FISCAL YEAR 2015 SUMMARY
1. Attached, please find the fiscal year (FY) 2015 Annual Report for the Veteran-Community Partnership (VCP) program, which is currently being coordinated under contract to the National Hospice Palliative Care Organization (NHPCO). I request your assistance in elevating awareness of this very promising program within Veterans Health Administration (VHA), such as sharing it with relevant program offices, e.g., Rural Health, Care Management/Social Work, Strategic Transformation, Community Engagement, and Patient Centered Care. The Patient Care Services (PCS) Communications Director has suggested it be:

- shared with the Office of Congressional and Legislative Affairs so that it may come to the attention of the oversight committee, because of its strong Department of Veterans Affairs (VA)/Community link-focused goals; and
- approved to send through VHA Communications to Office of Public and Intergovernmental Affairs, so that it may be shared by the local Veteran Community Partners (VCP) with their community partners, who are key to the success and impact of the entire project.

2. VCP was a concept articulated in the 2009 Geriatrics and Extended Care (GEC) Strategic Plan, based on the success of the Hospice Veterans Partnerships (HVPs). HVPs stemmed from recognition that the final months and weeks of a Veteran’s life are challenging times to make a Veteran and his or her support system figure out VA benefits. HVPs arose to streamline provision and coordination of end of life care by proactively convening VA and non-VA providers of end-of-life services and familiarizing each with the other’s programs and players. VCPs emulate HVPs but are not limited to end of life needs: they exist to enhance coordination of care by breaking down the communication barriers between non-VA and VA providers, settings, services, and records. The need for VCP stems from the fact that, among VA patients over age 65 (the age-cohort responsible for the greatest utilization of health services), nearly three-quarters also receive services supported by the Centers for Medicare and Medicaid Services. Yet despite the system-wide recognition that an overwhelming majority of our most complex patients also receive care from non-VA entities, there exists no systematic means for promoting, much less ensuring, continuity in processes or records of care across and among the different systems.
Dissemination of “Veteran-Community Partnership” FY 2015 Report

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

4. VCPs are underway at 48 sites within 16 Veteran Integrated Service Networks with plans to continue to expand to new sites and networks in FY 2016. VCPs have been enthusiastically received by the communities in which they have been introduced. VA staff regularly receive inquiries from sites lacking the programs and potential community partners (who have read of the program at http://www.wehonorveterans.org/va-veteran-organizations/veteran-community-partnerships), asking how they can initiate one. Although unmet needs of elderly Veterans were the original impetus for VCP, it has proven relevant to optimizing care and services for Veterans of all ages. As such, it merits consideration for expansion well beyond GEC interests. To that end, representatives of the Offices of Clinical Operations, of Rural Health, and of Community Engagement, have recently been added to the VCP Steering Committee membership. We therefore would also like to be granted permission to share the report more broadly within VHA as described above, and beyond as well, in order to enhance overall awareness of VCP and build demand for the program.

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

Richard M. Allman, MD

Attachment
**FORWARD**

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

The VCP initiative has tapped into a widespread but previously unrecognized potential for collaboration and partnership both within VA and in the community at large. Despite limited to no additional funding, staff at VA facilities across the country have stepped up and devoted collateral and personal time to initiate and coordinate partnerships within internal VA departments and external non-VA community organizations— all because it’s the right thing to do and everyone benefits. And community organizations have clamored to get involved, often beyond the capacity of local VA staff— again, because it’s the right thing to do and everyone— ESPECIALLY the Veteran—benefits.

I want to personally thank the leaders of each VA facility hosting a VCP for allowing and empowering your staff to develop these invaluable, enhanced partnerships with community counterparts through a “Veteran-Community Partnership.” As described in this report, these locally-developed programs for integrating services among VA and non-VA entities are a successful, tangible, and growing form of the sort of public-private linkages top leadership in VHA and VA are encouraging with increasing enthusiasm, in order to optimize the range and scope of support mechanisms made available for Veterans and their families.

Also, I would like to acknowledge the leadership of VA’s Offices of Community Engagement, Rural Health, and Geriatrics and Extended Care, who have steadfastly provided pivotal support and encouragement—and at times have given me enough rope to hang myself—on behalf of the ongoing development and expansion of VCP.

While this report will provide the details of the VCP initiative and accomplishments for FY15 and plans for subsequent years, please feel free to contact me directly to discuss VCP training opportunities and/or how we may link with other VA community partnership efforts.

