

The U.S. Department of Veterans Affairs

VA Services Showcase



**VHA Conference Center, Crystal City
Wednesday, January 29, 2014
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Adaptive Sports and National Events

National Veterans Outreach, Office of Public and Intergovernmental Affairs (NVO), Department of Veterans Affairs Central Office, Washington D.C. comprises a director and three public affairs specialists. This office is responsible for planning, coordinating, and integrating Veterans outreach plans and programs across the three VA administrations. The office also compiles, implements and reports on VA outreach activities in accordance with law and Congressional mandate. The NVO is responsible for planning and executing national outreach campaigns. For example, in a strategic partnership with the Ad Council, the VA will launch a national public service campaign reaching Veterans, family members and survivors to encourage them to learn more about VA benefits and services they may be eligible for. NVO is co-located with the Office of Intergovernmental Affairs, charged with coordinating VA programs with federal, state and local governments, the Office of Tribal Government Relations, charged with planning and coordinating VA outreach programs to Native American Veterans, and the Office of National Veterans Sports Programs and Special Events. Their mission is to provide adaptive sports and art therapy programs for Veterans with disabilities.

My HealthVet / VA Blue Button

My HealthVet (www.myhealth.va.gov) is a website designed for Veterans and their families to optimize Veterans health and is available to all Veterans, Service members, dependents, caregivers, health care providers, and advocates. Although it is intended to provide a secure, accessible Personal Health Record for all Veterans, My HealthVet offers additional services to Veterans receiving care at VA health facilities, including the ability to refill VA prescriptions online, track and monitor important self-entered vitals and readings, view VA appointments and lab results, obtain copies of key portions of their VA health records, manage goals, and use Secure Messaging to communicate electronically with their VA health care teams, and much more.

The VA Blue Button was added to the My HealthVet portal in August 2010 and allows Veterans to view/print/download a single electronic file that contains all of their information available in My HealthVet. Registered users can include self-entered information, while VA patients with Premium My HealthVet accounts can also include data extracted from their VA Electronic Health Records (e.g., the VA problem list, vitals and readings, pathology reports, radiology reports, clinical notes, admissions and discharges, demographics, etc.). Using VA Blue Button, many

Veterans can include a copy of their DoD Military Service Information to aid with the translation of skills for employment opportunities. VA has also introduced patient access to a Continuity of Care Document (CCD); a standards-based health summary available in xml and PDF file formats. The VA Blue Button and VA CCD enable Veterans to share their personal health information with their VA health care team, caregivers, family members, or other providers.

My HealtheVet creates value by enhancing consumer access to personal health information from their VA Electronic Health Records and other key data stores to foster patient engagement, encourage activation, and support patient-centered care. Providing patients with easy, secure, 24/7 internet access to their personal health information has promising potential to improve care coordination, patient safety, care efficiency, and health outcomes.

<https://www.myhealth.va.gov/index.html>

Interagency Care Coordination (IC3)

The Department of Veterans Affairs (VA)/Department of Defense (DoD) Interagency Care Coordination Committee actively collaborates in establishing joint VA/DoD policy guidance, processes, and metrics for coordination of case management and care coordination programs within the two Departments related to the delivery of care, benefits, and services to Wounded, Ill, and Injured Service members and Veterans. The IC3 operates in accordance with the guidelines established by the Joint Executive Committee. The IC3 was charged with overseeing the implementation of the November 2012 Secretaries' Intent, which declares "One Mission, One Policy, One Plan" in response to ongoing stakeholder concerns about interagency coordination of Warrior care, services, and benefits. The IC3, via its standing Work Groups (WG), is tasked with developing: (1) a common, interagency, overarching guidance; (2) a community of practice, connecting DoD and VA clinical and non-clinical case managers of recovering Service members and Veterans; (3) a single, shared interagency comprehensive plan for each Warrior; and (4) guidance for the establishment of a Lead Coordinator for Warriors to better coordinate across all stages of recovery, rehabilitation, and reintegration. Success in these areas will result in the synchronization and coordination among the

two Departments across the spectrum of care, benefits, and services to create a common operational picture for a Warrior at all points in his/her care experience. There are three workgroups that report to the IC3, the Policy and Oversight WG, the Community of Practice WG, and the Comprehensive Plan WG.

Ms. Karen Malebranche, Executive Director, Interagency Health Affairs, is the VA Co-Chair along with the DoD Co-Chair for the Policy and Oversight Work Group, which is responsible for: (1) creating overarching policy guidance that supports a single model of management and coordination of care, services and benefits throughout the lifecycle for Warriors and their families; (2) developing a set of common terminology and language; (3) developing and assessing metrics across the IC3 in order to enable data driven assessment of IC3 initiatives and performance of programs; and, (4) advising the IC3 on policy compliance and providing recommendations to the policy owner(s).

[http://www.va.gov/op3/Office of VA DoD Collaboration and Interagency Integration.asp](http://www.va.gov/op3/Office_of_VA_DoD_Collaboration_and_Interagency_Integration.asp)

Caregiver Support Program

VA recognizes the crucial role that Caregivers play in helping Veterans recover from injury and illness and in the daily care of Veterans in the community. The Caregivers and Veterans Omnibus Health Services Act of 2010, signed into law by President Obama on May 5, 2010, has allowed VA to provide unprecedented benefits to family Caregivers of Veterans by establishing a National Caregiver Support Program with a prevention and wellness focus that includes the use of evidence-based training and support services for family Caregivers of Veterans of all eras.

