Veteran Administration Initial Planning Discussion

Meeting Minutes
By Tammy Keaton
Tuesday, 06 June 2023, 10:00 AM

ATTENDANCE	
STAFF:	Jim LaGraffe (Executive Director), Cory Will (Director of Peer Recovery Services), Tammy Keaton (Exec. Asst.)
OTHERS:	Tom Pratt (RRCSB Member/Orange County), Scott Bennett (RRCSB Member/Madison County), Jennifer D. Kelley (Community Engagement Partnership Coordinator, Community-Based Interventions-Suicide Prevention Program, VHA Office of Mental Health and Suicide Prevention, Martinsburg WV, VISN5), and Angela R. Jameson (Community Engagement and Partnerships Coordinator, Suicide Prevention Program, Central Virginia VA Healthcare System, Massaponax CBOC, VISN6)

MINUTES

Welcome. The meeting was called to order by Jim LaGraffe at 10:00 AM.

Introductions (all attendees). Jim suggested everyone go around the table and introduce themselves.

- Tom Pratt mentioned that he is currently a Board Member for Rappahannock Rapidan Community Services Board (RRCSB) representing Orange County.
- Angela Jameson shared that she is a licensed clinical social worker and the Community Engagement Partnerships Coordinator for the Fredericksburg Community Based Outpatient Clinic (CBOC) part of Veterans Integrated Services Networks (VISN) 6, and also a retired Airforce Veteran (serving fifteen years).
- Jennifer Kelley is Angela's counterpart at the Martinsburg West Virginia, VA (Veterans Affairs) Medical Center. She is also a licensed clinical social worker and Community Engagement Partnership Coordinator. The counties within the RRCSB catchment overlap the Counties which Jennifer and Angela support.
- Cory Will introduced himself as the Director of Peer Recovery Services.
- Scott Bennett mentioned that he is also currently a Board Member for RRCSB representing Madison County, a twenty-eight-year Veteran, a retired Naval Officer having served in Desert Storm, Iraq, and Afghanistan, and Post Commander and Veterans Service Officer of the American Legion in Madison.

Overview of RRCS Mission, Counties/catchment area served. Jim talked a little bit about the organization and how we are a hybrid as a Community Service Board and an Area Agency on Aging. Today, our organization's scope of support includes Aging, Case Management, Children's, Developmental Disabilities, Housing, Mental Health, Substance Use, and Transportation Services. As you know, the counties we serve are Culpeper, Fauquier, Madison, Orange, and Rappahannock counties.

What has become eminently clear is that we are close enough to surrounding locations with higher populations such as Northern Virginia with Prince William or Fairfax, and Southeast Virginia with Fredericksburg, or South Central West with Charlottesville that there is an inaccurate perception

that they serve our area but it really doesn't. We have a void in our region where services are very limited. With regard to Veterans, Tom Pratt has really brought this more to light for us as an organization, having our agency be the conduit for Veteran services in our region, and if not us then who. So then the question becomes, how can we make sure that the needs of our Veterans are met, and what can we do to bring it forward and foster it?

Our Desire to continue support and enhance care and services for Veterans. Tom shared that one thing that comes to mind, and something we really want to advocate for is in regard to some of the programs or pilot programs that existed pre-COVID. Another thing he would like to talk about is the VAs initiatives or innovations regarding Veterans' Care and Services in areas such as ours.

Veteran Affairs Innovations Rural Areas. He asked if anyone in the room was familiar with the Clay Hunt Suicide Prevention for American Veterans (SAV) Act. It is a Congressional Act named after Clay Hunt, a Marine Corp Veteran who committed suicide. His parents became advocates for community change and community partners (such as a Community Services Board). It was signed into law by President Barak Obama in February 2019. What Congress did, through the Clay Hunt SAV Act, was tell the VA to come up with creative and unique ways to gain and work with Community Partners to reduce Veteran suicides. VISN 6 was one of the leading partners in it at the time. The Hampton VA Medical Center and Western Tidewater Community Services Board (WTCSB) partnered and well over a million and a half dollars of federal funding went to the WTCSB to implement a program that provided both clinical and peer support services to Veterans at large or transitional Veterans.

