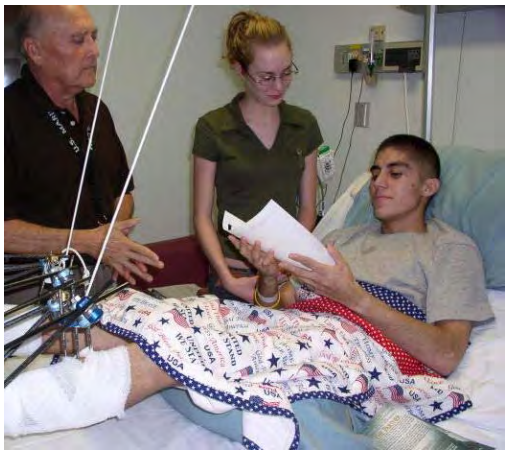
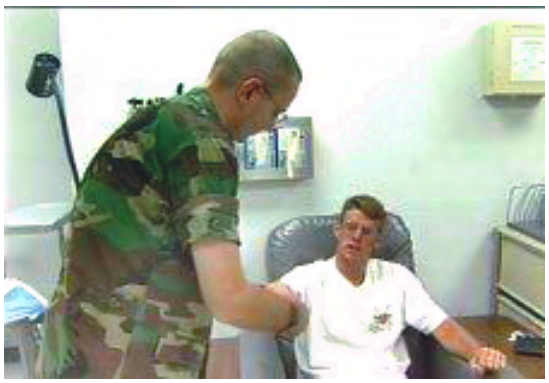
Veterans Integrated Healthcare Recommendations for Southern Maryland

Final Report
June 22, 2009





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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
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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
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St. Mary's Hospital—Christine Wray, Denise McDowell, Rob Elrod, Barbara Hak, Sharon Main
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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. Archna 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 MyHealtheVet 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.[1]

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".[2]

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.

1 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.

2 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 MyHealtheVet 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 l***ocated 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 creates 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.

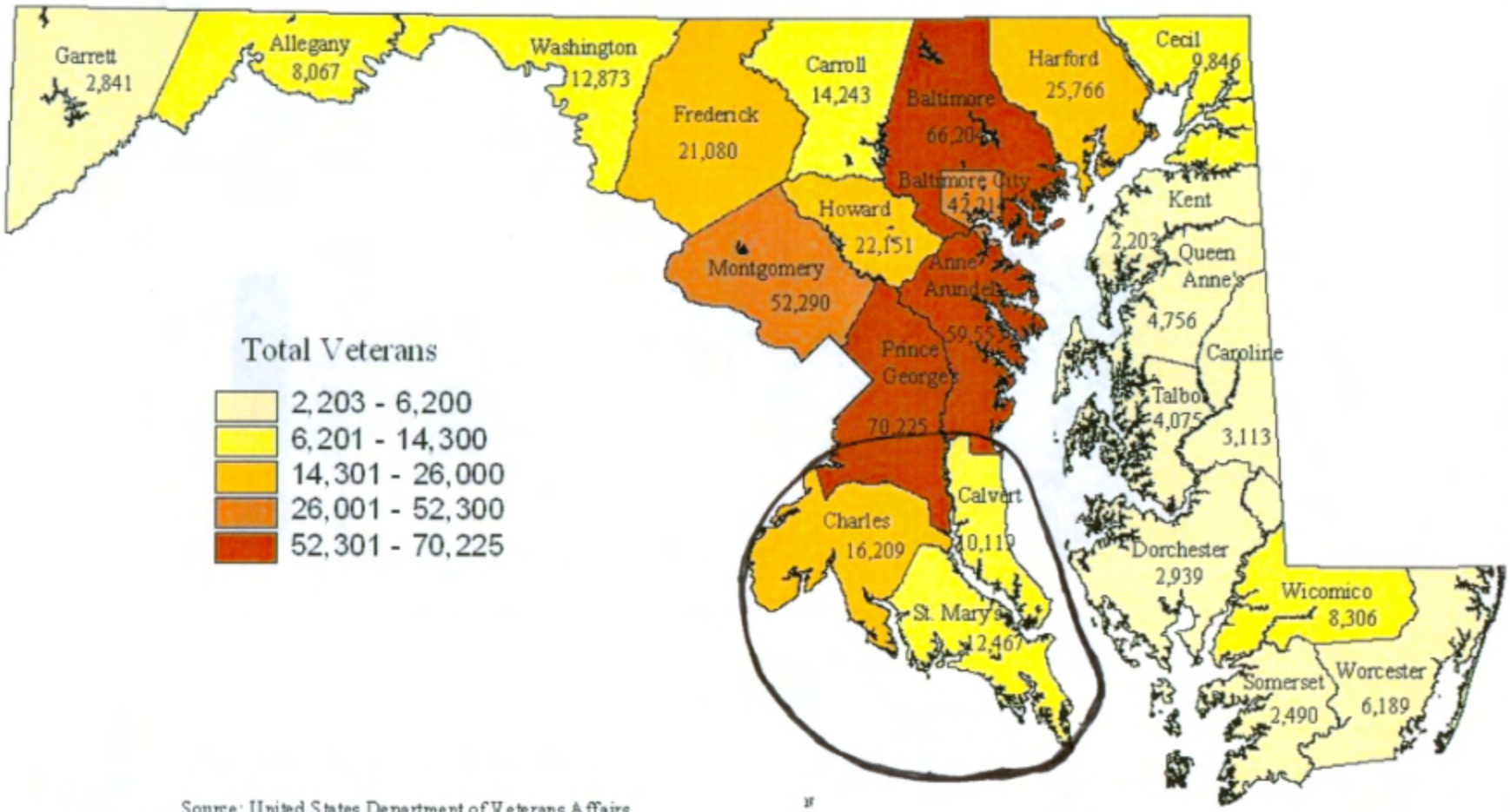
ANALYSIS AND FACT FINDING REPORT

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

Projected Number of Veterans in Maryland - 2008

Projected Veterans in Maryland: 480,218



Source: United States Department of Veterans Affairs
Map Prepared for the Maryland Department of Veteran Affairs
by the Maryland Department of Planning, Planning Data Services

March 16, 2009

Dr. Allen Berkowitz
Strategic Planning Officer
VA Capitol Health Care Network-VISN 5
Department of Veteran Affairs
849 International Drive, Suite 275
Linthicum, MD 21090

RE: Proposal to Expand the Home Based Primary Care Program (HBPC) for the Community Based Outpatient Clinic (CBOC) Adjacent to Charlotte Hall Veterans Home, Maryland

Dear Dr. Berkowitz,

Thank you and your staff to meeting on March 12/13 2009 with principal elected and staff leaders involved on all matters of expanding services to our active duty, reserve, National Guard and veterans in Southern Maryland. The Tri-County Council for Southern Maryland established the Veterans Regional Advisory Committee under the Chairmanship of Commissioner Thomas Mattingly of St. Mary's County to lead a regional approach to defining the successes, addressing the gaps and challenges, and proposing solutions to provide the quality care our veterans deserve due to their service to our country. We appreciate your timely sharing of the Home Based Primary Care proposal for an expanded CBOC adjacent to Charlotte Hall Veterans Home.

On March 9, 2009, the TCC Veterans Regional Advisory Committee, representing an elected leader from the Southern Maryland state delegation and a Commissioner from each of the three Boards of County Commissioners of Calvert, Charles and St. Mary's Counties, passed a resolution supporting the expansion of the level of services provided at the existing VA CBOC facility at Charlotte Hall and the need to plan for and provide a greatly expanded CBOC facility to accommodate expanded operational needs. The Executive Board of the Tri-County Council, representing elected leaderships from the three Boards of County Commissioners and the Southern Maryland state delegation, passed a resolution at our March 16, 2009 meeting supporting your Rural Health Program Office Proposal to be submitted this month to the USVA for funding consideration.

Our research supports your findings of the barriers patients in our region face due to the geographic distance to Washington, D.C. and Baltimore Centers, lack of education and registration opportunities on veteran benefits and the chronic shortage of qualified health professionals across multiple disciplines in the region. When the VA CBOC was

created in 1998 in leased space at Charlotte Hall due to the urging of Senator Barbara Mikulski and other officials and citizens, the limited staff located on the one floor of second story space provided basic services and has documented an ever increasing demand. This increase demand combined with limited staff availability on site, and 30-45 day delays on securing VA or private practice mental health care, as an example, call for a greatly expanded operational presence as you request in your proposal. The proposed budget of $997,449.65, which includes a number of full time health professional, has the endorsement of our regional governments.

We understand that approval of your request may require your securing expanded lease space to accommodate expanded programs and operating staff. The Tri-County Council Executive Board supports such a leased facility as our most pressing concern is to stand up as soon as possible expanded USVA CBOC operating programs at improved facilities here in Southern Maryland. We also envision, long term, that a new Southern Maryland CBOC facility will be justified and needed once the expanded CBOC you propose results in a significant increase in registered veterans using the diversity of services at the local CBOC.

You have our full endorsement of the proposed rural health initiative and our every confidence that the peer review process of your proposal will result in successful award of funding to this proposal.

