VETERAN COMMUNITY PARTNERSHIPS

FISCAL YEAR 2016 SUMMARY
From: Deputy Under Secretary for Health for Policy and Services (10P)
To: Acting Under Secretary for Health (10)

Subj: Dissemination of "Veteran-Community Partnerships" Fiscal Year (FY) 2016 Report

1. Attached, please find the FY 2016 Annual Report for the Veteran-Community Partnership (VCP) program, which is currently being coordinated under contract to the National Hospice Palliative Care Organization (NHPCO). I request your assistance in elevating awareness of this very promising program within Veterans Health Administration (VHA), such as sharing it with relevant program offices, (e.g., Rural Health, Care Management/Social Work, Strategic Transformation, Community Engagement, and Patient Centered Care).

2. This report will be shared with the Office of Congressional and Legislative Affairs and the Office of Public and Intergovernmental Affairs so that it may be shared by local VCPs with their community partners, who are key to the success and impact of the entire project.

3. VCP was a concept articulated in the 2009 Geriatrics and Extended Care (GEC) Strategic Plan, based on the success of the Hospice Veterans Partnerships (HVP). HVPs stemmed from recognition that the final months and weeks of a Veteran’s life are challenging times to make a Veteran and his or her support system figure out VA benefits. HVPs arose to streamline provision and coordination of end of life care by proactively convening VA and non-VA providers of end-of-life services and familiarizing each with the other’s programs and players. VCPs emulate HVP but are not limited to end of life needs: they exist to enhance coordination of care by breaking down the communication barriers between non-VA and VA providers, settings, services, and records.

4. The need for VCP stems from the fact that, among VA patients over age 65 (the age-cohort responsible for the greatest utilization of health services), nearly three-quarters also receive services supported by the Centers for Medicare and Medicaid Services. Yet despite the system-wide recognition that an overwhelming majority of our most complex patients also receive care from non-VA entities, there exists no systematic means for promoting, much less ensuring, continuity in processes or records of care across and among the different systems.
Dissemination of “Veteran-Community Partnerships” FY 2016 Report

3. VCP was initially supported by PCS (as an adjunct to the Comprehensive End of Life Initiative) through a contract that ended in June 2011. Subsequently a new contract was awarded to NHPCO, providing for VCP support through June 2014, underwritten by the New Models of Care Transformational Initiative/Non-Institutional Alternatives to Extended Care (NIC) initiative. It is currently supported by a 2-year contract to NHPCO that will end in 2018. The attached report describes the vision, plans, accomplishments, and anticipated next steps of the VCP initiative.

4. VCPs are underway at 56 sites within 17 Veterans Integrated Service Networks in 24 states, with plans to continue to expand to new sites and networks in FY 2017. VCPs have been enthusiastically received by the communities in which they have been introduced. VA staff regularly receive inquiries from sites lacking the programs and potential community partners (who have read of the program at http://www.wehonorveterans.org/va-veteran-organizations/veteran-community-partnerships), asking how they can initiate one. Although unmet needs of elderly Veterans was the original impetus for VCP, it has proven relevant to optimizing care and services for Veterans of all ages. As such, it merits consideration for expansion well beyond GEC interests. To that end, representatives of the Offices of Clinical Operations, of Rural Health, and of Community Engagement, have recently been added to the VCP Steering Committee membership. We therefore would also like to be granted permission to share the report more broadly within VHA as described above, and beyond as well, in order to enhance overall awareness of VCP and build demand for the program.

5. For additional information or to discuss VCP in greater detail, please contact Kenneth Shay by phone at (734) 222-4325 or by email at Kenneth.Shay@va.gov.

Richard M. Allman, MD

Attachment
Dissemination of "Veteran-Community Partnership" FY 2016 Report

APPROVE/DISAPPROVE

Koji Nishimura, M.D.

APPROVE/DISAPPROVE

Jennifer S. Lee, M.D.

APPROVE/DISAPPROVE

Poonam Alaigh, M.D.
FORWARD

On behalf of the Veterans Health Administration’s (VHA) Geriatrics and Extended Care (GEC) programs, I am pleased to provide this fifth annual version of the Veteran Community Partnership (VCP) Annual Report. What began in 2008 as an idea to provide better and more seamless, coordinated care for Veterans and their families, has developed into its own programmatic initiative and, to my continued amazement, still continues to expand eight years later, beyond any foreseen degree.

The VCP initiative has tapped into a widespread but previously unrecognized potential for collaboration and partnership not only within VA but also in the community at large. Despite being constrained by an absence of any budget, staff at VA facilities across the country has stepped up and devoted collateral and personal time to initiate and coordinate partnerships within internal VA departments and external non-VA community organizations — all because it’s the right thing to do and everyone benefits. And community organizations have clamored to get involved, often beyond the capacity of local VA staff — again, because it’s the right thing to do and everyone—ESPECIALLY the Veteran—benefits.

On the following pages are snapshots of some of the wonderful efforts of what local VCPs across the country are actually doing to optimize the range and scope of support mechanisms made available for Veterans and their families/caregivers. As you will see throughout this report, these locally-developed programs for integrating services among VA and non-VA entities are a successful, tangible, and growing form of the sort of public-private linkages top leadership in VHA and VA have been encouraging with increasing enthusiasm.

I want to personally thank the coordinators of each VCP (who are personally acknowledged at the end of this report) for their tireless efforts and collaborative spirits to bring together their VA compadres and their community counterparts for the greater good. I also want to thank the leaders of each VA facility hosting a VCP for allowing and empowering your staff to develop these invaluable, enhanced community partnerships. In addition, I would like to acknowledge the leadership of VA’s Offices of Community Engagement, Rural Health, and Geriatrics and Extended Care, who have steadfastly provided pivotal support and encouragement—and at times have given me enough rope to hang myself—on behalf of the ongoing development and expansion of VCP.

While this report will provide the details of the VCP initiative and accomplishments for FY16 and plans for subsequent years, please feel free to contact me directly to discuss VCP training opportunities and/or how you think we may link with other VA community partnership efforts.

Ken
Kenneth Shay, DDS, MS
Director of Geriatric Programs
Geriatrics and Extended Care Services (10P4G)
Kenneth.Shay@va.gov
EXAMPLES OF VCP EVENTS OFFERED IN FY 16

VA Eligibility and Access

Brown Bag Lunch and Learn

Tuesday, August 2, 2016
11:30 a.m. - 1:00 p.m.
Kalamazoo County Health & Community Services
Conference Room D
3299 Gull Road, Kalamazoo, 49048

VA Eligibility and Access Brown Bag Lunch and Learn

VETERAN COMMUNITY PARTNERSHIPS

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Please Join Us!
5th Annual Conference
“OOPS, I WISH I HADN’T SAID THAT!”
ETHICAL CHALLENGES IN PALLIATIVE CARE

Friday, November 13, 2015
9:00 A.M. – 3:00 P.M.
Denbigh Community Center
15198 Warwick Boulevard
Newport News, VA 23608

We Honor Veterans, a program of the VA and U.S. (www.wohnorva.org), is designed to improve health care provided to meet the unique needs of a veteran’s receipt. Come meet the legislators and take part with us in this important event.

