VETERAN COMMUNITY PARTNERSHIPS

FISCAL YEAR 2018 SUMMARY
FOREWORD

On behalf of the Veteran Health Administration’s (VHA) Office of Geriatrics and Extended Care, Office of Community Engagement, Office of Rural Health, and Office of Social Work/Care Management, I am pleased to provide the Veteran Community Partnership (VCP) Annual Fiscal Year 2018 Report. VCP began in 2008, as an offshoot of the Hospice-Veteran Partnership initiative, to provide better and more seamless, coordinated care to Veterans and their families, upstream in the delivery of health care.

What is VCP, you ask? VCP is mechanism that brings the VHA and community organizations together to work on common goals of improving access to care for Veterans. The benefit is an active VCP provides opportunities for VHA’s work force to interact and engage with community organizations and their peers to collaborate on joint initiatives relative to the needs of their community. This creates a synergy that leads to improved knowledge about available resources, enhanced relationships and connections among those employed in the health care field, and a united community working to serve Veterans.

The following report outlines the efforts from local VCPs across the county. Each VCP is different and has its own focus related to the needs of their individual community. The collaborations are often grass root initiatives that bring a community together with a shared focus on serving Veterans and their caregivers.

I would like to personally thank each one of our VCPs, located across the country, as well as the VCP Coordinators, within VHA and among the community. Each one of these individuals operates their respective VCP, not as their primary job, but as a collateral assignment. VCP Coordinators agree to the additional assignment because they see the value in having a VCP not only for their organization but for the Veterans in their community. I would also like to thank the leaders of the VA facilities that support a VCP as well as the leaders of the community organizations that are actively involved in a VCP. This committed leadership is what best serves our Veterans to give them the quality of care they deserve.

Take a few minutes to see the amazing work that has been done this past fiscal year. If you want more information about VCP or to discuss developing a VCP in your community, please contact me at sherri.delooof@va.gov.

 Sherri
Sherri S. DeLoof, LMSW
Program Analyst
VHA Coordinator for Veteran Community Partnerships
Geriatrics and Extended Care (10NC4)
Please Join Us!

7th Annual Conference

PTSD Presentation Across the Lifespan

Wednesday, November 8, 2017
8:00 A.M. – 2:00 P.M.

The Chamberlin
2 Penwick Rd
Hampton, VA 23651

We Honor Veterans, a program of the NHPCO and VA (www.wehonorveterans.org) is designed to empower health care professionals to meet the unique needs of a veterans' hospice care. Come learn the important role of Hospice programs and how effective partnerships can have a positive impact on a Veteran's care.

Welcome to the Hampton Roads Veteran Community Partnership Annual Conference and Thank you for Attending!

TOPICS of DISCUSSION

- PTSD Across the Lifespan
- Caregivers Focus
- Spirituality
- Psychopharmacology

Questions and Answers Session will follow.

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

Certificate of Attendance Provided

Please RSVP by October 27, 2017 to reserve your seat!

Cheryl Lasseter at cheryl.lasseter@cchnet.net

Seating is limited

September is Suicide Prevention Month

VCP Members attended the Out of Darkness Suicide Prevention Walk.

Examples of VCP Events Offered in FY 18

Veteran Community Partnership

Are members of the communities we serve and the Employees of the James E. Van Zandt VAMC

Educate ourselves because

- Most Veterans are not enrolled in the VA healthcare system and many may not be aware of their VA benefits. The VCP helps educate those who are not aware.
- VCP activities may include participating information meetings, workgroups, and outreach or educational events.

VCP is a national initiative to ensure that all Veterans and their caregivers have access to, and the widest range of choices among, the services that allow our Veterans to stay in the places they call home. VCP is a joint project of Veterans Health Administration’s (VHA) Offices of Geriatrics and Extended Care, Community Engagement/Center for Compassionate Innovation, and Caregiver Support.

September is Suicide Prevention Month

Presents The Culture of Veterans

"Better Serving Those Who Served"

Thursday September 27th, 9:00-12:00

Olympic Medical Center Linkletter Room
939 Caroline St, Port Angeles, WA 98362

REFRESHMENTS

CONTINUING EDUCATION CREDITS AVAILABLE THROUGH THE WDVA!

