

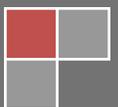
2010

Reaching Out: Quality Hospice and Palliative Care for Rural and Homeless Veterans

Option Year One:

September 19, 2009 – September 18, 2010

Grantee Final Reports



Reaching Out: Quality Hospice and Palliative Care for Rural and Homeless Veterans - Grantee Final Reports

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ARKANSAS HOSPICE

REACHING OUT TO RURAL AND/OR HOMELESS VETERANS OPTION YEAR ONE FINAL REPORT NOVEMBER 2010

by Janice Morrison, BSN, MSN, Project Manager

ESSENTIAL ELEMENTS OF A REPLICABLE MODEL

1. Executive Summary

It has been a privilege to continue Arkansas Hospice's efforts to educate, honor and provide assistance to our country's rural/homeless veterans by working on the Vet-to-Vet Project for a second year.

In Base Year One, the focus of the project was narrow, with proven results that veterans benefited from veteran-to-veteran communication and wanted more information. Responses collected from the first year indicated that 94 percent of participants rated the Vet-to-Vet Project as either "great (63%)" or "good (31%)" (base 75).

Results from Option Year One provide even stronger evidence in support of the Vet-to-Vet Project. During the past nine months, the concept was used to educate citizens at a community level about our veterans, with a special focus on those who live in rural areas or are homeless. Information was provided using the veteran-to-veteran approach and was presented via a PowerPoint presentation titled, "When Veterans Come Home." An amazing 99 percent of those surveyed rated the presentation as either "great (79%)" or "good (20%)" (base 100). A newly created Vet-to-Vet Project packet was presented, which included helpful emotional, spiritual, financial, medical and burial information for veterans and their families. The packet also included a military history check list, veteran stories, an Arkansas Hospice newsletter and statistics on America's Wars. Each piece was ranked by order of helpfulness by those who completed the survey.

The objectives of Option Year One were no longer to simply test a communication concept in a small rural community as in Base Year One. This year, the Vet-to-Vet Project was actually being used in the real world. Starting from the ground up, the task of building trusting relationships and creating new partners came to the forefront. The outcome was incredibly rewarding as new connections were cemented and interest in the project flourished beyond expectation.

2. Description of Project/Program: (Provide a succinct and clear overall goal of the project/program)

To educate an army of citizens – including those who work in doctors' offices, clinics and emergency rooms, as well as civic/social/church members – on how to support veterans and

provide them with the necessary contact information if problems or questions arise. During Option Year One, the Vet-to-Vet Project was expanded to include a new theme, “When Veterans Come Home,” created to reach to and educate at a community level.

3. Objectives of Project/Program: (Provide a bulleted list of objectives and strategies /activities)

- Create and distribute a tri-fold brochure for homeless and rural veterans
- Create and distribute informational packets to doctors’ offices, clinics, emergency rooms and other veteran health/benefit providers to educate physicians/staff who may provide care to veterans
- Create and distribute a pocket-sized laminated card for first responders explaining what to do if your patient is a veteran for first responders.
- Create a village of educated citizens in the six-county project area to help rural and homeless veterans connect with the help they need.
- ~~Hold a Stand Down event for the six-county project area. (This objective was changed to the next bulleted objective after it was determined that additional education on Stand Downs for elected/appointed officials was needed to create a successful event)~~
- Develop a plan for staging a Stand Down in the Hot Springs, Garland County area at a later date.

4. Target Veterans for the Project/Program: (Identify and specify populations of veterans served by your project/program)

Veterans who are homeless or live in rural areas were the target of Option Year One. This extension provided the opportunity to educate members of churches, military organizations, civic and social clubs and the general public about the importance of veterans. Many were shocked at how many veterans live in their communities and also how many are homeless or living in poverty. Attendees were also interested to learn that many veterans are in desperate need of medical care and psychological support.

5. Key Staff of Project/program: (List the staff, including their titles and roles, who have primary responsibility for oversight of the work plan)

- Janice Morrison, BSN, MSN, Arkansas Hospice Community Liaison/Special Projects – Option Year One Project Manager.
- Dena Carr, RN, BSN, Arkansas Hospice Director of Access and Outreach – Project Manager Supervisor (time was compensated for in the Grant Budget).
- Candace Millwood, Arkansas Hospice Communications & Media Director – Responsible for creating all Vet-to-Vet Project collateral as well as editing all materials used in Option Year One (time and materials were compensated for in the Grant Budget).
- Amy Thomason, Arkansas Hospice Hot Springs Outreach Representative – Distributed packets to doctors’ offices, medical clinics, etc.

- Teacher Vets – A volunteer team who presented “When Veterans Come Home” to various citizen and military groups.

6. Define the Organizational Investment: (Describe the commitments of personnel, finances and other resources provided by you and partner organizations)

- The organization’s projector and laptop equipment was made available to the Project Manager for use during presentations. The equipment is maintained in local Arkansas Hospice offices for outreach programs, staff meetings, orientations, etc. (no additional funds were needed).
- The distribution of informational packets to doctors’ offices, clinics, etc. was kept simple. The distribution list was developed to coincide with the calls normally made by Outreach staff (no additional funds or personnel were needed).
- Arkansas Hospice Hot Springs volunteers helped with folding and stuffing some the project materials (no additional funds were needed).

7. Engaging Veterans in the Project/Program: (Describe how you directly engaged veterans in the project/program)

Veterans were key to the success of the Vet-to-Vet Project’s Base Year One. “Teacher Vets” educated other veterans and their spouses about hospice and end-of-life care using a PowerPoint presentation and script.

Because of their commitment to help fellow comrades, these Teacher Vets were eager to enlist for a second year. No additional recruitment was needed to coordinate this project. However, there was one unexpected and positive addition to the group. An Arkansas Hospice clinical staff member – who is also a veteran with family members on active duty – joined the team. She will continue to be involved as her job responsibilities allow.

In Option Year One, Teacher Vets presented “When Veterans Come Home” using a formatted script designed to educate the audience on how to help veterans find needed resources. During the presentations, several of the Teacher Vets shared some of their stories, prompting audience members to share accounts as well. In many ways, this open sharing became a silent agenda for the program.

8. Describe Your Partnership: (Provide a bulleted list of project partners, additional organizations and individuals engaged in the project, including your VA partner. Describe how you recruited them as well as their roles and responsibilities to give a sense of “who is doing what.” Include information on how you facilitate communication and coordinate work efforts.)

VISN 16 Partners:

- A. Reed Thompson, MD, Hospice and Palliative Care Clinical Champion, VISN 16

1. Acted as a consultant to the project whenever his advice was sought
2. Reviewed materials used throughout the project
3. Met two to three times in person during the nine-month period of the grant
4. Supported both the Vet-to-Vet Project and the Project Manager

Recruitment: Dr. Thompson previously worked for Arkansas Hospice and was well known and respected by the organization. He was approached to help by Dena Carr and the Project Manager.

- Diane Morgan, MNSC, APM, Hospice & Palliative Care Coordinator, CAVHS, Little Rock, AR
 1. Consulted with the Project Manager sharing expertise whenever asked
 2. Reviewed materials used during the project
 3. Met with the Project Manager, Dr. Thompson and Dena Carr two or three times during the nine-month period of the grant
 4. Supported both the project and Project Manager

Recruitment: Ms. Morgan has been a long-time friend of Arkansas Hospice. When approached she was happy to be a part of the program.

- Mary Engle, Deputy Director of VISN 16 Geriatrics and Extended Care and VISN 16 Hospice/Palliative Care Program Manager
 1. Met once with the Project Manager during the nine-month period to review the materials used
 2. Spoke to the Project Manager by telephone throughout the project
 3. Checked in with Dr. Thompson for project updates.

Recruitment: The Project Manager learned about Ms. Engle and her position from VA and NHPCO staff at the May 2010 Grantee Meeting. The Project Manager called Ms. Engle and arranged a meeting. She was brought up to speed on the results of Base Year One and the objectives and status of Option Year One.

- Tom Arwood, Major General (Retired), volunteer Hot Springs Village Veteran Project Liaison.
 1. Served as volunteer military consultant to the Project Manager; was not recruited for Base Year One
 2. Was ready with support, encouragement and suggestions.
 3. Dedicated and responsible; was always there when the Project Manager needed him

Recruitment: General Arwood and the Project Manager worked on several governance committees together. Recruiting him to help was simple and proved to be very helpful.

- Brandon Hartsell, Administrator, Garland County Community Based Outpatient Clinic
 1. Supported the Vet-to-Vet Project
 2. Offered help as needed; looks forward to being a part of the Stand Down effort
 3. Reviewed and approved various materials created for the project
 4. Instrumental in arranging the “When Veterans Come Home” program

Recruitment: A meeting was scheduled with Mr. Hartsell by the Project Manager where he was briefed about the Vet-to-Vet Project and shown program collaterals. He is eager to be a part of the planned Stand Down.

- Hot Springs Community Based Outpatient Clinic Advisory Board, Hot Springs, Garland County, AR
 1. Invited Project Manager to become a member of the Advisory Board
 2. Provided Option Year One updates to Advisory Board members at each meeting.

3. Board as a whole voted not to take on the Vet-to-Vet Project. However, several members have approached Project Manager with offers of help.

Recruitment: During the meeting with Mr. Hartsell he shared the name and phone number of the recently created Advisory Board co-chairman.

- Lynn Hemphill and Estella Morris, Homeless Medical Walk-In Clinic, Little Rock, AR

1. Met during the project to discuss the Stand Down
2. Available to answer questions when called upon, usually by phone
3. Mr. Hemphill has offered to help with the Stand Down and to obtain funding.

Recruitment: Learned of Mr. Hemphill's involvement with Stand Downs in the Little Rock area via a member of the CBOC Advisory Board.

- St. Joseph's Mercy Health System, Hot Springs, AR (Primary contact Tim Johnson, CEO)

1. Loyal supporter of the Vet-to-Vet Project
2. Asked all departments to be available to support the project
3. Will continue to support the project should another grant be awarded

Recruitment: As a Board of Director at the hospital, the Project Manager knew Mr. Johnson well. When approached about the project he was a willing partner.

Other Partners:

- Debbie Meece, MT, ASCP, Executive Assistant to the Director, John C. McClellan Memorial Veterans Hospital, Little Rock, AR
 1. Co-chair of the Hot Springs CBOC (Garland County)
 2. Very supportive of the Project Manager's attendance at the CBOC Advisory Board.
 3. Included in updates by the Project Manager regarding Option Year One status on the Board's agenda.
 4. Will assist with the Stand Down in Garland County

Recruitment: After the Project Manager's initial update to the CBOC Advisory Board regarding Base Year One results, and objectives and progress of Option Year One, Ms. Meece volunteered to help.

- Fred Wray, Saline County Veterans Service Officer
 1. Instrumental in setting up speaking engagements for the project
 2. Provided useful information and encouragement
 3. Was available by phone or email anytime
 4. Continues to support any continuing program that would benefit the veterans in his service area

Recruitment: Mr. Wray is a member of the CBOC Advisory Board. He approached the Project Manager and offered to help.

- Andy Anderson, Garland County Veterans Service Officer,
 1. Reviewed program materials and offered helpful comments as needed.
 2. Was always available for assistance

Recruitment: Mr. Anderson is a member of the CBOC Advisory Board and volunteered to help.

- Nelson Bailey, Hot Spring County Veterans Service Officer
 1. Supported the project and was complimentary about its objectives and materials

Recruitment: Mr. Bailey is also a member of the CBOC Advisory Board and volunteered in support of the project.

- Hot Springs Village Veterans Memorial Foundation
 1. Several members of the Foundation are Teacher Vets.
 2. Military Officers Association of America members represent the VFW (Post 10283), Village American Legion, Post 123 and the MOAA.

Recruitment: Various members of these organizations are long time friends and, when approached, were happy to be of service.

- Roy Dozier, Veteran, National Deputy Chief of Staff; current State Chaplain, AR VFW
 1. Provided information regarding Stand Down funding availability from the National Coalition for Homeless Veterans
 2. Arranged presentation of Base Year One results and Option Year One grant status at the VFW state convention in Little Rock
 3. Worked with the Project Manager to complete paperwork required to request funding from the National Coalition for Homeless Veterans
 4. Will provide assistance to Stand Down

Recruitment: Mr. Dozier was introduced to the Project Manager by a local VFW member. A meeting was arranged at the local VFW.

- Toby Lambert, LCSW, Veterans Court Liaison, ACCESS Program, Central Arkansas Veterans Healthcare System
 1. Kept in touch via one meeting and frequent telephone conversations
 2. Uses Volunteer Veterans to mentor to veterans who volunteer to take part in the 18-month Veterans Treatment Court Program
 3. Seeks Teacher Vets for the volunteer veterans in this program.
 4. Working to develop a collaborative plan
 5. Will be helpful in the joint VA-Grantee meeting regarding the Stand Down (see draft copy attached).

Recruitment: Mr. Lambert's mother works for Arkansas Hospice and shared information with him regarding the Vet-to-Vet Project.

9. Barriers and Challenges: (Identify, in a bulleted list, the key barriers and challenges faced by the project/program. For each barrier or challenge, describe how you were able to overcome or resolve it.)

- *Overall progress of objective implementation slower than envisioned*
Resolution: It was realized Option Year One was much like the initial year had been for the other grantees – one of making and building community contacts and relationships. Option Year One would have to be a groundbreaking effort to establish and connect with similar contacts. With patience, flexibility and a new understanding, this issue has been resolved and a network of support has been created.
- *Contacting Teacher Vets, CBOC members and others to get input about content prior to finalization of project materials*
Resolution: The Project Manager met with each individually or in meetings, i.e., CBOC Advisory Board Meeting, Teacher Vets, Veteran County Service Officers, etc.

- *Distributing tri-fold brochures to sources where they are needed and/or can be distributed to do the most good (Objective 1)*
 Resolution: This will be an ongoing effort. The brochures have been placed in offices of doctors, lawyers, dentists, etc., giving yet another opportunity to continue the effort.
- *Ensuring informational packets were delivered to the offices, clinics, etc., where rural and homeless veterans were most likely to benefit from the information (Objective 2)*
 Resolution: Materials were given to the Arkansas Hospice Hot Springs Outreach Representative. The distribution process went slowly as many fewer packets were distributed than originally planned. Retrieving surveys also proved to be more difficult.
Lesson Learned: In retrospect, the Project Manager should have visited various offices by appointment to share the informational packets with the staff. Hearing their comments and being able to ask follow-up questions would have provided more valuable and pertinent information. Initially the Outreach Representative did not want other Arkansas Hospice co-workers in the medical offices/facilities on her call list. She feared there would be confusion about who was the actual “go-to” person between those offices/facilities and Arkansas Hospice. Had the Project Manager forged ahead in spite of her angst, the outcome of this portion of the project may have been more successful. Rather than being a “win, win” for the project and the Outreach Representative, this decision resulted in a “lose, lose” for the project as well as the Project Manager and in the long term possibly the veteran. Perhaps trained veterans, VA or hospice volunteers or dedicated members of a civic/social club would be better choices to deliver packets.
- *Bringing state level VFW members and local Post members together to work on the Stand Down effort (Objective 5)*
 Resolution: Many VFW members did not understand the Stand Down concept. Education is definitely needed to have a successful event. The objective has changed to educate, then develop a plan for a Stand Down at a later date.
- *Reaching the State Attorney General to get support for the First Responder program. This effort to obtain his support contributed to the slow start for the First Responder program. (Objective 3)*
 Resolution: This never happened so it was decided that valuable time was passing and the First Responder program would go ahead without his written support.
- *Contacting first responders to educate them about the usefulness and purpose of the information on laminated cards (Objective 3)*
 Resolution: The Project Manager called several first responder offices in an attempt to arrange educational sessions and share the laminated cards. The first positive contact was made with LifeNet, an ambulance service for Garland County, and a teaching session was scheduled. The information was well received, but the cards were considered something more for them to carry. The Project Manager is currently working with the mayor of another community in the project area to speak with paramedics and the fire department. When attempting to replicate a project such as this, it is important to remember cultural and geographical differences. In this instance, the development of thank you cards for first responders to give to veterans – a new addition to the original program concept – was well received.
- *Calling on elected/appointed officials and other community leaders about staging a Stand Down in the Hot Springs area was met with lackluster responses (Objective 5)*

Resolution: At the advice of VA and NHPCO attendees of the May grantee meeting, the lack of progress for staging a Stand Down was evaluated. It was determined that more information was needed for those approached on the benefits of a Stand Down for veterans and the community. If additional funding is granted, an educational campaign via the Vet-to-Vet Project will be created to help remedy this obstacle.

10. Successes and Outcomes: (Identify, in a bulleted list, the key successes and measurable outcomes you have accomplished. Include any tools and processes you have developed to measure your outcomes and evaluate your project/program.)

Objective 1: The tri-fold brochure titled “Communities Supporting Veterans”

1. Comments were positive.
2. A survey was developed to question veterans about their perception of the brochure and how it could be used. Sadly, distributing this survey this was not possible during presentation venues.
3. A survey was also developed to obtain information from citizens who shared the brochure with a veteran; this did not happen.
4. These brochures will be most useful during a Stand Down. Should the opportunity to continue this work and stage a Stand Down arise, they will be very beneficial.
5. Attendees took several copies of the brochure to give to veterans or keep should they meet a veteran in need.
6. Attendees were pleased to have contact information to help veterans and their families.

Objective 2: Informational Packet

1. Letter of introduction and invitation to participate in the project titled, “Will You Enlist?”
2. Tri-fold brochure containing veteran benefits and contact information
3. Booklet containing veterans’ service stories
4. Data sheet titled “America’s Wars”
5. Military History Checklist with instructions for its use
6. Copy of the PowerPoint presentation, “When Veterans Come Home”
7. *Arkansas Hospice Matters* newsletter devoted to veterans and their stories
8. Contact numbers for veterans listed on the back

The informational packets were both a challenge and success. The Outreach Representative planned to deliver 75 packets to doctors’ offices, clinics, emergency rooms, etc., on her call list. The Project Manager and Outreach Representative created a list of facilities to target. However, she was only able to deliver 25 packets. Also, only 10 surveys were retrieved thus this analysis is based on limited data. (See Lesson Learned under #10. Barriers and Challenges, bullet point 4., page 7) Apparently, the packets were appreciated by those who received them because the Project Manager has been invited to visit these offices and provide staff with more information. Results and comments from the 10 surveys do provide useful information as indicated per the following survey questions (see Table 1, page 10):

Q. 1. Approximately how many times did you or other staff use or refer to each piece in the packet?

Responses per office responding to question:

Office 1: Used the entire packet one time

Office 2: Used the entire packet one time; and the Military History Checklist one other time.