Sincerely,

Gary V. Hodge
Chairman

c.c. Senator Barbara Mikulski
Senator Benjamin Cardin
Congressman Steny Hoyer
Lt. Governor Anthony Brown
Commissioner Thomas Mattingly
Commissioner Susan Shaw
Commissioner Samuel Graves
Delegate Tony O'Donnell
Members of TCC Executive Board
Members of Veterans Regional Advisory Committee

Contact Information:
VISN 5 Point of Contact: Terry Mikovich,RN, Program Director Home Based Primary Care Washington DC VAMC. Robert Kaiser, MD Medical Director Home Based Primary Care. Washington DC VA Medical Center 50 Irving Street, NW Washington DC 22042
(202) 745- 8340, (202) 745 8426 terry.mikovich2@va.gov

Project Name	VA Stakeholders	Key Collaborators	1 or 2 Yr	Funding By Type
V5-TB-2 Home Based Primary Care Expansion:	Charlotte Hall CBOC Charlotte Hall State Veterans Home VSOs Washington DC VA	Office of Rural Health County Commissioners of Rural Health VISN 5 Community Home Care Agencies	2 years Tier B	MF: $971,408.50 per year MS (Year 1): $38,416.50 MS (Year 2): $30,800.00

Proposal Overview

The Washington DC VA Medical Center proposes to open a new Home Based Primary Care Program in southern Maryland; this expansion would provide veterans residing in the rural area of the state with immediate access to innovative, high-quality community-based care, a service heretofore unavailable in that medically underserved region. St. Mary's County is located 54 miles from its major city of Leonardtown and has approximately 100,000 residents with a mean income of $34,000.00 personal income, with 7.7% of persons living below the poverty line. Charles County is located 25 miles south of Washington, DC. It has 140,000 residents with a median household income of $68,900.00 with 7.2% of persons living below the poverty line. Calvert County is located 34 miles south of Washington, DC. It has 88,000 residents with a median household income of $74,500.00 with 5.4% of persons living below the poverty line Veterans have reported drive times to the Washington, DC Medical Center of 1 to 3 hours. In this venture, the DCVAMC would partner with the Charlotte Hall Community Based Outpatient Clinic (CBOC), which is located adjacent to the Charlotte Hall Veterans Home in Charlotte Hall, Maryland, and is owned and operated by the Department of Veterans Affairs Medical Center in Washington. The 500-bed capacity Veterans Home has 226 assisted living beds and 278 comprehensive nursing home beds. Three rural counties in the region—St.Mary's, Charles, and Calvert Counties—are served by the Charlotte Hall CBOC. Since the year 2000, the local demand for veterans' medical services has increased exponentially. The clinic's enrollment has grown three-fold to 2400 veterans; the majority of clinic enrollees live in Charles and St. Mary's Counties (Table 1 and Table 2).

Table 1. Veterans Enrolled in Charlotte Hall CBOC by County: FY 2000-2008

	2000	2001	2002	2003	2004	2005	2006	2007	2008
Calvert	228	213	254	257	465	514	573	549	562
Charles	664	605	773	867	1314	1549	1606	1692	1663
St. Mary's	374	344	470	498	823	1030	1098	1208	1151

Source: Charlotte Hall CBOC

Table 2: Veterans Enrolled in Charlotte Hall CBOC: 1st Quarter, FY2009

COUNTY	NUMBER OF PATIENTS ENROLLED
Calvert	330
Charles	929
St. Mary's	609

Source: Charlotte Hall CBOC

The Charlotte Hall CBOC faces multiple challenges because of the clinic's distance (90 minute drive) from the main hospital in Washington, DC, where emergency services, specialty services, and social services are provided. Charlotte Hall must function as the main coordinator of care for its enrolled veterans; this task requires frequent communication with multiple providers at the DCVAMC. Veterans in Charlotte Hall face a number of significant barriers to care, including the remote location of the DC VA Hospital, lack of sufficient knowledge regarding their benefits, and a shortage of qualified health care professionals to care for them. The HBPC program in Washington, DC is unable to serve the Charlotte Hall veterans directly because the clinic is located outside its designated catchment area.

In July of 2008 the HBPC Program Director in Washington, D.C. worked in collaboration with the providers in the primary care clinics at Charlotte Hall CBOC to ascertain the need for expanding HBPC to the Charlotte Hall area. Over a four-week period, referrals for the HBPC program were solicited from Charlotte Hall's providers. A patient's eligibility for the program was evaluated according to the homebound criteria as set forward by the VHA Handbook 114.01 Home Based Primary Care program. The most common diagnoses of patients referred included dementia, diabetes, heart disease, and multiple sclerosis. After reviewing the referrals, 15 patients were identified as appropriate for HBPC. This preliminary survey demonstrated a definite and immediate demand and need for a Home Based Primary Care Program. We would expect a rate of referrals of three to four per week and would anticipate achieving a target HBPC census of 100 patients within 12 months.

Purpose and Objectives

The purpose of this initiative is to provide needed access to home and community-based primary care for frail, homebound veterans residing in St. Mary's County, Charles County, and Calvert County. Veterans attending the Charlotte Hall Community-Based Outpatient Clinic (CBOC) currently have no access to HBPC. The first Home-Based Primary Care Programs in the VA Healthcare System were launched in the 1970s, and have since expanded from a handful of sites to nearly 130 programs throughout the United States. HBPC is a well-established, primary care model which is unique to the VA and delivers a level of high-quality, cost-effective care which is unavailable (and unmatched) in the private sector. HBPC outcomes have included reduced use of hospitalization and improved access to preventive services. As administered and funded in the private sector, home care is an episodic form of care and frequently provided directly after a patient is discharged from an acute hospitalization. In contrast, HBPC provides interdisciplinary longitudinal care to veterans with complex chronic medical conditions and disability, who are unable to attend a traditional primary care clinic. Rather than requiring the veteran to come to clinic, the care is brought directly to the veteran. In this model of care, veterans benefit from the combined expertise of an HBPC interdisciplinary team, including a nurse practitioner, RN case manager, dietician, social worker, psychologist, physical therapist, and pharmacist, as well as a

physician Medical Director and an RN Program Director, all of whom contribute to a plan of care designed to keep the veteran living independently in the community. After an initial series of intake evaluations by each member of the team, the veteran enrolled in HBPC is visited at least once monthly. Particular attention is paid to: 1) management of medical and psychological problems; 2) optimizing overall physical function; 3) supervision of and education about medication use; 4) assurance of safety in the home environment; 4) provision of essential durable medical equipment; 5) periodic assessment of the caregiver and relief of caregiver burden; and 6) enhancing and maintaining excellent social support. Optimal home-based primary care aims to enhance the veteran's medical, psychological and functional status, while reducing the use of hospitalization and nursing home placement. The HBPC coordinates care by meeting weekly to conduct 90-day reviews of each patient in the program, discuss acute issues, and engage in performance improvement.

Project Strategy

The strategy for this proposal is to use start-up funds from the Office of Rural Health to create a fully-accredited new Home-Based Primary Care Program in St. Mary's County, which will be based at the Charlotte Hall CBOC. The new program will be a collaborative effort between the Charlotte Hall CBOC, VISN 5, the existing HBPC program at the Department of Veterans Affairs Medical Center in Washington, D.C., and the Department of Health. After two years of initial funding the program would then become fiscally self-sustaining, with funding through the VA's VERA program.

Staff Recruitment

The new HBPC interdisciplinary team will be recruited and hired by a collaborative team from the Charlotte Hall CBOC and the Geriatrics and Extended Care of the Washington DC VAMC. The new HBPC providers will then undergo a comprehensive orientation to the VA and HBPC. The orientation will include: education about existing VA policies on clinical and home and community-based care, writing and implementing HBPC policies, and current JCAHO Home Care Standards. In addition staff will learn about the Charlotte Hall CBOC, its operation, and the process of patient care at that site. After completing the orientation, staff will be fully versed in the structure and function of the VA Healthcare System as well as the requirements of running a fully-accredited HBPC program. Members of the new team will be paired with mentors from the Washington, D.C. HBPC interdisciplinary team.

Patient Recruitment

Since the HBPC Program will be new to the St. Mary's County community, significant outreach will occur in order to recruit veterans for enrollment in the program. This will take place both within the VA Healthcare System and the general community and include: the Charlotte Hall CBOC; local, regional, and national veterans' organizations; and community organizations. The VA web site will be used as a means of advertising and disseminating information about the new HBPC program. Outreach will also occur with community home health agencies. The newly-designated HBPC Program Director will serve as the point of contact for referrals from both inside and outside the VA Healthcare System.

