Center for Child & Family Health and National Center for Child Traumatic Stress, is supported by a Welcome Back Veterans grant, and sponsored by the McCormick Foundation and Major League Baseball Charities.

**Duke Evidence-Based Practice Implementation Center (EPIC)**

The Duke Evidence-based Practice Implementation Center, comprised of staff and faculty from Duke’s National Center for Child Traumatic Stress and Center for Child and Family Health, facilitates the training, implementation, and dissemination of trauma-focused treatments. EPIC promotes innovative breakthrough series and learning collaboratives that utilize iterative improvement tests and web-based platforms to assist providers’ ability to train and implement therapies with effectiveness and sustainability.

**Center for Child and Family Health (CCFH)**

The mission of the Center for Child and Family Health is to care for children and families affected by trauma, abuse, and other forms of adversity. Center professionals utilize a multidisciplinary measurable approach to provide prevention services, treatment for children and families, professional training, and research related to child traumatic stress by uniquely integrating community-based practice and academic excellence.

**V3C Collaborative Team**

**Leadership Team**

**Robert Murphy, PhD, Principal Investigator**
Director, Center for Child and Family Health; Duke Evidence-Based Practice Implementation Center; Associate Professor, Department of Psychiatry and Behavioral Sciences, Duke University School of Medicine

**John Fairbank, PhD, Co-Investigator**
Co-Director, National Center for Child Traumatic Stress; Professor, Department of Psychiatry and Behavioral Sciences, Duke University Medical Center

**George (Tripp) Ake III, PhD**
Program Director of National Center for Child Traumatic Stress, Training & Implementation Team; Clinician & Assistant Director of Training, Center for Child and Family Health; Assistant Professor, Duke University School of Medicine, Department of Psychiatry and Behavioral Sciences

**Clinical Faculty**

Throughout the V3C Learning Series, faculty will offer coaching and mentoring to teams at and between interactive training calls, and facilitate communication between teams, faculty, and other experts. The 2014 V3C faculty members are:

**Eboni Lanier Jones, LCSW**
Clinician & Trainer, Center for Child and Family Health

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Veteran Culture and Clinical Competence (V3C): Becoming a Military-Informed Practice Learning Series 2014

Donna Potter, LCSW
Clinician & Trainer, Center for Child and Family Health

Robin Gurwitch, PhD
Clinician & Trainer, Center for Child and Family Health

Gregory Leskin, PhD
Trainer & Director of Military Families Initiative, National Center for Child Traumatic Stress, University of California Los Angeles

Planning Team
Karen Goetz
Improvement Advisor, Duke Evidence-Based Practice Implementation Center

Junior and Guest Faculty
We are pleased to introduce Junior Faculty from our V3C Breakthrough Series Collaborative (2012-13). These individuals participated as Senior Leaders, Supervisors and Clinicians in our pilot program, and have joined our V3C Faculty to refine and repackage our training curriculum, and offer real-world experiences, narratives and implementation strategies for building military-informed, community-based practices.

Tiffany Garner, LCSW
Counselor, Mecklenburg County Women’s Commission Division
Clinician, V3C BSC 2012-13

Tierra Parsons, LCSW
Counselor, Another Level Counseling and Consultation
Supervisor and Clinician, V3C BSC 2012-13

Sonyia Richardson, MSW, LCSW, CEO
Director, Another Level Counseling and Consultation
Senior Leader and Clinician, V3C BSC 2012-13

Brandy Stephens, MA, LPC
Director of Counseling, Safe Alliance
Senior Leader, V3C BSC 2012-13

Guest Faculty will be added to our training dates as we assess the unique needs of your agencies in understanding military culture and developing military-informed services.

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Veteran Culture and Clinical Competence (V3C): Becoming a Military-Informed Practice Learning Series 2014

V3C Learning Series Content and Delivery

The V3C Learning Series provides a robust training and implementation curriculum designed to increase organizational capacity, build clinical competence, and elevate cultural awareness of community-based mental healthcare agencies who seek to serve military families and children.

The V3C Learning Series is not training on an evidence-based treatment or a specific intervention. Rather, it is an acknowledgement that awareness of military connection, and the unique challenges and stressors that are endured by many of our Veteran, Guard and Reserve families, plays a critical role in engagement, assessment, case conceptualization, and cultivation of a strong therapeutic relationship with military family clients.

The V3C Series leverages the “best of” the V3C Breakthrough Series Collaborative pilot program – including clinical skill building, organizational awareness and adaptation, and community resource building.

