“We Are Virginia Veterans: Our Community, Our Strength!” It is a privilege to share our third annual Department of Veterans Services, Virginia Wounded Warrior Program (VWWP) Progress Report. The highlights from the past year serve as examples of the great strides that are being made around the Commonwealth for our military service members, veterans and their families through a sustained interagency and collaborative approach. In just three years this program has gone from ground zero to one with robust public/private partnerships! Interagency collaboration at the state, federal, and community level has never been better and the end result has translated into improved services for those in need.

Last year the three Secretaries that lead the Commonwealth’s Departments that shape services for our veterans, signed an inter-Secretariat letter of support for our program. This letter compliments the Interagency Agreement that several key leaders signed at the inception of the VWWP. It reinforces the ongoing strong commitment to an integrated and collaborative approach when dealing with the many issues that face the population we are honored to serve. The Commonwealth has been recognized as a leader in this area by putting legislation, funding and passion into this effort.

While not all inclusive, this report does provide a glimpse into the tremendous accomplishments made last year by a dedicated VWWP team and through our various partnerships. The incredible work being done in each of the five regions demonstrates what can be achieved when people and organizations link arms around a common cause.

The statewide “We Are Virginia Veterans on Campus” conference last August was a resounding success and has stimulated astonishing activities within our colleges, universities and community colleges. The establishment of an AmeriCorps Virginia Veterans Corps in the Greater Hampton Roads area has extended our outreach and improved program awareness and access to services. The acquisition of a federal grant has enabled us to expand our rural healthcare initiative in Southwest Virginia and is strengthening partnerships to improve access to care. Another grant has bolstered work with our partners in the criminal justice arena which will hopefully lead to treatment vice incarceration for some military members and veterans who may become involved with the criminal justice system. Our work with the regional Crisis Intervention Teams has
expanded through outstanding partnerships. These are just a few examples you will read about in the report.

I’d like to thank Martha Mead for her superlative work with our program from concept to execution. In addition to a multitude of Special Projects, she is the one who has done the heavy lifting to synthesize the accomplishments of our statewide team which are reflected in this Progress Report.

As a native Virginian and military veteran, it is a true honor to work with a team of such talented and passionate individuals. Their dedication continues to be obvious and I am so proud to part of this effort. We are grateful and humbled by the support we have received from our Governor and First Lady, the General Assembly, the Department of Defense, the Veterans Healthcare Administration, the Virginia Board of Veterans Services, the Joint Leadership Council, our Veterans Services Organizations, the Veterans Services Foundation, various businesses, non-profit organizations, faith based groups and individual citizens. It is this support that has made Virginia a leader when it comes to serving our military, veterans and their families. Our Community truly is our strength; thank you!

Respectfully,

Catherine A. Wilson
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Introduction

The Virginia Wounded Warrior Program (VWWP) of the Virginia Department of Veterans Services was established by the Governor and General Assembly of Virginia in legislation enacted July 1, 2008. In the first fiscal year, July 1, 2008 to June 30, 2009, the statewide and local infrastructure of the program was established. Since July 1, 2009, the program has evolved and flourished into a statewide delivery and response system for veterans and their families needing behavioral health, primary healthcare, rehabilitative services and community support. Previous VWWP Progress Reports (2008-2009 and 2010) detail this progression and growth. This report recounts the major accomplishments of calendar year 2011, the third year of program operation.

Strategic Planning

Throughout its existence, the VWWP Executive Team and Regional Staff have engaged in strategic planning. This effort has guided the development and expansion of the program and elicited the talents and interests of both the Executive Team and the Regional staff to expand service capacity and to enhance networks for providing community care and support for veterans and their families. Working in research-based Tiger Teams, VWWP staff developed specific recommendations for expanding access to services and for improving services in rural areas. In 2011, the VWWP utilized previous strategic planning documents and work products to develop a comprehensive Strategic Plan. In this process, the group consolidated the original Purpose and Mission statements creating a new, more vibrant Mission reflective of the current organizational structure and experience of the past two years, and focused on the future. The Vision statement was also updated to provide a guiding focus for all future program development, services delivery and outreach.
Mission

The Virginia Wounded Warrior Program (VWWP), in cooperation with the Department of Behavioral Health and Developmental Services and the Department of 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 stress related conditions or traumatic brain injuries resulting from military service.

Vision

Be the benchmark for the delivery of quality behavioral health, rehabilitative services and support to Virginia veterans and their families through consortia and partnerships uniquely tailored to geographic regions of the Commonwealth.

Guiding Principles and Objectives

Supporting the revised Mission and Vision are 6 Guiding Principles. The Strategic Plan includes specific goals and objectives for accomplishment in FY 2012 and beyond. The Guiding Principles are:

- The health and wellness of our veterans and their families is a primary focus.
- We will ensure that veterans and their families are guided to appropriate programs. There is no wrong door.
- We will treat everyone with dignity and respect.
- We will be good stewards of resources by maximizing the use of existing programs and infrastructure.
- We will facilitate the development of public and private sector partnerships at the federal, state and local levels to achieve our goals; and, we will be the catalyst to form new partnerships as needed.
- We will advocate for veterans and their families who have had difficulty getting the help that they need and deserve.

VWWP Goals

It is important to VWWP Leadership to keep our goals clear, simple and achievable. With that in mind we established 5 specific goals. They are:

- Serve Veterans
- Emphasize Families
- Strengthen and Foster Partnerships
- Sustain and Grow the Program
- Educate and Inform
VWWP goals and objectives have been shared with our partner agencies and organizations who participate in the VWWP Interagency Executive Strategy Committee, with all Regional Program staff, and with all relevant supporting committees and boards.