♦

CONTINUING EDUCATION CREDITS AVAILABLE THROUGH THE WDVA!

♦

FREE!

Limited Seating- Please RSVP
Attn: Caitlin Charles
call: 360.982.7796 OR email: caitlin.charles@lhcgroup.com

Guest Speaker:
Peter Schmidt, Psy. D., LMHC

Dr. Peter Schmidt is Director of Behavioral Health for the Washington Department of Veterans Affairs. Peter has worked in the community and technical college system as a counselor, psychology instructor, Director of Counseling, and most recently as a Behavioral Health subcontractor for the Washington Department of Veterans Affairs. Peter has provided numerous trainings on Veteran-related topics to include, for example: Military Culture, Post-Traumatic Stress, Traumatic Brain Injury, Resilience and Stress, and Veteran Best Practices in Education and Employment for a variety of organizations. As an Air Force Veteran who served on active duty as well as in the Washington National Guard Peter is proud to serve those who served and their family members.
Online Education Modules
Available for VA and community organizations to increase access and enhance utilization of Veteran services and support.

MODULE 1: VA 101
Provides helpful information about the Department of Veterans Affairs (VA) and how to distinguish between federal, state, and community Veteran services.
https://www.softchalkcloud.com/lesson/serve/DrPvmKk1B2EXTL/html
(Time: 45 minutes)

MODULE 2: VA BENEFITS
Outlines Veterans Benefits Administration (VBA) services for Veterans and their families as well as describes detailed eligibility requirements and how to refer to VA benefits specialists.
https://www.softchalkcloud.com/lesson/serve/lsPnWXH3G6qYQM/html
(Time: 45 minutes)

MODULE 3: EMPATHY FOR OUR VETERAN HEROES
Offers insights of the unique experiences Veterans faced during their time of service with an emphasis on incorporating military cultural competence and understanding of moral injury.
https://www.softchalkcloud.com/lesson/serve/uj6coEzpy14Afw/html
(Time: 45 minutes)

MODULE 4: SUICIDE PREVENTION FOR VETERANS
Describes the prevalence and scope of suicide among Veterans and explains the risks related to suicide with Veterans presenting with other medical and psychiatric concerns.
https://www.softchalkcloud.com/lesson/serve/kxsEy5BMCzJ0mg/html
(Time: 45 minutes)

VIKINGS educational curriculum was developed by the Kentuckiana Veterans Integration Coalition. The Coalition works to ensure Veterans have access to the services and support needed to maintain healthy, active and independent lives by increasing community knowledge of resources, access to service and care coordination.

Funding for this curriculum was provided by a grant from the Department of Veterans Affairs in collaboration with the national Veteran Community Partnership program.
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- VHA Office of Community Engagement
- VHA Office of Caregiver Support
- VHA Office of Geriatrics and Extended Care
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- VHA Office of Rural Health, Veterans Rural Health Resource Center-Salt Lake City
- VCP National Advisory Council
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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 22 million Veterans in the United States.
- Eight million Veterans are enrolled with the VA with 45% over the age 65.
- Elderly Veterans tend to have more interacting diagnoses and medications, more functional dependence, and more caregiver needs and challenges.
- 70% of VA patients over age 65 use one or more non-VA health care services—yet there is no systematic linkage among providers/services which leads to discontinuities in care and documentation, and redundant and missed services.

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 the VA Secretary’s top priorities to different degrees and are particularly impactful in addressing “Customer Service” and “Community Partnerships” priorities. 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 care 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.

“The partnerships formed provide information and knowledge to our community partners on specific Veteran needs, and programs that support those needs. Our VCP provides a point-of-contact or venue to access and navigate a system that can be confusing at times.”

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

“Our goal for the VCP is to provide valuable resources and empower community partners to connect with one another, fostering a strong and lasting community which honors and supports all Veterans.”

- Veronica Camacho, VCP Coordinator, South Texas Veterans Health Care System, San Antonio, TX
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 18, 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 18, were to:

- Continue the engagement of the VCP National Advisory Council and hold quarterly meetings;
- Offer training and technical assistance to new and existing VA facilities that want to implement the Veteran Community Partnership model;
- Develop and disseminate online 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; and
- Develop and implement an evaluation program for all VCP Coordinators.

