

# Veterans Integrated Healthcare Recommendations for Southern Maryland

Executive Summary  
June 22, 2009

---



---

Tri-County Council for Southern Maryland



Veterans Regional Advisory Committee

**TRI-COUNTY COUNCIL FOR SOUTHERN MARYLAND**

Officers of the Tri-County Council

Gary V. Hodge, Chairman  
Gerald W. Clark, First Vice-Chairman  
John L. Bohanan Jr., Second Vice-Chairman  
Harry Shasho, Third Vice-Chairman

Southern Maryland Delegation  
to the Maryland General Assembly

District 28

Senator Thomas Mac Middleton  
Delegate Peter F. Murphy  
Delegate Sally Jameson  
Delegate Murray D. Levy

District 29

Senator Roy P. Dyson  
Delegate John F. Wood, Jr.  
Delegate John L. Bohanan, Jr.  
Delegate Anthony J. O'Donnell

District 27

Senator Thomas V. Mike Miller, Jr.  
Delegate Sue Kullen  
Delegate James E. Proctor, Jr.  
Delegate Joseph F. Vallario, Jr.

Boards of Commissioners

Calvert County

Wilson H. Parran, Pres.  
Linda L. Kelley  
Barbara A. Stinnett  
Susan Shaw  
Gerald W. Clark

Charles County

Wayne Cooper, Pres.  
Dr. Edith J. Patterson  
Reuben E. Collins, II  
Gary V. Hodge  
Samuel N. Graves, Jr.

St. Mary's County

Francis Jack Russell, Pres.  
Thomas A. Mattingly, Sr.  
Kenneth R. Dement  
Lawrence D. Jarboe  
Daniel H. Raley

Members-at-Large

David Hale

Harry Shasho

Mary Lynn Stone

Southern Maryland Municipal Association

Jane Hagen

Executive Director

Wayne E. Clark

## Table of Contents

Table of Contents.....	ii
Title Page.....	iv
Acknowledgements.....	v
Preface .....	vii
Executive Summary.....	1
Summary Recommendations.....	3

### **ANALYSIS AND FACT FINDING REPORTS**

- **SECTION I**

1. Projected Number of Veterans in Maryland 2008 - MAP
2. Proposal to Expand HBPC for CBOC Adjacent to Charlotte Hall Veteran’s Home
3. DCVAMC Rural Health Proposal
4. TCC Veterans Collaboration Civilian Hospital Network Proposal

- **SECTION II**

1. Veterans Healthcare Planning in Southern Maryland, Short and Long Term Recommendations-March 12/13 Agenda
2. VISN-5 Meeting Summary Draft Finding Recommendation
3. St. Mary’s Hospital Presentation
4. VISN-5 Current & Planned CBOC Listing
5. Case Samples
6. PTSD Support

7. Veterans Healthcare Initiatives FY2009 and the Experience of Southern Maryland Enrolled Veterans Presentation
8. Recommendations to Advance Workforce Services for OEF and OIF Veterans
9. Veterans Enrolled in VISN-5 Table
10. Naval Health Clinic Patuxent River Presentation

- **SECTION III**

1. Veterans Healthcare in Southern Maryland Gaps and Opportunities Presentation

- **SECTION IV**

1. OIF/OEF Veterans, Service Members & Families Welcome Home & Listening Session
  - a. Draft Report
  - b. Facilitator Guide
  - c. Survey
  - d. Request for Information

**Veterans Integrated Healthcare Recommendations for Southern Maryland**

**Final Report 6/22/2009**

Tri-County Council for Southern Maryland Veterans  
Regional Advisory Committee

Committee Findings and Recommendations  
Submitted for Review by the  
Tri-County Council for Southern Maryland

For Presentation to

Calvert, Charles and St. Mary's Counties, Southern Maryland Delegation,  
Elected Leaders, Mental Health,  
Workforce and Law Enforcement Stakeholders

And

Governor Martin O'Malley  
Lt. Governor Brown's Maryland Veterans Behavioral Health Advisory Board  
Maryland Department of Veteran Affairs  
Maryland Department of Health and Mental Hygiene  
Maryland Department of Labor, Licensing and Regulations  
Maryland Department of Transportation

And

Senator Barbara Mikulski  
Senator Benjamin Cardin  
Congressman Steny Hoyer  
U.S. Department of Veterans Affairs  
VA Capital Healthcare Network (VISN-5)  
VA Medical Center, Washington, DC  
Veterans Maryland Healthcare System  
Washington District of the U.S. Navy  
U.S. Department of Defense

## Acknowledgements

This report is dedicated to our Active Duty, Reserve, National Guard, and Veterans of all branches of the United States Armed Forces who have either been deployed, will be deployed, or currently are deployed in support of peacetime and/or wartime military operations. Understanding the role of the community in providing a strong foundation of healing for those who have served, the Tri-County Council (TCC) for Southern Maryland established a sub-committee, the TCC Veterans Regional Advisory Committee (Veterans Advisory Committee). The mission of the Veterans Advisory Committee is investigate the facts of health care service delivery to active and retired military citizens within the rural tri-county region and to find solutions to the challenges of accessing deserved healthcare services within the community where they live and work. The Veterans Regional Advisory Committee believes grassroots support for reintegration of any veteran to the region is essential to a successful trajectory from military service and important to the future economics of the region.