**Data Management**

Through a contract with the Institute for Policy and Governance at Virginia Tech, VWWP continues to develop an automated system to collect, report and analyze statewide data. When this system is in place in mid year 2012, VWWP will have an enhanced ability to perform long range planning to determine the needs of our Commonwealth’s veterans and their families and to adjust the VWWP service delivery model as needed. This system will also provide additional tools to VWWP managers to monitor service delivery, outreach and community education at a regional level. In addition, the system will provide an automated case management capability to those regional providers who are maintaining paper records.

**Services and Organization**

The Virginia Wounded Warrior Program expanded its footprint across the Commonwealth in 2011 by strengthening its five regional consortia with additional staff, as well as community, state and federal resources. The Executive Management Team was augmented with two additional Regional Directors for Northwestern and Eastern Virginia. Staff changes brought new Regional Directors and Coordinators to the team, enhancing the experience and expertise of both the Executive Team and Regional programs. Profiles of the VWWP Executive Team can be accessed at VWWP’s website, WeAreVirginiaVeterans.org.

**Services to Veterans and Families Statewide**

In State Fiscal Year 2011, the VWWP served 3,617 veterans and family members, a 119% increase over SFY 2010. Employing the time and talents of the Executive Management Team, Resource Specialists, Peer Specialists and five dedicated VWWP Regional Coordinators, VWWP was active and visible at 615 community events reaching more than 20,000 Virginians. This includes briefings estimated to have reached 6,550 military personnel and their families.

The charts below illustrate the total numbers of veterans and family members served during the fiscal year. The second chart shows the types of services provided, revealing that the majority of services are information and referral with significant numbers of direct clinical services.
VWVP provides services to veterans of any era and their family members. Many veterans seek assistance initially for concerns including employment or help with finances. Once VWVP staff begins to work with the veteran and his or her family it may become evident that other services are needed, such as healthcare or behavioral
healthcare. Veterans and family members associated with all branches of service are provided assistance. The majority of those served are male, but increasingly women are seeking and receiving help from the regional programs. See the following chart for information about the characteristics of veterans and service members provided assistance by VWWP.

Numerous state level and national partnerships were fostered in 2011, bringing additional resources, training and expertise into Virginia for expanding education and services to veterans and their families and to the providers of behavioral and rehabilitative care. A primary partnership exists with Virginia’s community services boards, the public behavioral healthcare providers. In 2009, working with VWWP the CSBs began collecting data on the numbers of veterans and family members who received CSB services. The next chart shows the increase in those numbers between FY 2010 and FY 2011.
Interagency Executive Strategy Committee and Advisory Committee

On December 23, 2010, Governor Bob McDonnell signed Executive Order 29 directing all state agencies “to work with the Department of Veterans Services and the Virginia Wounded Warrior Program to ensure continued commitment to serving the needs of veterans and their families affected by combat stress and traumatic brain injuries.” Reinforcing that commitment, the Virginia Secretaries of Veterans Affairs and Homeland Security, Health and Human Resources, and Public Safety authored and signed a joint letter supporting the work of the Virginia Wounded Warrior Program Interagency Executive Strategy Committee (IESC) established by Interagency Agreement executed in 2009 and renewed in 2011.

Renewal of the Interagency Agreement included the addition of the Virginia Department of Health and the Virginia Employment Commission as primary members of the Committee. Although not a signatory to the agreement the Armed Forces Title X Reserves is represented on the IESC and participates actively in its deliberations.

The responsibilities of the Advisory Committee were specified in a revised Department of Veterans Services administrative policy since this key committee advises the IESC, the Commissioner of the Department of Veterans Services and the Executive Director of the VWWP.

<table>
<thead>
<tr>
<th></th>
<th>FY 2010</th>
<th>FY 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Duty Members, National Guardsmen, Reservists or Veterans Served</td>
<td>3096</td>
<td>4050</td>
</tr>
<tr>
<td>Family Members Served</td>
<td>540</td>
<td>928</td>
</tr>
<tr>
<td>Total</td>
<td>3636</td>
<td>4978</td>
</tr>
</tbody>
</table>

(CCS3 Data provided by VDBHDS)
Among the many responsibilities of the Advisory Committee are the following:

- Expand criminal justice system training, jail diversion alternatives and judicial alternatives for military service members and veterans
- Encourage community collaboration
- Expand the availability of TRICARE certified providers and train them
- Expand screening, assessment and treatment for members of the Virginia National Guard and Reserves
- Promote federal and state collaboration
- Promote interagency collaboration
- Serve as a clearinghouse for federal and state initiatives
- Expand outreach to and collaboration with primary healthcare providers
- Encourage volunteerism, mentorship and community service
- Support fundraising initiatives

As evidence of the commitment to the responsibilities and duties of both the IESC and Advisory Committee, Dr. Karen Remley, Commissioner of the Virginia Department of Health, who was recently added to the IESC offered to address the issues of military service members and veterans healthcare in her monthly communication to Virginia healthcare professionals. In concert with Veteran’s Day 2011, Dr. Remley and Commissioner Galanti signed a comprehensive letter providing resource and training information for Virginia’s healthcare professionals about how to assess military service members, veterans and their families for key health issues. Included in the letter were key questions to ask patients to determine whether they or a family member have served in the military. If the answer is yes, then other more probing questions were offered for determining whether service had impacted the patient’s or families’ health. Online tools for clinical training were offered as well as local connections to VWWP Regional Directors and Regional Coordinators for case management and support.

The IESC was also briefed during its meetings on the rural health initiative of the Veterans Healthcare Administration as well as the goal to develop a virtual lifetime electronic health record for veterans. VWWP staff informed the IESC of grant-funded activities including the establishment and operation of the AmeriCorps, Virginia Veterans Corps in Region 5.