Office 3: Used the tri-fold 10 times for medical, financial, emotional/spiritual and burial benefits with contact information; also used the Military History Checklist 10 times.

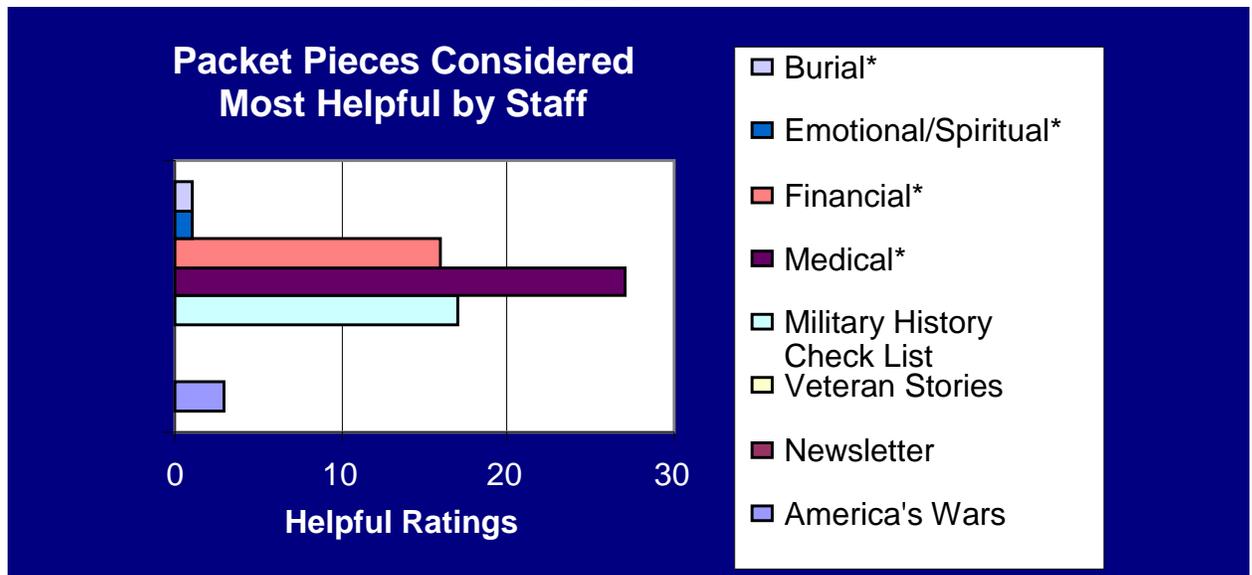
Office 4: Used the tri-fold brochure one time for medical and financial benefits contact information; also used the Military History Checklist one time.

Offices 5-10: Either didn't use the information at all or didn't know the answer to the question.

Q. 2. Which three pieces in the packet were most helpful to you and others on the staff, in responding to information requests from veterans or their families? Using the numbers 1, 2, and 3, place a "1" before the piece that was the most helpful, a "2" before the piece that was the second most helpful and a "3" before the piece that was the third most helpful.

The medical benefit contact information in the tri-fold brochure was by far the most helpful with regard to answering questions related to healthcare for veterans and spouses. The Military History Check List was considered the second most helpful but only by a slim margin. Financial benefit contact information was third. America's Wars placed a distant fourth followed by the burial and emotional/spiritual contact information contained in the tri-fold. The Arkansas Hospice newsletter and the stories about local veterans received no ratings (Table 1).

TABLE 1



*This information was contained in the tri-fold.

NOTE – (Participants could select three pieces.)

Q. 3. If you or other staff were to put together a packet of veteran's benefits or contact information that would be useful where you work, what additional information (not already in the packet you used) would you include?

Responses per office responding to question:

Office 5: Could there be names for VA offices?

Office 3: Why isn't the office on Malvern listed?

Office 10: Who do you contact in Clark County?

Note: Names were intentionally omitted from packets delivered to VA offices because staff come and go; the Project Manager did not know there was an office on Malvern (a road in Garland County) but will visit this location to learn what is available; and contact information for Clark County was listed on the back of the packet with other contact numbers.)

Q. 4. Are there any pieces that you would not include in the packet? (Check all that apply).

Responses per office responding to question:

Office 4: The Fact Sheet: American's Wars; Arkansas Hospice newsletter; stories about local veterans; and burial benefits/contact information contained in tri-fold brochure. (Lack of interest in burial benefit information is of interest. See "Topics to Pursue" at the end of this report.)

Office 5: Loved all of it except burial benefits/contact information contained in tri-fold brochure.

Office 6: Burial benefits/contact information contained in tri-fold brochure.

Q. 5. Additional comments:

While Outreach Representative was calling on two offices she was told the following:

- Home Health Director needs info now on Home Health for a veteran.
- Nurse's dad is a veteran and knows nothing; another nurse said a spouse came into the office and said her veteran husband desperately needed to receive VA benefits.

Other observations and comments:

- Outreach Representative: Garland County/Hot Springs/Hot Springs Village areas have undergone huge change in physician staffing, integration and office relocation; this is likely reason for less than desired participation.
- Outreach Representative: It is likely most doctors did not see the Packet information. Project Manager: Given a comment reported by a physician who attended a "When Veterans Come Home" presentation this is likely true given how busy most physician practices are.
- Outreach Representative: In regard to the lack of responses to Question 1, most offices did not keep track of whether or not the packet information was used.
- Outreach Representative: The staff really liked the medical and financial benefits information.

- Outreach Representative: Staff cannot talk about financial benefits.
- The informational packet was very well received by the CBOC Advisory Board.
- The *Hot Springs Village Voice* weekly newspaper supplied current veteran stories for inclusion in the folders.
- Personal delivery of each folder by the Outreach Representative, accompanied by an explanation of the purpose and oversight, was intended to create increased use and understanding of the information contained. Project Manager: The concept was tested, and at least in this instance, was more of a challenge. However, the limited amount of data collected suggests that it would be useful to provide physician offices with veteran medical and financial information and contacts; this contact point for veterans needs further investigation. (See comments: #10 Barriers and Challenges, bullet point 4., page 7; and Objective 2, Informational Packets, paragraph 1, page 8.)
- It is somewhat surprising to find the burial information so unhelpful or unused. In many instances, the Project Manager has received questions regarding burial issues from veterans, the public at “When Veterans Come Home” presentations and hospice staff on behalf of their patients.
- The data suggests that with the proper training, the Military History Checklist would be useful to physicians. However, it would probably be wise to introduce the physician to the concept first so they can champion the use of the checklist by their staff. How to make that happen will need careful consideration.
- There have been requests for the informational packets from physician offices/clinics not included on the list developed by the Outreach Representative and Project Manager. These requests were made directly to the Project Manager at presentations.
- *Perhaps trained veterans, VA or hospice volunteers or dedicated members of a civic/social club would be better choices to deliver packets.*

Objective 3: First Responder Laminated Cards

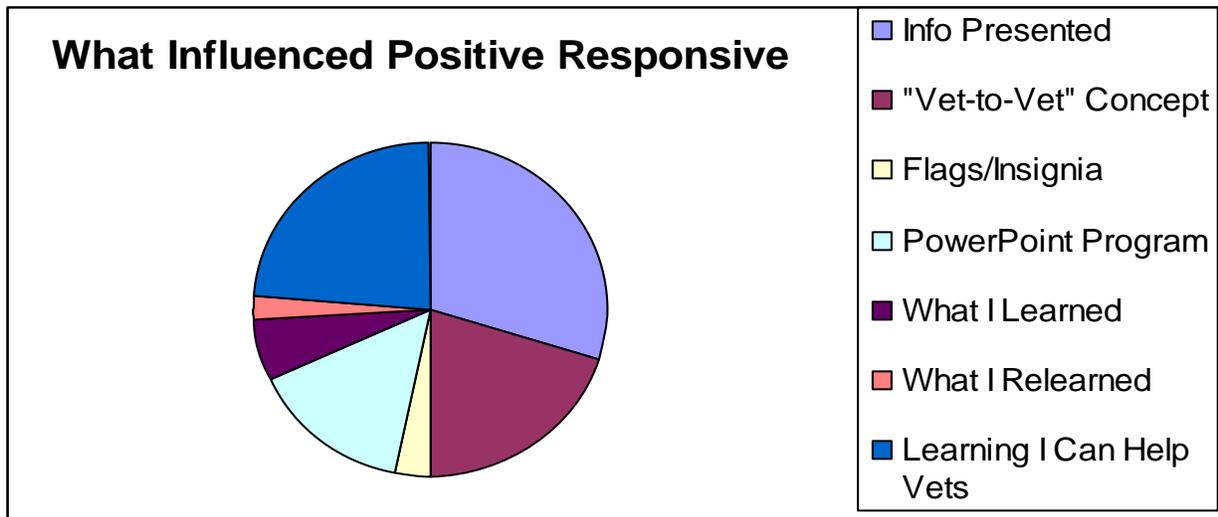
1. First Responder program was not as well received in this part of the country as it was in Delaware. However, this finding is based on one presentation; two others are being scheduled.
2. Following a recent Lion’s Club dinner presentation of “When Veterans Come Home,” an email from the mayor of Benton was sent to the Fire Departments and Paramedics about scheduling a Vet-to-Vet presentation.
3. The First Responder paramedics in Hot Springs were very pleased with the information presented, but did not care for the idea of having to carry something else in their pockets.
4. They did enjoy the thank you cards developed locally (not a part of the original program concept) for them to hand out to veterans they help.
5. The Project Manager and the Arkansas State Hospice and Palliative Care Association Director, are collaborating on the development of a laminated card for hospice and palliative care providers to carry as a reminder of the special needs of veterans at the end of life.

- This concept has blossomed into a second idea that is also being developed by the Project Manager. A thank you card for Hospice and Palliative Care providers to give to veterans as they care for them to thank them for their service.

Objective 4: Create an Army of Educated Citizens to Help Rural & Homeless Veterans

- This objective has been the most successful and rewarding; however successful implementation requires backing from administration and management. Results provide strong support for the Vet-to-Vet Project and demonstrate that it can be used to share valuable information with a variety of audiences.
- Base Year One explained the importance of hospice and end-of-life care. Option Year One educated attendees (base 100) on who our veterans are; how their service will affect their end-of-life journey; and how ordinary citizens can help. This same concept might be used to educate veterans and spouses about their burial benefits and medical benefits as well as housing and educational benefits (Table 2).

TABLE 2

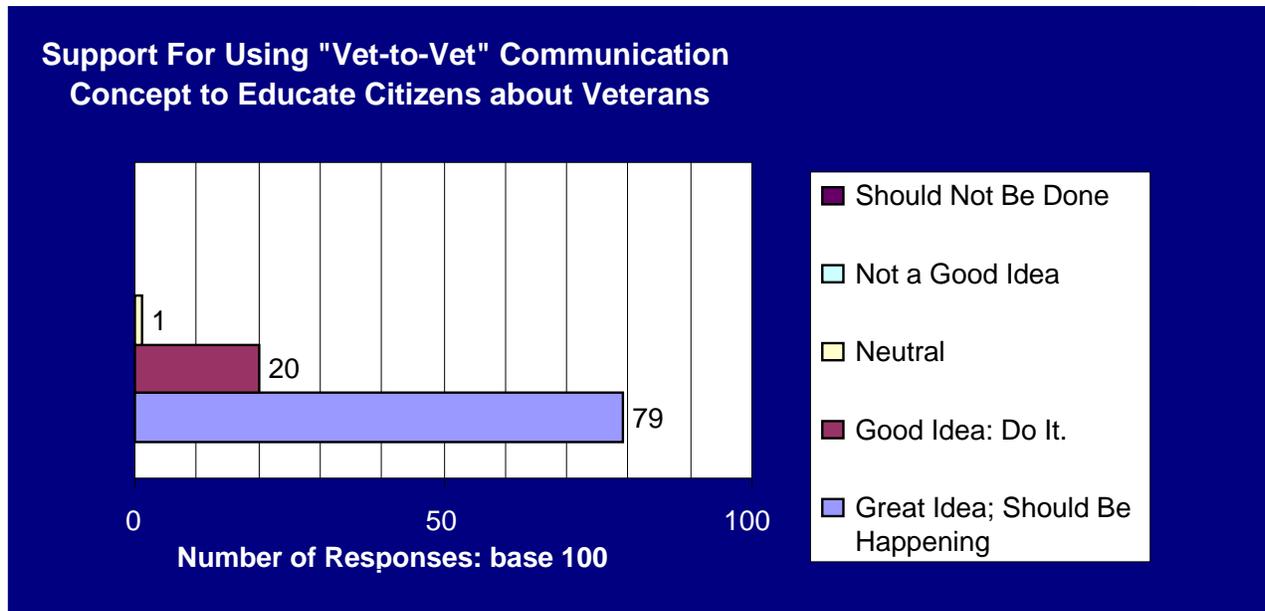


Note – (Participants could select three responses...base 100)

Other Comments from attendees:

- I can be more active to assist those who are homeless.
 - I should check (with) soup kitchens and shelters to help.
 - We need packets of information to help out patients (assume this comment is from a doctor member of a civic club).
3. During the past nine months, ordinary citizens as well as veterans and their spouses have benefited from the Vet-to-Vet Project and the information provided in “When Veterans Come Home.” Option Year One’s outcomes for the support of the Vet-to-Vet Project are amazing with 99 percent of attendees rating it great or good. Only one participant was neutral about the program and there were no negative responses (Table 3).

TABLE 3



4. During the past nine months, ordinary citizens as well as veterans and their spouses have benefited from the Vet-to-Vet Project and the information provided in “When Veterans Come Home.” Option Year One’s outcomes for the support of the Vet-to-Vet Project are amazing with 99 percent of attendees rating it great or good. Only one participant was neutral about the program and there were no negative responses.
5. The “When Veterans Come Home” presentation was very well received by CBOC Advisory Board members. Teacher Vets were very pleased with the presentation as well and felt the script captured some of their experiences accurately.
6. Presentations continue to be scheduled, even beyond the end date for the grant. As of September 2010, four more were on the calendar for later in the year and another for May 2011.
7. Participants were asked, “What was the most useful bit of information you learned from this presentation?” Their responses centered around five specific topics: homelessness, veterans in general; statistics about veterans, awareness and how to help veterans and spouses (Table 4).

TABLE 4

TOPICS	Special/Memorable Comments
Homelessness	<ul style="list-style-type: none"> • Surprised at the number of homeless veterans. • How veterans are abandoned. • Percent of homeless veterans. • Homeless veterans.

	<ul style="list-style-type: none"> • The number of veterans who are homeless and unaware of benefits.
Veterans in General	<ul style="list-style-type: none"> • Many veterans seem lost when they return home. • What a \$10 donation or \$25 donation would do. • Veterans need help. • It was interesting to hear about how the different wars affected different veterans in different ways.
Statistics About Veterans	<ul style="list-style-type: none"> • Number of veterans and their challenges. • Projections on veterans' populations. • Statistical counts of veterans. • Statistics are things we don't normally hear. • To learn how many veterans have served.
Awareness	<ul style="list-style-type: none"> • Make public aware. • Contact information. • Program is a resource for veterans. • To get information out everywhere in our communities.
How to Help Veterans & Spouses	<ul style="list-style-type: none"> • Creating a better awareness of how to help veterans. • Need for help to veterans; check soup kitchens check shelters. • How many veterans are in Arkansas and how to help them. • Help is available. • How to help out and send them in the right direction. • Packets in order o help our patients.

The final question on the PowerPoint presentation survey, Q. 5, asked participants if there was any other information about our country's wars or veterans that should be added to the presentation. Table 5 includes some of their responses.

TABLE 5

<ul style="list-style-type: none"> • What we can do to assist the veterans <u>earlier</u> so they are NOT falling through the cracks and into the doorways. • More info on help for surviving spouses healthcare and housing. • MUCH. But if we stayed all day there would still be information that could not be covered due to time. • Transportation is needed to get to where they need to be or to services. • Maybe vets at the presentation should be encouraged to write down their stories so others can better understand vets and their lives. • No. Very surprising stats on the homeless. • More about Desert Storm.
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The Post Presentation Survey with the Teacher Vet revealed that nearly all attendees at these presentations were extremely attentive. The Teacher Vets were very comfortable giving the talk and sharing personal stories; thus leading to the sharing of many unique and heartbreaking experiences.

- One veteran shared that the most difficult part of his service was seeing his dad cry when he left ... he cried while he told the story.
- Another told of being in the first boat to land in Korea and one of the first off. He said, "I was really young and didn't have a clue about what I was getting into."
- Another had his Medal of Honor and a picture of him receiving it with him. He broke the first Japanese code.
- One told of the many accomplishments of his son who was killed in Iraq and that there is a plaque in his honor on the county courthouse grounds.
- A veteran asked the Project Manager, "Are you a veteran?" She replied, "No." He took her hand, kissed it and said, "Thank you for doing this."

Objective 5: Develop a plan for staging a Stand Down in the Hot Springs, Garland County area at a later date

Objective 5 originally called for the actual staging of a Stand Down in Garland County (one of the six counties in the project) during the grant period. However, after meeting with elected and appointed officials and other community leaders, it became clear that the term and purpose of a Stand Down was completely foreign to them.

The realization that they lacked information about the concept was disappointing yet understandable, as this is not a military community. After a meeting with VA and NHPCO staff and fellow grantees at the May Grantee Meeting, it was decided Objective 5 would be reworded to "developing a Stand Down plan" for a later date as stated above (see enclosed plan).

