1. Attached, please find the Fiscal Year 2017 Annual Report for the Veteran-Community Partnership (VCP) program, which is currently being coordinated under contract to the National Hospice Palliative Care Organization (NHPCO). Please share awareness of this promising program with relevant program offices, e.g., Rural Health, Care Management/Social Work, Strategic Transformation, Community Engagement, and Patient Centered Care.

2. VCP as a concept was originally articulated in the 2009 Office of 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. 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.

3. The report describes the vision, plans, accomplishments, and anticipated next steps of the VCP initiative. VCP is currently supported by a 3-year contract to the National Hospice and Palliative Care Organization that will end in 2020. The overarching purpose of the contract is to seamlessly transition VCP into a purely VA-driven activity. To that end, the Office of Geriatrics and Extended Care is now sharing responsibility for the program with the Offices of Caregiver Support and Community Engagement/Center for Compassionate Innovation, and hopes to draw other interested programs into its fold.
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 FY18. 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 the program at https://www.va.gov/healthpartnerships/vcp.asp), asking how they can initiate one. Although unmet needs of elderly Veterans provided 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, Rural Health, Veterans Experience, and Voluntary Service, have recently been added to the VCP Steering Committee membership.

5. For additional information or to discuss VCP in greater detail, please feel free to contact Kenneth Shay by phone at 734-222-4325 or through Outlook at kenneth.shay@va.gov.

Richard M. Allman, MD

Teresa D. Boyd, DO

Attachment

Steve Young

Carolyn M. Clancy, M.D.
FOREWORD

On behalf of the Veterans Health Administration’s (VHA) Geriatrics and Extended Care (GEC) programs, I am pleased to provide this sixth 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 nine 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 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 individually 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/Center for Compassionate Innovation, Caregiver Support, 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 FY17 and plans for subsequent years, please contact Sherri DeLoof, VHA Coordinator for Veteran Community Partnerships, *(Sherri.DeLoof@va.gov)* 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 (10NC4)
Examples of VCP Events Offered in FY 17

Caring for Veterans with PTSD

Date: 4/27/2017
Time: 8:30-11:00
Location: 236 Commons Way
Williamsburg, VA 23185

- Learn about how to better care for our veterans with PTSD.
- Meet members of the local Veteran Community Partnership

RSVP to Cheryl Lasseter
cheryllasseter@chntnet.net

East Bay Community Veteran Partnership
Presents
VETERAN BENEFITS Panel Discussion
Tuesday, August 1, 2017
12:00-1:00 Panel Discussion
1:00-2:00 Extended Q&A
(Lunch included)
Northern California Veterans Administration, Martinez, CA
150 Main Road, Martinez, CA 94553
Building #21, 1st Floor, Conference Room E8 A&B

INVITED PANELISTS
- Veterans Service Office, Contra Costa County
- Veterans Service Office, AMVET Martinez
- Social Work, Department of Veterans Affairs Martinez
- Eligibility Office, Department of Veterans Affairs Martinez
- CLC/CREC Admissions, VA Martinez
- VA Contract Nursing Homes, VA Martinez
- Concord Vet Center

To presubmit questions for the panel, request more information or to RSVP contact: EastBayVCP@gmail.com

The East Bay Community Veteran Partnership (EBVCP), formerly East Bay Hospice-Veteran Partnership (EBHVP), is a non-profit volunteer organization dedicated to the vision that all Veterans and their families have access to quality hospice.

Hospice Veteran Partnership (HVP)/Veteran Community Partnership (VCP) Meeting

Meetings are held on the Pete Wheeler Auditorium from 4 pm to 6 pm the last Monday of each month.
Improve Access - Seamless Care

Strengthening two-way communication between VA Pittsburgh Medical Center and community partners to learn where community and VA Services intersect to provide “warm hand offs” in service.

Trending Now

- **Veteran-centric care**
  - Home health, mental health, disease specific non-profits, religious affiliates, county agencies, bereavement, long term care, and hospice agencies have all found success connecting with VCP.
  - **Department of Abundance**: A broad range of disciplines attend the VCP Executive to include:
    - Annual Discipline Specific Workshops
      - Small groups and joint task forces address discipline specific challenges
      - Social Workers
      - Chaplains
      - Mental Health
      - Nursing
      - Other
  - Social Work Support: VA Social Worker now serves as point of contact to troubleshoot concerns of community Social Service agencies.