Registration, Continental Breakfast, Networking begins at 8:00
Keynote Address and Introduction: VCP and “We Honor Veterans” at 8:00

TOPICS OF DISCUSSION

• Re-framing: “We Are In a Different Place”
• Medical Futility: “Your Definition of Futility is not Mine”
• Spiritual Stewardship: “Please Pray the Hail Mary With Me”
• Truth Telling: “Don’t Tell Daddy He’s Got Cancer!”

Questions and Answers Session will follow.

Target Audience: Hospital Administrators, Physicians, Social Workers, Nurse Practitioners, Nurses, Home Health Agencies, Hospices, Pharmacies, Chaplains, and All Health Care Providers.

*** Please RSVP by November 6, 2015 to reserve your seat
Cheryl Lasserter at cheryl.lasseter@cchnetnet or
Yvonne Bailey at yvonne.bailey@va.gov

Hampton Roads Veterans Community Partnership

VA eligibility and Access Brown Bag Lunch and Learn

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Are you interested in learning more about the Department of Veteran Affairs Health Administration?
Do you work with Veterans and want to provide them current information?
Are you curious about the VA and what services are offered?

THE BOB MICHEL PEORIA VA OUTPATIENT CLINIC HAS AN EVENT FOR YOU!

WHEN: April 12, 2016 from 10am-Noon
WHERE: 7717 N. Orange Prairie Rd. Peoria, Illinois Main Conference Room
WHY: To increase collaboration between the VA and the Community
For More Information Call Kelly Binger-Sabat at (309)580-6590 ext. 47375

Deborah Grassman, author of Power of Love and The Hero Within Presents A FREE Workshop
Let “warrior wisdom” show you how the heart can be disarmed through love, forgiveness, and self-compassion, starting a process that restores the soul.

WEDNESDAY, OCTOBER 26, 2016
McSherrystown Library
570 S. Valley Blair Drive
McSherrystown, PA 17050
Registration 9:30 AM
SESSION 1: 10:00 AM-12:00 PM
SESSION 2: 1:00 PM-3:00 PM
SESSION 3: 10:00 AM-12:00 PM

For more information, please contact
(302) 994-2511 ext. 4727 or 4589

Monday, November 16, 2015
9:00 a.m. — Noon

National Family Caregivers Month
VA and Community Resource tables located in
the Education Building (Building 5), Auditorium, and Patient Lounge.

For more information, please contact
(302) 994-2511 ext. 4727 or 4589

Recreation Therapy
Changing Lives Through Recreation and Creative Arts Therapies

Tuesday, June 21, 2016
9:00 a.m. - 11:00 a.m.
6:00 p.m. - 9:00 p.m. Registration and Networking
Battletown VA Medical Center
Building 6, Auditorium

Sponsored by:
VA U.S. Department of Veterans Affairs

Monday, November 16, 2015
9:00 a.m. — Noon

National Family Caregivers Month
VA and Community Resource tables located in
the Education Building (Building 5), Auditorium, and Patient Lounge.

For more information, please contact
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OVERVIEW

The Department of Veterans Affairs (VA) operates the largest integrated healthcare system in the United States. Yet streamlined coordination of and access to healthcare services for Veterans can still be a challenge. The facts are:

- Currently, there are nearly 22 million Veterans in the United States, nearly 9 million Veterans are enrolled in VA, and over 6 million of these access and utilize clinical VA services and supports annually.
- Most enrolled Veterans who use VA services are “dual-users,” meaning that they access both VA and non-VA services and programs in order to meet their health and support needs.
- 79% of enrolled Veterans have an additional type of health insurance in addition to their VA benefits.

From these statistics alone, it is clear that there is a great need for strong and healthy partnerships to be developed and nurtured among VA and community providers, agencies and service organizations, in order to ensure the provision of the coordinated quality healthcare that Veterans and their families deserve.

To support achieving that goal, a Veteran-Community Partnership (VCP) can provide an innovative, flexible, relevant and useful initiative to assist a VA facility establish and nurture community partnerships that facilitate access to and coordination of the broad spectrum of healthcare needs of Veterans and their families.

VCP is a model of collaboration developed by Veterans Health Administration’s (VHA) Geriatrics and Extended Care (GEC) Services to assist Veterans’ seamless access to, and transitions among, the full continuum of care and support services available in VA and the community. Veterans and their caregivers are the primary stakeholders and targets of VCP efforts. Although originally developed to foster enhanced continuity of care for elderly Veterans, the VCP model is fully applicable to the full range of Veteran populations, and can be (and has been) tailored to address specific issues, populations, topics or programs, including homelessness, community reintegration, mental health, end-of-life care, caregivers, dementia, and countless others.

At its core, a VCP is a coalition of Veterans and their caregivers, VA health facilities, community health providers, non-governmental organizations, individuals, and non-VA agencies working together to support Veterans, their caregivers, and families. The VCP model of collaboration provides a mechanism to integrate knowledge and action for the combined mutual benefit of all those involved. It is a low-tech, high-touch, uniquely Veteran-centric, easily replicated and readily adapted approach to optimizing civilian services on behalf of the men and women who have put their lives on the line for all their fellow Americans.
The goal of VCP is to create a network of support in order to:

- Increase choice and awareness of quality programs and services available for Veterans and their caregivers;
- Educate participants and the community regarding services and supports available to Veterans and their caregivers within and beyond VA;
- Strengthen relationships among VA and local communities and provide support for achieving common goals;
- Promote seamless transitions and coordination of care for Veterans, regardless of the site or source of delivery; and ultimately
- Enhance and improve the quality of care for Veterans.

The VCP goals also are intended to align with the Department of Veterans Affairs five MyVA strategies that are focused on rebuilding trust with Veterans, their families and survivors, and the American people. Specifically, my MyVA’s approach is to:

- Improve the Veteran experience;
- Improve the employee experience;
- Achieve support services excellence;
- Establish a culture of continuous performance improvement; and
- Enhance strategic partnerships.

More information about MyVA may be found at www.va.gov/opa/myva/docs/myva_integrated_plan.pdf.

Furthermore, VCP aligns with and promotes VA’s I-CARE values of Integrity, Commitment, Advocacy, Respect, and Excellence within VA and community organizations at all VCP trainings.

“It is great to meet with community providers and learn about what they have to offer and how to best partner to meet Veterans’ needs. VCP is the face of the VA and helps the community see what we offer and how we can support their efforts.”