This step back allowed the Project Manager to learn about what is involved in staging a safe and successful Stand Down; become familiar with agencies and people who should assist with the staging process; and gain knowledge about funding resources. Equally as important, information included in the Stand Down Plan will be used to develop a program using the veteran-to-veteran concept to raise awareness and interest about what the event can mean to the community. It can benefit:

1. Homeless veterans (and all veterans and spouses)
2. The community – people need to know more about those who fought to preserve our country's freedoms
3. Our elected/appointed officials with their obligations to community resources

At the Stand Down, the tri-fold brochure will be distributed to veterans by a specified team of volunteers. These volunteers will survey the veterans regarding their thoughts about the brochure. In addition, each of the team members will be questioned regarding their impressions of the veteran's response. All volunteers will also be surveyed regarding their part in the event.

11. Project/Program Sustainability: Describe the steps you are taking and resources you will need to sustain and grow your project/program.

Regardless of how many or how few of the project programs one intends to replicate, strong backing and continued support from administration and management at all levels is a must.

Objective 1: Tri-Fold Brochure

- The tri-fold brochure will continue to be printed as needed.
- The Project Manager has had several conversations with veterans about the brochure and all have been extremely pleased with the information it contains.
- The contact information will need to be updated periodically for telephone number changes; however no additional information is needed at this time. When these tri-folds are shared at the Stand Down and recipients are surveyed, new ideas may come to light that could lead to revisions.
- Arkansas Hospice intends to join the “We Honor Veterans” initiative. Employees have already begun the process of educating themselves about the steps involved. The tri-folds can be used in the new program.

Objective 2: Informational Packet

- *This Project Manager believes that despite the meager amount of data retrieved from Objective 2, there is a need for veteran benefit information in doctor’s offices and clinics, ER rooms, etc....anywhere veterans may be treated! Thus this opportunity to educate physicians, dentists, staff, etc., needs further exploration.*
- The informational packets can be printed and revised as needed.
- The Project Manager will work to make sure packets are delivered in a timely fashion and information is retrieved once completed.

Objective 3: Laminated Cards

- Two meetings in Saline County, one with a fire department and the other with paramedics, are pending. These two opportunities, in addition to the paramedic program in Garland County, will provide credibility to the program in Arkansas.
- With the creation of the thank you card for first responders to actually give to veterans (contact information is provided on the back side of the card), the program can have great benefits especially for the rural and homeless.
- There are ample laminated cards for first responders in the six counties in the current project to continue this effort.
- Because the thank you cards are printed on cardstock, they will be relatively inexpensive to print; however, more will be needed to handout when the stock is depleted.

Objective 4: PowerPoint Presentation

- Several additional programs have been scheduled for 2010 and one for May 2011.
- The Project Manager will create another veteran-to-veteran concept program targeting information about burial benefits. Several Arkansas Hospice employees and other providers have shared that their patients are asking them questions about burial benefits and they are not prepared to respond. This topic would be a good fit for providers as well as veterans and spouses.

- As a PowerPoint presentation (with script), the information about burial benefits could be shared with a patient/spouse in their home if the situation is appropriate.
- A catalogue of veteran-to-veteran programs could be available via the We Honor Veterans website. This would require financial support to create the program; local travel funds depending on the geographic scope of an Option Year Two project; recruitment and training of additional Teacher Vets if needed; and additional/new materials.
- As a result of the Vet-to-Vet Project in Base Year One, the VISN 16 Clinical Medical Champion has asked to join forces with the VA to introduce this concept to all hospice and palliative care providers throughout the state. This work will be carried out with the assistance of the Arkansas State Hospice and Palliative Care Association (ASHPCA). Teaching efforts will be targeted to participants at each of the association's four regions. The grantee and VA staff will be available to assist with questions, etc.
- The Project Manager will also speak about veterans and the Vet-to-Vet Project at the ASHPCA's annual fall conference in 2010.

Objective 5: Develop a plan for a Stand Down in the Hot Springs area at a later date

- Using the Stand Down plan created during Option Year One (enclosed), an event can be staged in Hot Springs, AR.
- Using the Stand Down plan, a veteran-to-veteran concept program will be developed to get the cooperation and involvement of the Hot Springs community. This effort will require ready funding support.
- There are several sources of funding for such an event and volunteers have offered to help apply for these funds, e.g., National Coalition for Homeless Veterans, VA, etc.

12. Assessing Organizational Readiness for Replicating the Project: (Describe “ingredients” an organization needs in order to evaluate their readiness to undertake a similar project/program. Create a checklist that will help other organizations evaluate their readiness.)

A good first step, during month one would be to invite a consultant in to explain and educate upper management about the program (Gantt Chart: a). Also, a Task Force should be appointed so that members can attend the consultant workshop (Gantt Chart: b). Following the consultant's visit, a staff member should be appointed to research everything available about the program. Examples of resources include, but should not be limited to: www.NHPCO.org, www.WeHonorVeterans.org and www.VA.gov. Once this research is complete, a tentative budget based on the findings should be created (Gantt Chart: c, d). During month three, the findings/budget along with the information shared by the consultant should be reviewed by upper management and a decision should be made to either investigate further or stop the process (Gantt Chart: e, f).

If the decision is to go forward, month four should be devoted to serious deliberation about personnel needs, funding and project materials to support a quality program (Gantt Chart: g-m, n-s and u-z). The organization may want to consider a pilot program to test their conclusions about committing to the program (Gantt Chart: bb-ii). Following the pilot program conducted during months five to 10, a report of the findings should be shared with

upper management (month 11) and a decision on whether or not to proceed should be made (Gantt Chart: kk). If the pilot program goes well and the decision is to go forward, celebrate the creation of a new program opportunity to improve veteran education!

Note: When attempting to initiate a new project or program, it is wise to recognize that regional differences, learning styles, demographics and geography should be evaluated relevant to the demonstration project. What works for one organization or area of the country may not work in another.

13. Recommendations/Lessons Learned: (Provide a bulleted list.)

- Be patient
- Listen
- Keep expectations realistic
- Be sure of what you know
- Don't push people to help
- Each person brings a unique personality and expertise to the experience
- Try to listen to a veteran's entire story before you speak – many times when someone is interrupted the “meat” of the story is lost
- Take notes to remember details of meetings, conversations with veterans, etc.
- Take suggestions seriously – someone on the outside may see something you don't
- Build relationships with anyone who could ultimately help a veteran
- Nurture relationships with telephone calls, email, visits – determine what works best for the team member.
- Remember the VA is trying to help the veteran in the best way they can.
- Despite the efforts of the VA and other veteran providers, you may hear complaints about the service they and their spouse receive. Assist them if you can, possibly with a phone number. Otherwise appreciate their frustration and encourage them to continue their attempts to seek help with their issue.
- Approach veterans with respect by shaking their hand and thanking them for their service
- Seek out active duty service members in uniform and thank them for their service
- The more you approach veterans and active duty personnel, the more comfortable you will become with it

14. Resources and Contacts: (what resources, both human and/or material, are available to assist those who are interested in replication?)

- Military service members, veteran or active duty
- Spouses of veterans or active duty personnel
- www.VA.gov Department of Veterans Administration
- www.NHPCO.org National Hospice and Palliative Care Organization
- www.WeHonorVeterans.org
- www.nchv.org The National Coalition for Homeless Veterans

- www.veterans.arkansas.org
- www.arkansasveterans.com
- Veteran Integrated Service Network (VISN) staff; e.g., Department Champions, End-of-Life service providers, Social Workers, Specific Departments responsible for veterans individual benefits.
- Veteran medical drop-in clinics and staff
- CBOC(Community Based Outpatient Clinic) staff for veterans
- County Veteran Service Officers
- Homeless shelter staff
- Homeless coalitions
- Coworkers
- Funeral homes
- First Responders
- Military Organizations: VFW; American Legion; Military Officers Association of America
- Civic/Social Organizations: Rotary Club, Elks Lodge, Lions Club, Kiwanis Club, Red Hat Society, Boy Scouts, etc.
- Churches

SUGGESTIONS FOR CONTINUED INVESTIGATION AND STUDY

1. Develop a new (the third) version of a “Vet-to-Vet” program focused on Burial Benefits.
 - This version could be used by Hospice and Palliative Care staff and (trained) volunteers or trained veteran volunteers...preferred.
 - It could be taken to the home of the veteran and spouse on a laptop to help explain what they are entitled to and how to get it.
 - As Project Manager, I get a lot of questions from staff about burial benefits and am in the process of creating a binder containing information from www.va.org on the subject for use by Arkansas Hospice co-workers.
 - I also find it interesting that one of the offices that participated in the Informational Packet portion of the grant didn’t find the burial information helpful...this should be investigated.
2. Investigate the idea of the Information Packet with physicians, dentists, etc.
 - Based on some of the comments regarding the packets, it is likely physicians did not see them.
 - Without support from the ‘top down’, in this case the physician, information of this sort will not be seen as helpful but simply as additional work by the staff.
 - Physicians may have different ideas about what information would be most beneficial and of other items that could be added to the packet.
 - The purpose of the Military History Check List needs to be understood by physicians; some staff were positive about it.
3. Put on a Stand Down in the Option Year One project area.

CALIFORNIA HOSPICE FOUNDATION

Reaching Out To Rural And/Or Homeless Veterans Option Year One Final Report November 2010

1. Executive Summary

A grant from the National Hospice and Palliative Care Organization, leveraged with in-kind contributions created the financial resources to meet two goals: increased awareness among community based hospice providers about the special needs of veterans at the end-of-life, and relationship building between VA and hospice providers in California and Nevada. The grant produced a two hour workshop, including PowerPoint slides and notes, accompanied by a pre and post test, evaluation, military checklist and a moving letter from a veteran to end the presentation. This program can be used by anyone interested in presenting this content. More importantly, relationships between VA and California and Nevada hospice providers have been created and have tremendous potential for sustainability.

2. Description of Project

VA and California hospice providers collaborated to develop and present a replicable two hour curriculum on the end of life needs of veterans. In addition, we created and presented a full day workshop on clinical issues for veterans at the end of life. The project allowed us to further develop state and local relationships between hospice providers and the VA. These relationships began in year one of the Reaching Out grant.

3. Objectives of the 2010 project:

- *Work closely with the VA and the California Hospice and Palliative Care Association (CHAPCA) to increase the level of awareness among community based hospice providers about the VA and the rural and homeless issues impacting veterans and their end of life care.*
- *To further develop both state and local relationships between hospice, VA and VSOs.*

4. Veteran Target

The Project focused on veterans from VISN 21 and VISN 22 located in California and Nevada. California is home to the nation's largest population of veterans, including homeless and rural veterans.

5. Key Staff of Project

- Susan E. Negreen, LCSW, President and CEO, California Hospice Foundation, and the California Hospice and Palliative Care Association.. Ms. Negreen provided oversight for the grant.
- Martha (Marcie) Larkey, Director of Fund Development, California Hospice Foundation. Ms Larkey served as the Project Director until 6/30/2010, when she retired.
- Ann Hablitzel, RN, BSN, MBA, Executive Director, Hospice Care of California, served initially as the CHF board liaison on the project. On 7/1/2010, she stepped in as Project Director.

6. Define the Organizational Investment

This grant required a substantial investment of staff time from the California Hospice Foundation and the California Hospice and Palliative Care Association and from the key VA staff involved. A curriculum development workgroup, composed of community hospice and VA staff, initially produced 190 slides that covered a wealth of information about the end of life needs of veterans. Narrowing the content down to 78 slides for a two hour presentation required repeated editing and fine tuning. Travel time to each of the presentations tripled (at least) the amount of time needed to deliver the content to hospice providers.

7. Engaging Veterans in the project

Harold Peterson, CEO, Community Hospice Inc, Modesto, offered valuable insight both as the Executive Director of a very successful rural hospice and as a Veteran. Howard is a Vietnam Veteran who spent over 2 years in Vietnam and was honorably discharged with the rank of Second Lieutenant.

Sheryl Terkildsen, RN, MSN, CNS, Nurse Manager, VA Loma Linda, is an active duty Major in the Army. Sheryl's perspective both as a health care provider and as an individual on active military duty was invaluable.

Mike Hablitzel, a retired Air Force Staff Sergeant provided technical assistance in the development of the slide show.

At each of the two hour workshops, veterans in the group were identified and thanked for their military service. They then contributed to the discussion throughout the workshop.

8. Description of our partnership

Our partnership included the following organizations and individuals:

Department of Veterans Affairs, Palo Alto Health Care System, Palo Alto CA.

- **James Hallenbeck, M.D.**, Director of Palliative Care Services for both the Palo Alto VA and Stanford University, Associate Chief of Staff, Extended Care Service, VA Palo Alto Medical Center, Associate Professor of Medicine, Stanford University.
- **Michelle Gabriel, RN, MS, ACHPN**, Palliative Care Coordinator, VISN 21

Department of Veterans Affairs, VA Medical Center, Long Beach.

- **San San Wong, MD**, Director of the Long Beach Hospice and Palliative Care Program
- **Stephanie Ross, LMSW**, Palliative Care Coordinators, VISN 22

VA staff is expert on the Department of Veterans Affairs. They know the VA system, the people, and the clinical issues facing veterans at end-of-life.

Community Hospice Inc – Modesto.

- **Harold Peterson, CEO**
Mr. Peterson offered valuable insight both as the Executive Director of a very successful rural hospice and as a Vietnam Veteran.

The curriculum for the two hour training session was developed by a larger group of VA and hospice staff. The workgroup included six community hospice providers from around California. All served areas of California with large numbers of rural and/or homeless veterans in their community. A copy of the roster for the Curriculum Development Work Group is attached.

9. Barriers and Challenges

- California, despite several densely populated urban areas, covers a huge geographic distance, and has a large number of health services organizations in the state. Nevada, on the other hand, has two population centers (Reno and Las Vegas) with the balance of the state being classified as “frontier.” Meeting the educational needs of providers in the two states presented a challenge. We addressed this barrier in several ways. By using a portion of the grant money to underwrite travel for individuals working on the curriculum, we were able to bring people face to face. The balance of the workgroups interactions were then conducted via email. In scheduling the two hour training sessions, we chose locations that were easy to get to for most people. We also scheduled sessions in urban areas to take into account traffic flow. We reached a number of Nevada providers by scheduling the one day workshop for Las Vegas.

- One of our VA partners told us early on that if you know one VA healthcare delivery system, you know one system. Because of the geographic area they serve and the large population, there is a complex VA service delivery system in California and Nevada. This challenge was addressed when the Project Director initially spent hours on the phone, tracking down contacts at each delivery point. Once the grant ends, CHF staff will assume responsibility to keep the list current.
- When we began this work, there was a general lack of awareness by hospice providers of veterans' special needs. Through repeated communication and through education, we began to help providers see those needs. The two hour workshops, the full day conference program this year and the one held during year one of this grant, and the two events held with the VA in Long Beach have enlightened hospice providers.
- Another challenge we faced this year was the transition of key personnel throughout the project. The original project director left, and both VISN liaisons moved into different positions within their system. CHF was fortunate to be able to have the board liaison, who had already been working with her own VA contacts, step in to complete the grant. Her expertise as a trainer significantly improved the final project. She has also worked closely with the VISN contacts as they have changed positions. While it's difficult to always assure there is someone to step in when people move on to other jobs, having multiple people involved at least expands your options if needed.
- In parts of California and Nevada, there is strong competition between hospice programs for clients. To address this, we needed to focus providers on the needs of the patients we serve. We acknowledged that all providers already serve Veterans but are not aware of it. By understanding the special needs of Veterans and families and ways to meet those needs, we are able to provide quality end-of-life care.
- Finally, there is a need to commit time and energy to work on relationship building. For hospice providers, it can be difficult to balance their need to assure their programs are financially stable with the time it takes to work on relationships and communication that may not have an immediate payoff. The workshop content was compelling enough to inspire providers to become involved.

10. Successes and Outcomes

There were numerous successes in this project. They include:

- Partnered with VISN 22 on a meeting on June 16, 2010 with CHAPCA Providers in Region 6 (Los Angeles, Orange, Santa Barbara and Ventura Counties) and key VA Staff at the VA Long Beach Medical Center. This meeting gave hospice providers an opportunity to meet and obtain names and phone numbers of key VA personnel who also shared informational handouts. A person from their Homeless Program, one from

Eligibility, and one from Death Benefits participated. This meeting allowed hospice providers to share information about their programs. A tour of the VA Inpatient Hospice Unit occurred, as well.

- Partnered with VISN 22 on a one day Palliative Care Conference, held September 1, 2010 at Fort McArthur, in southern California. CHF provided one of the major speakers, and hospice providers had an opportunity to meet with VA staff from their region's service area. Out of this workshop has come a commitment to jointly continue to dialog on veterans needs at their end-of-life.
- A well received full day workshop was delivered in Las Vegas NV on October 4, 2010, attended by 45 hospice staff. When VISN 21 found funds, they came to CHF and CHAPCA about how to spend the money to support this project. Together, we decided to underwrite scholarships for hospice staff to attend the Las Vegas workshop. 30 scholarships covered one night in the hotel and registration.
- Two hour workshops primarily focused on the clinical needs of veterans at end-of-life were delivered in Modesto, Escondido, Orange, San Bernardino and Redding during October 2010, and in Davis on November 19. Programs are also planned for San Jose and the East Bay on December 1-2. The curriculum for the program was jointly developed by VA and hospice staff. VA staff attended each of the sessions (except for Escondido, where VA staff were unable to attend.) The PowerPoint presentation and notes are included with this report. To date, 185 hospice staff have attended these programs, with an additional 32 currently pre-registered for the December programs. Overall evaluation of these programs indicated 69% rated the program a 6, on a 6 point scale, with an additional 23% giving an overall rating of 5. Attached you will find a chart that demonstrates participants satisfaction with the program.

In each program, individuals made heartfelt comments such as "This was such important information. Thank you for bringing it to us." "Excellent personal examples, thank you for sharing them." "I never knew how important it is to consider a patient's experience as a veteran in his end of life care." "Our agency asks is someone is a veteran, but I never understood what that meant."