The V3C Learning Series modules are:

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<thead>
<tr>
<th>Date</th>
<th>Module</th>
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<tbody>
<tr>
<td>March 26, 2014</td>
<td>Military Culture and Organizational Readiness</td>
</tr>
<tr>
<td>April 23, 2014</td>
<td>Phases of Deployment and Stress Impact on Families</td>
</tr>
<tr>
<td>May 28, 2014</td>
<td>Engaging Military Families During Intake and Assessment</td>
</tr>
<tr>
<td>June 2014</td>
<td>Midpoint Consultation Calls</td>
</tr>
<tr>
<td>July 23, 2014</td>
<td>Community and Consumer Engagement</td>
</tr>
<tr>
<td>August 27, 2014</td>
<td>Applying a Military Lens to Treatment Options</td>
</tr>
<tr>
<td>September 24, 2014</td>
<td>Cumulative Stress of Multiple Deployments and Complicated Homecomings</td>
</tr>
<tr>
<td>February 2015</td>
<td>Follow-up collaborative call to support teams and agencies on implementation and sustainability challenges – and to share success stories!</td>
</tr>
</tbody>
</table>

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Veteran Culture and Clinical Competence (V3C): Becoming a Military-Informed Practice Learning Series 2014

The V3C Learning Series is a distance learning model that employs many key components of the Collaborative training models, such as:

- **Team-based training** that promotes support in the daily work environment to apply new knowledge and skills, pilot small changes to practice and policy, support implementation efforts, and champion outreach and engagement activities;
- **Collaborative learning experiences** – on training calls and through collaborative workspaces – that encourage teams to share lessons learned, challenges and strategies for making organizational change;
- **Flexible and interactive training content** that is adaptable by expert faculty to address the evolving needs and interests of the participating teams;
- **Community and consumer engagement strategies** to assist participating teams with practical tips and tasks to build a continuum of care for local military families; and
- **Coaching on data collection and usage** as an objective input to gauging progress, evaluating training and resource investment, and making decisions on programs and services.

### Monthly Module Structure and Timeline

<table>
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<tr>
<th>Day</th>
<th>Activity</th>
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| 3rd Wednesday| **Pre-Work Assignments** are announced.  
These will include new content (in the form of an article, video clip, website, case study or news report), a reflection exercise and a pre-test. |
| 4th Wednesday, 1 – 3 pm ET | 2 hour **Training Call**  
Military culture and clinical skill content presented by V3C faculty, interactive learning activities and team discussion, “hand-on” tryout and application of training concepts. |
| 1st Wednesday | **Implementation Challenges** are published.  
These will serve as a call-to-action for teams to apply training to daily practice.  
Implementation challenge will consist of at least one area to pilot improvements within each agency, supporting strategies, as well as a standard monthly report for metrics on military families in care. |
| 2nd Wednesday | **Office Hours** are offered to assist teams with their implementation efforts on a team-by-team basis. |

Applications Due: February 13, 2014  
Submit by email to Karen.Goetz@duke.edu
Team Expectations and Guidelines

Who Should Apply? - Team Eligibility

Teams must currently serve OR have interest in serving the children and families of Veteran, Guard, and Reserve members. Eligible teams will provide behavioral health services in community-based settings for children (birth-18 years of age) and their families.

Teams must include at minimum an agency senior leader, a clinical supervisor and at least two practicing clinicians. It is acceptable for the clinical supervisor to be counted as a practicing clinician. It is also acceptable for the clinical supervisor to act as the senior leader.

Guidelines for Selecting Team Members

This section provides criteria to guide the selection of team members within your agency.

The agency team should be comprised of between 3-6 individuals representing the following specific areas of expertise:

- Senior Leader (1)
- Clinical Supervisor (1)
- Clinicians (2-4)

Considerations for each team role are described below:

- **Senior Leader**: A high-level agency administrator who can affect policy and practice change throughout the organization. This person is responsible for providing leadership, support and advocacy (internal and external) on behalf of the team and is, preferably familiar with trauma-focused interventions that are appropriate for children and/or adults.

- **Clinical Supervisor**: A clinical manager, at the supervisor level or above, will oversee the activities of and guide the work of the team. This person is responsible for supervision of direct clinical staff that assesses and provides treatment for trauma and adjustment in children and/or adults. This individual must have direct access to the Senior Leader and will have primary responsibility for overseeing and managing all work for their team, including the monthly metrics.

- **Clinician(s)**: Clinicians are responsible for providing behavioral health screenings and assessments to children and/or adults in military families.

Applications Due: February 13, 2014

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Veteran Culture and Clinical Competence (V3C): Becoming a Military-Informed Practice Learning Series 2014

Expectations for Participation in this Learning Series

Team Requirements:

- Actively participate in all Learning Series activities (pre-work assignments, monthly interactive training calls, implementation challenges, monthly metrics and data collection) as a team.
- Participate in the collection and active use of monthly metrics to assess progress and guide future improvements.
- Have willingness to make changes to their respective agencies in order integrate training concepts in ways that will improve the service available for children and families of Veteran, Guard, and Reserve members.
- Create opportunities for knowledge and skill dissemination to other clinical staff within their agency.

