



PROGRESS REPORT

2008-2009



Purpose

Ensure adequate and timely assessment, treatment, and support are available to veterans, service members, and affected family members....for stress-related injuries and traumatic brain injuries resulting from service in combat areas.

§2.2-2001.1 Code of Virginia

Mission

To establish an integrated, comprehensive and responsive system of services for veterans, Guardsmen and Reservists with Combat/Operational Stress Conditions or Traumatic Brain Injury (TBI) and their families through a network of public and private partnerships



COMMONWEALTH of VIRGINIA

Department of Veterans Services

Vincent M. Burgess
Commissioner

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Commissioner's Message

Two years ago we were just beginning to envision the existence in Virginia of a comprehensive state and community program to augment federal services for veterans and families affected by combat/operational stress and traumatic brain injury. We knew then that the psychological and physical effects of the wars in Iraq and Afghanistan would take a toll on Virginians and severely stretch the capacity of the Department of Defense and the Veterans Healthcare Administration to address adequately.

Today I am proud to announce to you that the Virginia Wounded Warrior Program of the Virginia Department of Veterans Services is indeed a reality. With the steadfast support of Governor Kaine, the Virginia General Assembly, Secretary Marshall, the Board of Veterans Services and the Joint Leadership Council of Veterans Services Organizations, we successfully codified and funded the program and established its authority within the Department of Veterans Services. Although we do not have a Code-mandated requirement to report annually, we felt that it was essential to share our pride and our progress.

There are many individuals and organizations who share in the success of the Department of Veterans Services and the Virginia Wounded Warrior Program. This is truly a program that has taken the best thinking and advocacy of all who respect and honor military service in the Commonwealth and who believe that it is our duty to support our military service members when they come home. I want to personally thank my staff and the VWWP staff under the leadership of Catherine Wilson for the hard work and perseverance to make this program what it is today. We have a vision for this to be a model program for the country and we are well on our way to achieving that.

Sincerely,

A handwritten signature in cursive script, reading "Vincent M. Burgess".

Vincent M. Burgess, Commissioner



Executive Director's Message

I am privileged to share with you the 2008-09 Progress Report of the Virginia Wounded Warrior Program (VWWP) the newest program of the Virginia Department of Veterans Services. VWWP was authorized and funded by the 2008 Virginia General Assembly and Governor Kaine. We are grateful for the foresight of key leaders of the Commonwealth who recognized the need to improve and expand services for our veterans and their families. It is exciting to lead the charge of making their vision a reality.

Our initial year has been one of tremendous growth and accomplishment. We have created a VWWP infrastructure at the state and local levels, educated communities about our program and provided direct services to as many veterans and families as possible. In April, 2009 we infused \$1.7 million into newly formed regional consortia of community service providers to generate and expand behavioral health and rehabilitative services across the state. We have increased program funding through a \$398,700 grant for training, and continue to pursue similar opportunities for expansion.

Working with our partners, the Virginia Departments of Behavioral Health and Developmental Services and Rehabilitative Services, the Adjutant General of Virginia and the Director of the Veterans Administration Mid-Atlantic Health Care Network we have created a powerful Executive Strategy Committee to guide collaborative opportunities to expand services throughout Virginia. We have also established an Advisory Committee of distinguished service members and veterans to advise our Team on program execution.

Our Team is proud to have met or exceeded every goal set for this first year of program development and execution. I am confident that we will continue this momentum and demonstrate a record of success that adds unprecedented value to the quality of the lives of Virginia's veterans, service members and their families. It is an honor to serve the men and women and the families of those who have served us.

With deepest respect,

A handwritten signature in cursive script that reads "Catherine A. Wilson". The signature is written in dark ink and is positioned above the printed name.

Catherine A. Wilson, Executive Director

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Executive Summary

The Virginia Wounded Warrior Program boasts an overwhelming record of success in its first year of operation. Among its major accomplishments are (1) funding and establishing five Regional Consortia across the Commonwealth that are actively serving and reaching out to veterans and their families, (2) establishing an Interagency Executive Strategy Committee and Advisory Committee, (3) conducting a comprehensive needs assessment, and (4) providing state-wide and regional training.

The Regional Consortia comprising community services boards, brain injury services providers and VA healthcare resources have hired their Regional Coordinators. These consortia of providers offer an array of community-based services based on their levels of funding and on the availability of community resources. Among the services that may be provided are assessments and screening, case management, outpatient treatment, rehabilitative services, family support and linkage to other supportive services.

To continue forward progress and to establish a long-term vision the VWWP has embraced multi-level strategic planning and management. This effort is designed to ensure that the program is sustained and enhanced for the long-term. Unprecedented communication and partnerships have already been established and fostered throughout the Commonwealth.

VWWP is already viewed as a model state-funded program for assisting veterans with combat stress and traumatic brain injuries and their families. Appendix B of the report includes a matrix of state programs that have similar components of VWWP.

VWWP has been an efficient and effective steward of the general funds allocated for FY 2009-10. FY '09 funds were spent on administration, outreach, training, needs assessment and grants to the Regional Consortia. Over 70% of VWWP FY '09 funds were allocated to the community. FY '10 fund distribution will be based on successful outcomes of existing investments in the community and projects that will help to sustain or enhance the VWWP effort.

The Veterans Services Foundation coordinated a number of events with Veterans Services Organizations and other groups, contributing the proceeds to VWWP.

Policies and procedures to ensure accountability for distributed funds have been established. VSF funds are being used for veterans who need help with transportation, overnight accommodations, daily living supplies, etc.

VWWP is led by CAPT Catherine A. Wilson USN (ret.). Three Regional Directors were hired in December, 2008 to coordinate and manage services and to improve access through provider coalition building in 3 distinct regions of the Commonwealth. Their previous careers in the military, behavioral healthcare and long-term care make them the ideal administrators for the development of a new community paradigm. This paradigm is based on building partnerships and local coalitions to support military service members and their families upon their return home from deployment and reintegration into the community.

Veterans and their families who live in Virginia will return from combat with issues that if not addressed will be manifested in dysfunction that will be borne by communities through increased costs for law enforcement, social services, healthcare and other public and private resources. The VWWP has served as a catalyst for change in the priority of care given to veterans and families in the community and the data capture that has been sorely missing. As the VWWP matures, harder data will become available to reinforce the return on investment. It is essential to keep in mind that we may never really know how many lives we ultimately affect simply because of the stigma that continues to be associated with mental health issues and the reluctance to tell one's story.

We are confident that we have been efficient and effective stewards of the resources that we have been given. Establishing a sustainable, high-quality program is one that takes time if done correctly.

The Virginia Wounded Warrior Program (VWWP) Year 1

The Virginia Wounded Warrior Program boasts an overwhelming record of success in its first year of operation. The program takes great pride in the following record of accomplishments:

- The VWWP Team excelled at bringing together a number of organizations that had not worked well together in the past to establish and fund five Regional Consortia around the state that are actively serving and reaching out to veterans and their families. Each Consortia has hired dedicated VWWP Regional Coordinators who are directing and expanding programs and services throughout the Commonwealth.
- The Team conducted an orientation and kick-off for the regional programs and has scheduled quarterly face-to-face meetings with VWWP Regional Coordinators and monthly conference calls to guide program progress and share services expertise across regions.
- VWWP has established the Interagency Executive Strategy Group including the Commissioners of Veterans Services, Behavioral Health and Developmental Services, Rehabilitative Services, the Adjutant General of Virginia, and the Director of the Veterans Administration Mid Atlantic Healthcare Network, VISN 6.
- VWWP has also convened an Advisory Committee including distinguished service members and veterans who will provide their expertise and consultation to the Executive Director and VWWP Team.
- The Team has contracted with the Virginia Tech Institute for Policy and Governance to conduct a comprehensive needs assessment and gap analysis of services for veterans and their families in Virginia.
- The Team, working closely with the Woodrow Wilson Training Center in Fishersville, planned, organized and conducted state-wide training for 225 program providers.
- VWWP and the VCU School of Education Partnership for People with Disabilities (PPD) competed successfully for a 3 year grant providing \$398,700 for training across the Commonwealth.
- Working the VCU/PPD the Team conducted well attended and highly acclaimed initial training on military culture, traumatic brain injury, navigating the VA and understanding state and federal benefits in all 5 regions by September 30, 2009.