- This grant allowed the Project Director to participate in the first ELNEC – For Veterans Train the Trainer program. Some of this content was incorporated into the two hour program, and we plan to develop additional one hour modules that can be delivered via webinar technology.
- Hardest to quantify, but probably most important, were the state and local relationships developed between hospice and the VA. Even with personnel changes at the VA, there is evidence of a strong commitment to continue these relationships.

11. Project Sustainability

The education programs provided by this grant will serve Veterans and hospice staff for many years to come. The relationships established by this effort are ongoing. The California Hospice Foundation serves as information and referral service to providers and the general public, a resource for patients and families, and an authority on hospice and palliative care for decision makers throughout California and Nevada. The information regarding access for Veterans to community-based end-of-life programs is now part of this ongoing service.

We are planning to post the two hour program on our website, as we have had numerous requests from those who attended to be able to use it with their staff and colleagues. With the additional money we received from VISN 21, we are planning to develop at least two additional training modules to be delivered via webinars, on topics that attendees asked for. In Orange County (Southern California) teams of VA and community providers are meeting to plan their own education of each other on a regular basis.

12. Assessing Organizational Readiness for Replicating the Project

Military Service affects how veterans live and how they die. If we as hospice providers haven't asked and aren't aware of how to assess and provide care for their unique needs, then we will not be able to provide quality end-of-life care for this patient population. The following questions and activities may be helpful in determining if your hospice is ready to fully serve veterans.

1. Is there a commitment from your organization's top leadership to do this?
2. Are you willing to invest staff, time and finances in education and relationship building without an immediate return on investment?
3. If yes, assess your current ability to serve Veterans. Use the pre-test as a tool to determine the knowledge of hospice staff regarding unique needs of veterans.
4. Provide the education program in this project to all hospice agency staff.
5. Do you identify veterans in your program upon admission?
6. Commit to utilizing the Military Checklist and incorporate its content into the Plan of Care for patient and family.
7. Are you aware of resources in your Community to support veterans at the end of life?
8. Commit to measure quality and outcomes.

13. Tips and Recommendations—Lessons Learned

- That each VA service center is different just like each hospice is different.
- The importance of a champion from a local VA and a hospice leader is critical.
- There needs to be a clear mission and purpose, and there needs to be ongoing attention and focus on the mission and purpose.
- It's very important to acknowledge and address preconceived notions and biases.

- Many hospice providers are willing to invest time, money, resources and staff without direct benefit to their bottom line because they are committed to improve end-of-life care for veterans.
- In order to foster a partnership between local VA and community based hospice programs, they should:
 - a. Commit to work together.
 - b. Identify points of contact on both sides.
 - c. Periodically check in to see how things are going on both sides.
 - d. Establish a process within each VA Healthcare System and within each community provider that outlines:
 - i. what to expect of each other
 - ii. who to call when problems arise
 - e. Have regular dialog between hospice agencies and VA points of contact
 - f. Ask VA to participate in local and regional meetings of community hospice providers
 - g. Be collaborative. Plan to co-manage resources such as the respite care that the VA may offer.
 - h. Identify effective veteran-centered bereavement programs, including survivor benefits, and share them with your colleagues.

14. Resources and Contacts

Ann Hablitzel, Project Director, is available for consultation. She can be reached at Hospice Care of California, 377 E. Chapman Ave, Suite 280, Placentia, CA 92870, 714-577-9656, ahablitzel@hospicecareofca.org

Susan Negreen, President and CEO of California Hospice Foundation, can be reached at 3841 N. Freeway Blvd, Suite 225, Sacramento CA 95834, 916-925-3770, snegreen@calhospice.org

A PDF of the presentation and supporting materials including the evaluation component will be posted on the internet at CHAPCA's website, www.calhospice.org.

Attachments

1. Financial Report (#7 above)
2. Agenda, Curriculum Development Meeting
Curriculum Development Work Group
3. Two hour workshop, including:
 - PowerPoint and notes
 - The Final Battle
 - Pre Test, Post Test, Evaluation Form
 - Military History Checklist and Instructions
 - Registration Form

CHAPCA Regions, by county
Evaluation summary of the sessions delivered to date

4. Agenda for Southern Ca Palliative Care Conference at Ft MacArthur
5. Agenda for Las Vegas Workshop
Handouts for Las Vegas Workshop
6. Planning Meeting for Follow-Up, VA/Hospice Collaboration
Minutes, VA/Hospice Collaboration

DELAWARE HOSPICE, INC.

Hospice Initiative for Homeless and Rural Veterans Option Year One Final Report November 2010

Note from NHPCO: The manager of this grant, Rebecca Nelson of Delaware Hospice left employment one month before the end of the grant. This report was compiled by hospice staff following her departure.

1. Reflect on your overall project. What have you learned? What, if anything, needs further attention?

- **The majority of Veterans do not know about hospice and the importance of continuing to educate about their benefits at end-of-life.**

In 2010, we were able to educate 8,000 individuals (majority health professionals) and distribute 5,000 pieces of literature. We only began to reach out directly to the Veterans within the last few months of this Grant period. Outreach directly to Veterans will need to be continued and part of sustaining this program.

- **It was essential for us to partner together to be successful as no organization could have done our project in isolation.**

We would **not** have experienced all the opportunities in the Delaware community if not for the commitment of our partners: Wilmington VA Medical Center, The Delaware Veterans Home, State of Delaware Commissions of Veterans Office, and The Delaware End-of-Life Coalition. Every member participated with the key objective to educate and sensitize health professionals in particular, to the needs of Veterans at end-of-life and to disseminate information regarding hospice and palliative care.

- **Women Veterans need further attention.**

Throughout the Grant Cycle, we would hear from our Veterans partners that we must not forget the “women” who serve or served our Country. The patients being cared for at end-of-life, typically seen now are “males” from WWII, some Korea and Vietnam Vets and now we are beginning to see “females” who need the care and support. According to Mary Nairn, Women’s Veterans Program Manager at the Wilmington VA, “there are more severe mental health issues (related to sexual trauma) and women are twice as likely to be diagnosed with PTSD.

- **The importance of developing relationships and networking with state, community organizations and healthcare professionals.**

We must continue to reach out to the community of Delaware and encourage organizations to invite us to speak to their members or staff about “Addressing the Special Needs of Veterans at End-of-Life”. It certainly helps if there are existing relationships or introductions to leaders of the organizations so we are invited to share our information.

- **Distributing support material helps gain awareness and assists in the education process.**

In this grant cycle, we were invited to speak with 120 organizations and distribute 5,000 pieces of literature ranging from general information via a brochure, DVD's, posters and personal stories of U.S. Veterans in Hospice Care. By distributing this information, it often led to scheduling another presentation. Printed information also allows the receiver of the initial information to share with others.

- 2. Please share about the value and effectiveness, as well as the challenges and struggles, of your partnership. From lessons you have learned, what insight do you have that may impact further partnership efforts.**

It was a pleasure to partner with individuals who truly wanted to help Veterans. Since we worked together last year, everyone was very comfortable with deciding as a team what we wanted to focus on and accomplish. It was important to meet in person or by telephone once a month to stay on task and remain committed to this project.

The value of working closely with our partners allowed each of us access to each other's personnel resources and relationships within our own organizations/groups. One example: Inviting our staff members to participate in the Veterans Video Series Webinars that were held monthly beginning March 2010 – September 2010. The educational programs allowed nurses to receive contact hours and Delaware Hospice hosted 2 of the sites, one in New Castle County and the other in Sussex County; the VA Medical Center was also a host site.

Our partners throughout the year identified various venues to conduct presentations also such as: Delaware Association of Home Care, Delaware End-of-Life Coalition's sponsored events, one at Wesley College in Dover, advertising in the *Air Lifter* to reach the Kent County community, specifically the Dover Air Force Base personnel. The program was entitled: *Memories Breathe Life into Hospice-Bound Veterans*. Maria Ash, VA Medical Center was the presenter; approximately 20 consumer and professionals attended the event.

The challenge this year continued to be coordinating everyone's schedule to get this diverse group of individuals in one room at one time. During the last two months of the grant the Director from the VA Home, Lois Quinlan left her position; no one was named to attend and participate. The manager of this grant, Rebecca Nelson of Delaware Hospice resigned and left one month before the end of the grant.

- 3. Identify ongoing challenges that you believe face providers, the VA, and/or those served.**

Challenges include:

- **Education of all segments of healthcare, as well as the Veteran population.**
Being invited to present our information to a healthcare organization or healthcare personnel is challenging. It takes time to connect with these groups, establish relationships, selling and promotion of the "real need" to educate their staff about

the needs of Veterans at end-of-life. Veterans themselves can become frustrated and either not want to go through the process of verifying their enrollment with the VA Medical Center and also afraid of what hospice really means. Healthcare providers are unsure of how to “deal” with PTSD and offer the support their patients may need and not seek the assistance of the VA Medical Center. Many healthcare professionals still are not comfortable discussing options at end-of-life with their patients.

- **Many Veterans do not know resources available to them.**

4. Comment on the adequacy of funding.

We did have adequate funding to complete our projects.

5. Is your project replicable? If so, please describe.

Yes, Addressing the Special Needs of Veterans at End-of-Life outreach activities and program can be replicated in areas of our region. As stressed earlier in the report, the first step is **identifying organizations** that would be active partners and have the same mission and goals. For example: Hospice Organization, Veterans Administration (Federal and State), State Veterans Association and if there is an organization established to educate the community about end-of-life care choices would be important to have on the committee. Funding is equally important. Submitting a grant proposal to be funded by the state or other organizations; donations by other organizations either financially or with personnel/staff time is needed. Meeting with Committee members on a regular basis and establishing a work plan to document what is most needed to execute in the area. Printed educational materials to be distributed within the community are also a necessity.

Specific activities we did can be replicated in other settings, as described in **Addendum A** of this report.

6. Please share any other reflections, comments and/or feedback that you would like to offer.

We appreciated the opportunity to be awarded the grant again this past year. The funding enabled our project to continue with our outreach efforts and the opportunity to work together to accomplish our objectives. Our committee members continue to be dedicated to educate the Delaware Community in addressing the special needs of Veterans at end-of-life.

We had many accomplishments this year including:

- **Nine** informative training sessions to homeless and rural Veterans given by members of the committee

- Participating in the Veterans Stand Down Expo, an event in which all Veterans (200+) who attended beamed with pride and respect
- Receiving the support of Secretary Schiliro, Safety and Homeland Security for Delaware and the members of his team who will carry our outreach efforts forward. His acceptance allowed our members to conduct a formal presentation to DEMSOC (first responders) **25 members attended and received information.**
- Developing and distributing **2,500** U.S. flag magnets recognizing and thanking Veterans for their service to our country. The concept has been well received and resulted in a Pilot program with 10 Long-term care facilities and hospitals.
- Distribution of **nearly 8,000 pieces** of literature to over **120 organizations**, with over **5,000 individuals** receiving information about the Veterans benefits at end-of-life by the Delaware Hospice Community Education Team.
- Collaboration of Committee members when the Public Relations Specialist (Bev Crowl) at Delaware Hospice, and the Social Worker (Jessica Nowacki) from The Veterans Home worked closely together to write and compile five, inspiring stories of U.S. Veterans in hospice care. (PDF attached to this report). **Printed 5,000 booklets for distribution.**

Discussions to conduct an “End-of-Life” Veterans Pilot study began towards the end of the Grant cycle. Delaware Hospice leads the monthly meetings with Delaware Hospice Medical Director, Dr. Andrew Himelstein, University of Delaware’s Dr. Evelyn Hayes and Jane Taylor, RN, and volunteer John Carmody, Veteran. The goal is to identify and document **14** Delaware Hospice Veterans stories, with a four step (1 month) process of visiting and recording the conversation then transcribing, with the end goal of publishing the data and information. Mr. William Cocco, who served in World War II is a participant and also participated in the Stories booklet and reflected, that he enjoys quiet conversations and the opportunity to talk about his WWII experiences, his career at Chrysler, and his love of dancing with his wife. His wife, Rose said, “We are so grateful for Delaware Hospice. Everyone on their staff is just wonderful. Everyone should know what a comfort it is to have them near you.”

7. **Do you have plans for sustainability? If so, please share those plans.**

Yes, please see **Addendum B** for the Sustainability Plan.

Addendum A

REACHING OUT: QUALITY HOSPICE & PALLIATIVE CARE FOR RURAL AND HOMELESS VETERANS

DELAWARE HOSPICE: HOSPICE INITIATIVE FOR RURAL AND HOMELESS VETERANS

Developed by: Madeline Lambrecht, EdD, RN, FT, Delaware End-of-Life Coalition and Rebecca Nelson, Delaware Hospice

1. Executive Summary

The Hospice Initiative for Homeless and Rural Veterans utilized a community partnership model to develop tools and effectively accomplish ways to identify Veterans' knowledge of hospice and palliative care, educate Veterans about the hospice VA benefit and community resources, advocate for local hospices to utilize the military checklist to identify their Veteran patients and the related benefits available to them, assist first responders and homeless shelter staff to identify Veterans in need of hospice and palliative care services, educate healthcare and community groups to identify at-risk Veterans and how to connect them to needed services, and publicize community resources. Delaware Hospice coordinated the development and implementation of the project in collaboration with a strong and committed group of local partners. The outcomes of the project have been documented in a manner that will allow other organizations to replicate and sustain similar programs. All materials (fully documented elsewhere in this report) are available for replication and the committee members are available for consultation by phone, e-mail or site visit.

2. Description of Project/Program

The Hospice Initiative for Homeless & Rural Veterans is a state-wide program to improve end-of-life care for rural and homeless Veterans. The project focused on identifying Veteran knowledge of hospice and palliative care; educating Veterans on the hospice VA benefit and available community resources; advocating for community hospices to adopt the use of the military checklist to help identify their Veteran patients and use the military checklist guide to identify benefits to which the Veterans may be entitled; assisting first responders and homeless shelter staff to identify Veterans in need of hospice and palliative care; educating healthcare and community organizations to identify at-risk Veterans needing hospice and palliative care and how to connect them with VA services; and serving as a community resource.

3. Objectives of Project/Program

Set objectives your community would like to accomplish. Below are examples of what objectives were set for the State of Delaware:

- A. During the grant period, information gained from focus groups of Veterans will be used to plan and conduct a minimum of 15 training sessions across the state for rural and homeless Veterans on hospice and palliative care, including resources available to them at end of life.

- B. During the grant period, education programs will be conducted with 100 first responders on identification of at-risk Veterans needing hospice and palliative care and use of the pocket guide tool to help connect the Veteran with the VA or appropriate resource.
- C. During the grant period, education programs will be conducted with five homeless shelters on identification of at-risk Veterans needing hospice and palliative care and use of the pocket guide tool to help connect the Veteran with the VA or appropriate resource.
- D. During the grant period, 5,000 brochures, pocket guides, posters and pieces of literature on hospice and palliative care will be distributed throughout the state to raise awareness of end-of-life issues for Veterans and healthcare providers, homeless shelter employees and first responders.
- E. At the end of the grant period, 20 healthcare organizations will receive training or information on addressing the special needs of Veterans at end-of-life.
- F. Throughout the grant period, updates will be made to the Veterans section on the Delaware End-of-Life Coalition website.
- G. By fourth quarter, four articles will be written on Veterans using hospice care and submitted for publication.
- H. By the third quarter of the grant, a plan for sustainability will be in place.
- I. By the fourth quarter of the grant, a model for replicating the activities conducted by the Hospice Initiative for Homeless and Rural Veterans will be developed.

4. Target Veterans for the Project/program

Rural and homeless Veterans living in Delaware

5. Key Staff of Project

You will need to identify and work with organizations throughout your area to participate in the outreach program.

VA Medical Center

Maria Ash (Year 1 and 2)

Tracy Polk (Year 1 and 2)

Delaware Veterans Home, State of Delaware

Dean Reid (Year 1)

Jessica Dudley (Year 1)

Jessica Nowacki (Year 1 and 2)
Marge Shannon (Year 1)
Lois Quinlan (Year 2)

Delaware Commission of Veterans Affairs

Paul V. Lardizzone (Year 1 and 2)

Secretary of State's Office, State of Delaware

Christopher Portante (Year 1 and 2)

Delaware End-of-Life Coalition

Moonyeen Klopfenstein (Year 1 and 2)

Madeline Lambrecht (Year 1 and 2)

Bruce Lambrecht (Year 1)

Patti Tillotson (Year 2)

Delaware Hospice

Ann Marie Ackerman (Year 1 and 2)

Alan Henderson (Year 1 and 2)

James Prim (Year 1 and 2)

Bev Crowl (Year 1 and 2)

Sandy Farrell (Year 1 and 2)

Al Morris (Year 1)

Diane Donohue (Year 1 and 2)

Stephanie Cygan (Year 1 and 2)

Luanne Holland (Year 1 and 2)

Barbie Sheldon (Year 1 and 2)

Barbara Tucker (Year 1)

Rebecca Nelson (Year 1 and 2)

6. Define the Organizational Investment

(Describe the commitments of personnel, finances and other resources provided by you and partner organizations.)

The primary organizational investment for all partners was staff time. The majority of the Committee also donated mileage to and from meetings/events. Expertise in web design and community relations was essential.

For example, the Community Education Department of Delaware Hospice involved their entire staff (six people) in education of the community, Veterans and healthcare and other organizations in helping to meet the grant objectives. For example, in the second year of the grant, they interacted with over 120 organizations either by giving presentations or providing information.

With the exception of the Project Manager for the second year of the grant, all staff time was donated.

7. Funding for Project/program

- Cash from the NHPCO grant
- In-kind funding by partner groups
- Public relations
- Logo design
- Staff time
- Office supplies, telephone, office space and equipment (copying)

8. Engaging Veterans in the project/program

(Describe how you directly engaged Veterans in the project/program.)

