

Veterans Administration Planning Workshop

Thursday, 24 August 2023

Present. *(In order by Last Name)*

1. Ken Allensworth, Medical Center Director, Martinsburg VA Medical Center
2. Anthony Barns, Military & Veterans Affairs Director, The office of Congresswoman Jennifer Wexton, 10th District, Virginia,
3. Scott Bennett, Board Member, representing Madison County, Encompass Community Supports, formerly known as Rappahannock-Rapidan Community Services, also the Chairman of the Board of Madison Department of Social Services, and the Veterans Service Officer for Madison American Legion,
4. Dan Carlton, Pastor, Culpeper Baptist Church,
5. Dannielle Cullers, Veteran Resource Specialist. Virginia Department of Veterans Services,
6. MacKenzie Heidelberg, District Coordinator, The office of Congresswoman Abigail Spanberger, 7th District, Virginia,
7. Angela Jameson, Community Engagement and Partnerships Coordinator, Suicide Prevention Program, Central Virginia VA Healthcare System, Massaponax CBOC, VISN6,
8. Andy Johnston, Director of Programs, The PATH Foundation,
9. Caleb Johnson, Northern Regional Director, Virginia Veteran and Family Support, Virginia Department of Veteran Services,
10. Tammy Keaton, Executive Assistant, Encompass Community Supports (formerly known as Rappahannock-Rapidan Community Services).
11. Jim LaGrafte, Executive Director, Encompass Community Supports (formerly known as Rappahannock-Rapidan Community Services), Facilitator,
12. Elizabeth Leach, Strategic Planner, Martinsburg VA Medical Center
13. Elliott Madl, Region 1 Navigator SMVF, Region Ten Community Service Board, Charlottesville
14. Ann Mullenix, Administrative Assistant, VA Health Care Systems - Martinsburg, West Virginia,
15. Renee Norden, Executive Director, Mental Health Association (MHA),
16. Tom Pratt, Board Member, representing Orange County, Encompass Community Supports (formerly known as Rappahannock-Rapidan Community Services),
17. Jeff Say, Manager of Community Engagement, UVA Health Culpeper Medical Center,
18. Ben Shaw, Regional Director, Central Region, Virginia Veteran & Family Support Program
19. Anthony Swann, Peer Services Director, Virginia Department of Veterans Services
20. Cory Will, Former Peer Recovery Services Director, 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), Molly Brooks (CEO & Founder, Hero's Bridge), Elisha Jones (Lead Patient Advocate, Central Virginia VA Health Care System (CVHCS), Richmond), Stephen Mosher (Chief Engineer, Central Virginia VA Health Care System (CVHCS), Richmond), Jennifer Sztalkoper, Ph.D. (Assistant Regional Manager, North Region - Virginia Department of Veterans Services), Brandi Jancaitis (Director, Virginia Veteran and Family Support Program).

Minutes

Jim LaGraffe welcomed everyone and let them know how much their attendance was appreciated. He proceeded to share for those who were new to the group, that Encompass Community Supports (formally known as Rappahannock-Rapidan Community Services), a Community Services Board (CSB) and Area Agency on Aging (AAA) that serves a five-county area; Culpeper, Fauquier, Madison, Orange, and Rappahannock.

He was approached several months ago to convene a meeting to address the void of services for Veterans and their families in our area and on Thursday, August 24, 2023, we held an introductory meeting. During that meeting, some interesting statistics were shared which Angela Jameson has since compiled into a couple of documents. Additionally, a subcommittee was formed to craft an event that will kick off our efforts in bringing Veterans Affairs services into our five-county area.

Introductions of New Members & Agenda. A few moments were taken for introductions and then Jim shared the agenda. The agenda items were as follows; Introductions of New Members, A Name for this Group, The Mission and Vision of this Group, Event Sub-committee Follow-up, A Grant Development, Review of the Profile Data, and Next Steps.

A Name for this Group. What is the name of this group? A name will be important as we market our future event and for other developmental purposes. Some suggestions were as follows;

- Rappahannock-Rapidan Veterans Services Planning Team,
- a name that includes the terms “Partnership”, “Veterans and/or Nations Heroes”, and “Community”,
- Community Veterans Engagement Board - Dannielle shared it is an existing model through the VA that the community at large has already used. Lots of other communities already have those established and the VA is familiar with the term,
- Regional Veterans Support Group,
- Fredericksburg Area Council (FAC) – Ben Shaw mentioned this is a fairly successful connection point for almost all of the organizations that aid Veterans in that community. They seem to have a decent pulse on all of the federal, state, and local resources. Modelling after something like this could be helpful.

The Mission and Vision of this Group. Two goals came out of the last meeting:

1. Creating and hosting a “regional resource fair” for servicemen and their families (as a short-term goal).
2. The long-term vision of this group is that at a minimum, we have local access to primary care, basic mental health, case management/care coordination, and audiology services.

In light of the long-term goal, it was proposed that this group work together until these two goals are met. As things progress, it is suspected that additional goals/needs may be identified as well that we will want to tackle as a group.