Expansion of existing initiative

Expanding HBPC to the Charlotte Hall CBOC will allow increased access to care for the frail homebound veterans of Calvert, Charles and St. Mary's counties, living more than 30 miles away from the Washington, DC VA. The main referral source will be Charlotte Hall CBOC as well as the Charlotte Hall Assisted Living Facility. Patients will be accepted according to HBPC Guidelines. Two teams will be established. Each team will have a Nurse Practitioner, RN, and Social Worker. The other members of the interdisciplinary team would be utilized as patient needs dictate. Physician backup is available from the CBOC Physician as well as the Medical Director of Wash DC VAMC HBPC. The Nurse Practitioner is the first provider to admit the patient. After admission, orders are written for ongoing care. Each patient is assigned a RN. Other team members are assigned as needed. Frequency of visits will be dictated by patient needs. Social Services will work in collaboration with community resources as needed. HBPC operates Monday thru Friday from 8am – 4:30pm. Patients and family members are given the phone number to the Washington, DC VA Advice Line for assistance in the evenings, nights, weekends, and holidays.

The Charlotte Hall CBOC follows many patients with co-morbidities and disabling diseases. Common diagnoses of the patients in the Charlotte Hall Clinic are heart disease, diabetes, multiple sclerosis, dementia, mental illness, and peripheral vascular disease. Care is also coordinated for patients requiring frequent follow up with laboratory studies, diabetes management, medication management, and disease management. HBPC services will add value in these situations by assisting with care coordination and reducing urgent care visits, hospitalizations, and transportation to some specialty clinics at the main hospital. The effectiveness of the HBPC Program can be measured by tracking use of hospital and nursing home services as well as patient and family satisfaction and well-being. HBPC may also improve medication reconciliation and utilization and can be tracked by comparing medication use 6 months before enrollment and after enrollment in HBPC. HBPC also decreases caregiver burden. This can be measured through the Zarit Burden Scale.

Staffing for the proposed HBPC Program will include 2 Nurse Practitioners, 2 RN's, 2 Social Workers, 1 Pharmacist, 1 Nutrition Support Person, 1 Mental Health Provider, and 1 Program Assistant. All positions are to be funded by the Office of Rural Health. The HBPC Medical Director and HBPC Program Director are already in place at the Washington DC VAMC and are paid from existing VA resources. Staff hired will undergo an orientation to the VA and HBPC. The orientation will include education on VA policies, HBPC policies, and JCAHO Home Care Standards. In addition staff will also undergo an orientation to the Charlotte Hall CBOC to learn the operation and process of patient care.

Program evaluation measures

The Charlotte Hall HBPC Program will be evaluated by:

- measuring enrollment of homebound veterans
- tracking VERA reimbursement
- decreased costs for referrals to community agencies
- decreased costs associated with hospital admissions
- decreased rate of nursing home admissions

Patient admissions, discharges, ER visits, and hospital admissions will be collected on a monthly basis. Patients will be admitted according to HBPC guidelines and JCAHO standards. Performance Improvement Data will be collected and evaluated according to JCAHO standards and the VHA External Peer Review Program.

Project budget and justification

The Tri-County Council for southern Maryland supports the expansion of HBPC to the Charlotte Hall area. A letter written by Gary V Hodge, Chairman, on March 16, 2009 to the VISN 5 office cites agreement with the findings that patients in southern Maryland face many barriers to obtaining care. The letter also cites that on March 9, 2009, the Tri County Council met and adopted a resolution supporting this proposal to move forward.

The projected total cost for the program in year 1 is $971,408.50. The projected total cost for the program in year 2 is $963.864.00.

Personnel Requirements						
Staff	FTE	Salary	Benefits	Total		
NP	1.5	172.500	55,200	227,700		
RN	2	184,000	53,880	237,880		
MSW	1	73,100	23,392	96,492		
Psych	1	105,000	33,600	138,600		
Rehab	1	86,000	27,520	113,520		
Pharmacy	0.5	45,000	14,400	59.400		
Nutrition	0.5	45,000	14,400	59,400		
Total	**7**	**710.600**	**222,392**	**932,992**		
Miscellaneous Expenses: **Year 1: 38,416.50** **Year 2: 30,800.00**						
Medical Equipment				Nonmedical		
Item	Number	Cost		Item	Cost	
Pulse Ox	4	1500.00				
Stethescope	4	280.00		Office	5,000.00	
B.P. cuffs	4	200.00		Supplies		
Bags	7	210.00				
Total		**2190.00**		Psych test	5,000.00	
				supplies		
Training				Patient	5,000.00	
Item	Number	Cost		Education		
Drug Book	4	139.80		**Total**	**15,000.00**	
Home Care	1	62.95				
handbook						
Infection		67.95				
Control						
Medical	4	155.80				
Dictionary						
Total		**426.50**				

Tri-County Council for Southern Maryland
Veterans' Collaboration
Civilian Hospital Network Proposal
03/19/09

The total population of Region 5 Veterans Integrated Service Network (VISN-5) is 788,000 veterans, 61% of whom reside in the state of Maryland. Southern Maryland is home to 38,795 (8%) of those veterans, and overall veterans comprise 11% of the total population in the region. As the fastest growing region in the state, the veteran population is expected to continue its stronghold due to Base Relocation and Closure (BRAC) activities at Naval Air Station (NAS), Patuxent River which brings with it an influx of DoD contractors who typically are military veterans or spouses of veterans. Furthermore, as active duty Sailors and Marines separate from the military at the end of their obligated service, an increasing number are choosing to reside in Southern Maryland—among these are Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) veterans.

Less than 8% of the veterans in Southern Maryland are enrolled to the Veterans Administration (VA) for healthcare services for a variety of reasons. Primary barriers include geographic distance and prolonged commute times to Washington, DC, a lack of education regarding veteran benefits, and lack of available healthcare providers at the local Community Based Outpatient Clinic (CBOC). The actual population of OIF/OEF veterans is largely unknown because there is no central database of active duty, Air National Guard (ANG), and Army Reserve (AR) veterans who have been separated from military service. Although their exact location in Maryland is unknown, 24,862 individuals residing in Maryland have deployed in support of OIF/OEF, 40% of whom are ANG/AR.

The care for any veteran with a priority 1 through 8 qualifying condition can have a significant impact on the family unit. Moreover, treatment and recovery for post-traumatic stress disorder (PTSD) requires involvement of the entire family. Untreated PTSD and mild to moderate traumatic brain injury (TBI) among veterans who have returned to American's rural areas are especially vulnerable to self-medication with alcohol and drugs, thereby making them susceptible to unemployment, disintegrated families, violence, homelessness, incarceration and suicide.

The Tri-County Council for Southern Maryland believes that it takes a community to join together to heal those who have served—not displacement of families and support systems outside the region for treatment. Grassroots support and reintegration of the veterans to the region is vital to their successful recovery as well as the future economics of the region. Timely referrals and access to resources already in place in the community are vitally important. The close proximity and long-standing partnerships between NAS Patuxent River, the local hospitals and treatment centers, Charlotte Hall Veterans Home, Department of Health and Mental Hygiene Mental Health Core Service Agencies, and law enforcement create a prime opportunity for a demonstration project between local and state governments, non-profit hospitals, DoD, and state and federal VA programs. An unprecedented demonstration project of this magnitude in an underserved rural area has a high probability of success due to the ability of the region to work well together toward a common goal along with strong regional veteran organizations and

support groups, Department of Health and Human Services, as well as The Patuxent Partnership, a non-profit economic development consortium whose mission is to sustain and expand the technology business base by marketing the region's technology capabilities, growing regional intellectual capital and workforce capacity, and fostering effective collaborations among industry, government and academic partners

The long-term goal of the Tri-County Council is to build bridges between current healthcare capability and future healthcare requirements through the development of an integrated delivery system. Toward that end, the following is recommended and is in alignment with the VISN-5 proposal:

1. Augment the CBOC Rural Health Proposal to include the following:
    a. Designate agreements with the network civilian hospitals and residential treatment facilities for inpatient mental health and addictions/substance abuse treatment.
        i. Residential capacity exists for substance abuse and co-morbid disorder treatment at Anchor of Walden/Sierra, a publicly funded detoxification and intermediate care facility within the region.
        ii. Capacity exists for Behavioral Health inpatient and partial outpatient treatment at both Calvert Memorial and St. Mary's Hospitals.
    b. Utilize the inpatient Hospitalist program already available at each network hospital to coordinate inpatient care. Hospitalists manage the inpatient stay, ensuring a smooth transition for patients across the continuum of care. They typically admit patients from the emergency room, plan care during the inpatient stay, communicate with the primary physician, case managers, home health and other agencies involved with the patient.
    c. Utilize the case managers already present within the network hospitals to facilitate care coordination across the continuum.
    d. Facilitate inclusion of military culturally competent providers who have knowledge and understanding of the warrior ethos and the impact of deployment on the family unit.
        i. Coordinate inpatient specialty care with the already present "one stop call center" to National Naval Medical Center, Bethesda, MD and Walter Reed Army Medical Center, for TRICARE eligible veterans.
        ii. Expand this concept to utilize specialty care at the Washington VA Medical Center for those who are non-TRICARE eligible.
        iii. Rotate specialty providers between DoD, VA, CBOC and network hospitals for continuity and to ensure oversight for veteran care.

2. Utilize mental health telemedicine services in concert with the CBOC as well as augment telemedicine services already available at NAS Patuxent River.
    a. Position the services at each of the network hospitals as needed.

