“VA is proud to partner with the community organizations that share our dedication to serving those who served this Nation.”

—Eric Shinseki, US Secretary of Veterans Affairs, October 5, 2011

Department of Veterans Affairs is 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 over 23 million Veterans in the United States, approximately 8 million Veterans are enrolled in VA, and 6 million of these access and utilize VA services and supports.
- Most enrolled Veterans are “dual-users,” meaning that they access both VA and non-VA services and programs in order to meet their 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 strong and healthy partnerships need to be developed and nurtured among VA and community providers, agencies and service organizations to provide the coordinated quality healthcare that Veterans and their families deserve. With that intention, a Veteran-Community Partnership (VCP) provides an innovative, relevant and useful initiative that can help a VA facility establish and nurture community partnerships to facilitate coordination of the broad spectrum of healthcare needs of Veterans and their families.

VCPs are coalitions of Veterans and their caregivers, Department of Veterans (VA) facilities, community health providers, organizations, and agencies working together to foster on behalf of Veterans seamless access to, and transitions among, the full continuum of non-institutional extended care and support services in VA and the community. Although VCP is a national VA initiative, each partnership is community-based and functions independently to reflect the diversity of unique resources and strengths within its community.

Specifically, VCPs serve as formalized collaboratives between VA Medical Centers (VAMC) and community agencies, providers and organizations to create a network that:

- Increases choice and awareness of the best quality care and right services available for Veterans and their caregivers,
- Educates participants regarding services and supports available to Veterans and their caregivers within and beyond VA, and
• Strengthens relationships among VA and local communities and provides support for common goals.

At their core, VCPs are ‘Veteran-centric’ and align with VA’s I CARE core values and characteristics, which state, “VA links care and services across the Department; other federal, state, and local agencies; partners; and Veterans Services Organizations to provide useful and understandable programs to Veterans and other beneficiaries.”

**History and Background**

The concept of community collaboration and partnership is neither a radical nor a new idea. Expanding on the successful Hospice-Veteran Partnership (HVP) initiative, the VA Office of Geriatrics and Extended Care (GEC) established the VCP initiative as part of its 2009 strategic plan to focus on creating seamless access to and transitions among the full continuum of non-institutional extended care and support services in VA and the community. In addition, since family caregivers play an indispensable role that is essential to the care and lives of Veterans, they are also a target of VCP efforts.

During the initial development of the VCP initiative, the following three pilot sites were selected to assess the concept’s feasibility and outcomes:

1. **Stratton VAMC, Albany, NY, VISN 2** (Coordinator: Marianne Shoen Hunter, LCSW, Caregiver Support Coordinator)
2. **VAMC, Battle Creek, MI, VISN 11** (Coordinator: James Arringdale, LMSW, MA, Caregiver Support Coordinator)
3. **VAMC, Manchester, NH, VISN 1** (Coordinator: Kristin Maxwell, LCSW, Medical Foster Home Coordinator)

Within one year, all three VCP pilots reported overwhelming support from their communities, each creating a 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 and functions according to its respective community. As one of the VCP Pilot Site coordinators, Marianne Shoen Hunter, 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, beginning in FY 12, the National Hospice and
Veteran Community Partnerships FY 12 Annual Report

Palliative Care Organization was contracted to work with the VA GEC office because of their long term experience with HVPs and coalition building. The overall focus of FY 12 was to expand on the success of the VCP pilot sites and create sustainability for the national VCP initiative. Specific goals for FY 12 were to:

- Conduct quarterly national steering committee meetings;
- Train twelve new VCP sites;
- Develop and disseminate training tools and resources;
- Participate in four key national and/or regional meetings/conferences; and
- Establish a national “home” for VCP.

This report provides a summary of the key accomplishments, benefits and challenges of the VCP FY 12 activities, and plans for FY 13.

**Key Accomplishments**

**National Stakeholder Council**

The engagement and commitment of the VCP National Stakeholder Council established in FY 10 provided the foundation to bolster and support ongoing development of the VCP initiative. Quarterly in-person or virtual meetings were held to refine and follow a strategic plan during FY 11 and FY 12. Members of the VCP National Stakeholder Council are:

- Deborah Amdur, VHA Office of Care Management and Social Work
- Adrian Atizado, Disabled American Veterans (consultant member)
- Kathy Brandt, National Hospice and Palliative Care Organization (consultant member)
- Gail Hunt, National Alliance for Caregiving (consultant member)
- Nicole Johnson, VHA Office of Care Management and Social Work
- Diane Jones, Ethos Consulting, Hospice-Veteran Partnership (consultant member)
- Meg Kabat, VHA Office of Care Management and Social Work
- Greg Link, Administration on Aging (consultant member)
- Sandy Markwood, National Association for Area Agencies on Aging (consultant member)
- Robert McFalls, National Association for Area Agencies on Aging (consultant member)
- Peter Notarstefano, American Association of Homes and Services for the Aging (consultant member)
- Brenda Shaffer, VHA Office of Nursing Services
- Kenneth Shay, VHA Office of Geriatrics and Extended Care
VCP Sites

At the end of FY 12, there are a total of 17 VCP sites:

- Involving four VISNs (VISNs 1, 2, 8, 11);
- In seven states (Florida, Illinois, Indiana, Michigan, New Hampshire, New York, Puerto Rico); and
- Associated with 17 VA medical centers.

