Vet Center Stakeholder Kickoff

Vet Centers

"We go out into communities and find people and try to bring them in for services rather than waiting for them to say, 'we need Vet Center services'"

People & Personas:

Internal
- Stakeholders: Jessica
- Outreach specialists: "maintainers?", no communication dept or public affairs officer
- Office Manager: "maintainer?"
- Vet Center Director: "maintainer?"
- Aptive (contractor) - full time, dedicated to data collection
- NSS - (their team) handles updating Vet Center specific hours, location and contact info
- RCS (Readjustment Counseling) Communications - makes small edits to the Vetcenter.va.gov webpages
- "Web support person/contractor" - could be trained to make Drupal updates

External
- Veterans
- Active duty service members
- Families
- Caretakers

Tools:
- Excel spreadsheets - data calls submitted this way currently
- Sharepoint Intranet site
- "System of record" - Privacy - contains clinical documentation and outreach specialists use for outreach events
- VA Video connect - counselors use

Outreach Specialists: know Vet Centers inside and out, familiar with questions that people call in about. Out in the community helping to promote and make face-to-face connections

with clients. Will champion and educate others the importance of this effort. Their goal is to get out there and make the community aware of services. If they are the maintainers they will be invested in its success. Great for short term when face to face connections are limited. This is a resource for them! If they determine what's useful to them (for Vet or outreach specialist), e.g. Event calendar. Press releases - who does this help?

> **Bryan Doe** - Springfield, MA - bryan.doe@va.gov
> **Elizabeth Jackson** - Orlando, FL - elizabeth.jackson3@va.gov
> **Ken Milam** - Escanaba, MI - kenneth.milam@va.gov,
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> **Troy Stormoen** - Reno NV - troy.stormoen@va.gov

Aptive: (Ashley on call) Contract support to make up for lack of web support - ready to support.
What can be done today? Photos of each building? Low hanging fruit? Parking & transportation.

What constitutes a Vet Center?

300 physical brick and mortar Vet Centers

19 Outstations: a step down from a Vet Center, a little smaller, maybe open 4 days a week, currently on Facility Locator. From Ken: "Outstations typically have program support like an office manager and may have 1 or 2 therapists there". The Ogden, Utah outstation is supported by the Salt Lake Vet Center <- whoever maintains Salt Lake would have to maintain Ogden. Ken: Outstations don't have a director, they fall under another traditional freestanding Vet Center, but typically don't have a director or an outreach specialist. Today medical centers have a similar setup with their outpatient clinics

~1000 Community Access Points (changes depending on need): Donated spaces, e.g. a YMCA, church, university where that community partners with a counselor to provide services to an underserved communities say 1x week or 2x a month). Community access points need attention in terms of how to message to Veterans. Jessica: Message today is "This is the Vet Center the but check with a Vet Center, we might have a counselor closer than you think". These fluctuate often and may get pulled or sent another place if they aren't providing value.
Ken: You'll have a Vet Center in a populated area but just the fact of having the community access point listed on the website, he'll hear, "The Vet Ctr is in Askenaba but I live 3 hours

away from there" knowing there's one near him would be good so it would be good for that "Maintainer" to make sure that stays up to date.

83 Mobile Vet Centers - used for outreach events, they are moving, they respond to community disasters. Support all centers in their area. **Elizabeth: "**yes, these are assigned, typically the MVC and the driver, will be assigned to a particular Vet center but they support every Vet Center within a particular catchment area, and sometimes outside, depending on the need or emergency response."

> **Catchment Area:** if a Vet Center is in Nashville, TN, they would cover the whole middle area of TN. So they would cover Veterans service members and their families in that whole area so a mobile Vet Center would be responsible for going to community outreach events and building community partnerships throughout the whole area of that state.

Ken: Location is the most important thing, having community access points listed on a website, eg. He's in askenaba, You'll have a Vet Center in a populated area but just the fact of having the community access point listed on the website, he'll hear, "The Vet Ctr is in Askenaba but I live 3 hours away from there" knowing there's one near him would be good so it would be good for that "Maintainer" to make sure that stays up to date. "Outstations typically have program support like an office manager and may have 1 or 2 therapists there".

Bryan: Springfield, MA, Mobile Vet centers are very underutilized, most need to get pushed to move out and are often used more as moving billboards. They have used one as a mobile community access point because they didn't have a good space, an hour from Springfield and was used for 8 months as a clinical space. Finding a way to identify mobile Vet Centers and include their catchment area or zone and realize there's a possibility to message so Vets understand that they could come to them.

Are Vet Centers free standing? Or an office in another building?

