Board of Veterans Services
VDVS Virginia Veteran and Family Support
Rural Access among the SMVF (Servicemember, Veteran and Family) Population

1. Date of Report: 17 December 2020

2. BVS POC(s): John Lesinski

3. Service Area/Program: Virginia Department of Veterans Services VVFS and Rural Veterans

4. VDVS Director/Program Manager: Leanna Craig

5. Mission of service area/program (i.e. what does it do?):

   The Virginia Veteran and Family Support Program (VVFS) is operated by the Virginia Department of Veterans Services and provides OUTREACH, CONNECTION and SUPPORT to veterans and their families as they address the challenges of military service, transition, deployments, Post Traumatic Stress and other behavioral health concerns as well as Traumatic Brain Injuries and other physical injuries. These services are often more acutely needed and more difficult to provide in rural Virginia.

   SERVICES WE PROVIDE: Referral and connection services are coordinated with Community Services Boards, brain injury service providers, VA medical facilities and other public and private agencies. Additionally, VVFS provides direct support via personalized care coordination, peer to peer mentoring, caregiver skill building and support groups. . VVSF was established in 2008 in response to the growing need to improve and expand services to our nation's veterans and their family members whose lives have been touched by stress-related injuries or traumatic brain injury. Virginia Veteran and Family Support was re-branded on October 1, 2015and was formerly known as Virginia Wounded Warrior Program.

6. Who does the service area/program serve (i.e. who are the customers)?

   Our statewide program serves veterans of any era (regardless of discharge status) who are Virginia residents; members of the Virginia National Guard and Armed Forces Reserves not in active federal service; and family members and caregivers of those veterans and service members. We work hard to provide a "no wrong door approach" meaning if we can't provide that service within our program we'll do our best to connect them to a resource/provider that can.

   This is especially critical and challenging in rural areas where resources and providers can be fewer and father apart. Rural areas are often "veteran rich" but lack the density of services found in urban areas.

7. How is the service/program delivered?

   Service is delivered throughout the state, divided into 4 regions. Virginia veteran rural populations are clustered in Southside, Southwest and the Shenandoah Valley. We have programming such as Healthy Families, Healthy Relationships, Veteran Peer Services, Justice Involved services and Resource Specialists that provide comprehensive assessments of the Service Member, Veteran and Family (SMVF) need. We also do behavior health suicide screening within this. From there, depending on the needs assessed and identified we provide internal services (peer groups, care coordination, resource connection) as well as hands on connections with VA's, Community Services Boards, Private Providers and many others for behavioral health and rehabilitative needs.

8. How does delivering the service/program help Virginia's veterans?

   We work hard to meet the client/customer "where they are" by traveling to communities when transportation isn't available and providing itinerant sites throughout the communities and counties in rural areas. Delivering these services assists Virginia's veterans by providing resources, services and benefits they were not aware of.   It also assists by bridging barriers and gaps in services and providing a smooth avenue around many federal, state and local systems. This prevents isolation for vets and combats behavioral health issues compounded by feeling alone.

9. By helping the veteran, how does it help the Commonwealth?

   By helping the veteran it helps the Commonwealth by continuing to ensure Virginia is a veteran friendly state and provides comprehensive and wrap around services for those residing in Virginia, despite whether in rural, suburban, or urban locations.

10. What is the statutory authority for the service area/program?

   Virginia Veteran and Family Support is a legislatively mandated program operated by the Virginia Department of Veterans Services. The Secretary of Veterans and Defense Affairs oversees the Virginia Department of Veteran Services.

11. Where do the resources for the service area/program come from (general fund, non-general fund, donations, etc.?)

   The Virginia Veterans Services Foundation is an independent agency of the Commonwealth supporting the interests of veterans and their families through the Secretary of Veterans and Defense Affairs and is governed by an appointed Board of Trustees. The Virginia Veterans Services Foundation provides *supplemental funding* when state and federal resources are not available.

12. How has COVID-19 impacted the delivery of services? What service adaptations have been made or are planned?

COVID initially impacted service delivery by going from a full office and community presence to 100% virtual model. COVID as we know came quickly in Virginia and VVFS was able to transition to this posture without stopping services. That being said, we have worked very hard since then with several committees and strategy planning to assist veterans "where they are" which is an important aspect of the services we provided. We have adapted to a more virtual environment where possible, utilized the VA and community partners for resource collaboration during COVID 19 and have transitioned back to a hybrid model where we can see veterans in offices when needed as well as extenuating circumstances with proper protocol and policies in place.

13. What are the biggest challenges facing the service area/program at present?

In many rural areas there is limited broadband access that directly impacts the ability to seamlessly work in a virtual environment. VVFS has continued to provide very important in person services. The lack of technology in rural areas not only effects clients/customers but VVFS staff as well, when they are in a telework environment. Continuing to adapt to the COVID situation, the inability to continue community partnerships in a face to face setting, while we are making virtual work, there is an adaptability piece for this. Some veterans are not comfortable with virtual and some touchpoints are harder to make when you aren't in the community and collaborating with partners on a more frequent basis.

14. What strategic opportunities are there for the future?

We will work to broaden accessibility throughout the state in rural areas and bridge gaps in many of these services by continuously working with community partners at the federal, state and local levels. The continuance of strategy planning around a virtual environment, growing our resource pool for those providing services for behavioral health/rehabilitative and continuously receiving partner updates on these for cross systems referrals. Continually strategy planning ways to reach those in the community that might not reach out to us first.

15. What else do you want the Board to know about this service area?

We have been extremely successful in training Community Service Board (CSB) staff and other providers in Military Cultural Competency (MCC) virtually. We have trained over 1300 individuals since March 2020 as part of the Governor's Challenge for Suicide Prevention for Service Members, Veterans, and Family Members (SMVF). This training helps other providers be "force extenders" in connecting veterans to behavioral health and other needed services.

Oftentimes the work we do in VVFS around behavioral health and rehabilitative services can be complex. We are a touchpoint and ongoing support for the veteran in a very complex world of multiple resources at the federal, state and local level. It's hard to capture all we do, or what it might take to see successful outcomes, we try to bridge any gap and barrier to

services and work endlessly to ensure connection needs are met. We greatly appreciate the support of the Commonwealth and Leadership for the continuous belief in our program.

December 8, 2020