

ATTACHMENT – FORMAT FOR BVS POC REPORTS
Rural Veterans/Broadband

1. Date of Report: 7.18.22
2. BVS POC(s): John Lesinski and Delegate Jason Ballard
3. Service Area/Program: Rural veterans (including broadband)
4. DVS Director/Program Manager: Brandi Jancaitis
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.

SERVICES THEY PROVIDE: VVFS provides peer and family support, care coordination, and resource linkages to Service members, veterans, and their families (SMVF). Referrals are coordinated with Community Services Boards, community nonprofits, brain injury service providers, VA medical facilities and other public and private agencies. VVFS also provides outreach and support to justice-involved service members and veterans interfacing with courts, diversion/veteran treatment docket programs, during incarceration in jails and prisons, and while on probation and/or parole supervision.

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

Veterans of any era (regardless of discharge status) who are Virginia residents; members of the Virginia National Guard and Armed Forces Reserves; and family members and caregivers of those veterans and service members. They work hard to provide a "no wrong door approach", meaning if they can't provide that service within the program, they'll do their best to connect them to a resource/provider that can.

7. What are the service line's primary objectives?

Provide care coordination, peer and family support services to Service Members, Veterans, and their families (SMVF).

Facilitate access to behavioral health, rehabilitative, and supportive services at the Federal, State, and local levels for SMVF.

8. What are the key results that support the objective(s)?

In FY22, VVFS served 2180 clients. Of these clients, 1223 were new clients. This included connecting veterans and their family members for resources to approximately 2,700 service needs. These include housing needs (37%), behavioral health support (14%), benefits assistance (10%), employment (8%), and homeless assistance (8%). In addition, VVFS provided 76 trainings (e.g. Applied Suicide Intervention Skills Training, Military Cultural Competency, Crisis Intervention Training, and Mental Health First Aid) to approximately 2,700 participants (community partners and providers).

9. What specific objectives (end of FY2022, end of FY2025) has the service line established and what progress has the service line/program made toward achieving the objective(s).

FY22 Data Overview:

- 90% of all new VVFS clients will have a needs assessment completed in 7 days of initial client contact for the purpose of creating a coordinated resource plan (98% out of 1392)
- 90% of veterans with a identified behavioral health need will be connected to an appropriate resource (98% out of 331)
- 90% of veterans experiencing literal homelessness will be connected to a shelter/housing resource (94% out 187)
- VVFS and Benefits will screen 95% of new SMVF for suicide risk (93% out of 6,809)

10. What are some operational highlights from the past year?

Key partnerships and initiatives focusing on rural veterans and access to services include the SWVA Crisis Intercept Mapping Collaborative, SWVA Together With Veterans (TWV), Community Services Boards across the Commonwealth (including 12 in SWVA), the CSB's region SMVF Navigators, the Highlands CSB Veteran Recovery Coordinator, Crisis Intervention Teams and Training (CIT), VEC, Virginia Department of Health, Hospice organizations, Virginia Army National Guard, US Armed Forces Reserves and many other key stakeholders. These initiatives included Military Culture Competency and Crisis Intervention Training, implementing suicide screenings and lethal means safety planning for the SMVF population with partners in the region and bridging gaps in services through coordinated referrals.

VVFS have staff trained to facilitate and provide education to the Commonwealth and the local communities consisting of Talk Saves Lives, Question Persuade and Refer (QPR), Trauma Informed Care/Adverse Childhood Experiences (TIC/ACEs), Mental Health First Aid (MHFA) and Applied Suicide Intervention Skills Training (ASIST).

VVFS was able to provide Mission: Healthy Relationships (a longstanding couples communication workshop) this year. The workshop was held in Roanoke, VA with 15 couples attending. Having the workshops throughout the Commonwealth enables veterans from rural

areas to attend. The workshops have been held for several years and provides a unique and valuable experience for the SMVF population and often provides an avenue to enter DVS and other community services.

11. What type of outreach did the service line conduct and what are the results?

VVFS is involved in multiple stakeholder collaborations and continues to participate in outreach across the Commonwealth. This includes several suicide prevention, housing and community committees and coalitions that address barriers to services specific to the SMVF population and rural areas. This also bolsters partnerships with multiple VAMC's.

VVFS continues to participate in local monthly and quarterly statewide Community Veteran Engagement Board (CVEB) meetings to enhance access to services for veterans and their families.

12. What, if any, new initiatives / innovative solutions were launched during the past year?

SWVA Together With Veterans continues promoting best practices from the Veterans Health Administration and the Governor's Challenge to Prevent Suicide, designed to bolster grass roots, veteran-led, suicide prevention in rural communities. The SWVA TWV program is currently in phase five of the community development process to perform the suicide prevention and awareness action plan and measure results. SWVA TWV and the Mental Illness Research, Education and Clinical Center (MIRECC) completed the third and final Community Assessment. This process surveys key stakeholders from across SWVA to measure collaboration among people and organizations in our communities.

VVFS has a statewide Caregiver team that provides subject matter expertise and trainings throughout all regions. The West region also facilitates Caregiver Focus Groups to better understand the unique needs of SMVF caregivers in rural areas and provide training and resource connections for the SMVF population.

