



2014 ANNUAL PROGRESS REPORT



THE VIRGINIA WOUNDED WARRIOR PROGRAM VISION

*Enhancing the quality of life for Virginia's
veterans, service members and their families.*

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Greetings, please allow me to introduce myself. As of May 2014, I became the Executive Director of the Virginia Wounded Warrior Program (VWWP). I am honored to have accepted the reigns from the program's first Director, Cathy Wilson, who, as you'll read later in this report has moved into a larger role with our parent agency, the Department of Veterans Services. I come to this position having worked in multiple capacities within VWWP since 2010, including direct services as Lead Case Manager in Central Virginia. At the executive team level, I have served as Interim Regional Director for Greater Hampton Roads and as the first Director of Housing Development for Veterans in DVS. In the Director of Housing Development role, I was able to expound on my previous direct services role by promoting and coordinating an integrated system of care to end veteran homelessness and support the overall housing needs veterans and their families. I have also worked for the Community Services Board (CSB) system at Richmond Behavioral Health Authority in direct service, research and program evaluation, and grants management. On a personal note, I am a proud Southwest Virginia native, graduate of Virginia Tech and Virginia Commonwealth University. I am an active duty Army spouse, and mother to two boys.



In my four plus years with this program, I have developed an immeasurable passion to serve our Virginia veterans and in the capacity of Executive Director look forward to taking the program to new successful heights. As you read through our annual report, I know you'll be as impressed as I am about the amazing work we have accomplished in the last year. And in summary, I will share my vision for the program's services focus and priorities.

Lastly, I'd like to offer a special thank you to our cooperative partners; the Department of Behavioral Health and Developmental Services, the Department for Aging and Rehabilitative Services, and of course our many community partners. Without you, VWWP wouldn't be what it is today, nor capable of achieving its vision for the future.

I'm honored and humbled to lead a program that has given so much to me, with a deep fulfillment that comes in knowing you are part of lives changing for the better. Thank you to all that have supported our program thus far, and please join me as we embark on a productive 2015, enriching the lives of those who have served this great nation and their families.

My Regards,
Brandi Jancaitis



Virginia Wounded Warrior Program
Virginia Department of Veterans Services

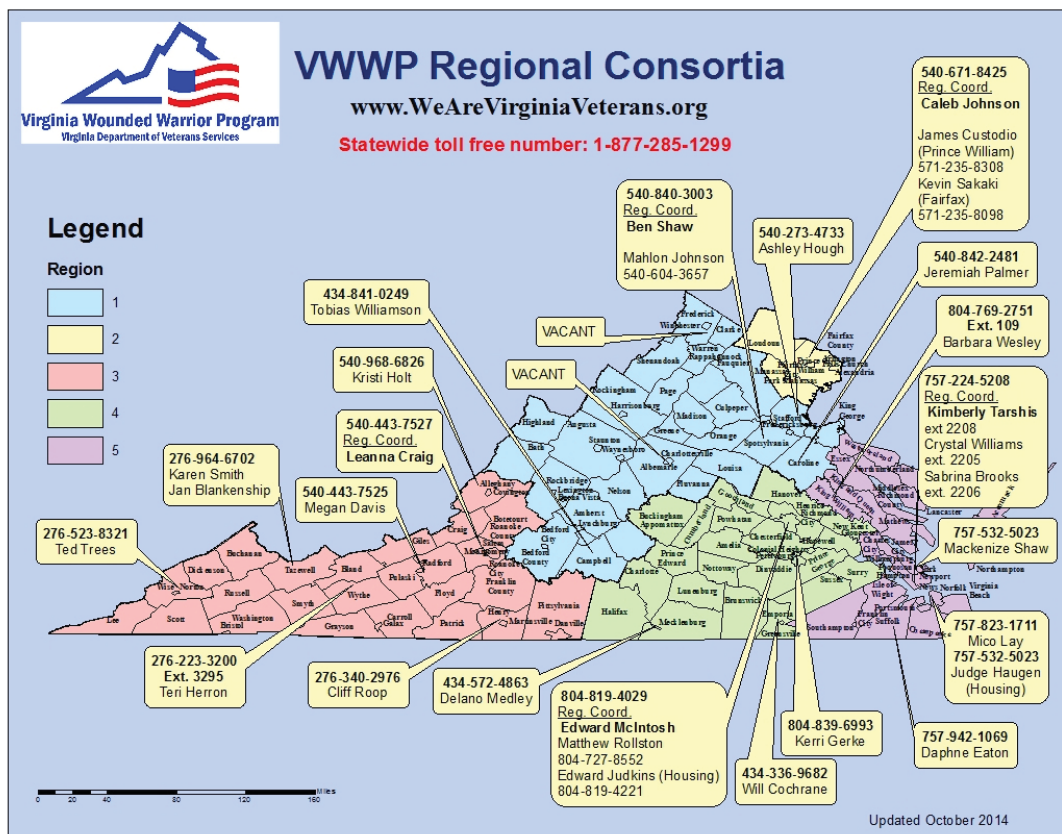
MISSION, VISION, AND VWWP AT A GLANCE

MISSION

The Virginia Wounded Warrior Program, in cooperation with the Department of Behavioral Health and Developmental Services and the Department for Aging and Rehabilitative Services, monitors and coordinates behavioral health and rehabilitative services and support through an integrated, comprehensive and responsive system of public and private partnerships. VWWP facilitates these services for Virginia veterans, members of the Virginia National Guard and Armed Forces Reserves (not in active federal service), and their families affected by military service, deployment or stress related conditions or traumatic brain injuries resulting from military service.

VISION

“Enhancing the quality of life for Virginia’s veterans, service members and their families”



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The Virginia Wounded Warrior Program supports the needs of our veterans, and often times, veterans that are high barrier, high risk and/or without means of providing for themselves without the assistance from outside agencies who can focus on their individual needs and available resources. The program's ability to network at local, regional and statewide levels creates collaborative partnerships which have become critical in serving the needs of our veterans. Our relationship with other Department of Veterans Services programs assists us in providing comprehensive care coordination at the highest level of customer service. Our consortia staff, across the state, are veterans themselves or spouses/family members of veterans. The peer to peer relationships they are able to develop and the knowledge and experience they bring to the table makes VWWP stand out in service to our Virginia veterans.



Virginia Wounded Warrior Program Staff Consortia. October 2014

Thanks to critical partnerships, namely with; Community Services Boards, Federal Veterans Affairs facilities in VISN 6, 5, and 9, and the Virginia Army National Guard, Virginia Wounded Warrior Program can proudly boast service to over 2,000 unique veterans and families members (80% were new to VWWP) in Fiscal Year 2014. In addition, our statewide team delivered 5,606 individual services including care coordination for behavioral health, medical/rehabilitative, employment, education, and financial services needs. VWWP staff members provide hands on support to promote overall health and wellness for the veteran and family unit. The number of services delivered to veterans and family members by VWWP increased by 240% from FY2010 to FY2014 (from 1,650 to 5,606).

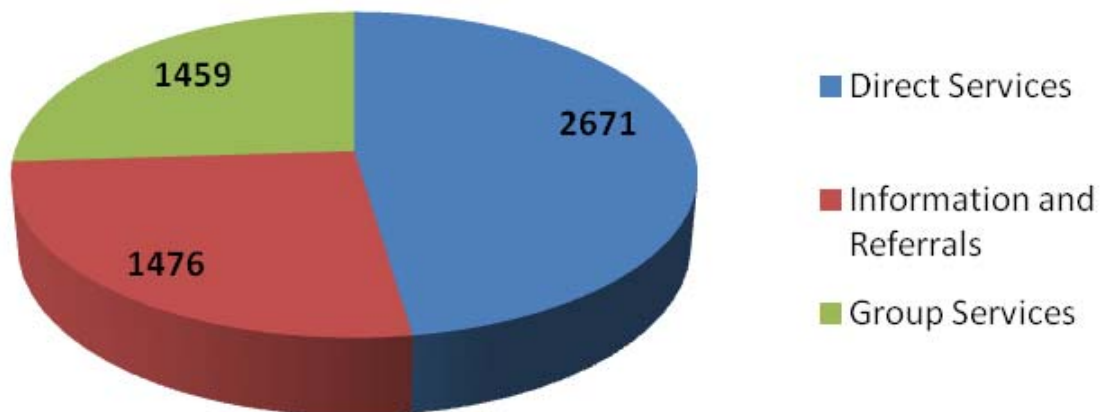
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Over the last year, Virginia has seen unprecedented progress in ending veteran homelessness and the DVS/VWWP Housing Development Directors and Housing Resource Specialists have been critical to this progress. VWWP staff in partnership with the Governor's Coordinating Council on Homelessness, Virginia Coalition to End Homelessness, and the Department of Veterans Affairs coordinated a statewide summit, developed a state action plan to end veteran homelessness, and hosted the nation's first statewide boot camp for local homeless services providers to develop coordinated housing placement systems. After the boot camp teams returned to their communities in September 2014, they began an intensive 100 Day Housing Challenge. VWWP at the state and local levels, remains an integral part of the 100 Day Housing Challenge, and as of December 2014, 283 homeless veterans were housed or in process of being housed. (370 veteran housing placements pledged by January 31, 2015).