Discussion. There was some discussion about the challenges in our community of being able to determine who qualifies, how they start the process, where they go, and who can they speak to. There is no one local, no one who isn’t in Richmond, Washington, a 1-800 number, or a website. The need in our area is to have a permanent local resource.

Caleb shared, that this morning he was awarded another position for Northern Virginia (our area and Front Royal). The position is called a Resource Specialist, the same as Dannielle's. Jim offered a location for the position, for he and Caleb to talk more about it offline, and advocated that this person know and be a member of our community.

There was some discussion about our knowledge of Veterans whose frustration levels have been great in dealing with various VA agencies, with websites timing out, degraded customer service experiences with the 800 numbers, promises for calls never returned, and receiving false communications in the mail.

Ben, asked everyone to notify him personally of these situations so he could try and fix them, and provided his contact information in the chat.

Tom shared a text message, about the family member of a Veteran who was crying out about a Veteran with one leg amputated, needing to have the other leg amputated, and being on the verge of homelessness. Our CSB is positioned to help Veterans connect the dots. The VA was making headway until COVID hit, VA offices are doing a great job, but they are not all places at all times. Part of our mission is to find unique and creative ways (in-person, local, easier ways) to help link Veterans and their families up to the services they need.

Ben, put in the chat that they would like to help that individual.

Generating Referrals for Local Private Practice Clinicians. Caleb added that with the Resource Specialist, one of the things they have control over in providing is mental health treatment. The way they do that is through subcontracting with local providers in the community. He mentioned the process of registering through the payment/contract system with the state. This is something that this group could potentially assist with. Tom noted that the services Caleb is referring to may be short-term in nature and advocated that for long-term care, individuals would be encouraged to link up to VA Services. Caleb confirmed that he can authorize therapy for up to one year and sometimes longer.

Event Sub-committee Follow-up. Earlier this week, on Monday, a subset of this group met to begin planning for the event we would like to hold for Veterans in our area. There were several pieces identified as follows;

- Timeframe: Mid-February or early March, on a Saturday
- Event type: All day Conference
- Features: Keynote speaker, breakout sessions, lunch provided, family-focused
- Location: Germanna Community College
- Funding: Funds have been identified through Elliott Madl, Region 1 SMVF CSB

Discussion. Tom pointed out that one key thing to consider is how we can help get Veterans from point A to point B. Many of our veterans live in rural areas where they do not have access to reliable transportation. It was suggested that we add a charter, shuttle, or some kind of transportation to and from each of our counties.

Anthony Barnes added that this concept is much like the Northern Shenandoah Valley event that many in the room are familiar with. He will reach out to Nicole (affiliated with that event) to pull the planning notes from that. As a side note, he reached out to Mission BBQ Fredericksburg and got the name of their community ambassador's information so we have that as a great donation resource. Another thought from Anthony on transportation is that because this event will be on a weekend, it would open up DAV transport vehicles as a potential resource as they are not in service that day. He offered to reach out to them.

Breakout Sessions/Vendors, the following were areas of interest in providing at the event;

- Family Supports,
- Initiating benefits,
- Eligibility Assistance for VHA Services (8 categories),
- How to Enroll for Eligible Services,
- Encourage Veterans to bring a copy of their DD214, if they don't have it, how to get a copy of the records they need,
- Representation from the Veterans Community Care (VCC) Program,
- A subject matter expert about the Caregiver Program - Program of Comprehensive Assistance for Family Caregivers (PCAFC),
- Representation from SSVF and HUD-Veterans Affairs Supportive Housing (HUD-VASH) program,
- Benefits and Services for Veteran National Guard/Reservist, people with a less than honorable discharge, or who were released due to bad conduct related to PTSD,
- Suicide Prevention – Suicide is high among the elderly Veteran population and reservists,
- Transition Experts,
 - Military OneSource
 - Military to VA Specialists
- VA Healthcare System Help Administration Staff,
 - Women's Health
 - Chaplin

Keynote Speaker. A speaker to draw the interest of Veterans is highly recommended, and providing lunch will draw people. If you have ideas on a speaker who would be knowledgeable, interests people to come and hear him/her, offers hope, and has connections to experts in the room, let us know.

A Grant Opportunity. Since the last meeting that was held, an opportunity presented itself for a grant proposal. The grant is through the Virginia Department of Veteran Services and would allow us as a community partner to bring in a position that has a focus on suicide prevention and opioid overdoses. We have a short turnaround time. Jim forwarded the information to other members of this group for feedback. He thought Cory had some good suggestions and one of Jim's thoughts was that Encompass Community Supports would be happy to be the applicant for the grant and bring the person on board. We have a Behavioral Health Co-Response Team already set up with local law enforcement and are also in the process of setting up an OPIOD Overdose Response team. The grant could provide another person to be a backup to those two teams, in the capacity of—if they are responding to a suicide attempt and a Veteran is identified—they would become the connection point between the Veteran and the resources we are lining up. It was suggested that there are a lot of family members of Veterans who would love to take the position.