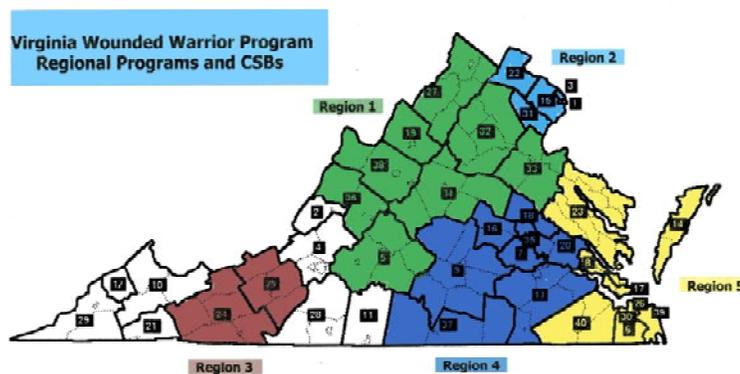
- As a result of administrative cost savings and delay in VWWP staff hires, VWWP was able to infuse additional funds into the five Regional Consortia. VWWP has augmented state funding with the training grant and is pursuing other federal and grant funded initiatives.
- The Team has worked closely with the Virginia Veterans Services Foundation to develop procedures and protocols as well as promotional materials for private fundraising efforts that benefit VWWP. The VSF had allocated \$15,000 in support of VWWP activities as of June 30, 2009.
- VWWP applied with the University of Virginia and the Department of Behavioral Health and Developmental Services as co-investigator on a Substance Abuse and Mental Health Services Administration (SAMHSA) jail diversion grant that gives priority to veterans. If funded, this grant would pay for additional crisis intervention training throughout the Commonwealth for law enforcement personnel who confront persons with serious mental illness, as well as funding for a trauma-informed recovery program for veterans and their families. A pilot would be executed initially and the successful practices of the pilot would be incorporated in the ten existing jail diversion programs across the Commonwealth.
- VWWP established the Central Office in Richmond at the Sitter and Barfoot Care Center for a central point of leadership. The Office of the Executive Director and Executive Assistant who supports the entire VWWP Team are located here. The location also offers direct access to the resources and professionals of the McGuire Veterans Healthcare Administration Center one of ten polytrauma treatment facilities in the country.
- VWWP hired 3 Regional Directors that work in Northern, Southern and Western Virginia. By fiscal year end, only seven months after they were hired, the Regional Directors had served 139 veterans many of whom had families, significant others and friends that also needed assistance. In addition, they had served as the key regional point person for standing up the Regional Consortia in their respective areas.
- The VWWP Team conducted more than 300 presentations to create awareness among veterans services organizations, state agencies, federal agencies and other public and private organizations. It is conservatively estimated that these presentations have reached over 7500 people in the Commonwealth. Commissioner Burgess, Catherine Wilson and Regional Director South, Kenneth Rich have been guests on radio broadcasts whose

audiences reach hundreds of thousands of listeners. These interviews have generated calls for assistance and offers for contributions and volunteers.

- VWWP has been designated a community partner of “The Real Warriors Campaign” a public awareness promotion of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE).

Five VWWP Regional Consortia

The most significant accomplishment of the first year of operation of VWWP is the establishment of five Regional Consortia who are already expanding services and support for veterans and their families throughout the Commonwealth. On December 8, 2008, VWWP issued a request for proposals to community consortia of CSBs and brain injury services providers in cooperation with their local VA medical facilities. The proposals were required to specify how the consortia would provide services to veterans and their families within their service areas. The CSBs were already organized in 5 major service areas for regional cooperation. It was unprecedented, however, for the CSBs to partner with their local brain injury services providers and VA partners to jointly compete for funding to expand community services to veterans and their families. In April, 2008, VWWP allocated \$1.7 million to 5 regional consortia. The boundaries of their service areas are set out in the map below.



The Regional Consortia have hired their Coordinators and their local programs are already serving veterans and families. Regional Consortia may provide the following services that may vary based on the availability of local resources:

- Comprehensive and timely assessment and screening
- Case management
- Outpatient treatment
- Rehabilitative services
- Family support
- Linkage to benefits services, housing, employment and educational programs.

Regional Consortia First Quarter Progress

Region I VWWP Northwestern: Eight community services boards are providing outpatient counseling, medication management, and crisis intervention services to veterans, members of the National Guard and Armed Forces Reserves not on active federal duty and their families on a priority basis. The CSBs in this Region are also partnering with veterans services organizations, National Guard, and Reserve units, faith-based, and other organizations to build peer support programs. Day support and case management services are being provided for veterans with traumatic brain injuries through local brain injury service providers.

Camilla Schwoebel, M.S., L.P.C., is the Regional Coordinator. Ms. Schwoebel served ten years with the U.S. Coast Guard, five on active duty and five in the Reserves. She used her GI Bill benefit to attend graduate school where she earned her Master in Marriage, Family and Child Counseling. She is a Licensed Professional Counselor with 20 years counseling experience specializing in adolescents, substance abuse and military families. Four peer specialists are being brought onboard to facilitate veterans and family peer support groups, conduct community networking sessions and provide referral and resource information to veterans. They are based in Fredericksburg, Lynchburg, Front Royal and Charlottesville with broad geographic areas of responsibility to cover the entire Region. The Coordinator has been meeting with representatives from the 8 CSBs to lay the groundwork for ensuring that combat veterans and their families become a priority in receiving services. Training for clinicians and staff in treatment of combat PTSD, as well as identification of TBI, is a regional

priority. Screening tools for identifying PTSD and TBI have been shared with all CSBs in the Region, as well as an intake form to determine eligibility for services.

The Region has started making contact with broader resources to form linkages and partnerships. Region I has developed a brochure for marketing and has placed it on the CSB website. The Region is also in the process of developing a regional VWWP website. Throughout the Region veterans and their families are already receiving services in the eight CSBs.

Region II Northern Virginia : Community Services Boards in Northern Virginia are providing direct therapeutic services including assessment, evaluation and treatment, case management, education for veterans and their families, children's services, family outreach focusing on spouses, skill building, and emergency services. Triage protocols prioritize combat veterans of Afghanistan and Iraq and their families. Brain injury services include intensive case management, supported living, day programs, consultation and training, specialized volunteer services, and family support.

Mark Taylor is the Regional Coordinator for Region II. Mr. Taylor is a retired Marine with 21 years of active service. He retired at the rank of Master Gunnery Sergeant. He holds a Bachelor Degree in Sociology and a Master Degree in Social Work. The Region has also hired three clinicians and an administrative assistant. The clinical expertise is highlighted by the skills of a clinical psychologist adept at dealing with military marital relationships, a Licensed Clinical Social Worker who has incorporated equine assisted therapy into her previous practice with veterans, and a retired military spouse who is also a brain injury specialist. Regional staff have met with several veteran programs, e.g. "Always a Soldier" at Fort Belvoir and with the VA Medical Center for Excellence in Martinsburg, West Virginia, to discuss services, referrals, coordination and training opportunities. Regional leadership has also contacted potential trainers, psychiatrists and veterans to discuss ongoing training of staff and the development of a regular "grand rounds" presentation to provide staff with a constant learning environment. The Region has identified liaisons for each participating CSB. This Region is developing an Advisory Board and working on the establishment of outreach specialists.

Region III Southwest Virginia: Derek Burton is the Region III Coordinator. This region is unique in that it designated its Regional Project Manager for behavioral health and developmental services to coordinate the VWWP Regional Program, Southwest. Mr. Burton is a Registered Nurse who has worked in both psychiatric and geriatric care settings providing both residential and emergency care. Region III hired two dedicated case managers in the Mount Rogers and New River Valley CSBs. Terri Becker Herron holds a Bachelor of Science in Human Services and is an OIF veteran who served in both the Army and the Virginia National Guard. Lisa Robinson has a Master Degree in Criminal Justice and formerly worked in the Radford University police department. These case managers cover 10 counties and two cities in predominantly rural areas. The Region III team has contacted numerous local agencies and community organizations with information about the program. They have conducted speaking engagements and meetings, and have established relationships with the Salem, Virginia, VA Medical Center and the Mountain Home, Tennessee, VAMC. They are partnering with Brain Injury Services of Southwest Virginia and the Department of Rehabilitative Services. The team has also been working on establishing interagency referral and assessment forms, while already serving veterans and their families.

Events and meetings are scheduled with veterans groups, the Department of Corrections, and a job fair hosted by the Virginia National Guard. The Region III team is also attending and hosting several training and public education seminars. Region III hosted the first VWWP Regional training session on July 10, 2009 in Wytheville. This Region is working to become a model program for rural veterans healthcare.

Region IV Central and Southside Virginia: CSBs and other providers in this region are implementing a *no wrong door* approach. Outreach efforts include a local database of resources for veterans, their families and professionals, along with the use of virtual and social networking media. Other activities include training for first responders, health organizations, and counseling services about behavioral health issues experienced by veterans, and establishing a peer-to-peer mentoring program.

Region IV 's Coordinator is Edward McIntosh. Mr. McIntosh retired from the U.S. Army after 20 years with combat tours in Southwest Asia (Operation Desert

Storm) and Somalia (Operation Restore Hope). Mr. McIntosh holds a B.A. Degree in Sociology and a Master in Social Work. Early on this Region provided professional support funds through Crossroads CSB for Longwood University. A licensed professional counselor has been made available for the Student Veterans group peer counseling sessions via VWWP funding. Through Mental Health America of Virginia, Region IV provided the tuition for a veteran to receive the Consumer Empowerment and Leadership Training (CELT). The story of this veteran appeared on the front page of the Mental Health America-Virginia (MHA-V web site www.mhav.org). This Region participated in the mental health fair at McGuire VA on May 18, 2009. Staff also attended the TBI workshop in Williamsburg the first week in June and established an excellent relationship with the VCU Brain Injury program that will yield positive outcomes in the future.