2017 Collaborations:

- **The National COPD Foundation**
  - The Pittsburgh Veteran Community partnership welcomed its first national speaker, Bill Clark, Senior Director of Community Engagement to present: "Living well with COPD: A Patient’s Perspective."
  - The Highmark Caring Place; A Center for Grieving Children, Adolescents and their Families educated partners on "Caring For Yourself As You Care For Grieving Families."
  - The Parkinson’s Foundation of Western Pennsylvania partnered with VA Pittsburgh staff to present: "A Veteran’s Journey with Parkinson’s Disease and other related Neurological Disorders: Connection to Agent Orange: Psychological aspects and support."

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**Veteran Community Partnership Attendance and Educational Outcomes**

<table>
<thead>
<tr>
<th>Year</th>
<th>Attendance</th>
<th>Education Hours Obtained</th>
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<tbody>
<tr>
<td>2014</td>
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**Veteran Community Partnership Great Work: Mental Health Sub Committee**

Promoting Whole Health
Matthew Boucher, Dr. Lauren Jost, Tona Foid, Deb Good, Gershuny Kalm, Jenelle Caney, Stack, Elizabeth Lynne

This year our strategic goal was to integrate Mental Health into Veteran Community Partnership. The American Red Cross supports members of the military, veterans, and their families to prepare for, cope with, and respond to the challenges of military service. Special thanks to Paula Decker for educating VCP members on the Resiliency Reconnection Workshops for Veterans.

**Veteran Community Partnership FY 17 Annual Report**

FEBRUARY 2017
Caring for yourself as you care for the grieving
A Soldier’s Perspective on Moral Injury

MARCH/APRIL 2017
Mental Health First Aid
Focus Group Continuing the Mental Health Dialogue

JULY/AUGUST 2017
Discipline Specific Workshop
A Veteran’s Journey through Parkinson’s disease and other related neurological disorders

OCTOBER 2017
Working together to Prevent Veteran Suicide

Through monthly meetings the subcommittee integrated Mental Health into our Veteran Community Partnership Model with a myriad of programs.
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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 over 20 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.
- Of the 30% receiving care from VA, about 70% of these Veterans ALSO receive health care from OUTSIDE the VA.
- 79% of enrolled Veterans have an additional type of health insurance in addition to their VA benefits.
- 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.

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) 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.
VCPs effectively address all five of the VA Secretary’s Top Priorities to different degrees and are particularly impactful in addressing the “Greater Choice” priority. Veterans and their families deserve greater access, choice, and control over their health care – and VCPs facilitate that by:

- Increasing communication and collaborations among VA health systems and their respective communities;
- Improving coordination of cares and services from VA- and non-VA sources;
- Offering more opportunities for new enrollments and an increase in awareness of VA and community resources;
- Creating more opportunities for identifying non-enrolled Veterans and enhancing their awareness of VA and community organizations;
- Increasing interpersonal and inter-professional contacts and relationships between VA and community organizations; and
- Familiarizing citizens with VA, its programs, values, and staff.

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 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 its own 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 reflecting 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 17, the National Hospice and Palliative Care Organization (NHPCO) was contracted to work with VHA 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 17, were to:

- Continue the engagement of the VCP National Advisory 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 Offices of Community Engagement/Center for Compassionate Innovation, Caregiver Support, Rural Health, Mental Health and Veterans Experience;
- Develop and implement a pilot evaluation program with a select group of VCP Coordinators; and
- Offer combined trainings with VHA Office of Rural Health’s COVER to COVER (Connecting Older Veterans—Especially Rural—to Community or Veteran Eligible Resources) initiative.