The original three VCP pilot sites that began in FY 10 continued to develop their efforts during FY 11 and FY 12 and offered ongoing inspiration and support for the development of new VCPs. To expand on their success, a VISN-wide training model was created to develop new sites more efficiently. The GEC leadership within VISN 8 and VISN 11 each sponsored a one-day in-person VCP training that resulted in a total of 14 new VCPs established in FY 12. The VISNs targeted for training were selected based on the interest and support of their VISN’s GEC offices.

The VISN 8 VCP training was held on January 20, 2012 and was attended by 2 representatives from each of the following VA facilities:

- Bay Pines VA Healthcare System
- Miami VA Healthcare System
- North Florida/South Georgia Veterans Health System
- Orlando VA Medical Center
- San Juan- VA Caribbean Healthcare System
- Tampa Bay- James A. Haley Veterans’ Hospital
- West Palm Beach VA Medical Center

The VISN 11 VCP training was held on May 23, 2012 and also had 2 representatives attend from each of the following VA facilities:

- VA Ann Arbor Healthcare System
- Battle Creek VA Medical Center
- Detroit- John D. Dingell VA Medical Center
- VA Illiana Health Care System
- Indianapolis VA Medical Center
- VA Northern Indiana Health Care System
- Saginaw VA Medical Center

The trainings provided the opportunity to develop two coordinators for each VCP site and build their capacity to establish a VCP within their facility and community. The evaluations from both trainings were very positive and repeatedly emphasized the value of building and maintaining internal and
external relationships. The overall score of all the VCP VISN training evaluations was 4.36 (1/lowest - 5/highest scale). Specific comments in the evaluations included:

- “I am very excited about this initiative because I feel that this gives the VA an opportunity to integrate into the world of care and not be seen as a giant looking down at others.”
- “Well put together. Great toolkit provided.”
- “Loved that it was interactive rather than PowerPoints.”
- “Excited about learning more from others and working with the VA partners/community to open communication.”
- “I would have liked less explaining why we need it and a little less of proving it works and a lot more of reviewing toolkit and details of how to do these things.”
- “Very comprehensive. Good tools and modeling of process. Good balance between instruction and discussion.”
- “Would like more training with the group. Was excellent, presenters were helpful.”

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

Based on an assessment of the VCPs in August 2012, all VCP coordinators are actively developing partnerships internally (within VA) and externally (within their communities).

A sampling of VA partners include:

- Caregiver Support
- Voluntary Services
- Seamless Transition Program (OIF/OEF)
- Hospice and Palliative Care
- Care Management/Social Work Service
- Geriatrics and Extended Care
- Home Health
- Primary Care
- Outreach
- Others depending on the topic or issue being addressed.

The sum of community partners that the 17 VCPs have identified are 176 community organizations and agencies. A sampling of community partners includes:

- Area Agencies on Aging
- Long term care facilities
• Councils on Aging (county)
• State Veteran’s Homes
• Local Hospitals
• Home Care services
• Senior Centers
• Disabled American Veterans
• Brain Injury Association
• Easter Seals
• Air National Guard
• Aging and Disability Resource Centers
• Community Mental Health Centers
• Kiwanis Clubs
• Nursing & Rehabilitation Centers
• Local Counseling Centers (county and private)
• Local Legal Aid Offices
• Catholic Charities
• Alzheimer’s Association
• And many others depending on the topic or issue being addressed.

Since the majority of the VCPs are still in the early phases of development, the main foci of many are limited to establishing and building relationships through monthly, bimonthly or quarterly information sharing meetings. One-third of VCPs have a formal structure in place with a designated local stakeholder council. One VCP coordinator established a hospital wide committee to create leadership buy-in, in pursuit of ensuring sustainability of the VCP.

According to a survey of the VCPs coordinators (completed in August 2012), the top issues of Veterans that the majority of VCP sites are addressing with their mission and strategic focus are:

• Aging;
• Caregiving support;
• Access to Services; and
• Mental Health.

The largest VCP event from this past year was held in Albany, NY where the VA and 31 community partners sponsored a day of education, entertainment and activities (to promote health care services) for 133 Veterans and their families at a local YMCA. Several other VCPs have also participated in community health fairs and education events, and one VCP developed a “organizing your healthcare” tool kit.
The benefit that the VCP coordinators report about the VCP initiative that is of most value is developing/strengthening relationships and communication between VA and community organizations and agencies. The outcome has increased VAs’ involvement with community activities and vice versa, and streamlined care to meet the needs of Veterans and caregivers. The VCP coordinators also report increased call rates of their community partners regarding enrolling Veterans for VA benefits.