Veterans were engaged in the following ways:

- Focus groups were conducted with rural and homeless Veterans and were facilitated by a Vietnam Veteran.
- Two Vietnam Veterans served on the VA Grant Committee which directed the grant activities.
- A Veteran developed the logo used on all printed materials and a DVD tribute to fallen Veterans utilized at all training sessions.
- At all programs and events, Veterans were recognized and presented with flag lapel pins.
- Honor and Remember flags were presented to the Delaware State Veterans Home the Delaware Hospice Center to be used to cover the Veteran's body during transport from the facility to a funeral home.
- A magnet was designed to provide special recognition of Veterans when they are patients in hospice general inpatient units, hospitals, long term care facilities and Veteran's facilities to recognize the Veteran for their service to our country.
- Veterans participated in education programs throughout the state.
- The Chairman of the Delaware Commission of Veteran Affairs was copied on all grant activities and served in an advisory capacity.
- An update of the grant activities was presented to the Delaware Commission of Veterans Affairs.

9. Describe your partnership

Targeted key leaders of organizations involved in end-of- life care which included: Delaware End-of-Life Coalition, Wilmington VA, Delaware Veterans Home, Secretary of State's Office, Delaware Commission of Veterans Affairs who were committed to ensuring the completion of project activities. Individual meetings were held with each potential partner to review the grant purpose and determine their time and resource commitment to the project.

The Hospice Initiative for Homeless & Rural Veterans was a state-wide program to improve end-of-life care for homeless and rural Veterans in Delaware. The project focused its efforts on continuing to educate Veterans and their families on hospice and palliative care and resources available to them, assisting homeless shelter staff, first responders and healthcare providers on identifying Veterans in need of hospice and palliative care and providing education on the special needs of Veterans.

The committee members communicated by email, face to face meetings and conference calls.

10. Barriers and Challenges

- Sometimes difficult for all members to meet face to face – utilized email and conference calls.
- Initially lack of knowledge about the VA – identified key personnel at the Wilmington VA and the Veterans Home who provided information to all partners about end of life benefits and services provided by the VA.
- A *potential* barrier that was overcome – incentivizing Veterans to participate in focus groups – addressed by providing a gift card and refreshments.
- Getting first responders and others to recognize the importance of identifying Veterans and connecting them with possible resources – programs were taken to their facilities, education provided and pocket guides developed to give to Veterans who were homeless or needed to connect with the VA – giving first responders an easy to use tool was a way of encouraging their participation. Left a notebook of materials including brochures, DVD, pocket guides and information about rural and homeless Veterans to be available.
- How to identify number of referrals to the VA as a result of the grant activities – informal data from the VA.
- Collaboration by other Hospices was limited. Other Hospice providers in Delaware agreed to use the Military checklist, but did not participate with any other outreach programs. They were hesitant to distribute materials because their individual hospices were not listed on the materials as partners in the outreach.
- Use of Military History Checklist. When Delaware Hospice asked all hospices to use the checklist they were not supportive, but when the request came from the VA they all agreed to begin using with their patients.

11. Successes and Outcomes

- Completion of pocket guide and Talking Points Handout for First Responders and Homeless Shelter Employees.
- Surveyed and educated Delaware hospices on the importance of asking military status and using the Military Checklist – 100% of hospice providers participating.
- An education program used with First Responders, developed pocket guide, brochure, DVD on “Addressing Special Needs of Veterans at End of Life”, card with flag pin and magnet.
- Development of a Veterans section web site on the Delaware End-of-Life site
- Development of a 12 page booklet of Veterans stories

12. Hardwiring the process into the organization

Information is covered in new employee orientation; the military history checklist was incorporated into the computer system.

13. Checklist for organizational readiness to replicate project:

- A team approach
- A list of community organizations that will provide the time and resources needed for this project.
- Seed money
- Agreed upon vision
- Communication strategies (how to keep everyone informed and involved)
- Willing VA partner
- Local and state official support
- PR – a committee person in expertise in PR
- Someone on the committee knowledgeable of the VA program
- Buy in from all levels within partner organizations.

14. Recommendations

Building Relationships with the VA and Veterans' Groups

- Involve the VA from the inception of the project.
- Learn as much as possible about how the VA system works.
- Learn about the healthcare benefits of Veterans, including the hospice and palliative care.
- Establish a relationship with the CEO or senior leadership. Keep them up to date on your activities. Communicate frequently.
- Reach out to existing groups involved with Veterans. Let them know what you are trying to accomplish. Share materials developed. Let them know your needs. Ask for their support and, if possible, obtain a commitment.
- Provide the VA or Veterans' Groups something of value – training programs, resource materials, brochures, etc.
- Ask how you can help.
- Let them know you appreciate their assistance with your project.
- Don't underestimate the importance of celebrating successes.

Building Relationships with Other Provider Groups

- Utilize people with relationships with providers.
- Let them know about your project, preferable in person.
- Offer to conduct an education program for them. Provide lunch or refreshments. In many cases, offering lunch/refreshments will open the door for you to provide education programs/training.
- Provide targeted resource materials and articles they may find of interest.

Engaging Veterans

- Thank them for their service to our country.

- Recognize Veterans at the beginning of meetings. Present them with a flag lapel pin.
- Enlist a Veteran working with your group to approach other Veterans.
- Participate in activities where Veterans are in attendance i.e. fundraisers, activities at Veterans' groups.
- Keep a camera handy – many older Veterans love to have their picture taken. Be sure to send them a copy!

15. Materials Developed

DVD – Addressing special Needs of Veterans at End of Life

DVD – In Memoriam

Packet of Materials to include:

- Adapted survey from Military History Toolkit for hospices
- Pocket Guide: distributed to first responders; includes information about Veteran statistics in DE and instructions about what to ask, next steps and VA contact information.
- Posters
- Magnets
- Flag Pin
- Notebook for first responders: Pocket guides, brochure, DVD – Addressing special needs of veterans as end-of-life, VA and the VA Health System, PowerPoint (hard copy from DVD), FACTS about wars, personal stories of Veterans in Delaware Hospice care, and Reaching Out to Homeless and Rural Veterans Fact sheets

12-page brochure of Veteran's stories

Committee Memberships available for phone or email consult and possible onsite visitation

Power point: “Addressing Special Needs of Veterans at End-of-Life”

Selected materials available on [DEOLC website](#)

Educational Brochure

Focus group questions

Event tracking tool

Addendum B
Securing Sustainability
Sustainability Plan

Developed by: Moonyeen Klopfenstein, MS, RN and Sandy Farrell, Delaware Hospice.

To sustain the Veterans Outreach program funding will be needed, materials (brochures, tests, DVD's, etc.), committed committee members, partners, or members of our community to continue with their passion to educate healthcare professionals, Veterans, family members and friends about the special needs of Veterans at end-of-life.

The Wilmington VA Medical Center recently received \$30,000 grant to sustain and continue the outreach efforts in Delaware. Committee member, Maria Ash from the VA Medical Center, would very much like to continue and expand with the activities which we have established over the past two years. Educating the first responders, Delaware Hospitals and long-term care facilities staff by replicating the ELNEC (End of Life Nursing Education Consortium), for Veterans, Train the Trainer course, hospices to adopt homeless shelters, develop a new video and reproduce the materials already developed to include contact information for all hospice providers who want to participate. We are part of VISN 4 so hospices in southern New Jersey will be contacted and asked if they would like to participate.

The following materials will be needed to successfully sustain the Veterans Outreach initiative:

Materials Needed:

Brochure
NEW In-service training DVD
Pocket Cards for 1st Responders
“Thank You for Your Service” Magnets
USA Pin and recognition cards
Tests (Pre/Post)
Military Check-list
VA Patient stories brochure
Folders
Certificates – distributed yearly for participating in education
DEOLC website – keep up-to-date with events/presentations, etc.

Delaware Hospice will remain committed to continuing the outreach efforts with healthcare professionals, first responders, and educating the homeless and rural Veterans.

Public awareness is a very important activity in the success of sustaining the outreach. On a quarterly basis, a Veteran at end-of-life will be interviewed and their story will be submitted to local newspapers for publication. Delaware Hospice interviewed WWII Veteran William Middendorf. The story was entitled: Honoring Veterans in Hospice: Delaware Hospice proudly cares for U.S. Navy and WWII Veteran William Middendorf. His story is attached.

The current committee members are still interested in participating, but now with the additional funding and leadership of the VA Medical Center we will be able to expand the participation of other hospice providers and interested organizations to join in the outreach efforts and reach even more of our community in Delaware. We look forward to educating and honoring Veterans in 2011.

Reaching Out: Quality Hospice & Palliative Care
for Rural & Homeless Veterans

HOSPICE OF THE BLUEGRASS

Option Year One Final Report

November 2010

In Option Year One Hospice of the Bluegrass (HOB) has been engaged in activities to increase the utilization of healthcare services generally and hospice and palliative care services in particular for Veterans living in rural areas. Additionally, HOB has worked to increase both the awareness and the understanding of the potentially unique needs of Veterans at end of life, especially combat Veterans. The initiative developed and implemented by HOB that is described in this report was made possible through funding by the Reaching Out initiative through the National Hospice and Palliative Care Organization (NHPCO) and the Department of Veterans Affairs (VA) as well as the in-kind support of HOB. The key personnel at HOB that significantly contributed to this project are:

Program Director

Kay Mueggenburg, Vice President of Education, Research and Community Integration.

Turner West, Director of Volunteer Services, beginning May 2010

Rural Community Coalition Developers/Liaisons

Candice Combs, Director of Provider Relations

Glenna Hughes, Provider Liaison

Lisa Ramsey, Provider Liaison

Webpage, Brochure, Resource Directory Design and Creation

Marcey Ansley, Director of Annual Giving and Public Relations

Susan Byars, Hospice Librarian

Anita Woods, Multimedia Support Specialist

Teresa Worton, Desktop Specialist

This report describes the project in detail and it is structured in three sections: 1) Description of the program goals, objectives and activities; 2) Reflection on the program including challenges, successes, outcomes and opportunities for sustainability; 3) Description of a paradigm community hospices can replicate to reach out to Veterans and educate providers.

Grant Goals, Objectives and Activities

The program developed by HOB has two primary overarching goals:

- Resource Linkage in Rural Communities
- Education with Healthcare Providers

These goals were chosen because healthcare in rural communities is often complicated due to a lack of access to providers and gaps in coordinated care. Additionally, there is a need among healthcare providers of all disciplines for further education on successful evidence-based practices and interventions in caring for Veterans. With these goals in mind and given the healthcare landscape confronting Veterans and providers in rural areas, HOB created five specific objectives for this project:

- 1) Improve linkages between Veterans and available services.
- 2) Disseminate current research and evidence to guide the healthcare provider response to Veterans presenting symptoms that may be related to combat experience.
- 3) Increase the awareness of end of life care services for Veterans in local communities.
- 4) Identify all hospice admissions who are Veterans to assure special needs are met.

- 5) Inform and engage Hospice of the Bluegrass staff about the special needs of Veterans, especially those who have seen combat.

The grant activities related to each objective are described in detail.

Improve Linkages

HOB directly targeted three rural communities in the service area to engage Veterans: Nicholas county (population 6,800), Owen county (11,380) and Perry county (29,000). Coalitions consisting of healthcare providers and other community agencies were established in each county and the purposes of the coalitions were three-fold:

- 1) Meet monthly to converse about resources, programs and services provided by the agencies represented in the coalition.
- 2) Develop and disseminate a resource directory for Veterans.¹
- 3) Plan, publicize and host a dinner for Veterans in their community with the purpose of engaging them about the healthcare services available in their community.

The organizations and coalition partners that participated in this program contributed an extensive amount of human resources and educational materials. They are listed below:

- a. Kentucky Department of Veterans Affairs- Field Representatives (4)
- b. Eastern Kentucky Veterans Center
- c. New Horizon's Medical Center
- d. Owen County Public Library
- e. Carroll County VA community based outpatient clinic (CBOC)
- f. Three Rivers District Health Department and Home Health Agency
- g. Owen County Judge Executive
- h. Owen County Mayor

¹ The resource directory created for Owen County is included as an appendix to this report

- i. Veterans of Foreign Wars Post No. 3119
- j. Veterans of Foreign Wars Post No. 8666
- k. Nicholas County Health Department
- l. Nicholas County Community Action Council
- m. Nicholas County Hospital
- n. Nicholas County Family Resource Youth Service Center
- o. American Legion Post No 17
- p. Nicholas County Judge Executive
- q. Kentucky Mountain Health Alliance
- r. Perry County Public Library
- s. Perry County CBOC
- t. Numerous Community Veterans

Through the coalition meetings, healthcare providers and community organizations were made aware of available programs and services in their respective county and region. On multiple occasions coalition members commented on the benefit of these meetings for understanding the resources accessible in their area and the value of the contacts these meetings created. For example, in Perry County the CBOC learned of a local veteran that volunteers to take patients to medical appointments anywhere in the region. Similarly, the CBOC had a forum to share their criteria for seeing patients and familiarized other providers with questions relating to eligibility, timeliness of seeing patients and services. The interface among these agencies was made possible through this initiative.

In concert with the coalition partners, HOB developed resource directories for each of the three rural communities and these directories were distributed to local Veteran's groups,

homeless shelters, public libraries and shared among the coalition partners. Additionally, these directories were given to Veterans and their families at the coalition Veteran dinners.

Each community hosted a dinner for Veterans to engage them on the healthcare programs and services available in their community. The success of these dinners demonstrates the importance of coalition building, agency partnerships and community engagement. For example, the Owen county coalition was able to bring former Miss America, Heather French Henry to the Veteran's dinner. Her presence was noteworthy not only because she was Kentucky's first Miss America but also because her platform in that role was reaching out to Veterans, particularly Veterans that are homeless. She is a speaker at the national level on Veteran's issues and she has received numerous awards for her work with Veterans. Her presentation certainly increased attendance but more importantly it engaged that community and raised their consciousness on the importance of the initiative by NHPCO, the VA and the work of HOB and the coalition partners. This particular dinner was attended by over 90 people. The National Guard attended and conducted the ceremonial presentation of colors. Heather French Henry spoke about caring for Veterans and then each coalition partner was introduced and had the opportunity to answer healthcare questions of Veterans. Two representatives from the Department of Veteran Affairs were present to answer questions related to VA benefits, eligibility and enrollment. Moreover, HOB provided a brochure and video on hospice and palliative care for Veterans which included a link to HOB's Veteran webpage.²

The other two dinners were also successful in bringing providers together, creating resource directories, diffusing educational materials and engaging Veterans with a dinner. The Nicholas County dinner was attended by over 80 people in the community and the Perry County

² Hospice of the Bluegrass Veteran brochure is included as an appendix to this report. The address to the Hospice of the Bluegrass Veteran webpage is www.hospicebg.org/Veterans.html

dinner drew a crowd of 40. Particularly noteworthy is that these dinners became community events. For example, in Nicholas County the elementary students wrote notes of appreciation to the Veterans. The middle school students took time during class on the day of the event to write thank you notes to Veterans for their service and courage. These notes were at each table placed at the dinner for the veterans to take home with them. The student's activity creates an intergenerational connectedness and enhances young people's understanding of the service and needs of Veterans. Additionally, in Perry County a popular local bluegrass band performed. On the whole, the initiative in Perry County was successful in improving the coordination among providers but ultimately disappointing in directly engaging veterans. This is primarily the result of bad weather. One contact at the Eastern Kentucky Veterans Center recorded advertisements for the event that would be played on the radio station in the week leading up to the event. Due to severe flooding, the radio station was unable to broadcast. Similarly, many in the community were occupied that week responding to the aftermath of the flooding. Additionally, some personal problems occurred for key staff in that project during the same week and consequently the turn out was a bit disappointing in that instance.

The Veterans that attended these dinners were particularly grateful for the work of this initiative. Each Veteran was given an optional questionnaire that asked from their perspective what healthcare needs were most important for Veterans.³ While not everyone participated, recurring comments included access to quality care, transportation to VA medical centers and the need for clarification on VA benefits. Their comments reiterated the importance of the work of this initiative. Many Veterans approached HOB staff during these dinners and thanked them for their work. One Veteran said of the dinner and experience, "I'm getting to that age where you begin paying attention to how you're going to die. It sure would be important to have someone

³ Attached are a sampling of the Veteran's responses to questions about their healthcare needs.

taking care of you if you get sick. I'm definitely glad to know about hospice." Additionally, several Veterans used this time to share their hospice experiences with the coalition partners and they were all positive. They were pleased that someone was listening to their concerns and trying to respond in a way that is both helpful and meaningful. Succinctly, these dinners not only engaged Veterans about available healthcare services in their area, but it also raised awareness in the community about caring for Veterans.

Disseminating research to providers

Undoubtedly, engaging providers about the unique needs of Veterans at end of life is an important component to this project. HOB sought out opportunities to learn from the expertise of other providers in this area particularly the VA who brings considerable expertise in caring for Veterans and their families. This section will describe many of the professional education that has taken place in the past year and the relationships developed with the VA because of this project.

There were four conferences HOB participated in that either had a Veteran's component or created an opportunity for hospice and VA professionals to interface and share ideas.

- 1) Summer Series on Aging is a national conference for professionals in geriatrics and gerontology. HOB is a sponsor, vendor and on the planning committee for this event and consequently was able to secure Deborah Grassman for this conference. Her 90 minute seminar on the unique needs of Veterans at end of life and interventions for providers filled the room to capacity. In total over 300 providers attended this conference and there was a resource booth on HOB, Veterans and this initiative.
- 2) Kentucky Association of Hospice and Palliative Care (KAHPC) conference is an annual education seminar for hospice professionals. Janice Morrison was brought in to conduct

a one hour seminar on her Vet-to-Vet volunteer program which was attended by over 25 hospice and palliative care professionals. Several VA professionals attended this conference including the Veterans Integrated Service Network (VISN) 9 Palliative Care Coordinator Shelli Storey.

- 3) VISN 9 Annual Palliative Care Meeting in Nashville was attended by HOB's Reaching Out Program Director. He presented on this project to the palliative care professionals in VISN 9 and met with several key VA staff.
- 4) NHPCO Team Clinical Conference, a national conference for hospice and palliative care professionals included a Veteran's intensive track and pre-conference for VA and hospice professionals. The Program Director for this initiative facilitated conversation for a group of VISN 9 hospice and VA health professionals, participated in a panel discussion on the Reaching Out initiative and conducted a one hour session on engaging Veterans in rural communities and that session was attended by fifty participants. In total nine VA staff from the VA medical center in Lexington, KY attended this conference and met with the Program Director.