**Regional Accomplishments**

Service delivery to veterans and their families has evolved in the 5 VWWP Regions based on a development strategy of community participation and involvement. Each of the Regions provides a uniform base of comprehensive assessment, case management, screening and referral, and linkage to U.S. Department of Veterans Affairs healthcare,
behavioral healthcare, rehabilitation and benefits services, as well as linkages to financial assistance, employment and educational services. If veterans are not enrolled in VA healthcare and are eligible, they are always encouraged to seek services from the VA. Some circumstances may prevent veterans from seeking services from the VA, such as distance to a VA Medical Center, Vet Center or Community Based Outpatient Clinic, the veteran has not yet enrolled in service and needs immediate attention, unwillingness to seek help from the VA, or discharge status. In these instances, VWWP will assist the veteran with connections to services through local providers, including the local Community Services Boards. The Regions have evolved into 5 service models that respect the differing resources in their communities. They are a unique blend of outreach, public education, clinical care, resource development and community support.

Regional Consortia
June 10, 2011 edition

Statewide Total: 823,348
Veterans Population: 9/30/11

<table>
<thead>
<tr>
<th>Region</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region 1</td>
<td>140,175</td>
</tr>
<tr>
<td>Region 2</td>
<td>190,718</td>
</tr>
<tr>
<td>Region 3</td>
<td>100,090</td>
</tr>
<tr>
<td>Region 4</td>
<td>125,010</td>
</tr>
<tr>
<td>Region 5</td>
<td>258,465</td>
</tr>
</tbody>
</table>

DVA, VAWP, Virginia

Statewide toll free number: 1-877-285-1299.
Region 1

Region 1’s service area covers the western corner of Virginia from Winchester to Lynchburg, extending to Charlottesville and eastward to King George County. This region’s service model is primarily 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. At year’s end, the Region is in the process of hiring a new Regional Coordinator. Camilla Schwoebel who was hired as one of VWWP’s newest Regional Directors previously held the position. Region 1 sponsors a regular schedule of combat veteran and family 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. Combat and family support groups also enjoy shared experiences such as trips to statewide and national memorials, outdoor activities such as group hunting and fishing events, and other family and community outings.

In 2011, Region 1 hired a Family Support Specialist. The addition of specific expertise in family issues has resulted in help for veterans and family members dealing with domestic violence, anger management, children’s mental health issues and other relationship issues. Working with Region 4, veterans and family members from Region 1 participated in marriage retreats and couples retreats that address troubled relationships. These relaxed atmosphere sessions help veterans and their spouses understand how to communicate better and how to understand the needs and strengths of their partners. VWWP staff take an active role in the workshops offering individual assistance and referral to services designed to address individual social and clinical needs. Taking this model a step further, Region 1 also offered Spouses and Parents workshops that help family members understand the issues faced by returning service members and how to help their veteran cope with the results of combat and deployment stress as well as brain injury if that is a presenting clinical issue.
Region 1’s Peer Specialists have also become actively involved with educating and supporting local law enforcement in understanding veterans and military service members who may become involved with the criminal justice system through routine traffic stops, community crises or calls reporting domestic violence. Many law enforcement professionals have backgrounds of military service so it is essential to reach out to them to make them aware of the federal, state and community resources available to them and enhance their abilities to assist fellow veterans and their families in the community. Several of the veteran peer specialists have led training for Regional Crisis Intervention Teams (CIT). In addition, Region 1 staff participated in a workshop for law enforcement throughout Virginia at the Annual CIT conference in Virginia Beach in September, 2011. Crisis Intervention Teams are specially trained teams of law enforcement professionals who are certified in working with persons with serious mental illness in the community. The goal of CIT training is to divert individuals to treatment rather than incarceration.

In an especially moving and poignant ceremony, Region 1 facilitated the presentation of a Purple Heart to an OIF veteran, and has supported other veterans in getting the awards and recognition they deserve.

Region 1 has also sponsored a number of clinical trainings, often in partnership with other organizations and agencies, to expand the knowledge base of behavioral healthcare and primary healthcare professionals in the Region. The trainings cover the causes and origins of post traumatic stress disorder and brain injuries, symptoms, diagnostic tools and evidence based treatment practices. With this clinical training, community professionals can assist veterans and families who seek treatment locally. The training also provides clinicians with an understanding of the federal and state resources that can support their clinical care for the veteran and his or her family. The most recent training was in partnership with Crossroads to Brain Injury Recovery and highlighted a veterans panel as well as speakers from the VA and Defense and Veterans Brain Injury Center.
Region 2

Region 2’s service area covers the densely populated counties and cities of Northern Virginia. This area provides a clinically based model of treatment focusing on engaging veterans and family members in direct services for mental health, and alcohol and drug treatment, as well as brain injury treatment and support. Region 2 also provides family counseling to veterans and their families coping with marriage and family issues, relationship issues, family communications and crises, issues of domestic violence, children’s behavioral health issues and other results of combat and deployment stress. Ongoing therapy is provided to an average active monthly caseload of 55 veterans and their families.

Region 2 worked with Region 4 to sponsor Peer Retreats and Couples Workshops that help veterans understand the stressors of military life and how to cope with the negative impact of war, trauma and multiple deployments. In 2011, these family based workshops offered help to 21 veterans and their family members. One veterans’ letter to staff reflects the positive evaluations of the participants:

Thank you for the FABULOUS Peer Retreat at Meadowkirk...!! Your time, talents, concern, efforts, patience, caring, focus, was ALL ON US...and we KNEW it and reveled in it...We cannot wait for Spring/Summer and another opportunity to participate.... Sincerely, MH...Semper Fi

This area offers Equine Assisted Psychotherapy (EAP) for veterans and their families. This therapy involves the use of ground based activities with horses to help veterans affected by combat stress develop emotional and supportive connections that can then assist them in their relationships with others. Many veterans or returning service members do not respond to traditional talk therapy. EAP has been found to help veterans and service members strengthen their emotional insight and self-understanding. Participants have reported improvements in addressing family problems, such as conflict resolution, anger management, and improved emotional ties and trust. Working with the horse in a safe environment allows the veteran or service member to open up emotionally based on the reactions of the horse and to express anxiety and fears without retribution.
The emotional self-awareness and learning can then be transferred to one’s personal relationships for healing and resilience.