Caregiver Support Coordinators are located at each VA medical center, serving as clinical and resource experts on caregiving. VA has established a peer support program for Caregivers, training and support programming in a variety of formats including web-based, telephonic, and face-to-face, a Caregiver Support Line (855-260-3274), a website dedicated to family Caregivers (www.caregiver.va.gov), and a variety of other programs to support family Caregivers of Veterans of all eras.

<http://www.caregiver.va.gov/>

Center for Innovation

No enterprise, public or private, can endure without innovation. At the VA Center for Innovation (VACI), we introduce innovative technologies, methods, and processes into the largest civilian cabinet agency, a nationwide organization of more than 300,000 employees who provide health care and benefits to over eight million Veterans.

Through Industry Innovation Competitions, Employee Innovation Competitions, Prize Challenges, and Special Projects, we invest in promising solutions to address the most important challenges VA faces in its constant pursuit of improvement. Examples range from empowering patients with access to their own electronic health records, to putting time- and life-saving mobile technology into the hands of clinicians, to developing effective models for helping Veteran entrepreneurs succeed in launching new businesses. All projects are measured by their ability to improve the quality of VA care and services, increase access to those services, reduce or control costs, and improve customer satisfaction.

National Chaplain Center

The Department of Veterans Affairs National Chaplain Center is located in Hampton, Virginia on the grounds of the Hampton VAMC. The NCC houses both the national headquarters for the VHA Chaplain Service and the National Chaplain Training Center, where all VA Chaplains are trained in federal chaplaincy. VA Chaplains serve all 21 Veteran Integrated Service Networks and all 152 VA Medical Centers. VA Chaplains have a three-fold responsibility to the Veterans at every VA facility: First, to ensure that Veterans (both inpatients and outpatients) receive appropriate clinical pastoral care, as desired or requested by the Veteran; second, to ensure that hospital, domiciliary, and Community Living Center residents' constitutional right to free exercise of religion is protected; and third, to protect Veterans from having religion imposed upon them. The NCC maintains liaisons with the VSOs, VA officials, DOD organizations and officials, educational institutions, and other governmental and Non-Governmental Organizations.

<http://www.va.gov/chaplain/>

National Center for Health Promotion and Disease Prevention

The VHA National Center for Health Promotion and Disease Prevention (NCP), a field-based section of the Office of Patient Care Services, develops and maintains personalized, proactive, and Veteran-driven policies in weight management, clinical preventive services, health education and information, and health promotion and disease prevention (HPDP)—the environmental, educational, motivational, and clinical activities that encourage improvement in Veterans’ health behaviors, health, and well-being. In addition to advising VHA leadership on evidence-based HPDP policy, NCP provides programs, education, resources, coordination, guidance, and oversight to VA staff to enhance Veteran care.

<http://www.prevention.va.gov/>

Center for Faith Based and Neighborhood Partnerships

The mission of the VA Center for Faith-based and Neighborhood Partnerships is to develop partnerships with, provide relevant information to, and expand participation of both faith-based and secular community organizations in VA programs in order to better serve the needs of our Veterans, their families, survivors, caregivers and other beneficiaries.

The Department of Veterans Affairs (VA) Center for Faith-based and Community Initiatives was established on June 1, 2004 by Executive Order 13342. The objective was to coordinate agency efforts for the elimination of regulatory, contracting, and other programmatic obstacles. The removal of these obstacles would enable faith-based and community organizations to access resources they need to provide social and community services.

In February 2009, President Obama issued Executive Order 13199, establishing the President's Advisory Council for Faith-based and Neighborhood Partnerships and changed the White House faith-based name to the Office of Faith-based and Neighborhood Partnerships. At this time, the VA center name was also changed to the Center for Faith-based and Neighborhood Partnerships.

Geriatrics and Extended Care

Geriatrics and Extended Care (GEC) Services and Operations advance quality care for functionally impaired and chronically ill Veterans of all ages. GEC provides direction and oversight for the development, coordination, and integration of geriatrics programs and long-term services and supports, as well as for the advancement of geriatrics through research, education, and evaluation of new clinical models. The shared purpose of all of GEC's programs is to prevent or lessen the burden of disability on all Veterans including those that are older, frail, and chronically ill; and their families/caregivers; in order to maximize each Veteran's functional independence, optimize quality of life or, as appropriate, the quality of death. The spectrum of GEC programs:

- Geriatric Evaluation, Inpatient and Outpatient Geriatric Evaluation & Management, and Geri-PACT (formerly Geriatric Primary Care), which offer interdisciplinary inpatient or outpatient services to elderly patients that help clarify whether or not, and if so what, additional geriatric program(s) within or beyond VA may be helpful for optimizing function and minimizing decline;
- Home-Based Primary Care, Respite Care, Adult Day Health Care, Veteran-Directed Care and other home and community-based services assist

Veterans to remain in their homes through combinations of disease mitigation, personal support, and caregiver support, either provided by, or purchased from the community and coordinated by, VHA staff;

- Hospice and Palliative Care is offered through a continuum of comfort-oriented and supportive services provided in the home, community, outpatient, or inpatient settings for persons with advanced and terminal illness;
- VA Community Living Centers (CLC), Community Nursing Homes, State Veteran Homes, Community Residential Care, and Medical Foster Home offer alternative residential settings, often with therapeutic programs, for individuals who are not able to live independently, either transiently or indefinitely. CLCs in particular have a specific mission to transform the culture of facility-based extended care to a person-centered continuum of innovative interventions and settings;
- Through the “VHA Transformation” funding, GEC has been since 2010 piloting a wide range of non-institutional extended care approaches at over 150 sites in VA. Each has the goal of reducing reliance on high-cost yet restrictive institution-based services and empowering interdisciplinary teams to care for frail and older Veterans.