This report provides a cumulative summary of the key accomplishments (specifically focusing on FY 18 activities), benefits and challenges, and plans for FY 19.
Key Accomplishments

VCP Leadership

As a result of Dr. Ken Shay’s (who founded VCP) retirement in May 2018, a new leadership team was created to sustain and expand the VCP national program. The VCP national leadership team consists of representatives from VHA’s Offices of Geriatrics and Extended Care, Community Engagement/Center for Compassionate Innovation, and Rural Health as well as a VCP Coordinator - each of whom were assigned a specific role to lead VCP’s program development.

- **Sherri DeLoof**, VCP Coordinator and program analyst for Geriatrics and Extended Care, serves as the administrative lead for VCP.
- **Dr. Jamie Davis** represents the Office of Community Engagement, and serves as the lead for VCP collaborative activities with other VA national program offices.
- **Deborah (Deb) Goral**, works as the VA VISN 4 palliative care coordinator and is the Coordinator for the Pittsburgh VCP, and serves as the national education lead for VCP.
- **Dr. Bret Hicken**, works for the Office of Rural Health in the Veterans Rural Health Resource Center-Salt Lake City, and serves as the lead for VCP evaluations activities.
- **Alejandra Paulovich**, works for the Office of Geriatrics and Extended Care, and serves as the lead for VCP communications.
- **Marianne Shaughnessy**, Director, Policy, Practice and Population Health Integration, Geriatrics and Extended Care, oversees the VCP national program.

In the short time that the new VCP national leadership team came together in the last half of FY 18, their accomplishments included:

1. Developing an online evaluation tool for VCP coordinators to track the outcomes of their VCP on a quarterly basis;
2. Training two new VCPs located in VISNs 5 and 17;
3. Establishing a VCP national education work group who will be mentoring new and existing VCP coordinators;
4. Creating two virtual VCP trainings that will be launched via EES in FY 19;
5. Developing a strategic plan for VCP’s ongoing development and expansion in FY 19; and
6. Continuing to provide VCP Coordinators across the country ongoing support and technical assistance.
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. Members of the VCP National Advisory Council are subject matter experts from VHA with ex officio* involvement by representatives from national non-VA organizations.

During FY 18, quarterly virtual meetings were held to refine and provide guidance for VCP’s strategic plan.

Three new members joined the VCP National Advisory Council in FY 18 representing the VA Office of Veterans Experience, VHA Office of Mental Health and Suicide Prevention and VHA Office of Voluntary Service. Other members represented the following VHA offices and national organizations:

- 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.
• FY 18, trained 2 new VCPs from VISNs 5 and 17.

At the end of FY 18, there are a total of 58 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 24 states (Alaska, Arizona, Arkansas, California, Colorado, Delaware, Georgia, Florida, Illinois, Indiana, Iowa, Maryland, Michigan, Montana, Nebraska, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Puerto Rico, Texas, Virginia, Washington and West Virginia); and
• Associated with 58 VA Medical Centers (VAMC)/facilities.

**VCP Trainings**

A VCP in-person one-day training model was created in FY 12 to develop new VCP sites and it continued to be offered through FY 18. The VCP training provides the opportunity for staff from VA facilities and community organizations to learn how to build and establish a VCP within their respective communities. The VISNs targeted initially for the VCP trainings were selected initially based on the interest and support of their VISN’s GEC leaders. However, over time with the gaining popularity of VCP, the trainings were offered at the request of VA facilities, which expanded their focus beyond GEC.
• 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.

• In 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, and 27, respectively).

Also, a 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.

- During FY 18, two VCP trainings were held. In June 2018, a VCP training was held in San Antonio, TX, that included 42 participants from the South Texas Veterans Health Care System and local community organizations. In July 2018, a VCP training was held in Baltimore, Maryland, that included 16 participants who represented mental health services within the Baltimore VA Medical Center and local community. The Baltimore VCP is the first VCP to solely focus on mental health and suicide prevention for Veterans.

Also, VCP collaborated with the Kentuckiana Veterans Integration Coalition to sponsor the development of four online education modules: VA 101, VA Benefits, Empathy for our Veteran Heroes, and Suicide Prevention for Veterans. See the information/flyer about the online modules at the beginning of this report.