These conferences not only served as an opportunity to engage healthcare professionals representing a variety of disciplines and expertise but it also allowed relationships to be developed between hospice and VA professionals. The contacts HOB now has with VA are too numerous to list but particularly important is that HOB has a good relationship with the VISN 9 Palliative Care Coordinator and the VISN 9 Lead Physician Champion for Hospice and Palliative Care. These relationships will be a springboard to enhanced, coordinated care for Veterans in HOB's service area and lead to excellent opportunities for education among the two groups.

In addition to the conferences HOB was assiduous in efforts to get current literature on Veterans to healthcare providers. The hospice librarian searched the medical journals for new articles related to Veterans. Those articles were disseminated to providers in rural communities and included on HOB's Veteran webpage. Copies of Deborah Grassman's book *Peace at Last* and recording of her "Wounded Warrior" presentation were provided to all coalition partners and local libraries. Finally, HOB's Director of Provider Relations and primary physician in parts of rural southeastern Kentucky presented at the Hazard Regional Medical Center to 17 physicians on hospice and palliative care and the work of this initiative.

Increase awareness of end of life services for Veterans

HOB and the coalition partners employed a variety of methods to engage Veterans about end of life services. First, HOB advertised in the American Legion's quarterly publication that reaches over 40,000 Veterans and in other local Veteran publications. These advertisements included a toll free number that Veterans could call for questions related to hospice services, palliative care, the reaching out initiative and the coalition partners.⁴ Second, HOB created a specific brochure targeted to Veterans that explains hospice programs, services, eligibility, payment and individualized care for Veterans.⁵ This brochure was shared with providers, community organizations, libraries, homeless shelters and to Veteran groups. Moreover, at the coalition dinners, hospice and palliative care services were presented to the Veterans and their families and each Veteran received a hospice brochure and a coalition resource directory. To date, over 700 brochures have been distributed to Veterans. Finally, the HOB Veteran webpage contains information for Veterans and resources for rural community Veterans as well as current

⁴ Two of the advertisements are included as an appendix to this report.

⁵ Hospice of the Bluegrass brochure on Veterans is included as an appendix to this report.

literature from medical journals on research germane to Veterans. As of today this page has received 500 visits.

Identify Veterans on admission

HOB has integrated the military history checklist as part of the admission procedure and is in the process of making those questions part of the electronic medical record. Through this tool we have identified over 260 patients that were Veterans and 46% of those had seen combat. In addition to the checklist, over 250 HOB clinicians were provided with the Military Health History Pocket Card. This tool was created by the VA to help clinicians in all areas of healthcare when working with patients.

Engage HOB staff about the unique needs of Veterans at end of life

HOB is committed to providing the highest quality interdisciplinary care to terminally ill patients and families and is committed to evidenced based care and best practices. Of particular importance to HOB is that when clinicians ask “are you a Veteran” that they are prepared for the response. As a consequence there have been a variety of educational opportunities for HOB clinicians, administrative Veterans staff and volunteers. Educating HOB staff about the potentially unique needs of at end of life had five components:

- Dr. Joy Scott, a physician and medical director with Thomson Hood Veterans Center and volunteer community medical associate with HOB conducted a one hour seminar on the unique needs of Veterans at end of life. Lenore Hounshell, a HOB social worker with extensive experience in hospice care and working with Veterans supplemented the presentation with comments on recurring psychosocial and spiritual issues for Veterans and interventions for providers.

- HOB participated in a webinar that featured Deborah Grassman discussing end of life care for Veterans. This was attended by members of the interdisciplinary team including but not limited to physician, social worker, nurse and chaplain.
- A representative from the Kentucky Department of Veteran Affairs presented to HOB clinicians on Veteran benefits, eligibility and enrollment. This presentation was of particular importance as so many HOB clinicians requested information on this topic and on accessing resources for Veterans.
- Resources on caring for Veterans were made available in the hospice library including journal articles, academic monographs, brochures and resource directories.
- In November there will be a state-wide specialized training for volunteers working with Veterans and their families that will be teleconferenced for volunteers in all 32 counties in HOB's service area.

Reflection on the Programs

In any project similar to the size and scope of this one there will be challenges, successes, outcomes and sustainable opportunities that can be noted. Below in bulleted form are reflections on this initiative.

Challenges

- Identifying the correct contact within the VA system and then getting VA input and participation was a precipitous barrier. The most important activity in overcoming this challenge was building the relationship with the VISN 9 Palliative Care Coordinator. In retrospect it would have been much more helpful to this project to have that contact earlier in the process.

- Initiating the grant activities in January, February and March was problematic because of the weather. Snow, ice and slick roads caused the cancellation of more than one meeting. Southeastern Kentucky in particular has roads that freeze easily, there are steep hills and the infrastructure in place does not support snow removal for all areas.
- Gaining trust in the rural communities and getting active participation in the coalition presented a problem on occasion. This was overcome by providing a quality lunch and having a prepared focused agenda. Over time the interest and passion in this program became infectious and the coalition partners began to trust the motivations of the project and become passionate advocates for the purpose.
- Time to meet all the objectives was a challenge. This was a combination of a late start due to weather and the scope of the projects. This initiative required mobilizing people internally and from other organizations and it took large amounts of time, effort and communication. The success of this initiative is in large part due to the extensive assistance provided by coalition partners and other HOB personnel.

Successes, Outcomes and Sustainability

- Military History Checklist is fully integrated into the admission procedures. Clinicians now have the Military Health History card as a point of instant referral, access to current research and educational materials in the library and connection to contacts in the VA.
- HOB clinicians and administrators are now aware of the potentially unique needs of Veterans at end of life and are knowledgeable about evidence based interventions to help Veterans and families.
- HOB has an improved relationship with the VA at the VISN level, with the VA medical centers in Lexington, with VA Veteran homes and with the CBOC's in our service area.

These improved relationships translate into higher quality and better coordinated and managed care. Additionally both HOB and the VA see opportunities for mutually beneficial education in-services. Most importantly HOB and VA clinicians are better able to communicate and share expertise.

- The coalition partnerships and Veteran dinners were very successful. The coalitions in Nicholas county and Owen county want to continue to meet and identify ways to improve the care and resources for Veterans in their community.
- The coalition in Owen county is determined to continue outreach for Veterans. One particular outcome is a Vet-to-Vet volunteer program. This would not only include recruiting volunteers for HOB patients but to also find volunteers to help all Veterans in that area. For example, one suggestion is to recruit volunteers to provide transportation to the closest VA medical center and/or local CBOC.
- Over 700 HOB Veteran brochures have been disseminated into rural communities. Coalition partners have asked for additional brochures and resource directories for their community.
- HOB's webpage on Veteran services continues to get visitors. This page will be updated regularly with information on education opportunities, current research and evidence-based practices relating to Veterans and available resources for Veterans and their families in rural communities.
- It is well documented that many Veterans prefer providers and services from other Veterans. Consequently, HOB volunteers and staff will be provided the opportunity to identify themselves as Veterans and work with Veteran patients and families.

- HOB has educational and promotional materials to use for professional and community education. HOB offers community and professional education on an on-going basis and will use our Veteran materials with future events.
- In 2011 HOB will have a book club led by the hospice librarian and one of the first books featured will be Deborah Grassman's *Peace at Last*.
- Four community veterans that volunteer with Hospice of the Bluegrass and one MSW student have approached the Program Director about continuing HOB's work with veterans. An internal coalition of hospice staff, volunteers and students is being assembled to collaborate on work for 2011. Ideas that have already been discussed include a speaker's bureau where hospice volunteers that are veterans speak to veteran groups about hospice and palliative care and the opportunity to volunteer and a plan to develop an internal volunteer training program for volunteers.
- Most noteworthy is that this project has generated excitement among HOB staff and volunteers and the coalition partners our rural areas. This excitement will generate ideas and enable projects to be sustained.

Lessons Learned

- In retrospect there should have been a more intentional effort to think about process and outcome evaluation. This project was massive in scope and as a consequence the focus was more on implementing activities than monitoring effectiveness and this is regretful.
- Future projects with Veterans at HOB will have evaluation tools set up. Now that HOB is able to identify patients on admission, we will be using our Family Evaluation of Hospice Care (FEHC) survey to track our care to Veteran patients. We will be able to evaluate the

family satisfaction of all Veteran patients vis-à-vis their non Veteran counterparts.

Additionally, we can look at Veteran patients as a whole and see if our scores improve over time.

- Examples of evaluation tools that should be used with similar projects include:
 - Evaluation of lunch meetings among coalition partners. Coalition partners could be asked about their experience and are the meetings a good use of time.
 - Evaluation from Veterans on the coalition dinners.
 - Evaluation from providers on the education offerings
 - Evaluation from clinicians on the military history checklist, the military health history card and the education in-services on veterans.

Replication

The program described above is best understood as an education model where Veterans, providers and the community are engaged through educational programs, community partnerships and collaboration through coalitions. Any organization considering replicating this project or a similar project should evaluate their readiness before proceeding. An organization needs to think through the following:

- Would this initiative have the support of senior management/leadership and the board of directors?
- Are there members of the organization passionate about caring for Veterans that have the time to commit to the initiative?

- Does your organization have the resources to start an initiative? (Note an organization does not necessarily need to invest large amounts of money into a program, but there needs to be committed personnel to the project).
- Are there opportunities for education that your organization offers currently that can add a Veteran component?
- Can you mobilize and get “buy-in” from key staff in your organization to assist (for example staff in education, marketing, community outreach)?
- Do you have working relationships with providers in your communities to create a coalition?
- Have you identified VA facilities in your area and determined points of contact?

If an organization can answer in the affirmative to the aforementioned questions then they should proceed replicating this approach. Here is a step-by-step guide to replication.

- 1) Select a primary point person in your organization to lead your initiative to improve access to quality hospice and palliative care services. This person should represent the organization well, be comfortable communicating with outside agencies and have a passion for Veterans.
- 2) Become a member of NHPCO’s “We Honor Veterans” campaign and learn about the resources, programs and initiatives that are accessible. Become familiar with the local, state, regional and national experts on this topic.
- 3) Educate your clinicians, senior staff and volunteers about the unique needs of Veterans at end of life. This can be done through webinar, DVD and/or a quality speaker. This will immediately create passion and excitement internally for a Veteran’s initiative. In short,

use education as the springboard to demonstrate the need and launch this type of program.

- 4) Determine the VISN Palliative Care Coordinator and Clinical Champion for your service area to discuss your interest in improving Veteran's access to quality hospice and palliative care services. Try to arrange a time to meet and determine what opportunities may be available for education among the providers.
- 5) Identify the VA community based outpatient clinics (CBOC) in your area and contact the administrator and again convey to them your desire to improve care for Veterans.
- 6) Complete a review of all educational opportunities internally and externally in your community relevant to end of life care generally and care for Veterans in particular. Work in concert with those educators for didactic opportunities on caring for Veterans at end of life. One goal for an organization attempting this initiative should be to make itself an expert on this topic and a resource for Veterans in their community.
- 7) Discuss with your chief clinical officer the best way of integrating the military history checklist as part of your admission process. Do not begin this process until you have educated staff about the unique needs of Veterans at end of life, how that can influence the dying process and examples of evidence-based interventions for providers. Failure to educate your staff on the reasons for implementing the checklist can result in miscommunication, misunderstanding and it can hurt your overall initiative to improve your care to Veterans.
- 8) Begin the process of coalition building. This requires identifying not only the right organizations but the right people from those organizations to contribute to the coalition.

The coalitions created by HOB had three specific tasks but your organization may come up with different goals or ways of engaging Veterans in your community.

- 9) Monitor and assess your progress with initiative. Think of ways to keep momentum for the organization programs.
- 10) Develop process and outcome evaluation tools for all activities to ensure effectiveness.

There are copious amounts of resources available to anyone interested in improving their care to Veterans. NHPCO and HOB have a webpage on Veterans that are accessible with links to current research, education materials and resources. The Program Director for the initiative is available for conversation and any of the materials created by HOB relating to Veterans will be shared.

Conclusion and Budget Comments

VA Contact

This report was not only shared with all of the aforementioned coalition partners but it was also shared with the following VA contacts:

- Dr. Lisa Vuocolo- VISN 9 Lead Physician Champion
- Shelli Storey- VISN 9 Palliative Care Coordinator
- Dr. Joy Scott- Thomson Hood Veterans Center
- Neil Napier- Eastern Kentucky Veterans Center
- Joy Knight- Robley Rex VA Medical Center/VA Healthcare Center, Carroll County
- Tricia Miles- Kentucky Department of Veteran Affairs
- Penny Hughes- Kentucky Department of Veteran Affairs

The comments received from the VA contacts and coalition partners were all positive.

Recently the VISN 9 Palliative Care Coordinator contacted the Program Director of this project to note that she shared the final report with all VISN 9 Palliative Care leadership and administration.

HOSPICE OF CHATTANOOGA, INC.

REACHING OUT IN SOUTHEAST TENNESSEE OPTION YEAR ONE FINAL REPORT NOVEMBER 2010

SUBMITTED BY SHERRY CAMPBELL & MEG BEENE

Executive Summary

This Grantee Final Report for “Reaching Out in Southeast Tennessee” was reviewed by Shellena Storey of the Veterans Administration VISN 9 prior to submission, with suggested revisions being adopted in this final report.

Hospice of Chattanooga serves the Southeast’s poorest, rural, and medically underserved areas expanding into 18 counties. All counties in a 3900 square mile service area include remote rural areas, and 8 of the 10 counties served in Southeast Tennessee are considered entirely rural and lag near the bottom nationally for income, health and wellness.

Issues of isolation, education and lack of transportation directly affect transient and homeless Veterans in the region. As the national statistics indicate, more than 20% of unsheltered homeless persons are likely to be Veterans, most of the Vietnam Era.

In 2009, Hospice of Chattanooga applied for and received funding through the Reaching Out initiative to develop partnerships with the VA and community providers to better educate and serve rural and homeless Veterans and their family caregivers about VA programs and benefits including hospice and palliative care services.

Description and Objective of Project

The overall goal of Reaching Out in Southeast Tennessee 2010 is to increase access to hospice and palliative care services for rural and homeless Veterans by

- Collaborating with our local VA Clinic to learn and establish appropriate protocol for healthcare and hospice admissions;
- Providing education for hospice staff and other community agencies (along with the VA) about VA benefits
- Meetings and “Outreach Days” in Southeast Tennessee Rural Counties with the Vet Center and VA County Service Officers
- Meetings, In-service and “Outreach Days” in collaboration with the VA and community agencies who serve our area homeless.
- Creating a city coalition of VA and non VA agencies with the mission of “working together in addressing issues our area veterans and returning soldiers are facing; creating partnerships and relationships between VA and community agencies to help resolve

challenges for our area Veterans and their families”. This coalition includes agencies who serve homeless and those who serve rural areas.

- Planning a Community Conference for Veterans, their families and professionals who serve veterans, scheduled for December 2010.

Target Veterans for the Project

Care providers, Veterans and family members of Veterans in the following counties are the key audiences for publicity and information about financial, burial, and palliative and hospice benefits available through the Veterans Administration. In particular, outreach was tailored to reach out to Veterans age 60 and older and their family caregivers. Total population with percentage of households living below federal poverty guidelines who might most likely utilize VA benefits are listed for each county. (All data from the 2000 Census.)

Tennessee Counties Served: Veteran population 50,094

Bledsoe County;	837 Veterans,	poverty level 16.7%
Bradley County;	7,887 Veterans,	poverty level 12.5%
Grundy County;	821 Veterans,	poverty level 20.2%
Hamilton County;	27,717 Veterans,	poverty level 13.3%
McMinn County;	4,235 Veterans,	poverty level 13.8%
Marion County,	2,189 Veterans,	poverty level 13.7%
Meigs County;	1,346 Veterans,	poverty level 15.9%
Polk County;	1,322 Veterans,	poverty level 14%
Rhea County;	2,648 Veterans,	poverty level 14.3%
Sequatchie County;	1,092 Veterans,	poverty level 14.4%

Key Staff of Project

Project Coordinator – Sherry Campbell, LBSW, Social Worker with experience and interest in working closely with Veterans, CBOC representatives, VISN representatives, Veteran Service Officers, other state and community healthcare and service providers spent 16 hours a week with the primary responsibility of implementing the grant goals and objectives. She is also serving this year as a HOC/VA Liaison, assisting with specific Veteran patient issues.

Homeless Veterans Outreach Coordinator - Victor Brown, BSW devoted 4 hours per month as Homeless Task Force Coordinator, working closely with all providers serving homeless persons and eventually doing counseling weekly at the area’s homeless center.

Veteran to Veteran Coordinator- Ivan Deitch, MSW and Navy Veteran, is devoting a few hours per week to developing a program that will be sustained long term of helping veterans share their combat story. HOC Volunteer Department is working with Ivan in being mindful of Veteran volunteers and matching them with Veteran patients and their families as requested. We are working to educate Veteran groups about volunteer possibilities with hospice.

Bereavement Counselors Tracy Boyette, MA, and Kate Stulce, LCSW, have agreed to be available to provide needed support for Veterans with unique end of life issues such as PTSD. They have spent time this grant year learning from the Chattanooga CBOC (Mental Health Team), the Chattanooga Vet Center and from Deborah Grassman's educational materials (video and reading).

Administration Liaisons - Sue Longstreet, RN, CHPN and Senior Vice President for Administration and Meg Beene, CFRE and Executive Director of The Hospice of Chattanooga Foundation both devoted significant hours to the grant, Sue on internal systems and support, and Meg on external Public Relations, mailings and community meetings.

Define Organizational Investment

Hospice of Chattanooga provided more than triple the grant amount in staff hours and has paid for mileage, mailings, meetings, meals, recognition and other activities. Many aspects of the work undertaken through the grant are now built-in to HOC operations, such as including Veteran status for all patients admitted to care and utilizing the Military History Checklist with Veteran patients.