Region 2 has developed a unique support group for outreach to women and significant others of veterans. This group which originally met quarterly will now meet monthly in 2012 to assist women (moms, wives, girlfriends) who support a military member or veteran. These meetings promote military cultural understanding, provide psycho-education and peer support, and will feature occasional guest speakers.

Working with the community colleges in the Region, Region 2 is establishing a program of campus-based outreach for veterans in college. VWWP staff has secured donated space on the Northern Virginia Community College (NVCC), Annandale campus to see veteran clients for clinical treatment. The staff has begun seeking space on the remaining NVCC campuses to provide clinical services there as well. Also, the VWWP staff is working toward setting up information and training sessions for veterans and, separately for college staff, on veteran-related issues. These sessions will 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. Lessons learned from We Are Virginia Veterans on Campus VWWP’s summer conference for student veterans and faculty will be incorporated into the design of the workshops.

Since its inception, Region 2 has promoted a learning environment. The Region provides much clinical training for behavioral health and brain injury services professionals in the area. Psychiatric First Aid for First Responders is one of the many trainings offered by the Region. It recognizes the need for first responders in crisis situations such as the 9/11 attack on the Pentagon to be provided assistance and therapy if needed. Many law enforcement, fire and rescue professionals also have a military background. It is important that underlying issues due to combat not resurface in their civilian jobs. Such trainings offer support for coping and emotional resilience.

Other trainings provided by the Region include the Neurobiology of Substance Abuse where local clinicians treating veterans and civilians learn how brain chemistry and functioning is changed through compulsive behaviors, including the use of excessive...
amounts of intoxicating substances. To further highlight the importance of brain functioning in treatment settings, the VWWP staff sponsored training on brain injury where clinicians were taught the mechanics of brain injury, basics on brain injury identification, and information on where veterans can obtain needed treatment and services for TBI.

Region 2 has also actively participated with both the VA and local Continuum of Care organizations to develop more coordinated and comprehensive approaches to responding to homelessness among veterans and their families.

Region 3

Region 3’s service area covers over 11,730 square miles of primarily rural Southwestern Virginia, from Roanoke to Big Stone Gap and from Bristol to the Tennessee and West Virginia borders. The population density for the region is only 76 persons per square mile. The terrain is mountainous, making transportation to healthcare and behavioral healthcare, as well as to VA services extremely challenging.

In 2010, Virginia competed for and was awarded a $300,000 per year, three year grant from the U.S. Department of Health and Human Services, Health Resources Services Administration (HRSA). Montana and Alaska also received these Flex Rural Veterans Health Access Program grants. The grant allowed Region 3 to expand from a service territory of 9 counties and 2 cities by adding services in an additional 13 counties and 5 cities, virtually blanketing all of Southwestern Virginia. The Region hired Lisa Yost, previously a Resource Specialist, to lead the regional effort as a full time Regional Coordinator. With a combination of VWWP grant funds and federal funds, seven new Resource Specialists were hired and the two original Resource Specialists positions were maintained.

In late 2011, Matthew Wade was hired as the Regional Director. Matthew’s extensive background in state government and ties to the Region made him the perfect fit for supporting the existing team at the Executive level.

As a result of the grant funds, the Regional team has increased both clinical and non-clinical services to veterans and their families. For example, clinical services, including treatment for medical issues, PTSD, individual and family counseling, brain injury

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services, substance abuse treatment, and dental care increased from 14 individuals in the month of October, 2010 to 42 in the month of August, 2011. Non-clinical services, such as referrals and assistance with educational benefits, financial issues, veterans benefits, transportation, employment, housing, legal issues, and family needs increased from 27 in the month of October 2010 to 73 in August 2011.

Because of the large geographical area, the rural heritage and culture, and the lack of resources, particularly for addressing behavioral healthcare issues, the Region has developed a unique outreach model based on community public awareness events, participation in community events, hunting and fishing outings and veteran and family support groups.

One recently formed veterans group in Tazewell County calls themselves, “Together for Veterans.” From the initial meeting of only 4 veterans in February, 2011, the group has grown to 14 active members. They meet twice a month, and in their words “discuss important issues that affect veterans through activities and tips to help them cope with everyday issues.” Veterans enjoy the group activities and include family members in most activities. This group provides an outlet for veterans in their locality preventing the need to drive two hours to the nearest Vet Center. One veteran writes:

“I am a Vietnam Veteran who has suffered with depression and nightmares for years. … I attend a Veterans group which helps me to hear others talk about things and this helps me to socialize with other veterans. I am now participating with activities—even going on outings. The depression and nightmares have improved and I am now able to do things that I was not able to do during my depression state. My energy level has gone up and sleep habits have improved. I would like other veterans to know that there is help out there and not to give up—GET HELP AND JOIN A GROUP/IT HELPS.”

Veterans attending the Southwestern Virginia support groups enjoy planning group meetings, growing vegetable and flower gardens, planning family picnics, and cookouts (public awareness events) to reach out to other veterans in the community. Through collaboration at both the state and local levels, VWWP is reaching out to National Guard members especially in Southwest Virginia where incidents of PTSD and suicide have raised concern with the Virginia National Guard Behavioral Health Team as well as with VWWP. Both the Guard and VWWP are looking for ways to engage younger service members and veterans in support groups and community activities.