This report is a direct result of the presentation of the challenges of community care gaps for our Veterans presented to the Council in 2008 by Constance A. Walker, CAPT, USN (Ret). Her dedication to a resolution of this challenge is joined by the many people listed below whose expertise and support have led to this unified engagement strategy to assess the strengths and weaknesses of healthcare service delivery and to formulate concrete recommendations that have the potential to serve as a model program for our nation.

### **TCC Veterans Regional Advisory Committee**

Chairman: Commissioner Thomas Mattingly, Sr. (St. Mary's County)

Members: Commissioner Susan Shaw (Calvert County), Commissioner Samuel Graves (Charles County), Delegate Anthony O'Donnell (Calvert and St. Mary's Counties), Constance A. Walker, CAPT, USN (Ret), Sharon Mattia, Wilbert Forbes, and Arianna Hammond

Corresponding Experts: Dr. Al Brewster, Lt. Col, USAF (Ret), Dr. Mary Vieten, MSC, CDR, USN (Reserve), Edwin P. Downey, Terry W. Singer, Alan Crawley, Denise S. McDowell, NC, CAPT, USN (Ret), Kendall Sorenson-Clark, and Nora Bachelder

Staff Liaison: Wayne E. Clark

### **Southern Maryland Mental Health, Health and Law Enforcement Advisors and Stakeholders**

Hospitals: Calvert Memorial Hospital—Jim Xinis, John Mitchell, Bob McWhirt, Gigi Kuberski  
St. Mary's Hospital—Christine Wray, Denise McDowell, Rob Elrod, Barbara Hak, Sharon Main  
Civista Medical Center—Gary Herbek, Karen Winters

Health and Mental Health: Dr. Mary Vieten, Dr. David Rogers, Douglas Weems, Michael Luginbill, Bennett Connelly, Dr. C. Devadason

Sheriff Offices: Calvert—Mike Evans; Charles—Rex W. Coffey; St. Mary's—Timothy K. Cameron

Maryland Department of Veterans Affairs: Secretary—Jim Adkins, Deputy Secretary—William Forbes, Executive Assistant – Katie Sonntag

Charlotte Hall Veterans Home: Sharon Mattia, Mike Farr, Steve Wynn

Naval Air Station, Patuxent River: CAPT Andrew Macyko, USN; CAPT Rebecca J. McCormick-Boyle, NC, USN; CAPT David K. Weiss, MC, USN

VA Capitol Health Care Network VISN 5: Dr. Archana Sharma, Dr. Allen Berkowitz, Lt Col Andy Wolkstein, USA, ANC

VA Medical Center (VAMC), Washington, DC: Paula Gorman, Taunya Curry and Martin Wiseman

We also thank Sharon Meyer and Helen Fassel of the TCC staff, Commissioner Gary V. Hodge—TCC Chairman, Richard Myers of Senator Mikulski's office, Michael Moses, Andy Hammond, John Wilt, Butch and Cindy Dale and all veterans, Active Duty, Reserve and National Guard members and their families who have shared their observations and experiences. Many thanks to the Regency Stadium staff of the Blue Crabs Baseball Team for hosting the listening session for OIF/OEF veterans and their families and to Sharon Ferris for logistics planning with St. Mary's College.

Supporters of the March 12-13 visit to Southern Maryland by VISN- 5 and DCVAMC representatives:  
St. Mary's Hospital; Naval Air Station, Patuxent River; St. Mary's College; Frank Knox Training Center; St. Mary's County Human Services Department; Brome-Howard Inn.

Lastly, we appreciate all who have contributed to this effort by embracing the veteran military members of our community.

## **Preface**

Last year, Maryland Senate Bill 210 and House Bill 372 were enacted into law to become the Maryland Veterans Behavioral Health Act of 2008.

The Act's charter at that time was to identify and address gaps in behavioral health services for underserved veterans of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF), especially in the state's rural areas – such as Southern Maryland.

In March 2009, the scope of the Act was expanded to include combat veterans of all generations. At the same time, and as our nation continues to respond to the most serious economic downturn it has faced in decades, Maryland is faced with the need to impose significant funding reductions in a wide range of important programs. As of this writing, funding for the Maryland Veterans Behavioral Health Act continues.

In May, 2009 the US Department of Veterans Affairs (VA) provided \$215 million in competitive funding via its Rural Health Initiative (RHI) to improve services specifically designed for veterans in rural and highly rural areas.

VISN-5's grant proposal for Southern Maryland would have expanded DCVAMC's Home Based Primary Care program to Charlotte Hall, Maryland, constituting a partnership with the VA's Community Based Outpatient Clinic (CBOC) adjacent to the Charlotte Hall Veterans Home. A full copy of the proposal is provided in Section 1 of this report. It was not selected for funding by the VA.

The following VISN-5 proposals were selected for funding by the VA: (1) Women Veterans Health Program (VISN-wide); (2) Rural Health Communications Strategies and MyHealthVet Program Expansion (VISN-wide); (3) Transportation Study (VISN-wide); and (4) Physical and Occupational Therapy in Selected Rural CBOCs (Martinsburg VAMC). Our state and federal partners are thanked for these important steps in crafting solutions and providing mechanisms which must be implemented to solve some of the challenges to our veterans in rural Southern Maryland.