The VWWP Advisory Committee allows the VWWP Executive team to stay engaged with our key partner agencies and illicit critical training and input on our diverse services. In March of 2014, Virginia was invited back to a Substance Abuse Mental Health and Services Administration (SAMHSA) Policy Implementation Academy. The Implementation Academy, held in Baltimore Maryland, focused on enhancing services for military/veteran families. The VWWP team included Brandi Jancaitis, Martha Utley, and Camilla Schwoebel. Community partners; Colonel Thom Morgan with the Virginia Army National Guard and Nancy Schaff with Operation Military Kids. Upon return from the Academy, the team began work to merge the National Guard Family Assistance Program Advisory Committee and VWWP's Advisory Committee in order to maximize efforts. The newly integrated Virginia Military and Veterans Coordinating Committee (VMVCC) was born. Thank you to all who serve on the VMVCC. We look forward to pursuing key issues in 2015 including; increased identification of military service members and veterans in state agency programs, collaboration between VWWP and National Guard family services initiatives, and policy advances highlighting and bolstering state agency services available for National Guard members regardless of activation status.

The VWWP Executive Team has successfully fostered extensive partnerships at the federal, state and local levels to expand awareness of services for veterans and families and to generate additional resources. Each region has a network of behavioral health professionals, case managers, and specialists who are available to work with veterans and their families connecting them to services in their areas. In state fiscal year 2014 (July 1, 2013 - June 30, 2014) the VWWP provided 5,606 individual services to 2,025 veterans and family members across the Commonwealth. The following chart illustrates the total information and referral services, direct services, and group services provided.

VWWP Services in FY14
(July 1, 2013-June 30th, 2014)
Total - 5606

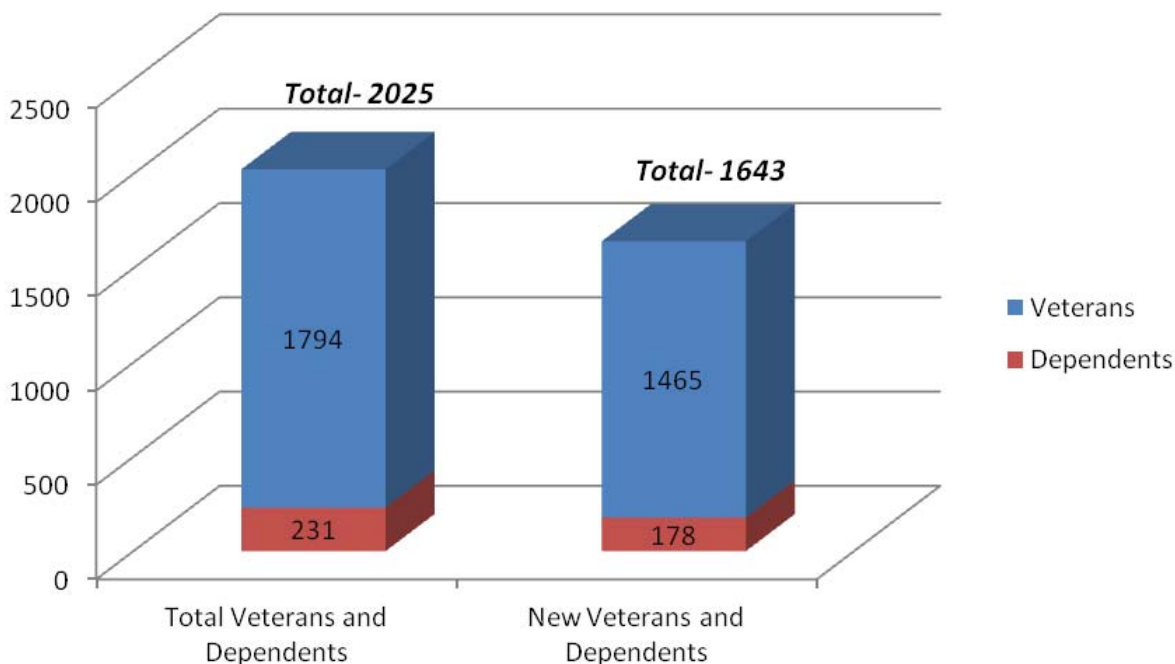


Since its inception, VWWP has worked to improve data collection and management. Development of an automated Data Management System (DMS) in partnership with Virginia Tech has enabled the Executive Team to analyze services data for performance management and quality improvement. Fiscal year 2014 was devoted to ensuring the quality of data input and integrity, including increasing data analysis through regular quarterly reports and monthly dashboard updates. This data analysis has improved data quality as well as more consistency, therefore providing a better framework to assess needs and measure performance of the program. The VWWP Team will continue to build upon the system in fiscal year 2015.

The following chart shows the number of veterans and dependents served in FY14, including those new to VWWP in FY14. Eighty-one percent (1,643) of veterans and dependents were new to VWWP in FY14.

Veterans and Dependents Served in FY14

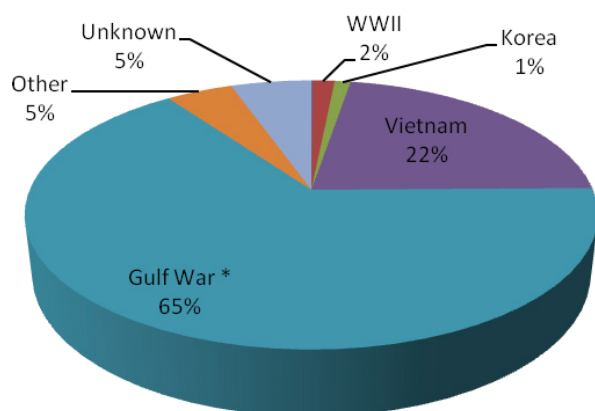
(July 1, 2013-June 30th, 2014)



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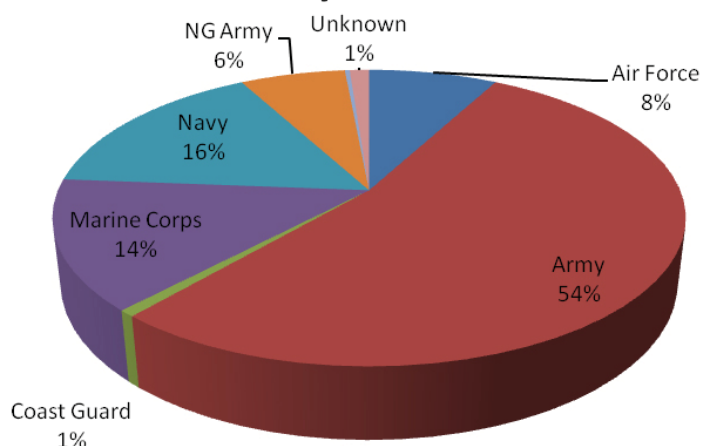
The following two charts breakdown veterans served by service era and service branch, followed by the chart showing services needs of those veterans and dependents that accessed VWWP services in FY14.

Veterans by Service Era



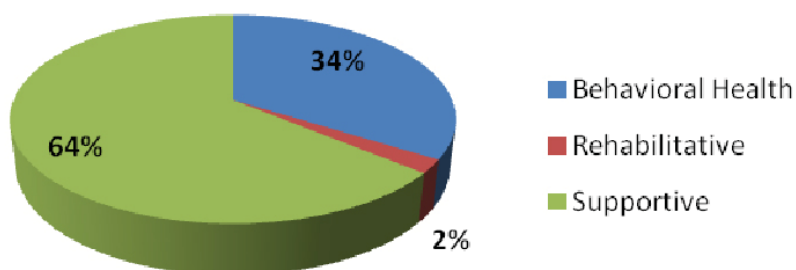
**Gulf War: 8/1990 - present*

Veterans by Service Branch



The below chart provides a breakdown of requested needs from veterans and their families. Supportive services include; housing and homeless services, care coordination for basic needs, employment and financial assistance, education and training, and benefits. Behavioral health services include; care coordination for counseling (individual/couples/family) for mental health (eg. Post Traumatic Stress Disorder, Military Sexual Trauma, etc), substance abuse, and peer support. Rehabilitative services include care coordination to medical services (eg. Traumatic Brain Injury, dental, and other medical health care).

Consumer Needs by Service Type



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Community Services Boards (CSBs) track the numbers of active duty military, veterans and family members that they serve regardless of whether the individual is a client of VWWP. The following chart shows these numbers. VWWP believes that these numbers may be under-counted because many do not identify themselves as veterans. In addition, family members may not identify their connection to military service members or veterans.