Outreach to primary healthcare providers is also a priority for this Region. The VWWP Region 3 Team has connected with the critical access hospitals for developing opportunities to brief staff about the resources and connections for veterans. With the assistance of VWWP’s training partner, the Virginia Partnership for People with Disabilities, Region 3 provided training for the newly hired VWWP staff as well as professionals in the community serving veterans and their families. The trainings covered
topics such as recognizing the signs and symptoms of PTSD and TBI and providing treatment, services offered by the VA Medical Centers and how to access them, veterans’ benefits, VWWP services, and military culture. Staff of the VA Medical Centers and VWWP taught relevant sessions. Participants in these trainings included local hospice staff, community mental health providers, staff from the Virginia Departments of Corrections, Virginia Employment Commission and Virginia Department of Social Services, brain injury services providers, a local mediation agency, faith based organizations and the legal community.

In a September evaluation report (Flex Rural Veterans Health Access Program Implementation Evaluation, 2011), an independent evaluator concluded that the Flex Rural Veterans Health Access Program (RVHAP) has increased outreach to veterans in rural areas and shows evidence of increasing enrollments in VA services, citing both qualitative and quantitative evidence. RVHAP is providing training to community-level providers so that they can more effectively meet the needs of veterans. Veterans who served in the National Guard and Reserves are an important target for outreach to rural veterans. Virginia’s comprehensive Needs Assessment was cited here as verifying that 32% of the veterans surveyed were Guard and Reserve members. Family members are important resources for veterans but also need services related to issues arising from the military service of their kin. Again Virginia was cited for emphasizing service to family members. State veterans agencies can be an important partner in outreach efforts and are especially prominent in Virginia. The report states that “By working with Regional Consortia that include the local Community Services Boards, VA resources, brain injury services and other local providers, the Virginia Department of Veterans Services has been able to set up an outreach system that provides veterans and their families with support services, connections to the VA, and assistance with applying for veterans benefits. These agencies can be an extremely important resource and link to state agencies. The report goes on to note that each of the three grantee states faces challenges to gathering data desired by Congress and other entities. States have encountered difficulties in matching veterans served by their local programs with those who have enrolled in VA care.

Finally, the evaluation report states that building a support system focused on outreach and providing services to veterans and their families is feasible, but requires more resources than those available through the federal grant. Virginia was cited as already having an infrastructure in place that allowed services expansion with federal resources, however, funding for some pressing needs such as transportation continue to present challenges. The authors note that other states may not be able to replicate the Virginia model of service unless significant state or federal funds are identified for that purpose.
Region 4’s service area is a mix of the densely populated Richmond Metropolitan Tri Cities area to the more rural areas of Southside Virginia. The region stretches from Hanover County on the north to the North Carolina line in Mecklenburg County. Its borders extend through Buckingham County on the west and Surry County on the east. Both Fort Lee and Fort Pickett are within this Region’s service area. Region 4’s service model began with primarily a public education and outreach approach and has evolved into one of Peer and Family Support. Region 4 worked collaboratively with Dr. Karen Rotabi of VCU to develop the highly successful couples’ retreats, Mission Healthy Relationships. This research-based model is a relationship strengthening program for committed couples who have experienced deployment.

The program is tailored for couples coping with operational combat stress in addition to Post Traumatic Stress Disorder and Traumatic Brain Injury. The curriculum emphasizes communication skills, including active listening, problem solving and diffusing conflict. Veteran couples come together for a weekend retreat in a relaxed atmosphere with VWWP staff and outside counseling resources. Evaluations from these sessions have been extremely positive with 85% of participants reporting that they agree or strongly agree that the event was well worth their time. The success of this model in Region 4 has resulted in its replication in other Regions and the cross-regional collaboration to provide workshops that veterans and their significant others can attend.

From their work with couples, Region 4 branched out to working with families and children, offering “Mission Healthy Families”. In these retreats, families and children spend a weekend at Pocahontas State Park in Chesterfield reuniting and working on family togetherness and healing. Again the evaluations from these retreats have been positive, providing VWWP compelling findings for continuing to offer these services.

Region 4 has developed valuable collaborative relationships with the staff of McGuire VAMC in Richmond. Working with the Recovery Coordinator, Region 4 has assisted in the development of community veteran support groups and works mutually with the veterans who attend those groups.
The Suicide Prevention Coordinator at McGuire has been an important partner in working with Region 4 to address individual access to care needs for veterans as well as participating in events to educate the community about suicide risk among veterans and ways to intervene. Region 4 worked directly with the Suicide Prevention Coordinator at the Virginia Department of Health (VDH) and with Fort Lee in Petersburg to set up suicide prevention intervention training on the grounds of Fort Lee. Two sessions of Applied Suicide Intervention Skills Training (ASIST) programs were held. ASIST is the most widely used intervention skills training in the US. It is a two-day intensive, interactive and practice-dominated course designed to help caregivers recognize risk for suicide, intervene to prevent immediate harm and link persons at risk to the next level of care. There was overwhelming response to the trainings resulting in over 70 individuals being placed on a waiting list for future trainings. VDH and VWWP Region 4 are working together to schedule additional trainings in Chesterfield and Henrico Counties.

In the Spring of 2011, McGuire opened the Virginia Polytrauma Transitional Rehabilitation Unit. Region IV works closely with the staff of this unit to provide community participation opportunities for veterans who are being treated by the facility but who need to get out into the community to advance their recovery.