**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 17 was rated 4.48.

The FY 18 on-site VCP trainings used the same post-training evaluation tool for attendees and the same 5 point scale. Overall, the combined FY 18 trainings were rated 4.45 (4.35 for San Antonio, TX; and 4.45 for Baltimore, MD. Specific comments from the participant evaluations included:

- “Very excited I attended this training. Looking forward to continuing this journey!”
- “Very interactive; kept everyone participating.”
- “Very informative about VA and it’s direction in working with our community.”
- “Great connections to others doing great work!”
- “I will be part of this effort to better meet the needs of Veterans and their providers.”

**VCP Technical Assistance**

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.

**VCP Training Tools and Resources**

The signature resource for the VCP trainings 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 Evaluation and Reporting System

Over the past several years, collaborative efforts of VHA’s Offices of Rural Health (ORH) and GEC, created and implemented a process/qualitative evaluation of the national VCP initiative. 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.

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. An outcome of the Taskforce was a six month evaluation pilot project in which six VCP coordinators voluntarily submitted data for six months regarding their respective VCP membership, meetings and activities.

The VCP evaluation pilot project led to the development of an online VCP Reporting System (VCPRS) in FY 18. The new VCPRS provides an online portal for all VCP Coordinators to report and track data each quarter of the fiscal year and view the national summary data of all the VCP sites, that includes:

- 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 describing:
  1. The impact of the VCP as reported by attendees at VCP events; and
  2. Changes in practices that improve access to care for Veterans based on VCP meetings, events and networking.
VCP Coordinators will be able access the VCPRS at [www.vcprs.org](http://www.vcprs.org), beginning FY 19. The information from the VCPRS will be compiled at the end of each fiscal year for the VCP Annual Report. A VCPRS User Instruction Guide was also created and is available to view on the VCP website at [www.va.gov/HEALTHPARTNERSHIPS/docs/VCP_UserInstructions_FINAL.pdf](http://www.va.gov/HEALTHPARTNERSHIPS/docs/VCP_UserInstructions_FINAL.pdf).
Outcomes from VCP Sites in FY 18

At the end of each fiscal year, all VCP coordinators voluntarily complete an assessment of their respective VCP activities and the developmental progress stemming from their VCP training. For FY 18, this internal annual evaluation was completed in October 2018. Twenty-one of the 40 active VCPs (52%) 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 coordinate a VCP within their respective VA and community. The majority of VCP Coordinators (61%) reported spending one to three hours per week on VCP activities; 13% spent three to six hours per week; and 26% spent less than one hour per week.

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 (52%)
2. Aging Veterans / Palliative Care / End-of-Life Care (35%)
3. Mental Health (26%)

Other issues that VCPs addressed included:

- Alzheimer’s/Dementia
- Caregiving Support
- Continuum of Care
- Homeless Veterans
- Rural Veterans
- Suicide Prevention

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 access and streamlining care of VA services and community resources for Veterans and their caregivers. Below are specific examples of VCP mission statements.

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 9 with a range of 1 to 71. The VA services and programs involved included:

- Behavioral/Mental Health
- Care Management/Social Work
- Caregiver Support
- Chaplain Service
- Community Health Nursing
- Community Relations
- Decedent Affairs
- 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
- Seamless Transition Program (OIF/OEF/OND)
- 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 representatives from community organizations and agencies that were involved with individual VCPs was 24 with a range of 6 to 106. 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
- Cancer Charities
- Caregiver Services
- Community Mental Health Centers
- Council on Aging
- Department of Health and Human Services
- Division on Aging (state, regional)
- Easter Seals
- Funeral Homes
- Home Health Care Agencies
- Hospice Providers
- Hospitals
- Individual Veterans
- Legal Aid Services
- Local and State Government Representatives
- Long Term Care Facilities
- 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.** Of those who completed the assessment, 48% have a designated steering committee or leadership council, 30% hold monthly meetings, and 43% reported undertaking a strategic planning process. From what has been reported, there is a direct correlation between VCPs who are excelling with lots of community engagement activities and having internal structures and processes in place to implement specific goals.

