

# Veterans Administration Planning Workshop

Thursday, 27 July 2023

## **Present.** *(In order by Sign-In Sheet)*

1. Jim LaGraffe (Executive Director, Encompass Community Supports, formerly known as Rappahannock-Rapidan Community Services),
2. Tom Pratt, Board Member, representing Orange County, Encompass Community Supports, formerly known as Rappahannock-Rapidan Community Services),
3. Cory Will, Peer Services Director, Encompass Community Supports, formerly known as Rappahannock-Rapidan Community Services),
4. Dan Carlton, Pastor, Culpeper Baptist Church,
5. Angela Jameson (Community Engagement and Partnerships Coordinator, Suicide Prevention Program, Central Virginia VA Healthcare System, Massaponax CBOC, VISN6),
6. Elliott Madl (Region 1 SMVF Navigator, Region Ten Community Service Board),
7. Anthony Barns (Military & Veterans Affairs Director, The office of Congresswoman Jennifer Wexton, 10th District, Virginia),
8. Elisha Jones (Lead Patient Advocate, Central Virginia VA Health Care System (CVHCS), Richmond),
9. Scott Bennett (Board Member, representing Madison County, Encompass Community Supports, formerly known as Rappahannock-Rapidan Community Services),
10. Jeff Say (Manager of Community Engagement, UVA Health Culpeper Medical Center),
11. Molly Brooks (CEO & Founder, Hero's Bridge),
12. MacKenzie Heidelmark (District Coordinator, The office of Representative Abigail Spanberger, 7th District, Virginia),
13. Andy Johnston (Director of Programs, The PATH Foundation),
14. Renee Norden (Executive Director, Mental Health Association (MHA),
15. Stephen Mosher (Chief Engineer, Central Virginia VA Health Care System (CVHCS), Richmond),
16. and Tammy Keaton (Executive Assistant of Encompass Community Supports, formerly known as Rappahannock-Rapidan Community Services).

**Invited.** Pastor Bradley Hales (Board Member, representing Culpeper County, Encompass Community Supports, formerly known as Rappahannock-Rapidan Community Services), Jennifer Kelley (Community Engagement Partnership Coordinator, Community-Based Interventions-Suicide Prevention Program, VHA Office of Mental Health and Suicide Prevention, Martinsburg WV, VISN5)

## **Minutes**

**Introductions.** Everyone went around the table introducing themselves, names, titles, and organization. The following guests added a little more detailed information in their intros.

Jim LaGraffe introduced himself and shared that he is the Executive Director of Encompass Community Supports (formerly known as Rappahannock-Rapidan Community Services) herein referred to as ECS, which is the Community Services Board that serves this region, and he was asked to help facilitate this group to see what we can do to help our local Veterans.

Andy Johnston, the Director of Programs with the PATH Foundation serves Fauquier, Rappahannock, and Culpeper Counties.

Molly Brooks, CEO and Founder of Hero's Bridge, which is a Veteran-serving nonprofit with a focus exclusively on Veterans 65 and older.

Tom Pratt, Board Member representing Orange County at ECS, a 17-year peace-time and war-time Veteran, is 100% permanent-disabled, actively utilizes VA Services, is retired from the Department of Veterans Affairs, Hampton Virginia, and has a lot of knowledge regarding VHA and VBA.

Scott Bennett, Board Member representing Madison County, at ECS, is a retired Naval Officer Veteran having served 28 years, is not yet 100% permanent-disabled, is the chairman of the Board for the Madison Department of Social Services, and is also the Post Commander and Veterans Service Officer of the American Legion in Madison.

Angela Jameson, the Community Engagement Partnerships Coordinator for the Fredericksburg Community Based Outpatient Clinic (CBOC) part of Veterans Integrated Services Networks (VISN) 6, a licensed clinical social worker, and retired Airforce Veteran (serving fifteen years).

Elliott Madl is DBHDS' (Virginia Department of Behavioral Health and Developmental Services) Region 1 Navigator for Service Members, Veterans, and their Families (SMVF). DBHDS Region 1 includes (9) nine CSBs and ECS is one of them, he is also a Marine, having served in Afghanistan.