The Tri-County Council for Southern Maryland voted to adopt the findings of this report at their regular Council meeting held on June 22, 2009. The cooperation and continued support of stakeholders and decision makers at the federal, state, local and private sector levels is critical to providing integrated services to our deserving veterans in the rural communities of Southern Maryland.



**“The homecoming we face over the next year and a half will be the true test of this commitment: whether we will stand with our veterans as they face new challenges – physical and economic – here at home. We will show our servicemen and women that when you come home to America, America will be here for you. That’s how we will ensure that those who have “borne the battle” – and their families – will have every chance to live out their dreams.”**

*President Barack Obama, March 16, 2009*

### **Executive Summary**

In the VA Capitol Health Care Network (VISN-5), a comprehensive menu of integrated healthcare services is available at VA Medical Centers (VAMC) in Washington, DC; Baltimore and Perry Point, Maryland; and Martinsburg, West Virginia.

The provision of VA outpatient care to veterans living in Southern Maryland is the responsibility of DC VAMC, through a small VA Community Based Outpatient Clinic (CBOC) in Charlotte Hall, St. Mary’s County. For veterans living in Southern Maryland, significant barriers to obtaining comprehensive, integrated VA healthcare services at DC VAMC are posed by distance, commute time, and transportation challenges. Simultaneously, and from a non-VA healthcare perspective, Southern Maryland is challenged by the worst physician shortage in the state – a real-time crisis in healthcare for residents of Southern Maryland, and one that is projected to steadily worsen in the years ahead.

Veterans living in Southern Maryland want and need to be able to obtain community-based, integrated healthcare services near where they live and work. The TCC Veterans Regional Advisory Committee was established in October of 2008 to investigate and respond to access challenges and service gaps in mental health care for veterans in Southern Maryland. In the course of its work, the Committee identified additional VA healthcare issues for the region in the areas of primary and other specialty healthcare, customer service, workforce staffing levels, electronic records sharing, and VA fee-basis certification for non-VA providers. Equally important needs were identified in veterans’ interaction with law enforcement and the Criminal Justice System, and access to the full range of VA benefits and entitlements – for example, Veterans Rehabilitation and Employment (VR&E) services under the cognizance of the Veterans Benefits Administration (VBA).

These issues alone are cause for great concern. The Veterans Committee members’ concerns have been intensified by a VA Capitol Health Care Network (VISN-5) letter to U.S. Senator Barbara Mikulski, which informs her that a new CBOC, to be located next to Andrews Air Force Base adjacent to the Capital Beltway, preempts expansion plans for the CBOC in Charlotte Hall. An expanded CBOC at Andrews Air Force Base is not a viable solution for meeting the needs in our Southern Maryland community. Significant challenges in access to VA healthcare are faced by veterans who live in America’s rural and frontier areas. The challenges faced by veterans in rural Southern Maryland are consistent with national studies and analyses.<sup>1</sup>

In the course of focus groups and two days of meetings in St. Mary’s County between regional leaders, healthcare stakeholders, law enforcement representatives; and representatives from VISN-5 and DC VAMC, the Committee found that the region’s non-VA healthcare providers and other important community stakeholders – including the Naval Air Station at NAS Patuxent River – are highly motivated and want to actively partner with federal and state agencies to provide healthcare and other services to veterans in Southern Maryland. It also found willingness on

the part of VISN-5 and DC VAMC to acknowledge that VA outreach to veterans in Southern Maryland, customer service, and healthcare delivery are in need of significant improvement.

This report poses a challenge to all providers – VA, DoD, and civilian – to work together to develop an accessible and sustainable veteran-centered continuum of care and case management for veterans in Southern Maryland, near the communities in which they live and work. Towards that end the Committee offers findings and recommendations in the belief that – with USDVA, DoD, Maryland Department of Veterans Affairs (MDVA), Department of Health and Mental Hygiene (DHMH), and Maryland Transit Administration (MTA) support, a community-based continuum of integrated healthcare for veterans in Southern Maryland, and a transportation plan to ensure reliable and consistent access to and from DC VAMC and VAMC Baltimore when necessary, are achievable within two years.

In the long term, the Veterans Committee believes that a sustainable solution to the provision of VA healthcare services in Southern Maryland in the years ahead will require a new, full service CBOC to serve the outpatient and behavioral healthcare needs of veterans in Southern Maryland, where they live and work.

If the future for veterans healthcare in Southern Maryland holds less than that, then actionable and sustainable solutions to serving our rural region's veterans and families are needed right now and will indeed "require collaborations, collective resources, diverse perspectives, and an openness to working across boundaries, looking for synergies that serve our shared purposes".<sup>2</sup>

With this in mind, it is important to note that the Fiscal Year 2003 National Defense Authorization Act (NDAA) mandated that the Department of Defense (DoD) and the U.S. Department of Veterans Affairs (VA) conduct joint demonstration projects to evaluate the feasibility of shared programs designed to improve the coordination of health care and health care resources. The Joint Incentive Fund (JIF) was made available to support this effort and these funds have been extended into 2010. The results of these DoD/VA studies have generated products, processes, best practices and ideas that are available to be used by others in the future to identify and implement collaborative and actionable solutions.