Region V Tidewater: Region V's Coordinator is Thea Lawton. Ms. Lawton has worked in community mental health for 14 years and most recently was the clinical supervisor for a residential program for women. She is a Licensed Professional and Nationally Certified Counselor. She is the spouse of a Naval Officer. Region V and is in the process of hiring several "wounded warrior resource specialists". The resource specialists will assist veterans and their families in receiving priority access to primary and behavioral health care, employment counseling, housing support and traumatic brain injury services. Brain injury services for veterans will be provided through Denbigh House, Beacon House, and the No Limits Day Program. Additionally, age appropriate services for children will be provided as well as outreach for families, particularly spouses. The Region is collecting data on veterans who are already being served by their CSBs as a baseline for comparison with services provision once the program is fully operational. A Regional Oversight Committee has been established and has met several times, including spending a great deal of time on strategic planning for the regional program.

Creating Vision and Direction

Strategic Planning

Establishment of the VWWP required the foresight, vision and leadership of Virginia's VSOs, legislators, administration executives, agency staff, local officials and agencies, volunteers and individual veterans and families. An

overview of the program's history is included in Appendix A. Every goal set forth in the initial VWWP implementation plan has been met or exceeded. To continue this forward progress and establish a long-term vision the VWWP has embraced multi-level strategic planning and management. This effort is designed to ensure that the program is sustained and enhanced for the long term. Lisa Meunier, a retired Navy Captain, has worked with the VWWP team and has facilitated strategic planning sessions. Using components of Six Sigma Analysis, the Team is developing processes and procedures for staying vigilant about scanning the environment, looking for partnerships and funding opportunities, and planning for the execution of an exemplary and high quality service program across the Commonwealth. Unprecedented communication and partnerships have already been established and fostered throughout the Commonwealth.

Key components of strategic planning and oversight are the Executive Strategy and Advisory Committees described in the following sections. In addition, the VWWP team meets by conference call weekly and in-person monthly to address management, coordination, planning, marketing, communications, access to treatment, training, grant opportunities and other issues that are critical to the success of the program and to the support and success of the Regional Consortia. Team members share their expertise and talent when working with veterans and families to ensure that all opportunities for assistance are explored.

Quarterly in-person meetings are scheduled with the Regional Consortia to focus on access to services, and to identify and establish best practices, training needs and support. In addition, the VWWP team will conduct monthly call-ins with the Regional Consortia to ensure coordination of services and the dissemination of information for day-to-day management of the regional programs. Regional training programs are also an opportunity for the VWWP team to meet and interact with the regional program providers and assist with resolution of any barriers to service provision.

Executive Strategy Group

The VWWP, through a signed joint memorandum of understanding among the Departments of Veterans Services, Behavioral Health and Developmental Services, Rehabilitative Services, the Adjutant General of Virginia and the U.S. Veterans Healthcare Administration established an *Executive Strategy Committee*. This committee serves as a statewide forum for the VWWP focused on the

recognition and creation of collaborative opportunities to benefit and improve the psychological health and rehabilitation of Virginia's veterans, Guardsmen, Reservists, and their families.

Committee membership comprises the following agencies:

- Department of Veterans Services
- Department of Behavioral Health and Developmental Services
- Department of Rehabilitative Services
- Virginia National Guard
- VA Mid-Atlantic Health Care Network (VISN 6)

Ad hoc membership includes

- The Brain Injury Association of Virginia
- Virginia Alliance of Brain Injury Service Providers
- The Virginia Association of Community Services Boards
- Va. Department of Medical Assistance Services
- Va. Department of Education
- State Council of Higher Education for Virginia
- Virginia Employment Commission
- State Coordinator for Criminal Justice and Mental Health Initiatives
- Va. Department of Motor Vehicles

This veteran-focused committee meets at least quarterly and more often if deemed necessary. General tasks performed by the Committee are as follows:

- (1) Continually monitor federal and state resources and opportunities for fostering the VWWP and use this information to enhance statewide collaboration and ensure the effective and efficient use of resources.
- (2) Ensure that opportunities to enhance the VWWP are identified, considered, implemented (as appropriate and as resources permit) and evaluated in the provision of behavioral healthcare and rehabilitative services to veterans, Guardsmen, Reservists, and their families.
- (3) Report annually on the progress toward goals and objectives.

Advisory Committee

VWWP has established an advisory committee of distinguished veterans to advise the Executive Director and VWWP team. The committee membership

comprises: Major General Thomas Tait, U.S. Army (Ret.). MG Tait served as Chief of Cavalry and Armor, Commandant of the Armor School and Center and commanded formations from tank platoon to an Army Corps; Colonel Jenny Holbert, U.S.M.C. (Ret.) the Women Marines Association representative to the Joint Leadership Council of Virginia (JLC) and current JLC Vice Chairman; Colonel Sam Wilder, U.S. Army (Ret.) former JLC Chairman (and Vice Chairman) and currently 1st Vice President and President Elect of the Virginia Council of Chapters of the Military Officers Association of America; Dr. Jim Zimble, Vice Admiral, U.S. Navy Surgeon General (Ret.) and former President of the Uniformed Services University of the Health Sciences; LTC Tim Maxwell, Active Duty Infantryman U.S.M.C. (Ret.) and advisor to the U.S. Marine Corps Wounded Warrior Regiment; and Dr. Lynda Davis, former Deputy Undersecretary of Defense for Military Community and Family Policy and former Deputy Assistant Secretary of the Navy. Additional members may be added as the VWWP program matures.

The committee will meet quarterly and work with VWWP to:

- identify gaps in services
- identify impediments to accessing services, particularly in the State's rural areas
- facilitate collaboration among public and private organizations
- make recommendations with respect to improving outreach and community education
- promote federal and state collaboration to maximize funding and access to resources
- make recommendations with respect to building provider capacity and increasing provider training
- support fund raising initiatives of the VSF for VWWP
- review plans and reports and
- conduct public meetings to obtain input from the citizens and providers of service.

State Programs to Address the Needs of Wounded Warriors

Other states are developing programs to complement the services available through the VA and DOD to veterans, members of the Guard and Reserve, and their families. VWWP is already viewed as a model and the staff have received inquiries from states interested in establishing a similar program. Based on the experience of VWWP and feedback from programs sponsored by other states,

there is growing evidence that such programs fill a critical gap in establishing a system of care for our nation's veterans that is both seamless and comprehensive. Appendix B includes a matrix of state programs that have similar components of the VWWP that provide assistance for behavioral health and rehabilitative needs.

Recognizing and Quantifying the Need for Additional Services

Virginia is currently home to 813,977 veterans¹. Since Virginia is also home to sixteen active military bases, the number of troops deployed from Virginia to the wars in Iraq and Afghanistan is among the highest in the nation. The Virginia National Guard and Reserve components have been called upon as never before to deploy to combat zones. As of November 27, 2006 the war in Iraq had gone on longer than World War II. The length of deployments and multiple deployments have added unprecedented stress to military service members and their families.

The challenges of the current conflicts are enormous. Data indicate that 38% of Soldiers and 31% of Marines report psychological symptoms. Among members of the National Guard, the figure rises to 49%. Psychological symptoms are significantly higher among those with repeated deployments².

The Rand Corporation Study in 2008 found that 20% of service members returning from Iraq or Afghanistan report symptoms of PTSD or depression; only half have sought treatment. Nineteen percent of returning service members have experienced possible traumatic brain injury and 7% report both probable brain injury and PTSD or depression.

Comprehensive Needs Assessment

Given that the focus of the VWWP is on veterans and families suffering the effects of PTSD and TBI, the stigma associated with both of these conditions compound the difficulty in getting a hard and accurate estimate of the numbers of veterans and families who may need assistance. There is no central database in Virginia that clearly identifies who or where veterans are located. Many of the signs and symptoms of combat stress and TBI show up years after deployment as evidenced by the fact that the Hampton VAMC is seeing more WWII and Vietnam era veterans. If Virginia is a microcosm of the national picture, research

¹ As of September 30, 2008, Source: U.S. Department of Veterans Affairs

² *Report of the DOD Task Force on Mental Health*, June, 2007.

reports that at least 20% of military members that deploy will show signs of PTSD, 18% will have signs of TBI and 7% will have signs of both.

To determine the target populations and its needs VWWP has contracted with the Virginia Tech Institute for Policy and Governance (VTIPG). The VTIPG study will assess the current service experiences (consumer satisfaction), emerging and unserved needs and service gaps within the range of veteran's services available in the Commonwealth of Virginia. While all veteran experiences and needs will be assessed, particular consideration will be given to the behavioral health and traumatic brain injury service needs of the veterans of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF).

The needs assessment will include four major components: 1) development and execution of a general consumer satisfaction and needs survey of all veteran groups; 2) focus groups with veterans based on era of service (with emphasis on OEF and OIF conflict veterans), their family members, and the primary current service providers of these veterans; 3) assessment of geographic placement of veterans services in relation to the residential placement of Virginia's veterans; and 4) a summary prioritization of identified needs and gaps and recommended administrative and policy approaches to meeting the comprehensive needs of Virginia's veterans.