Stephen Mosher, Chief Engineer, Central Virginia VA Health Care System (CVHCS) in Richmond, works very closely with the Associate and Executive Director to help plan for expansion projects on the local campus or within the community areas. He is also very involved in the Health Care Center (HCC), the CBOC expansions that are currently planned.

**Purpose.** The purpose of this meeting is to get a diverse group of people together to come up with a plan, some ideas, and a consensus on what we are looking to achieve. Some were invited to participate and provide input from a community resource perspective.

**Background.** Jim LaGraffe began by sharing with the group how there was a meeting last month with Jennifer Kelley and Angela Jameson which resulted from the interest of Tom Pratt and Scott Bennett in what we could do to improve or enhance local service options for Veterans in our catchment area. The catchment area that Encompass Community Supports serves includes Culpeper, Fauquier, Madison, Orange, and Rappahannock Counties.



It has come to be known that Rappahannock County has the highest suicide rate in Virginia for Military Veterans. As a region, we are above the state average. At the meeting, we learned about what Jennifer and Angela do regarding suicide awareness, prevention, and coalition building. The conversation led us to realize that in addition to doing those things, as they are important, other services are needed as well.

Our catchment area is served by (3) three Veteran Administration Hospitals, so there is an assumption our area is covered by those hospitals. The culture of our area is one that people want to live here and be serviced here. Our five counties consist of a 2,000 sq. mile radius. Our population is just under 190,000.

Barriers. Tom acknowledged that while having VA Medical Clinics located in Richmond, Fredericksburg, and Charlottesville are good, the travel times and distances that our residents have to make are significant just to even see a primary care physician. The Charlottesville CBOC is a wonderful concept, it's a small clinic embedded in a UVA campus setting.

Suggestion. This area could really use a mini-CBOC, speaking for himself and his fellow Veterans.

Tom shared a little about some of the barriers he has witnessed with Veterans not getting registered for services. It depends on what period of service they served. A) There are many Veterans who haven't signed up yet because they are scared for whatever reason. B) The Vietnam Veterans are known to have lost faith/trust in the government. C) Peace-time Veterans are known to get fewer services than war-time Veterans. D) Veterans have gone to a VA location to get information, they are given a "resource" to go to, there are challenges with the resource they were given and they give up. E) There are no subject matter experts (SME) in their area.

There are (3) three branches within the Veterans Affairs; Veterans Health Administration (VHA), Veterans Benefits Administration (VBA), and National Cemetery Administration (NCA). VBA is the benefits side, VHA is psychiatric care, medical care, CBOCs, clinics, and things of this nature. VBA and VHA struggle to communicate with each other.

Suggestion. Having someone local to be that subject matter expert to help Veterans connect with their benefits. Having someone who can be the liaison between the Veteran, VBA, and VHA is a big piece of the puzzle.

Suggestion. Improving the Veteran's experience in interacting with the VBA and VHA would be a much-needed tool in Suicide Prevention.

**VA Community Care.** With the VA Community Care aspect, ECS could be an active partner in offering community-based psychiatric care and wrap-around services. It's a rare occasion that the VA will even authorize VA Community Care for a mental health provider. There are a lot of options at ECS that Veterans can link into. Most people want to go to a mental health care provider in their community. We should be able to work with local providers.

Anthony asked Elisha if she had the statistics on Community Care Providers that are contracted with the Richmond VA in their catchment area. It would be helpful to see how each VA Center's catchment area overlaps the ECS catchment area. Stephen confirmed that Rappahannock and Fauquier counties fall within VISN 5 (Martinsburg WVA-VA Medical Center), and Culpeper, Madison, and Orange fall within VISN 6 (VA Hospital, Richmond). He shows the following

numbers of active VA Community Care Providers: 647 in Culpeper, 484 Fauquier, 62 Madison, 180 in Orange, and 9 in Rappahannock.