**VCP Activities.** Eighty-six percent of the VCPs were involved in community activities besides VCP meetings. The predominant activity of many VCPs was to establish and nurture relationships through monthly, bimonthly or quarterly meetings. In addition to these regular meetings, activities reported during FY 18 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

VCPs reported a number of specific events during FY 18 that included:

- Veterans Health Fair
- Servant Leadership Training
- Bowling for Veterans
- 9/11 Military Tribute
- Homeless Outreach Event
- Civic Engagement and Resilience Fair
- Veterans Benefits Panel
- Education events re:
  - PTSD Presentation Across the Life Span
  - Integrated Pain Management
  - Suicide Prevention
  - Veterans Culture
  - Women’s Health

Specific highlights/flyers of individual VCP events are featured at the beginning of this report.

**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:

- “Members come together by ‘leaving their competition at the door’ in order to focus on learning more about Veterans and the VA.”
- “The dedication of the community coming together to serve Veterans.”
- “Helped to develop a closer working relationship with our community partners.”
- “We are going to work on telemedicine and look for opportunities to redesign systems so that we may be able to case conference with community providers.”
- “The community is learning about VA programs that are available, and being educated about asking if their patients/clients are Veterans and encouraging them to enroll.”
- “When we are in the community, Veterans often share what the VA has done to improve the quality of life. This is powerful because it comes from the heart, unsolicited praise.”

**Challenges.** The 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:

- “Expanding from what our VCP has grown to at this point with the confines that little of my time is allocated to this piece of my duties.”
- “Obtaining buy-in as other VA staff are busy doing more with less and not willing to commit for fear of additional work.”
- “Not having enough dedicated time to coordinate and support VCP efforts on a regular basis. I continue to maintain and organize our VCP because I see the value of the partnerships formed, however, day to day responsibilities take priority which put our VCP at a disadvantage for flourishing.”

**Plans for FY 19.** For FY 19, the VCPs’ coordinators reported 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;
- Participate and exhibit at others’ community conferences and health fairs; 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 18 assessment that describe the value and impact of their respective VCP for Veterans, and their VA and community partners:

- “Our Veterans Benefits Panel has been helpful in showing the community that trying to understand the system is crucial in accessing benefits whether it is through VHA or VBA – all that attended the panel walked away knowing this.”
- “We have started to invite VCP partners to become connected to our Suicide Prevention team – with the goal of reaching rural areas where our community partners serve.”
- “Our VCP assisted with VA enrollment and system navigation to increase Veterans’ understanding of our system.”
- “Our VCP has increased the community’s knowledge of how to get enrolled, who to contact, and how the process works. We have educated the community about who is eligible for enrollment, compensation, and aid and attendance.”
- “There are several Veterans in our VCP. They go out of their way to help their brothers and sisters. These interactions demonstrate the bond between Veterans to their 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. 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 19 AND BEYOND

Since the VCP national leadership team was created within VHA in FY 18, the program is now positioned to continue to expand and sustain its national and local efforts in FY 19 without the need for outside contractor assistance.

The strategic goals for FY 19 are as follows:

1. Support and strengthen active VCPs to foster sustainment.
   - A. Monitor and report data from the VCP Reporting System
   - B. Implement a communications plan to include disseminating resources to VCP Coordinators
   - C. Facilitate monthly VCP technical support calls
   - D. Expand recognition efforts for successful VCP Coordinators
   - E. Hold regular meetings of the VCP National Education Workgroup
   - F. Provide mentorship to new and existing VCP Coordinators
   - G. Host virtual VCP trainings for existing and new VCP Coordinators

2. Identify and assess inactive VCPs to identify needs and barriers to sustainment
   - A. Monitor and update the VCP roster
   - B. Contact inactive VCPs and encourage re-engagement
   - C. Offer technical support and training to inactive VCPs

3. Develop a plan for dissemination of the VCP initiative at all VAMCs
   - A. Hold quarterly VCP National Advisory Council Meetings
   - B. Identify opportunities to collaboration with Homeless, CVEBs, Mental Health/Suicide Prevention, Long Term Services and Supports, Home Based Primary Care, Veterans Experience/Choose Home, and Patient Advocate Offices
   - C. Create and disseminate an annual VCP report and other VCP communications throughout VHA and local VA facilities