Ken

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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 access to healthcare services for Veterans can still be a challenge. The facts are:

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

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

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

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

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

- Increase choice and awareness of quality programs and services available for Veterans and their caregivers;
- Educate participants and the community regarding services and supports available to Veterans and their caregivers within and beyond VA;
- Strengthen relationships among VA and local communities and provide support for common goals;
- Promote seamless transitions and coordination of care for Veterans, regardless of the site or source of delivery; and ultimately
- Enhance and improve the quality of care for Veterans.
The concept of community collaboration and partnership is neither radical nor new. Expanding on the successful Hospice-Veteran Partnership (HVP) initiative, GEC Services established the VCP initiative as part of its 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 are a primary target of VCP efforts.

During the initial development of the VCP initiative (FY 10 and FY 11), three pilot sites were selected (from VA facilities in VISNs 1, 2, and 11) to assess and develop the concept’s feasibility and outcomes. Within one year of their initiations, each of the three VCP pilots reported overwhelming support from their communities. Each created a unique, viable model meriting broader dissemination. Each VCP had set up a steering committee comprised of VA staff and leaders within community/state organizations. Each established its own unique structure, focus and functions according to the needs identified by its respective community. 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 15, the National Hospice and Palliative Care Organization (NHPCO) was contracted to work with VA GEC because of its long term experience with developing the national HVP initiative and community coalitions across the country. The overall focus of the contract was to expand the national VCP initiative and create a sustainability model.

Specific goals for the VCP initiative, set by its Stakeholder Council (see next page) in FY 15, were to:

• Expand the membership of the VCP national stakeholder council and hold quarterly meetings;
• Train new HVP sites to expand their missions to become consistent with the Veteran Community Partnership model;
• Develop and disseminate training tools and resources for VCP sites;
• Increase collaboration with other community partnership initiatives within VA;
• Participate in key national and/or regional meetings/conferences; and
• Generate funding to continue to develop VCP sites nationally.

This report provides a cumulative summary of the key accomplishments (specifically focusing on FY 15 activities), benefits and challenges, and plans for FY 16.
Key Accomplishments

VCP National Stakeholder Council

The engagement and commitment of the VCP National Stakeholder Council established in FY 11 have continued to provide the foundation to bolster and support ongoing development of the VCP initiative. During FY 15, quarterly in-person or virtual meetings were held to refine and follow a strategic plan for VCP. Three new members joined the Council in FY 15, representing the VHA Office of Community Engagement, VHA Office of Rural Health, and VHA Hospice-Veteran Partnership Workgroup. Other members of the VCP National Stakeholder Council are representatives of:

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

VCP Development

The original three VCP pilot sites that began in FY 11 fed the inspiration and support for the development of new VCPs, resulting in:

- FY 12, training 14 new VCPs from VISNs 8 and 11;
- FY 13, training 8 new VCPs from VISN 6;
- FY 14, training 15 new VCPs from VISNs 4, 18, 20 and 21; and
- FY 15, training 1 new VCP from VISN 5; plus 11 established Hospice Veteran Partnerships from VISNs 3, 4, 6, 7, 8, 10, 11, 19, 21, 22, and 23.
At the end of FY 15, there are a total of 48 VCP sites trained:

- Involving 16 VISNs (1, 2, 3, 4, 5, 6, 7, 8, 10, 11, 18, 19, 20, 21, 22, 23);
- In 22 states (Alaska, Arizona, Arkansas, California, Georgia, Florida, Illinois, Indiana, Michigan, Montana, Nebraska, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Puerto Rico, Texas, Virginia and West Virginia); and
- Associated with 48 VA medical centers/facilities.

**VCP Training**

A VISN-wide training model was created to develop new VCP sites in FY 12 and continued to be implemented through FY 14. The VCP training provided the opportunity for two assigned coordinators from each VA facility to learn how to build and establish a VCP within their facility and community. The VISNs targeted for the VCP trainings were selected initially based on the interest and support of their VISN’s GEC leaders. The GEC leadership within each VISN sponsored a one-day in-person training that was facilitated by Dr. Kenneth Shay (VHA Geriatrics and Extended Care Services) and Gwynn Sullivan (NHPCO). For more background information:

- 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 VCP training was held in May 2012 and also had two representatives attend from each of seven VA facilities.
- During FY 13, a VISN-wide VCP training was held in VISN 6 June 2013 and was attended by two representatives from each of eight VA facilities. Representatives from VA’s newly established Office of Community Engagement (OCE) and from the VA Rural Health Resource Center—Western Region also attended the training to learn about the VCP training model, its application, and the potential for broader implications in VHA.
• In FY 14, the VCP trainings focused on specific target audiences by request. 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.