**Active Duty Members, National Guardsmen, Reservists or Veterans Served or
their Family Members Served by Community Service Boards
(Department of Behavioral Health and Development Services)**

	FY 2011	FY 2012	FY 2013	FY 2014
Active Duty Members, National Guardsmen, Reservists or Veterans Served	4050	4442	4601	4609
Family Members Served	928	931	931	910
Total	4978	5373	5532	5519

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Region 1, Northwestern Virginia

Region 1 serves more than 147,000 veterans and has a service area that covers the western corner of Virginia from Winchester to Lynchburg, extending to Charlottesville and eastward to King George County and extends over 12,504 square miles. The region's service model is one of Veteran Peer Support and Outreach. Six peer specialists, all of whom are combat veterans, lead community outreach and support for veterans and their families.

The regional coordinator is Ben Shaw, a veteran of the United States Marine Corp, who served in Iraq and Afghanistan.

Region 1 also sponsors a regular schedule of combat veteran support groups across its expansive service area. In these groups veterans can speak freely about their experiences during deployment and gain support from camaraderie and the wisdom and experience of others. If issues surface that require clinical care, VWWP staff work with the veteran or family member to encourage them to seek professional counseling services through partnerships with the eight community services boards in the region.



Ben Shaw, Regional Coordinator, Region 1



Jere Palmer (left), Veteran Peer Specialist mans the VWWP/VAMC booth at the Virginia State Fair along with Joe Yarborough and Gene Truitt from American Legion Post 175

A key connection for Region 1 continues to be a strong relationship with the regions colleges and universities. Staff involve themselves at the beginning of the academic year through providing a VWWP presence at student orientations; included in this were those at the University of Virginia (undergraduate), University of Virginia School of Law, Piedmont Virginia Community College, Central Virginia Community College and Germanna Community College. A similarly strong relationship exists at Blue Ridge Community College, Liberty University, James Madison University and Lord Fairfax Community College.

Region 1 continues to be a leader in involvement with Crisis Intervention Team Training, which fosters cooperation between first responders and mental health providers through a week-long training program. Region 1 staff members provide a veterans education portion of the training for every CIT team in the region.

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Region 1 continues its services to veterans involved in the criminal justice system by having one of its veteran peer specialists, Jere Palmer, who uses 50% of his time in providing reentry services throughout the region. He maintains a strong relationship with the VA Justice Outreach team and the city and regional jails. Region 1 continues to see an increase in the number of referrals on the front end of the criminal justice system including referrals from probation, parole, magistrates and police/sheriff's departments. In order to continue educating this population, Ben Shaw presented on veterans transition issues at the Virginia Bar Association's annual training at The Homestead, and at the Virginia Association of Commonwealth's Attorney's (VACA) training in Virginia Beach. Additionally, Regional Director Camilla Schwoebel and Ben Shaw filmed a Criminal Justice Partner's Training which will be utilized as a webinar for training judges and magistrates. This was part of a collaborative effort between VWWP and Virginia Department of Criminal Justice Services.

Region 2, Northern Virginia

Region 2's service area has the highest density of veterans per capita in Virginia (approximately 175,000) and covers the populated counties and cities of Northern Virginia.

The staff in Region 2 consists of regional coordinator Caleb Johnson, an Army Veteran, who served in Iraq and three veteran peer specialists, all of whom are combat veterans themselves.

The past year has continued the process of strengthening the move from the previous clinical model to a Peer Specialist model. This has required educating the many partners and service providers in the region about the new services which VWWP provides as well as developing new collaborative partnerships with agencies, active duty commands, service providers, and colleges and universities.



Caleb Johnson, Regional Coordinator, Region 2

Region 2 staff have formed a strong partnership with the Northern Virginia Community College system (NVCC) and has established a program of campus-based outreach for veterans in college. VWWP staff has secured space on five of the NVCC campuses to provide services for student veterans. Additionally, due to a request from the NVCC Medical Campus, the region provides 'Skype a Veteran Peer Specialist' service several times a week, where student veterans can remotely speak with a peer specialist. VWWP staff have also provided training and presentations for college staff, both at NVCC and George Mason University on veteran-related issues. These sessions address issues of combat stress, coping with the return to campus life, access to healthcare and behavioral healthcare, access to campus and community support and assistance with educational benefits and VA benefits. Staff have also connected with several of the private universities in the region.

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Unfortunately, many veterans find themselves involved in the criminal justice (CJ) system. In order to serve these veterans, staff members in Region 2 have formed partnerships with agencies and organizations supporting veterans with CJ involvement. In particular, staff regularly attend local Reentry Council meetings, CIT training, Diversion focused meetings. Additionally, Camilla Schwoebel, Region 2 Director, has been involved in the development of the Fairfax Veterans Court/Docket.

Region 2 is home to several active duty commands including Fort Belvoir which includes the Army Warrior Transition Unit and the Intrepid Spirit Center, and Marine Corps Base Quantico with the headquarters of the Wounded Warrior Battalion. For this reason, Region 2 staff members have emphasized connecting with veterans at all points of transition from active duty. Staff members conduct presentations at the Fort Belvoir Retirement Appreciation Day, resource events for new Marines at Quantico, the Family Programs Center at Quantico, and participate in inaugural Marine Corps Caregiver Coalition and the Association of Defense Communities Summit and panel presentation at their annual conference, to name just a few. Staff members continue to connect with the Alexandria Vet Center and the Washington, D.C. VA Medical Center.

Region 2 continues to expand its reach and impact on the Region through the new Peer Specialist model as demonstrated in this success story:

VWWP Region 2 assisted a combat veteran who completed multiple tours in Iraq. The veteran lost fellow soldiers and NCO's in combat during her deployments and this had a significant impact on her psychological well-being. VWWP provided the veteran with individual and group peer support, assisted with her with enrolling in school and using her GI Bill, and connected her with a counselor at no cost. While working with VWWP, the veteran suddenly encountered a number of hardships which led to a relapse in abusing pain medication. This addiction stemmed from an injury she sustained while in service. After relapse, the veteran experienced erratic changes in her behavior and eventually admitted that she was suicidal. VWWP Region 2 team members worked closely with the veteran and her family to ensure her safety while simultaneously coordinating with a team at the VA to secure an immediate placement in their inpatient treatment program. Although the veteran wanted help, she was not sure she was ready. After many long conversations with Region 2 Veteran Peer Specialists, we were able to encourage the veteran to enter treatment the next day. Our Peer Specialists remained connected with her up until the moment she arrived. After successful entry into the treatment program, the veteran expressed her relief and gratitude, giving credit to the VWWP for her getting the assistance she needed.

Region 3, Southwest Virginia

VWWP Region 3 serves Southwest Virginia, which is home to more than 88,000 veterans and their family members. Region 3 is the most rural region which geographically spreads across 25 counties that span over 50,000 square miles and encompasses ten Community Services Boards (CSBs).

Region 3 enjoys a close relationship with all CSBs which are involved in a standing partnership to provide a continuance of behavioral health, rehabilitative, and supportive services. All Region 3 staff members have a close personal association with the military either through personal service or supportive service as spouses or family members.

Region 3 Veteran Resource Specialists continue to make a difference in the communities in Southwest Virginia with their thriving support groups. Region 3 has six robust Veterans Networking Groups taking place throughout the region. These groups include veterans and combat veterans of all service eras. Some groups also include spouses and family members which enhance the experience and support for the veteran and family unit. The support and networking groups include collaborations with local Veteran Service Organizations,



Leanna Craig, Regional Coordinator, Region 3



Blue Ridge Veterans Day celebration, November 2014

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Correctional Facilities, Salem VA Medical Center (VAMC) Rural Health Team and Suicide Prevention Coordinators, local Town entities and Community Services Boards. Some of the trademark projects of the groups include Therapeutic Gardening, Rural Health Education, Suicide Prevention, PTSD, and Combat Stress, Family Reintegration, and TBI classes. Other courses include a veteran instructed Computer Basics, Digital Photography, community projects such as a Veterans Food Pantry at VFW Post 1115 in Hillsville, Virginia (since Jan 2014, 93 food boxes have served to assist 218 veterans and families in the local community).

The value of these groups is affirmed in this quote from a participating veteran:

"If not for the VWWP PTSD peer group, you would not be reading this. After my medical retirement from Iraq, I was no longer of use to my country, my unit, my family or myself. My mental, spiritual and emotional death was imminent and physical death would certainly follow soon thereafter. But I attended the group and found that it taught me that LIVING was a choice! Within the walls of an old VFW post, I found others EXACTLY like myself. I no longer had to suffer in silence, but to silence suffering! The Virginia Wounded Warrior group and God's grace saved my life, one week at a time. They loved me until I could learn to love myself. THIS is why we keep coming back, learning to love ourselves again, healing the invisible wounds and becoming good citizens of our community again"

Region 3 is home to eight major state correctional institutions, two state correctional units and 8 to 10 local and regional criminal justice facilities. Region 3 has been active in working with re-entry councils, cross systems mapping, the Salem VAMC Federal Justice Outreach Coordinator, and partnered with the Crisis Intervention Training Teams throughout Southwest Virginia. Region 3 currently works inside of local jails and state institutions providing support to Veterans and families facing incarceration and re-entry back into society. Teri Herron and Cliff Roop currently work in collaboration with other community resources inside their respective institutions providing regularly scheduled groups.