Renee, not familiar with the VA's structure, is not familiar with what providers are included as VA Community Care Providers. Not sure if they are counting physicians, dentists, etc. In contradiction to the numbers shared, to her knowledge there are only (3) three medical providers in Rappahannock County. Some of the numbers shown could represent individual doctors rather than locations, it is unknown at this time and will need to be look into. Renee shared that they ran into this issue with VMAP (Virginia Mental Health Program) whereby their numbers of providers included those who turned out that the health department was using their mailing addresses for those who were no longer seeing patients. There is a possibility that some of those numbers are skewed. Scott added that there is no way Madison has 62 providers there's one office with 3 doctors. And Cory also asked what the status of their contracts are and if they are still actively contracted with the VA.

**Vet Centers** (counseling centers). Anthony asked if there are any Veteran Centers that fall within the catchment area. They have one in Alexandria and one in Martinsburg, WV both listed for VISN 5 and VISN 6.

Vet Centers are community-based counseling centers that provide a wide range of social and psychological services, including professional counseling to eligible Veterans, service members, including National Guard and Reserve components, and their families. He noted that they were able to establish a satellite office in Leesburg VA as a Community Access Point from the Martinsburg Vet Center location.

Challenge. It is available to mostly all, but is not all-inclusive. There has also been a challenge in filling all of the provider roles there in Leesburg.

Tom, validated that the Vet Center concept is good and most Veterans can make that appointment but eventually, there is a referral made to then transfer to a CBOC whereas CSBs have Mental Health providers locally on their staff.

Suggestion. The VA to expand the list of Mental Health providers in the VA Community Care program.

**Local Access to Primary Care/Local VA Advocate.** Jim recalled that local access to primary care physicians through the VA system is also a challenge and another concern identified at the meeting in May was the lack of a local Veterans advocate.

Suggestion. It would be ideal to have someone who residents can go to, to help them navigate through the system that is not the 1 (800) number where they have to hold for long periods of time or get disconnected, and that person is also a part of our community

Renee shared that MHA serves Fauquier and Rappahannock counties. They have hired on a third staff member and are now actively supporting the formation of a Veterans task force, About a week or so ago they completed a SWOT analysis to be able to find primary care, mental health care, case management, and transportation all in our area.

Challenge. The CBOC in Charlottesville is mostly for Primary Care. They have a shortage of

doctors and are sending patients to Richmond.

The “Google” distance from:

- Culpeper to Richmond is 1 hr 47 min (94.1 mi) via I-95 S.
- Madison to Richmond is 1 hr 54 min (103.7 mi) via VA-3 E and I-95 S.
- Orange to Richmond is 1 hr 36 min (82.9 mi) via I-95 S.

Suggestion. In addition to having local choices for Primary Care Physicians, if not already part of the list, add the fields of Podiatry, Audiology, Ophthalmology/Optomety, Gynecology, and Dentistry to the list of VA Community Care providers.

Goals and Objectives. Jim pointed out that as we think about all of these elements, we want to capture what is wanted and how we get there. What the goal and vision will be, and what the model is going to be. If we are saying that all of the things we’ve been saying that are needed are equivalent to a CBOC then let’s call it a CBOC but as long as there is that navigator piece.

Suggestion. Jeff advised that along the lines of Primary Care, one group we would want to bring into this conversation would be the UVA Physicians Group, Samantha Strong (Community Engagement) should be included in this conversation.

Suggestion. Scott would like to see us start out with something that is achievable and manageable, and Culpeper seems to make since as it is geographically in the middle of the catchment area. Madison people will come to Culpeper. They will also go to Orange.

Challenge. Scott also shared his experience with billing. He said if he goes on a VA Referral to UVA, they bill everybody; the VA, Medicare, and Tri-Care. Not sure why.

Suggestion. Veterans would benefit from having that advocate who can help them through VA Community Care billing issues. A CBOC would be a good starting point.

**Feasibility.** Andy asked if the VA representatives in the room could assess at this point if having a CBOC in our catchment area sounds like it is feasible or not. Stephen had enrollee data from the past year on Veterans in this area.

- For FY23 there were 5,193 enrolled for services across the five counties, and these are Veterans who are enrolled (or enrolled at one point) for services.
- 1,939 Veterans from this area who received Primary Care services at one of their facilities.