• Additionally, in FY 14, there was a collaborative and 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 sites from the western region, located in VISNs 18, 20 and 21, were selected to attend VCP training in Salt Lake City, UT, January 2014. Follow up strategic planning meetings were facilitated locally at three of the Rural VCP sites (Port Angeles, WA; Walla Walla, WA; and Placerville, CA) in May and June 2014. For specific details about the Rural VCP initiative, see “Rural VCP Project FY 14 Report” located in the Appendix.

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

Applications were distributed to community-based hospice providers who were We Honor Veterans Level 3 and 4 partners. Specific criteria to qualify to attend the in-person training included:

- HVP had been in place for at least two years;
- Two HVP representatives would attend training, one from each of the following:
  - WHV Level Three or Four Hospice or Community partner, and
  - VA Medical Center;
- Attendees would complete a VCP action plan within one month post training;
- Attendees would attend monthly networking calls for 12 months post training; and
- Attendees would provide quarterly activity reports for 12 months post training.

Response to the call for applications was very positive, with 18 applications received; 14 were approved to attend; and 11 actually attended training. There were a total of 22 attendees at the VCP training: two representatives from each of the 11 Hospice-Veteran Partnerships, one representing a community-based hospice (non-VA) provider and one representing their corresponding local VA facility.

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

Overall, the evaluations from VCP trainings have been positive and regularly reflect successful trainee assimilation of the value of building and maintaining internal and external relationships. The average cumulative evaluation score of the previous five individual VISN-wide VCP trainings held FY 12 through 14 was rated 4.34 (1/lowest - 5/highest scale).

The FY 15 VCP training for HVPs was rated using the same post-training evaluation tool for attendees and the same 5 point scale. Overall, the FY 15 training was rated 4.54, the highest rating of all VCP trainings to date.

Specific comments in the evaluations from the FY 15 VCP trainings included:

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

**VCP Training Tools and Resources**

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

An addendum/supplement of the VCP Toolkit was created for Hospice-Veteran Partnerships and was distributed at the FY 15 training (that was held in November 2015).
In addition to the VCP Toolkit, the following resources are available online to all VCP coordinators:

- VCP site roster
- VCP logo (available in color or in black/white)
- VCP fact sheet
- VCP action plan - template
- VCP PowerPoint for VA and community presentations - template
- VCP: VA & Communities Working Together - template
- VCP: Event Planning Guide - template

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

**VCP Technical Assistance, Meetings and Presentations**

In addition to the training and resources provided, ongoing technical assistance was also made available to all VCP coordinators through monthly phone networking meetings and individual meetings as requested. The monthly calls also provided a national networking venue for all the VCP coordinators to share successes, lessons learned and challenges.

Guest speakers were also featured at several of the VCP monthly networking calls in FY 15 to provide valuable information for the VCP coordinators, and included:

- Lelia Jackson and Dorothy Gordon, VHA Office of Community Engagement
- Gail Hunt, National Alliance for Caregiving
- Bret Hicken, VA Rural Health Western Resource Center
- Greg Link, Administration on Aging
- Laura O’Shea, VA, MyVA Communities

Also, during FY 15, to further the development and support for VCP, regular meetings were held with staff/representatives from:

- VHA Office of Community Engagement
- VHA Hospice-Veteran Workgroup
- VHA Rural Health Resource Center – Western Region
In addition, VCP/Dr. Kenneth Shay was featured on a national webinar, “Building VA Community Partnerships: Strategies for Success,” held for community-based hospice providers (who were We Honor Veteran partners) and VA staff on May 19, 2015. There were a total of 389 participants and the webinar highlighted:

- VA’s Community Engagement
- Hospice Veteran Partnerships (HVP)
- Veteran Community Partnerships (VCP)
- Community Partnership Training Opportunities

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

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

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

Overall, both community and VA participants responded overwhelmingly positively about the VCP initiative. Nearly all interviewees were enthusiastic supporters of VCP, even as they acknowledged various challenges. This was true even in areas where the VCP has struggled. The evaluation also brought forth a number of challenges to sustainment, most of which are related to working effectively in a broad coalition of a diverse set of organizations.