Region 4 has been actively involved with the McGuire VAMC homeless services staff and the Richmond community to enhance the available resources for veterans who are homeless or at risk and to also provide supportive services to homeless veterans in the Region. Region 4 staff works with homeless veterans to reconnect them to medical and mental health services at the VA and in the community. An important component of this work is helping veterans identify potential sources of income and sustainable housing. In 2011, three veterans were houses utilizing the HUD-VASH (Veterans Affairs and Supportive Housing Program). HUD-VASH provides specialized Section 8 vouchers to veterans with mental health diagnoses and includes case management services.

In the late Summer, 2011, VWWP learned that Virginia Supportive Housing had been awarded $554,977 from the VA for addressing housing and supportive services needs of veterans. This grant had been supported by VWWP and DVS with a letter of support that accompanied the grant proposal. This was great news for VWWP since VSH is known state-wide as a leader in permanent supportive housing and is the only provider in this region who provides the level of support services and housing to those experiencing a housing crisis.

Specific case management services are geared toward housing stability as well as accessing VA and public benefits. Financial assistance is provided to veterans including rental assistance, security and utility deposits, rental arrears, transportation assistance (in the form of bus tickets) and child care (in the form of a subsidy). The target population for this program is very low-income veterans and veterans and their families who would be homeless “but for this assistance” (either residing in permanent housing and experiencing a crisis, homeless and scheduled to become a resident of permanent housing
within 90 days, or have exited permanent housing within the previous 90 days to seek other housing that is responsible to needs of the household). Beginning on October 1, 2011, it is estimated that this program will serve 96 households during its first year.

Region 4 partnered with the Central Virginia Chapter of Heroes on the Water (CVHOW) starting in May 2011 to offer therapeutic kayak fishing to wounded veterans. CVHOW events allow veterans the opportunity to get away from daily stressors, relax, and build camaraderie with other veterans. CVHOW provides veterans with meals, kayaking and fishing gear during the event and giveaways (lunch boxes, tee shirts, water bottles) at each event free of charge. CVHOW and VWWP hosted 5 paddle events during 2011 (May to Sept 2011) and served 20 veterans. Two of the paddle events were fishing tournaments with large prizes which the veterans could participate in with CVHOW and VWWP free of charge. Veterans really enjoy the opportunity to be physically active and meet other veterans recovering from invisible and physical wounds from combat.

VWWP hired a new Regional Director for Region 4 in October, 2011. Martha Utley joins VWWP after retiring from 27 years of health care related service with the U.S. Coast Guard. Ms. Utley was the first woman in the history of the Coast Guard to obtain the rank of Master Chief Petty Officer (E-9) in the Health Services field.

Region 5

Region 5 is home to one of the highest concentrations of veterans in the nation and hosts a significant number of U.S. military bases. Region 5’s territory comprises communities that benefit from military families and that also recognize the enormous strain caused by duty and deployment. This regional model focuses on military community and rural outreach because its borders extend from James City County and Newport News across Hampton Roads into major cities, including Norfolk, Portsmouth, Suffolk, Chesapeake and Virginia Beach. The area also encompasses much rural terrain including Southampton and Isle of Wight Counties, as well as Virginia’s Northern Neck, Middle Peninsula and the Eastern Shore.

To engage this diverse population of military service members, veterans and their families, Region 5 and its VWWP partners applied for and received an AmeriCorps grant from the National Corporation for Community Service through formula funding allocated to Virginia. The 3 year grant provides funding for the Virginia Veterans Corps (VVC). VVC was launched in September, 2011 engaging 20 part time
“Navigators” working in various veteran and community organizations. The Navigators provide a direct service to military service members, veterans and their families, but at the same time are trained to educate the target population about the services of VWWP. Navigators are trained on how to make direct referrals to VWWP Resource Specialists and other sources of local, state and national support.

In 3 short months from September to November, the Navigators reached out to over 2,800 individuals. Well attended holiday events hosted by the partner organizations accounted for this enormous outreach. For example, the Armed Services YMCA hosted a Thanksgiving Turkey Give Away for military families and veterans. Navigators assisted with this YMCA project as well as a program that provides bread products to military and veteran families in need. Operation Homefront’s Navigators worked in several projects for military families, including Operation Turkey Trot that offered families $100.00 gift cards for Thanksgiving dinner and Operation Holiday Toy Pick-up and Operation Stocking Stuffer. Operation Jingle Bell, hosted by the Navy Marine Corps and Relief Society allows families of single sailors living on ships or barracks to give their non-local families complimentary local hotel rooms at any time between December 23-26. Navigators helped to organize and schedule these family reunions.

These outreach efforts have led to 17 referrals to VWWP Resource Specialists for case management and care coordination. Referrals to VWWP services in other regions have also been made as well as referrals to the National Resource Directory and to online resources of the Veterans Administration.

The Region 5 Director, Coordinator, and Resource Specialists spend a great deal of time working with the local military bases to provide information and resources to transitioning military service members as well as providing valuable community support on the bases. An example is Regions 5’s involvement is the Navy’s Transition Assistance Program (TAP). TAP is a four-day workshop for pre-retirement or pre-separation military members. It covers resume writing, interviewing skills, salary negotiations, military benefits, and other topics that facilitate a smooth transition from the military to the civilian community. Region 5 participates in these briefings to reach out to those individuals who plan to remain in Virginia and ensures that they have access to VWWP services. Region 5 also partners with local military installations through training. Examples of training are the briefings to the Langley Air Force Legal Department and Fort Eustis Warrior Transition Unit. The briefings are designed to provide the audience an understanding of how VWWP can assist their clients, increase knowledge on veteran benefits, and assist with specific veterans issues.