Review of the Profile Data. Another disconnect that was identified in the meeting in August was in the number of providers available to Veterans in our communities. For example, it was said that Madison has 63 medical providers and that is not the case. Tom shared that he did look into this and found that when medical providers are registering in the portal, they check boxes for all the counties they say they serve (not reside), which inflates the numbers. Not only do we not have VA-authorized medical providers in our area, but another difficulty is that we don't have many other resources here for assistance with claims, enrollments, questions, and other processes as well.

Ben commented that another option to get a local provider is through advocacy and asking to obtain a referral to be able to see a local provider. My HealthVet offers tips and tools to help Veterans partner with their healthcare team, so together they may work to manage their health. <https://www.myhealth.va.gov/mhv-portal-web/home>.

Angela had put some information together which Jim asked her to share. The numbers reflected were gleaned from the 2020 Census Information and other sources she listed. Military OneSource, was a great help in pulling the Air National Guard and reservist information. Her name is Kay Larson, and her contact information will be sent to Tammy Keaton by Angela.

Final Remarks. Scott asked if DVS provided any incentives to companies to hire Veterans, disabled or otherwise. Ben answered yes, and it falls primarily under the Virginia Values Veterans (V3) Program. He will put that link in the chat box. Jeff added that the Chambers of Commerce is a member and they have a list of local businesses who have undergone training on how to get certified. Scott was thinking of this along the lines of the CSB's need for drivers.

Action Items / Next Steps.

- Continue with the event planning,
- Participants – If there are others who should be part of this group, let us know,
- Provide feedback on objectives; (to get a sense of whether we are all on the same page)
 - There are two primary objectives of this group, 1) having a CBOC in our area and 2) having a local Resource Specialist.
 - A short-term objective, the event.

And one thing that was not talked about in the last meeting, something Jim believes this group could be very effective with, is *Supporting Other Regional Partners* who are doing similar work in this area. For example, we have Renee, MHA, who is doing work with Veteran suicide prevention, Angela who assists with the development of suicide prevention forums/coalitions, Encompass Community Supports offering various services and supports, and Molly Brooks at Hero's Bridge, is doing is very important, and this group could really help support these 10 or 15 groups going in different directions. It could be a singular resource for them to come to. He has been made aware of the many things that are happening in different pockets of our area that would be beneficial for others to know about and cross-coordinate resources.

- * A copy of the minutes from the two aforementioned meetings, the documents Angela put together, and a copy of the chat will be shared with this group. (Tammy Keaton)
- * Finalize the name the name of this group. (All)
- * Establish a draft of the Mission, Vision, and Goals of this group. (All)
- * Send a draft of the grant application to this group for feedback. (Jim LaGraffe)
- * Set another meeting for the Event Committee. (Tammy Keaton)
- * Resource Specialist discussion (Jim and Caleb)
- * Referral and Registration process for Local Private Practice Clinicians (Caleb, Jim, Jeff, Renee)
- * Anthony Barnes will reach out to DAV on transportation.
- * If you have ideas for a keynote speaker who would be knowledgeable, interests people to come

and hear him/her, offers hope, and is connected to experts in the room, send your suggestions to Tammy Keaton. (All)

* If you have ideas for breakout topics and their speakers and/or vendors for the event, send those suggestions to Tammy Keaton. (All)

* A follow-up meeting for this group will be set up, to stay with the fourth Thursday of the month:
Sept 28th

The meeting was adjourned at 11:44 AM.

Acronyms.

AAA	Area Agency on Aging (Virginia Department for Aging and Rehabilitative Services)
CBOC	Community-Based Outpatient Clinic
CSB	Community Services Board (Virginia Department of Behavioral Health and Developmental Services)
CVHCS	Central Virginia VA Health Care System, Richmond
DAV	Disabled American Veterans (National with Regional Offices)
DVS	Virginia Department of Veterans Services
FAC	Fauquier Area Council
IAVA	Iraq and Afghanistan Veterans of America (National)
NCA	National Cemetery Administration (Veterans Affairs)
OFC	Operation Family Caregiver
PACT Act	Promise to Address Comprehensive Toxics (PACT) Act (Veterans Affairs)
PTSD	Post-traumatic stress disorder
SMVF	Service Members, Veterans, and their Families
SSVF	Supportive Services for Veteran Families (Veterans Affairs/Federal)
V3	Virginia Values Veterans (V3) Program
VAMC	Department of Veterans Affairs Medical Center
VBA	Veterans Benefits Administration (Veterans Affairs/Federal)
VCC	Veterans Community Care (VCC) Program, The VCC program is the replacement for the Veterans Choice Program. In order to comply with the MISSION Act of 2018, the VA sunset its Veterans Choice Program, a program that allowed veterans who received their care at the VA to receive services at community-based providers that are not directly linked to the VA system.
VFW	Veterans of Foreign Wars
VHA	Veterans Health Administration (Veterans Affairs)
VISN	Veterans Integrated Services Networks
VSO	Veterans Service Organization
VTAP	Virginia Transition Assistance Program
VVA	Vietnam Veterans of America (National with Regional Chapters)
VVFS	Virginia Veterans and Family Services