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

1. Local VA leadership needs to provide tangible support to VCP activities and personnel;
2. Involvement in VCP by VA members of the partnerships needs to be strengthened;
3. VA involvement in a VCP needs to be proportional to the local need; and
4. VCPs should seek partnership opportunities with Veterans’ Services Organizations, the Veterans Benefits Administration, and State offices/departments of Veteran Affairs.

Additional recommendations were also provided for VA Central Office and officials. A full report of the evaluation is available from the VHA Office of Rural Health (contact Dr. Bret Hicken, Bret.Hicken@va.gov) and an executive summary of the report is located in the Appendix.
Outcomes from VCP Sites

Our internal, annual evaluation of the VCP initiative was completed in December 2015. All VCP coordinators were requested to complete an assessment of their respective VCP activities and the progress stemming from the training. Twenty two of the 37 VCPs (59%) completed the evaluation. (Note: The HVPs trained in November 2015 were not included). This section provides a summary of the combined responses.

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

According to the assessment results, the issues that the VCP sites are addressing with their mission and strategic focus included:

- Aging/Geriatrics
- Caregiving Support
- Access to Services
- Enrollment
- Palliative Care
- Mental Health
- Women’s Health
- Bereavement
- Continuum of Care
- Homelessness
- Rural Veterans
- Returning Veterans

The partnerships that have formed internally (i.e., within VA) and externally (within their community) are unique to each VCP depending on its mission, strategic focus and established relationships.
The range of **VA services and programs** involved with individual VCPs includes:

- Caregiver Support
- Voluntary Services
- Seamless Transition Program (OIF/OEF/OND)
- Hospice and Palliative Care
- Care Management/Social Work
- Geriatrics and Extended Care
- Enrollment/Eligibility
- Customer Service
- Home-based Primary Care
- Telehealth
- Mental Health
- Medical Foster Home
- Behavioral Health
- CBOCs
- Emergency Room
- Chaplain Service
- Women’s Health
- Nursing
- Public Affairs
- Outreach
- Homelessness
- Recovery Care
- And others (depending on the mission and strategic focus)

The range of **community organizations and agencies** involved with individual VCPs includes:

- Area Agencies on Aging
- Long term care facilities
- State Veteran’s Homes
- Hospitals
- Home Health Care
- Hospice
- Disabled American Veterans
- Brain Injury Association
- American Legion
- Lions Club
- Government representatives
- Women’s Health Clinics
- Funeral Homes
- Senior Centers
- Community Mental Health Centers
- Nursing & Rehabilitation Centers
- Assisted Living Facilities
- Local Counseling Centers (county and private)
- Caregiver Coalitions
- Alzheimer’s Association
- American Cancer Society
- Adult Day Care
- Catholic Charities
- Program of All-Inclusive Care for the Elderly (PACE)
- Department of Health and Human Services
- United Way
- Wounded Warriors
- Veterans Council
- YWCA
- Veteran Service Organizations
- Rotary
- U.S. Army Reserve
- Senior Services
- Volunteers of America
- American Red Cross
- Jewish Association on Aging
- Universities/colleges
- Individual Veterans
- And others (depending on the mission and strategic focus)
VCPs range in their stages of development. Of those who completed the assessment, 45% of have a formal structure in place with a designated steering committee or leadership council. 36% reported undertaking a strategic planning process.

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

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

In light of the fact that strengthening relationships and enhancing communication on behalf of Veterans is the major goal of VCP, it is gratifying that the benefits most frequently cited by VCP coordinators are exactly those: developing/strengthening relationships and communication between VA and community organizations and agencies. This outcome has 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 and increased support for caregivers. Specific quotes from VCP coordinators about the benefits of their VCPs included:

- “When the VA cannot or is unable to provide for a Veteran due to delay or unavailability, the private sector we network with meets their needs timely and efficiently.”
- “Allowing the community to jointly fulfill their obligation towards Veterans care.”
- “Bridging the gap between the VA and local community partners ensuring excellent care of our deserving Veterans.”