This report provides a cumulative summary of the key accomplishments (specifically focusing on FY 17 activities), benefits and challenges, and plans for FY 18.
Key Accomplishments

VHA Collaborations

During FY 17, meetings were held with the leadership of VHA’s Offices of Community Engagement/Center for Compassionate Innovation and Caregiver Support to explore shared goals. As a result, VCP is now a joint project of VHA Offices of Geriatrics and Extended Care, Community Engagement/Center for Compassionate Innovation, and Caregiver Support.

Also, the Office of Veterans Experience teamed with VCP to share information and resources among their Community Veteran Experience Boards (CVEBs) and VCP Coordinators. In addition, the Office of Mental Health and Suicide Prevention established an “Aging Veterans and Mental Health Inter-agency Partnership” that VCP leadership joined as a member.

VCP leadership continued to work closely with the Office of Rural Health Western Resource Center which provided valuable support for combined VCP/Cover to COVER trainings and for the development of the VCP evaluation strategy.

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 17, 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*
- Administration on Aging*
- 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/Center for Compassionate Innovation
- VHA Office of Geriatrics and Extended Care
- VHA Office of Nursing Services
- VHA Office of Primary Care
- 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**, trained 14 new VCPs from VISNs 8 and 11;
- **FY 13**, trained 8 new VCPs from VISN 6;
- **FY 14**, trained 15 new VCPs from VISNs 4, 18, 20 and 21;
- **FY 15/16**, trained 1 new VCP from VISN 5; plus 11 established Hospice Veteran Partnerships from VISNs 6, 7, 8, 10, 16, 19, 21, 22, and 23; and
- **FY 17**, trained 7 new VCPs combining with COVER to COVER from VISNs 9 and 20; and 2 new VCPs from VISN 19.

At the end of FY 17, there are a total of 56 VCP sites trained:

- Involving 17 of the 18 VISNs (1, 2, 4, 5, 6, 7, 8, 9, 10, 12, 16, 17, 19, 20, 21, 22, 23);
- In 23 states (Alaska, Arizona, Arkansas, California, Colorado, 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 56 VA Medical Centers (VAMC)/facilities.
VCP Trainings

A VISN-wide training model was created in FY 12 to develop new VCP sites. 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 Office of Geriatrics and Extended Care) 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 part of VISN 10) 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.

- 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 was held November 2015 and there were a total of 22 attendees: two representatives from 11 HVPs, 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.

During FY 17, three collaborative VCP trainings were held with the VHA Office of Rural Health Western Resource Center’s COVER to COVER initiative which provided education about how to increase access to VA benefits within a community partnership framework. Two trainings were held October 2016 in Spokane and Walla Walla, WA, and one training was held in Murfreesboro, TN for VA facilities in VISN 9 December 2016. Participants included representatives from their respective VA facilities and community/regional representatives from Aging and Disability Resource Centers (ADRCs) and community non-VA organizations who provide services for Veterans and caregivers. The total number of participants for the three combined trainings was 63 (16, 20, 27 respectively).

Also, a one day VCP training was held in Denver, CO, in September 2017. There were 21 participants who represented the Eastern Colorado VAMC in VISN 19 and local community organizations plus one participant from the Oklahoma VAMC, also part of VISN 19.

In addition, an online training (webinar) was offered in September 2017, “Strategies and Tools to Revive and Thrive,” via VHA TMS that featured the PsychArmor Institute. There were 39 attendees (mainly VA staff) who were current VCP, HVP and CVEB coordinators located across the country.

**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 six individual VISN-wide VCP trainings held FY 12 through 16 was rated 4.44.

The FY 17 on-site VCP trainings used the same post-training evaluation tool for attendees and the same 5 point scale. Overall, the combined FY 17 trainings were rated 4.48 (4.43 for Spokane, WA; 4.46 for Walla Walla, WA; 4.54 for VISN 9; 4.5 for Denver, Co). Specific comments from the participant evaluations included:

- “This training offered opportunity for excellent discussions. I met some wonderful people that I can add to my rolodex. I am grateful for this opportunity.”
- “Great group of trainers and participants...super useful training!”
- “I am excited to reach out to connections that were made today to better serve our Veterans and assist with the benefits they are deserving.”
- “This training was extremely helpful to get the beginning steps of a VA/ADRC relationship started.”
- “As I am just beginning my career in the VA, this has jump-started my energy and set goals towards my work and connecting with community services.”