- Anisa Grabocka, VCP Coordinator, Stratton VA Medical Center, Albany, NY

“The benefits of our VCP are that there is a need in the community to know more about the Veterans’ needs. Our VCP seems to ignite this fire in community and VA participants in unison.”

- Heather Steele, VCP Coordinator, VA Pittsburgh, Pittsburgh, PA
HISTORY AND BACKGROUND

The concept of community collaboration and partnership is neither radical nor new. Expanding on the successful Hospice-Veteran Partnership (HVP) initiative, GEC Services established the VCP initiative as part of its Geriatrics and Extended Care strategic plan (approved by the Acting Under Secretary in 2009) to focus on promoting seamless access to and transitions among the full continuum of non-institutional extended care and support services available in VA and the community. In addition, since family caregivers play an indispensable role that is essential to the care and lives of Veterans, caregivers were and remain a primary target of VCP efforts.

During the initial development of the VCP initiative (FY 10 and FY 11), three pilot sites were selected (from VA facilities in VISNs 1, 2, and 11) to assess and develop the concept’s feasibility and outcomes. Within one year of their initiations, each of the three VCP pilots reported overwhelming support from their communities. Each created a unique, viable model meriting broader dissemination. Each VCP had set up a steering committee comprised of VA staff and leaders within community/state organizations. Each had established its own unique structure, focus and functions according to the needs identified by its respective community and VA partners. As one of the VCP Pilot Site coordinators stated,

“We have humanized VA in this area and torn down many walls and built bridges because of our Veteran Community Partnership. I have more people calling from community organizations to refer Veterans who have never enrolled and accessed their VA benefits. And I have more information about community organizations that can provide quality services for our Veterans and caregivers if not available at VA.”

To continue with the development of the VCP initiative in FY 12 through FY 16, the National Hospice and Palliative Care Organization (NHPCO) was contracted to work with VA GEC because of its long term experience with developing the national HVP initiative and community coalitions across the country. The overall focus of the contract was to expand the national VCP initiative and create a sustainability model.

Specific goals for the VCP initiative, set by its Advisory Council (see next page) in FY 16, were to:

- Continue the engagement of the VCP National Stakeholder Council and hold quarterly meetings;
- Offer training and technical assistance to HVP sites that want to expand their missions and become consistent with the Veteran Community Partnership model;
- Develop and disseminate training tools and resources for VCP sites;
- Increase collaboration with other community partnership initiatives within VA, especially with the VHA Office of Community Engagement and VHA Office of Rural Health;
- Participate in key national and/or regional meetings/conferences; and
- Explore the shared goals of VHA ORH’s COVER to COVER (Connecting Older Veterans—Especially Rural—to Community or Veteran Eligible Resources) initiative and the feasibility of a combined training.

This report provides a cumulative summary of the key accomplishments (specifically focusing on FY 16 activities), benefits and challenges, and plans for FY 17.
KEY ACCOMPLISHMENTS

VCP National Advisory Council

The engagement and commitment of the VCP National Advisory Council established in FY 11 has continued to provide the foundation to bolster and support ongoing development of the VCP initiative. During FY 16, quarterly in-person or virtual meetings were held to refine and follow a strategic plan for VCP. Members of the VCP National Advisory Council are subject matter experts from VHA (with *ex officio* involvement by representatives from national non-VA organizations) including:

- Administration for Community Living*
- Disabled American Veterans*
- Leading Age*
- National Alliance for Caregiving*
- National Association for Area Agencies on Aging*
- National Hospice and Palliative Care Organization*
- VHA Hospice-Veteran Partnership Workgroup
- VHA Office of Care Management and Social Work
- VHA Office of Community Engagement
- VHA Offices of Geriatrics and Extended Care Services and Operations
- VHA Office of Nursing Services
- VHA Offices of Primary Care Services and Operations
- VHA Office of Rural Health

VCP Development

The development of VCPs across the country has directly resulted from face to face training opportunities held at various VAMCs and community facilities located in VISNs listed below. The original three VCP pilot sites that began in FY 11 fed the inspiration and support for the development of new VCPs, resulting in:

- FY 12, training 14 new VCPs from VISNs 8 and 11;
- FY 13, training 8 new VCPs from VISN 6;
- FY 14, training 15 new VCPs from VISNs 4, 18, 20 and 21; and
- FY 15, training 1 new VCP from VISN 5; plus 11 established Hospice Veteran Partnerships from VISNs 6, 7, 8, 10, 16, 19, 21, 22, and 23. (Note: this training was originally scheduled for FY 15 and was actually held in calendar year 15/FY 16 after lifting of late FY 15 VA travel restrictions.)
At the end of FY 16, there are a total of 48 VCP sites trained:

- Involving 16 VISNs (1, 2, 4, 5, 6, 7, 8, 10, 12, 16, 17, 19, 20, 21, 22, 23);
- In 23 states (Alaska, Arizona, Arkansas, California, Delaware, Georgia, Florida, Illinois, Indiana, Iowa, Michigan, Montana, Nebraska, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Puerto Rico, Texas, Virginia, Washington and West Virginia); and
- Associated with 48 VA Medical Centers (VAMC)/facilities.

In addition, by the end of FY 16, three trainings combining both VCP and VHA ORH’s COVER to COVER initiatives were scheduled in FY 17 for VAMCs and their respective community partners in Spokane and Walla Walla, WA as well as a VISN-wide training for all VAMCs located in VISN 9.

**VCP Training**

A VISN-wide training model was created to develop new VCP sites in FY 12. This approach has continued to be implemented into FY 17. The VCP training provides the opportunity for two assigned coordinators from each VA facility to learn how to build and establish a VCP within their facility and community. The VISNs targeted for the VCP trainings were selected initially based on the interest and support of their VISN’s GEC leaders. The GEC leadership within each VISN sponsored a one-day in-person training that was facilitated by Dr. Kenneth Shay (VHA Geriatrics and Extended Care Services) and Gwynn Sullivan (NHPCO). Specifically:

- In FY 12, two VISN-wide VCP trainings were held. The VISN 8 VCP training was held in January 2012 and was attended by two representatives from each of seven VA facilities. The VISN 11 (now VISNs 10 and 12) VCP training was held in May 2012 and two representatives attended from each of the seven VA facilities.
- During FY 13, a VISN-wide VCP training was held in VISN 6 in June 2013 and was attended by two representatives from each of eight VA facilities. At that training, leadership from VHA’s newly established Office of Community Engagement (OCE) and from the VHA Rural Health Resource Center—Western Region also attended to learn about the VCP training model, its application, and the potential for future collaboration and broader future implementation in VHA.
In FY 14, the VCP training focused on a specific target population as requested by the learners. A VISN-wide VCP training was held in March 2014 for VISN 4 VA facilities and was attended by two palliative care staff from each medical center. The training at the VA Pittsburgh Healthcare System was spearheaded by Sandra Blakowski, MD, the VISN 4 Palliative Care Clinical Champion. The goal was to implement VCPs throughout VISN 4 to expand palliative care “upstream” beyond end-of-life care.