3. As a force multiplier to the VISN-5 proposal, utilize the Chesapeake Potomac Home Health Agency (CPHHA), a full service home healthcare agency that has been successfully providing quality and inexpensive healthcare for tri-county residents since 1995.

4. Connect the Maryland Suicide & Crisis hotline program with the VA hotline for 24/7 emergency response.

5. Implement a comprehensive training program for doctors, emergency room staff, law enforcement, clergy, and hospital case managers.
    a. Standardize high-risk screening in emergency departments and among network providers.
    b. Develop an emergency watch bill comprised of community volunteers for use in the hospitals, by law enforcement, etc.
    c. Coordinate efforts with Fleet and Family Services at NAS Patuxent River.

6. Explore all opportunities for an electronic health information exchange across the region, fully integrating information between DoD, VA, and local civilian network.
    a. Naval Health Clinic, Patuxent River already has access to the electronic medical record (EMR) at St. Mary's Hospital which is pivotal to information sharing across the continuum of care.
    b. Explore the feasibility of a shared electronic database for monitoring and tracking health care delivery.
    c. Expand *My HealtheVet* to include information regarding available Southern Maryland resources.

7. Implement a strategic and intensive community awareness, education, and outreach program.
    a. Partner throughout the delivery system to standardize the message and protocols between DoD, VA, and the local civilian network.
    b. Utilize mobile vans and other community outreach programs already in place for veteran outreach

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

Tri-County Council Veterans' Advisory Committee
Veterans Integrated Service Network (VISN-5)
VA Medical Center, Washington, D.C.
Regional Healthcare Stakeholders

Veterans' Healthcare Planning in Southern Maryland
Short and Long Term Recommendations
March 12-13, 2009

March 12

1000 – 1200: Charlotte Hall site visits (meet in CHVH D-Wing Complex)
-- Charlotte Hall Veterans Home: tour and discussion
-- VA Community Based Outpatient Clinic (CBOC)
Address: 29449 Charlotte Hall Road, Charlotte Hall MD 20622
Phone: 301-884-8171, ext 1468

1200 – 1240: Travel to St. Mary's Hospital (Leonardtown)
Address: 25500 Point Lookout Road, Leonardtown MD 20650
Phone: 301-475-6001

1245 – 1330: Lunch (host: St. Mary's Hospital // location: Boardroom)

1330 – 1530: Southern Maryland Hospital Directors and Healthcare Stakeholders

St. Mary's Hospital: Welcome and Regional Healthcare Overview
VISN-5: Veterans Healthcare Initiatives FY2009 and the Experience of Southern Maryland Enrolled Veterans
Roundtable Discussion

1530 – 1630: Overnight guests travel to Brome-Howard Inn (St. Mary's City)
Address: 18281 Rosecroft Road, St. Mary's City 20686
Phone: 301-866-0656

1630 - 1730: Check-in and personal time

1730 - 2000: Social Hour and Dinner at St. Mary's College May Russell Lodge (Alumni Lodge)
(Campus map available)

Tri-County Council Veterans' Advisory Committee
Veterans Integrated Service Network (VISN-5)
VA Medical Center, Washington, D.C.
Regional Healthcare Stakeholders

Veterans' Healthcare Planning in Southern Maryland
Short and Long Term Recommendations
March 12-13, 2009

March 13

0730 – 0900: Breakfast for overnight guests at Brome Howard Inn, check out

0900 – 0945: Travel to Naval Air Station (NAS), Patuxent River
Note: meet at Frank Knox Training Center, Bldg 2189 adjacent to Gate 2
Address: 21866 Cedar Point Road, Lexington Park 20653
NAS will transport group onto the installation

1000 – 1130: NAS Medical Treatment Facility (MTF) site visit
Windshield tour as time permits

1200 – 1300: Lunch with Law Enforcement and Mental Health Stakeholders
St. Mary's, Calvert, and Charles Counties
(Frank Knox Training Center)

1300 – 1500: VISN 5 and TCC Veterans Advisory Committee presentations and
Roundtable Discussion and Wrap-Up

Draft Agenda 3-13-2009 St. Mary's Hospital Session

Draft Agenda

1245: Welcome to St. Mary's Hospital - Christine Wray, President/CEO
(Lunch)

1315: Welcome and Participants Introductions- Commissioner Thomas Mattingly

1330: Regional Hospital and Health Care Overview –

- Dr. Christine Wray, St. Mary's County Hospital
- Jim Xinis, Calvert Memorial Hospital (speaking)
    1. John Mitchell, Director of Substance Abuse
    2. Bob McWhirt, VP, Patient Care Services
    3. GiGi Kuberski, Administrative Director, Behavioral Health Services
- Mr. Gary Herbek, Chief Operating Officer, Civista Hospital, Charles County
- Dr. Mary Veelin, Tri Care Representative, Patuxent Navy Base
- Dr. C Devadason, Charles County Health Director
- Dr. David Rogers, Calvert County Health Director
- ……., St. Mary's County Health Director
- Service Providers Expansion and Southern MD CBOC Expansion Recommendations – Connie Walker

1430 VISN-5: Veterans Healthcare Initiatives FY 2009

- Dr. Alan Berkowitz Presentation
- Dialog/Roundtable Discussion

1530 Adjourn

Veterans' Healthcare Planning in Southern Maryland:
Short and Long Term Recommendations

Schedule for 3-13-2009
Location: Frank Knox Training Center

0945 Meet in Frank Knox Training Center parking lot for transport onto NAS Pax

1000-1145 Briefing and tour – Naval Air Station Medical and Dental Clinic (CAPT Macyko)
Windshield tour of NAS Pax River
Return to Frank Knox Training Center

Welcome (Commissioner Graves and Tri County Council VAC)

Lunch with Commissioners, regional Law Enforcement Directors,
Mental Health Core Service Agency Directors, and Veterans

1300 - 1345 **Law Enforcement Perspective**: VA and Community Services for Incarcerated Vets
Sheriff Coffey (Charles County), Sheriff Cameron (SMC), Sheriff Evans (Calvert)

Mental Health Core Services Agency Perspective: Public Mental Health Services
for Combat Veterans and Families // needs
Bennett Connelly (SMC), Mike Luginbill (Charles), Doug Weems (Calvert)

1345-1400 **OIF and OEF Veterans in Southern Maryland** (Connie Walker, Arianna Hammond)

1400-1415 **"Veterans Healthcare Initiatives FY09 - the Experience of SoMD Enrolled Vets"**
Recap of VISN-5 presentation to regional health care stakeholders on March 12
Andy Wolkstein, OIF/OEF Coordinator for VISN-5

1415–1500 Roundtable Discussion with Veterans (Mr. and Mrs. Donald Dale, and others)

1500 Adjourn

Veterans Integrated Service Network (VISN-5) of USVA Medical Center, Washington, D.C. Meeting of March 12/13 with TCC Veterans' Advisory Committee's Stakeholders Summary Draft Findings and Recommendations

I. MD VA Charlotte Hall Veteran Home and USVA Charlotte Hall CBOC Meeting and Tour

A. The **Charlotte Hall Veteran Home** (CHVH) is operated by MDVA as the only in residence home for Veterans from around the state. The buildings are well maintained and operated on the 126 acre, state owned campus. Age of residents ranges from 38 to 102. The facility can accommodate 425, has now 386 residents of which 26 are woman, with more woman applications expected but with design limitations of shared bathrooms between joint rooms posing a challenge. The five permanent state staff provides management for a private contractor who staff and provide operational support for the patients and facilities. Cost for operations is split 66% USVA and 34% MDVA. MDVA, like other state programs, is facing cost containment measures due to the structural deficit. Charlotte Hall has the first operational computerized health record tracking systems in the country. VISN-5 thought this system could serve as modal for the adjacent Charlotte Hall CBOC. CHVH has a wonderful volunteer oral history recording project with the tapes sent to both the Library of Congress and the Southern Maryland Room of the Library of the College of Southern Maryland.

Medium Term Recommendation: CHVH and CBOC both lack dialysis unit to treat resident and out-patient needs. The three days a week requirement to take people to the dialysis unit in the Washington D.C. VA Center makes cost of transportation prohibitive and local hospitals dialysis unit slots are filled. An expanded Charlotte Hall CB0C should include a dialysis unit for use by CHVH patients and CBOC put-patients.

Long Term Recommendation: Retaining qualified professional staff for both the CHVH and CBOC requires a day care facility for the families of staff of both facilities. Funds for such a facility have not been planned for the MDVA capital budget nor private providers.

B. The **Charlotte Hall Community Based Outpatient Clinic** is operated by the USVA out of the VISN-5 Washington, D.C based district. This CBOC came about in response to Southern Maryland veterans concerns in 1997 about access to community based services and long drive times to Baltimore or Washington for Veteran Services. The MDVA leased, for a dollar a year, the second floor of an underutilized, 50 year old building. The building has no back up power. Senator Barbara Mikulski secured expanded funding for the operation which has seen an ever expanding demand for service and customers since its establishment in June of 1998. The MDVA and USVA operated under the terms of a five year lease.

- In 2009 USVA brought on a full time Veteran's case manager to assists in the registration of Veterans as the region has only 8 percent of the veterans registered.