This grant has become a lasting part of Hospice of Chattanooga in other ways as well. In-services on working with Veterans and assisting them in navigating the VA system are given to all Hospice of Chattanooga and Palliative Care Services new employees in orientation, and for staff members of all Chattanooga Veteran Coalition members.

Engaging Veterans

- The Chattanooga Area Veterans Council meets quarterly and consists of representatives of Veterans groups in the area (for example, the American Legion). They have been very supportive in promoting our outreach and informative about VA benefits.
- The Vet Center provides counseling for combat veterans. The Director and Counselors of the Vet Center are veterans. They have been instrumental in educating us about combat and PTSD. They have also collaborated with us in rural outreach, using the Mobile Vet Center for "Outreach Days" in a few of our counties. The Director is a member of our Veterans Coalition.
- VA State and County Service Officers have been helpful with rural outreach. They help veterans with applying for and understanding their benefits. Across the country, most states have State Service Officers and County Service Officers- all are Veterans.
- The Veterans Coalition, created from this grant, is open to any Veteran.

- “Vet to Vet” program: a Navy Veteran social worker is coordinating this effort. Participating volunteer Veterans will be matched with Veteran patients with the goal of providing friendly visits and helping the Veteran share their story.

Describe Your Partnership

Our primary work has been with the Tennessee Valley Healthcare System Chattanooga Community Based Outpatient Clinic, (CBOC) TN Valley Healthcare System and other Veteran related contacts, including:

- Shellena Storey, Palliative Care Manager for VISN 9, who has been helpful in providing needed support and guidance. She was instrumental in providing consultation for our work to streamline the palliative consultation process.
- TN Dept of Labor and Workforce Development (Veteran Representative), who has helped consistently with Project Homeless Connect, outreach.
- VFW Post #3679. They have worked with us in outreach, including inviting us to help with their CBOC cookouts for veterans.

The following partners are members of the Chattanooga Veterans Coalition and meet every 8 weeks to address Veteran care issues. Hospice of Chattanooga and the City of Chattanooga have coordinated communications with all partners, and each partner is very active in utilizing the Coalition members in day to day operations to better serve Veterans. Community partners (non-VA) have agreed to begin working towards asking veteran status on intake.

Hospice of Chattanooga, Inc.
Southeast Tennessee Development District, Area Agency on Aging & Disability
State of TN Veteran Affairs
Chattanooga Community Kitchen
Homeless Health Care Center
The City of Chattanooga
Disabled American Veterans
Palliative Care Services
Chattanooga Vet Center
Caregiver Coalition of Greater Chattanooga
Chattanooga Area Brain Injury Association
Southeast Tennessee Epilepsy Foundation
Chattanooga National Cemetery
The Salvation Army
Chattanooga Area Veterans Council
Siskin Hospital for Rehabilitation
Medal of Honor Museum
Legal Aid of East Tennessee
Retired Enlisted Association (REA)
TN Army National Guard, Military Honors
Alzheimer’s Association of SETN

Agencies that have helped with outreach in the rural areas of Southeast TN have been:

- SETN County Service Officers of Bledsoe, Bradley, Grundy, Marion, Meigs, McMinn, Polk, Rhea and Sequatchie Counties.
- Chattanooga Mobile Vet Center

Barriers and Challenges

- Lack of transportation for Veterans in rural areas or who are homeless. Two rural counties have van service that is supported by a Veteran organization or the county itself-driven by volunteers.
- The nearest VA hospital or inpatient hospice is approximately 90 minutes away from Chattanooga.
- Limited contract nursing homes in service area with the closest nursing home in rural east Tennessee, anywhere from 45-90 minutes away from most of our area Veterans.
- Education regarding access to care for un-enrolled Veterans, navigating VA benefits, referral process for community hospice, and billing processes have been addressed through a face to face meeting, two conference calls, and a Veteran Community Partnership meeting sponsored by TVHS.

Successes

- Established base line data on Veterans in daily census at Hospice of Chattanooga
- Understanding that 20% of hospice patients are veterans and sharing impact of findings with other Coalition Members to help them evaluate Veterans in care
- Education of our social workers regarding Veteran benefits has improved care for Veterans
- The hospice/VA liaison position is helpful, having time available to resolve challenges and work with the VA.
- Chattanooga Veterans Coalition is biggest success:
 - Membership has grown to 23 partner agencies
 - Helps with education about Veteran benefits and resolution of issues that area veterans face.
 - One recent example of member support: Small grant provided by the Chattanooga Area Brain Injury Association for the Vet Center to obtain bus passes to help Veterans in need.
 - Members have agreed to check for veteran status
- Statewide “We Honor Veterans” Conference on Veteran benefits and issues is scheduled for December 3, 2010. Veterans, their families and caregivers, and professionals are invited to attend as Tennessee re-launches the Hospice Veteran Partnership.
- Created Veterans outreach section at three Chattanooga’s Project Homeless Connect (PHC) Events:
 - Five VA agencies present along with Hospice of Chattanooga for outreach
 - Spring 2009 Event, PHC served over 300 people
 - January 28, 2010 PHC served over 300 people

- September 30, 2010 served over 500 people

Outcomes

- Improved care for veterans and their families due to continuing staff education
- Hospice/VA Liaison has helped with specific veteran issues, will continue to staff this position
- Veteran outreach and hotline number:
 - In the past six months, we have received 30 inquiries.
 - Three calls have led to a hospice referral.
 - Other calls were significant- led to educating the Veteran/Veteran family about healthcare benefits

Project/Program Sustainability

Hospice of Chattanooga plans to sustain the work we have started in our community. This work will include:

- Leadership support and coordination for the new Chattanooga Veterans Coalition, with continued meetings (in partnership with VA and community agencies) to address issues specific to SETN and for networking and education opportunities. Resources needed to sustain this project will be continued interest and support from partner agencies; invitations to other interested parties in the area such as hospitals, home health cares and nursing home providers.
- Veteran volunteer support for our Veterans. Hospice of Chattanooga Volunteer Services will work to continue recruiting Veterans to visit our patients and their families.
- Continued position of hospice-VA liaison to help with specific Veteran issues.
- Bereavement Staff available for support for Veterans with special end of life issues such as PTSD.
- Continued utilization of a form of the Military History Checklist, asking about Veteran status on admission and following through with initial social work assessment.
- Education about Veteran care has been provided to all current staff and will continue to be a part of the new employee orientation, ensuring that all employees have a basic knowledge of caring for Veterans at the end of life and are aware of who to call when they meet a Veteran who needs support.

Assessing Organizational Readiness

Hospice of Chattanooga's checklist for organization readiness is reflected best in a list of questions for the interested agency to consider. This checklist is provided at the end of this report. Interest in Veteran care is the most important asset needed for organization readiness.

Tips and Recommendations

Our Tips and Recommendations are similar to last year's tips and recommendations. Hospice of Chattanooga's Tip Sheet is attached at the end of this report.

Resources and Contacts

- For working with the VA Health Care System, it was helpful to understand which VISN, CBOC and VAMC that was in our area. Helpful contacts within the VA would be that area's VISN Palliative Care Team and Clinical Champion. On a local level, it is helpful to establish rapport with the CBOC Social Worker, Nurse Manager, Business Manager and/or Medical Director. A good website to help navigate the VA system is www.va.gov.
- For rural outreach, a good resource is the County Service Officer in that area. Most counties in your state will have a VA Service Officer. Their role is to help Veterans apply for all benefits available to them. Some will have a VSO (Veteran Service Group-American Legion for example) that helps with VA benefits and counseling. They may be full time or part time. To find out how to reach the County Service Officer for your area you can call the County Courthouse or access a list at <http://www.nacvso.org/modules.php?name=Content&pa=showpage&pid=10>.
- The local Vet Center provides counseling for combat Veterans, bereaved families and Veterans who have suffered sexual harassment during time of service. They are a part of the VA System but are located outside of the VA. The Vet Center has been instrumental in helping us with outreach and education this year.
- A quick way to access a Veteran's DD214 or discharge papers is through <http://www.archives.gov/veterans/evetrecs/>. One could also contact the state Military or War Records Department. Veteran Service Officers also help veterans obtain copies of their DD214.
- For developing an area coalition, it is helpful to invite members from VA agencies and community agencies:
 - **VA agencies** include the Veterans Affairs Office, VA Health Care (Clinic, Medical Center or VISN level), Vet Center and the National Cemetery. State and County Veteran Affairs Offices are located in all areas of all states. VA HealthCare and National Cemeteries are not available in all areas. It would be helpful to invite someone who is knowledgeable about these benefits- such as a county service officer.
 - **Community agencies**- explore all resources and agencies that might serve veterans. This would include local Community Kitchen, Shelters, Hospitals and Home Care Providers, Nursing Homes, Legal Aid, the local Area Agency on Aging. Our local Area Brain Injury Association has also become a strong partner in the coalition and taken a leadership role.

Invite area Veteran service agencies such as the Disabled American Veterans. These groups are wonderfully supportive and rich in resources and history. Consider agencies who serve veterans of all ages, not only those focusing on hospice care.

ASSESSING ORGANIZATIONAL READINESS

In establishing organization readiness, it is important to consider the following questions:

Readiness to provide excellent hospice care for Veterans and their families:

- Does our Leadership support a program focusing on Veterans and their needs?
- Are we using the Military History Checklist? Do we check for Veteran status upon admission?
- How much do our social workers and staff know about Veteran benefits and who to call to access benefits for Veterans and their families?
- Who is available in the community to help educate our hospice social workers about VA benefits- most especially healthcare, monetary, and memorial benefits?
- What unique issues to Veterans face at the end of life, especially combat Veterans? How can our agency support them?
- How are we currently working with the VA Veteran admissions and in billing? What are current barriers to access to care in our area and how we can work with the VA to resolve these?
- What is the process for referral from the VA or other processes such as admitting a Veteran who has never accessed their VA Healthcare benefit?
- Does our agency have someone available who can serve as a liaison to help with specific Veteran issues?
- How many Veterans are in the area we serve? How many Veterans does our hospice serve?
- Do we have volunteers who are Veterans? How would we recruit Veteran volunteers?
- How do we want to honor our Veteran patients and their families? What resources are available to help us honor our Veterans?

Readiness to Begin an Area Veterans Coalition- Consider the Stakeholders

- Do we have a State Hospice Veterans Partnership? Who is the contact person?
- Who could we name as helpful people within the VA to invite to the Coalition, for partnership with area community agencies? This would include VA Healthcare, Benefits Counselors, Memorial/Honors Benefits and the local Vet Center.
- Who are Veteran Service Organizations in our area?
- Who are the community agencies in our area who serve rural and homeless Veterans? List and invite all agencies who serve all ages of Veterans. This lends to greater brainstorming and problem solving.
- Work with Coalition members on educating each other about resources in the community. Collaborate on what issues are facing Veterans specific to your area. Work with partners to establish an agenda for the year for addressing these issues. In Coalition meetings, work together on ways to resolve these issues.

RECOMMENDATIONS

Building relationships with the VA and veterans' groups:

- If available, join the Veterans Council in your area.
- Appoint one person to be a consistent, knowledgeable contact and liaison
- Face to face meetings are most helpful.
- Participate in existing city/county committees, task forces and coalitions in your area.

Building relationships with other provider groups

- Share and explain VA benefits structure, forms and terms with others.
- Share data for rural and homeless Veterans provided by NHPCO with others. Reach out those organizations who serve your same client base first.
- Encourage all providers and organizations to educate one another on scope of services provided and geographic reach for one another.
- Enlist organizations serving the homeless as key partners in reaching homeless Veterans.
- Host quarterly face-to-face meetings for all partners with VA/CBOC participation.
- Be consistent and stay in touch with VA and community partners. Groups serving the homeless in particular have experienced grants and groups that have fallen through on promises and performance. It is important to demonstrate commitment.
- Network and establish rapport with all agencies who might serve Veterans, do not stay focused on only those who only serve older or very disabled Veterans. Having agencies and representatives of all types helps with community brain storming and problem solving.

Engaging Veterans

- Offer concrete knowledge, advice and assistance to help them navigate the VA system.
- Reach out to community based Veteran Service Groups: VFW, American Legion and the Gold Stars for example.
- Be a good resource partner with Veteran Service Officers in your region.
- Ask clients about veteran status and use the military checklist in background profile.
- Participate in existing events and activities for veterans in your area.

LINK OF HAMPTON ROADS, INC.

REACHING OUT TO RURAL AND/OR HOMELESS VETERANS OPTION YEAR ONE FINAL REPORT November 2010

Essential Elements of a Replicable Model

1. Executive Summary

Our veterans have made sacrifices to assure our freedoms. It is our responsibility as citizens of this great nation to honor and respect them, particularly as they make their final journey of life.

LINK of Hampton Roads, Inc. has implemented a home hospice program that provides honor, respect and comfort for homeless and rural veterans who are 6 months or less from death and who desire to spend their final days in a home environment rather than on the streets, in a shelter or in an institution. Eight home hosts have been carefully recruited and trained. They have opened their homes to dying veterans.

The veterans enter the homes and become a member of the host family. In the home their needs are attended to by a team consisting of the home host, hospice professionals, family and volunteers. The veterans are empowered to control their final days by making the choices that will increase their quality of life in their final days.

The program came to the attention of other areas in Virginia, who requested it be replicated in their areas. A replication manual was developed to assist the efforts not only in Virginia, but in other areas of our nation. The replication projects in Richmond and Roanoke are underway and will soon provide a home hospice option to homeless and rural veterans in those communities.

This is a relatively low-budget initiative and can be replicated in other areas, but it does necessitate community support in the form of volunteers and in-kind services. The project can be coordinated through volunteer efforts, perhaps a veterans service organization or a hospice provider. The greatest resource outlay is the training of volunteers and background checks. This is an attractive volunteer opportunity for veterans to give back and support other veterans, particularly in their final days.

2. Description of the Project/Program

The goal of the LINK Reaching Out Hospice Program is to provide a home environment where terminally ill veterans can complete their life's journey with the support of medical professionals, family, friends and volunteers.

Research has shown that homeless veterans, similar to people in the general population, want to die in an environment that provides recognition, support and dignity. Most often, homeless

veterans have lost homes, families and friends. They are concerned that no one will know they have died, and they are concerned about what will happen to their remains.

Veterans who live in rural areas may have a home and may or may not have a care giver in the home. If there is a care giver, the individual may be elderly or not well and unable to provide the care needed by the veteran.

This project recruits and utilizes private homes in the community that meet the needs of terminally ill veterans. The home owners, “hosts,” are willing to open their homes to a veteran who is 6 months or less from dying and treat the veteran as a member of their family. Once the veteran is in the home, his/her needs are met by a support team that includes the home host, medical hospice professionals, family, friends and volunteers. The veteran is also a member of the team and is encouraged to make choices about his/her care, including foods, medication, even options for a hospital bed and regular bed.

The choices are meant to empower the veteran and provide the best quality of life in the final days. The focus is on the comfort and the wishes of the veteran. It embraces a holistic approach to support the veterans and those who surround them at end of life and provides pain and symptom management as well psychological and spiritual support. The home setting provides an environment in which the veterans can be in control of their final stage of life, thus increasing the quality of the veteran’s life and providing dignity.

This project necessitates a 24-hour commitment by the hosts. Therefore, the veteran is asked to reimburse the host based on military or civilian benefits received. The rates are dependent upon the amount of income and are much lower than rates in other home programs.

3. Objectives of Project/Program

The objectives of this project were developed to conclude December 31, 2010.

1. Qualify and provide physical care and emotional support to 10 homeless and/or rural veterans who are 6 months or less from end of life by 12/31/10.
 - Community members were recruited to be “home hosts” to homeless or rural veterans, providing them with a home and family in order to assure that in the time in advance of their death they receive emotional support and become empowered to make the decisions that impact the quality of their life.
 - Train home hosts and other volunteers, complete background checks to assure the safety and comfort of the veterans and evaluate the homes to assure they are appropriate and safe environments for the veterans.
 - Meet with the Hampton and Richmond VAMCs to create an awareness of the program and to accept referrals.
2. Continue meeting with the hospice advisory committee for program support and evaluation.
 - Create a five-member advisory committee and develop a schedule of meetings.
3. Develop a “how to” manual and suggested plan for replicating the home hospice program and send it to the partners.

- Formalize the process for developing and implementing the home hospice program.
4. Meet with Richmond and Roanoke partners to plan implementation of their home hospice endeavors in their communities using the replication materials.
 - Schedule meetings with partners.
 - Identify additional partners.
 - Designate a coordinator for each city.
 - Develop a time-line for implementation.
 5. Continue to be available to mentor and support partners through 12/31/10 and beyond.
 - There has been continuous mentoring of both the Richmond and Roanoke partners. The mentoring will continue beyond the 12/31/10 end of the project as warm, collaborative relationships have been formed as well as the pleasure that results from seeing the implementation of a project about which there is great passion and investment, as well as wanting to assure there is the follow-through necessary to complete the replication.

4. Target Veterans for the Project/Program

The target populations of the program are rural and homeless veterans living in the Hampton Roads area of Virginia. There is a large population of homeless veterans within the area as a result of the high military presence. There are also many less populated rural areas to the north, east and west of the cities of Newport News and Hampton.

5. Key Staff of the Project/Program

- Joyce O'Brien, Program Manager, has been responsible for the program implementation and operation.
- Lynne Finding, Executive Director of LINK of Hampton Roads, Inc., supervises and supports the Program Manager. She has an extensive network of professionals and volunteers in the community

6. Define the Organizational Investment

LINK investment:

The Program Manager is a 20-hour/week team member whose position is supported through the grant as is a portion of the time of the Executive Director. The agency's Financial Director is responsible for payroll, budgeting and grant management. LINK provides in-kind support through printing brochures, computer use, copier, fax, telephone, local and state travel expenses not covered in the grant and a proportional cost of the annual audit.