The point of all of this information is that this program was started pre-COVID, it went from 2016 (when VISN 6 got involved along with five other VISNs throughout the country) to 2019. During this time, the other five VISNs quickly fell to the wayside because they indicated they were not ready in their localities to make the proposed changes. Tom Pratt is a retired VA employee from VISN 6 who was involved at that time, he knows about the initiatives and innovations started, including the Clay Hunt SAV Act, and there are State initiatives and Community Service Board initiatives, and now we have specifically this Board's willingness to seek out new ways to support our Nation's heroes. He has read the congressional reports (it can all be found online) submitted to Congress that says the initiatives that were done by VISN 6, Hampton VA Medical Center/Western Tidewater Community Health, were very successful, but it was all shut down because the Clay Hunt SAV Act law expired in 2020 where a final report was sent to Congress by Central Office.

COVID began in 2019, it shut everything down that was improving the quality of life for our nation's heroes and now that COVID is over, it's time to revisit those initiatives and innovations. This is the time to sit down with Federal, State, and Local partners to revisit this, partner, and come together, instead of having pockets of this and that. Tom recalled times when communities would drop a Veteran off at the VA, no matter how far it was, they would drop them off at the nearest emergency room and say, "He or she belongs to you, we can't do anything for them because we don't have the resources."

Veteran Scott Bennett's Experience. While Tom just spoke about the mental health component of Veteran services, he talked a little about his experience with the VA from an access vantage point. He has been working with the VA for a long time. He had gone to Charlottesville's

Department of Veteran Services to ask them to fill out some forms for him to increase his disability rate. He received a letter from the VA stating they received his claim and a week later they said it was denied because they didn't fill out the form properly, so they can't be his advocate. Scott then went to register for the PACT Act, which is a new law that expands VA health care and benefits for Veterans exposed to burn pits, Agent Orange, and other toxic substances. At the CBOC in Charlottesville, they simply handed him a piece of paper. Scott lives in rural Virginia which doesn't have good internet access, but he went home, went online, and followed the instructions, and before he could finish the registration, the system timed out.

Shortly after, he went to a Veteran's meeting with the Congresswoman for Fauquier and met with the Director of Quantico, Virginia Department of Veteran Services who said he would call him on the following Monday to answer his questions about that. It has been two months with no call. At the same meeting, Scott met with the head of the VA Medical Center in Washington DC, advised him how the staff at the Charlottesville Office just handed him a piece of paper and explained that was all they could do for him —he said he would call the head of the VA at the Richmond Medical Center to find out why no one was there to help him, that he would get right back with him, and that was also two months ago. In using this example, Scott shared that this kind of treatment is one of the things that disparages Veterans, because the system doesn't work.

Scott shared how he broke his back in a plane crash in Iraq and how it took him five years to get his back operation. The system made him go through physical therapy three different times, where he had to drive to Richmond to take pain-management courses, two hours each way. What hurt his back the most was driving. He finally got the head of spinal orthopedic surgery at UVA to call the VA and tell them, "Scott is in a wheelchair (which he was two years ago) because he cannot walk, he cannot work, and we need to do an operation." Then the VA said okay, we'll do it under the Community Care Act. It was like running into a brick wall with the VA, and we go to the people who are supposed to help us, and they don't. When he is able to get ahold of someone, he gets decent care. He is currently being treated for PTSD, he has a great therapist in Charlottesville, near Richmond but the internet service where he lives is terrible, so what did they do ... they issued him a tablet that is fully loaded with a T-Mobile Data package that can only be used with the VA, but it is of no value for him.

Tom thanked Scott for sharing his experiences and noted how sadly, this frustration is the experience for most Veterans in our catchment area. Scott raised two cards, one was a state representative and the other a federal one, both of which he is still waiting to hear back from two months later. Tom understands the system, he has worked with its local, VISN, and national leadership for many years. He believes we can find unique and creative ways to help our Veterans through these access issues.

Veteran Cory Will's Experience Cory shared that he served in the Marine Corps for seventeen years. spoke about his experience. He took Temporary Early Retirement Authority (TERA) because he was going to be retired from PTSD due to complications from a TBI (Traumatic Brain Injury). He just received his 100% Permanent and Total VA Disability Rating after a ten-year fight. There was a lot of going back and forth, having his rating upgraded and then down-graded, put on hold, and put in a static status where he couldn't do anything for long periods of time.