The needs assessment and analysis will be performed under the guidance of a workgroup of DVS representatives and Virginia Tech faculty and staff. The project timeframe for completing the four components is March, 2010. However, Virginia Tech will be able to provide information as it is collected, so that information will be available for decision-making and for reporting to the 2010 General Assembly.

Statewide and Regional Training

VWWP Presents "Painting A Moving Train"

In November, 2008 the VWWP hosted a statewide training summit called, "Painting A Moving Train" at the Woodrow Wilson Rehabilitation Center in Fishersville, Virginia. Over 225 individuals participated and benefited from the presentations, resources and networking provided in cooperation with DRS and DMHMRSAS. A partnership was formed with the Virginia Department of

Transportation and the summit was broadcast to six remote sites across the Commonwealth. Use of this video-teleconferencing capability reduced travel cost and expanded this training opportunity to nearly all areas of the state. This training was targeted to behavioral health care and rehabilitation professionals, brain injury service providers, other health care professionals, clergy, volunteers and VSOs.

Presenters included family members and veterans who told their stories of struggling with the affects of combat stress and TBI. Specialists in the treatment of PTSD and TBI presented on understanding the military culture, best practices in treatment, assessment, diagnoses and the affects of the combat/operational stress and TBI on veterans, their families and caregivers.

Interviews with summit presenters were broadcast widely over U-Tube and local radio and television stations carried the news of the summit which facilitated program awareness and outreach. Posting of the summit presentations remain available on the VWWP website.

Grant Funds VWWP Training, "Common Ground: Linking Wounded Warriors and Community Support Providers."

VWWP was successful in obtaining a \$398,700 grant from the Commonwealth Neurotrauma Initiative (CNI) Trust Fund to provide ongoing training for community providers and others. The CNI Trust Fund was created by the Virginia General Assembly in 1998, allocating a portion of funds collected for the purpose of improving the treatment and care of Virginians with traumatic spinal cord or brain injuries. The grant was sought through collaboration with the Partnership for People with Disabilities at the Virginia Commonwealth University School of Education. The Partnership is the University Center for Excellence in developmental disabilities education, research and service for Virginia. It addresses unmet needs of individuals with disabilities through training, research, and dissemination.

The three year collaborative project is called "Common Ground: Linking Wounded Warriors and Community Support Providers." It will provide training and resources to help community support providers throughout Virginia – including volunteers, clinicians and peers – work with veterans with PTSD and TBI and their families.

The Partnership and the VWWP will work with the Regional Consortia to ensure that providers are prepared and community supports and services are welcoming to all service members – in particular, those with PTSD and TBI.

In the summer of 2009, training sessions were held in each of the 5 VWWP Regions. This initial workshop included comprehensive presentations on military culture, understanding Traumatic Brain Injury, navigating the VA and understanding federal and state veterans benefits. Evaluations from each of the sessions were positive and documented the regional interest for additional clinical training. Regional Consortia are working to develop 3-year training plans specific to their regions and will have input to a statewide training plan. The statewide plan will include a major conference in February 2010.

VWWP Funding Sources and Allocations

The charts below give a broad overview of how the VWWP FY 2009 funds were budgeted and expended. Due to the in-kind donation of office space arranged through cooperative agreements with the Department of Rehabilitative Services, the Hampton/Newport News CSB, and the Veterans Care Centers, administrative overhead was greatly reduced. Delayed hiring of personnel also garnered a short-term savings for the fiscal year.* All savings were passed directly to the regional programs. Funds distributed for FY 2010 will be based on successful outcomes of existing investments and projects that will help sustain or enhance the effort.

VWWP Budget

	FY09	FY10
Administration	\$0.4 (5 FTEs)	\$0.4 (5 FTEs)
Statewide Outreach, Training, and Needs Assessment	\$0.5	\$0.2
Regional Programs	\$1.5	\$1.4
Total	\$2.4	\$2.0

VWWP Expenditures (Actual expenditures as of June 30, 2009)

	FY09
Administration	\$302,963.89 Personnel and other associated administrative costs
Statewide Outreach, Training and Needs Assessment	\$286,397.11 Decreased need for outsourcing due to skills possessed by VWWP Team
Regional Programs	\$1,782,717.00 Increase due to administrative cost avoidance*
Total	\$2,372,078.00

Veterans Services Foundation: Fundraising for VWWP

The Veterans Services Foundation has coordinated a number of events with VSOs and other organizations that are contributing the proceeds to VWWP. Victory for Vets Lakeview Golf Tournament was held September 13, 2008 at the Lakeview Golf Club in Harrisonburg, VA. This tournament drew 166 adult players and 16 young juniors along with 79 individual and organizational sponsors. The tournament netted more than \$24,000 in contributions for VWWP and is scheduled to be an annual event.

Students at Robinson Secondary School in Fairfax, Virginia collected nearly \$1,200 in spare change for VWWP using yellow "Soldier at Your Table" bags. The yellow bags were distributed to the 435 members of the Robinson DECA Chapter. Students were asked to place the bag on their dinner table and have family members donate spare change. The name reflects a soldier always being present at the table, so the family would never forget that soldiers are serving us. By doing some research, DECA students at Robinson learned about the VWWP and realized the program's mission was a perfect fit with the goals of their project.

Various VSOs held other events in support of the VWWP including a Flag Day celebration and a Clay Target Shoot. One VSO provided corporate matching of donated funds from their various chapters. Numerous individual contributions

from VSOs and other organizations have resulted from many of the briefing provided by VWWP and VSF staff.

A total of \$15,000 of Veterans Services Foundation funds had been requested by the VWWP as of June 30, 2009. Policies and procedures to ensure accountability for distributed funds have been established. The funds are being used for veterans who need help with transportation, overnight accommodations or other needs by providing gas and phone cards, Wal-Mart cards, and hotel vouchers. Currently VWWP is working with the VAMC's for card distribution as a pilot. Case managers and social workers refer veterans in need to their volunteer services office who distribute the cards and capture information on the veteran recipient. Card distribution will expand to the regional programs if this pilot is effective in reaching the targeted veterans and family members. Wider use of funds will begin in FY 2010 now that the Regional Consortia are established.

Pursuing Grant Funds and Other Resource Opportunities

In addition to state appropriations and private fund-raising, VWWP has supported a number of initiatives to expand services for veterans and families through other state agencies and outside organizations. Appendix B is an inventory of the grant funded projects that have been supported. The chart details the additional resources brought into the Commonwealth to enhance services to veterans and their families.

Measuring Results-Data Collection and Metrics

To track the progress and efficiency of both the Regional Directors and the Regional Consortia, VWWP has designed a comprehensive data collection methodology to gather information on the numbers of veterans and families served, the services provided, the outcomes of service provision and outreach and developmental efforts.

Regional directors are required to report quarterly on:

1. Community education presentations
2. Requests for assistance and the disposition of individual cases
3. Resource development

4. Professional training provided or facilitated

Regional Consortia are required to report quarterly on:

1. Community education
2. Screening and referral
3. Care coordination/case management
4. Clinical services
5. Other support services
6. Outcomes of treatment
7. Resource development
8. Professional training provided or facilitated
9. Other data specific to the regional initiative

The data and reports will be used to identify trends throughout the Commonwealth and to develop timely and responsive reports to the Administration and General Assembly. It will help the VWWP highlight systematic problems that VWWP and others can address to assist veterans and to prevent obstacles to timely assessment and treatment for them and their families.

VWWP Leadership

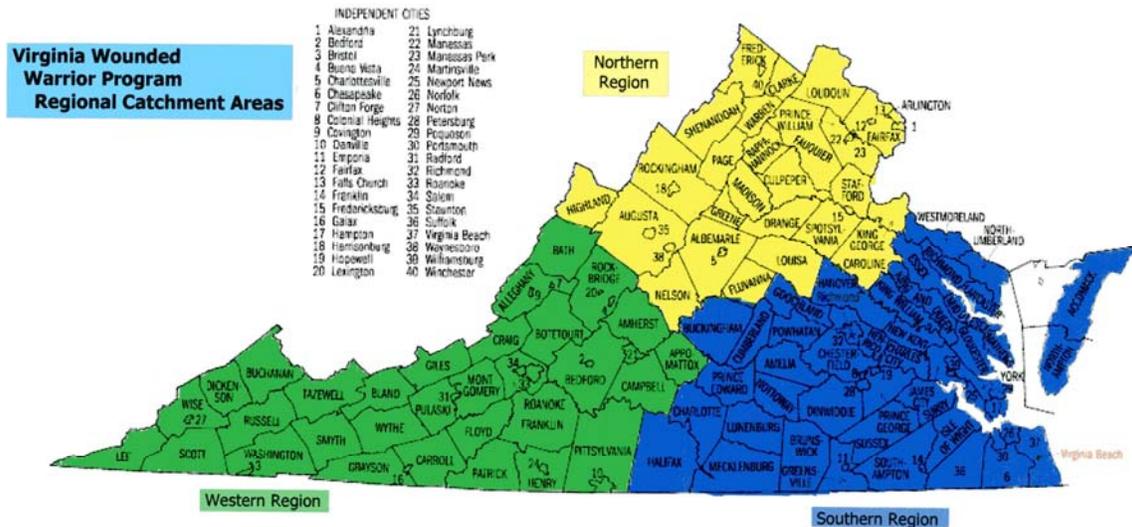
Catherine Wilson Hired to Direct VWWP

In July, 2008, Commissioner Burgess hired CAPT Catherine A. Wilson, USN (ret.) to serve as Executive Director of VWWP. A native Virginian, Ms. Wilson retired July 18, 2008 from the U.S. Navy after nearly 30 years of distinguished service. She began work at DVS on August 25, 2008 and in October, hired a veteran of Iraq and active member of the Virginia National Guard to serve as Executive Assistant for the VWWP. Martha Mead who worked with DVS, the Joint Leadership Council and the General Assembly to establish the program was transferred to VWWP as Special Projects Coordinator.