Senior Leader Requirements:

- Attend and participate in the kick-off meeting, in addition to the monthly training calls.
- Ensure that all team members have support for attending monthly training calls and adequate time to engage in pre-work and implementation challenge activities.
- Help team members obtain the resources, including time, materials and equipment and support from leadership necessary to fully implement the changes they choose to test to support full implementation.
- Provide continuing opportunities to disseminate what has been learned through the collaborative and work to sustain the spread after the end of the collaborative.

Clinical Supervisor Requirements:

- Participate in monthly training / consultation calls.
- Oversee the activities of and guide the work of their clinical team.
- Maintain responsibility for supervision of direct clinical staff that assesses and provides treatment for trauma and adjustment in children and families.
- Maintain direct access to the Senior Leader.
- Serve as the primary liaison between their team and the V3C BSC staff.

Clinician Requirements:

- Participate in monthly training / consultation calls.
- Collaborate with team members on monthly pre-work assignments and implementation challenges.
- Have the willingness and ability to identify cases within families of Veteran, Guard, or Reserve.
- Complete V3C data collection on clinician self-assessment and provider service summaries.

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Veteran Culture and Clinical Competence (V3C): Becoming a Military-Informed Practice Learning Series 2014

Costs and Benefits Associated with Participation

The V3C Learning Series is a NO COST training opportunity.

There is no application fee or participation charge to any team or team member.

There are no technology requirements (conference call, workspace, on-line meeting tools) that will result in any expenses for participating teams.

There is no travel associated with this Learning Series, as all training events will be hosted as distance learning opportunities.

The V3C planning team is actively investigating the ability to offer CEUs to participants who enroll and complete the Learning Series curriculum. If and when we are able to arrange this, the CEUs will also be at NO COST to participants.

The cost to participating teams is allocating time for each team member to fully engage in pre-work assignments, interactive training calls, and follow-up implementation challenges.

The Application Review Process

All applications will be reviewed by a panel consisting of the V3C planning team and faculty. Applications will be scored based upon established selection criteria in the areas of team composition, agency and staff commitment and organizational capacity.

Please proceed to Part 2: Team Application to complete application information for your team.

Applications Due: February 13, 2014
Submit by email to Karen.Goetz@duke.edu
Part 2: Team Application

Thank you for your interest in the 2014 Veteran Culture and Clinical Competence (V3C): Becoming a Military-Informed Practice Learning Series. We look forward to learning about your agency and your proposed team.

Instructions

Please save this document to your computer and complete in full.

Submit completed applications via email to Karen.Goetz@duke.edu no later than 12 midnight EST on February 13, 2014.

Please adhere to the following guidelines when preparing and submitting your application:

- Answer each question to the best of your ability.
- Limit essay responses to 500 words per question.
- No additional materials are necessary or will be accepted with this application. Only the completed application will be provided to the selection committee.
- Your agency team should be comprised of between 3-6 individuals representing the following specific areas of expertise:
  - Senior Leader (1)*
  - Clinical Supervisor (1)*
  - Clinicians (2-4)

(*) Your Senior Leader and Clinical Supervisor may be the same team member, if this individual is the appropriate person to provide supervision to clinical staff, lead outreach and community networking activities to identify military family resources, and champion organizational policy / practice decisions.

Contact

If you have any questions regarding the application or application process, please contact: Karen.Goetz@duke.edu or Karen Goetz (919) 613-9881.
Veteran Culture and Clinical Competence (V3C): Becoming a Military-Informed Practice Learning Series 2014

### Team Application Contact

Please provide a primary contact for all correspondence regarding your application.

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<td>Email Address:</td>
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<td>Telephone Number:</td>
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### Team Description

Please provide the following information about your agency / organization:

| Agency Name: |  |
| Address: |  |
| City, State, Zip: |  |
| Organizational Director (Name and Title) |  |
| Does your agency accept Medicare? This is NOT a requirement for participation. |  |
| Does your agency accept TRICARE? This is NOT a requirement for participation. |  |

Applications Due: February 13, 2014 Submit by email to Karen.Goetz@duke.edu
Proposed Team Composition

Please provide information about each member of your team. Refer to Part 1: Information Packet for a description of team roles.