This continues to be a major challenge to increase registration of the veterans. Service members asking for registration assistant has grown to 20 a day as news of the service has spread through community outreach and engagement.

Short Term Recommendation: Expanding case managers for registration eligibility and for individual veterans entering the system, combined with universal electronic health record keeping and sharing, is needed to assist our regional service providers to meet our veterans' needs (See Civilian Hospital Network Proposal for details).
Medium Term Recommendations: Along with expanded CBOC services and facilities, provide increased marketing, education outreach, and registration drives, among other proven methods, to reach a greater percentage of the 92% unregistered veterans population of Southern Maryland.

- The CBOC limited staffing, space limitations, part time availability of those specialists assigned to the facility, regional private sector shortages of mental health providers and other private specialist in the community, and yearly increases in demand has resulted in the need for expanded facilities and services. In 2008, over 6,000 patients were seen for primary care alone. Long term or regular mental health services are not available at the CBOC. Scheduling for an appointment for mental health services can be from 30 to 45 days. Expanded full time mental health and other primary services at the CBOC is a critical need.

  Short Term Recommendation: VISN-5 asked for MDVA to make all spaces on second floor available for use (two rooms on east end not available). Follow up has already determined rooms are available per second term lease.
  Mid Term Recommendation: VISN-5 has submitted a million dollar operating request for use of ARRA funding to greatly expand to full time status staffing and operational services of the Charlotte Hall CBOC. If awarded by USVA, the current space will not be sufficient and VISN-5 asked support of local leaders in identification of expanded lease space in proximity to Charlotte Hall (See VISN-5 Proposal for detail). A letter of support was requested by VISN-5 and was approved by and sent by the Executive Board of Tri-County Council. If awarded, the grant funds would be for only a period of two years.
  Long Term Recommendation: VISN-5 work with MDVA to secure a long term lease of land consistent with Charlotte Hall Veterans Home for construction of a state of the art CBOC within the next ten years to accommodate increased veteran population and returning war veterans to Southern Maryland.

- Travel time for referrals to the Washington DC VA Center varies from one to two hours depending on what part of Southern Maryland the veteran calls home. Charlotte Hall Veteran Home has a van traveling daily but current staff and other operating limitations prevent CBOC members from taking advantage of this.

Short Term Recommendation: VISN-5 representatives asked MDVA representatives to work with them and TCC to resolve the issue of ride share for the vans transporting patients from either facility for specialized care in the service. New vehicles and staffing from USVA may be required to accommodate needs of both facilities. Medium term recommendations noted above would provide the RN and other USVA staff needed to go along on joint trips with MDVA.

Medium Term Recommendations: Devise innovative solutions for internal Southern Maryland transport to Naval Air Station Patuxent River, three regional hospitals and other health and workforce providers for those not able to drive a car for such services.

C. The planned Expanded **CBOC at Andrew Air Force Base and Expanded CBOC at Fort Meade** are moving forward with leasing and planning to become fully operational in 2010. This will marginally reduce drive times to the VA DC and VA Baltimore Centers but not sufficiently to address critical needs for expanded CBOC services at Charlotte Hall vicinity in Southern Maryland or transit and travel time challenges. The Andrew Air Force Base Super CBOC is planned for leased space on Allentown Road outside of the Base. The new clinic is only seven miles from the Veterans Center in Washington D.C. The urban focus and proximity of both new expanded centers is contrary to the rural needs of the region.

Short and Medium Term Recommendations: USVA District -5 region needs to work closely and cooperatively with MDVA and other Southern Maryland partners to develop a demonstration project leading to meeting the long term goal of an integrated services program (See Civilian Hospital Network Proposal). USVA should take a leadership role in promoting and facilitating this demonstration effort. USVA VISN-District 5 covers four states, involves a variety of CB0C's and VA Centers, does not include Health Clinics controlled for active duty and veterans at DOD bases such as Naval Air Station Patuxent River, and requires coordination between federal programs at Department of Labor, Department of Defense, Department of Veteran Affairs, state and county programs and private providers. The February 21 TCC Veterans Listening Session in Southern Maryland (attached report) found varied levels of service, access to information and support groups between the different services branches, active, reserve, National Guard and retired veterans in the region. (See the Naval Health Clinic Patuxent River Power Point Presentation for an excellent example of meeting the needs for those eligible for that service)

Long Term Recommendations: The close proximity and long-standing partnerships between NAS Patuxent River, the local hospitals and treatment centers, Charlotte Hall Veterans Home, Department of Health and Mental Hygiene Mental Health Core Service Agencies, Maryland Department of Labor, Licensing and Regulations Veterans Workforce, and law enforcement create a prime opportunity for making permanent the demonstration project between local and state governments, non-profit hospitals, DOD and state and federal VA

programs. The mission of all should be to sustain the existing and to be built bridges between current healthcare capability and future health care requirements provided by integrated delivery systems. (See seven recommendations in the Civilian Hospital Network Proposal for recommended actions for demonstration project goals). Goal of national objectives, to breakdown barriers to communication and cooperation within federal programs should be extended to accomplish the same for the good of our service members with all partners in Southern Maryland.

II. USVA District 5 and Southern Maryland Hospital Leadership Meeting at St. Mary's Hospital

A**. Introduction**: USVA five representatives gave some National and Regional factors they face in addressing the needs of Southern Maryland (See USVA Dr. Berkowitz Power Point Presentation for detailed overview). VISN District 5 USVA is responsible for a large geographic region with federal guidelines requiring 30 mile radius access in rural areas. On a national stage, Southern Maryland is considered urban, compared with long drive times in states like Kansas with much longer drive times for basic services to a CBOC or VA Center. Funding for the over 24 U.S. VISN districts is allocated based, in part, on the number of registered veterans. USVA acknowledged that a much better effort is required in Southern Maryland to register more veterans, a need seconded by the health service providers and hospital leadership in Southern Maryland. A standard catch-22 reality exist, lost registration numbers in our region comes from inadequate registration efforts, which makes challenging justification for increased funding for US and MDVA services. USVA acknowledged that greater registration is required and that distance to travel to DC VA Center is a challenge that needs to be addressed with expanded services in Southern Maryland.

B. **Southern Maryland private hospital leadership** and county health program leaders discussed level of service availability and challenges for the region health care providers (See Civilian Hospital Network Proposal approved by all three Hospital leaders after event for synthesis of their recommendations. Earlier in the year, TCC Veterans' Advisory Committee staff met with the three hospitals and health care provider leadership (see attached hospital visit findings for details).

- Immediate and Long Term Trends (See St. Mary's Hospital Power Point and Civilian Hospital Network Proposals for details). Southern Maryland remains the second fastest growing population in Maryland, a trend that will continue through 2030. Of a current population of 330,000 a projected 39,000 veterans live in Southern Maryland. The region has a high percentage of retired service members due to the Patuxent River and Indian Head bases and economic opportunities post-retirement from active service. A higher ratio of OIF/OEF veterans is anticipated with younger veterans and their families seeking services in the Southern Maryland region. The current physician shortage, the rapid aging of our population, and the 20% rural pay difference for doctors in rural areas all

contribute to a growing crisis in health care access. This finding is documented in the Maryland Physician Workforce Study (2008) sponsored by the Maryland Hospital Association and the MedChi, the Maryland State Medical Society. That study shows Southern Maryland currently experiencing workforce shortages in physician for 86 specialist categories out of 89 categories and this trend will continue through 2015. An expanded CBOC at Charlotte Hall alone, or use of existing private and county health care systems in Southern Maryland, is not sufficient. An integrated Health Care 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 is required. Build on current relationships, such as Calvert Memorial Hospital working with Charlotte Hall Veterans Home to provide medical care or St. Mary's Hospital working with Naval Air Station Patuxent River to provide services that their base clinic does not have to capacity to deliver. Detailed recommendations for such a delivery system are provided in the Power Point presentation and Civilian Hospital Network Proposal.

Medium Term Recommendations: Depending on private providers alone to provide critical local services to Veterans is not working due to shortage of specialist in the region. Shortage of specialist is due, in part, to reimbursement rate for TRICARE and other private providers. TRICARE reimburses at a rate of $33 per hour; Blue Choice at a rate of $44 per hour; while Medicare reimburses at a reasonable rate of $104 per hour. Many of the specialists working in the Southern Maryland Region also has office hours in the Metropolitan Region, so the data indicates more specialist in region even if they only have one day of practice out of five day work week. Congressional action is needed to change 20% lower rate for Southern Maryland for TRICARE and if that rate is lifted, may prevent rural USVA dollars to come to area to expand the CBOC. Limited availability in the region of mental health specialists for long term treatment continues to be a challenge due to specialist shortages. And because specialists are booked, they are reluctant to take new patients.