Other noteworthy outcomes that were quoted by the VCP coordinators were:

- “At the Health Fairs attended this year, with the focus of VCP, many veterans and community agencies were able to learn about the many VA programs available to assist them. Those veterans that were not connected to the VA, or denied in the past, obtained applications and contacts from the eligibility office here at our VA. I am not certain how many actually became enrolled as we do not take names at the Health Fairs/Veteran outreaches for tracking. It would be very difficult and many veterans do not want to give out that info. VCP also had impact with our community providers. If we can get one agency involved in assisting us in the care of our nations heroes we have made an accomplishment. One small pebble can make a huge ripple.”
• “Just helping Homeless Veterans get shelter, food, temp job, medical benefits is huge in my opinion.”
• “A community partner contacted us because there was a Veteran in need of immediate legal assistance. With just one “shout out” email to the VA Partners, the Veteran received assistance and his needs were met within a very short period of time. Another Veteran was frustrated and roaming the halls looking for a contact who is usually in the building on Thursdays but wasn’t available this particular day. VA partner was able to find someone in the area to assist and Veterans needs were met (utilities were not cut off) the same day.”
• “We worked with the local Rotary to obtain dental care for a Veteran in need.”
• “Throughout 2015, the VCP has grown cohesiveness with a multi-disciplinary team approach that works in unity to answer the question of “How can we better meet the needs of seriously ill Veterans in the greater region?” In its infancy stage, the Veteran Community Partnership has been awarded the 2015- Chairman’s Excellence in Government Award.”

Challenges. The biggest challenge for the VCP coordinators is their limited time to devote to VCP, given their other collateral duties. More time commitment is required 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 needed for their ongoing efforts. Having as few as one or two dedicated hours per week would provide adequate time and support, according to many of the VCP coordinators.

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

Lack of funding is another universal challenge. A minimal but accessible source of funds to support printed materials, meetings and events would greatly help VCPs gain more momentum.

Plans for FY 16. For FY 16, the VCPs’ coordinators report plans to:

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

**OVERALL BENEFITS AND CHALLENGES**

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

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

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

To illustrate how VCP is uniquely beneficial in their respective community, one VCP coordinator stated, “The Partnership provides primary assistance to our Veterans and their families. This is accomplished by utilizing community resources such as assisted and skilled living facilities, hospice, home health and personal care agencies. We also assist by providing educational opportunities regarding care and benefits for the Veterans through bi-monthly general partnership meetings and our annual fall conference. In addition to community education, we focus on our internal partners as well as VA physicians, nurses and social workers by providing educational support and updates in both formal and informal settings. To bridge the gap between the VA and local community partners ensuring excellent care for our deserving Veterans.”
**Challenges**

The challenges of developing a national VCP initiative within VA reflect the same challenges faced by the local VCPs: competing priorities and lack of time and resources. A major hurdle that continues to need attention is differentiating and coordinating VCP with complementary yet different VA outreach-type programs and efforts. Typically, VA-directed outreach programs focus on promoting VA services, but VCP seeks to bring community partners together, to form a partnership that can create and address its own agenda and support activities on behalf of Veterans. Lacking a national mandate, individual sites have to reinforce that message within their own facilities, to find creative ways to join together with other VA departments, in order to expand community engagement efforts.
PLANS FOR FY 16 AND BEYOND

With funding secure through FY 17, the plans for VCP are to continue to explore creative ways to train more VCP sites, especially in VISNs that have not been reached – and, to sustain VCP as a national initiative long term. As with FY 15, a specific focus for FY 16 will be to continue to integrate existing and mature Hospice-Veteran Partnerships into the VCP framework and expand their focus beyond end-of-life care. To achieve this effort, the National Hospice and Palliative Care Organization will continue to serve as the contractor. Collaboration with the VA Hospice-Veteran Partnership workgroup will also play a significant role in this effort.

In addition, plans are to use the valuable information received from the ORH-supported VCP Evaluation to refine the VCP model, training, evaluation and resources - as well as explore best practices on how to implement VCPs in more rural communities where resources for Veterans may be particularly limited.

Overall, it is our hope 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. VCP has its “national home” in Geriatrics and Extended Care yet, almost since its outset, has found itself addressing a wider set of Veteran issues and populations and, in time, will need to be guided and resourced accordingly. 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 our Veterans’ unique needs and the special assets VA brings to the table on their behalf.
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APPENDIX
Rural Veteran Community Partnership Project
Fiscal Year 2014 Report
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Executive Summary

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

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

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

The following lessons and observations emerged from this project:

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

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

Final Report

Prepared for

The Veterans Health Administration Office of Geriatrics and Extended Care

by¹

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Executive Summary

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

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

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

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

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

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

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

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

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

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

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

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

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

The remaining 11 recommendations are for VA central office officials:

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

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

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