<http://www.va.gov/geriatrics/>

Office of Health Equity

Officially launched in 2012, the Office of Health Equity (OHE) champions the advancement of health equity and reduction of health disparities throughout Veterans Health Administration (VHA). Health equity is the attainment of the highest level of health for all people and a health disparity is a particular type of health difference that is usually found in vulnerable populations. Vulnerable populations are those who have systematically experienced greater social and/or economic obstacles to health and/or a clean environment based on their race or ethnicity, gender, socioeconomic status, religion, sexual orientation, geographic location, medical or psychiatric illness, or other characteristics historically linked to discrimination or exclusion.

The goals and functions of OHE are to: (1) strengthen VA leadership's ability to address health inequalities and reduce health disparities; (2) increase awareness of the significance of health inequalities and disparities within VHA; (3) improve health and healthcare outcomes for vulnerable populations of Veterans; (4) improve cultural and linguistic competency and the diversity of the workforce; and (5) improve the availability, coordination, and utilization of data and diffusion of research and evaluation outcomes in order to progress towards the achievement of health

equity. The implementation strategies of OHE goals are aligned with VHA strategic Plan Objective 1e - Quality and Equity. They are contained in VHA's first ever Health Equity Action Plan developed by OHE through the Health Equity Coalition and currently under review. OHE reports to the Principal Deputy Under Secretary for Health. Uche S. Uchendu, MD, is the OHE Executive Director and Chair of the Health Equity Coalition.

Telehealth

Telehealth uses information and telecommunication technologies to provide care when patient and provider are geographically separated. Telehealth increases access to care (especially in rural and remote locations), enhancing the quality of care and making the home and local community into the preferred site of care, when appropriate. In Fiscal Year 2013, 610,000 Veterans received care through telehealth during 1,752,000 episodes of virtual care.

Telehealth in the VA takes place in 3 ways: (1) Home Telehealth (HT), (2) Clinical Video Telehealth (CVT) and (3) Store-and-Forward Telehealth (SFT).

Home Telehealth

Home Telehealth (HT) is defined as a program into which Veterans are enrolled that applies care and case management principles to coordinate care using health informatics, disease management and Home Telehealth technologies to facilitate access to care and to improve the health of Veterans with the specific intent of providing the right care in the right place at the right time. The goal of Home Telehealth is to improve clinical outcomes and access to care while reducing complications, hospitalizations, and clinic or emergency

room visits for Veterans in post-acute care settings and high-risk patients with chronic disease.

Clinical Video Telehealth

Clinical Video Telehealth (CVT) is defined as the use of real-time interactive video conferencing, sometimes with supportive peripheral technologies, to assess, treat and provide care to a patient remotely.

Typically, CVT links the patient(s) at a clinic to the provider(s) at another location. CVT can also provide video connectivity between a provider and a patient at home. CVT encompasses a wide variety of clinical applications such as specialty and primary care.

Store-and-Forward Telehealth

Store and Forward Telehealth (SFT) is generally defined as the use of technologies to asynchronously acquire and store clinical information (e.g. data, image, sound and video) that is then forwarded to or retrieved by a provider at another location for clinical evaluation.

<http://www.telehealth.va.gov/>

VA-Guaranteed Home Loan Benefits

The objective of the VA Home Loan Guaranty program is to help eligible Veterans, active-duty personnel, surviving spouses, and members of the Reserves and National Guard purchase, retain, and adapt homes in recognition of their service to the Nation.

There are two types of guaranteed loans: purchase and refinance. A “Purchase Loan” is used to obtain a home. The other loan type is a refinance, and there are two kinds of refinance loans: interest rate reduction and other refinance (i.e., cash-out refinancing). Interest rate reduction is typically the most common reason for refinancing a loan.

Severely-disabled Veterans and Service members, primarily those who are wheelchair bound or who have lost the use of both arms at or above the elbow, may be entitled to Specially Adapted Housing grants. Special Housing Adaption grants are also available to disabled individuals who have blindness in both eyes, or have anatomical loss or loss of use of both hands. These distinctive programs help eligible individuals buy, build, or modify homes specifically adapted for their use.

The Native American Direct Loan program helps Native American Veterans or Native American non-

Veterans married to a Veteran finance the purchase or construction of homes on Federal Trust land.

The program also helps to ensure that Veterans who have VA-guaranteed loans receive assistance during times of financial hardship. VA provides this assistance through oversight of mortgage loan servicers to ensure they offer options home retention and alternatives to foreclosure.

Mental Health Care

- At VA, we have the opportunity, and the responsibility, to anticipate the needs of returning Veterans. As they reintegrate into their communities, we must ensure that all Veterans have access to quality mental health care.
- To serve the growing number of Veterans seeking mental health care, VA has deployed significant resources and increases in staff toward mental health services.
- The number of Veterans receiving specialized mental health treatment from VA has risen each year, from 927,052 in fiscal year (FY) 2006 to more than 1.4 million in FY 2013.
- VA is a leader in providing state-of-the-art, high-quality mental health care that improves and saves Veterans' lives. Treatment works and there is hope for recovery for Veterans who need mental health care. Major areas include:

Comprehensive Mental Health Care

- VA provides a full continuum of forward-looking outpatient, residential, and inpatient mental health services across the country. We have many entry points for care: through our 151 medical centers, 817 community-based outpatient clinics, 300 Vet Centers that provide readjustment counseling, the

Veterans Crisis Line, VA staff on college and university campuses, and other outreach efforts.