Community Expansions already happening around the area.

- A Veterans Clinic (Fredericksburg 2 VA Clinic, Spotsylvania) is being built in Fredericksburg. When it opens it will be the largest they’ve ever done at about 480,000 sq. ft. It will offer just about every outpatient service you can think of, and will basically be a mini outpatient hospital in the area.
- In talking with VISN 5 partners, a top priority for them is to expand in the Prince William area with a Bull Run facility. It will have Primary Care, mental health, rehab, whole health, telehealth, dentistry, eye clinic, radiology, audiology, etc. It will cover most of Fauquier County.

Molly asked if this data is indicating that having a CBOC in Culpeper might be a reach. Stephen implied that it could be but not to say we couldn’t get more community care in this area. The VA has large gaps and limited funding, their approach has been to try and address some of the large gaps. He sent a message off to the Community Care repress to see if he could get some more things

here. The minimum number we need to have for a CBOC is about 1,200. This area is right on the edge. And they are forecasting that the Prince William CBOC will take 600 - 800 of those 1,200.

Challenge – Transportation, Wi-fi Accessibility. Cory asked how they forecast that because we have significant transportation and internet connectivity challenges.

Goals and Objectives. Jim encouraged the group to come up with a list and not to limit ourselves based on the current offerings, and not to hesitate in asking for what our community needs. Knock on doors. He cautioned at this point, not to lower our expectations. We have the right advocates here at the table to make things happen.

Challenge – Transportation. Tom shared that transportation for Vets in our catchment is important. Not every Veteran can pick up the phone and call Community Care Transportation in Richmond and ask if they can provide because of their limited eligibility criteria. There are Veterans who use VA Services but do not meet the transportation criteria.

Suggestion. Stephen can follow up and see how large the program they are trying to start will be.

Housing & Isolation. Molly noted how transportation kind of segways into what a couple of things she has tried to address through Hero's Bridge. Half of our Veterans are 65 and older, and what they need can be very different than what our younger Veterans need. She was a geriatric nurse, and in the field, she saw how there were a lot of people who were not doing well and not able to connect to anything. Out of the (3) three main things they see, the number (1) one thing is social isolation. It's never the Veterans who call them, it's the hospital's case management or social services because they are sending an older Veteran home from the hospital and there is no one there. They don't have families, were estranged from their families, or outlived their families. The number (2) two issue is housing, and the third is transportation. They can no longer drive at all or they're not comfortable driving. They have been to emergency care several times but they need people who can meet them at the street.

Suggestion. What she would recommend to the Congressional and VA offices is that the VA increase their efforts in building local offices or home-based primary care because our older Veterans need that and also increase building relationships with grass-roots, non-profits, and organizations in their communities. Knowing it's very hard for Richmond to reach all of these counties, then perhaps make financial investments in our nonprofit system. If they had a community health worker who knew everyone in the county and would help them connect it would really help. It is safe to say that if half of Veterans are 65 and older then the need for services to be local becomes much greater. 60% of Veteran suicides are in older Veterans.

**Virtual Care/Telehealth.** Anthony asked if Richmond offers any virtual care (telehealth) options through their central location. His agency began telehealth options through the Martinsburg WVA site due to COVID, setting appointments up at one of their local VFWs, which became a very positive thing. They brought out and set up all the equipment needed, the full telehealth system including a blood pressure machine, along with a nurse, for Dermatology - a very fine focused camera, etc. And they'll do primary care appointments.

Challenge. Jim shared that ECS provides telehealth to a good part of our population but so much of our community doesn't have internet, or good internet, so we are now creating hubs, where they can come and visit one of them as a solution.

Suggestion. Is this Virtual Care/Telehealth satellite office something that could be offered through Richmond? There was a pilot for Martinsburg and then they moved further down into Loudon

County (a VA desert). Loudon is very similar to what you are experiencing here, had zero services. Perhaps something to do in the meantime is to equip VFWs, American Legions, and CSB hubs with VA Telehealth options, knowing it may or may not be a long-term solution. It did take quite a bit of effort to get the VFW going with the Telehealth option as well.