Also in FY 14, there was a collaborative, funded effort between VHA’s Offices of Rural Health and GEC to promote VCP in support of Veterans in rural areas. This initiative, Rural Veteran Community Partnership (RVCP), was an outgrowth of two independent initiatives developed within each office: the Rural Veterans Outreach Program and VCP. Six VA sites from the western U.S., located in VISNs 18, 20 and 21, were selected to attend VCP training in Salt Lake City, UT, January 2014. Follow up strategic planning meetings were facilitated locally at three of the Rural VCP sites (Port Angeles, WA; Walla Walla, WA; and Placerville, CA) in May and June 2014. For specific details about the Rural VCP initiative, see ‘Rural VCP Project FY 14 Report’ located in the Appendix.

In FY 15 and 16, a new VCP training opportunity was created for established Hospice-Veteran Partnerships (HVP) that sought to address specific Veteran-related issues, populations, topics or programs beyond (and in addition to) end-of-life care. The training, originally scheduled for August 2015, was postponed until November 2015 (FY 16) due to temporary VA travel restrictions.

Involvement with this training was competitive: applications were distributed to community-based hospice providers who were We Honor Veterans Level 3 and 4 partners, and specific criteria were established to qualify for attending the in-person training. Response to the call for applications was robust, with 18 applications received. Of 14 approved to attend, 11 actually attended training. There were a total of 22 attendees at the VCP training: two representatives from each of the 11 Hospice-Veteran Partnerships, one representing a community-based hospice (non-VA) provider and one representing their corresponding local VA facility.

The training content was based on the existing format for VCP training, and adapted to facilitate the strategic planning and expansion of existing and experienced VA and community partnerships (Hospice-Veteran Partnerships). This differed from trainings held in previous years that focused solely on developing newly formed VA- and community-based partnerships.

Additionally, during FY 16, planning meetings were held with staff from the VHA Office of Rural Health’s Western Region Resource Center to blend the VCP training with their COVER to COVER (Connecting Older Veterans-Especially Rural-to Community or Veteran Eligible Resources) initiative. (See ‘COVER to COVER Information Sheet’ located in the Appendix.) Because of the feedback received from many VCPs on the need for increased education of their community partners on Veteran benefits, we felt that COVER to COVER provided a great community education model and template to explore. In a complementary manner, VCP offered a sound partnership structure for sharing COVER to COVER with a broader range of learners.
By the end of FY 16, three trainings combining both VCP and COVER to COVER initiatives were scheduled for dates in FY 17 for VAMCs and their respective community partners in Spokane and Walla Walla, WA as well as a VISN-wide training for all VAMCs located in VISN 9.

**VCP Training Evaluations**

Overall, the evaluations from all the VCP trainings since 2012 have been positive and each has reflected successful trainee assimilation of the value of building and maintaining internal and external relationships, while also offering invaluable guidance for ongoing program and materials refinement. The evaluation used for each training provided the opportunity for each participant to evaluate the following outcomes using a Likert scale of 1-5 rating (1 = No, 2 = Somewhat, 3 = Neutral, 4 = Yes, 5 = Extremely):

1. The training achieved its stated objectives;
2. The training was relevant to my area of practice/job function;
3. The training increased my knowledge about the subject;
4. I will be able to directly and immediately (i.e. within 1 month) apply what I learned in this training to my practice/job function;
5. The training was sound, credible and non-biased;
6. The teaching strategies utilized for this training were effective; and
7. The faculty demonstrated expertise in the subject.

In addition, the evaluation included sections for participants to write in free text comments about the training and ideas/suggestions for future trainings. The average cumulative evaluation score of the previous five individual VISN-wide VCP trainings held FY 12 through 14 was rated 4.34.

The FY 16 VCP training for HVPs was rated using the same post-training evaluation tool for attendees and the same 5 point scale. Overall, the FY 16 training was rated 4.54, the highest rating of all VCP trainings to date. Specific comments from the participant evaluations included:

- "So great to be in a room of people who have done this, and are in different sizes of communities, rural/urban etc."
- "Great to meet face to face [with community partners], so necessary for real sharing of information."
- "Thank you for the resources you included. They will be beneficial when talking to outside partners."
- "Remember to engage community partners beyond the VA to help serve Veterans at all stages of life."
- "Thank you—I feel re-energized and cannot wait to take this to the partnership."

VCP Training Tools and Resources

The signature resource for training VCP site coordinators is the VCP Toolkit, initially drafted in FY 11. The Toolkit was revised in FY 14 based on feedback from the then newly-formed Office of Community Engagement (OCE). The Toolkit provides step-by-step guidance on forming a VCP and specific link materials that each VCP can adapt to use for its own needs. Information from the VCP Toolkit was also adapted for the VA’s Mental Health Summit Toolkit (distributed in FY 13), which was issued by OCE to assist sites fulfilling a 2013 pledge made in the summer of 2013 to Congress by the Under Secretary for Health that each VA Medical Center would convene a community mental health summit before the end of September 2013.

An addendum/supplement of the VCP Toolkit was created for Hospice-Veteran Partnerships that attended the early FY 16 training held in November 2015. Also in FY 16, VCP training presentations were updated to include visual graphics of how VCP can combine and integrate with Hospice-Veteran Partnerships as well as with VHA ORH’s COVER to COVER initiative.

In addition to the VCP Toolkit, the following resources are available online to all VCP coordinators:

- VCP site roster
- VCP logo (available in color or in black/white)
- VCP fact sheet
- VCP action plan - template
- VCP PowerPoint for VA and community presentations - template
- VCP: VA & Communities Working Together - template
- VCP: Event Planning Guide - template
- Building VA Community Partnerships: Strategies for Success
- VA ‘I CARE’ Core Values and Characteristics
- And more resources from VA

The VCP Toolkit and other resources, including previous FY VCP reports are available at www.WeHonorVeterans.org/vcp.