**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 and was revised again in FY 17. The Toolkit provides step-by-step guidance on forming a VCP and specific links to materials that each VCP can adapt to use for its own needs. Information from the VCP Toolkit was also adapted for the VHA’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.

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
- VA ‘I CARE’ Core Values and Characteristics
- And many more resources from VA
The VCP Toolkit and other resources, including previous FY VCP reports are available at www.va.gov/healthpartnerships/vcp.asp.

In addition, a free online library was created for VCPs in FY 17 through the PsychArmor Institute which addresses issues relevant to military and Veteran communities. A direct link to the PsychArmor course “15 Things Veterans Want You to Know” and corresponding course notes are available on the VCP webpage.

**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 17 to provide valuable information for the VCP coordinators, including:

- Sandy Markwood, CEO, National Association of Area Agencies on Aging
- Dr. Michele Karel, VHA Office of Mental Health and Suicide Prevention
- Andrea Martinez, VA Office of Veterans Experience

Also, during FY 17, to further the development and support for VCP, regular meetings were held with staff/representatives from:

- VHA Office of Community Engagement/Center for Compassionate Innovation
- VHA Hospice-Veteran Workgroup
- VHA Rural Health Western Resource Center
- VA Office of Veterans Experience
- VHA Caregiver Support
- Aging Veterans and Mental Health Inter-agency Partnership
- PsychArmor Institute

**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 adaptations 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, even as they offered diverse and valuable suggestions for program improvements.

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).

In FY 17, a VCP Evaluation Taskforce was created to develop a set of metrics to pilot with a small sample of VCPs. Members of the Taskforce included 13 VCP coordinators from ‘high-functioning’ VCPs and two members of the VCP National Advisory Council. The following six VCP coordinators volunteered to participate in a six month evaluation pilot project:

- Joyce Vari, VCP Wilmington, DE
- Cynthia Samuels, VCP Lebanon, PA
- Susan MacDonald, VCP Erie, PA
- Deborah Goral, VCP Pittsburgh, PA
- Yvonne Bailey, VCP Hampton Roads, VA
- Kelly Belinger-Sahr, VCP Illiana / Danville, IL

The pilot sites submitted monthly data April-September 2017 that included:

- VCP membership: number of VA and non-VA community members
- VCP meetings: date, topics, number of VA and non-VA community participants
- VCP education events: date, topic, number of attendees including Veterans, professional and family caregivers
• Anecdotes (quotes):
  • Reported by attendees at VCP events re: what they would do differently as a result of what they learned; and
  • Reported by VA or non-VA community VCP members re: a ‘change in practice’ based on VCP meetings, events and networking.

Monthly and cumulative data analysis reports were created by Dr. Bret Hicken from ORH and distributed to the VCP pilot sites. See the VCP Pilot Evaluation Summary in table below.

After the pilot evaluation concluded, the pilot sites reported that the process and subsequent reports were very beneficial to:

  • provide feedback and information to their VCP members;
  • record and track outcomes;
  • see tangible successes and areas to improve;
  • learn from other VCPs; and
  • communicate activity and outcomes to leadership.

For FY 18, the pilot evaluation metrics will available on an accessible online platform for all VCP coordinators.

### VCP Pilot Evaluation Summary (Apr-Sept 2017)

Report Date: September 2017 | Sites Reporting: 6

<table>
<thead>
<tr>
<th>Total VCP Membership Reported</th>
<th>Total VA Members</th>
<th>Total Community Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>YTD Total: 1436 Avgs Site Sept: 54</td>
<td>YTD Total: 253 Avgs Site Sept: 8.8</td>
<td>YTD Total: 1024 Avgs Site Sept: 42.5</td>
</tr>
<tr>
<td>Avg YTD/Site: 239.3</td>
<td>Avg YTD/Site: 42</td>
<td>Avg YTD/Site: 170.7</td>
</tr>
</tbody>
</table>