Region 5 has built a direct relationship with the Richmond and Tidewater Market Poly-trauma Working Group and Tidewater Multi-service Market Medical Management Working Group. Involvement in these working groups ensures that VWWP is integrated through a collaborative process and is considered a partner for developing a consolidated Business Plan for the Multi-Market. These include integrated plans for appointing
services, resource sharing, optimization initiatives and DoD/VA sharing opportunities.

Region 5 also worked closely with the Regional ReEntry Council to assist veterans transitioning from state prisons and local jails into community life. Resource Specialists visited Deerfield Correctional Center to meet incarcerated veterans and to offer assistance for their support in the community. In addition, a part-time Regional ReEntry Specialist will be hired in 2012 with a focus on assisting the incarcerated veteran during incarceration, planning for release, and return to the community.

In the Spring of 2011, Eric Endries joined VWWP to serve as Regional Director for Region 5. Eric is a retired Lieutenant Colonel who served as the Army’s Chief of Officer Education Systems with Training and Doctrine Command at Fort Monroe, Virginia as his last active duty assignment.

This year also included the transition of Thea Lawton, VWWP Regional Coordinator, to a new job working with Military One Source. Thea’s influence on the development of the Region V program will be known for many years to come. In her own personable way, Thea participated in an “AHA Moment” program hosted in the region where she recounted her own AHA moment when she realized that outreach and support for military service members, veterans and their families was her life’s calling. Her story was shown in Hampton Roads and beyond, raising awareness about the value and benefits of VWWP and its impact on so many lives.

Region 5 Resource Specialists also organized and implemented female veteran support groups as well as working with veterans to participate in the National Alliance for the Mentally Ill’s “In Our Own Voice” project (IOOV). IOOV is a partnership with the National Alliance on Mental Illness (NAMI) and Brain Injury Association of Virginia (BIAV) with a goal of bringing the stories of recovery of Virginia veterans to the community. This partnership along with partnering with the local recovery coordinator at the Hampton Veterans Affairs Medical Center (VAMC) built the base of IOOV and allowed the creation of a unique combination of professionally created videos and in person interviews with veterans telling their story. The result de-stigmatizes behavioral health disorders and mental health treatment, building a foundation for those who may never have thought about the value of seeking treatment. The IOOV partnership also demonstrated the difference mental health treatment can make in a person’s quality of life.
Training

VWWP’s collaboration continued in FY 2011 with the Virginia Commonwealth University Partnership for People with Disabilities VCU/PPD offering training to behavioral health and rehabilitative services providers across the state. Funded by a generous grant from the Commonwealth Neurotrauma Initiative, VWWP and VCU/PPD organized and presented regional trainings on post-traumatic stress disorder, collaborated with other state agencies on suicide prevention training and presented a statewide conference addressing the needs of student veterans.

In the spring and early summer of 2011, VWWP partnered with the Department of Behavioral Health and Developmental Services and the Virginia Department of Health to present 7 summits across the Commonwealth addressing the issues of suicide intervention and prevention. Each summit included a presentation by a VWWP Regional Coordinator outlining services available from the regional consortia as well as suicide prevention resources of the VA and other federal resources.

We Are Virginia Veterans on Campus

On August 9, 2011, VWWP hosted a statewide conference addressing the needs of transitioning military and veteran students returning to college. We Are Virginia Veterans on Campus attracted over 200 participants. The Center for Leadership and Ethics at Virginia Military Institute in Lexington provided the perfect atmosphere for discussions about supporting student veterans and making Virginia’s college and university campuses military and veteran friendly. Major General Chris Cortez, General Manager, Strategic Operations Worldwide Public Sector, Microsoft Corporation was the keynote speaker. He talked about honoring military service members and veterans by helping them find productive and meaningful employment using the skills and leadership qualities they developed during their military service. A panel of student veterans addressed their combat experience and the transition “From the Front Lines to the Classroom.” Afternoon workshops addressed what college leadership, students, counselors and faculty need to know to be prepared for student veterans and the college experience. A primary purpose of the conference was to link the VWWP with administrative and counseling staff on the college and university campuses to ensure connections to resources and treatment for military and student veterans.
VWWP Criminal Justice Partners Training

VWWP, in partnership with the Department of Behavioral Health and Developmental Services (DBHDS) was awarded a federal grant of $71,250 from the Virginia Department of Criminal Justice Services to fund a targeted educational program for the judiciary, court personnel, and other criminal justice partners across the Commonwealth. This grant is renewable for up to 4 years. To date, the project has successfully completed its pilot training in the 27th judicial circuit and is now evaluating and refining the curriculum for statewide implementation in 2012. This training will help attorneys, community corrections staff, magistrates, special justices, judges and other professionals working in criminal justice to understand the behavioral health impacts of the wars in Iraq and Afghanistan on military service members and their families. After participating in the pilot training, a magistrate in Southwest Virginia said, “If I had participated in this training prior to seeing a veteran who came before me, I would have disposed of his case differently.” The underlying causes of disruptive behavior can be discerned and treatment can become a much more viable option for someone affected by combat stress rather than incarceration which may exacerbate the problem and increase the hardship on the veteran and his or her family.