Jessica: Some are free standing, some are in a shopping plaza, some are in Medical plazas, you may have to take and elevator to get to a Vet center

Current list of services:

Is this accurate?

Jessica: yes, these are our primary functions but some language is being adjusted

1. **Individual and group counseling for Veterans, service members, and their families**
2. **Family counseling for military related issues**
   - Jessica: we say "marriage and family counseling", so the one thing is I don't see marriage or couples counseling for Vet centers. The Veteran or service member gets to define who their loved one is.
   - Jessica: Sometimes when they see the word family, they might not see their boyfriend or girlfriend as legally considered family but they would be eligible to come in.
   - Jessica: "Military related issues" is what we've adjusted, that we say when its found to aid in the readjustment of those who served or something like that, [this is something she can take a closer look at]
3. **Bereavement (grief) counseling**
4. **Military sexual trauma counseling and referral**
   - Jessica: its the military related
5. **Community outreach and education**
6. **Substance abuse assessment and referral**
7. **Employment referral**
   - Elizabeth: we've shifted to say "employment service referral" otherwise sometimes we get individuals who come here thinking that we can directly hand their resume over to employers, in some cases that might happen but it's not something that happens 100% of the time
8. **Referral of other VA services**
   - Is it any service? Or what is the defined list?

Currently used in all Vet Centers but are they available in all?

Jessica: yes, they better be, plus some may offer some additional services, eg. this might be in community education and outreach - they may have different classes at a Vet Center or community events, trips, recreational based activities might differ.

Treatment overlap (intake vs treatment)

Jessica: No, anyone who is eligible can receive any of these services. depending on an individual's need and usually left up the clinician, if they need to be referred to more closer care, more critical care. **Ken:** Eg. substance abuse, if it's determined whether they need inpatient treatment, not sure of other Vet Centers, but we'd coordinate that and work with VA Medical Centers to get that treatment. Then make sure to schedule follow-up care with them at the Vet Center when they get out of treatment.

Jessica: Is the question, if a Vet says "I need substance abuse" do they get sent to VA Medical Center or Vet Center first? **Michelle:** yes, since we make the Vet choose which kind, in the future we want to serve up all the options. Jessica: those who are eligible for for Vet Center services are necessarily eligible for VA Medical Center services, a lot will be in how we question it

Eligibility - who is eligible?

Bryan: This goes to the person [outreach specialist?] working with the individual to break things down and figuring out eligibility. Focused primarily on trauma work.

1. Anybody who **served, overseas or in an area of hostility** (maybe not a defined war like expeditions going on around the war), a war (Iraq, Vietnam)
2. Anyone who's received any type of **military sexual trauma** and they do not need evidence or be service connected, we take the service member's word for it,
3. **Drone crew operators**, unmanned aerial vehicle crews,
4. **Mortuary services** so anybody who participated in mortuary services with casualties of war
5. **Family members**
6. **Bereavement** to families as well. Often we hear "Oh I wasn't in Iraq" but a service member was on an aircraft in the middle of a persian gulf, these Veterans are also eligible for services because they've received what's called an **expeditionary medal [recipient].**

How does this differ from what is offered at a Medical center?

Jessica: take for example an active duty service member, right off the gate they might not even be registered for VA health care but they don't need to be to go to a Vet Center or say someone is being deployed, we will help that family with counseling while they are being deployed. Your system, (facility locator) may not direct them to a hospital but if the question is, "loved one on active duty" then maybe it would then go to a Vet Center service. Or if someone didn't deploy to an area of hostility, they didn't experience military sexual trauma < they didn't meet some of our eligibility criteria, we might not want to be putting up Vet Center services that would misguide them.

Ken: character discharge is a big one. If a Veteran served in Iraq or Afghanistan and got other than honorable discharge they may not be eligible for any VA health services at all but they can get counseling in a Vet Center then the system should probably direct them to the Vet Center for eligibility.

Jessica: this will be a crucial part to map out. There's a bill going through congress right now, for those that have been deployed to the state, like Hurricane Katrina, COVID response, might be added to our services. So that might add another layer.

Awareness of Vet Centers - Is it the really the first touchpoint?

Jessica: we like to say that. I don't know how true that is, I question that myself. We do like to pride ourselves on being that first point and try to promote ourselves as that first point. Whether or not we are, I don't know if I could say.

Elizabeth: Speaking from the Orlando area, we keep an eye out on this. It's about 50/50 between those that are referred by the medical center vs Veteran's who walk through the door or over the phone and we are literally the first individuals they've ever talked to at the VA. Maybe 60/40 of us being the very first VA people they've ever spoken to. Especially in my area since we have so many active duty, and national guard service and we have a lot of universities that people from all over the country come to - they have never ever talked to anyone at the VA and us seeing them in the community is the only time they've every talked to anyone at the VA.