The Virginia Wounded Warrior Program maintains important partnerships with the regions numerous Crisis Intervention Training Team (CIT) programs which provide training for law enforcement officers to respond to behavioral health crises and emergencies in the community. In FY14, training was also provided exclusively to the Virginia Tech Police Department by Region 3's Coordinator, Leanna Craig, Megan Davis, Veteran Resource Specialist and Andrew Smith, a VWWP Combat Veteran Volunteer. CIT programs in Region 3 include Mount Rogers, Roanoke Valley, Danville/Pittsylvania, Cumberland Mountain, New River Valley and Highland CIT Programs.

VWWP Region 3 staff; Cliff Roop, Teri Herron, Megan Davis and Leanna Craig have provided instructional blocks on military culture, veterans and family needs, and information on the Virginia Wounded Warrior Program during CIT trainings. The New River Valley CIT program (NRVCIT), founded in 2001, was the first program in the Commonwealth and the first rural, multi-jurisdictional CIT program in the nation. NRVCIT was the 2014 recipient of the Virginia CIT Coalition's CIT Program of the Year Award. VWWP Region 3 Coordinator, Leanna Craig, is a faculty member for the NRVCIT training program. Training provided to area law enforcement includes issues related to combat stress and post-deployment transition. Two of the fifteen Commonwealth-funded CIT Assessment Centers are located in Region III: the New River Valley CIT Assessment Center and the Piedmont Regional CIT Assessment Center. These centers provide law enforcement support with the capability to transfer custody of individuals under an emergency custody order so they may swiftly return to their primary community policing duties, which allows for a more rapid triage and evaluation process for individuals experiencing a behavioral health crisis.



Cliff Roop and Megan Davis, Region 3 Veteran Resource Specialists

VWWP Region 3 has recently rounded out a 3 year Health Resources and Services Administration (HRSA) Rural Veterans Health Access Program (RVHAP) grant and no-cost extension as of August 2014. This grant facilitated the creation and expansion of Region 3 by transitioning six VWWP grant funded resource specialists and one regional coordinator position to general funded staff positions. The HRSA grant-funded dollars facilitated the purchase of Telehealth equipment in the following CSBs: Alleghany, Cumberland Mountain, Mount Rogers, New River Valley and Piedmont. Region 3 is the first VWWP region to establish Telehealth/telepsychiatry with the following partners: Community Services Boards, Salem VA Medical Center, the University of Virginia and other private providers. The Region 3 team will continue to explore ways to maximize telehealth to decrease treatment access barriers in rural Southwest Virginia. We believe that a partnership with VAMC's and CSB's, could help bridge the gap in service provision, thus, making services more accessible, cost and time efficient for the veteran and the provider. It is our thought that removing barriers in rural communities will encourage consumer participation by making services more accessible to the veterans and will also enhance services by catering to the veteran and their families closer to their home, in their community.

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Region 4, Central Virginia

Region 4 serves 118,000 veterans and their families in the Central Virginia region which covers 22 counties and five cities. Region 4 coverage extends from the northern border of Hanover County out east to New Kent and Surry Counties, to as far west as Buckingham and Halifax, and borders the southern State-line counties of Halifax, Mecklenburg, Brunswick and Greenville.

Region 4 operates as a “one-stop shop” that addresses multiple service areas for veterans and their family members. The multidisciplinary team, led by Regional Director Martha Utley, consists of a Family Resource Specialist, Housing Resource Specialist, Re-Entry Specialist, two Resource Specialists, and the Regional Coordinator. Collectively, the team provides behavioral health and support services, with a capability to focus on the unique needs of individual veterans, families, veterans who are homeless or at risk of becoming homeless, and those who are transitioning from incarceration.



Ed McIntosh, Regional Coordinator, Region 4

Highlights of the past year include Region 4’s involvement with the “100 Day Housing Challenge”, to identify and stably house the 100 most vulnerable homeless veterans in the Greater Richmond area. The 100 Day Challenge builds on a partnership with “VetLink”, a subgroup of the Greater Richmond Continuum of Care that focuses solely on the needs of veterans. Through this partnership, Region 4 has committed its presence at the Richmond Homeless Point of Entry and serves as an onsite resource to any homeless veteran seeking assistance. Region 4 continues to build its relationship with the Richmond VA Medical Center’s Healthcare for Homeless Veterans Program through on-going cross collaboration and case management support. Additionally, the Housing Resource Specialist works closely with the Projects for Assistance in Transition from Homelessness (PATH) team at Richmond Behavioral Health Authority, which conducts weekly outreach in different parts of Richmond. In the last year, Region 4 provided housing or homeless prevention assistance to nearly 300 veteran households.

Region 4 continues to expand service provision to veterans involved in the criminal justice system or those who have been incarcerated, by participating in several Cross Systems Mapping processes, including those in the counties of Halifax, Mecklenburg and Brunswick, and Hanover. In 2014, Region 4 increased its outreach to incarcerated veterans, with site visits to Riverside and Southside Regional Jails, Sussex 1 and 2 State Prisons, and Deerfield, Greenville, Lawrenceville, and Nottoway Correctional Centers.

Four staff members serve as permanent members of Crisis Intervention Training teams, supporting Henrico, Hanover, Richmond, Petersburg and South Boston. They provide training to law enforcement personnel on Post-Traumatic Stress Disorder, Traumatic Brain Injury and other mental health issues related to military service that affect veterans entering or going through the criminal justice system. Similar ongoing training is provided to other criminal justice program personnel to include; judges, magistrates, lawyers etc.



Matt Rollston, Veteran Resource Specialist provides CIT instruction to Hanover and Henrico County Law Enforcement

2014 also saw expansion of two of the region's hallmark programs, "Mission: Healthy Relationships" (MHR) and "Mission: Healthy Families" (MHF). Both programs assist veterans and family members in coping with barriers to communication and conflict resolution due to strain from combat deployments and associated invisible wounds, frequent moves and/or absence of the veteran from family life. MHR and MHF continue to grow in popularity. This year marked the first time that MHR was conducted in Region 5 (Tidewater). It also marked the first time that MHF was conducted by staff representatives from all five regions.

Commensurate with the continued growth of our service capability, Region 4 has expanded the number of support groups and now hosts 5 groups across the region, which meet in Richmond, Henrico, Prince George, South Boston, and Emporia. They continue to work closely with McGuire VA Medical Center and its affiliated clinics, informing them of VWWP support group activities and encouraging them to refer veterans to our groups. Region 4 also co-facilitates a support group with McGuire VA staff for recently housed veterans in the Richmond metro area.

Also worthy of highlight is Region 4's involvement with the Fort Lee Army Community, and the partnership with the Petersburg Freedom Support Center (PFSC), which is a "one-stop shop" that offers broad support to veterans in the Petersburg and Tri Cities area, most of whom present with any combination of needs, including employment, housing, and behavioral health support. In the past year, Region 4 has increased its caseload by 25 percent through our ongoing presence at the PFSC. In addition, Family Support Specialist Kerri Gerke is part of the Transition Assistance team at Fort Lee that delivers biweekly briefings to service members transitioning from active service to the civilian community. This ensures that transitioning service members gain awareness of our program, and the services we offer prior to their exit from the military community.



Delano Medley, Veteran Resource Specialist meets "Nutsy", the Richmond Flying Squirrels' mascot during a salute to the military night at the park.

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Region 5, Greater Hampton Roads, Southeastern

Region 5 encompasses Greater Hampton Roads, the Eastern Shore and the Middle Peninsula- Northern Neck. Regional staff provide care coordination and support services to veterans in the most veteran dense area in the state, where nearly 1 in 5 citizens is a veteran. Greater Hampton Roads also supports the nation's largest Department of Defense (DOD) population (active duty military and DOD civilians) in the nation with 13 of the 19 Virginia military installations located within a 40-mile radius. The Greater Hampton Roads area also serves as home to the Naval Station Norfolk, the largest Naval Base in the world. With such a concentrated military and veteran population, resources in the Region are numerous but often overburdened with the number of requests for services.

The VWWP Regional Team provides critical coordination of available behavioral health, rehabilitative, and supportive service and support while maintaining strong collaborative partnerships with community organizations serving the needs of veterans and their families.