Cross Systems Mapping to include Veterans Involved in the Criminal Justice System

In September, 2010, the DBHDS was awarded a $250,000 two year Justice and Mental Health Collaboration Program competitive grant from the Department of Justice to expand the Cross Systems Mapping Initiative. Cross Systems Mapping (XSM) is a collaborative effort where localities participate in workshops to identify services available in a locality, referral sources and referral patterns and the community resources needed to expand the effectiveness of services delivery. VWWP staff is involved in the training to ensure services access and community connections for veterans who become involved with the criminal justice system. This training complements the Criminal Justice Partners training by involving many of the same professionals, local attorneys, members of the judiciary, community criminal justice professionals and behavioral healthcare professionals. Participation of VWWP staff in these mappings helps to ensure that the community is aware of the referral sources for military service members, veterans and families, and most importantly, that the community partners know about VWWP. The training results in a map including resources, sources of referral and gaps in services. The participants develop clear action steps to address the gaps and to work together to assist people in their communities that need services.
Governor McDonnell’s Reentry Initiative, Veterans Reentry Taskforce

In May 2010, Governor McDonnell issued Executive Order 11, which established the Virginia Prisoner and Juvenile Offender Re-entry Council. Commissioner Galanti served as a member of the Council. The Council was assisted by several workgroups, including the Veterans Reentry Taskforce, co-chaired by VWWP staff. Working with agency partners from the VA, Virginia Departments of Corrections, Correctional Education, Behavioral Health and Developmental Services, Department of Planning and Budget, House Appropriations and Senate Finance Committees and veteran members, the Taskforce identified several barriers to re-entry for veterans incarcerated in local jails and prisons. Access to information while incarcerated was identified as a primary barrier. Other issues included making connections to employment services, community supportive services and assistance for families. The Taskforce issued a number of recommendations that were sent forward to the Council. Among the Taskforce’s accomplishments was the revision of an existing “Reentry Roadmap for Veterans Incarcerated in Virginia.” In Virginia and in other states, this guidebook had been provided previously only to veterans incarcerated in state prisons. In an unprecedented partnership with VISN 6 of the VA and with the VISN 6 Healthcare for Veterans Reentry Specialist, the guidebook was updated with resource information for veterans in jail as well as those in prisons. The Guidebook is being printed, produced on CD and distributed to all prisons, jails and regional jails in the Commonwealth. A primary benefit of the Guidebook is to provide veterans with a link to the Virginia Wounded Warrior Program in the locality where they plan to return upon release.

Assistance to Homeless Veterans

In response to the Governor’s Executive Orders 10 and 29, the VWWP staff supported the Office of the Secretary of Veterans Affairs and Homeland Security in developing initiatives to reduce homelessness among veterans and their families in the Commonwealth. During 2010, the Commonwealth issued four reports that provided guidance and recommendations on this critical issue. The four reports were: The Joint Legislative Audit and Review Commission’s, Reducing Veteran Homelessness in Virginia; the Homeless Outcomes Advisory Committee: Report and Recommendations; Housing Policy Framework: Interim Report to the Governor and the Virginia Prisoner and Juvenile Offender Re-Entry Council Report. These reports formed the basis for the ongoing work of the Homeless Outcomes Advisory Council. VWWP staff actively participated in the work of the Advisory Council and the Services and Funding Committee.

To fulfill U.S. Secretary of Veterans Affairs Shinseki’s commitment to end homelessness among veterans, all of the VAMCs in Virginia have conducted Homeless Summits engaging community partners in working together to provide service to homeless veterans.
veterans and to prevent homelessness. VWWP staff across the Commonwealth were represented at each of these summits. VWWP Regional Consortia staff work closely with representatives from the VA and numerous local social service agencies to directly assist veterans and their families who are homeless or at risk of homelessness. Despite these efforts, according to the Point In Time (PIT) survey of persons who are homeless, which is conducted annually on a nationwide basis in January, the number of homeless veterans identified in the PIT count in Virginia increased from 886 in 2010 to 931 in 2011, an increase of five (5) percent.

Services to homeless veterans presents challenges that take a great deal of time to address. Among these are the need to reestablish identity to obtain housing, employment, mental health treatment, and support services. The Veterans ID card being developed by DVS and the Virginia Division of Motor Vehicles may help to address this issue, as well as other collaborative efforts to establish residency for homeless veterans. Often homeless veterans lack income so their housing options are limited and many need case management services to be successful. Permanent supportive housing slots can take months to secure due to the overwhelming need.

While many community based agencies devote considerable resources and effort to serve homeless veterans on a daily basis, one program was particularly successful in expanding its array of services for veterans in 2011. Virginia Supportive Housing, based in Richmond, obtained a VA Supportive Services for Veteran Families (SSVF) grant which will provide homeless veterans and their families with a wide range of supportive services.

**Expanded Outreach**

In order to improve access to services, in FY 11, VWWP unveiled a statewide public information campaign entitled, “We Are Virginia Veterans.” WeAreVirginiaVeterans.org was launched featuring an interactive website with blogs, forums and statewide as well as regional information. A printed brochure was developed with resource information for each of the 5 Regional programs. Messaging, public service announcements, display boards and informational materials targeting various aspects of VWWP’s statewide resources were produced and presented in a variety of forums, including the Colonial Athletic Association Basketball Tournament in Richmond, statewide and national conferences, Yellow Ribbon Reintegration events, community fund raisers, golf tournaments, runs, walks and public education events. The VWWP is well on its way to becoming a national model program and a household name in Virginia.
Conclusion

The influence and impact of the Virginia Wounded Warrior Program can be seen across the Commonwealth in the increasing numbers of military services members, veterans and their families being served by the dedicated staff working every day to reach out to and provide resources for the target population. Other states frequently request information and advice from VWWP staff. In 2012, VWWP expects to strengthen its ties with the Virginia National Guard and Reserve components. Workgroups chaired by military partners, partner state agencies and community organizations will address areas of the program that need strengthening and will explore new partnership ventures. The support of Virginia’s Governor, General Assembly, the Joint Leadership Council of Veterans Services Organizations, the DVS Board, the Congressional Delegation and agency partners and organizations cannot be underestimated. VWWP plans to continue its level of quality and service in the coming year and beyond, dedicated to the memory and respect of Virginia’s veterans and families who have served Virginia and the nation.