PTSD Treatment

- VA is one of the largest integrated mental health systems in the United States (US) that provides specialized treatment for PTSD. In FY 2013, 533,720 Veterans (131,651 Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND)) received treatment for PTSD in VA medical centers and clinics up from 502,546 Veterans (119,482 OEF/OIF/OND) in FY 2011.

Substance Use Disorder (SUD) Treatment

- In FY 2013, 517,338 Veterans received treatment for SUD in VA medical centers and clinics, up 6.7% from 484,785 Veterans in FY 2011. Military Sexual Trauma-Related Mental Health Treatment.

- Military sexual trauma (MST) is the term VA uses to refer to experiences of sexual assault or repeated, threatening sexual harassment occurring during a Veteran's military service.

Hiring Efforts:

- VA has taken aggressive action to recruit, hire and retain mental health professionals in order to improve Veterans' access to mental health care.
- As part of our ongoing comprehensive review of mental health operations, VA has considered a

number of factors to determine additional staffing levels distributed across the system. Since there are no industry standards defining accurate mental health staffing ratios, VA is setting the standard, as we have for other dimensions of mental health care.

- VHA has developed a prototype staffing model for general mental health and is expanding the model to include specialty mental health. VHA will build upon the successes of the primary care staffing model and apply these principles to mental health practices.

<http://www.mentalhealth.va.gov/>

Center for Minority Veterans (CMV)

The Center for Minority Veterans was established in 1994, under Title 38 Public Law 103-446, sec 509. The CMV is dedicated to educating and empowering **ALL** Veterans, their families and communities through proactive outreach and effective advocacy. Specifically, Veterans included in the following minority groups: Asian American, Pacific Islander, African American, Hispanic/Latino, and Native American, including American Indian, Alaska Native, and Native Hawaiian. The CMV serves as principal advisor to Secretary of Veterans Affairs on policies and programs affecting minority Veterans by evaluating the effectiveness of the provision of VA benefits and services. The CMV also serves in an advisory role to VA internal stakeholders on all matters relating to minority Veterans and provides oversight and management of the Minority Veterans Program Coordinators Program (MVPCs) and the Advisory Committee on Minority Veterans (ACMV). Through established partnerships with the MVPCs, who are located VA wide in every VA medical center, regional office, and national cemetery, the CMV and MVPCs serve as advocates for minority Veterans by conducting outreach activities promoting VA benefits and services. The CMV/MVPC outreach efforts are accomplished with internal and external stakeholder partnerships throughout the year to improve minority Veterans' utilization of VA

services and benefits by conducting briefings at VA, minority and Veteran serving organizations' national conferences, Veterans forums/workshops, and serving as a resource for information exchange.

National Cemetery Administration

The National Cemetery Administration (NCA) is 1 of 3 administrations within the Department of Veterans Affairs. NCA operates 131 national cemeteries and assists more than 90 state veterans cemeteries in 39 states and territories under the State Cemetery Grants Program. NCA provides burial space and perpetual care of gravesite, the opening and closing of the site, and a place for a brief committal service in one of our national or state veterans cemeteries for veterans and their families. Burial benefits available include a gravesite in any of our 131 national cemeteries with available space, opening and closing of the grave, perpetual care, a Government headstone or marker, a burial flag, and a Presidential Memorial Certificate, at no cost to the family. Some Veterans may also be eligible for Burial Allowances. Cremated remains are buried or inurned in national cemeteries in the same manner and with the same honors as casketed remains.

Burial benefits available for spouses and dependents buried in a national cemetery include burial with the Veteran, perpetual care, and the spouse or dependents name and date of birth and death will be inscribed on the Veteran's headstone, at no cost to the family. Eligible spouses and dependents may be buried, even if they predecease the Veteran.

We provide government headstones or markers and we now offer a medallion, by request to be affixed to an existing private purchased headstone or marker to signify the deceased status as a veteran.

These benefits are generally available to Veterans regardless of place of burial. Visit NCA on-line at <http://www.cem.va.gov>

Data Governance and Analysis (DGA)

The office of Data Governance and Analysis will showcase its key products and be available to answer questions from the public at this event. The Data Governance and Analysis table will showcase our planning, analysis, and decision-support activities through the collection, validation, analysis, and dissemination of key statistics on Veteran population and VA programs. Display will consist of a representative from the National Center for Veteran Analysis and Statistics and another from the Office of the Actuary.

The National Center for Veteran Analysis and Statistics will showcase the annual General Distribution of Expenditures report as well as Geographic Information System products such as drive-time analysis maps and distribution of OEF/OIF Veterans across the country, and distribution of Veterans having service connected disabilities for mental health. Finally, the center will highlight a summary presentation on various Veteran briefings/reports using Census Bureau American Community Survey results.

The Office of the Actuary will showcase their Veteran Population modeling, to include the latest Veteran Population projections for the next 30 years and how these by-county, gender, and age group projections are being used to support VA, other government agencies, and the general public.