Overall, it is our intention that VCP will remain a sustainable initiative and thriving network that 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

**VHA Office of Geriatrics and Extended Care**
- Kenneth Shay
- Sherri DeLoof
- Alejandra Paulovich
- Marianne Shaughnessy

**VHA Hospice and Palliative Care Program**
- Scott T. Shreve
- Mary Davidson

**VHA Office of Rural Health, Veterans Rural Health Resource Center-Salt Lake City**
- Bret Hicken
- Nancy Dailey
- Byron Bair
VCP National Advisory Council

- Adrian Atizado, Disabled American Veterans*
- Sabrina Clark, VHA Office of Voluntary Service
- Mary Davidson, VHA Hospice and Palliative Care Program
- Lynda Davis, VA Office of Veterans Experience
- Sherri DeLoof, VHA Geriatrics and Extended Care
- Janine Finck-Boyle, LeadingAge*
- Lori Gerhard, Administration for Community Living*
- Bret Hicken, VHA Office of Rural Health
- Gail Hunt, National Alliance for Caregiving*
- Lelia Jackson, VHA Office of Community Engagement
- Meg Kabat, VHA Office of Care Management and Social Work
- Michele Karel, VHA Office of Mental Health and Suicide Prevention
- Sandy Markwood, National Association of Area Agencies on Aging*
- Jesse Moore Jr., Administration on Aging*
- 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 Coordinators (active sites as of October 1, 2018)

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:

- Mary Jo Fitzsimmons – James E. Van Zandt VA Medical Center ( Altoona, PA)
- Ronald Collett – 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)
- Meredith Evans – Wilkes-Barre VA Medical Center (Wilkes-Barre, PA)
- Joyce Vari – Wilmington VA Medical Center (Wilmington, DE)
VISN 5:
• Ida Straughter – Beckley VA Medical Center (Beckley, WV)
• Aaron Jacoby, Rick Martin - Baltimore VA Medical Center, Baltimore, MD

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)
• Yvonne Bailey – Hampton VA Medical Center (Hampton, VA)
• Debra Volkmer – 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:
• Gay (Lynn) Warren – West Palm Beach VAMC (West Palm Beach, FL)
• Annette Portales – Miami VA Healthcare System (Miami, FL)
• Sheila Stacks – North Florida/South Georgia Veterans Health System (Gainesville, FL)
• Brandi Thomas, Amelia Guilford, Carol McFarlane – Tampa Bay - James A. Haley Veterans’ Hospital (Tampa, FL)

VISN 9:
• Lori Paris – Robley Rex VA Medical Center (Louisville, KY)
• Angelina Skiles, Heidi Vivian Bailey – Mountain Home VAMC/Johnson City (Mountain Home, TN)
• Jennifer Buckner, Catovia Rayner, Larry Murray – Tennessee Valley Healthcare System (Nashville, TN)

VISN 10:
• Stephen Dotts – Battle Creek VA Medical Center (Battle Creek, MI)
• Amber Mason-Dixon, Mary Ceasar – John D. Dingell VA Medical Center (Detroit, MI)
• Jason Riddle – Richard L. Roudebush VA Medical Center (Indianapolis, IN)
• Michelle Sorie – Aleda E. Lutz VA Medical Center (Saginaw, MI)

VISN 17:
• Veronica Camacho – South Texas VA Health Care System (San Antonio, TX)
VISN 19:
• Hillary Lum, Kathryn Nearing, Cynthia Drake – 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)
• Stephanie Matthews – Mann-Grandstaff VA Medical Center (Spokane, WA)

VISN 21:
• Chelsea Juarez, Arionne Aguilar – VA Northern California Health Care System (Mather, CA)
• Renita Vinluan-Fan, Kathleen King – VA Northern California Health Care System (Martinez, CA) (with Nancy Gayles, Sutter Care at Home)
• Kathleen King - North State, Northern California Health Care System

VISN 22:
• Rod Sepulveda, Shawndin Tracy - Northern Arizona VA Health Care System (Prescott, AZ)

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
• Zinnia Harrison
• Katherine Kemp
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