**Number of Business Meetings: 42**

<table>
<thead>
<tr>
<th></th>
<th>Total VA Attendees</th>
<th>Total Community Attendees</th>
<th>Total Veteran Attendees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting Participant Totals for September:</td>
<td>24</td>
<td>107</td>
<td>13</td>
</tr>
<tr>
<td>Meeting Participant Totals Year to Date:</td>
<td>112</td>
<td>446</td>
<td>64</td>
</tr>
<tr>
<td>National Average Meeting Participant Totals Year to Date:</td>
<td>18.7</td>
<td>74</td>
<td>10.7</td>
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</tbody>
</table>

**Number of Educational Events: 35**

<table>
<thead>
<tr>
<th></th>
<th>Total Veteran Attendees</th>
<th>Total Professional Caregivers</th>
<th>Total Family Caregivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education Participant Totals for September:</td>
<td>69</td>
<td>176</td>
<td>60</td>
</tr>
<tr>
<td>Education Participant Totals Year to Date:</td>
<td>714</td>
<td>863</td>
<td>107</td>
</tr>
<tr>
<td>National Average Education Participant Totals Year to Date:</td>
<td>119.0</td>
<td>144</td>
<td>17.8</td>
</tr>
</tbody>
</table>
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 17, this internal annual evaluation was completed in October 2017. Twelve of the 56 VCPs (21%) 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 that the majority of VCP Coordinators (73%) reported spending on VCP activities was one to three hours per week; 18% three to six hours per week; and 9% more than six hours.

**Mission and Strategic Focus.** According to the assessment results, the top three issues that the VCP sites addressed with their missions and strategic foci were:

1. VA Benefits/Enrollment
2. Aging Veterans
3. Continuum of Care

Other issues included:
- Alzheimer’s/Dementia
- Caregiving Support
- Mental Health
- Palliative Care
- Rural Veterans
- Woman Veterans

The partnerships that have formed internally (i.e., within VA) and externally (within their community) are unique to each VCP and reflect 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 of 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 community staff on Veterans programs, eligibility and services; and
- 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 involved with individual VCPs was 6 with a range of 2 to 19. The VA services and programs involved included:

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

Community Involvement. The average number of community organizations and agencies that were involved with individual VCPs was 18 with a range of 1 to 89. An exceptional VCP in Erie, PA, expanded their community partners from 30 to 89 in FY 17! The community organizations and agencies involved included:

- Adult Day Care
- Alzheimer’s Association
- American Cancer Society
- American Legion
- American Red Cross
- Area Agencies on Aging
- Assisted Living Facilities
- Brain Injury Association
- Caregiver Services
- Community Mental Health Centers
- Council on Aging
- Department of Health and Human Services
- Division on Aging (state, regional)
- Funeral Homes
- Home Health Care Agencies
- Hospice Providers
- Hospitals
- Individual Veterans
- Legal Aid Services
- Local and State Government Representatives
- Long Term Care Services
- Nursing and Rehabilitation Centers
- Senior Services/Centers
- State Veteran’s Homes
- Universities/Colleges
- Veteran Service Organizations (Disabled American Veterans, American Legion, VFW, Wounded Warriors)
- Women’s Health Clinics
- 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, 46% have a designated steering committee or leadership council – and 45% 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. Specific highlights/flyers of individual VCP events are featured at the beginning of this report. The predominant activity of many VCPs is to establish and nurture relationships through monthly, bimonthly or quarterly meetings. In addition to these regular meetings, activities reported during FY 17 included:

- Sharing information between the VA and community partners
- Attending or sponsoring community outreach, educational and/or health fair events
- Developing community resource materials
- Providing VA education workshops for health care professionals
- Collaborating with existing community partnerships such as Hospice-Veteran Partnerships (HVPs) and Community Veterans Engagement Boards (CVEBs)

To demonstrate the impact of the VCP activities, the six VCP pilot evaluation sites provided a total of 42 business meetings in a six month time-frame in FY 17. The combined average participant totals for the business meetings included:

- VA attendees: 19
- Community attendees: 74
- Veteran attendees: 11

Also, the same six VCP sites sponsored a total of 35 community educational events during the same six month evaluation period. The combined average participant totals for the educational events included:

- Veterans: 119
- Professional Caregivers: 144
- Family Caregivers: 18

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 improving 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 included:

- “Networking and supporting one another as we work with Veterans especially since we are an isolated community.”
- “The amazing positive energy and openness that individual partners demonstrate. I don’t get a sense that there is this overriding desire to protect turf. Most just want to give their time and energy and are willing to take a risk to see if it might lead to fruitful benefits.”
- “The community interactions are plenty from many different areas of our VA medical center. We have a regular presence in the community and interact with our partners frequently.”
- “We have increased communication with community agencies and provide them with a point of contact at VA to help them meet Veterans needs more efficiently.”
- “Working with the aging population and connecting them to resources and benefits.”
- “Developing strong community partnerships and having motivated members in the community to make big projects happen! The momentum in the area keeps going no matter what!”

**Challenges.** The overwhelmingly most frequently reported challenge facing VCP coordinators is limitations on time to devote to VCP activities, 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 interfacing 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 included:

- “Considering that this is in addition to my regular clinical and administrative duties, it is challenging to dedicate sufficient time to these efforts.”
- “Following chain of command and feeling like I can become stalled at the local level. Am told to have patience but it is very hard when things take so long to accomplish once going through the multiple levels locally.”
- “Sustaining momentum. We are being very cognizant of this challenge and the awareness of this vulnerability is guiding our efforts.”

**Plans for FY 18.** For FY 18, 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 most importantly, 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 and services 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, below are specific “memorable anecdotes” taken from the FY 17 assessment that describe the value and impact of their respective VCP for Veterans, and their VA and community partners:

- “The relief and gratitude shown by Veteran’s spouses/caregivers when you link them with services and provide them information that helps to normalize their experience truly makes this one of the most rewarding VA responsibilities.”
- “Spoke with a daughter of a Veteran who was looking for benefits/services for her father who had not used the VA in many years.”
- “Many case managers/social workers in community hospitals will reach out to discuss specific cases around long term care benefits and end of life institutional care benefits. This has resulted in Veterans enrolling with the VA, although at the end of life, it has helped them and their families making a transition for hospice in an institutional setting less stressful and overwhelming.”
- “I’ve heard stories after community outreach events about participants taking the knowledge and spreading the word which I feel is impacting so many lives.”
- “A member shared that VCP helps her get hold of a VA social worker.”
- “As a result of a relationship with the Veteran Service Officer of a rural county, there have been consultation calls from Veterans and their family members who are trying to navigate different systems and they get connected with the VA for programs that would meet their needs.”
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. In contrast, 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 facilities and find creative ways to join together with other VA departments, in order to expand community engagement efforts.
PLANS FOR FY 18 AND BEYOND

With funding secured through FY 18, the plans are to expand the leadership of VCP with the VHA Offices of Community Engagement/Center for Compassionate Innovation and Caregiver Support and continue its development so VCP can be sustained as a national initiative. To achieve this effort, the National Hospice and Palliative Care Organization will continue to serve as the contractor.

The strategic goals for FY 18 are as follows:

1. Development and Sustainability
   A. Update the organizational design to administer the national VCP program internally to accommodate new partnerships among the Offices of Geriatrics and Extended Care, Community Engagement/Compassionate Innovation, and Caregiver Support
   B. Increase collaboration with other existing VHA programs and community partnership efforts
   C. Gain strategic guidance from National VCP Advisory Council

2. Education and Technical Assistance
   A. Support the growth and development of existing VCPs (who have attended VCP training)
   B. Expand VCP training and education capacity to increase impact and efficiency

3. Communications
   A. Increase visibility of VCP to increase partnership opportunities internally within VA, among VA leadership and VA facility directors
   B. Develop communication resources for individual VCPs to gain more visibility within their respective communities

4. Evaluation and Reporting
   A. Analyze data from the VCP FY 17 evaluation pilot project
   B. Identify feasible evaluation platform, metrics, and user interface for ongoing VCP evaluation plan
   C. Implement VCP evaluation plan for all VCPs
   D. Write FY Summary Report for external distribution

Overall, it is our intention 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. 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.
ACKNOWLEDGEMENTS

The Veteran Community Partnership program would like to express its gratitude to leadership across the Department of Veterans Affairs and to the programs and individuals below for supporting the important and groundbreaking efforts of the Veteran Community Partnership to improve care for all Veterans and their families. We thank you for your support!