Dave: Need to poke at demographics, eg. a Vietnam Vet who may have never engaged with VA before but is nearing retirement may not have engaged with a Vet Center first. How do generational lines affect the first touchpoint?

Jessica: To that point, Dave, they may have not engaged or they say they REFUSE to engage with any other VA entity except for Vet Center with the Vietnam population, we find that quite often that they will not, they refuse to engage with VA in general.

TO BE CONTINUED…

What does this look like? Who calls who/initiates?

Discoverability
- How will Vets and others discover or understand these services that are offered?
- How do Veterans/families access them?
- How will the locator enable how they find and use Vet centers?

Does this look different at different parts to journey:

- Where do these services fit into the journey?
- Active service veteran/family
- Preparing to separate
- Newly separated Veteran (within first 3 years: refine based on discovery)
- Veteran
- Base vs where I will be relocating, with whom do I initiate?
- Can a Veteran have a relationship with multiple Vet centers?
  - Are they assigned? Can they choose?

We're heard that this service is underutilized, why do we think this is?
Do we think this is true? If so, why?

Data Collection:
Who typically does this work?
How is it done today?
How often is this updated?

I want to recirculate the following list of questions regarding your current data collection process. We hope your team will have a moment to provide responses via email so we can use our time on Monday more efficiently.
● Who does this work?

I want to make sure I answer correctly based on what you're trying to get at so I apologize for the long-winded answer. RCS has a data team responsible for tracking most of our organization's data as it pertains to workload, staffing, productivity, clinical documentation and client demographic information, and so on. They also currently input changes to addresses, hours of operation and telephone numbers into VAST. I'm hoping with this project we can iron out responsibilities because we have a lot of cooks in the kitchen and no one really ever took ownership over it.

Though I'm still uncertain of the data needs for this project, if I was going off of basic assumption of needing photos, easy to understand location and parking information, etc. of all 300 Vet Centers and outstations for the purposes of this project, I (the Communications team) would put out a data call well in advance to our five districts letting them know of the need. While we typically submit these data calls via Excel spreadsheet, if there was an easier or preferred way (such as a fillable form somewhere) we can try to maneuver that.

From there, I planned to provide all data call documentation to my contractor who I have hired mostly for the purposes of this project, and they will conduct a quality assurance to make sure the photos are clear and appropriate, we have the right information and everything looks good before presenting. Sorry, I'm making a lot of assumptions not knowing who will actually be

putting this information in there. The web support person/contractor could also be trained to input anything into Droople or whatever else is needed as soon as I can get them computer access. I am currently working on that as we speak and once that is confirmed, I will have this individual available 40 hrs per week to help see this through as well as any internal intranet items in the meantime.

● How is it done today? i.e. what does the process look like?

I believe I mentioned above, but currently the responsibility for data collection and changes on the internet is split between our NSS office and Communications. I would like for this project to iron out responsibilities of who updates what.

● How often is the data updated/validated?

Vet Center web data is updated as soon as the request is sent to either RCS Communications or NSS. As mentioned, NSS will generally do Vet Center specific hours, location and contact info where as comms has been making small edits to the Vetcenter.va.gov webpages. We are also tracking and submitting all the daily operational status updates since COVID began. That also includes when a Vet Center needs to close for the day due to weather or other unforeseen circumstances.

● What tech tools and applications are used by Vet Center employees?

I'm unsure of what this is referring to. Vet Centers can utilize our intranet site (recently built) Sharepoint, and that's about it. We have our own system of records that they submit clinical documentation to and outreach specialists track their outreach events on but only our organization has access to that for privacy reasons. No centralized scheduling tool or anything just yet. I'm not sure about any tech capabilities or systems available to our call center staff but I imagine it's not much. Our counselors will also use VA Video Connect for virtual appointments. That's all I can think of at the moment.

In response to your question from the kickoff, we are working on a list of data/artifacts (such as photographs) which your team might be able to assemble during this phase.

Good to hear. My biggest fear is that the amount of time your team has scheduled for research will cause this to lose steam and/or for me to not have enough work for my contractor and the team of outreach specialists who I know can be instrumental in this project's success. I want to keep everyone busy and engaged and also be able to have the contractor do as much as they can to see this through within the next year. We have a fair amount of our own data and research we can share if it helps move anything along. Again, I think I was making a lot of assumptions in anticipation of this project and to be prepared on my end so I apologize if anything I'm saying is out of line or not in concert with what your team needs.

I look forward to talking to you next week, - Same to you!