The bottom line is that we will really have to focus on how we can get things connected to the VA. Cory had one position funded which was for a Veteran Peer Recovery Specialist but it was very hard to keep them fully utilized, and so we ended up losing them to another agency. Funding would be for positions and getting people rides. His experience with DAV (Disabled American Veterans) and

their program is like Medicaid cab and it has been a mess. It exists somewhere and other people use it but it just doesn't function in our area. It would be for having a direct connection with the S.E.E. Recovery Center, and its future satellite sites, having a partnership with the VA, and having something at each site which provides access to the VA's system, and staff to support help for it. It would be for transportation and where Veterans are going to go.

Cory mentioned the Community Care Program, which is supposed to handle reimbursement for Veterans, which we were signed up to do in 2020 or 2021, had been up for renewal, and whoever was responsible for redoing the agreement out of Richmond was no longer in the position, and he wasn't sure where we ended up with that. The last he had heard, there was a gap in coverage. Jim was under the impression that we were okay with this program and will double-check.

Today's Focus. While Jim appreciates all that has been done in the past, he is looking forward to discovering what it would need to look like today to offer enhanced services for Veterans in our region today. We are gathering information on what to build so that we know where we are going. He is hopeful that we will know this over the next several meetings. If we could map out things such as —we will need a local VA facilitator, subject matter expert, as a designated point of contact who is accessible, knowledgeable, and has access to services and supports. We want to determine what the needed structures and systems are and how to put them in place so our Veterans aren't struggling.

Jennifer shared that she and Angela are on the Suicide Prevention Team, and one of their roles is to be out in the community, bringing community partners together to address Veteran suicide in our communities. Some of the frustration that has been talked about are those risk factors. They bring the partners together by forming coalitions, task groups, or workgroups so they can address their community needs. They typically perform a Needs Assessment and a SWAT (Strengths, Weaknesses, Opportunities, and Threats) Analysis of the community. Some of the things talked about today would be things they would identify as part of the Needs Assessment. Then they would talk about how they can fill those gaps, work on transportation, contacts, and getting connected. And then they would develop an action plan and go from there. So really, the first step in the process is building the team. Identifying the organizational structure, like who should be part of the team, who will take the lead, and who will facilitate the meetings, is all part of the beginning organizational process. This identified group will be the ones whom we'll get into the needs assessment and get to work with.

Tom wanted to clarify in regard to the word "community " that often when we talk about community we are talking about a catchment area involving five counties, which is a large area. Also when we speak of having a facilitator, a subject matter expert, this would be someone who can speak to the state and federal resources and if you are looking for an individual to support it, he will throw his name in the hat. Jim is happy to take on the role of the facilitator and he sees value in completing a Needs Assessment, SWAT Analysis, and Action Plan. Jim's question would then be, after we create the Action Plan, are there already existing resources that we can tap into, or are we going to need to go out and find the resources? Part of this exercise for us is understanding if one of our partners will be the VA or the State, and discovering what resources of theirs they would be willing to have us share in our localities.

Angela shared that she and Jennifer do bring resources to the table in a way. She confirmed that there is no funding available through the Community Engagement and Partnerships Coordination piece. What they bring to the table is information, lots of programs (that already

exist), and things they can do to help local facilitators (that are already in the community). In the needs assessment, they will ask about what some of the gaps and barriers are, what the feasibility is with the players that are already at the table, and what local resources already exist locally, statewide, and federally. Angela and Jennifer keep an eye on the state and federal pieces, and the RRCSB Workgroup will own the local piece (what's here and not here). The goal would be to come together to figure out what's feasible. She doesn't know if the VA would hire someone to come and sit here, but she and Jennifer are available to be here as much as they can. Their role is primarily one of a coach, with the technical knowledge of how to figure all of this out. (See handout). It outlined their work and what they can offer.

Developing working relationship/liaison with Veteran Integrated Service Networks (VISNs 5 and 6) and Medical Centers Leadership, i.e., Richmond VA., Washington, D.C., and Martinsburg, WV. It is our desire to find working relationships, work with the medical center directors and leadership, and with the VISN leadership. Tom has spent over thirty years in Federal Service and working with Veterans. He started off in the Domiciliary Care Program in the Department of Veterans Affairs (VA) at the VA Medical Center in Martinsburg West Virginia. This is a great opportunity to sit, think outside the box, and explore options. Prior to Tom's leaving the VA, he was speaking with the Central Office and they were all very supportive of all the things Tom has been talking about, including the expansion of peer programs, peer support throughout rural areas, mental health services, care programs, and trying to find creative ways which allow Veterans to tap into those resources. There are a lot of Veterans in Virginia, we are within arm's reach of Washington DC. He is interested in hearing about what our Board's desires are, what our community partner's desires are, and what the VA can bring to the table. Let's put it all on the table and talk about what we can do, "we can't" or "no" is just not an acceptable answer, let's do what we can.

