



VCP Toolkit Appendices

The following Veteran Community Partnership Toolkit Appendix items are available as Word documents.

- *Appendix A: VCP Fact Sheet*
- *Appendix B: Sample Email to Prospective Planning Group Members*
- *Appendix C: Sample Invitation Letter/Email to VCP Informational Meeting*
- *Appendix D: Sample VCP Informational Meeting Agenda*
- *Appendix E: Sample Handout for Informational Meeting*
- *Appendix F: Sample Interest Form for VCP Members*
- *Appendix G: Sample Agreement to Serve on the VCP Leadership Committee*
- *Appendix H: Sample Letter to Needs Assessment Participants*
- *Appendix I: Sample Community Needs Assessment*
- *Appendix J: Sample Participant Feedback Form*
- *Appendix K: Action Plan Template*

The VCP Toolkit is available at www.va.gov/healthpartnerships/vcp.asp.

Appendix A: VCP Fact Sheet

[Note: download at www.va.gov/healthpartnerships/vcp.asp.]



"Serving those who served for us"

The Veterans Health Administration's Veteran-Community Partnership (VCP) national program serves to foster seamless access to the full continuum of care and support services for Veterans and their families.

Why VCP?

Veterans deserve ready access and choice of the widest range of services available. However, most Veterans are not enrolled in VA, and exclusively access community resources for their health and support care needs. Additionally, Veterans who do receive VA health services also access non-VA services. Therefore, it is imperative that VA and non-VA providers and agencies establish and nurture these partnerships. VCP provides a mechanism to integrate knowledge and action for the combined mutual benefit of all those involved, and for those for whom they care.

What is a VCP?

Specifically, VCP is a partnership between VA facilities and regional/local organizations in an effort to:

- Enhance and improve the quality of care for Veterans
- Identify programs and services to support family caregivers
- Promote seamless transitions within the continuum of care
- Increase awareness in the community re: the unique needs of Veterans, VA benefits and programs
- Educate VA on programs and services in the community
- Strengthen VA and community relationships

What does a VCP look like?

- Each local VCP is unique according to the diversity of resources within its community
- Partners are representatives from VA facilities and community organizations, agencies and coalitions
- Leadership is equal between VA and their respective community; and facilitates collaboration and involvement of all partners
- VCP is developed and sustained on its local resources and strengths

What activities can a VCP do?

- Conduct assessments to determine the unique needs of Veterans within communities
- Exchange information between VA and community agencies in an effort to keep both informed of local and VA resources, strengths, and potential growth areas
- Educate community agencies about specific Veteran-related issues and benefits
- Provide community outreach educational programs for Veterans' groups/community agencies to provide information on the VA continuum of care, available resources, and options
- Host educational events for both community and VA stakeholders to provide information on the continuum of care options and VA healthcare system
- Create educational tools and resources that partners can access for the most current and complete information on resources for Veterans, in VA and in the community...*and more!*

For more information, visit www.va.gov/healthpartnerships/vcp.asp.

[NOTE: You can adapt this fact sheet for your specific VCP and provide your relevant contact info.]

Appendix B: Sample Email to Prospective Planning Group Members

Hi **[name]**,

I wanted to let you know about a new program that our local VA is embarking on called **Veteran-Community Partnerships (VCP)**. The goal of this partnership initiative is to foster seamless VA/community transitions for the full continuum of care and services for our Veterans and their caregivers.

As you are well aware, many Veterans are not enrolled in the VA and instead receive support and services from community providers. Most Veterans enrolled in VA also access health services from the local community. Therefore, involvement and partnerships with other agencies is essential to VA's mission of supporting Veterans, because of the level of coordination of services is essential for quality care.

VCP intends to build on community resources and strengths, while facilitating collaboration and integration of knowledge to benefit all those involved. In addition, we hope this will become a sustainable vehicle for disseminating information and creating the ability to identify long-term changes in local services and best practices. VCP also works to identify gaps and changes in services for Veterans.

Currently, I am putting together a committee to guide our local VCP. I would be grateful if you, or someone from **[list organization]**, would participate on this committee, as we feel strongly that your input into the early development of our local VCP will be essential.

Please let me know a convenient time that I may call you and discuss this further. You can reach me via email [\[your_email@va.gov\]](mailto:your_email@va.gov) or by phone **[555-555-5555]**. Thank you for your interest and I look forward to talking with you soon.

Sincerely,

[Your signature]

Appendix C: Sample Invitation Letter/Email to VCP Informational Meeting

Dear **[Name]**:

On behalf of (your organization), I would like to invite you to join us for an informational meeting to explore the possibility of developing a Veteran-Community Partnership (VCP) in our area. The focus of VCP is to create seamless access to and transitions among the full continuum of extended care and support services in VA and the community.