VWWP Hires Three Regional Directors

Three regional directors were hired to coordinate and manage services and to improve access through provider coalition building in Northern and Northwestern Virginia; Tidewater, Central and Southside Virginia; and Southwest. The regional directors also work individually with veterans and their families to help them access critical mental health, substance abuse and

rehabilitative services in their localities for themselves and their family members. The map below shows the division of the Commonwealth for the 3 VWWP Regions



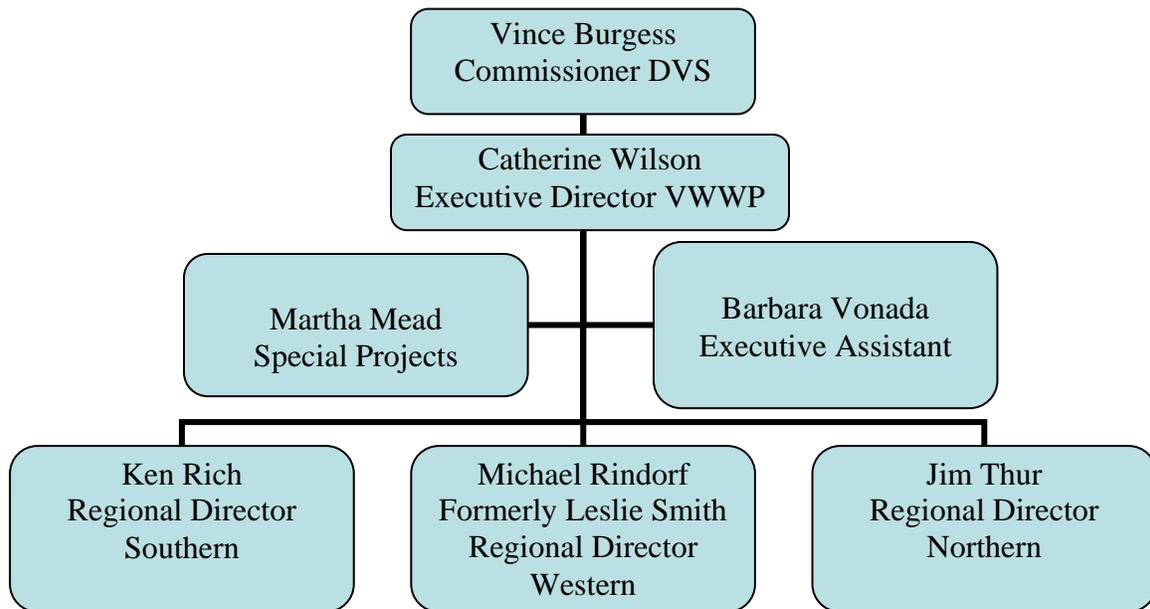
The regional directors’ offices are located in Fairfax, Hampton and Roanoke. Through community partnerships, VWWP has co-located the regional directors with offices of the Virginia Department of Rehabilitative Services in Northern Virginia, the Hampton-Newport News CSB and the DVS Roanoke Office. Office space has been provided to the program as in-kind contributions, allowing the maximum funding to be allocated for programs that will provide direct services to veterans and their families. Contact information for the 3 regional directors is:

Kenneth Rich
 Regional Director, Southern Virginia
kenneth.rich@dvs.virginia.gov
 757-788-0313 (office)
 757-788-0972 (FAX)
 300 Medical Drive
 Hampton, VA 23666

Michael Rindorf (as of 9/25/09)
Leslie Allgood Smith from Dec 08-Aug 09
Regional Director, Western Virginia
michael.rindorf@dvs.virginia.gov
540-857-6393 (office)
1970 Roanoke Blvd., Building 77, Room 125G
Salem, VA 24153

James Thur
Regional Director, Northern Virginia
james.thur@dvs.virginia.gov
703-277-3501 (office)
11150 Fairfax Blvd.
Suite 300
Fairfax, VA 22030

DVS/VWWP Organization Chart



Each of the regional directors has strong ties to the communities that they work with. Their previous careers in community behavioral healthcare services, military and long-term care made them the ideal administrators for the development of a new community paradigm. This paradigm is based on

building partnerships and local coalitions to support military service members and their families upon their return home from deployment and reintegration into the community.

In the first seven months, the directors continued to identify and make contact with service providers working with federal agencies such as the Veterans Healthcare Administration (VA), military treatment facilities, state and local services, including CSBs and brain injury service providers. They initiated or reinforced connections with valuable services and supports such as financial assistance, housing, educational assistance, employment and transportation. Using outreach activities, the VWWP Team are encouraging veterans who need assistance and their families to contact the regional offices. They are connecting them with the agencies that can give them the help they need.

Among the services provided by the regional directors are the following taken from actual case records:

- obtaining veterans medical records for disability compensation determinations and claims processing
- assisting transitioning service members with enrollment in the VA and other services available to them through their military branches
- connecting with DVS benefits services representatives for filing claims
- connecting with other DVS services, such as GI Education bill benefits
- connecting to the Department of Social Services for children's healthcare, food and fuel assistance
- connecting veterans to the VA for treatment, medication management, medication refills
- connecting veterans and transitioning service members to employment resources, such as the Virginia Employment Commission and the local One-Stop Offices for Workforce Development
- assisting with job searches and referrals to employment opportunities
- organizing recreational events to recognize and thank military service members and their families, such as, fishing trips, golf outings, weekend getaways, etc.
- working closely with the regional VWWP programs on individual case management, referral to services and problem resolution for veterans and their families.

Building Coalitions

Current approaches to treatment for behavioral health issues emphasize resiliency and recovery. The VWWP Team has partnered with the Virginia National Guard to develop and implement the Yellow Ribbon Reintegration Program. The program provides support to Soldiers and their families during pre-deployment, mobilization, demobilization and return home. It is designed to bring important information and awareness to National Guard members and their families about continuing education, employment assistance, marriage enrichment, post traumatic stress disorder, combat stress, suicide prevention and intervention and risk-taking behaviors. Yellow Ribbon events offer service members and their families the opportunity to meet a wide array of service providers in one place.

DVS and the VWWP were involved with months of planning with the National Guard team that led the first Yellow Ribbon Reintegration on May 16-17, 2009 for the 1710 Transportation Company in Emporia, Virginia. The event included several briefs to assist Soldiers and their families in facing the issues surrounding the transition from Soldier to citizen. Along with those briefs, this event was supported by partners who offered information and answered questions for service members and their families. An informal survey was taken to determine the effectiveness of this event and the inclusion of partners to assist service members through their reintegration process. The survey asked participants what briefs were most beneficial and what part of the event they saw as being the most valuable. According to this informal survey, the availability of the variety of partners, including VWWP, was one of the most valuable assets of this event. Soldiers and family members alike enjoyed the opportunity to visit with actual personnel who were willing and able to answer questions offering instant assistance and access to services for concerned participants. This same type of interaction and involvement is being pursued with the Navy Reserve Component.

Veterans and Families Served

As of June 30, 2009, 139 individual cases had been managed by the 5 member VWWP Team. Each of these cases affected family members or significant others whose numbers have not been tracked. It is important to note that one case may take months to resolve. VWWP never closes a case until a positive hand-off has been accomplished with a referring agency or until the veteran's and his or her

family issues have been resolved. The following section details some of the individual case stories and the record of success already amassed by VWWP for helping veterans and their family members.