Armed with this knowledge, and given the current Administration's commitment to comprehensive health care reform, a golden opportunity exists to extend the continuum of care boundaries for veterans in rural regions to the non-VA health care network through the establishment of an integrated DoD/VA/Civilian network health care delivery system. A demonstration project of this magnitude has the potential to lead to a permanent long-term strategy for keeping the promise to those who have served.

It is the opinion of the Tri-County Council for Southern Maryland that support systems are already in place in our region that is pivotal to the success of such a demonstration project. These systems are outlined in detail in the Summary Recommendations of this report.

<sup>1</sup> 2008 After Yellow Ribbons: Providing Veteran-Centered Services, A Report of a Panel of the National Academy of Public Administrators for the U.S. Congress and the U.S. Department of Veterans Affairs; 2009 Findings from the Community Reintegration Summit: Service Members and Veterans Returning to Civilian Life. Veterans Coalition, Survivor Corps, and Booz Allen Hamilton.

<sup>2</sup> Ibid 2009; Reggie Van Lee, Senior Vice President, Booz Allen Hamilton.

## **Summary Recommendations**

1. **Don't reinvent the wheel. Make sure all four wheels are connected to the vehicle and headed in the same direction.** The President has expressed his expectation that the U.S. Department of Veteran Affairs and the Department of Defense overcome longstanding internal and external barriers to achieve the vision of a seamless continuum of healthcare and rehabilitative services for our service members and veterans. The Departments can achieve that vision by extending themselves across agency lines to leverage and optimize use of existing VA and DoD healthcare facilities and resources. In areas of Maryland where USDVA partnership with a DoD hospital or clinic is not feasible, and in rural areas, VISN-5 (and the Veterans Benefits Administration's Baltimore Regional Office) should work collaboratively with the State's Department of Veterans Affairs, the Department of Health and Mental Hygiene, the Department of Education (Division of Rehabilitative Services), the Maryland Transit Administration, and other state and community stakeholders to achieve the vision of timely and consistent access to healthcare, rehabilitative services, and vocational rehabilitation and employment support in VA's underserved areas – including Southern Maryland.

Southern Maryland is committed to the goal of providing service members and veterans with every opportunity to make a healthy return to their families and our communities following combat deployment(s) or discharge from military service, so they and their families can thrive physically, psychologically, socially, and economically. This region has a forty year history of regional cooperation and success in other areas of development. Regional healthcare and law enforcement stakeholders are committed to working with federal and state agencies to implement sustainable solutions discussed in well-crafted studies such as the "After Yellow Ribbons: Providing Veteran-Centered Services" report by the National Academy of Public Administration.

With a modicum of VISN-5 and DCVAMC investment to develop and deliver a standardized and tailored training program for Southern Maryland's Behavioral Health, Law Enforcement and Workforce program professionals, and private hospital and professional caregivers, healthcare resources already in place in the region can play a vital role in delivering on our nation's promise of an accessible and seamless continuum of healthcare – and behavioral healthcare – for veterans.

**Mission:** Develop a sustainable level of in-patient care capability for veterans in Southern Maryland. Expand outpatient care capabilities through partnerships between VA and DoD (Department of the Navy), and with state agencies, local hospitals and healthcare providers to deliver convenient, integrated, and quality community-based out-patient behavioral health, primary care, and dental services to veterans in rural Southern Maryland. Incorporate Law Enforcement and Criminal Justice stakeholders into a strategic plan for meeting the needs of veterans in need of behavioral health care and have become involved with the Criminal Justice System, in those cases where jail diversion and treatment may be the best answer.

**Collaborating Agencies:** U.S. Department of Veteran Affairs; VISN-5 and DC VAMC; NAS Patuxent River, Maryland Department of Veterans Affairs and its Charlotte Hall Veterans Home; Maryland Department of Health and Mental Hygiene, Maryland Transit Authority, and Southern Maryland hospitals, healthcare providers, law enforcement, and criminal justice stakeholders.

**2. Southern Maryland's Top Regional Priority: Improve access to VA integrated healthcare and rehabilitative services for veterans residing in Southern Maryland, via an expanded and fully resourced Community Based Outpatient Clinic centrally located in our rural region.**

Since 1998, the Charlotte Hall Veterans Home has leased out the second floor of a 50 year old building to serve as the USDVA's CBOC in Southern Maryland. The current facility is small, structurally outdated, and the demand for services is rising. Regional community and healthcare stakeholders agree that the current facility is past its useful service life. Additionally, part-time VA healthcare provider staffing is not adequate to support a national vision of timely access to a quality continuum of care. In recognition of the need in this rural area, VISN-5 submitted a competitive grant proposal to USDVA for a short term, two year grant funded at \$1M a year for a Home-Based Primary Care Program in Southern Maryland. This proposal was not selected by USDVA for funding via the first round of grant competition for the Rural Health Initiative (RHI) program. It is our understanding that a second round of competition is planned for the future, for the remainder of the \$500 million set aside for the RHI program. The Committee recommends the grant proposal for Southern Maryland be revised and re-submitted by VISN-5 for the second round review. Four grants were awarded in the first round, three of which extend VISN-wide: (1) the Transportation Study Program, to develop recommendations for additional transportation options for rural veterans and implement selected solutions to expand transportation services; (2) the Women Veterans Health Program, to design and implement a comprehensive, data-driven rural women veterans' program; and (3) the Rural Health Communications Strategies and MyHealthVet Expansion Program, to improve outreach and enrollment of veterans into the VA healthcare system, and increase access to and availability of information for veterans in rural areas. VISN-5 staff have stated they will include Southern Maryland stakeholders in implementing these grant selections. These are pieces of a larger solution needed to adequately meet the healthcare requirements of veterans in Southern Maryland – specifically, an upgraded and expanded, centrally located CBOC. Expanding short term services can be housed in leased space – the Committee understands that a proposal for and funding of new construction for an improved CBOC in Southern Maryland on the grounds of the Charlotte Hall Veterans Home would take years to achieve. Stakeholders in the region are advocating for identification and resourcing of a centrally located leased CBOC facility, to provide Southern Maryland's veterans with timely access to the spectrum of VA outpatient services. Three potential sites for a leased CBOC facility in the vicinity of Charlotte Hall, Maryland have already been identified and addresses provided to DC VAMC for information.