By establishing a VCP in our area, we believe our partnership will be able to:

- **Increase choice and awareness** to the best quality care and services available to Veterans and their caregivers,
- **Educate one another in the community** about services and supports available to Veterans and their caregivers, and
- **Strengthening relationships** among VA and local community partners, providing support for shared goals on behalf of Veterans.

The VCP we form will become part of a national network of other VCPs established through the Department of Veterans Affairs and national/state/local agencies.

The informational meeting will be held at [time] on [day and date] at [location].

If you are unable to attend this meeting, we would appreciate your forwarding this letter to a colleague who might be willing to represent your organization.

If you have any questions, please feel free to contact me by phone or email. Thank you for your interest and I look forward to hopefully meeting with you soon.

Sincerely,

[Name]

[Phone]

[Email]

Attachment: VCP Fact Sheet

Appendix D: Sample VCP Informational Meeting Agenda



VETERAN COMMUNITY
PARTNERSHIPS

**INFORMATIONAL MEETING
AGENDA**

Location

Date & Time

[Use agenda items below that are relevant and appropriate for your meeting and provide a time frame for each topic to keep meeting on track.]

- I. Welcome
- II. Introductions
- III. Objectives of the meeting
- IV. Purpose of a VCP
- V. Components of a VCP
- VI. Structure and Leadership
- VII. Importance of Veteran Caregivers
- VIII. Questions and Answers
- IX. Interest forms to facilitators
- X. Next Steps and Closure
 - a. Meeting schedule

Handouts: VCP Fact Sheet, VCP Vision/Mission, Interest Form

Appendix E: Sample Handout for Informational Meeting



Vision: [insert your VCP's vision statement]

Example: All Veterans and their caregivers will have access to, and choices among, the services that allow our Veterans to stay in the places they call home

Mission: [insert your VCP's mission statement]

Example: To foster Veterans' seamless access to, and transitions among, the full continuum of non-institutional extended care and support services in VA and the community.

Meeting Objectives:

1. To describe the purpose and value of a VCP
2. To assess the level of interest in a VCP among meeting attendees
3. To identify which areas meeting attendees would like to work on/pursue in collaboration

Goals:

1. **Increase choice and awareness** of the best quality care and services available to Veterans and their caregivers,
2. **Educate** one another and the community regarding services and supports available to Veterans and their caregivers, and
3. **Strengthen relationships** with VA and local communities and provide support for common goals.

Components of a VCP

- Leadership
- (Potential) Project Workgroups
- Community Outreach
- Legal/regulatory issues
- Education
- Research and Evaluation
- Member Recruitment
- Resources Development

Appendix F: Sample Interest Form for VCP Members



Please complete this form and return to **[name, contact info]**.

1. Name: _____ Organization: _____
Phone: _____ E-mail: _____

2. Please check all that apply. I am a:

- Service Provider
- Veteran
- Caregiver
- Other _____

3. Please check 'yes' or 'no' for the following questions.

I have experience working with Veterans.

- Yes
- No

I would like to serve on the VCP Leadership Committee.

- Yes
- No

4. Please check the following workgroups/topics that you are interested in:

- Community Outreach
- Legal/Regulatory Issues
- Education
- Research and Evaluation
- Member Recruitment
- Resource Development
- Other/s: _____

5. Please identify the dates and times that *are the best* for future meetings.

	Monday	Tuesday	Wednesday	Thursday	Friday
8-10 am					
10-12 noon					
12-2 pm					
2-4 pm					
4-6 pm					
After 6 pm					

6. What resources are you or your organization able to provide for VCP?

- Meeting space
- Event space
- Financial donations
- Volunteers
- Mailing lists
- Contact hour provider (CEUs)
- AV equipment
- Other _____

7. What other groups/organizations do you recommend to join the VCP?

8. What are some of your personal experiences or expertise that you think may be beneficial to VCP?

9. Additional comments or suggestions:

Appendix G: Sample Agreement to Serve on the VCP Leadership Committee



Dear **[Name]**:

Thank you for agreeing to serve on the Leadership Committee of the newly forming Veteran-Community Partnership (VCP). The purpose of the VCP is to:

1. **Increase choice and awareness** regarding the best quality care and services available to Veterans and their caregivers,
2. **Educate** one another and the community regarding services and supports available to Veterans and their caregivers, and
3. **Strengthen relationships** with VA and local communities and provide support for common goals.

As a member of the Leadership Committee your role will include providing leadership to, and governing of the VCP.

Please complete the information below with your contact information and add your signature to agree to serve on the Leadership Committee.

Name:

Organization:

Address:

E-mail:

Phone:

Fax:

Signature: _____ Date: _____

Thank you for your support!