Stories of Success

Longwood University Seeks Assistance with Veterans on Campus

In September 2008, a Longwood University creative writing professor E-mailed Governor Kaine's office asking for counseling assistance for veterans of OEF/OIF who have self-identified themselves for support on the university campus. Longwood student veterans and active duty members have identified approximately 40 peers on campus who have banded together for mutual support as they pursue their college careers. The students have created their own website and share information about benefits, treatment for combat stress related disorders and other information. VWWP was invited to speak to the students and faculty on Veterans Day 2008. This was an opportunity to network with the resources on campus and to explore additional needs. VWWP linked the faculty with the Executive Director of the Crossroads CSB. As a result of the first meeting with the CSB, a student vet contacted them that same day for counseling and medication management. The CSB and University are collaborating on training for peer counselors, crisis support and on-going counseling support for the campus. VWWP funding for Region IV has been allocated to provide a counselor to the campus twice per month and to work with student veterans who need one to one counseling. In addition, VWWP connected Longwood with Dr. Ronald Bonheur, National Guard Medical Command to develop a campus-based program called Vet2Vet. Veterans are trained to work as peer counselors for other veterans. The VWWP relationship with Longwood is on-going and will be enhanced by the hiring of a VWWP Region IV Program Manager who can work directly with the students and University.

Veteran Seeks Assistance with Employment and Disability Claim

VWWP received a call from a veteran who was upset because of his unemployment and inability to obtain a job, his pending disability compensation case at the VA and his complete frustration with the system. After several attempts to contact the veteran during the week, the VWWP regional director contacted him on a Saturday. VWWP assured him that his pending case would

be pursued and that VWWP would provide information and leads on potential jobs. The veteran said that he felt better already just because someone had contacted him on a Saturday and just listened to him. The regional director provided an update on his disability claim, information on job leads, a copy of cover letters and resumes, and an open invitation to contact VWWP in the future. VWWP received information from the veteran that he was successful in finding a job.

Land O Lakes Seeks Veterans for Free Vacation

VWWP received a call from a representative of Land O'Lakes Inc. The company wanted to donate a two night stay at Tides Inn Resort in Irvington, Va. to a service member returning from deployment. VWWP sent the information to the senior enlisted leaders representing all the armed services in Hampton Roads. A Command Master Chief from the Air Force was the first to respond. VWWP provided contact information for the Chief to the representative and the donation was sent directly to the Chief.

Later, the Chief replied that the gift certificate was given to one of his Sergeants. "This family truly deserves a break. He was deployed twice this past year (2008) and while deployed the second time he had to return home to immediately transport his mother to Virginia because of a terminal illness. She passed away a few months later. The problems she faced up until then really took a toll on the Sergeant and his family. He was losing countless hours of sleep taking care of his mom and still had to go to work and manage a very high operations tempo and demanding duty section. He and his children took the passing of their grandmother very hard, but he never had time to grieve due to the demands of the job. He still maintains a positive attitude, but there's no denying he and his family truly could use some time to relax and exhale."

Veterans and Families Seek Assistance

VWWP received a call from a veteran requesting financial assistance. After contacting the DVS Benefits Services Office a next day appointment was scheduled for the veteran and the benefits specialist to meet. An application was submitted to the State American Legion office requesting a \$1,500.00 grant for the family.

An Army veteran with a 100% disability rating for PTSD, who served in Iraq, was in danger of losing his home to foreclosure leaving him and his family

homeless. His wife was unemployed and his disability payments were the family's only income. VWWP identified a community resource that helped him pay some of his overdue bills and developed a financial plan that enabled the family to keep their home.

Another family was so appreciative of the assistance they received that the spouse wrote the following: *"Knowing you are there to support us is invaluable in efforts my husband and I are making to get him the help he needs once he gets back to Virginia. It is very comforting. I also want to thank you for the various contacts you've already made for us and the information I've received resulting from your aid. Thank you so much for your good work and your caring!"*

Service to Vietnam Veteran

A Vietnam veteran experienced a crisis that made it impossible for him to remain at home using home health care. Within a matter of hours, he was admitted to a VA Medical Center. Extensive joint planning was undertaken by the VA and VWWP to explore alternatives to home health care since he needed assistance with activities of daily living and physical therapy. VWWP found that the VA had no nursing home beds available, so contact was made with a DVS Veterans Care Facility and he was admitted the next day. It is expected that after a short period of rehabilitation, he will be able to return to his own home and live independently.

National Guard Soldier Seeking Line of Duty (LOD) Paperwork to Receive Medical Care

A National Guard Soldier was not deployed with his unit as planned. He hurt his knee during training and then hurt his back a few weeks later. As a result of these two injuries, he was released from Fort Pickett two weeks later without his Line of Duty (LOD) paperwork for his back injury.

The service member contacted VWWP seeking assistance obtaining his LOD paperwork for his back injury sustained on October 10, 2008. He made a formal IG complaint in an attempt to obtain paperwork needed. He was very angry that he was injured and could not deploy. He began not leaving his house and avoiding socialization as a result. He could not obtain employment due to his back injury and lack of treatment for it.

The Cumberland Mountain CSB contacted VWWP to assist the Soldier. After gathering information from the Soldier and the CSB, VWWP contacted the Medical Administration Team Chief and the Family Assistance Center to obtain their help. VWWP also provided the Soldier with contact information for the National Guard Foundation Executive Director for possible emergency financial assistance for urgent medical attention.

When VWWP phoned the Soldier back he was elated. He indicated that he had received three calls from the National Guard since the morning conversation and that two of them were from Majors! He said that his paperwork was being processed and that he would receive it within three days. The CSB responded that VWWP's assistance with this Soldier helped to avoid his inpatient hospitalization. He received critically needed therapy and has also received all of his back pay.

Upon follow-up the Soldier had all necessary paperwork to obtain medical care for his back injury. He needed assistance, however, on how to locate a physician that accepted TRICARE. This information was provided and he was able to obtain an appointment.

During a meeting with Congressman Rick Boucher's office in January, it was reported that this Soldier contacted their office to share his experience with the VWWP and to say that the issue had been resolved.

From Jail to Treatment--Letter from a Grateful Family Member

The following is an excerpt from the family of a veteran who landed in jail as a result of PTSD and substance abuse. VWWP helped to obtain his disability benefits and to find placement in a treatment facility thereby resulting in his release from jail to treatment. He is now employed, actively participating in treatment and working with the court to have all charges dropped as a result of the incident. *"I am glad that Virginia is stepping up to the plate and seeing that our Vets need them more than ever. I am glad you are now able to help Vets that are in jail and give them the help they need."*

VWWP Facilitates Donation of Exercise Equipment to Warrior Transition Unit at Fort Eustis

In May the VWWP Southern Regional Director was contacted by Mrs. Renice Zimmerman, wife of the late COL Douglas K. Zimmerman, II. She was

interested in donating her husband's exercise bike and telescope to Soldiers in memory of her husband. The Regional Director contacted the Warrior Transition Unit (WTU) at Fort Eustis, arranged for a presentation ceremony and created a memorial plaque for the donated items. During the ceremony Mrs. Zimmerman stated "*It gives me great pleasure to donate these items, since I know this is where my husband would have wanted them to be. He loved Soldiers and he loved the Army,*" said Mrs. Zimmerman.

COL Zimmerman was a 1978 graduate of the U.S. Military Academy at West Point. His most recent appointment was Joint Forces Command in Suffolk where he was Assistant to the J7. COL Zimmerman served his country both in Iraq and Afghanistan. He passed away on June 2, 2006.

The presentation took place at the Alpha Company, Warrior Transition Unit. The unit provides command and control, primary care, and case management for service members receiving treatment for wounds suffered while deployed in the war on terror. The unit works to "promote their timely return to the force or transition to civilian life."

Communications and Outreach

Communications Target Public Awareness of VWWP

During the initial phase of communications about VWWP the DVS used media coverage, briefings to legislators, veterans service organizations (VSOs), and other key stakeholders, a training conference, and fundraising activities to build awareness about the program. Since the program was not fully staffed until December 1, 2008, communications goals were to provide updates about progress in standing up the program and to garner program support.

Following legislative approval for the VWWP and implementation of the program, DVS issued a series of news releases marking major milestones in the program's development. News releases targeted the general public as well as other key DVS audiences such as the Board of Veterans Services, JLC, Veterans Services Foundation, VSOs, and DVS list serve subscribers.

While communications during VWWP's first year were devoted to reporting on standing up the program and getting \$1.7 million to service providers at the local level, the current goals are to solidify program support and build a long-term vision for VWWP among legislators, Virginia's Congressional delegation, the

Governor's administration, veterans service organizations, and community service providers. This will be accomplished through one-on-one briefings, training programs—especially for the community service providers, fundraising events, and media coverage. An orientation and regional consortia kick-off meeting was held on April 30 and quarterly meetings with community partners began in July, 2009. These discussions will include planning for program promotion and marketing.

Briefings

One-on-one briefings to solidify support for the VWWP and build a long-term vision for the program are a key strategy during the second phase of communications. A series of high-level briefings is planned and will target legislators, members of Virginia's Congressional delegation, members of the Governor's administration, the JLC, and Board of Veterans Services. VWWP staff will continue to brief VSOs, military organizations, and other supporters. In addition, every opportunity is being pursued to have a presence at local, statewide and national level conferences and programs. The Veterans Services Foundation is also ramping up their briefings in partnerships with the VWWP staff and a standard PowerPoint presentation was created.

Media Coverage

Future media coverage will include radio and television interviews and pitching VWWP success stories to VSO publications and distributing news releases to military newspapers. Although VWWP staffing is limited, the program will explore the use of YouTube for education as well as use some of the new social media tools such as Facebook to increase program awareness.