**Mission (short term) FY 2010: Work cooperatively and collaboratively with VISN-5 in facilitating the implementation of the three VISN-wide RHI grants awarded by USDVA in the first round of grant selections.** Advocate for VISN-5 submission and USDVA selection and full funding of VISN-5's RHI second round grant proposal for a two year Home Health Care program in Southern Maryland, to be funded at \$1M in each year of operation.

Additionally, USDVA and VISN-5 should partner with the Department of the Navy and NAS Patuxent River, and regional healthcare providers, to design and implement a "No Wrong Door" healthcare and service information capability. This capability should ensure that veterans can access USDVA and MDVA at any location or electronic portal to obtain tailored and accurate healthcare or benefits information, same-day USDVA enrollment for healthcare, and appropriate and timely information and referrals.

While the Maryland Commitment to Veterans project is performing many outreach, information, and referral services now through four Regional Resource Coordinators assigned to Maryland's rural regions, it is important to remember that State funding for these positions concludes at the

end of Maryland FY 2011. VISN-5 and DC VAMC should be working now to develop a sustainable outreach, enrollment, and information and referral process for veteran-centered healthcare delivery and capability in Southern Maryland through collaboration with DoD (Department of the Navy, the Department of Health and Human Services), and state, community, and private sector providers and insurance carriers.

**Mission (mid-term) FY 2010-2012:** VISN-5 and MDVA (Charlotte Hall Veterans Home) implement digital records sharing, integrated service agreements, and a leased facility agreement for a new and fully staffed CBOC to be **centrally** located in Southern Maryland. Staffing should include one Full Time Equivalent (FTE) Outreach Worker and one FTE Case Manager to collaboratively work together as a part of a multi-disciplinary Charlotte Hall team, to:

- implement an awareness, education and outreach program for community leaders and stakeholders from the region's Human Services agencies, non-profits, county government, healthcare providers, employers, clergy, public schools, and two and four year colleges
- actively market and leverage the Veterans Network of Care, recently launched in Maryland, to ensure veterans and families in the region are not only aware of this resource but know how to use it.
- Locate and encourage veterans to enroll in the VA for healthcare services, benefits, and entitlements; and facilitate veterans' access to local and DCVAMC services as needed

In addition, planning for the expanded CBOC should include a dialysis unit to support out-patients from throughout the region and residents of Charlotte Hall Veterans Home. Non-VA hospital dialysis units in Southern Maryland are already at and exceeding capacity with the aging population of the region.

**Mission (long term) FY 2013-18:** USDVA fund, lease, and resource a 21st century CBOC centrally located in Southern Maryland to ensure long term solutions for VA healthcare services in the state's fastest growing region.

**Collaborating Agencies:** DoD (DoN); USDVA (VISN-5 and DCVAMC); Naval Air Station, Patuxent River; Maryland Department of Veterans Affairs (MDVA); state agencies and local government / healthcare stakeholders.

**3. Southern Maryland Regionally Significant Priority: Sustaining and enhancing the Charlotte Hall Veterans Home (CHVH),** operated by the MDVA, to better meet the needs of assisted living for veterans from all 24 Maryland Counties. The state's only Veterans Home has an excellent working partnership with Calvert Memorial Hospital for medical service delivery to build upon. They operate from a 126 acres, state owned campus. The facility is licensed for 278 skilled nursing beds and 184 assisted living beds with a total capacity of 462 live-in patients. CHVH faces the same challenges of a very long commute time to transport patients to access VA care in the greater Washington and Baltimore metropolitan regions, and Perry Point VAMC – an important resource for inpatient psychiatric care. While CHVH demonstrates the highest standards in caring for the veteran and spouse population it serves, Active Duty, Reserve and National Guard members cannot access healthcare services provided to CHVH residents. Of note, CHVH will be the first state Veterans Home to partner with USDVA-VISN 5 and DCVAMC to implement the VA's Computerized Patient Record System on site by fall 2009. This computerized system can serve as a model to lead efforts of record sharing between healthcare, registration and insurance providers.

**Lead Agency:** Charlotte Hall Veterans Home (MDVA) working in cooperation with private sector hospitals and providers of other services.