**Office of the General Counsel (OGC) and
Veterans Justice Outreach (VJO)
– Pro bono legal clinics**

VA OGC works to facilitate partnerships with pro bono legal clinics under VHA Directive 2011-034, in connection with the Veterans Justice Outreach (VJO) Program. VA currently provides office space to legal service providers in 43 different VA health care facilities. These providers include law school clinics, legal aid groups, and law firm attorneys working pro bono. In each Regional Counsel office, attorneys coordinate with the local VJO Specialist (a VA social worker), and provide any legal support needed such as drafting a Memorandum of Understanding (MOU) between the provider and the VA Medical Center. More generally, OGC and VJO also work together to facilitate VA's relationships with the pro bono legal community serving veterans, by communicating and meeting with law school clinics, legal aid organizations, and medical-legal partnerships.

<http://www.va.gov/homeless/vjo.asp>

Rehabilitation and Prosthetic Services (RPS)

RPS is in the Office of Patient Care Services, and is responsible for all matters pertaining to Veterans Health Administration's (VHA) comprehensive medical rehabilitation services and the procurement and provision of prosthetic devices, equipment, and sensory aids, in the most timely and fiscally responsible manner and in accordance with all authorizing laws, regulations, and policies. RPS administers the policies, planning, and development of programs to ensure provision of the highest possible quality of medical rehabilitation care and procurement of prosthetic devices, equipment, and sensory aids for Veteran patients throughout the VA health care system.

RPS oversees national programs including: Physical Medicine and Rehabilitation Service, Blind Rehabilitation Service, Audiology and Speech Pathology Service, Recreation Therapy Service, Chiropractic Care Service, and Prosthetic and Sensory Aids Service. Additionally, RPS oversees special emphasis national rehabilitation programs for VHA including: Polytrauma/Traumatic Brain Injury (TBI) System of Care; VHA TBI Screening and Evaluation Program; the Amputation System of Care; the Blind Rehabilitation Continuum of Care; and oversight responsibilities for VHA's partnership and VA staff members working in the Defense Centers of Excellence for Hearing; Psychological

Health and TBI; and Extremity Trauma and Amputation.

RPS aligns all clinical rehabilitation and prosthetic services with programmatic policies, guidance and regulations that advance the full continuum of health care practices for VHA, and coordinates the provision of medical equipment and services that promote the health, independence, and quality of life for Veterans and Service members. These services cross the full range of patient care encompassing surgical implants, artificial limbs and bracing, sensory-neural aids, cognitive prosthetic devices, wheeled mobility and seating systems, vehicle and home access, home respiratory care, items specific to women's health, recreational and sports equipment, and benefits to include clothing allowance, automobile adaptive equipment, and home improvement and structural alterations.

<http://www.patientcare.va.gov/RehabilitationServices.asp>

Spinal Cord Injury and Disorders Services

The mission and commitment to Veterans with spinal cord injuries and disorders (SCI/D) is to support and maintain their health, independence, quality of life, and productivity from initial injury or illness through their lifespan. The VA SCI/D system of care is the largest system of care for people with SCI/D in the United States and provides rehabilitation, sustaining medical and surgical care, psychosocial care, vocational rehabilitation, comprehensive lifelong primary and preventive healthcare, patient and family training, assistive technologies and durable medical equipment, and long-term care. The VA SCI/D System of Care is organized on a “Hub and Spokes” structure providing continuity of care, delivered to the Veteran with SCI/D both locally and regionally. SCI/D teams are located in twenty-four regional SCI Centers (Hubs) and local SCI/D Patient Aligned Care Teams (Spokes) found at all other VA medical centers.

The VA SCI/D System of Care also promotes ongoing educational and research opportunities to support excellent care and improved outcomes for Veterans with SCI/D. Educational activities are directed at Veterans, family members, caregivers, clinical providers, policy makers and other stakeholders.

<http://www.sci.va.gov/>

Specialty Care

Specialty care is a critical component of the Veterans Health Administration's (VHA) comprehensive medical benefits package of healthcare services. Specialty Care Services ensures the best preventive, clinical, spiritual and nutritional care is available to Veterans. The Chief Consultant for Specialty Care Services (SCS) heads the office, based at the Veterans Health Administration's Central Office. SCS includes National Programs for Eye Care, Nutrition and Food Services, Emergency Medicine, Oncology and Hematology, Endocrinology and Diabetes, Gastroenterology, Nephrology, Cardiology, Pulmonology, Anesthesia, Podiatry, Infectious Diseases, Neurology and Chaplain Services. Program Directors lead each program, each of which has an eight- to ten-member Field Advisory Committee (FAC). FAC Chairs and members work as advisory board members for SCS. SCS contains field-based Specific Purpose Workgroups, each with specialized purposes. This arrangement encourages an open interface and networking of all SCS components. SCS created Specialty Care Transformation (SCT) as part of the Department of Veterans Affairs transformational initiatives. SCT is transforming specialty care services to be more Veteran-centric and align with Primary Care's Patient Aligned Care Team (PACT). SCT has established Telehealth and non-face-to-face

models for delivering care to reduce patient travel, wait times and provide more care within the medical home. SCT includes the development and implementation of initiatives like Electronic Consultation (E-Consults), Mini-Residencies, Specialty Care Neighborhood and Specialty Care Access Networks-Extension for Healthcare Outcomes (SCAN-ECHO).

http://www.va.gov/healthbenefits/access/specialty_care_services.asp

Office of Rural Health

The mission of the Office of Rural Health (ORH) is to improve access and quality of care for rural and highly rural Veterans. Through the development and/or promotion of evidence-based and innovative practices, the Office of Rural Health supports the unique needs of Veterans residing in geographically remote areas. From transportation, telehealth and care coordination, to workforce development, mental health and community outreach, the Office of Rural Health has a diverse portfolio that specifically explores the unique nature of rural health care delivery for Veterans.