Kim Tarshis, Regional Coordinator, Region 5

Region 5 partners closely with the Hampton VA Medical Center, area Military Affairs Committees, Veteran Service Organizations, Military Treatment Facilities and Brain Injury Clubhouses. All, in partnership, provide veterans with access to a wide umbrella of services and support. Transitioning veterans continue to make Hampton Roads home and the regional team focuses heavily on helping newer veterans gain access to behavioral health services, employment, stable and affordable housing.

Regional Team members also collaborate with other area non-profits by volunteering their time serving the needs of veterans. Four of the regional team participated in a home renovation project sponsored by the Richmond Habitat for Humanity where a Charles City veteran was assisted with home repairs he was unable to complete on his own.

This partnership provided resources to that veteran family that they would be unable to support and which served to improve their quality of life immeasurably - the ultimate "Thank You for Your Service".

The regional team includes a full time Re-Entry Specialist who is committed to assisting veterans exiting local, region, state or federal correctional facilities. Veterans exiting incarceration often experience needs directly relating to housing, employment or the ability to re-establish their benefits upon release. The Re-Entry Specialist addresses the needs of these veterans through participation on area Re-Entry Councils and in Hampton, through participation on the Advisory Council for the Veteran's Track under the Hampton Drug Court. The Re-Entry



Veteran Resource Specialist Daphne Eaton provides day of service with Habitat for Humanity assisting with rehabilitation of a veteran's home in Charles City, VA.

Specialist addresses the needs of these veterans through participation on area Re-Entry Councils and in Hampton, through participation on the Advisory Council for the Veteran's Track under the Hampton Drug Court. The Re-Entry Specialist also actively engages with the Department of Corrections personnel at local and state correctional facilities and assists by conducting community trainings and technical assistance to improve the identification of and support to veterans entering and exiting incarceration.

Region 5 has the highest number of homeless individuals in the Commonwealth, with over 44% of the state homeless veteran population located in Hampton Roads. In the Commonwealth of Virginia, 1 in 10 homeless individuals is a veteran. In Hampton Roads, 1 in 5 homeless individuals is a veteran. The Regional team participates regularly with four of the area Continuums of Care and works closely with area partners focusing on the end to veteran homelessness by the end of 2015. The Region 5 team participated in the 2014 Veteran Housing Boot Camp and has been integrally connected and focused on engaging area veterans

with the resources that will allow them to access stable and affordable housing. The 100 Day Challenge goal in Region 5 is to house 235 veterans in 100 days. This will be done through an integrated network of community partnerships focused on housing our most vulnerable veterans and their families.

One of our highest priorities in all of our regions is the ability to connect our veterans with safe, affordable housing.

In February of 2014, through a partnership between the Virginia Department of Housing and Community Development, the Suffolk Redevelopment and Housing Authority (SRHA) and the Virginia Wounded Warrior Program, a 13 year female veteran of the United States Air Force and her 10 year old daughter received a home they will live in while bearing only the cost of taxes, utilities and insurance. If the family resides in the home and is able to maintain it for a period of 15 years, the home will be deeded over to the veteran, mortgage free. The SRHA purchased the property under the housing and community development department's Neighborhood Stabilization Program, which received \$38.7 million from the U.S. Department of Housing and Urban Development in 2008 to purchase, rehabilitate and resell foreclosed homes in areas most impacted by the foreclosure epidemic, including Hampton Roads.



VWWP Regional Director Carol Berg celebrates presentation of home to USAF veteran Mary Richardson with officials from City of Suffolk and Suffolk Redevelopment and Housing Authority.

The Region 5 staff remain committed to the ever-changing needs of the veteran population in Hampton Roads.

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The Housing Development team, Brandi Jancaitis-Director and Matt Leslie-Associate Director, continued their momentum into the second year by bringing veteran homelessness into the forefront on a state level. Their roles work to promote and coordinate an integrated system of care to end veteran homelessness and support the housing needs of Virginia Veterans across the spectrum. They focus on building federal, state, and local partnerships to align resources for at risk and homeless veterans and they advocate for policies and services to support the overall affordable housing needs of Virginia veterans. The team also provides technical assistance to the “boots on the ground” of VWWP to ensure they have the necessary skills and tools to address the housing needs of Virginia veterans. In May, Brandi was promoted into the VWWP Executive Director position and passed the torch to Matt to continue the work as Director of Housing Development.



Edward Judkins manning VWWP Informational Table at the Project Homeless Connect Event in Richmond

VWWP welcomed two Housing Resource Specialists (HRSs), located in Regions 4 (Central Virginia) and 5 (Hampton Roads) through a pilot program. Edward Judkins (Region 4) and Judge Haugen (Region 5) provide hands-on care coordination between veteran-specific and mainstream housing and supportive services to the most vulnerable homeless veterans, particularly those not eligible for VA resources. The HRSs conduct outreach to unsheltered/outdoor homeless veterans (many coping with mental illness and substance use disorders) that would otherwise fall through the cracks.

Here is a case example that highlights the intensive work of the Housing Resource Specialist with an Army Veteran in Hampton Roads (Region 5): The Veteran spent 2006 in a tank in the desert. Among his experiences were IED explosions, small arms fire, heat, cold, and a phobic fear of capture. Upon return to the states it was learned that the Veteran was coping with addiction to Opiates, and Heroin which led him to being homeless. Through the help of a partner service provider, the veteran was housed in an apartment of his own and is working and earning a sustainable income. Things were a bit bumpy early on but coming from a tent in the woods to an apartment is a big step. VWWP is providing peer-to-peer counseling, working on keeping him housed, and connecting him to the CSB for mental health and substance use disorder treatment. With VWWP’s help, he has come a long way from the guy huddled in his tent with a needle in his arm. With the current case management in place, the veteran will have the tools to take him to the next level, which is total self-sufficiency.

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In addition, HRSs assist with overall affordable and accessible housing needs for all veterans to include those coping with mental/physical disabilities and elderly veterans. They ensure that the VWWP multidisciplinary teams are better prepared to assist with the diverse housing, behavioral health, rehabilitative, and supportive services needs of Virginia Veterans. VWWP is looking to expand these positions into the other regions in coming years.

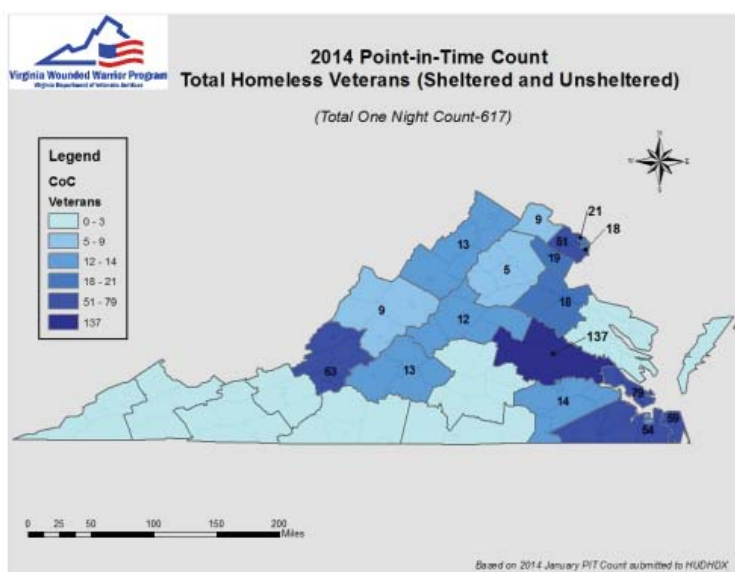
The housing development team plays an active role in the Governor's Coordinating Council on Homelessness (GCCH), an interagency work group comprised of all the major partners at the state and local level addressing housing and services for the homeless. The Council, co-chaired by Secretary Bill Hazel, Health and Human Services, and Secretary Maurice Jones, Commerce and Trade, oversees the state's efforts in ending homelessness. The housing development team assists the DVS Commissioner to provide a constant presence for the agency in the GCCH and leadership of homeless veteran service initiatives. The team serves on all of the GCCH sub-committees, addressing key issues including: mental health and substance abuse services access, statewide data collection, discharge policies, supportive services, and workforce development to ensure that homeless veterans are at the forefront in all service areas.

The involvement in the GCCH increased this past year with the formation of a veteran sub-committee, in which the Director of Housing Development co-chairs with the Virginia Coalition to End Homelessness (VCEH). Initially started as an ad-hoc committee, the veterans committee became a permanent committee after the adoption of a State Action Plan to End Veterans Homelessness in June. The committee is responsible for overseeing the implementation of the plan and keeping track of progress.

The plan was adopted by the GCCH on the heels of a Homeless Veteran Summit in June that was organized by DVS and VCEH. The Summit, held at the Virginia Museum of Fine Arts in Richmond, convened over 150 stakeholders including state agencies, service providers, Department of Veterans Affairs, funders, and veteran service organizations. The Summit focused on gathering feedback of the proposed state action plan, regional and statewide discussions of gaps in services, and implementation of the plan to end veteran homelessness in Virginia by the end of 2015. Panel discussions included presentations on best practices in addressing veteran homelessness including the key tenets of the plan: Housing First, targeting of resources, data sharing, and access to mental and behavioral health services and employment.