VHA Office of Community Engagement

- Lelia Jackson
- Jamie Davis
- Tracy Weistreich
- Christie Eickhoff

VHA Office of Caregiver Support

- Meg Kabat
- Nicole Johnson

VHA Office of Geriatrics and Extended Care

- Kenneth Shay
- Sherri DeLoof

VHA Hospice and Palliative Care Program

- Scott T. Shreve
- Mary Davidson

VHA Rural Health Western Resource Center

- Bret Hicken
- Rand Rupper
- Byron Bair
- Jennifer Morgan
VCP National Advisory Council

- Adrian Atizado, Disabled American Veterans*
- Mary Davidson, VHA Hospice and Palliative Care Program
- Lori Gerhard, Administration for Community Living*
- Bret Hicken, VHA Office of Rural Health, Western Resource Center
- Gail Hunt, National Alliance for Caregiving*
- Lelia Jackson, VHA Office of Community Engagement
- Nicole Johnson, VHA Office of Care Management and Social Work
- Meg Kabat, VHA Office of Care Management and Social Work
- Sandy Markwood, National Association of Area Agencies on Aging*
- Jesse Moore Jr., Administration on Aging*
- Peter Notarstefano, Leading Age*
- Joanne Shear, VHA Office of Primary Care
- Brenda Shaffer, VHA Office of Nursing Services
- Kenneth Shay, VHA Geriatrics and Extended Care
- Gwynn Sullivan, National Hospice and Palliative Care Organization*

*ex officio member

VCP Site Coordinators

VISN 2:
- Anisa Grabocka – Albany VA Medical Center: Samuel S. Stratton (Albany, NY)
- Christine Betros – VA New Jersey Health Care System (East Orange, NJ) (with Carol Paptrocki, Samaritan Healthcare and Hospice)

VISN 4:
- Deborah Gray – James E. Van Zandt VA Medical Center ( Altoona, PA)
- Paula McCarl, Dwight Boddorf – VA Butler Health Care Center (Butler, PA)
- Susan MacDonald, Sarah Gudgeon – Erie VA Medical Center (Erie, PA)
- Cynthia Samuels – Lebanon VA Medical Center (Lebanon, PA) (with Tracey Wheatley, Hospice and Community Care)
- Woon-Ok Kim – Philadelphia VA Medical Center (Philadelphia, PA)
- Deborah Goral, Heather Steele – VA Pittsburgh Healthcare System (Pittsburgh, PA)
- Valerie Barna, Kathy Doyle – Wilkes-Barre VA Medical Center (Wilkes-Barre, PA)
- Joyce Vari – Wilmington VA Medical Center (Wilmington, DE)
VISN 5:
• Ida Trent – Beckley VA Medical Center (Beckley, WV)
• Tammy Kelley, Beth Huddleston – Louis A. Johnson VA Medical Center (Clarksburg, WV)

VISN 6:
• Jennifer Palumbo – Asheville VA Medical Center (Asheville, NC) (with Richard Anderson, Hospice of McDowell County)
• Christy Knight – Durham VA Medical Center (Durham, NC)
• Joyce Hawkins, LaVondra Pye – Fayetteville VA Medical Center (Fayetteville, NC)
• Yvonne Bailey – Hampton VA Medical Center (Hampton, VA)
• Charles Johnson – Hunter Holmes McGuire VA Medical Center (Richmond, VA)
• Nancy Short, Ocie Fidler – Salem VA Medical Center (Salem, VA)
• Debra Volkmer, Marc Castellani – W.G. (Bill) Hefner VA Medical Center (Salisbury, NC)

VISN 7:
• William Roush – Atlanta VA Health Care System (Decatur, GA) (with Paula Sanders, Georgia Hospice and Palliative Care Organization)