**Mobile Clinics.** Renee, in regard to VA deserts, questioned if VA Richmond has mobile clinics and Elisha advised they do not. Anthony shared some of the challenges Martinsburg experienced with their bus. They had many of the same challenges that others do in the area with internet access, space, parking, etc. as for Veterans.

**The Unserved Veterans.** Tom agreed that the Virtual Care/Telehealth satellite office would be an excellent starting point.

*Suggestion.* This is where that local VA subject matter expert could also come into play, to reach out to them and begin working with each one. We are sure we call that “1 (800) number” and get a SME, but we are looking for that white glove experience, a person who can help and be present at the same time.

**SME/Liaison/Applications & VA System Access.** Molly shared that her organization always turns to the Department of Veterans Services (DVS). Elliott shared that DVS are the SMEs, they have people who can walk Veterans through federal benefit processes for VBA and VHA and on state-level benefits, so they can see what kinds of things the Commonwealth offers to Veterans that live here, and how to get access to them. The Northern Region Director was supposed to be here today. They have offices in Manassas, Winchester or Front Royal, and Strasburg. The majority of their staff are Veterans or family members of Veterans. They can make applications for Veterans and have some level of access to the VA System to see where it gets stuck and help get it moving again. The state folks can only access one piece. Only federal employees to access the medical records. They can see the benefits.

*Suggestion.* To have SMEs that can help Veterans with applications and be able to see where it is in the system and help get it moving again (on the federal and state sides).

*Suggestion.* In reality, VBA and VHA don’t talk to each other, if we are going to move in the direction of a CBOC, we would want a full-time rep from VHA and VBA.

**Social Isolation/Lounge/Coffee Space** *Suggestion.* Renee would like to have a lounge space or place they can gather and have coffee, so going to see a doctor isn’t the only reason for going to the building, to help address social isolation. Molly talked about how they are creating a community center in their affordable housing project in Fauquier. And ECS has the S.E.E. Recovery Center that has lounge space for this as well.

**Transportation.** But then we are back to the transportation piece because many would not be able to get there.

**Accessible Services.** How are we defining accessible? The closest a center can be to a community. A gathering space in each community. Needs to be accessible geographically and accessible to other types of supports; such as social, medical, mental health, meals, transportation, etc., accessibility for basics. Local access to a primary care physician, Audiology, Behavioral Health, Housing (grant money), Caregiver Program, and Screening for finding out what they are eligible for. Care navigation. Case management. It needs to be a place they feel good about going to, easy to get to, to get very basic Mental Health and Medical Services taken care of.

**Break for Lunch**

In assessing all of the resources we currently have in the room, who are we missing?

- DVS - Dept of Veterans Services/ Guy Dinkins Northern resource/ Brandy ?, Tom will pass Jim the contact information.
- VBA - Veterans Benefits Administration/ Matthew Clark at VBS would be good to have come and speak.
- VFW or American Legion
- Fauquier Hospital, Health Departments
- Operation First Response
- State Legislature
- Additional Clergy
- People Inc. (housing and Transportation)
- HHS - Health Departments
- DSS – Department of Social Services
- Veterans from the community
- Other governments, Boards of Supervisors, Towns,
- Regional Commission
- Regional Transit
- Other Foundations, Non-Profits, Orgs
- VA Medical Center Coordinators/VA Peer Support Coordinator/Mental Health Lead, contact will come from Angela.
- VVFS - Virginia Veterans and Family Services
- National Cemetery Administration (NCA)
- David Portal, Exec Assistant, Martinsburg VISN 5 representation. Anthony will reach out to that person.

**Demographics:** The average age of an Iraq Freedom/Afghanistan is 36, Dessert Storm is 47, and Viet Nam is 71. Peace-time Veteran's average age is 65. Scott added that Viet Nam Vets are the hardest to get to. Many of them were drafted and when their year was up they just wanted to get out. They never got exit physicals so they can't apply for VA Benefits. The warehouse fires in St. Louis in 1973, destroyed the records. It's very hard for them to go back now and get benefits because there's no records available. The VBA could have a very important role in working with the Viet Nam Vets because there is a clause of presumption. There are other ways to find out if something occurred, not necessarily by a DOD record, there are other kinds of records out there that can verify claims. Same for the Veterans that have already placed claims that have been denied over and over, VBA can help gather other records for them. To rebuild trust.