The highlight of the Summit was an announcement by John Harvey, Secretary of Defense and Veterans Affairs, announcing that Governor Terry McAuliffe officially signed on to the Mayors Challenge to End Veteran Homelessness, aligning Virginia with other governors and mayors around the country to the federal goal of ending veteran homelessness by 2015. Since that time, ten Virginia mayors have joined the Challenge.

One of the key roles of the Housing Development team is gathering data and assisting with aligning and targeting resources. According to the 2014 Virginia Point in Time (PIT) count that provides a snapshot of homelessness statewide, 617 Virginia veterans were homeless on a single night in January, of those 83 were female. Eighty-two veterans were living outdoors or in a place not meant for human habitation, and 525 were living in emergency shelter or transitional housing. This was a 14% decrease from the previous year, but a five percent increase for female veterans. The following map illustrates the locations of homeless veterans in Virginia. Annual data was collected from homeless Continua of Care (CoCs)¹ Homeless Management Information System (HMIS) that provided even more detailed data on veterans experiencing homelessness such as age, race, and disability status. Annual counts of homeless veterans can be 2 to 4 times that of the PIT count. It is important to note that homelessness looks very different in rural areas, whereas they are difficult to count and many are temporarily staying with friends or relatives, therefore not included in the PIT homeless definition. Understanding needs of rural veterans and finding effective solutions is one area of focus for VWWP in the next year.

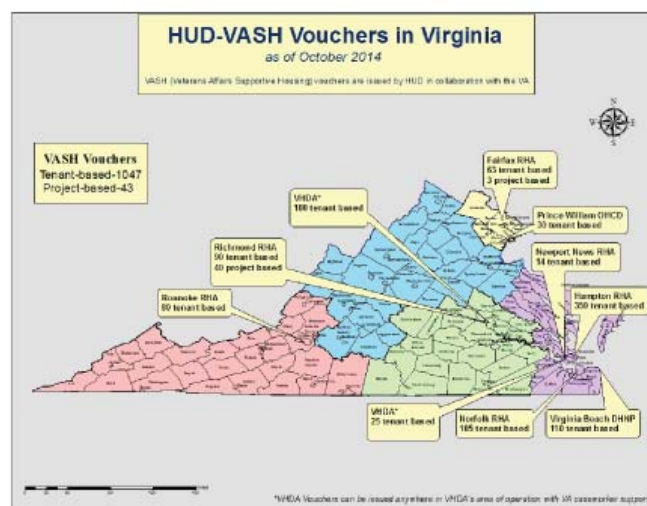
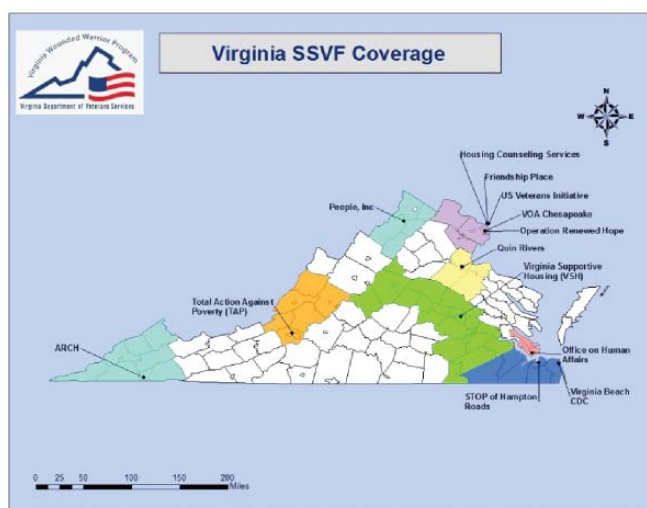


Coordination of resources and enhancing partnerships with Veterans Affairs Medical Centers (VAMCs), Veterans Integrated Services Networks (VISNs), Housing and Urban Development (HUD), and Continua of Care (CoCs) was an area of priority for FY14. In August 2013, the Housing Development team worked with the VA VISN 6 Homeless Coordinator and VCEH to broadcast key principles (targeting and prioritization of resources, operating under housing first, utilizing mainstream resources, and making data informed decisions) from a national homeless veteran boot camp to VAMCs and CoCs statewide at the annual VA Provider Summit in Richmond VA. Several CoCs, including Richmond, Roanoke, and Norfolk started workgroups following this summit focused on veteran homelessness with the support of VWWP. These workgroups focus on enhancing partnerships and coordination of mainstream and veteran services.

¹ U.S. Department of Housing and Urban Development (HUD) mandated local planning bodies for homeless and housing services. There are 16 in Virginia.

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The VA offers a number of programs designed to prevent and end veteran homelessness, including Supportive Services for Veteran Families (SSVF), a rapid re-housing² program, and HUD VASH³, a permanent supportive housing program. The Housing Development Team provided on-going technical assistance to improve coordination, targeting, and efficiency in these areas to non-profits, local public housing authorities and the VAMCs. Through working with HUD and VISN 6, they have reduced barriers and targeted these resources more effectively to homeless veterans, including encouraging housing first focus (helping persons exit homelessness as quickly as possible by focusing on permanent housing placement first and treatment and supportive services once in housing). The maps below show the VA and HUD funded initiatives currently operating in Virginia.



² Rapid re-housing: the practice of focusing resources on helping families and individuals quickly move out of homelessness and into permanent housing, usually in the private market. Services include housing search and landlord negotiation, short-term financial and rental assistance, and the delivery of home-based housing stabilization services, as needed.

³ U.S. Department of Housing and Urban Development (HUD) housing subsidy combined with VA case management typically targeted to the most vulnerable and chronically homeless veterans.

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In January 2014, the HD team collaborated with Virginia Community Development Corporation to host training and networking event on veteran housing needs and the ‘nuts and bolts’ of housing development. The training focused on permanent supportive housing development and the team provided on-going support for the housing development community. Other highlights include presenting at many conferences throughout the state on ending veteran homelessness and Matt Leslie attending a White House event for the First Lady Michelle Obama’s announcement of the creation of the Mayor’s Challenge to End Veteran Homelessness.

Among the goals of the Housing Development Team in the coming year are to:

- Continue enhancing partnerships with the VAMCs, CoCs, and other mainstream providers
- Collaborate with federal and state homeless program grantees for expanding service to Virginia veterans and families, particularly in rural areas
- Collaborate with other state agencies through the work of the Governor’s Coordinating Council on Homelessness Veterans Sub-Committee
- Further implement action steps proposed in State Action Plan to End Veterans Homelessness
- Increase data sharing among VAMC and CoC to better assess need and target resources
- Coordinate direct services implementation and technical assistance for veterans and their families who need assistance with housing

Hallmarks of Virginia Wounded Warrior Program Family Services are programs for relationship and family resiliency skills building called “Mission: Healthy Relationships” and “Mission: Healthy Families.”

“MISSION: HEALTHY RELATIONSHIPS” (MHR)

Two couples’ workshops, *Mission: Healthy Relationships* (MHR), have been conducted each year serving more than 94 couples since 2010.

Mission: Healthy Relationships is a relationship enhancement program, focused on effective communication skills for couples. MHR has been adapted from 8 Hours to a Lifetime of Relationship Satisfaction, a workshop designed by the National Multiple Sclerosis Society in conjunction with the Department of Health and Human Services, Administration for Children and Families. The workshop is a relationship strengthening program for committed couples who have experienced deployment and are also coping with the effects of Operational Combat Stress, Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI) as well as those veterans who may be suffering from sub-clinical levels of trauma. The goal of the program is to teach a skills-based approach to managing some of the relationship challenges attendant to recovery from trauma. The goal of the intervention is to improve overall health and well-being and relationship satisfaction.



VWWP Staff MHR Facilitators – November 2014 Workshop
Top Row Left to Right: Ashley Hough, Leanna Craig, Terri Heron, Crystal Williams, Bottom: Will Cochran, Caleb Johnson, Jonathan Goldwire, Camilla Schwoebel, Ed McIntosh

The life skills curriculum is designed for an 8-hour instructional format in which participants:

- Recognize common communication problems and ways to correct them
- Understand different couples’ styles for solving problems
- Develop a plan for de-escalating arguments and conflicts
- Use effective communication skills for listening and speaking
- Learn ways to protect and repair relationships
- Discuss challenges and concerns of veterans and ways to strengthen relationships through renewed commitments to one another

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“MISSION: HEALTHY FAMILIES” (MHF)



Veteran Peer Specialist Will Cochrane (far right) with youth during activities for MHF, October 2014

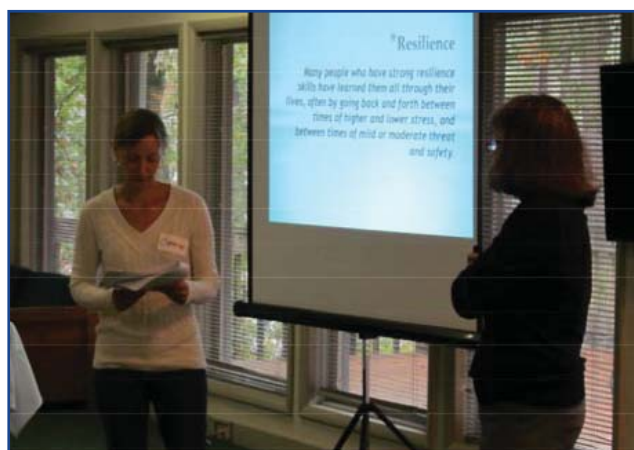
VWWP has hosted two weekend family retreats each year, called *Mission: Healthy Families (MHF)*, with approximately 60 families attending since 2012.