VCP Technical Assistance, Meetings and Presentations

In addition to the training and resources provided, ongoing technical assistance was also made available to all VCP coordinators through monthly phone networking meetings and ad hoc individual meetings. The monthly calls also provided a national networking venue for all the VCP coordinators to share successes, lessons learned and challenges.
Guest speakers were also featured at several of the VCP monthly networking calls in FY 16 to provide valuable information for the VCP coordinators, including,

- Lelia Jackson, Tracy Weistreich and Dorothy Butts-Valentine, VHA Office of Community Engagement
- Bret Hicken, VHA Rural Health Resource Center - Western Region

Also, during FY 16, to further the development and support for VCP, regular meetings were held with staff/representatives from:

- VHA Office of Community Engagement
- VHA Hospice-Veteran Workgroup
- VHA Rural Health Resource Center – Western Region

**VCP and Office of Rural Health Collaboration: Evaluation of the VCP Initiative**

To expand the collaborative and funded efforts of VHA’s Offices of Rural Health (ORH) and GEC, and to promote VCP in support of Veterans in rural areas in FY 14, the Rural Health Resource Center – Western Region created and implemented a process/qualitative evaluation of the VCP initiative in FY 15, supported by ORH. The evaluation assessed how the program had developed at individual VCP sites, identified local adaptions that were undertaken to address local needs and barriers, compared program accomplishments to stated goals, and identified potential opportunities and needs for improvement.

Data for the evaluation were gleaned primarily from six focus groups from across the U.S. that included VA employees and community partners who had been involved with VCP initiatives. Supplemental data were collected by email and phone from other active, former, and potential VCP participants. In all, the data drew on the perspectives of more than 50 individuals representing dozens of organizations.

Overall, both community and VA participants responded overwhelmingly positively about the VCP initiative. Despite the challenges and struggles to sustain their efforts, nearly all who were interviewed voiced their enthusiastic support for VCP.

Specific recommendations from the evaluation were provided for members of VCP and local VA leadership and included:

1. Local VA leadership needs to provide tangible support to VCP activities and personnel;
2. Involvement in VCP by VA members of the partnerships needs to be strengthened;
3. VA involvement in a VCP needs to be proportional to the local need; and
4. VCPs should seek partnership opportunities with Veterans’ Services Organizations, the Veterans Benefits Administration, and State offices/departments of Veteran Affairs.
Additional recommendations were also provided for VA Central Office and officials. A full report of the evaluation is available from the VHA Office of Rural Health (contact Dr. Bret Hicken, Bret.Hicken@va.gov) and an executive summary of the report is located in the Appendix.

In FY 16, meetings were held with the ORH team and VCP Advisory Council members to discuss how to make best use of the data from the evaluation report to create outcome measures for the local VCPs. An implementation plan is being created in FY 17 to establish outcome measures and to pilot them with a small group of established VCPs.

“The VCP initiative is a promising development. Nearly all interviewees are enthusiastic supporters of these partnerships, even as they acknowledge various challenges. This is true even in areas where the VCP has struggled. VCPs do face a number of challenges to sustainment, most of which are related to working effectively in a broad coalition of a diverse set of organizations. Fortunately, these challenges are not insurmountable, and this report provides recommendations on how they might be productively addressed.”

- Excerpt from the Evaluation of the Veteran Community Partnerships Final Report
Outcomes from VCP Sites in FY 16

At the end of each fiscal year, all VCP coordinators are requested to voluntarily complete an assessment of their respective VCP activities and the developmental progress stemming from their VCP training. For FY 16, this internal annual evaluation was completed in October 2016. Twenty-six of the 48 VCPs (54%) completed the evaluation and this section provides a summary of their combined and individual responses.

Overall, the majority of respondents reported that they continue to actively develop a VCP within their respective VA and community. The average time per week that the VCP coordinators reported spending on VCP activities was two hours, with a range from one to four (or more) hours.

**Mission and Strategic Focus.** According to the assessment results, the issues that the VCP sites were addressing with their mission and strategic focus included:

- Aging/Geriatrics
- Caregiving Support
- Access to Services
- Enrollment
- Palliative Care
- Mental Health
- Women’s Health
- Continuum of Care
- Homelessness
- Rural Veterans
- VA Benefits
- Primary Care
- Transportation
- Leveraging Technology
- Employment/Education
- LGBT in Health Care

The partnerships that have formed internally (i.e., within VA) and externally (within their community) are unique to each VCP depending on its mission, strategic focus and established relationships. However, all VCPs share the same focus of increasing utilization and streamlining care of VA services and community resources for Veterans and their caregivers. Below are specific examples of VCP mission statements.

**VCP Butler, PA, Mission Statement:** To enhance and improve access to and quality of care; promote seamless transitions for Veterans, education community agencies and VA providers relating to VCPs, support caregivers; and develop and foster strong relationships between VA and community agencies and providers.

**VCP Puget Sound, WA, Mission Statement:** To establish a strong network of providers, educate Veterans to benefits and services, and increase Veterans access to services.

**VCP Pittsburgh, PA, Mission Statement:** To strengthen two-way communication between Pittsburgh VAMC and community organizations and service providers to:

- Learn where each organization intersects to provide a “warm handoff in service” and seamless care for seriously ill Veterans
- Train front line staff community staff on Veterans programs, eligibility and services
- Promote an awareness of the distinct health care needs of Veterans vs non-Veteran patients/residents and their family members.
**VA Involvement.** In addition to a VCP coordinator from the VA spearheading efforts, the average number of VA staff that are involved with individual VCPs is 7 with a range of 2-22. The variety of VA services and programs involved includes:

- Caregiver Support
- Voluntary Services
- Seamless Transition Program (OIF/OEF/OND)
- Hospice and Palliative Care
- Care Management/Social Work
- Geriatrics and Extended Care
- Enrollment/Eligibility
- Customer Service
- Home-based Primary Care
- Housing
- Mental Health
- Medical Foster Home
- Behavioral Health
- Community Relations
- Decedent Affairs
- Chaplain Service
- Women’s Health
- Nursing
- Public Affairs
- Outreach
- Homelessness
- Recovery Care
- PACT
- Pharmacy
- Veterans Justice
- Transition
- Patient Advocacy
- Vocational Rehab
- Suicide Prevention
- Rural Health
- Veteran Service Center
- And others (depending on the mission and strategic focus)

**Community Involvement.** The average number of community organizations and agencies that are involved with individual VCPs is 18 with a range of 2-45. The exception is the VCP in Battle Creek, MI, which reports over 350 community partners! The variety of community organizations and agencies involved includes:

- Area Agencies on Aging
- Long term care facilities
- State Veteran’s Homes
- Hospitals
- Home health care agencies
- Hospice
- Disabled American Veterans
- Brain Injury Association
- American Legion
- Easter Seals
- Local and state government representatives
- Women’s Health Clinics
- Funeral Homes
- Senior Centers
- Community Mental Health Centers
- Nursing & Rehabilitation Centers
- Assisted Living Facilities
- Local Counseling Centers (county and private)
- Caregiver Services
- Alzheimer’s Association
- American Cancer Society
- Adult Day Care
- Cancer Charities
- Division of Aging
- Department of Health and Human Services
- AARP

- Wounded Warriors
- Veterans Council
- YWCA
- Veteran Service Organizations
- Council on Aging
- Senior Services/Centers
- Military Moms
- American Red Cross
- Legal Services
- Universities/colleges
- Individual Veterans
- And others (depending on the mission and strategic focus)
VCP Development. Individual VCPs range in their stages of development. Some are excelling with lots of community engagement and activities, some are holding steady and hosting quarterly meetings, and a few have become inactive. Of those who completed the assessment, 50% have a designated steering committee or leadership council—and 50% reported undertaking a strategic planning process. From what has been reported, there is a direct correlation between ‘successful’ VCPs and having an internal structure and process in place to set and implement goals and objectives.