C. **VISN-District -5** is one of 24 VISN Districts in the U.S. (See Dr. Berkowitz presentations for details). VA has three major branches with VBA handling disability qualification-workforce and insurance matters and VHA handling health care treatment and services. Duplication of paperwork and inability to share paper files on an easy basis between the two VA programs is a constant complaint and issue requiring resolution. The 400,000 OEF/OIF veterans represent only 7% of all veterans. The reserve and National Guard access to services and record keeping in theater and record retention upon return are other challenges to the VA system. Congress passed legislation making all veterans eligible for coverage for five years after discharge regardless of length of service. Twenty years of service is required for coverage if service member was healthy at time of discharge. An expanded CB0C in Southern Maryland is needed but probably cannot be based at Naval Air Station Patuxent River due to similar concerns as Andrews Air Force Base. The Super CBOC on Allentown Road adjacent to Andrews will be in a leased 10,000 square foot space with dental, x-ray and other services available. VISN-5 says much easier to lease a space and retrofit for CBOC use than plan to build a new

facility. The VA states that 70% of enrollees of a CB0C have to be within 30 miles of a clinic. The active duty health clinic under DOD and the USVA CBOC at Charlotte Hall fall under the same rule.

Medium Term Recommendation: VISN-5 one million dollar proposal for expanded services at Charlotte Hall CBOC has made it through round one review for funding consideration. Round two project selection is anticipated by early May, 2009. If funded, this will provide for two years of expanded staffing and funding and allow more refinement and integration of the regional partnership network. Additional planning, coordination and cooperation are needed between all private, county, state and federal service providers in the Southern Maryland region.

- Homelessness of Veterans (mostly Vietnam War), continues in all three counties, with clusters present in wooded areas behind or near major shopping centers. There are 19 known homeless veterans in Charles County, for example.
- Enrollment of Veterans in the system is critical to success. VISN-5 needs to take a greater leadership role in this effort. USVA and MDVA should work cooperatively in providing training opportunities for service providers, educators, police and others involved with veterans and their families.
- Based on comments from providers and from the February 21 listening session. of all the service members, reservist are the most neglected in all aspects of return, reintegration, registration and support networks, followed by National Guard members. Active duty service members are the best served. This is a USDOR, USVA and MDVA challenge that needs to be addressed. Higher devoice rates, domestic violence, drug abuse and other challenges involve need for greater training and tracking and communication between all sectors of providers and institutions in the region.

III. Naval Air Station- Naval Health Clinic (NHC) Patuxent River

(See Captain Weiss presentation for maps, charts and details of the NHC)

A. The **Navel Health Clinic** provides services for active duty, reactivated reserve and reactivated National Guard within a 30 mile radius of the Base. The Bay and Potomac River limits severely services to members in Virginia and the Eastern Shore. Of 14,000 eligible for service, annually 9,000 service members seek service at the base. Veterans, reservists and National Guard not on active duty are not allowed access to the services of the NHC. The Bethesda Naval Hospital does take in severe cases and long term recovery patients. St. Mary's Hospital provides specialist care not available at the clinic. The biggest challenge remains finding adequate psychiatry services with 10-21 days average and up to 45 days for new patient wait time. The clinic is ranked among the top five in the nation. The clinic takes care of both active duty and family members but USVA does not include service to families of Veterans. While the base has a great support program for active duty, support programs for reservist and National Guard in the region is also needed. The clinic is a major resource for the region. The Navel Health

Clinic and the Charlotte Hall Veterans Home provides quality care in well maintained and operated facilities which instill comfort and pride for our service members. The Charlotte Hall CBOC, in the opinion of those local stakeholders on the tour, requires greatly enhanced resources to meet the same levels of standards as these two facilities.

Short Term Recommendation: Improved coordination, cooperation and strategic integration of services of Navel Health Clinic with expanded Charlotte Hall CBOC and working with other institutions and private providers to meet needs not addressed by geographic, funding and other factors impacting service availability and qualifications.

IV. Law Enforcement and Mental Health Stakeholder from Calvert, Charles and St. Mary's Counties.

A. Mental Health program in Calvert currently have 15 veterans in treatment but none from the current Middle East conflict. They have an excellent mental health program at the hospital but long term treatment continues to be referred to private practice, with the same limitations on availability noted elsewhere in this report. The drug treatment program also 15 in treatment as well, mostly from the Vietnam War. Since tracking began, three veterans have been treated in the emergency room for mental health issues and referred to private practice for treatment. Of these 14 are referred due to arrest, and one has entered voluntarily. Calvert hired a specialist to come to the county one day a week who is trained in PSTD but has not had any patients. Stigma associated with this for active duty, reserve and National Guard continues to be a challenge, as is self admitted for other mental health issues. St. Mary's hospital tracked 90 veterans for services in 2007, but did not track in 2008. All three hospitals need USVA District-5 help in securing credentials to offer service to Veterans. They all suffer from the low rate established by Tri-Care for the reimbursement cost from Tri-Care.

Short Term Recommendation: To expand clinical access, registration opportunities and other VA program goals, either supplemental support for existing traveling health vehicles or a USVA health/registration/family counsel vehicle is suggested for the Southern Maryland region. VISN-5 used to have such vehicles and programs but not currently. Once such a service is established, a number of venues from 500 to 30,000 visitors in Southern Maryland can be provided to the operators. School system visits was also suggested.

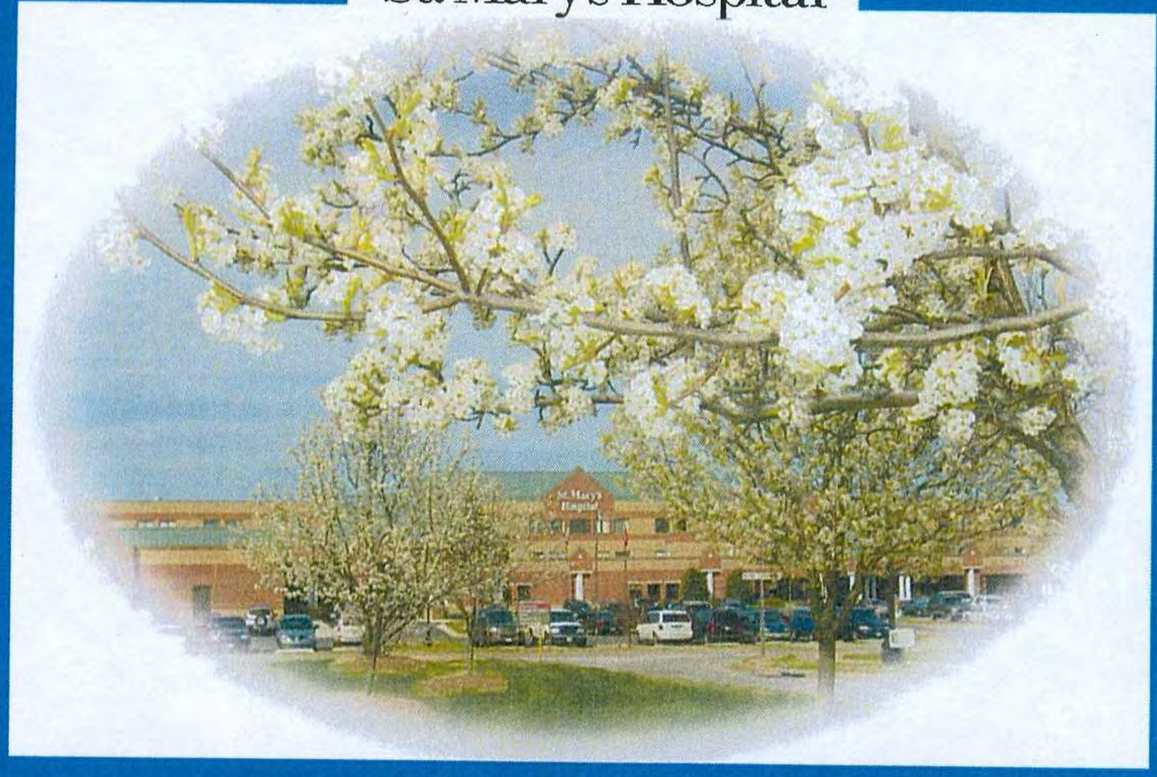
B. **Criminal Justice system** challenges for the three counties agree on the need for continued training for police professionals in working with veterans and to having access to emergency response professionals in time of crisis intervention situations. Currently, Calvert County has 15 veterans in jail of the 220 people housed in prison. Just last month a Veteran homeless person was arrested and taken to the mental health care unit of Calvert Memorial for threatened other homeless people with a knife. The three sheriff offices do not track the fate of an individual once they are no longer in their control. They felt such tacking and case work was more properly the role of US and MD VA programs in the region. In Charles County, a recent incident included an OIF veteran

set his mother's house on fire and committed suicide. Of the 450 inmates currently, 8 are military service members. Charles County has developed a program to identify and assist veterans which is a modal for adoption for the other two counties of Southern Maryland. The St. Mary's County Detention Center currently has 15 veterans of which 6 are OIF. St. Mary's has started a tacking program to identify who are service members. This became particular evident after the Dean case during which a reservist called back to active duty was killed by police after a prolonged stand-off.

Short Term Solution: USVA VISN-5 agreed to work with all three sheriff offices to provide contact and assistance information for future hostage/siege or other crisis situations involving service members. Better training is needed for health, mental health and police officers to identify escalating behavior and provide timely intervention and treatment to avoid repetition of similar instances. Recommend that USVA and MDVA provide the training and work with College of Southern Md. to allow continuing education credits. Such treatments in the community are preferred because the distance from lower Southern Maryland to DC is such that people are not seeking treatment when needed. Timely delivery of locally available services can stop progressive issues and safe lives of veterans.