**Mission: FY 2010-12:** New buses to replace an aging fleet and resolution of an agreement with VISN-5 to share those buses for joint metropolitan trips for USVA CBOC and Veterans Home members should be resolved upon expansion of CBOC operations in Charlotte Hall. The USDVA transportation study grant just awarded to VISN-5 should include development and implementation of the solution to this transportation challenge. Agreement on lease of land for long term new USVA CBOC needs to be developed. Provide assistance to develop regional action and business plan for integrated services. Provide assistance and expand marketing and public information services and digital data sharing. The USDVA Rural Health Communication strategies and my HealtheVet Expansion program should help address marketing, communication and other gaps and disparities to service in our region.

**FY 2012-17:** Charlotte Hall Veterans Home will continue to face the same challenges in attracting and retaining a quality residential services workforce as the region faces with healthcare providers recruitment and retention, overall. Located in the geographic center of Southern Maryland, the Charlotte Hall campus can serve as the site of a new CBOC facility and expanded programs. Plan, design and build a permanent Veterans Services Resources Center (VSRC) which includes the Community Based Outpatient Clinic, veteran employment and training programs, VA benefits programs and marketing program.

**4. Southern Maryland Regionally Significant Priority: The Civilian Hospital Integrated Health and Mental Health Services Partnership** has already been developed and could be expanded with a series of strategized steps. The Southern Maryland region remains the fastest growing region in Maryland, a trend that is projected to continue through 2030. Of a current population of 330,000, a projected 39,000 veterans live in Southern Maryland. The veteran population is expected to continue its stronghold of 11% due to Base Relocation and Closure activities at the Naval Air Station (NAS), Patuxent River which brings with it an influx of DoD contractors who typically are military veterans or spouses of veterans. As Active Duty Sailors and Marines separate from the military at the end of their enlistments, or upon retirement at the end of a military career, an increasing number are choosing to reside in Southern Maryland – among these are Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) veterans. The current and projected physician shortage, the rapid aging of our population, and the 20% TRICARE reimbursement disparity for doctors in rural areas all contribute to a growing crisis in health care access in this, and Maryland's other rural regions. An expanded CBOC at Charlotte Hall alone, or use of existing private and county health care systems in Southern Maryland to meet our veterans' healthcare needs, is not sufficient. An *Integrated Health care Delivery System*, starting first as a demonstration project, including an expanded CBOC in the Charlotte Hall area, and leading to a long term cooperative delivery system would be optimal.

**Lead Agencies:** Calvert Memorial Hospital, CIVISTA Medical Center, St. Mary's Hospital, working cooperatively with tri-county mental health and health service programs and private providers for specialized disciplines such as mental health.

**Mission: FY 2010-12:** Build bridges between current healthcare capability and future healthcare requirements through the development of an integrated delivery system that could augment a Charlotte Hall expanded CBOC and Naval Health Clinic (NHC) NAS Patuxent River.

Summary of Seven Steps to Success (Attachment: Civilian Hospital Network):

1. Complete VA designated agreements with network civilian hospitals and residential treatment facilities for inpatient mental health and addiction/substance abuse treatment;

2. Utilize the inpatient Hospitalist program already available at each network hospital to coordinate inpatient care.
3. Utilize the case managers present within the network hospitals to supplement the Maryland Department of Health and Mental Hygiene Regional Case Manager efforts of care coordination across the continuum.
4. Facilitate inclusion of militarily culturally competent providers who have knowledge and understanding of the warrior ethos and the impact of deployment on the family unit.
5. Connect the Maryland Suicide & Crisis Hotline Program with the VA hotline for 24/7 emergency response.
6. Implement a strategized awareness, education and outreach program for community leaders and stakeholders in human service agencies, non-profits, county government, healthcare, employment, clergy, public schools, and higher education.
7. Actively market and leverage the Veterans Network of Care, recently launched in the State of Maryland, to ensure veterans and families in Southern Maryland are aware of this resource and know how to use it. VISN-5 states the Effective Rural Health Communication and Low Health Literacy program will include funding for an RN in Southern Maryland's CBOC who can go to veterans' homes to provide critical care, for veterans who are house-bound.

**FY 2011-18:** As the Charlotte Hall Expanded CBOC becomes operational, fully develop integrated services in the region by:

1. Utilizing mental health telemedicine services in concert with the CBOC as well as augment telemedicine services already available at Naval Health Clinic, NAS Patuxent River.
2. Augmenting the CBOC by using the Chesapeake Potomac Home Health Agency, a full service home healthcare agency that has been successfully providing quality and inexpensive healthcare for tri-county residents since 1995.
3. Implementing a comprehensive training program for doctors, emergency room staff, law enforcement, clergy, and hospital case managers, mental health, health care, and workforce service providers.
4. Developing agreements and systems to insure electronic health and case file information exchange across the region, fully integrating information sharing as well with USVA MD VA, DoD and civilian and county programs.