Appendix H: Sample Letter to Needs Assessment Participants



Dear **[Name]**:

We are writing to you on behalf of the Veteran Community Partnerships (VCP), a partnership of community organizations and Department of Veterans Affairs (VA) personnel dedicated to improving Veterans' access to and choices for their health care needs and services.

As part of our efforts, we are trying to learn more about how community organizations and VA facilities work together in our area. We would like to request that you complete the attached needs assessment.

If you choose to participate, please return the assessment to **[name & contact info]** by **[date]**. Your participation is voluntary and your answers will be confidential.

If you have any questions about the assessment or want to learn more about VCP, please feel free to contact me.

Thank you for your interest and support and we hope you will participate in our survey.

Sincerely,

Attachment: Needs Assessment

Appendix I: Sample Community Needs Assessment



VETERAN COMMUNITY
PARTNERSHIPS

COMMUNITY NEEDS ASSESSMENT

The following needs assessment is part of a national effort to learn more about the existing relationships between VA facilities and your organization and to determine how best a Veteran-Community Partnerships (VCP) initiative might serve our community.

Your participation is voluntary and your answers will be confidential. After completing the survey, please return to: **[Name], [email], [fax]**.

1. What population does your organization serve?
2. Are there certain eligibility requirements (e.g. area, income) for your services? If so, what are they?
3. Do you ask every client/patient/consumer what his or her Veteran/military status is?
 Yes
 No
4. Do you receive referrals from VA facilities?
 Yes
 No
5. If the answer to question # 4 is yes, how many Veterans referred from VA facilities did you serve in the last calendar year? (Estimates are fine if you don't track this.)

_____ Number referred
_____ Number served
_____ We don't track referrals from VA facilities

6. How is your organization paid for services it provides to Veterans referred to them by VA providers? Please indicate any of the payers listed below that your organization receives reimbursement from.
 Medicare
 Medicaid

- TRICARE/Champus
- HMO
- Private Insurances
- Private pay
- Per Diem arrangement
- Charity Organization
- Other (list)_____

7. What are some barriers to partnering with VA organizations that you have experienced?

- We have no knowledge about VA policies and regulations.
- We have no knowledge of how to contact VA facilities.
- We lack the knowledge about VA benefits, services, and programs.
- There is a lack of knowledge regarding certain needs that may be more common in the Veteran population (PTSD, combat history, exposure to chemical weapons etc.)
- VA staff does not have knowledge of our programs/services.
- VA does not have knowledge of non-VA benefits (Medicaid, Medicare, OAA programs, etc.)

8. Do you target outreach activities towards Veterans?

- Yes
- No

If yes, please check the following outreach activities your agency has completed with VA providers in the past year.

- Veteran education and training
- Veteran family support groups
- Veteran targeted publications
- Outreach to VSOs
- Media use
- Other (list)_____

9. What are the most difficult and challenging issues in referring and coordinating care for Veterans?

Appendix J: Sample Participant Feedback Form

Participant Feedback Form

[Insert name of your group and/or the event]

[date of event]

1. What was your **main** reason for attending this event? [Choose all that apply.]
 - I am a Veteran and want to learn more about accessing health care
 - I am a caregiver of a Veteran and want to learn more about caregiver issues
 - I am a health care professional and want to learn more about how to better care for Veterans and their families
 - I thought it sounded interesting
 - I was invited by a friend, family member, or colleague
 - Other: _____

2. What was your overall impression of the information provided? (Check the statement that best applies)
 - I learned many new things that will be useful to me
 - I learned a few new things that will be useful to me
 - I learned new things, but nothing of use to me
 - I did not learn anything new, but it was a good review
 - I did not learn anything new
 - Other: _____

3. After attending this event, which of the following are you likely to do within the next month or two? (Check all that apply)
 - More thinking and/or reading about this topic
 - Talk to family members and/or close friends about this topic
 - Talk with my doctor about this topic
 - Talk with someone in my faith community about this topic
 - Get involved in efforts to improve care for Veterans and their families
 - Join a Veteran-Community Partnership
 - Other: _____

4. Are there things you expected or hoped to hear about that did not come up in the discussion? YES NO

If yes, what were they?

5. Additional comments:

6. Please provide some demographic information:
 - Male Female 35 or younger 36-50 50-65 66+
 - Veteran Caregiver

Appendix K: Action Plan Template



VETERAN COMMUNITY
PARTNERSHIPS

DATE _____

GOAL:

Objective	Key Activities	Person/s Responsible	Existing / Needed Resources	Measure of Success	Date of Completion



DATE _____

GOAL:

Objective	Key Activities	Person/s Responsible	Existing / Needed Resources	Measure of Success	Date of Completion