There are several peer support groups across VVFS and one of the West Region Veteran Peer Specialist (VPS) launched and facilitated the first VDVS VVFS statewide Female Veteran Peer Group in a virtual model providing access to female veterans across the Commonwealth.

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 service. The lack of technology in rural areas not only affects clients/customers but VVFS staff as well. In many areas where telehealth is an option, broadband access would be a key addition for streamlined services and connections. 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. Transportation is also a key issue in the rural areas. There is a lack of public transportation, especially transportation modalities that cover vast geographical distances, funding for transportation and families do not have reliable methods of mobility. While there are “pockets” of providers in certain catchment areas in rural areas, there isn't a streamlined system and we often times puzzle piece things together for transportation by utilizing different funding streams and modalities (i.e. public, Medicaid eligible, senior citizens and volunteers). This can take a vast amount of time to figure out.

14. 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.

15. 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, whether in rural, suburban, or urban locations.

16. 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. Continuing to strategy planning ways to reach those in the community that might not reach out to us first. A consistent effort to implement virtual and telehealth services where possible is in place, along with the consistent need for broadband technology across rural areas. Often times connectivity issues in areas without broadband cause additional distress for veterans accessing services, especially the elderly and most vulnerable population. This creates additional barriers for crossing bridges and implementing help seeking strategies. Streamlined and steady transportation modalities are continuously strategized and discussed. Currently we utilize pockets of services such as VSO volunteers, Medicaid/senior citizen transportation, MCAPP, multiple catchment areas internal

systems, Salem VAMC systems when they are operating and the Martinsville/Danville Miles 4 Vets. These systems are dependent upon the veteran's eligibility, availability and service availability.

Broadband Services:

Technical/Statistics for Southwest Virginia:

Commonwealth Connection (see link below) helps visualize where high-speed internet service is available, and will help determine where the most reliable broadband points are, as well as where they're lacking.

https://commonwealth-connection.com/#about_top

Information on Broadband in parts of the rural area surrounding counties:

<https://www.fireflyva.com/>

Increased affordable housing opportunities:

The community lacks quality, affordable units. Older homes tend to need more upkeep and can be more costly than newer units. The rising costs of construction materials, the shortage of skilled laborers and the limited resources of owners leads to a decline in homes. This can then lead to a decrease in property values, less desirable neighborhoods and a decrease in interest of industries evaluating the area for possible business placement. Since the ending of the Mortgage Relief and Rent Relief programs, many veterans, especially those in rural areas have limited access to affordable housing and financial resources.

Caregivers and Child Care:

The communities do not house enough providers to meet the needs of parents or caregivers. There are limited options in rural areas and with the scale down of the VAMC caregiver programming in the future, VVFS is working to stay apprised of rural community needs.

Transportation:

The lack of public transportation and families do not have reliable methods of mobility

Medical Care:

With some of the rural communities still uninsured, respondents have poor or fair health. There is also a need to continue looking at insurance costs and limited transportation to medical care. With an aging community, about 15% of the local population under the age of 65 having a disability (US Census), accessibility and affordability of medical care is a major concern.

Food and Nutrition:

In a recent rural community Member Survey, 31% of respondents had income of less than \$20,000 annually. A total of 18% noted that they had gone hungry in the last 12 months due to not being able to get enough food. Food scarcity was very evident in 2020 during the height of the pandemic due to COVID-19. The accessibility, education and costs for healthy foods is a great need in rural communities.

Telehealth

In providing an update on telehealth, many are utilizing telehealth options but there isn't a streamlined or one size fits all approach, it seems to be as it fits each organization's needs. Consumers utilizing telehealth ebbs and flows, it's not a preference for some but they will use it if there is no other option. It's important for the agency to stay engaged where we can and in the future could blend different options nicely with transportation and broadband initiatives.

Salem VAMC is still working on their initiative of providing tablets to veterans for utilization if they are enrolled and qualify. Some veterans seem unaware this is available. Salem VAMC also is partnering with local CSB's and the Dept. of Health to provide the "telehealth in a suitcase" model where they have itinerant sites in the communities to service the SMVF population. This currently serves several catchment areas and DVS, local Dept. of Health, CSB's and other key stakeholders have continuously been able to bolster partnerships with federal systems to create a continuity of care.

17. 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 well over 1600 individuals since 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.

Transportation: we discussed this as an ongoing challenge on our call last week and think it should receive more emphasis. It should appear in paragraph 13 (challenges) along with broadband. Additionally, it only received passing attention in paragraph 16 (strategic opportunity) where we think a mention of local partnerships would have merit. If there are any specific transportation solutions at a local level, it would be good to mention them as an example that can be emulated elsewhere in Southside and Southwest.

Broadband and Telehealth: Is it possible to link these two challenges in the report. Both are called out individually as areas of concern but are linked for obvious reasons: You can't have

telehealth without reliable broadband! Perhaps identify both as separate challenges but focus on how they are especially intertwined in rural areas.

Veterans Administration: In paragraph 16 is it worth citing a specific community partnership program involving the VA? We know the Commissioner has called for greater collaboration at the federal level but is there anything more we can cite in addition to "telehealth in a suitcase?" That's a good example; anything more?