The biggest challenge for the VCP coordinators is the limited time available, given their other collateral duties. More time commitment is required at the beginning stages of developing a VCP, in order to engage internal VA partners and recruit external community partners. Once that base is identified, the goal is for all members of the VCP to establish a structure, joint leadership and a plan of action together so the VA point of contact is not solely responsible.

For FY 13, the emerging VCPs’ coordinators plan to continue developing partnerships and identifying their strategic foci (often based on a community needs assessment), then implement an action plan to match the needs of Veterans and caregivers in their respective communities. Several VCPs are already in process of planning events for National Caregivers month and Veterans Day in November.

**Training Tools and Resources**

The signature resource for training VCP site coordinators is the VCP Toolkit that was initially drafted in FY 11. The Toolkit was updated and revised in FY 12 based on feedback from the three pilot sites and disseminated to all VCP coordinators during the VISN-wide VCP trainings. The revised Toolkit provides step-by-step guidance on forming a VCP and specific materials that each VCP can adapt to use for its own needs.

In addition to the Toolkit, the following additional resources were created and disseminated to all VCP coordinators:

- VCP logo (available in color and black and white)
- VCP Fact Sheet
- Event Planning Guide
- Action Plan template
- VCP PowerPoint template for VA and community presentations

**National Conferences and Meetings**

During FY 12, VCP was featured at the following national conferences and meetings:

- National Lifespan Respite Conference – November 2, 2011
- VA GEC Leads call - March 15, 2012
- Consortium for Citizens with Disabilities, Veterans and Military Families Task Force meeting - April 12, 2012
• VA Geriatrics and Gerontology Advisory Committee meeting – April 12, 2012
• VA Rural Veteran Community Partnerships staff meeting - June 11, 2012

In addition, a series of meeting were held with Dr. Tracy Gaudet and staff of the Office of Patient-Centered Care and Cultural Transformation to discuss ideas for future collaboration.

**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 to integrate knowledge and action for the combined mutual benefit of all those involved, and for those for whom they care. Specifically, VCP serves to:

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

Another benefit of the VCP initiative is that each VCP site is encouraged to develop its own efforts that will best serve the Veterans and caregivers in its area based on its location, resources, and service agencies. This allows more freedom and flexibility for each VCP to develop according to the unique needs of its community.

The challenges of developing a national VCP initiative within VA reflect the same challenges faced by the community VCP: competing priorities and lack of time and resources. A major hurdle that continues to need attention is differentiating and coordinating VCP with complimentary yet different VA outreach programs and efforts. VCP seeks to bring community partners together and allows the partnership to create its agenda and activities versus a VA-directed outreach program that focuses on promoting VA services. Many of the sites have to reinforce that message within their own facilities and are finding creative ways to join together with other VA departments to expand community engagement efforts.

Finding a “national home” for the VCP initiative continues to be an imperative and top priority for longer-term program survival. Since VCP has an established momentum, the plan is to continue to explore sustainability options. For FY 13, VCP is being funded by the T-21 non-institutional long term care initiative.
PLANS FOR FY 12

With funding secure for FY 13, the plans for VCP are to engage more national partners, create more VCP sites and sustain VCP as a national initiative long term. Based on a strategic planning meeting held with the VCP National Stakeholder Council on August 13, 2012, specific plans include:

- Providing ongoing support to sustain the 17 existing VCPs;
- Developing 12 new VCP sites through VISN-wide trainings;
- Engaging new members (within VHA and external national organizations) to serve on the VCP National Stakeholder Council;
- Developing and implementing a strategic communications plan to increase awareness and education about VCP;
- Presenting at national conferences and meetings about the VCP initiative;
- Creating additional resources to include in the VCP Toolkit; and
- Continue to expand upon current metrics to evaluate the VCP initiative.

Overall, it is our hope that VCP will generate a sustainable initiative and network that will enhance the quality of care and services for Veterans and their families as well as enlighten communities about their unique needs.
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- Lauren Olstad (VISN 8)
- Cathy Harding (VISN 8)
- Kim Kelley (VISN 11)

VA Hospice and Palliative Care Program

- Scott T. Shreve, DO
- Christine Cody

VCP National Stakeholder Council

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- Peter Notarstefano, American Association of Homes and Services for the Aging (consultant member)
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- John Mendez, PhD, Katherine Cipriano - Miami VA Healthcare System, FL
- Kathleen Mulvehill, Sheila Stacks - North Florida/South Georgia Veterans Health System, FL
- Patricia Parry, Charlie Antoni - Orlando VA Medical Center, FL
- Alfredo Santiago, Idalisce Colon-Ferrer, San Juan- VA Caribbean Healthcare System, PR
- Devon Alsobrook, Michele Overland - Tampa Bay- James A. Haley Veterans’ Hospital, FL
- Thompsi Hoff, Ashley Pendergrass - West Palm Beach VA Medical Center, FL

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- Amber Mason-Dixon, Mary Ceasar - Detroit- John D. Dingell VA Medical Center, MI
- Emily Sheldon, Debra Bell - VA Illiana Health Care System, IL
- Tammy Bolen, Phyllis Beaman - Indianapolis VA Medical Center, IN
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