This end summary of March 12/13 discussions and tours.

St. Mary's Hospital



Welcome

March 12, 2009

Agenda

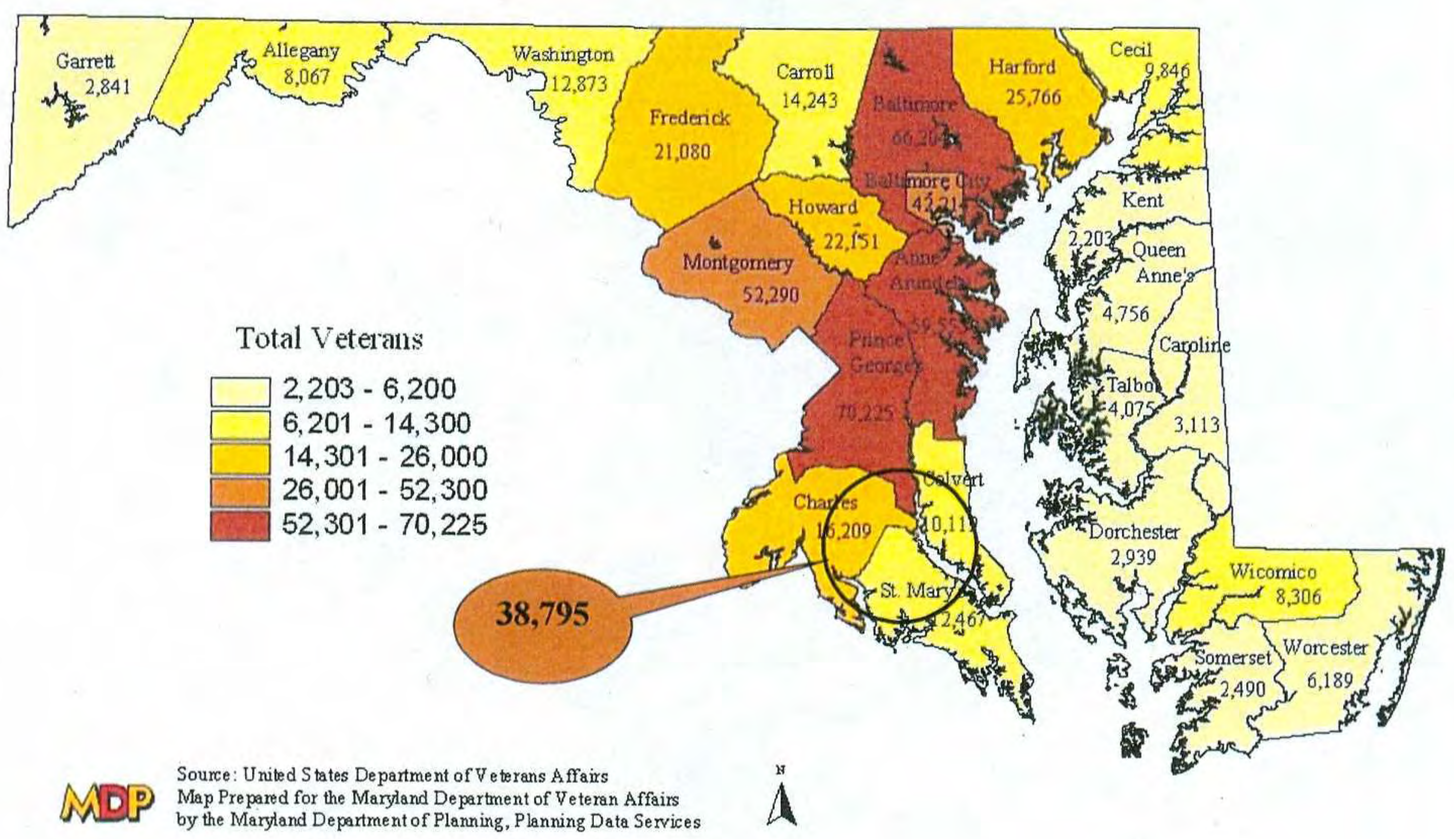
- SMH: *Regional Healthcare Overview*
- VISN-5: *Veterans Healthcare Initiatives FY 2009 and the Experience of Southern Maryland Enrolled Veterans*
- Roundtable Discussion

SMH Agenda

- Maryland Veteran Population Projections
- Physician Shortage Projections
  - *Maryland Physician Workforce Study* by Dr. Robert A. Barish, Vice Dean, Clinical Affairs, Univ. of MD School of Medicine
- Southern Maryland Partnership Opportunities
- Discussion

Projected Number of Veterans in Maryland - 2008

Projected Veterans in Maryland: 480,218



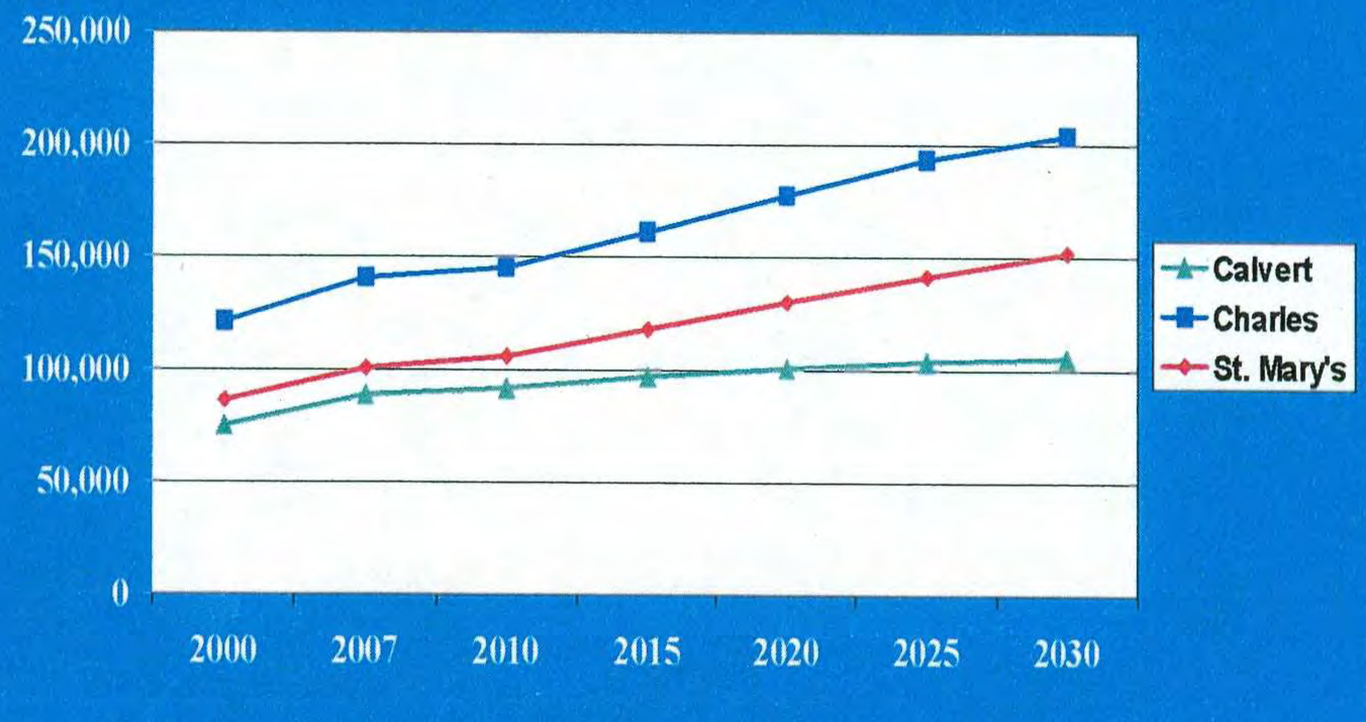
Veterans Enrolled in VISN 5 and VISN 5 Facilities