Congress authorized the Department of Veterans Affairs to establish the Office of Rural Health (ORH) in 2007, based on the increasing proportion of rural Veterans and their unique health care needs. The Office of Rural Health resides in the Veterans Health Administration (VHA) and is organizationally placed in the Office of the Assistant Deputy Under Secretary for Health for Policy and Planning.

The Office of Rural Health is headquartered in Washington, DC and facilitates the national portfolio of targeted rural health activities, communications, budgetary and performance management. ORH also includes three regional Veterans Rural Health Resource Centers (VRHRC) that serve as field-based settings to better

understand and address the unique health care needs of rural Veterans and their providers. The VRHRCs conduct studies, as well as implement and evaluate new innovative practices in health care delivery. The Centers are located in Gainesville, FL, Iowa City, IA and Salt Lake City, UT.

ORH coordinates a cadre of regionally-based staff focused on rural project support across each of the 21 Veterans Integrated Service Networks (VISNs), the 21 geographic regions thru which VA administers its healthcare programs. In addition, ORH serves as the lead VA coordinator for a Memorandum of Understanding (MOU) with the Department of Health and Human Services' Indian Health Service (IHS). The MOU supports inter-agency collaborative efforts to serve Native American/Alaska Native Veterans in their tribal communities. ORH also staffs the Veterans Rural Health Advisory Committee (VRHAC) consisting of 12-members appointed by the Secretary to provide recommendations on issues pertaining to rural Veterans.

<http://www.ruralhealth.va.gov/>

Suicide Prevention

VA's Crisis Line number is:
1-800-273-8255. Push "1" for Veteran services
Veterans Chat can be accessed at
www.VeteransCrisisLine.net
Veterans Text is available at 838255

VA's basic strategy for suicide prevention requires ready access to high quality mental health (and other health care) services supplemented by programs designed to help individuals and families engage in care and to address suicide prevention in high-risk patients. Some of the initiatives that have proven to be very effective include:

- A 24/7 Veterans Crisis Line. Veterans call the national suicide prevention hotline number 1-800-273-TALK and then "push 1" to reach a trained VA professional who can deal with any immediate crisis. Since the Veterans Crisis Line began in 2007 through September 2013, more than 975,000 callers have called the Crisis Line and over 637,000 of these callers have identified themselves as Veterans and over 80,000 callers identified themselves as family members or friends of Veterans. There have been over 32,500 rescues of actively suicidal Veterans to date. An on-line Chat Service was initiated in July 2009 and to-date, there have been over 128,000 chatters that have utilized the Service. Many of them have been referred to

the Veterans Crisis Line for immediate care. In November 2011, a texting service opened - #838255. Since the texting service began, there have been over 15,000 texts to date.

- Each VA Medical Center has a Suicide Prevention Coordinator or team. The coordinators and their teams ensure that the Veteran receives the appropriate services.
- Screening and assessment processes have been set up throughout the system to assist in the identification of patients at risk for suicide. A chart “flagging” system has been developed to assure continuity of care and provide awareness among care-givers.
- Patients who have been identified as being at high risk receive an enhanced level of care, including missed appointment follow-ups, safety planning, weekly follow-up visits and care plans that directly address their suicidality.
- Employee education programs such as Operation S.A.V.E. (Signs of Suicidal thinking, Ask the questions, Verify the experience with the Veteran, and Expedite or Escort to help) and a Web-based clinical training module that is mandatory for VA employees.

- VA is sponsoring public service announcements, Web sites and display ads designed to inform Veterans and their family members of VA's Veterans Crisis Line (1-800-273-TALK/8255). All current Crisis Line PSAs, display ads, and other information are readily available at www.veteranscrisisline.net.

- VA's Media Campaign has provided access to the National Suicide Crisis Line number to Americans nationwide.

http://www.mentalhealth.va.gov/suicide_prevention/

Office of Survivors Assistance

“Helping Our Survivors Through Their Time of Transition”

The Office of Survivor Assistance (OSA) was established in October 2008 by Public Law 389-110 to serve as resource regarding all benefits and services furnished by VA to Survivors and dependents of deceased Veterans and members of the Armed Forces. OSA collaborates with internal and external partners to promote the awareness of survivor benefits and services and assists Survivors who are not currently receiving VA benefits for which they may be eligible for. Benefits include, but are not limited to, education assistance, home loan guaranties, health care insurance and Dependency and Indemnity Compensation.

Washington, D.C. VA Medical Center

The Washington DC VA Medical Center began focused efforts to expand community partnerships during the opening of its Community Resource and Referral Center in May 2012. Concentrating on having the ability to offer an array of services and resources to Veterans and their families, the DC VA Medical Center bridged the gap between itself and “Corporate America”. The goal of community partnerships is to multiply the services and resources available to Veterans. By joining forces with local businesses, corporations and financial institutions, volunteerism and donations have increased, enrollment and awareness of VA programs and services have grown and voids have been filled where Veterans, their spouses and children receive financial, educational and employment resources and assistance. To get the ball rolling, Executive Leadership established a Community Steering Committee comprised of representatives from: Columbia Lighthouse for the Blind; Capitol One Bank; SunTrust Bank; District of Columbia Hospital Association; and Veteran Service Organizations. The committee was established to create partnership and collaboration between businesses, organizations and associations throughout the District of Columbia, Maryland and Virginia. Members of the committee join DC VA Medical Center’s staff in outreach efforts to draw support and broaden awareness of VA programs.