Marketing

Direct marketing of services delivered by community service providers through the VWWP cannot be done until all service providers have increased their capacity and implemented program enhancements using funding provided by VWWP. Marketing strategies will be developed in conjunction with the service providers and will be funded using their existing awards. Where possible, economies of scale will be maximized by developing messaging and strategies that can be funded and used across regions. A key concern will be to balance demand for services with available capacity.

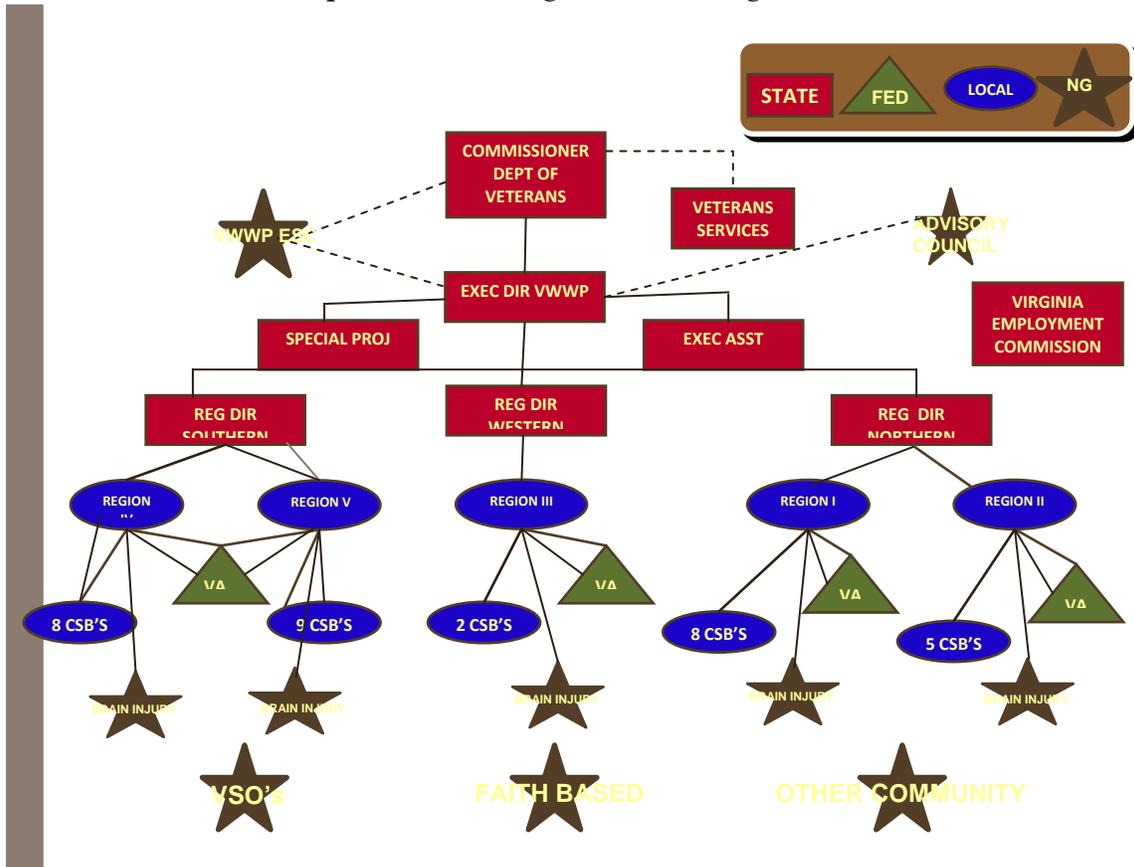
Key Federal Recognition: VWWP Community Partner of DCoE Real Warriors Campaign

VWWP has been designated a community partner of “The Real Warriors Campaign” a public awareness promotion of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE). See www.realwarriors.net/partner. The Real Warriors Campaign was launched in May, 2009. Its messages and outreach focus on combating the stigma associated with seeking care and treatment for psychological health concerns. The web site, <http://www.realwarriors.net/>, features articles and resources on a variety of psychological health issues, as well as video interviews with service members, their families and others dealing with psychological health or traumatic brain injury issues. The DCoE Outreach Center offering psychological health and traumatic brain injury information and resources is available 24/7 by a live chat from the web site or by dialing 866-966-1020.

Conclusion

The creation and implementation of the VWWP demonstrates the commitment of the Commonwealth to the well-being of military men and women and their families. The length of the wars in Iraq and Afghanistan coupled with the other conflicts and humanitarian missions around the globe is unprecedented.

The increased frequency and length of deployments in a challenging economy is placing an ever-increasing burden on the voluntary force and the families that support them. The increased demand for behavioral health care services and the growing suicide rate within the military both are indicators that the Commonwealth is doing the right thing by enhancing access to community-based services. The VWWP is building the coalitions and partnerships that are essential for maximizing existing resources and leveraging additional federal and grant support. The level of interagency communication and collaboration as a result of the VWWP are extraordinary. The following chart outlines the network of service providers that VWWP is fostering through partnership and training and illustrates the reach of VWWP collaboration within state government and with federal, local and private sector agencies and organizations.



Veterans and their families who live in Virginia will return from combat with issues that if not addressed will be manifested in dysfunction that will be borne by communities through increased costs for law enforcement, social services, healthcare and other public and private resources. "Recent research has suggested that the prevalence of PTSD and depression is high and may continue to rise as the current conflicts continue. If left untreated or undertreated, these problems could lead to other negative consequences, such as other mental and physical conditions, family/relationship problems, lower productivity, premature mortality, suicide, and homelessness. These conditions thus potentially place a high economic toll on society."³

Existing data on Virginia veterans remains a challenge and one that is not unique to our state. The VWWP has been serving as a catalyst for change in the priority of care given to veterans and their families in the community and the data capture that has been sorely missing. As the VWWP matures, harder data will become available to reinforce the return on investment. It is essential to keep in mind that we may never really know how many lives we ultimately affect simply because of the stigma that continues to be associated with mental health issues and the reluctance to tell one's story.

We are confident that we have been efficient and effective stewards of the resources we have been given. Establishing a sustainable, high-quality program is one that takes time if it is done correctly. During the proceedings of the President's Commission on the Care for America's Returning Wounded Warriors, July 2007, Senator Dole remarked:

"We're not satisfied," Dole says. "Both Shalala and I want to go back to Congress this year. You don't get it all done the first year, or maybe not the second year, or even the third year. But you can't give up."

³ Mental Health Care for Iraq and Afghanistan War Veterans, by M. Audrey Burnam, Lisa s. Meredith, Terri Taniellan, and Lisa H. Jaycox, Health Affairs, Volume 28, Number 3, May/Jun 2009.

Appendix A

History of the Virginia Wounded Warrior Program

Background

In 2006, Governor Kaine issued Executive Order 19 (EO 19) directing the Department of Veterans Services (DVS) to prepare a comprehensive report on the status of current Commonwealth programs and services that are either 1) offered exclusively to veterans or 2) are tailored to the specific needs of veterans, and to identify opportunities for improving such services. The Order further directed all state agencies to identify opportunities to partner with DVS on ways to offer new, expanded, or customized services that meet the educational, health care and social service needs of Virginia's veterans and their families.

The EO 19 Report, submitted to the Governor on April 30, 2007, set out 27 initiatives that the DVS Commissioner and staff had conceptualized in discussions and meetings with state agency staff, the Joint Leadership Council of Veterans Services Organizations (JLC), private and non-profit organizations, members of the Governor's Cabinet, the Board of Veterans Services and others. Under "Quality of Life Initiatives" the report documented that DVS was in discussions with the U.S. Department of Veterans Affairs, the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS)⁴ and the Virginia Association of Community Services Boards (VACSB) to develop an on-going contractual relationship for referral of veterans to the CSB services system for treatment of mental health and substance abuse disorders. There are 40 Community Services Boards (CSBs) in Virginia that are funded by state, local and federal dollars and fees to provide community-based mental health and substance abuse treatment services to Virginia's citizens. This existing network of providers who are also organized at the regional level provided an existing community-based structure for service expansion. The report recommended further exploration of this partnership and specified that behavioral healthcare be targeted to veterans returning from Iraq and Afghanistan.

In addition, Commissioner James Rothrock of the Department of Rehabilitative

⁴ The name of DMHMRSAS was changed effective July 1, 2009. The current name of the department is the Virginia Department of Behavioral Health and Developmental Services.

Services (DRS) had initiated discussions with DVS in an effort to ensure that a structure was in place for addressing the service needs of veterans with traumatic brain injuries. Discussions were held with DVS, DRS, McGuire Veterans Administration Medical Center, Virginia Commonwealth University (VCU), DMHMRSAS and the Community Services Boards.