VCP Activities. The predominant activity of many VCPs is to establish and nurture relationships through monthly, bimonthly or quarterly meetings. The range of activities in addition to these regular meetings includes:

- Sharing information between the VA and community partners
- Attending or sponsoring community outreach, educational and/or health fair events
- Developing collaborative example resource materials
- Providing VA education workshops for health care professionals

Specific highlights/flyers of individual VCP events are featured at the beginning of this report. Below is an example of a VCP meeting announcement, agenda and brochure.
**Benefits.** In light of the fact that strengthening relationships and enhancing communication on behalf of Veterans is the major goal of VCP, it is gratifying that the benefits most frequently cited by VCP coordinators are exactly those: developing/strengthening relationships and communication between VA and community organizations and agencies. The outcomes have increased VA's involvement with community activities and vice versa, and promoted continuity of care to meet the needs of Veterans and caregivers. The VCP coordinators also report increased referrals and improved service plans for Veterans as well as increased support for caregivers.

Specific quotes from VCP coordinators about the benefits of their VCPs include:

- “Veterans are being provided with the seamless access across the VA and community services.” – Joyce Vari, VCP Coordinator, Wilmington VAMC, Wilmington, Delaware
- “[Our] Veterans benefits panel has the most highly effective benefit for Veterans in the community because it expands caregiver knowledge of Veteran benefits, enabling them to coordinate benefits more quickly for their Veteran patient.” – Renita Vinluan-Fan, VCP Coordinator, VA Center for Rehabilitation and Extended Care, Martinez, CA
- “Increased referrals in [our] Caregiver Support Program; improved community relationships; increased collaboration externally and internally; and increase in enrollment (1010’s).” – Kelly Belinger-Sahr, VCP Team Member, Danville VAMC, Danville, IL
- “After our VCP steering committee created a publication on how to enroll Veterans into the VA system, the community partners became more comfortable working with the VA and our Veterans. This permitted more Veterans to be enrolled and receive the care they deserved.” – Yvonne Bailey, VCP Coordinator, Hampton VAMC, Hampton, VA
- “Networking and putting faces with names, organizations, learning about their programs, and how they align with our mission to serve our Veteran population.” – Susan MacDonald, VCP Coordinator, Erie VAMC, Erie, PA
- “Direct access to VA resources for the community, building relationships within the community, the community's ability to communicate reliable information to Veterans.” – Warren Husman, VCP Co-Chair, VA Puget Sound Healthcare System, Port Angeles, WA
- “Community partners seem to have fewer complaints on how to access care at the VA. They also have a name/face to contact with questions/concerns.” – Kirsten Dzialo, VCP Coordinator, Battle Creek VAMC, Battle Creek, MI
**Challenges.** The overwhelmingly biggest challenge for the VCP coordinators is limitations on time to devote to VCP, given their other assigned duties. Time commitment is indispensable particularly at the beginning stages of developing a VCP, in order to engage internal VA partners and recruit external community partners. Multiple VCP coordinators have described the difficulty of getting their supervisors to understand the importance of the VCP and the time initially needed for their ongoing efforts. Having as few as one or two dedicated hours per week can provide much-needed time and reflect welcome supervisory support, according to many of the VCP coordinators.

A second, repeatedly-heard challenge to new VCPs is internal VA ambivalence and lack of motivation of other staff within the VAMC whose responsibilities include interface with community organizations and services. It has been a universal experience that the community participants are highly motivated to initiate a proposed VCP; if that enthusiasm and engagement is not matched by VA staff involvement, the initiative starts off with a significant disadvantage. Worse, if the VA involvement is limited to an individual, and that champion relocates or is reassigned, the VCP is put at risk.

Lack of funding for program expenses is a third widely-reported challenge. A minimal but accessible source of funds to support printed materials, meetings and events would greatly help VCPs gain more momentum.

Specific quotes from VCP coordinators about their challenges include:

- “Time is the biggest factor as this is an additional responsibility, not counted as part of the current position staff hold.”
- “Our VA has a ‘scope’ team that overshadows our efforts, and has funding and staffing for outreach with little or no appreciation of the VCP.”
- “Engaging ‘all partners’ with so many diversified needs and learning gaps is a challenge. VCP is a hard concept to grasp and to measure success. It could be expanded to a greater extent if mine was a full time position.”

**Plans for FY 17.** For FY 17, the VCPs’ coordinators report plans to:

- Continue developing and increasing partner (VA and community) participation through regular meetings;
- Host community events, forums and networking;
- Provide community education re: needs of Veterans, VA benefits, enrollment;
- Develop speaker’s bureaus;
- Participate and exhibit at others’ community conferences and health fairs;
- Create an online presence and resources; and
- Cultivate other opportunities to meet the needs of Veterans and families in their communities.
OVERALL BENEFITS AND CHALLENGES

VCP provides a sound mechanism for integrating knowledge and action for the combined mutual benefit of all those involved, and for those for whom they care. The progress of the national VCP initiative affirms the continuing need for strong and healthy partnerships among VA and community providers, agencies and service organizations to provide coordinated quality healthcare for Veterans and their families.

Specifically, VCP strengthens relationships between VA and community partners, by:

- Educating VA staff about programs and services in the community;
- Increasing awareness in the community regarding the unique needs of Veterans and VA benefits and programs;
- Identifying programs and services to support family caregivers; in order to
- Promote seamless transitions within the continuum of care, and
- Enhance and improve the quality of care for Veterans.