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<td>Supervisor</td>
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<td>Clinician</td>
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<td>Other, please specify</td>
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<td>Veteran (y/n)</td>
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<td>Ages Served</td>
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<td>Programs / Services Offered</td>
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**Veteran Culture and Clinical Competence (V3C): Becoming a Military-Informed Practice Learning Series 2014**

**Team Member 6**

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<td>Veteran (y/n)</td>
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<td>Ages Served</td>
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<td>Programs / Services Offered</td>
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Is there anything else you want us to know about your team?

Applications Due: February 13, 2014     Submit by email to Karen.Goetz@duke.edu
Veteran Culture and Clinical Competence (V3C): Becoming a Military-Informed Practice Learning Series 2014

### Organizational Summary

1. Please describe your organization’s structure (profit, non-profit, public or private, state agency, other?)

2. Which term best describes your geographic location?
   - Rural
   - Suburban
   - Urban/Metro

3. What is your current organization size?
   - How many clinical staff?

4. How many clinical encounters (appointments) do you complete monthly?

5. How many unique clients do you serve?

6. Are you accepting new clients? (Yes/No)
   - What are your referral sources?

7. Do you serve adults and children? (Yes/No)
   - Please estimate your % client population in the following age distributions.
     - Birth – 5 years
     - 6-12 years
     - 13-18 years
     - 18+ years

8. What services do you provide for children

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Veteran Culture and Clinical Competence (V3C): Becoming a Military-Informed Practice Learning Series 2014

Organizational Summary

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<td>a.</td>
<td>On-site?</td>
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<td>b.</td>
<td>Off-site?</td>
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<tr>
<td>9.</td>
<td>What services do you provide for families</td>
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<tr>
<td>a.</td>
<td>On-site?</td>
</tr>
<tr>
<td>b.</td>
<td>Off-site?</td>
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<tr>
<td>10.</td>
<td>Do you currently ask clients about military affiliation? (Yes/No/Sometimes)</td>
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<tr>
<td></td>
<td>If YES, what percentage of clients report military family connection?</td>
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<tr>
<td>11.</td>
<td>Do you have programs or services specifically designed for military families or children?</td>
</tr>
<tr>
<td>a.</td>
<td>Currently offered?</td>
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<tr>
<td>b.</td>
<td>Planned?</td>
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### Agency and Staff Commitment

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<tbody>
<tr>
<td>12. Goals.</td>
<td>What do you hope to achieve through participation in this program?</td>
</tr>
<tr>
<td>13. Training.</td>
<td>What types of trainings have your staff completed (please include trauma-informed training, cultural awareness training, and evidence based practices)? How much training do staff members receive yearly?</td>
</tr>
<tr>
<td>14. Training Implementation.</td>
<td>Within your agency, what types of follow-up are used to assess how training impacts clinical practice?</td>
</tr>
<tr>
<td>15. Military Awareness.</td>
<td>Has your staff received any training on military culture and/or behavioral health issues for military service members, family members or children? If so, please state which ones.</td>
</tr>
<tr>
<td>16. Trauma-Informed Care.</td>
<td>Describe how trauma screenings and assessments are currently used within your agency.</td>
</tr>
<tr>
<td>17. IRB Data Collection and monthly measures.</td>
<td>V3C Learning Series expects teams to participate in data collection that measures the effectiveness</td>
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Applications Due: February 13, 2014
Submit by email to Karen.Goetz@duke.edu
### Agency and Staff Commitment

<table>
<thead>
<tr>
<th>Of the training curriculum and the uptake of knowledge and skills in your agency’s practice, using</th>
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<tbody>
<tr>
<td>o Clinician self-assessments</td>
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<tr>
<td>o Community partner tracking</td>
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<tr>
<td>o Monthly aggregate measures on % of military-connected clients in care</td>
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</table>

**Is your agency willing to participate in data collection?**

Are there existing measures that your agency collects on military-connected clients?

<table>
<thead>
<tr>
<th>18. Organizational Change. Describe how clinical staff within your agency influence workplace culture.</th>
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<tbody>
<tr>
<td>How are clinicians included in organizational leadership decisions?</td>
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Applications Due: February 13, 2014
Submit by email to Karen.Goetz@duke.edu
Veteran Culture and Clinical Competence (V3C): Becoming a Military-Informed Practice Learning Series 2014

<table>
<thead>
<tr>
<th>Client and Community Engagement</th>
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</thead>
<tbody>
<tr>
<td>19. Describe how your agency engages family members as partners in the treatment of their child/children.</td>
</tr>
<tr>
<td>20. Do you have any existing relationships with other organizations or practices serving military children and families? Please describe the nature of these relationships and how they support/improve your ability to care for your clients.</td>
</tr>
</tbody>
</table>

Thank you for your interest in the V3C Learning Series and for your commitment to improving mental healthcare services for military families.

We will confirm receipt of your application no later than February 14, 2014. All teams will be notified of acceptance status no later than February 20, 2014.

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