In the summer of 2007, the Joint Leadership Council of Veterans Services Organizations (JLC) recognized the urgency of addressing the needs of veterans returning from the Global War on Terror with problems caused by combat/operational stress and traumatic brain injuries. The on-going discussions among DVS, the VA, DMHMRSAS, DRS, the CSBs and others, as well as the strong leadership of the JLC provided the basis for a concept paper that was adopted by the JLC in the fall of 2007. Throughout the fall and winter of 2007 and early 2008, the JLC, DVS and state and local agency partners coordinated public awareness, networking and advocacy activities supporting development of the VWWP.

The advocacy and networking efforts were highlighted during the Virginia is for Heroes conference held in October 2007. The primary goals of the conference were “to raise awareness of the impact of poly-trauma and combat/operational stress injuries on military service members, veterans, families, employers and the community and to create a road map to mobilize resources in our communities and at all levels of government.”

Building on the events of 2007, the 2008 Virginia General Assembly unanimously passed and Governor Kaine signed House Bill 475 and Senate Bill 297. Identical bills were sponsored by Delegate Kirk Cox of Colonial Heights and Senator Toddy Puller of Alexandria, both of whom currently serve as members of the Board of Veterans Services. The resulting statute requires the establishment of a program to monitor and coordinate mental health and rehabilitative services support for Virginia veterans and members of the Virginia National Guard and Virginia residents in the Armed Forces Reserves not in active federal service. As stated in the *Code of Virginia*, the purpose of the program is to ensure veterans and service members are provided adequate and timely assessment and treatment for stress-related injuries and traumatic brain injuries resulting from service in combat areas. Services and support will also be available for family members who are dealing with the emotional and physical effects of combat stress on the veteran and the impact of that stress on spouses and children.

Despite a declining economy, \$4.4 million was provided for the 2008-2010 biennium to establish the VWWP in DVS.

Appendix B
 State Funded Programs to Address the Needs of Veterans and
 Families Affected by Combat/Operational Stress and Traumatic Brain
 Injuries*
 July 2009

State	Program Name	Website	Services
California	Network of Care for Veterans and Service Members	http://networkofcare.org	One-stop web portal for information, referral, support, advocacy and care management. (State program provided by Trilogy)
Connecticut	Connecticut Military Support Program	http://www.ct.gov/msp/	Free and Confidential Counseling for <ul style="list-style-type: none"> ▪ Relationship and family issues ▪ Depression, stress and anxiety ▪ Child and youth issues ▪ Substance abuse Family Readiness Group Meetings (State program thorough private contractors)
Illinois	Illinois Warrior Assistance Program	www.illinoiswarrior.com	Confidential counseling and assistance for veterans 24 hour toll free phone line TBI screening Diagnostic review and treatment for PTSD & TBI (State program managed by Magellan Health Services, Inc.)
Maryland	Maryland's Commitment to Veterans	www.mdva.state.md.us/index.html	Outreach and Referral Connections to existing behavioral health services Regional Resource Coordinators (State MD Behavioral Health Board and funding to existing behavioral health agencies)

Massachusetts	Statewide Advocacy for Veterans Empowerment	www.mass.gov/Veterans	<p>Outreach Coordinators focused on advocacy and suicide prevention. Referral to behavioral healthcare services for PTSD.</p> <p>Liaison with families and service providers</p> <p>Support, education and outreach.</p> <p>Training for providers (Funded with federal SAMHSA suicide prevention block grant)</p>
Missouri	Operation Outreach	www.mvc.dps.mo.gov	<p>One-Stop Advocacy and Referral for OEF/OIF/GWOT Veterans</p> <p>Financial assistance resulting from deployment</p> <p>Legal assistance</p> <p>Job training due to injury</p> <p>Assistance with the creation of "life plans"</p> <p>Coordination of medical care</p> <p>Special Outreach to Women and Minority Veterans</p> <p>Outreach and Public Events</p>

North Carolina	NC Governor's Focus on Returning Veterans and their Families	www.veteransfocus.org	Referral to behavioral healthcare services Care Line—toll free-available 24 hours per day Outreach and Education through local Area Health Education Centers (AHECs) (Behavioral healthcare services through existing public service provider network)
Ohio	Ohio Cares	www.ohiocares.ohio.gov/	Identification and Referral to Existing Services 24 Hour Phone Line for Behavioral healthcare 1-800 # for assistance and information (Program of the Ohio National Guard)
Rhode Island	Veterans Task Force of Rhode Island	http://states.ng.mil/sites/RI/Resources/vettaskforce/	Handbook, <i>The Rhode Island Blueprint-Resource Guide</i>
Vermont	Military, Family and Community Network	www.vtmfcn.org	Public Awareness and Education Program for deployment issues, existing services for veterans and families, access to services and networking and communication.
Washington	PTSD Program	www.dva.wa.gov/ptsd_counseling.html	Information and referral Individual, couples, family and veteran group counseling (State program through contract providers)

APPENDIX C
VWWP Inventory of Grant Opportunities
September 8, 2009

Date of Award	Grant Period	Recipient	Grant	Issuing Agency/Entity	Exclusive to Applicant/ Recipient Yes/No	Amount Requested	Amount Granted	Purpose and Contact
Pending		VCU / The Partnership for People with Disabilities	Military 360	Administration on DD	Must be associated with DD agency	\$200,000 w/state in-kind match of \$66,000		To provide community support to military families with children with disabilities. Focused on Fort Lee area. Contact: Tera Yoder, VCU Partnership for People with Disabilities VCU
July 1, 2009	July 1, 2009- June 30, 2012	VCU / The Partnership for People with Disabilities	Common Ground: Linking Veterans and Community Providers	DRS / CNI Trust Fund	No	\$398,700 over 3 years	\$398,700 over 3 years	To provide training for VWWP Contact: Tera Yoder, VCU Partnership for People with Disabilities VCU

APPENDIX C
VWWP Inventory of Grant Opportunities
September 8, 2009

Date of Award	Grant Period	Recipient	Grant	Issuing Agency/Entity	Exclusive to Applicant/Recipient Yes/No	Amount Requested	Amount Granted	Purpose and Contact
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Sept 2006 and yearly thereafter	Annually	VDOT Wounded Veterans Internship Pgm.	Continued funding for VDOT Internships in Residency Ofcs.	Federal Highway Admin.	Yes	\$1.2 M	\$1.2 M	VDOT Internship Program provides employment and training for wounded veterans. Employment is in VDOT residency offices across the Commonwealth. Contact: Freddie L. Jones, VDOT
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7/1/09	7/01/09 -6/30/ 2012	VCU/Rehab Research & Training Center on Workplace Supports	Preparing Veterans with SCI and TBI for Postsecondary Education Using a Supported Education Model	DRS / CNI Trust Fund	No	\$445,060 over 3 years	\$445,060 over 3 years	Adapt campus- based supported education model at VCU to veterans with SCI and TBI. Education Coaches, Academic/Career Support Plan, allowing veterans to access or remain in postsecondary education. Contact: Principal Investigator Liz Getzel; Project Coordinator, at VCU

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4/01/09	4/01/09 - 3/31/20 13	DRS (w/subcontr acts to BIAV, VCU)	<i>“Closing the Gap: Expanding Virginia’s Brain Injury Services Infrastructure”</i> to create an accessible system of care. Also targets juvenile offenders, people w/low socioeconomic resources.	U.S. Dept of Health and Human Services, Health Resources and Services Admin. (HRSA)	Yes	\$1.5 million for 4 years (\$250,000 Federal funds; \$125,000 State cash match)	\$1.5 million for 4 years (\$250,000 Federal funds; \$125,000 State cash match)	Develop a coordinated system of treatment and care for all Virginians with brain injury. Contact: Project Director, Patricia Goodall, Ed.S. at DRS

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Not Awarded (SWVAWIB will apply for future grants)	7/1/2009-6/30/2010	Southwest Va. Workforce Investment Board	Veterans Workforce Investment Program Grant	U.S. Dept of Labor	No (Entity must be associated with WIB)			Outreach, assessment & intake for employment services. Training, preliminary assessment for DVA benefits, networking, referral to healthcare, counseling & rehab. Contact: Leslie Taylor, TAP, Roanoke.
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Not Awarded	Pending	DBHDS	A Family Focus for Tmt of Trauma Related Disorders among Vets at Risk for Contact with the CJS	SAMHSA	Yes	\$495,000/year	Pending	To provide training and implement a pilot jail diversion program for veterans in danger of incarceration. Program to include family members. Contact: James Morris, Director, Forensic Services, DBHDS
Pending	10/1/09 – 9/30/2011	VDA	CMS Aging and Disability Resource Center Grant	CMS	Yes	\$600,00/2 years	Pending	Enhance No Wrong Door, foster long-term care provider relationships, develop person centered hospital discharge planning model. Contact: Linda Nablo, Comm, VDA

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Virginia did Not Receive Award		DBHDS	Older Adults Targeted Capacity Expansion Grant	SAMHSA	NO			Direct service expansion and infrastructure building. Contact: Beverly Morgan, DBHDS
Pending	10/1/09 – 9/30/2011	VDA	Community Living Program Grant	AoA	Yes	\$1,000,000	Pending	To divert persons from nursing homes into home and community-based care. Contact: Linda Nablo, Commissioner, VDA