Mission: Healthy Families (MHF) retreats enhance veteran and family wellbeing by allowing the families to step away from daily stressors and grow and support one another as a unit. The retreats also allow families to engage with supportive services providers outside of a formal treatment setting which can decrease stigma and promote help-seeking behaviors. This event brings together various partner organizations with a common mission to serve and support veteran families.

Through partnership with Virginia Commonwealth University, a Resilience Skills Training was developed and is facilitated by Dr. Amy Armstrong and Dr. Carolyn Hawley of VCU’s Department of Rehabilitation Counseling. The Adult Programming Training Objectives are to:

- Understand the concept of Resilience and strategies that can enhance resilience
- Recognize our body’s response to stress and techniques to better manage it
- Develop an understanding of strategies to increase overall Wellbeing.

The training uses a theoretical framework of positive psychology in which personal strengths, assets and change talk are incorporated to explore wellbeing and resilience. Although, many participants experience multiple challenges to include disability and socio-economic status, these challenges are acknowledged within a context of forward focusing orientation and the application of strategies that may enhance resilience and reduce stress. Content focuses on aspects of wellbeing and resilience to include positive emotions, mindfulness based stress reduction, social intelligence, relationships, and specific resilience factors.



Dr Carolyn Hawley (left) and Dr. Amy Armstrong (right) presenting during MHF Family Retreat Fall 2014

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Project YES! Interns

The youth activities focus on resilience skills-building, such as positive communication, coping with change, and healthy stress management. VWWP utilizes Project YES! to facilitate our youth programming. Project Y.E.S! is a national internship program engaging college students in service to meet the needs of military families and is a partnership from the Department of Defense and United States Department of Agriculture <http://militaryfamilies.extension.org/>). The dynamic Project YES! team lead youth in a variety of innovative, fun, and educational activities on communication skills building, team work, conflict resolution, and stress management.

The success of MHF is reflected in the following quotes from veteran and family participants:

“It taught us skills and helped our kids understand”

“The presentation was great and the kids had fun”

“It was an eye-opener for both me and my wife”

“It will help with communication and understanding stress”



Veteran Resource Specialist, Crystal Williams (far left) working with youth during MHF in October 2014

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Across the Commonwealth, the Virginia Wounded Warrior Program facilitates seven support groups with a family focus of varying degrees. They range from couples support to a spouse's coffee hour. Each is unique in the service provided, yet vital to developing the appropriate support system each family needs.

The Virginia Wounded Warrior Program currently employs two Family Support Specialists. The focus of the Family Support Specialist is to provide support to the families of veterans coping with stress relating to service in the military or with traumatic brain injuries and connecting them to resources.

During 2014, both positions were filled with new hires; Ashley Hough with Region 1 and Kerri Gerke with Region 4. Both Family Support Specialists bring tremendous experience to the role as military spouses.



Ashley Hough (left) and Kerri Gerke manning registration booth for Mission: Healthy Families Retreat. October 2014

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Ashley Hough is the spouse of an active duty Marine. She holds a Masters degree in Marriage and Family Counseling. Kerri Gerke has ten years experience as a military spouse transitioning from active service to veteran status and came to the Virginia Wounded Warrior Program after having spent 14 years as a Special Education advocate and child behavioral management professional. Both Ashley and Kerri provide specific expertise in family issues and provide one on one peer support services for the family members of veterans dealing with transition issues, employment, domestic violence, anger management, children's mental health issues and other relationship issues.

Both Family Support Specialists have become active members of the Virginia Military Youth Network, collaborating with the National Guard, Virginia Operation Military Kids, Virginia Department of Education, and other community partners, to ensure the youth of our service members and veterans are provided with resources, resiliency training, specialized camps and more.

Ashley attends the Joining Community Forces group within Region 1. Meetings are organized by the American Red Cross with active participation of representatives from Winchester, Harrisonburg, Charlottesville, and Lynchburg. The purpose of the meeting is to network with community providers which provides Ashley an opportunity to share information regarding Virginia Wounded Warrior Program and enhance community resources that support Veterans and their Families.

Through Kerri's work in partnership with the Quartermaster Foundation at Ft. Lee, VA, over \$7,000 was awarded through educational scholarships to spouses enrolled with the Virginia Wounded Warrior Program in Region 4. These scholarships are designated for service members needing vocational rehabilitation due to service connected disabilities, or for the spouse that now needs to provide for the family due to the veteran's disabling condition. For the third year in a row, because of Kerri's strong work, the bulk amount of scholarship funding has been awarded to Virginia Wounded Warrior Program consumers.

Veterans Affairs Grants for Transportation in Highly Rural Areas

The Department of Veterans Affairs (VA) established a program to provide grants to Veteran Service Organizations and State Veteran Service Agencies to assist Veterans in highly rural areas through innovative transportation services to travel to Department of Veterans Affairs medical centers. The program is authorized by section 307 of the Caregivers and Veterans Omnibus Health Services Act of 2010, Pub. L. 111-163. The Virginia Wounded Warrior Program was awarded this grant in the amount of \$8,825 to serve veterans in Highland County, the only qualifying county in Virginia. Under the VA Grants for Transportation in Highly Rural Areas, VWWP partnered with the Valley Program for Aging Services, Inc. (VPAS) to provide the transportation services. VPAS is a 501(c) (3) non-profit organization established in 1974 and is designated by the Commonwealth of Virginia as the Area Agency on Aging for the Central Shenandoah Valley, which includes Highland County, the county targeted by the grant.

Utilizing the grant, VPAS will provide transportation services for veterans using drivers and agency vans to transport the veteran to the most appropriate VA treatment facility. The locations served by the grant are: Salem (Virginia) Veterans Affairs Medical Center (VAMC), the Staunton/Stuarts Draft (Virginia) Community Based Outpatient Clinic, the Franklin (West Virginia) Contract Outpatient Clinic, and the Harrisonburg (Virginia) Contract Outpatient Clinic. Transportation will also be provided to Augusta Health (Fishersville, VA) and Rockingham Memorial Hospital (Harrisonburg, VA). The period of the award is from June 30, 2014 to June 29, 2015.

AmeriCorps: Virginia Veterans Corps

The challenges experienced by service members and their families as they transition from active service and adjust to life as a civilian can create problems many of our veterans find difficult to overcome. Through grant funding provided by the Corporation for National and Community Service (in their state formula funding) since 2011, The Virginia Veterans Corps (VVC) has been a strong community based program supporting the needs of our veterans. By linking service members, veterans and their families to their federal, state and local benefits, including community support providers, the military and veteran families benefit from improved access to health and behavioral healthcare, financial assistance, employment and housing.





AmeriCorps Navigators Fara Sloan and Marlene Murphy (left to right) support a Resource Table at Transition on the Go event in Hampton, VA

During the 2013-14 service year, direct services were provided to 2,043 individuals who were active duty members, veterans or family members. VVC Navigators identified 60% of these as veterans or active duty military personnel and over 300 referrals were made to Resource Specialists in Region 5. Of these, 21 veterans were enrolled successfully into the VA healthcare system. Service is key in the Virginia Veterans Corps Program and our Navigators come from all walks of life. Eleven Navigators who served in the program were veterans themselves, some having served in combat campaigns from Vietnam to Operation Iraqi Freedom, Operation Enduring Freedom or Operation New Dawn. Nine of the Navigators were family members of veterans or active duty service members. Their ages ranged from 20 to 65. Eleven were college graduates who possessed a variety of professional experience.

Training and the capacity building of members is a large component of the members' service year activities. Each year, the VVC creates training opportunities which include topics focusing on suicide awareness and prevention, domestic violence, stress management and conflict resolution, emergency preparedness, and CPR/AED. Because the Greater Hampton Roads area is prone to unfavorable weather events and considered high risk for a terrorist threat (due to the Naval Station Norfolk/Atlantic Fleet presence), emergency preparedness and disaster response is a high priority. The VVC remains poised to assist the community in times of disaster whether at their host site or elsewhere within the community.