**Proposed Event/Veterans Benefits & Health Fair.** Anthony suggested looking at holding an event (or events) to kick it off. They did one in Warrenton a short while ago, based on activities driven due to the PACK Act and the new legislation being passed, etc. It would bring all of these resources together that were just mentioned. The NCA has services they can offer as well. Showcase what is available locally, invite the Commissioner of DVS, have a panel followed by Q & A. Have screening on site, claim services on site. He would like to co-sponsor something like this. Anthony would be able to connect this body with VISN people. Identify networks in place and expand those networks. They found local resources through they're event, like transportation example.

Elliott is planning something too, would be happy to offer us a table.



Tom cautioned the group that the term “resource” scares Vets because they may have been given something in the past that didn’t work out for them.

Survey. If we had an event like this, it would be good to capture what Veterans are interested in getting. Tell us what they think they need. Angela said she could help with the surveys. The people who are attending the event.

Invites to Veterans. Get the message through churches, chamber, VFWs, news outlets, etc. Include the families of Veterans, families of surviving spouses, family members. Some are receiving compensation as well.

VA Registration Station. 60% or more have not engaged. Question to ask is if they are registered with the VA. Angela can help get someone from Health Administration there to help register Veterans.

Evaluations. Provide an evaluation, maybe not that day, maybe the next day at the free clinic. That way we can help them with that presumptive condition piece that is required. In Cory’s case his shadow record out of Iraq is lost, it disappeared somewhere in Washington Navy Yard. He had a lot of conditions that were really bad. They had to go through and basically recreate his record. There were some things that you could say “we will presume this happened” if you can produce “this” action report out of your command. So there is always that presumption mechanism that can be used if you can’t provide the medical record. Because most claims are shot down without a medical record to provide medical evidence that something is wrong. It helps build that case for the compensation pension exam. Jim asked if we were to have local physicians volunteer their time, could they do the assessment. Stephen suggested that the VA gets protective of who is qualified to do the exams. Stephen will need to check. If it has to be VA people perhaps they would be there as well.

Tables. Local providers, what they can bring to the initiative.

**Event Committee.** Volunteers were Renee, Tom, Scott, Angela, Jeff, MacKenzie, Anthony, Elliot, Andy, and Jim.

**Request for Data.** Would like to have information on how many Veterans are actively engaged vs not engaged if possible. To have the Community Care data cleaned up. Stephen reached out to the Chief of that service and they are looking into that data. He will ask for a deep dive into the active contract status. And will request to close the gap on interested active community care partners. The ones that may be listed but are no longer valid. Community Care providers should be multiple specializations like physician, therapist, etc...

Angela will get Jim the URL to the public providers site to look up the community care providers.

Angela has census data for vets living in the counties, 2020 census, she can also send out.

**Building a Community Veteran Profile.** Jim suggested that we will need to develop a Community Veteran profile. It will tell how many live in our communities, how many are engaged in supports, suicide rates, need 1200 active to qualify, we are at 950, etc. Angela has some data and is happy to put together a profile.

**Follow Up Meeting.** Jim will set up a follow up virtual meeting. We will get everything out to everyone. Include contact information for everyone. Send out a meeting time to find another time to get back together, what we want to accomplish, etc...

**Take aways:**

1. Event
2. Community Care Data
3. Veterans Profile

**Final Remarks.** Anthony requested that this group help to get the word out about the August 5<sup>th</sup> deadline - intent to file. Please notify their Veterans.

**Next Meeting.** Thursday Aug 24<sup>th</sup>, Hybrid from the ECS office. 10 AM to 12 Noon.

We will review updates on three action items and new contacts and go from there.

**Meeting Adjourned.** 1:26 PM adjourned.