Tom inquired about, having gone through their process, and if something is determined as being needed and of high importance (funding, staffing, or whatever), knowing we do not yet have a liaison at Central Office —or if while we are working with our workgroup and we come across an issue and we need to work with Central Office for a resolution or support— if Angela and Jennifer would be willing to advocate for us. He inquired if they have come across any challenges where they have been asked to advocate for local communities like this, or paused to talk with the leadership of the Medical Centers, VISN, or Central Office to see what they can do and if they've been successful. Both Jennifer and Angela shared that they have never gone to the Central office for anything. Their program is relatively new, it rolled out in 2020 and started up in Martinsburg in 2021. There are about a thousand groups across the country out there doing this in local communities. They have not yet come across this.

The VA is a very complex organization however, under the recovery model it individualizes care per each individual with peer support, trained clinicians, focused on whole-health and quality of life for the Veterans. It's no longer the cookie-cutter approach it was years ago. Each organization has a chain of command. If things come up, we ask them what to do. We would like to be prepared, by knowing that if we come to a point where we can't go any further without moving through the appropriate channels, that we have an avenue to the necessary decision-makers. We are exploring the beginnings of this avenue with Jennifer and Angela and asked if they are prepared to discuss our desire to partner with the VA with their next chains of command and so forth, or help make the introductions between them and us, whichever is more appropriate.

We already have ideas of what we could do, and it's going to need resources. Community Care; *Transportation*, eligible Veterans will need transportation, and the VA could contract a local organization for that or contract with us as the CSB (community services board) for it, *Mental Health Services*, and other related services such as *Housing*, *Support Coordination*, *Nutrition*, *Socialization*, *Peer Support*, and more. Community Care is a big thing and a missing piece of the puzzle. We may run into some challenges as we try to stand this up and we will need support. It makes sense to us to try and partner with those who already have programs and structures in place, as an alternative to recreating the wheel, but then bring the additional resources needed to have it locally such as staffing, buildings, a fleet of vehicles, etc. We are thinking about all the challenges our Veterans and their families face, we understand the VA doesn't take care of the family members, but the CSB looks at the caregivers and families of Veterans and works with them as a whole package.

Explore post-COVID options to increase/expand the Veterans Community Care Program throughout RRCS Counties/catchment area, for Mental Health, Peer Services, Veteran "X" Innovation, etc. Tom asked if he could have just a few more minutes to talk about Peer Support in the VA, and the National VA program called the Veteran X Program. Tom developed the Veteran X Model Peer-Led Recovery Program which was a recipient of a 2012 VHA Innovation Award. He believes that the VA could provide community support to expand the Veteran X Program model and the S.E.E. Recovery Center would be a great place for it. The Charles George Department of Veterans Affairs Medical Center in Asheville, NC now oversees the program with EES, employee education system. They host several Veteran X trainings annually. This would be a good resource for this area and for the National footprint. Central Office contacts Patricia Sweeney and Dr. Graham are willing to support the initiative. Tom spoke a little about the program.

Planning a Solution. Jim shared that as he looks at this challenge, we are the publicly-funded and mandated Behavioral Health and Aging Services safety net. The Veterans residing in our catchment area have just as much access to the services we provide as the rest of our community but because there is a federal agency that exists and offers services and supports specifically for veterans it is a different pocket. One challenge for us is that Veterans are entering our services too late in the game. When they come to us, they are predominantly coming in through the mental health system and not the Veteran's system.

What he would really like for us to be able to do is just to be able to identify;
- what we would need to do next,
- what is our first step in this process,
- where do we need to start to design what is needed
- what should the community have,
- it a model already in place that we could follow, can we have it,
- should it have a VA liaison, an outpatient medical clinic, transportation

He suspects that for many Veterans, the idea of coming to a CSB may be a significant barrier because we are not a Veteran's organization, we are a Behavioral Health organization and that is a different mindset and challenge.
- do we need a separate Veterans' location

If Jim had a model, he will find the people to build it and fund it, but with that said, we also don't have five years to make a plan. There is an expectation we need to be expedient, move forward, be regular, be a team, create our plan, and bring in the right people. Advise who we need to invite, and when we can meet, and he will have everyone there. The first step would be deciding who we want to bring to the table who can participate in completing the Needs Assessment. Rappahannock highest number of VA suicides in the state.