AmeriCorps Navigator Celeste Love and her daughter Deshae Love support NAVFAC Diversity Day

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AmeriCorps Navigator America Luna enjoys lunch at the End-of-the-Year Celebration of the Virginia Veteran's Corp Program.

The AmeriCorps motto is "Getting Things Done." In 2013-14, VVC members completed 14,074 hours of service. In recognition, of the Martin Luther King Holiday, members packed over 330 bags of food at the Foodbank of Southeastern Virginia. These bags are distributed to children across the Southside of Hampton Roads so children don't go hungry over the weekend. Members assisted for the third year at the Operation Homefront Freedom Walk commemorating the events of September 11. The VVC team participated at the area children's festivals to include the Tidewater Military Family Services Council Fall Festival and Hampton Festival during the Month of the Military Child. Operation Homefront sponsored four annual events which benefited from Navigator service. These events included the Back to School Backpack distribution, the Holiday Toy distribution, Holiday Meals for the Military and the Star Spangled Babies Baby Shower for 200 expectant military moms.

For the 2014-15 Service Year, VWWP was awarded funding from the Corporation for National and Community Service to continue the VVC in Region 5 and to expand into Region 4, engaging AmeriCorps members who can assist with outreach and support for homeless veterans and families as well as those at risk of homelessness. Six Navigators will commit their 900 hours of service to this initiative while 22 additional Navigators will continue to serve the needs of active duty and veterans and their families residing in Greater Hampton Roads.



AmeriCorps Navigators Jessie Cespedez and Summer Naranjo participate in the Martin Luther King Day of Service at the Foodbank of Southeastern VA

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In 2013, Virginia Wounded Warrior Program instituted a mandatory training program for all staff. The training consists of three segments of training spread over four 2-day periods.

Segment I: The first segment is “VWWP 101” – facilitated by Regional Directors Martha Utley and Camilla Schwoebel. This training includes an introduction to the mission and structure of DVS and VWWP, overviews of issues facing veterans today, including PTSD and TBI, and public relations.

Segment II: The second segment is a 40-hour training which utilizes the Department of Veterans Affairs’ Peer Specialist Training curriculum (author Steve Harrington, MPA). This curriculum was a modification of the National Associate of Peer Specialists’ training program and delivers intensive and interactive information and skills building techniques that facilitates a Peer Specialists’ competency in: 1) Recovery Principles, 2) Peer Support Principles, 3) Cultural Competence, 4) Communications Skills, 5) Group Facilitation Skills, 6) Managing Stigma, 7) Professional Development and Workplace Skills, and 8) Managing Crisis and Emergency Situations.

Segment III: The third segment of training is the requirement for all staff to complete the 16- hour Applied Suicide Intervention Skills Training (ASIST). Two VWWP staff members attended ASIST Train the Trainer course and became certified facilitators through Living Works Education.



LivingWorks Education is a suicide intervention training company that trains community helpers of all kinds to work in this intervention context. The VWWP ASIST Trainers facilitate a two-day course for all VWWP Staff. After completion of this course, VWWP staff are able to provide suicide “first aid”. The ASIST model teaches effective intervention skills while helping to build suicide prevention networks in the community. And in that spirit, VWWP has been able to offer this training to its community partners, such as the Virginia Army National Guard Family Assistance staff and staff from the Virginia Employment Commission.

In FY14, Virginia Wounded Warrior Program had 41 staff members complete Segments I, II and III of the training program. Additionally, VWWP hosted one ASIST training with 11 staff becoming certified as well as five others from our community partners.

Virginia Wounded Warrior Program experienced many transitions in 2014, and we want to recognize some important individuals for their work and dedication to the program.

In the summer of 2013, our first Executive Director, Cathy Wilson, was selected as the new Deputy Commissioner of the Department of Veterans Services. After her promotion, Cathy worked in both roles until May of 2014 when Brandi took over the Executive Director role. Cathy's journey with VWWP can be best described as a whirlwind. She transitioned immediately from her Navy Captain uniform to VWWP. On her first day in the Executive Director role, she was one of the first employees of the newly codified program developed to address the behavioral health, rehabilitative, and supportive services needs of Virginia veterans. Month by month, year by year, Cathy built VWWP from the ground up with the support of many individuals within DVS, partner agencies, and the community at large. Because of Cathy's hard work, VWWP is now approximately 35 staff members strong, with an extensive services network of public and private partners that meet the diverse supportive services needs of Virginia Veterans and their families.

Virginia is one of the first states to create a comprehensive state program to focus on the behavioral health needs of veterans and their families. From the beginning, Martha Mead, VWWP Special Projects Coordinator, was on the ground designing the program's vision in collaboration with state agency and board leaders, and stakeholders from the Department of Behavioral Health and Development Services and the Department for Aging and Rehabilitative Services. VWWP grew rapidly as a direct result of Martha's vision, grants development and exceptional administrative efforts. In April 2013, Martha retired from state service and started her own grant development business. Martha dedicated her career to state service and she is one of the most passionate civilian advocates for Virginia veterans you will ever meet. Her passion and talent will be greatly missed.

Finally, VWWP is only as successful as the administrative support behind our busy operations. Kendra Ellison has been the Executive Assistant for VWWP since July 2010. Kendra is the epitome of hard working and she regularly goes above and beyond for VWWP consumers. In November of 2014, Kendra was promoted to the Confidential Assistant position in support of the Commissioner and Deputy Commissioner of DVS. While she has left our program, we will still benefit from Kendra's exceptional administrative skills and continued dedication to Virginia veterans.

We thank these key individuals for their dedication to VWWP and passion for serving Virginia veterans and wish them well in their new endeavors.

VWWP has grown rapidly over the last six years and it's time to pause, evaluate how we are doing, and make adjustments so that this great program remains relevant and able to respond to the diverse behavioral health, rehabilitative, and supportive services needs of Virginia Veterans and their families. The following is an outline of what VWWP's top priorities will be for 2015.

Streamline VWWP and DVS-wide direct services provision for transitioning veterans – We will reinforce VWWP's connection to our sister service lines within DVS to amplify cross referrals. Efficient agency wide services delivery will help to ensure that DVS can provide comprehensive services across the spectrum from military transition to the provision of an honorable final resting place. Nearly 15,000 service members will transition out of Virginia military installations this year; this number is expected to grow with the Defense draw-down so it's imperative that VWWP is ready to address the supportive services needs of transitioning service members at the earliest juncture and ongoing.

Embark on rebranding effort – Over the last six years, VWWP has proudly served veterans coping with the impact of military service, deployment, stress related conditions (eg. Post Traumatic Stress Disorder) and/or Traumatic Brain Injuries resulting from military service. The program will continue to maintain that focus, however VWWP will also continue to serve as a healthcare (integrated medical and behavioral healthcare focus) access safety net for all Virginia Veterans. VWWP will undergo a rebrand to capture the breadth of our current services and avoid stigma from the 'wounded warrior' label. The term "wounded" is a weighty label to place upon veterans or their family members. Military service is marked by a proud adherence to a strong, courageous hero's ethos. Veterans may not identify with the "wounded" label and avoid seeking support from VWWP. In addition, veterans who are eligible for VWWP support may forgo services under a belief that other veterans may be in greater need of help. Additionally, the term "warrior" may either be inaccurate or, worse, off-putting as related to those persons eligible for VWWP assistance. Non-combat veterans may not identify with the "warrior" label and avoid reaching out for critical supports. And non-veterans potentially served by VWWP (i.e., dependents) may clearly feel somewhat disassociated with the label. We will work with key stakeholders throughout this entire process.

Expand our existing partnership with the Virginia Army National Guard – We will continue to work with National Guard leaders and VWWP's advisory committee, the Virginia Military and Veterans Coordinating Committee, to maximize federal efforts in the Joining Community Forces Program and close behavioral health and supportive services gaps for National Guard service members and their families.

Build upon existing and expand VWWP family services – We will maximize implementation and evaluation of VWWP's resilience skills building workshops for couples (Mission: Healthy Relationships) and families (Mission: Healthy Families) and explore expansion of family and caregiver support through VWWP direct services provision.

2014 was a success for Virginia Wounded Warrior Program thanks to an arsenal of partners at the Federal, State, and local levels, faithful program donors, and our dedicated leadership team and direct services staff. We look forward to 2015 with enthusiasm; please join us as we strengthen the Department of Veterans Services' behavioral health and healthcare safety net for Virginia Veterans and their families.

VWWP Mission: the Virginia Wounded Warrior Program (VWWP), in cooperation with the Department of Behavioral Health and Developmental Services and the Department for Aging and Rehabilitative Services, monitors and coordinates behavioral health and rehabilitative services and support through an integrated, comprehensive and responsive system of public and private partnerships. VWWP facilitates these services for Virginia veterans, members of the Virginia National Guard and Armed Forces Reserves (not in active federal service), and their families affected by military service, deployment, stress related conditions, or traumatic brain injuries resulting from military service.