**5. Southern Maryland Regionally Significant Priority: The County Law Enforcement and Workforce Partnership.**

**All three Sheriffs in the tri-county area agreed on the need for** standardized, periodic training for police first responders and Department of Corrections' professionals who may encounter combat veterans in crisis intervention calls, or who become involved with the Criminal Justice System. The State's Attorney for St. Mary's County agrees with this approach to providing a modicum of training to public defenders and members of the county Bar Association. The Sheriffs also expressed strong support for a codified protocol from DCVAMC for use by regional first responders to facilitate a request for VA mental health "Subject Matter Expert" assistance – telephonically or in person during an extended crisis situation – in cases involving combat veterans for whom PTSD and / or Traumatic Brain Injury may be a factor. As of March 2009, Charles and Calvert Counties each have 15 veterans in their respective Adult Detention Centers. St. Mary's County has 18 veterans in its Adult Detention Center. Sheriffs' Departments do not track the fate of incarcerated veterans after their release. USDVA and DHMH should implement case management tracking programs for the region. In Charles County, of the 450 inmates, currently 8 are military service members. Charles County has developed a program to identify and assist veterans which shall serve as a model for the other two counties of Southern Maryland. The St. Mary's County Detention Center currently has 15

veterans of which 6 are from OIF. St. Mary's has started a program to identify and track those who are service members.

**Mission: FY 2010:**

1. VISN-5 and DC VAMC agreed in concept to a proposal to provide contact and assistance information for hostage/ stand-off or other crisis response situations involving veterans, to augment the first-responders' "tool kit" in response scenarios involving a combat veteran. Solicit grant funds and develop a cooperative understanding with Maryland or military helicopter services to allow for a VA trained crisis intervention specialist to be flown in a timely manner to a crisis response situation.
2. USDVA and DHMH should collaborate on a standardized state-wide training program for Law Enforcement, Department of Corrections, and other state "first responders" to familiarize them with the escalating behavior sets that often present in combat veterans with unresolved PTSD and TBI injuries. Training by the USDVA and MDVA could be coordinated with local colleges to provide continuing education credits. The Maryland Police Corrections and Training Commission should mandate training in order to keep certification.
3. Digital data sharing, post-release tracking by VA case managers, and other innovative programs need to be planned and implemented. It was noted that VISN-5's Veterans Re-Entry Specialist at DCVAMC is becoming increasingly engaged in working with all three Adult Detention Centers in Southern Maryland.

6. **The Southern Maryland Veterans One Stop Workforce Offices** will build on the current referral services by becoming an integrated part of the larger network. Many veterans enter the service network through job training and job placement contacts. The three Southern Maryland Veterans Employment representatives are charged with the mission to: develop job training opportunities for disabled and other veterans through contacts with employers; outreach to locate veterans in need of employment and training services; promote and develop on-the-job training and apprenticeship positions within Federal job training programs; provide outreach to veterans through all community agencies and organizations; develop linkages with other agencies to promote maximum employment opportunities; and provide employability development and vocational guidance to eligible veterans, especially disabled veterans, utilizing a case-management approach to services.

**Lead Agency:** Southern Maryland Workforce Services within the Maryland Department of Labor, Licensing, and Regulation with funding from the US VA.

**Mission FY 2010-12:** Workforce programs devoted to veterans services need to continue to cooperate across institutional boundaries to ensure that critical human service and job connections services are provided to veterans in need. The nature of workforce services requires that a variety of challenges in the way of certain Veterans' workers' successful integration are addressed and solved. The reestablished Southern Maryland Workforce Investment Board should incorporate veteran service strategies as part of the five- year plan.

Within the next two years, the following actions are recommended:

1. Develop a Master Resource Guide and distribute to all private and government agencies with specific referral instructions to best serve the veterans in need.
2. Renovate the meeting spaces of the Veteran Employment representatives in DLLR offices in each of three Southern Maryland Counties to allow for confidential counselor services and conversations for veterans.



3. Work with USDVA, MDVA and DLLR to allow spouses of veterans to be seen by Veteran Employment representatives prior to a veterans' discharge and after discharge to smooth the transition experience for retiring veterans.
4. Utilize the USDVA 2009 grant award for a rural transportation study for VISN-5 to work with Southern Maryland stakeholders to resolve the transportation challenges for the veterans of our region, critical to solving workforce lost of time at work and other challenges.

**Mission FY 2013-17:**

1. Plan, design and build an expanded Community-Based Outpatient Clinic in the Charlotte Hall area to include a permanent Veteran Services Resource Center (VSRC) which houses veteran employment and training staff (LVER/DVOP) and VA benefits staff who will assist veterans transitioning from military to civilian life.

**7. Critical Regional Resource: the Naval Health Clinic (NHC) at Naval Air Station (NAS), Patuxent River** provides primary care services for Active Duty and their family members who are assigned to NAS Patuxent River, as well as a restricted number of activated Reservists and Title 10 Activated National Guard who live within TRICARE access standards (30 mile radius). The clinic is not allowed to service veterans and non-activated Reservist and National Guard. The local civilian network is utilized to fill gaps in service for various specialty care. Local civilian hospitals provide emergency and inpatient care as needed. Patients suffering from chronic conditions, frequently receive specialty care at the National Naval Medical Center in Bethesda for long term, higher level of care. The NHC (base clinic) also provides base-wide oversight of the installation's occupational health, preventive medicine, and industrial hygiene programs. Since 2004, \$3 million has been invested in building maintenance and repairs within the main clinical building. NHCPR has submitted a military construction request for new construction to optimize flow and patient care. This request is low on the DoD MILCON priority list due to other competing projects. For active duty Navy personnel, the NHC has partnered with the base leadership to create a model program for service members and their families for before, during and after deployment in support of OEF and OIF. The NHC plays a key role to ensure pre/post-deployment assessments and post-deployment reassessments are conducted.