To illustrate how VCP is uniquely beneficial in their respective community, below are specific quotes from VCP coordinators taken from our FY 16 assessment:

- “Veterans serving on our VCP are delighted and appreciative that we are standing together to better understand the unique healthcare needs of Veterans.”
- “Our VCP honored the Veteran Committee Member with a plaque and certificate.”
- “[Our] Caregiver Event in partnership with the Wounded Warrior Project served 175 caregiver/Veterans. Reports indicated that it was a success in that the Veteran/ Caregiver and participating family were able to obtain stress reduction through the event.”
- “A WWII Veteran and his wife came to the VA/AARP Caregiver event in July 2016. Veteran was not enrolled in VA and was assisted to enroll. Veteran’s spouse was very pleased to learn about the support available to her. Veteran spouse expressed relief at finding support at the VA as she had felt alone and overwhelmed in trying to provide caregiving for the Veteran who was diagnosed with Dementia. She was tearfully appreciative and we were all touched.”
- “We have helped many of our Veterans through the partnership- through VCP connections, and Veterans received expedited services from individual members of the partnership, when necessary. Having the VA connection has made many of our Veterans last days not only respectful but peaceful in many ways.”
• “We were able to arrange for a WWII Flight officer Veteran to fly one more time in a helicopter similar to what he flew in war. He completed this after he and fellow Veterans and families viewed Honor Flight. All of the VCP members, Veteran’s family, Veterans attending, and community members that were present were moved to tears. The event was so humbling to all.”

• “We have a member who is new to the group who is a Veteran and has had the opportunity to express his losses and barriers and what he as veteran feels is needed to overcome the above.”

• “At the Women’s event we held in June several participants remarked they were not aware they were eligible for VA benefits and appreciated the recognition as Veterans and an opportunity to build relationships with other women veterans.”

• “Many times attendees partner with those in the private sector; among themselves to share resources and serve the Veterans. Many resources have been shared to assist Medical Foster Home caregivers.”

• “By community partners attending VCP events, they leave empowered with new information on how to help the Veterans they serve to access the VA resources. Our events average 100 participants per event.”

• “During the Veteran’s Benefits Panel, an updated list of panelists is distributed, enabling Veterans and their family members to more easily access benefits.”

• “I really enjoy the time I spend on VCP, and appreciate the relationships I’ve built with community partners.”

The challenges of developing a national VCP initiative within VA reflect the same challenges faced by the local VCPs: competing priorities and lack of time and resources. A major hurdle that continues to need attention is differentiating and coordinating VCP with complementary yet different VA outreach-type programs and efforts. Typically, VA-directed outreach programs focus on promoting VA services, but VCP seeks to bring community partners together, to form a partnership that can create and address its own agenda and support activities on behalf of Veterans. Lacking a national mandate, individual sites have to reinforce that message within their own facility and find creative ways to join together with other VA departments, in order to expand community engagement efforts.
PLANS FOR FY 17 AND BEYOND

With funding secure through FY 17, the plans for VCP are to continue to explore creative ways to train more VCP sites, especially in VISNs that have not been reached or have experienced minimal involvement — and to sustain VCP as a national initiative long term. As with FY 16, a specific focus for FY 17 will be to continue to integrate existing and mature Hospice-Veteran Partnerships into the VCP framework, to expand their focus beyond end-of-life care. To achieve this effort, the National Hospice and Palliative Care Organization will continue to serve as the contractor. Collaboration with the VA Hospice-Veteran Partnership workgroup will also play a significant role in this effort.

Also, plans are to continue to explore complementary goals of VHA ORH’s COVER to COVER initiative and offer combined trainings. Because of the feedback received from many VCPs for the need for increased education in their respective communities on Veteran benefits, we feel that COVER to COVER will provide a great community education model and template — even as VCP provides a sound partnership structure to leverage and spread COVER to COVER.

In addition, the valuable information received from the ORH-supported VCP Evaluation Report and guidance from the VCP Advisory Council will be employed to create a set of outcome measures and pilot their implementation with a small sample of existing VCPs.

Overall, it is our hope that VCP will remain a sustainable initiative and thriving network, which will continue to enhance the quality of care and services for Veterans and their families. VCP has its “national home” in Geriatrics and Extended Care yet, almost since its outset, has found itself addressing a wider set of Veteran issues and populations and, in time, will need to be guided and resourced accordingly. Another opportunity for VCP to pursue is align strategically with the MyVA Communities initiative (www.va.gov/nace/myVA/index.asp), which experienced growing momentum in FY 16. Whether on a scale limited by its current modest support and staffing, or allowed to expand to its fuller potential through greater visibility and broader resourcing, VCP will continue to enlighten communities about Veterans’ unique needs and the special assets VA and communities each bring to the table on their behalf.
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APPENDICES

A. Rural VCP Project FY Report Executive Summary
B. The Evaluation of the VCP Initiative Report Executive Summary
C. VHA Office of Rural Health’s COVER to COVER Information Sheet
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Executive Summary

This report outlines a collaborative effort between the Veteran’s Health Administration’s Offices of Rural Health and Geriatrics and Extended Care to promote VA/Community partnerships in support of Veterans in rural areas. This initiative, Rural Veteran Community Partnership (RVCP), is an outgrowth of two independent initiatives developed within each office; the Rural Veterans Outreach Program and Veteran Community Partnership Initiative.

Six Western Region sites attended a kick-off meeting in Salt Lake City, UT on January 16, 2014. Of these, four developed RVCPs in at least one rural community in their catchment:

- Port Angeles, WA
- Walla Walla, WA
- Sacramento, CA
- Anchorage, AK (Sitka, Lower Kenai Peninsula (Homer), Upper Kenai Peninsula)

The following lessons and observations emerged from this project:

- All sites were highly satisfied with the training provided at the Kick-off and Strategic Planning Meetings.
- Despite the shortened timeframe, four sites were able to form VCPs and two planned and executed community events.
- Extreme variability in perspectives, participants, outlooks, VA engagement, and partnership goals suggest that maximum flexibility will be the key to any national partnership model’s success.
- A strong VA advocate is critical to initiating actions and navigating the VA system to garner support and momentum.
- Time pressures and multiple responsibilities for VA staff can make implementation of VCP a challenge.
- Selection of strong community partners is needed to keep momentum of the VCP, distribute workload, and survive VA turnover.
- “Care and feeding” to support the initial VA partner during the formative phase is important for timely progress. Partnership growth is possible without it in the face of a uniquely motivated VA partner, but it is helpful to have the incentive of regular exchange with perceived “national” representatives to provide and sustain inertia.
- An national-level evaluation of the VCP Initiative is needed to understand
  - How individual VCP goals were attained
  - Impact on veteran outcomes
  - Sustainability of VCP

For the complete report, contact Dr. Bret Hicken at Bret.Hicken@va.gov.
Evaluation of the
Veteran Community Partnerships Initiative

Final Report

Prepared for
The Veterans Health Administration Office of Geriatrics and Extended Care

by
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September 30, 2015

1 This report is jointly authored; authors are listed alphabetically.
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Executive Summary

Building on prior efforts to reach out to and collaborate with community-based organizations, VA launched the Veteran Community Partnership (VCP) Initiative in 2010. The purpose of the initiative is to “foster seamless access to, and transitions among, the full continuum of non-institutional extended care and support services in VA and the community.” This is accomplished through coalitions of Veterans, caregivers, Department of Veterans Affairs (VA) facilities, health providers, and other organizations. The VCP initiative represents an important attempt on the part of VA to promote collaboration with a broad range of community organizations as equal partners in the service of Veteran needs.