Since the establishment of the initial committee, partnerships and collaborations have further developed to include Kaiser Permanente, CareFirst, National Park Service, Howard University Radio, Clear Channel Radio, ZIPS Dry Cleaners, Safeway and Boulder Crest.

<http://www.washingtondc.va.gov/>

Readjustment Counseling Service, Vet Center Program

VHA's Readjustment Counseling Service (RCS) Vet Centers are community-based counseling centers that provide a wide range of social and psychological services, including professional readjustment counseling, to those that have served in combat theaters or areas of hostilities and their families, counseling to those that have experienced a military sexual trauma, and bereavement counseling for families who experience an active duty death. This program also facilitates community outreach and the brokering of services with community agencies that link Veterans with other needed VA and non-VA services. A core value of the Vet Center program is to promote access to care by helping Veterans and families overcome barriers that impede them from using those services. For example, all Vet Centers have scheduled service availability after normal business hours to include evenings and weekends. There are 300 Vet Centers located in all 50 states, American Samoa, the District of Columbia, Guam, and Puerto Rico.

[http://www.vetcenter.va.gov/Vet_Center_Services
.asp](http://www.vetcenter.va.gov/Vet_Center_Services.asp)

State Cemetery Grants Program

The Department of Veterans Affairs (VA) Veterans Cemetery Grants Program was established in 1978 to complement VA's National Cemetery Administration. The program assists states, territories and federally recognized tribal governments in providing gravesites for Veterans in those areas where VA's national cemeteries cannot fully satisfy their burial needs. Grants may be used only for the purpose of establishing, expanding or improving Veterans cemeteries that are owned and operated by a state, federally recognized tribal government, or U.S. territory. Aid can be granted only to states, federally recognized tribal government, or U.S. territories. VA cannot provide grants to private organizations, counties, cities or other government agencies.

VA can now provide up to 100 percent of the development cost for an approved project. For establishment of new cemeteries, VA can provide for operating equipment. VA does not provide for acquisition of land. The value of the land cannot be considered as an "allowable cost" under the grant. States, territories and tribal governments are solely responsible for acquisition of the necessary land. Tribal governments cemeteries must be on tribal trust land. Any state, territory, or tribal government ceasing to own or operate a cemetery established, expanded or improved through the

use of grant funds, or using the funds for any other purpose than for which the grant was made will be liable for the total refund of all grants made for that cemetery. Federal funds can also be suspended or withdrawn for noncompliance with the terms and conditions of the grant.

Cemeteries established under the grant program must conform to the standards and guidelines pertaining to site selection, planning and construction prescribed by VA. Cemeteries must be operated solely for the burial of service members who die on active duty, veterans, and their eligible spouses and dependent children. Any cemetery assisted by a VA grant must be maintained and operated according to the operational standards and measures of the National Cemetery Administration.

The administration, operation, and maintenance of a VA-supported Veterans cemetery is solely the responsibility of the state, territory or tribal government. The Secretary of Veterans Affairs is authorized to pay a plot or interment allowance (not to exceed \$700) to a state, territory or tribal government for expenses incurred by the state, territory or tribal government in the burial of eligible Veterans in a cemetery owned and operated by the state, territory or tribal government if the burial is performed at no cost to the Veteran's next-of-kin. This benefit is

administered by the Veterans Benefits Administration (VBA) and the state, territory or tribal government must apply to VBA to receive it. VA's Veterans Cemetery Grant Program is designed to complement VA's 131 national cemeteries across the country. The Veterans Cemetery Grants Program helps states, federally recognized tribal governments, or U.S. Territories establish new Veterans cemeteries, expand, or improve existing veterans cemeteries. To date, the VA program has helped establish, expand, improve operate and maintain 90 Veterans cemeteries in 45 states and territories including tribal trust lands, Northern Mariana Islands, and Guam, which provided more than 32,000 burials in fiscal year 2013. VA has awarded grants totaling more than \$566 million.

Veterans Transportation Service

The Veterans Transportation Service (VTS) is a VA initiative focused on improving access to healthcare. Development of the program was started in FY10 and delivered its first Veteran door-to-door ride in 2010. The program links technology such as commercial ride scheduling and vehicle tracking systems, with American Disability Act compliant vehicles and new VA staff to improve Veteran's access to care and quality of life. The program was piloted at 4 Medical Centers and has steadily increased. In FY 2013, VA expanded VTS to 60 VA Medical Centers, providing over 283,000 trips. The average trip length was 56.43 miles and average patient trips per month were 3.33. A central concept of the program is mobility management, which seeks to optimize all transportation resources available to Veterans to improve access to care. VA Mobility Managers identify and link existing resources, develop business plans and form partnerships within and outside the VA. One VTS partnership involves participation with other Federal Agencies in the Veterans Transportation and Community Living Initiative, which provides funding and technical assistance to community transportation providers in an effort to improve transportation for Veterans and Military Families. VTS also partners with the Disabled American Veterans (DAV) Volunteer Transportation Network (VTN). In most instances,

VTS offers a complementary service to VTN to provide immobile, behavioral health, extremely remote and other Veterans with access to VA health care services. VTS works closely internal partners as well. These partnerships include working with VA's Office of Rural Health to improve services for rural Veterans who need transportation assistance to access VA services, VA Fleet Management to identify transportation technologies and VA Medical Center Voluntary Service transportation coordinators. VTS delivers benefit to Veterans and their families, and improves the efficiency of access. Its door-to-door capabilities with ADA compliant vehicles ensure safe, timely transport for Veterans and families who have difficulty navigating their way to VA for their care.