VISN 8:
• Christopher Saputo – West Palm Beach VAMC (West Palm Beach, FL)
• Jennifer Fehr – Bay Pines VA Healthcare System (Bay Pines, FL)
• Annette Portales – Miami VA Healthcare System (Miami, FL)
• Sheila Stacks – North Florida/South Georgia Veterans Health System (Gainesville, FL)
• Jose Oscar Rivera, Charlie Antoni – Orlando VA Medical Center (Orlando, FL)
• Alfredo Santiago, Idalisse Colon-Ferrer, San Juan – VA Caribbean Healthcare System (San Juan, PR)
• Brandi Thomas, Amelia Guilford – Tampa Bay - James A. Haley Veterans’ Hospital (Tampa, FL)

VISN 9:
• Diatra Allen, Susanna McQueary – Lexington VA Medical Center (Lexington, KY)
• Lori Paris – Robley Rex VA Medical Center (Louisville, KY)
• Angelina Skiles – Mountain Home VAMC/Johnson City (Mountain Home, TN)
• Jennifer Buckner, Jackie Morales – Tennessee Valley Healthcare System (Nashville, TN)
VISN 10:
- William Bailey – Chalmers P. Wylie Ambulatory Care Center (Columbus, OH)
- Kirsten Dzialo – Battle Creek VA Medical Center (Battle Creek, MI)
- Amber Mason-Dixon, Mary Ceasar – John D. Dingell VA Medical Center (Detroit, MI)
- Jason Riddle, Christina Weaver – Richard L. Roudebush VA Medical Center (Indianapolis, IN)
- Amy Sczerbowicz, Dan Bishop – VA Northern Indiana Health Care System (Fort Wayne, IN)
- Anne Milko-Delpier, Julie Csongradi – Aleda E. Lutz VA Medical Center (Saginaw, MI)

VISN 12:
- Kelly Belinger-Sahr, Darcie Clausen – VA Illiana Health Care System (Danville, IL)

VISN 16:
- Diane Morgan – Central Arkansas Veterans Healthcare System (Little Rock, AR) (with David “Doc” Kenser, Arkansas Hospice)

VISN 17:
- Randy Kotara – Amarillo VA Health Care System (Amarillo, TX)

VISN 19:
- Carolyn Nimmo-Webber – VA Montana Health Care System (Fort Harrison, MT) (with Janette May, Frontier Home Health and Hospice)
- Hillary Lum, Kathryn Nearing – VA Eastern Colorado Health Care System (Denver, CO)
- Amber Welsh – Oklahoma City VA Health Care System (Oklahoma City, OK)

VISN 20:
- Sharon Strutz-Norton, Doris Yanas-House – Alaska VA Healthcare System (Anchorage, AK)
- Warren Husman – VA Puget Sound Health Care System (Seattle, WA)
- Eva Moreles, Kristan Patterson-Fowler, David Aguilar – Jonathan M. Wainwright Memorial VA Medical Center (Walla Walla, WA)

VISN 21:
- Eveline Gonzalez, Arionne Aguilar – VA Northern California Health Care System (Mather, CA)
- Cynthia Morin, Renita Vinluan-Fan, Kathleen King – VA Northern California Health Care System (Martinez, CA) (with Nancy Gayles, Sutter Care at Home)
VISN 22:
- Roger Strong – VA San Diego Healthcare System (San Diego, CA)

VISN 23:
- Rick Missell – Omaha VA Medical Center (Omaha, NE) (with Stacy Shultz, Hospice of Southwest Iowa)

National Hospice and Palliative Care Organization (Contractor)
- Gwynn Sullivan
- Sarah Meltzer
- Katherine Kemp
- Hope Fost

For more information, contact:
Sherri DeLoof, LMSW  
VHA Coordinator of Veteran Community Partnerships  
Office of Geriatrics and Extended Care (10NC4)  
Sherri.DeLoof@va.gov  
www.va.gov/healthpartnerships/vcp.asp
For more information, contact:

Sherri DeLoof, LMSW
VHA Coordinator of Veteran Community Partnerships
Office of Geriatrics and Extended Care (10NC4)
Sherri.DeLoof@va.gov