This report is a process evaluation of the VCP initiative, i.e., it focuses on assessing how the program has developed at individual VCP sites and describes local adaptions to address local needs and barriers. Perspectives about VCP are gleaned from the VA and community participants involved in its implementation. New programs benefit from evaluations such as this that can provide feedback to administrators and other stakeholders regarding how the program is being implemented, including its perceived benefits and the challenges it faces. We also report preliminary outcomes, though because the VCP initiative is young, it is not yet feasible to produce a full outcomes-based assessment.

Data for the report come primarily from six focus groups with VA employees and community volunteers who have been involved with VCP initiatives across the United States. Supplemental data were collected by email and phone from other active, former, and potential VCP participants. In all, the data presented here draw on the perspectives of more than 50 individuals representing dozens of organizations.

Both community and VA participants are overwhelmingly positive about the VCP initiative. As a new and innovative initiative, however, each VCP also faces significant challenges. Such challenges are to be expected with a voluntary, self-directed initiative that brings together diverse organizations that, in many cases, have not previously collaborated.

The report is organized according to the sometimes-overlapping goals that VCPs are pursuing. They are summarized here:

- **Education and outreach to service providers and Veterans.** VCPs provide education and engage in outreach to service providers and Veterans, and VCP members speak positively about the effects that this is having in communities. Representatives of community organizations are particularly impressed with VA’s willingness to collaborate with them as an equal partner.

- **Information sharing among VCP partners.** Members of VCPs report that sharing information with each other helps to improve how they care for Veterans. VCPs provide a forum for VA and community organizations to learn about what kinds of services others are providing, which expands their vision of the range of opportunities for Veteran care. The high level of turnover in VA and among members of community organizations poses a challenge, however, as new relationships must constantly be sought out, forged, and nurtured.

- **Increased access to VA by community service providers.** Participation in VCPs gives community members an access point inside of VA. The relationships VCP fosters between VA and non-VA personnel decrease the bureaucratic mystery of VA to community organizations who now problem-solve alongside VA representatives—something that happened infrequently in the past. The benefit of having an access point inside the VA creates challenges for some VCPs, however, since the demand from the
community side can sometimes outstrip the capacity of the too few VA representatives on the VCP. VA employees, thus, often feel overburdened and under-supported in their work. Moreover, some community organizations see the VCP as a way of securing contracts with VA and VCPs struggle with how to accommodate these organizations.

- **Collective problem-solving.** Education and information sharing through the VCPs promote communication and active problem-solving related to serving Veterans. VCPs identify local Veterans’ needs and strategize ways to address them.

- **Working together effectively on VCP goals and activities.** The VCP creates a network that allows VA and community organizations to draw on each other’s expertise to address local issues and coordinate Veteran needs more effectively. In some cases, membership on the VCP provides the legitimacy necessary for some participants to justify their working collectively on Veteran-related issues. Several conditions hinder effective working relationships, such as organizations that view the VCP as a marketing platform but lack commitment to the broader VCP goals. Another challenge is developing VA and community champions to actively promote and support the VCP. The lack of material support for VCP initiatives can be especially burdensome for an organization of members whose participation is largely ancillary to their regular work. Relatedly, defining VA’s role on the VCP presents a challenge for many community partners, who shared a range of opinions about VA’s leadership of the partnership. Finally, some former Hospice Veteran Partnerships transitioning to VCPs have had a difficult time expanding beyond a narrower focus on end-of-life hospice and palliative care.

- **Increased services to Veterans.** The intent of all VCP activities, ultimately, is to increase Veteran access to quality services. While many VCP representatives believe that they are achieving this goal, finding empirical support for this assertion is difficult. Developing these types of outcome measures has been a low priority for most VCPs as they focus on the more immediate goals around coordinating services, problem-solving, sharing information, and partnership development.

In light of the goals for the VCP initiative, the report offers 15 recommendations. The first four are oriented to members of VCPs and local VA leadership:

1. Provide tangible support from local VA leadership
2. Encourage collaborative VA involvement
3. Adjust VA representation to the size of the local need
4. Partner with VSO, VBA, and State Offices of Veteran Affairs to reach vets

The remaining 11 recommendations are for VA central office officials:

1. Provide more guidance during strategic planning process to articulate goals and objectives that lead to measureable outcomes
2. Include community partners in the VCP training and support calls
3. Create a readiness assessment for sites to help them know if they are ready to implement a VCP
4. Determine the degree to which VA will encourage local variation in VCP structures and purposes
5. Consider raising the barriers to entry (or creating a level of distinction among VCPs)
6. Improve VA transparency, especially as it relates to contracts
7. Consider offering limited financial support to VCPs
8. Provide targeted support and training to VCP champions
9. Consider lessons from We Honor Vets
10. Evaluate the portability of the VCP model
11. Create an online sharing network/repository for VCP sites
12. Develop a transition guide for HVPs converting to VCPs.

In summary, the VCP initiative is a promising development. Nearly all interviewees are enthusiastic supporters of these partnerships, even as they acknowledge various challenges. This is true even in areas where the VCP has struggled. VCPs do face a number of challenges to sustainment, most of which are related to working effectively in a broad coalition of a diverse set of organizations. Fortunately, these challenges are not insurmountable, and this report provides recommendations on how they might be productively addressed.

For the complete report, contact Dr. Bret Hicken at Bret.Hicken@va.gov.
COVER to COVER
Connecting Older Veterans (Especially Rural) to Community or Veteran Eligible Resources

Veteran facts:
- 22 million US military Veterans (5.3 million in rural areas)
- 9 million Veterans are 65 years of age or older
- The Department of Veterans Affairs offers benefits to support long term care needs of Veterans.
- Many eligible Veterans do not access these benefits
- Many do not even know about their VA benefits.

Area Agencies on Aging (AAA)
- Provide information and referral for resources for older adults.
- Facilitate connections to community resources.
- Located in rural and urban communities throughout U.S.
- Serve many Veteran clients.

COVER TO COVER creates an access point for Veterans to access VA and local benefits in the communities where they live.

Training: VA benefit specialists provide in-depth training to all counselors at local Area Agencies on Aging.

Partnership: AAA counselors collaborate with Veterans benefit specialist to connect Veterans to resources:

Access: AAA counselors use their expertise for community and Veterans benefits to serve local Veterans.
- Information on VA Benefits, Public and Private Programs
- Education on required documents needed to apply
- Assistance with filling out applications for VA or public programs

To learn more about the COVER to COVER program or about how to help Veterans in your community.
Contact: Jennifer Morgan: jen.morgan@utah.edu 801-585-6361
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