<http://www.va.gov/healthbenefits/vts/>

Ending Veteran Homelessness

The Department of Veterans Affairs (VA) has made ending Veteran homelessness by the end of 2015 a top priority, undertaking unprecedented collaboration with key federal and community partners to dramatically increase successful outcomes for homeless and at risk Veterans and their families. Based on the 2013 Point-in-Time Count, there were 57,849 homeless Veterans on a single night in January 2013 in the United States. There has been a 23.49 percent reduction in Veteran homelessness since VA began its initiative to end Veteran homelessness in 2009. VA's major homeless programs constitute the largest integrated network of homeless assistance programs in the country, offering a wide array of services to help Veterans recover from homelessness and live as self-sufficiently and independently as possible. Ending Veteran homelessness is achievable, but doing so is possible only with continued investments in effective interventions. Strong interagency collaboration resulting in successful policies and procedures such as Housing First, Rapid Re-Housing, Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH), and Supportive Services for Veteran Families (SSVF) have been critical to achieving the reduction thus far.

Many people mistakenly think that drugs, alcohol and mental illness are the primary causes of homelessness. While some homeless individuals may suffer from these challenges, they are not the main causes. Poverty is the leading predictor of a Veteran's likelihood of becoming homeless. Our next challenges are to develop new partnerships that yield more affordable housing units set aside for Veterans experiencing homelessness and also build new relationships in the community that result in more jobs for Veterans.

<http://www.va.gov/homeless/>

Vocational Rehabilitation and Employment

The VA Vocational Rehabilitation and Employment (VR&E) program is authorized by Congress under Title 38 of the United States, Code of Federal Regulations, Chapter 31. It is sometimes referred to as the **Chapter 31** or VocRehab program. VR&E is VA's comprehensive program for Veterans with service-connected disabilities and Service members leaving active duty because of medical issues. The program provides services, at no charge, to assist individuals in finding employment to live more independently. These services include career counseling, training, job placement, and special rehabilitation services. VR&E offers other services to Veterans, Service members, and eligible family members through:

- Educational counseling for children and widows/spouses of Veterans who have a permanent and total service connected disability
- Interest and aptitude testing, initiation of occupational exploration, readjustment counseling, and setting of occupational goals for Service members transitioning to civilian life and Veteran students using any VA educational benefit
- Vocational training and rehabilitation benefits for children born with Spina Bifida of certain Veterans who served in Vietnam or Korea

Compensated Work Therapy

Compensated Work Therapy (CWT) is a Veterans Health Administration (VHA) employment development program for Veterans. The mission of the CWT program is to advance the employment opportunities and career development for Veterans enrolled in the Department of Veterans Affairs system of care. The goal of the program is to match Veterans' skills, interests, and abilities to employers' job needs and return all Veterans to successful community employment.

Compensated Work Therapy (CWT) provides a wide range of services for industry including: work site and job assessment, staff training and consultation services, employee assessment and screening, and job matching and follow-up services.

CWT supports Veterans through vocational case management and workplace supports to facilitate continued employment success. Depending on need, Veterans may participate in various programs including Transitional Work, Supported Employment or Vocational Assistance and Career Development Services.

<http://www.va.gov/health/cwt/>

Voluntary Services

Voluntary Service programs have a major positive impact on VA health care and add significant measurable value to the local medical centers and outpatient clinics. Since its inception in 1946, for many years VA Voluntary Service (VAVS) has been and continues to be an integral part of delivering health care to Veterans. Department of Veterans Affairs Voluntary Service (VAVS) program is one of the largest volunteer programs in the Federal government.

(<http://www.volunteer.va.gov/index.asp>)

Our mission is to enhance the Veterans' healthcare experience through utilization of volunteers and donations. The generosity of the volunteer's time allows us to provide many of the additional niceties that otherwise could not be accomplished by the paid staff on a day-to-day basis. VAVS offers volunteer assignments that fulfill the volunteer's desire to make a difference in a Veteran's life. The VAVS program can be tailored to meet the volunteer needs of an individual, student, family, large group or corporation.

<http://www.volunteer.va.gov/>

Center for Women Veterans

VA's Center for Women Veterans (Center) engages and educates women Veterans, by providing information on VA benefits and services; monitors and coordinates VA's provision of health care, benefits services and other programs for women Veterans; serves as an advocate for a cultural transformation (both within VA and in the general public) in recognizing the service and contributions of women Veterans and women in the military; and raises awareness of the responsibility to treat women Veterans with dignity and respect. To accomplish these functions, the Center administers VA's Women Veterans Program, which serves as a mechanism to coordinate a comprehensive, collaborative, cross-departmental strategy for continuously improving VA's delivery of benefits and service to women Veterans.

Women's Health Services

Women's Health Services (WHS) oversees program and policy development for women's health in VHA and provides strategic support to implement positive changes in the provision of care for all women Veterans. WHS works to ensure that timely, equitable, high quality, comprehensive health care services are provided in a sensitive and safe environment at VA facilities nationwide. WHS programs include comprehensive primary care, women's health education, reproductive health, communication, and partnerships. Program Goals:

- Transforms health care delivery for women Veterans using a personalized, proactive, patient-centered model of care.
- Develops, implements, and influences VA health policy as it relates to women Veterans.
- Ensures a proficient and agile clinical workforce through training and education.
- Develops, seamlessly integrates, and enhances VA reproductive health care.
- Drives the focus and sets the agenda to increase understanding of the effects of military service on women Veterans' lives.

<http://www.womenshealth.va.gov/>