Jennifer mentioned she is in the process of putting together a SAVE Training with Renee to get everyone certified in Suicide Prevention. Jim cautioned that we do mental health first aid training all throughout our region, we aren't looking to do more training, we need services. She advised that as part of their process, they ask that everyone involved get certified on knowing what to do if they come into contact with anyone who might be suicidal. Jim will connect with Renee, can't speak for everyone on their thoughts about doing the training, but reinforced that the goal is in seeking resources to help facilitate help for all of the types of things Scott Bennett spoke about earlier. We want to be able to advise Veterans that if they need something specific, they can talk to "this" person, or walk through "that" door. We are a Certified Zero Suicide Implementor and Innovator and offer training once a month at the S.E.E. Recovery Center. Our community is full of coalitions but what our community doesn't have is access to local services.

Jennifer and Angela's Process. Jim asked, once we get all of the stakeholders in the room, what their process looks like. Jennifer advised that in that first meeting, they usually talk a little about their program, what it is they do, and how to get started, similar to what we're doing today. Since all the stakeholders would be there, we could begin on the Needs Assessment, It would be a longer, facilitated meeting, and if not completed in the first meeting, it could continue across multiple meetings.

Key stakeholders.

- Transportation – RRCS
- American Legion
    - Culpeper American Legion Post 330
    - Fauquier
        - Warrenton American Legion Post 72
        - Remington American Legion Post 247
    - Orange American Legion Post 156
    - Madison American Legion Post 157
    - *There is no American Legion Post in Rappahannock County*
- VFWs
    - Culpeper, Fauquier, Madison, and Orange,
    - *There is no VFW for Rappahannock County*
- VSO - Hero's Bridge
- *There is no DBS footprint in our five counties*
- *There is no VA footprint in our five counties*
- RRCSB - Representatives from each county; we have two right now Scott Bennett (Madison) & Tom Pratt (Orange)
- MH Providers (RRCS will represent. There are a few private providers but none of them take all insurances).
- MHA - Renee Norden

- 9 Law enforcement jurisdictions
    - Law enforcement for each county
    - Town police
- EMS
- Local Hospitals
- State Legislator
    - State Delegate
    - State Senators
    - Congresswoman - Abigail Spanberger
- Leaders of the Faith Community
- Leadership within Community Care Offices within VA
- Leadership from Martinsburg VA Medical Center
- Leadership from Fredericksburg Veterans Medical Center
- Foundations (?)

Barriers. Jim in closing shared that another challenge we have is that there is a perception that all things are available to people inside our area because they are available within a one-hour radius. There are many barriers that contradict these perceptions such as financial, material, cultural, and geographical barriers. For us, that one-hour radius hits Fredericksburg, Charlottesville, or Winchester, no one here wants to drive that far. When a Veteran is in crisis, our region lacks in-patient psychiatric beds, they will get that care but many would have to make a very long trip from here to most likely Salem, Virginia. In a crisis, in handcuffs, from here to Salem, or Hampton, or Richmond, how humane is that? This is one of the reasons why we feel Veterans don't want to say they have a problem. They've experienced long rides, in handcuffs. Jennifer mentioned that there is a new Act for Emergency Care where Veterans can go to any community provider and the VA will cover the expenses. Cory is aware of this and responded by sharing that in his experience, there's no mechanism for reimbursement, there is no instruction, no help, nothing. Jim mentioned that stigma is another barrier, the Veteran doesn't want to be part of the Mental Health community.

Next Meeting / Planning and Draft Agenda

9:30 am – Start at 10:00 am
11:30 to 12:00 pm - Lunch
12:30 - Reconvene
3:30 or 4 pm - Stop

Jennifer and Angela will run the meeting.
A "Save the Date" meeting was scheduled for Thursday, July 27th.
They could possibly do the SAVE Training (it's about an hour long) at a later date.
They will be in touch and provide a detailed agenda for that day's event.

Meeting Adjournment

The meeting was called to order by Jim LaGraffe at 11:25 AM.