Sentara Home Care and Hospice:

During the two years of grant funding, Sentara invested in excess of \$20,000 in the project. Included in their investment has been training of home hosts and volunteers; background checks, drug screens and TB testing; screening hosts and host homes, meetings with project staff,

meetings with Richmond and Roanoke partners and mileage. A physician, nurse and volunteer coordinator support the project.

Hampton VAMC:

During the two years of grant funding there have been 7 meetings with VAMC staff, 4 Community Hospice Partners meetings and 1 phone conference involving multiple staff. In the fall of 2009 The Palliative Care and Hospice unit sponsored an educational seminar which provided a networking opportunity and display of materials for the Reaching Out Project.

The Richmond, Virginia, replication partners:

The partners, including the Richmond VAMC, the Virginia Association of Hospice and Palliative Care, Hospice of Virginia, Nelson Funeral Home, Sentara Home Care and Hospice, Caritas Homeless Shelter System and representatives from the Richmond Times Dispatch have invested approximately 20 hours of formalized meeting time, meeting space, preparation and research time outside of the meetings, and mileage to and from the meetings.

The Roanoke, Virginia, replication partners:

The partners, which include Good Samaritan Hospice, the Salem VAMC, faith-based representatives are in the beginning stages of their project, but will be further advanced by the end of the year. Their investments to date have been face-to-face meeting time, phone conference meeting time, meeting space and travel time.

7. Engaging Veterans in the Project/Program

The veterans who have been involved in the project have done so in an advisory and volunteer capacity. From the beginning stage, we have spoken with veterans who work closely with LINK to solicit their input on the design and implementation of the program. Two veterans have served in an advisory capacity. Veterans have also assisted as volunteers, providing veteran-to-veteran hospice support and assistance with projects such as moving furniture. One of our partners from Sentara Home Health and Hospice is a veteran nurse. She has assisted with screening the hosts and hospice homes as well as volunteer training. Her passion and concern for veterans has been very evident in every phase of the project, particularly her efforts to assure the veterans receive the highest quality care.

8. Partnership Description

- Sentara Home Health and Hospice – Sentara sought out LINK when they became aware of the pilot project and requested collaboration should there be a continuation of the pilot project. When the NHPCO grant opportunity was released, Sentara indicated they wanted to partner on a project for veterans and encouraged LINK to apply. Our “working” partner from Sentara, Danene Abdullah, is a veteran and passionate about the project. Sentara has assisted in recruiting volunteers and has taken the lead in training home hosts and other volunteers. They have completed the extensive background checks of LINK staff, home hosts and volunteers. They have also provided drug screening and

TB testing. With LINK staff, they have helped develop the criteria for host homes and screened the homes. Sentara has provided the medical hospice care when they have been designated by the veterans.

- Hampton VAMC – The Hampton VAMC was recruited through the Homeless Outreach Department. In conversations with the staff, there was indication there was a need for hospice services for homeless veterans. When the grant was written, a letter of support was provided. Social Workers from the VAMC have referred veterans to the project and facilitated the meetings between LINK staff, home hosts and veterans. They have hosted and facilitated meetings between LINK staff and VAMC staff to develop working relationships. LINK staff has been included in the Community Hospice Partnership meetings that are held for community providers. The meetings provide an opportunity for networking and increasing awareness of community resources. While there have been relationship issues in the past, the relationship with Hampton VAMC is growing stronger.

The Hampton Veterans Affairs Medical Center has partnered with community hospices, home health agencies and programs in the Hampton Roads area to ensure excellence in end-of-life care is provided for our nation's veterans as well as support for their families. This partnership provides all levels of care to ensure that every veteran is able to receive hospice care at the time and place of need.

This partnership is a community-based program that functions independently or within an existing structure. The first three meetings were hosted by the Palliative Care Consult Team at the Hampton Veteran Affairs Medical Center. However, for the partnerships to be more community-base it was decided that the meetings be held every other month at the location of different agencies. As the meetings moved to different facilities the relationship strengthened between community hospice programs and the VAMC. To further strengthen the partnership an executive committee was established from the participating agencies.

Future goals:

1. Increase membership to include the following: nursing homes; Veterans Service Organizations; veterans; military hospitals; and community organizations interested in improving care through the end of life for veterans.
2. Host a regional training: Barriers to Hospice Care
3. Participate in the statewide training.

Two mentors: Dr. Kathy Goodman and Dr. Jorge Cortina.

- Replication Partners – When there were relationship issues with the Hampton VAMC, we met with the Richmond, Virginia, VAMC and presented the program. They were enthusiastic and requested we consider replicating the program in the Richmond area. The replication was written into the Option Year One funding request. The replication partners, which have included the Richmond, Virginia and Salem, Virginia VAMCs, the

Virginia association for Hospices and Palliative Care, community hospice providers including Good Samaritan Hospice and Hospice of Virginia, Nelson Funeral Home (homes in eastern Virginia who specialize in services to veterans and their families), Sentara Home Health and Hospice, faith based representatives, local media and shelter programs have come together to begin replication in Richmond and Roanoke, Virginia. The partners have reviewed and critiqued the replication manual, developed implementation time lines and strategies for recruiting volunteers and veterans in need of the program.

- The Richmond replication project set a target of July, 2010 for placing the first veteran in a home hospice. Through frequent meetings and discussions, one of the partners had legal questions. The partners agreed to recruit an attorney willing to become a partner or who would provide pro-bono counsel before moving forward. Through the summer, attorneys were contacted. Two attorneys have agreed to attend the next meeting to offer guidance and address the concerns. Once the issues are addressed, recruitment will begin.
- The Roanoke project has not developed as quickly. Because of the time commitment, it was ambitious to assume both projects could be developed simultaneously. Now that Richmond is well on the way to implementation, total efforts will be focused on helping Roanoke complete progress toward implementation.
- The method of communication used by all partners has been face-to-face meetings, email and telephone. Typically, the face-to-face meetings are set by consensus through email communication. Conference calls have also been used. Two of the replication meetings were attended telephonically by partners who could not attend in person.

9. Barriers and Challenges

- Our challenge has been developing effective protocols related to referrals to the home providers and project replication legal issues.

The first year we needed to distinguish the project as independent of the VA Foster Care Program. In year two, we were challenged with developing a protocol for referrals that included those originating from the VAMC system and those from community hospice programs.

The Richmond replication partners brought forth questions related to home host liability. These issues had not arisen with the Hampton/Newport News hosts. The partners opted not to move forward with recruiting home hosts in the Richmond area until the concerns could be resolved. They have brought an attorney to the partnership. The attorney is researching the concerns and will report to the partners at the next meeting. The results of the report will be incorporated into our work in Hampton/Newport News.

Both challenges, developing protocols, are a work in progress.

10. Successes and Outcomes

- Home hosts – 8 home hosts were recruited. The responses to our recruitment of home hosts were carefully assessed and considered. It was important that the motives for becoming a home host were consistent with the goals and ideals of the program. An assessment tool was developed for assessing the individuals who responded. An additional assessment tool was used when inspecting the home. There were background checks completed on the potential hosts.

The safety of the veterans has been our greatest concern. Each of the hosts are “helping” professionals, 4 are nurses and 4 are following careers in agencies that provide social service programs in the community. Three hosts have a family member who is or was in the military. A common denominator of all the hosts has been their desire to make the veteran a member of their family and provide a safe, comfortable environment in which the veterans can spend their last days without regard to the amount of monetary reimbursement.

- Veterans served – 10 veterans have been placed in host homes. As explained above, we have had to turn away referrals, but we are working to resolve the issues. Nine veterans used less than 30 bed nights in the homes. One veteran, at the time of his placement, was diagnosed with 6 months or less of life; however, he made progress in his treatment and after 7 months left the program to live with a friend. They all were diagnosed with a form of cancer.
- Develop a Replication Manual – The manual has been developed and is available upon request. At the recent NHPCO Preconference Seminar on September 12 in Atlanta, GA., the program was summarized before seminar attendees and project information was displayed. Seventy-two attendees indicated an interest in the project and requested a copy of the replication manual. The manual was emailed following the conference. We have received correspondence from one program to date indicating they are in the beginning process of developing a program. Two other programs have indicated they will begin implementing, have not set a time. One of the programs has requested that LINK provide on-site assistance.
- Replicate the program in 2 areas of Virginia – The replication in Richmond and Roanoke is in progress. The committees have been using the Replication Manual and are making good progress.

11. Project/Program Sustainability

We view this program as vital in providing a quality and dignified final journey for homeless and rural veterans. The assertion is supported by this community. It is particularly important in a community that does not have an inpatient VAMC program. In as much as it is a low-budget program, we feel certain it can find a “home” when NHPCO funding ends.

We will begin approaching veterans service organizations in an attempt to identify one that may be willing to champion the program on behalf of their dying brothers and sisters. If that option is

not successful we will speak with the 3 hospitals in our community to ascertain their interest in including the program in their hospice endeavors.

We will also speak with the local United Way for input about community funding to support the program or a community agency who, in their opinion, may be willing to absorb the program.

We are committed to the replication of the program. Based on the response from VAMCs and community hospice programs who have requested the replication manual, there is need and interest. We would like to continue to be a resource to programs interested in replication and to provide on-site assistance as needed.

We will need financial resources to continue providing the local home hospice project while identifying an organization or agency to continue the program. Resources will also be needed to complete replication in Virginia (we have had a request from another area in this state that is interested in beginning a program) and assist in other areas outside of Virginia.

12. Assessing organizational readiness for replicating the project

In order to begin the process of providing veterans with a community-based home hospice, the following elements should be considered:

Can you substantiate the need?

In order to establish that your community needs and will support such a program, you need to do some research and prepare a needs statement. Talk with homeless programs and rural services. What need do they see? Are there community hospice programs that serve homeless and rural veterans? Is the need greater than what can be met by the community programs? What is the number of homeless veterans in your community? Has your Continuum of Care completed a Point In Time Count (PIT) within the last year? The PIT is an annual count of homeless individuals and families in your community. Within the count, the special populations of homeless, such as veterans, are categorized. Are you located near a VA Medical Center? Does the Center have a hospice unit? Who is eligible to be admitted to the unit? Is there a waiting list? Is the unit willing to support your efforts? Talk with the Homeless Outreach Team at your area VA. They can provide critical information about community need.

Put a face to the need.

Develop a case statement that describes the specific need in detail such that the community can see and feel the need. Make a strong case, because you will need to use it to *sell* your concept in the community. You will need it when you speak publicly before community and veteran groups, get media support, and look for funding within the community or from local or national grants.

Assess community readiness

Is the community ready for the project? You will need to approach prospective partners and determine their willingness to support the project. How will the project be funded? You need to develop a budget for the project, unless it will be a volunteer effort. It will be helpful to speak

with a local volunteer center and determine the availability of community volunteers. Does the center think you can you recruit the specific volunteers you need, particularly veterans. Seek out faith-based initiatives. They are an excellent source of volunteers. Can you count on media support? You need to develop a plan for recruiting volunteers and marketing the project.

□ Develop partnerships

Once you get the “ground swell” moving, organize a steering committee comprised of representatives from community organizations and services whose missions and goals are compatible with yours and who are willing to partner with you. Invite your potential partners to sit around a table and share their ideas. Before the close of the meeting, be sure that those attending are on board and are willing to bring more potential partners to the next meeting.

Once the interested partners are at the table and the ideas are flowing, create a list of goals you will need to achieve in order to begin your program and a time line for completion of the goals. Before the close of the meeting, designate either yourself or another impassioned individual to accept the role of being the temporary coordinator. This person may eventually become the permanent coordinator, but don't scare anyone away by bestowing what may be perceived as a large responsibility too soon!

Develop an agenda for every meeting and stick to the agenda. Agree on the time commitment for each meeting and honor it. It goes without saying that everyone's time is valuable. Respect that by facilitating meetings that are timely and productive. Maintain ongoing communication by distributing minutes of the meetings to all the partners. Between meetings, keep partners updated with new, important information either by telephone or email. You may consider routing the meeting minutes to other key staff in each of the partner organizations. You can never communicate enough!

13. Tips and Recommendations/Lessons Learned

- You must find the appropriate individual(s) at your VAMC willing to champion your project.

Lessons Learned: Most importantly, DON'T GIVE UP! Begin with the Homeless Outreach team and sell them on the project. It will be an easier sell as they work with the homeless in your community. In many VAMCs a hospital nurse is a member of their team, which means there is an awareness of the health issues of the homeless. Make contact with the Palliative and Hospice Care Unit. If your VAMC does not have an inpatient hospice facility, they usually contract with community hospices and they should be interested in your project. One of the fastest ways to reach staff that can be of assistance is to make a presentation to the VAMC's social workers. Your Homeless Outreach Team should be able to help you get on their meeting schedule for a presentation.

- Impassion potential community partners so they will take an active, leadership role.

Lessons Learned: Put a face on your project. Develop a passionate needs speech about the need for hospice services for homeless and rural veterans. Include statistics that support the need in your community. Go first to programs that likely share your concerns as a result of the work they do, whether it is homeless or rural services, veteran services or a hospice program. Once you get a program on board, use that program as leveraging to get others involved. Programs will often be more receptive and agreeable once they learn what other programs have committed. When looking at partnerships don't forget faith-based communities and veterans service organizations and civic groups. Addressing community needs is generally in their charters and they are particularly sensitive to veteran projects.

- Educate yourself about veteran benefits and be sure the veteran is in the VA system. The benefits a veteran receives vary greatly, whether they are military or civilian.

Lessons Learned: The veteran must know upfront that the service is not free of charge. The amount of benefits a veteran receives, whether the benefits are VA or civilian, such as SSDI, vary from veteran to veteran. Additionally the schedule of payment of the benefits may be such that reimbursement may not be available at the time the veteran enters the host home. When a referral is made, you need to ascertain the amount of funding the veteran has available. As you are making a decision about placement, it is important to be upfront with the host as to the amount of funding that is available. Some hosts are willing to provide the service without reimbursement while others need to bring someone into their home to assist in the non-medical care of the veteran, in which case reimbursement would need to cover that cost. Before the veteran enters the home, an agreement to reimburse the home host should be signed. Sometimes a veteran has a bank account and is willing to reimburse from the account while waiting for a check. That is not usually the case with homeless veterans. Unless you have hosts who are not as concerned about reimbursement as they are about helping the veterans, you will need to be aware of the veteran's prognosis – if death is imminent, there will likely be no reimbursement, as benefits are not retroactive.

- The Home Host will likely need bereavement support following the death of the veteran.

Lessons Learned: Home hosts become involved in the program because they care greatly about veterans and the sacrifices they have made for our freedom. They take veterans into their homes and make them part of their families because they care deeply. Your hosts may be veterans themselves or have immediate family members who are active duty military or military veterans. So, before the veteran enters the home, there is an attachment and a kinship. While in the home, the veteran becomes a member of the host's family and a bond is formed. When the veteran passes, the same grieving process occurs that occurs with an immediate family member. The medical hospice provider will likely provide bereavement services and offer them to the host family. Encourage the family to participate in that or another community bereavement program. If a host has loss issues that have not been addressed, you should not place another veteran into the home until such time that the issues are being addressed.

- Many veterans have mental health issues, including PTSD and substance abuse that are intimately tied to their military service. As they near death, they may be reliving experiences that trigger reactions to their issues.

Lessons Learned: The home hosts, their families and other volunteers need awareness of the particular issues of each veteran. While it is a subject discussed during initial training, there needs to be follow-up as the professionals on the team identify behaviors related to the issues. When appropriate, it is helpful to provide readings by Deborah Grassman, ARNP, who is considered an expert on issues related to hospice and palliative care of veterans.

14. Resources and Contacts

There are many resources available to assist with replicating the home hospice program from the beginning planning stages to implementation and evaluation. The list; however, is not complete, as each community is unique and resources and systems that meet the needs of its citizenry.

On-line Resources

The Veterans Administration home page, www.va.gov, will direct you to specific sites to address veteran issues. For example, health care eligibility, www.va.gov/healtheligibility, benefit payment rates, www.vba.va.gov/bln/21/rates, and burial and memorial benefits, www.cem.va.gov. It is an easy site to navigate.

The web site of your local VAMC will provide important information specific to your area and will also link to the Veterans Administration home page.

The *We Honor Veterans* initiative, a program of National Hospice and Palliative Care Organization, at www.WeHonorVeterans.org has valuable information you will need when working with hospice-eligible veterans. This website will also link you to your state hospice program for information specific to your area. Contact NHPCO at Veterans@nhpco.org.

Social Security Online, is located at www.socialsecurity.gov. The site will provide you with access to publications and other public information materials as well as links to local Social Security Offices. The toll-free phone number is 1-800-772-1213.

Within your state, check the state hospice association web site and well as state and local homeless coalition web sites for data and contacts specific to your locality.

Print Resources

The Department of Veterans Affairs publishes a booklet of programs and services available to veterans. The 2010 edition, *Federal Benefits for Veterans, Dependents and Survivors*, VA Pamphlet 80-10-01 P94663, can be obtained from the U. S. Department of Veterans Affairs, Washington, DC 20420, (there is a \$5 charge) or from your local VAMC.

The Social Security Administration publishes numerous pamphlets explaining Medicare (No. 05-10043), Supplemental Security Income (No. 05-11000) and Understanding The Benefits (No. 05-10024). They can be ordered through the Social Security Administration, but are sent in bulk, 25

– 100 copies. The quickest way to access these helpful pamphlets is through your local office or the contact you have established at the local office.

Partner Resources

Your partners and potential partners can provide on-line and print resources specific to community programs and services available to veterans and to your program. It will be helpful to develop a list of the specific resources including contact information via mail, phone and internet. The list will be especially helpful to the professionals, home hosts and volunteers providing services through your program.

Mentoring

LINK of Hampton Roads, Inc., our partners and volunteers are available to mentor at any point in the journey, whether it is the planning stage, implementation or problem solving once a program has begun. Lynne Finding, Executive Director of LINK of Hampton Roads, Inc., can be reached at 757-254-2424, and Joyce O'Brien, Program Director for the Reaching Out Hospice Program, can be reached at 757-903-5206. We can also be reached the program email address, linkhospice@gmail.org.