**Mission: FY 2010-11:** The "Welcome Home" and "Reintegration" programs for NAS Patuxent River personnel should serve as models for developing similar efforts for the underserved reservists and National Guard members living in Southern Maryland. Reservist and National Guard members and their families feel most neglected and frustrated, echoing a national trend. The DoD, Maryland National Guard and veterans programs should expand the type of pre-deployment, deployment and post deployment services and support activities for Air Force, Army, National Guard and Reserves which do not have ready access to the caliber of programs existing as at NAS Patuxent River.

**Mission: FY 2012-15:** USVA and MDVA Action and Business Plans need to include the role NAS Patuxent River Health Clinic currently plays in the region and the expanded role it will play in the future as it will be called upon to serve a growing military-related population in Southern Maryland. Continued operating and capital support of the NAS Patuxent River Naval Health Clinic will build on the upgrades of facilities and expansion of services. Digital record keeping and data sharing outreach and marketing and other expanded coordinating efforts are encouraged. A new building for the Naval Health Clinic, when funded, is planned to be located outside the gates of the base due to security challenges. All vehicles entering the base must

have proof of a current automobile insurance policy and registration. These requirements create barriers to access to VA medical care onboard a military installation. The Charlotte Hall CBOC services for veterans, National Guard and Reservists contrast markedly with the diversity and quality of services provided to active duty military members using the Naval Health Clinic.

**8. Integrated Services Action Plan and Associated Business Plan** that meets the mandates of various state and federal studies and provides integrated, “no wrong door”, sustainable services to our rural region. A USVA VISN-5 produced Action and Business Plan will bring together critical partners to develop regional cooperation consistent with national and state objectives. Implementation of the action plan will break down stovepipes between programs (within USVA, within MDVA and MD National Guard, between USVA and Department of Defense varied services, and with the Civilian Hospitals, three Counties Mental Health, Health, Law Enforcement and Workforce institutions and the private sector providers). The action and business plan will require balancing the needs of the region with the larger resource availability of the USVA VISN-District-5 service area and the MD VA and other Maryland programs involved in this effort. This planning effort should be used to build sustainable long term solutions to integrating services within the region. Components of this planning effort can begin with the USDVA three grants for rural studies awarded to VISN-5 for Transportation, Women Veterans, and Rural Health Communication Strategies and expansion programs. These building blocks are welcome steps forward and will be incorporated into, but do not replace the need for, the recommended integrated services action plan and associated business plan.

**Lead Agency:** Lead coordination and its funding should be provided by USVA VISN District-5. DOD U.S. Navy NAS Patuxent River and Indian Head facilities should participate along with various Maryland VA service provider programs and County programs in the areas of health, mental health, housing, and workforce. Civilian hospitals, insurers, private providers and some select veteran support organizations should also be invited to participate.

**FY10-12:** The Maryland Veterans Behavioral Health Initiative is scheduled to produce a draft plan for the state by close of 2009, and a final plan by the end of 2010. We anticipate the current and future recommendations to be reflected in the adopted state plan. In federal FY 2010, the new budget will show increases in medical care benefits, help for the homeless, workforce and more investment in rural areas. Southern Maryland and our state partners stand ready to assist US DoD, USVA and USDOL (Department of Labor) programs in implementing expanded services, facilities and pilot programs with ARRA (American Recovery and Reinvestment Act) and FY 2010 funding. USVA/DoD is requested to fund production of a Strategic Action Plan that sustains the current resources and partnerships and builds bridges for an improved services network. The business plan will develop cost estimates for capital, operating and shared services expenses. The “After Yellow Ribbon” and other reports are well developed and provide the vision, goals and some measurable results on which to judge success. The Southern Maryland Strategy Action and Business Plan will use these national and state models and apply them to the unique resources, partnerships, educational institutions, geography and economy of our region. Southern Maryland, which is close to urban Washington, yet still rural, is a great demonstration area for a strengthened partnership between USVA/DoD and MDVA and other state and county plans is needed to formalize already developing cross-boundary collaborations. At the same time, all partners should work cooperatively in implementing components of the larger effort as funding and grant opportunities are successfully applied for and awarded. Success will build with each grant award, as will a model strategic plan to enable veterans in Southern Maryland to access the healthcare services they need, where they live and work.

**FY13-18:** At our Southern Maryland listening session the Vietnam veterans in attendance forewarned us to expect that, after the current conflicts end, those who served will become increasingly marginalized and veteran service benefits reduced. Hopefully the lessons of past wars do not have to be re-learned – and the President, Congress, and other elected and appointed leaders will plan for and support a better future for the OIF/OEF veterans and their families.

The rest of the report provides support materials, findings, and preliminary recommendations from the past six months of listening sessions, meetings and site visits. They document the needs, gaps, and challenges as well as the successes, and reflect several points of view. They are consistent with what the members of the Veterans Regional Advisory Committee heard over six months of dialog with regional stakeholders. They capture much of that original dialog and discourse in a way critical to understanding our unique opportunities, challenges and role in the larger state and national debate. They can help inform strategic planning and future decisions on how to best address veteran service issues in our rural region. The Committee hopes that this work may be useful or provide a springboard for ideas for more collaborative efforts by federal, state, and local stakeholders in other areas, as we all strive to meet the reintegration and recovery needs of this generation of combat veterans and families better than we have as a nation, in past wars.