	Total Number of Veterans 2008	Female Enrollees in VISN 5	Male Enrollees in VISN 5	Unknown Gender Enrollees in VISN 5	Total Enrollees in VISN 5	Female Users of VISN 5 Facilities	Male Users of VISN 5 Facilities	Unknown Gender Users of VISN 5 Facilities	Total Users By County of VISN 5 Facilities	Percentage of Veterans Enrolled in VISN 5	Percentage of VISN 5 Enrollees Using VISN 5 Facilities	Percentage of Female VISN 5 Enrollees Using VISN 5 Facilities	Percentage of Male VISN 5 Enrollees Using VISN 5 Facilities	Percentage of All Veterans Using VISN 5 Facilities
Allegheny County	8,067	128	3,148	10	1,286	66	2,062	6	2,134	40.73%	64.94%	51.56%	65.50%	26.45%
Anne Arundel County	59,553	1,433	10,155	57	11,663	385	9,503	34	9,924	19.59%	43.07%	39.38%	44.36%	8.44%
Baltimore County	66,208	1,139	16,959	78	18,176	515	9,485	47	10,047	27.45%	54.89%	65.36%	53.46%	15.17%
Calvert County	10,119	141	1,928	5	3,466	45	491	5	541	14.49%	36.98%	31.91%	37.20%	5.35%
Caroline County	3,113	42	754	6	802	13	394	4	411	25.76%	51.25%	30.95%	52.25%	13.20%
Carroll County	14,243	127	2,001	14	2,252	47	943	11	1,001	15.67%	44.45%	37.01%	45.10%	7.03%
Cecil County	9,846	107	2,067	10	2,148	80	1,400	12	1,500	21.82%	69.83%	74.77%	69.77%	15.23%
Charles County	16,209	545	2,910	15	3,470	168	1,064	14	1,246	21.41%	35.91%	30.81%	36.56%	7.69%
Dorchester County	2,939	51	1,186	4	1,241	25	761	6	792	42.23%	63.82%	49.02%	64.17%	26.95%
Frederick County	21,080	352	3,410	13	3,775	108	1,580	16	1,704	17.91%	45.14%	30.68%	46.33%	8.08%
Garrett County	2,841	27	936	2	965	9	445	1	455	33.97%	47.15%	33.33%	47.54%	16.02%
Harford County	25,766	494	5,842	31	6,367	212	3,054	26	3,292	24.71%	51.70%	42.94%	52.28%	12.78%
Howard County	22,151	420	2,917	21	3,378	132	1,213	13	1,358	15.25%	40.20%	31.43%	41.30%	6.13%
Kent County	2,283	23	532	4	559	9	242	4	255	25.37%	45.62%	39.13%	45.49%	11.58%
Montgomery County	52,290	1,052	8,545	63	9,660	318	3,293	30	3,641	18.05%	38.57%	30.23%	39.46%	6.96%
Prince George's County	79,225	2,581	17,357	74	20,182	962	8,160	62	9,184	28.71%	45.51%	37.71%	46.48%	13.08%
Queen Anne's County	4,256	60	760	7	807	14	368	2	384	16.92%	47.58%	35.00%	48.42%	8.02%
St. Mary's County	12,467	257	2,343	8	2,508	70	786	4	860	20.12%	34.29%	27.24%	35.04%	6.90%
Somerset County	2,480	20	658	2	680	9	375	1	385	27.38%	56.62%	45.00%	56.99%	15.40%
Talbot County	4,075	44	984	2	1,030	25	571	1	596	25.28%	57.86%	54.55%	58.03%	14.63%
Washington County	12,879	220	3,839	11	4,070	113	2,303	8	2,424	31.62%	59.56%	51.36%	59.99%	18.83%
Wicomico County	8,206	138	2,359	10	2,507	59	1,261	4	1,324	30.18%	52.81%	42.75%	53.45%	15.94%
Worcester County	6,189	56	1,460	5	1,541	27	765	4	796	24.90%	51.65%	48.21%	51.69%	12.86%
Baltimore City	42,214	1,143	17,819	68	19,030	599	10,690	48	11,337	45.08%	59.57%	52.41%	59.99%	26.86%
Maryland	480,219	10,680	111,157	503	122,345	4,129	56,220	362	60,711	25.48%	49.62%	38.69%	50.58%	12.64%

Source: Maryland Dept. of Veterans Affairs, US Dept. of Veterans Affairs

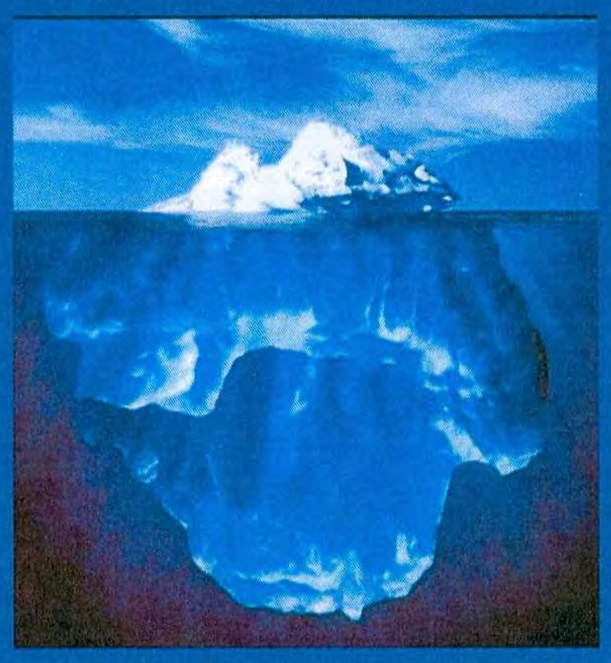
<8% SO MD Veterans Use VISN 5

Historical and Projected Total Population for Southern MD



Source: U.S. Census Bureau, 2007 Population Estimates, Census 2000. Projections for years 2010-2030 are from Maryland Department of Planning, Planning Data Services, December 2008.

The Future of Southern Maryland?



What we know about the impact of OIF/OEF is only the tip of the iceberg…

The Future of Southern Maryland?

- Continued regional growth r/t BRAC
  - High percentage of DoD contractors are veterans
  - IA's leaving active duty post-deployment choose to stay in region
- Anticipate higher ratio of OIF/OEF veterans
  - Nationally, 58% ≥ 29 years of age
  - 80% all fighting forces ≥ 39 years of age
    - Young families to the region
- Untreated PTSD and mild to moderate TBI among veterans returning to rural areas = self medication
  - Unemployment, disintegrated families, violence, homelessness, incarceration, and suicide

National Physician Shortage

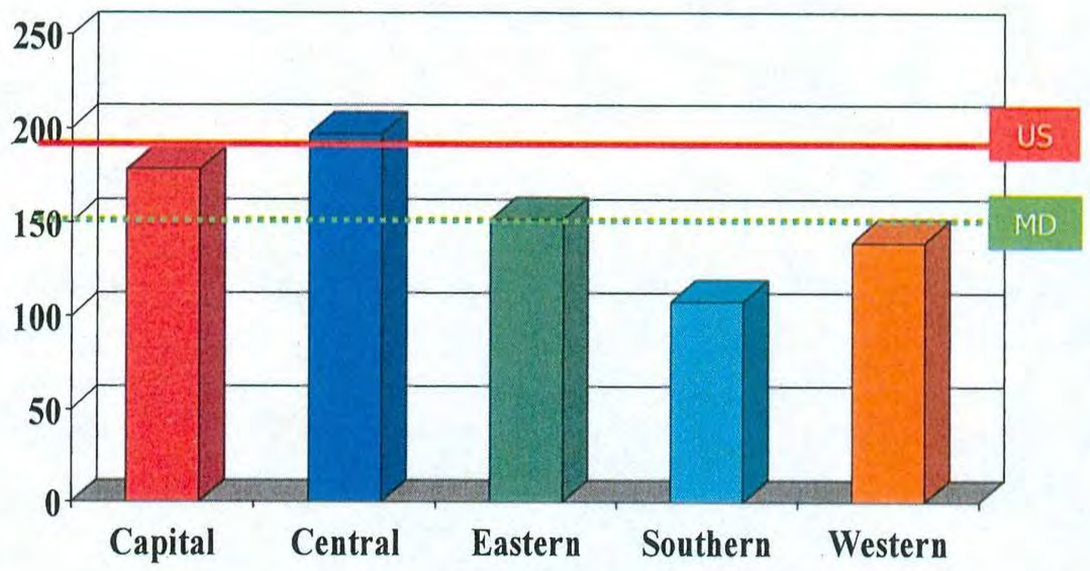
The United States will face a serious doctor shortage in the next few decades. Our nation's rapidly growing population, increasing numbers of elderly Americans, and aging physician workforce, and a rising demand for health care services all point to this conclusion.

Source: Association of American Medical Colleges

Maryland Health Care Commission Planning Regions

Maryland Health Care Commission, 2007

Total Clinical Physicians per 100,000 Residents by Region Compared to State and National Levels



Maryland Physician Workforce Study – Current Physician Shortages by Region 2007

		Capital	Central	Eastern	Southern	Western
Primary Care*:	Primary Care MDs					
Medical Specialty:	Allergy					
	Cardiology					
	Dermatology					
	Endocrinology					
	Gastroenterology					
	Hematology/Oncology					
	Infectious Disease					
	Nephrology					
	Neurology					
	Psychiatry					
	Pulmonary Medicine					
	Rheumatology					
Hospital-Based:	Anesthesiology**					
	Diagnostic Radiology					
	Emergency Medicine					
	Neonatology					
	Pathology					
	Physical Medicine					
	Radiation Oncology					
Surgical Specialty:	General					
	Neurosurgery					
	Obstetrics/Gynecology					
	Ophthalmology					
	Orthopedic					
	Otolaryngology					
	Plastic					
	Thoracic					
	Urology					
	Vascular					
	Total	**8**	**5**	**18**	**25**	**20**
	% of Shortages	27.6%	17.2%	62.1%	86.2%	69%

Legend
- Adequate Physician Supply
- Borderline Physician Supply
- Physician Shortage

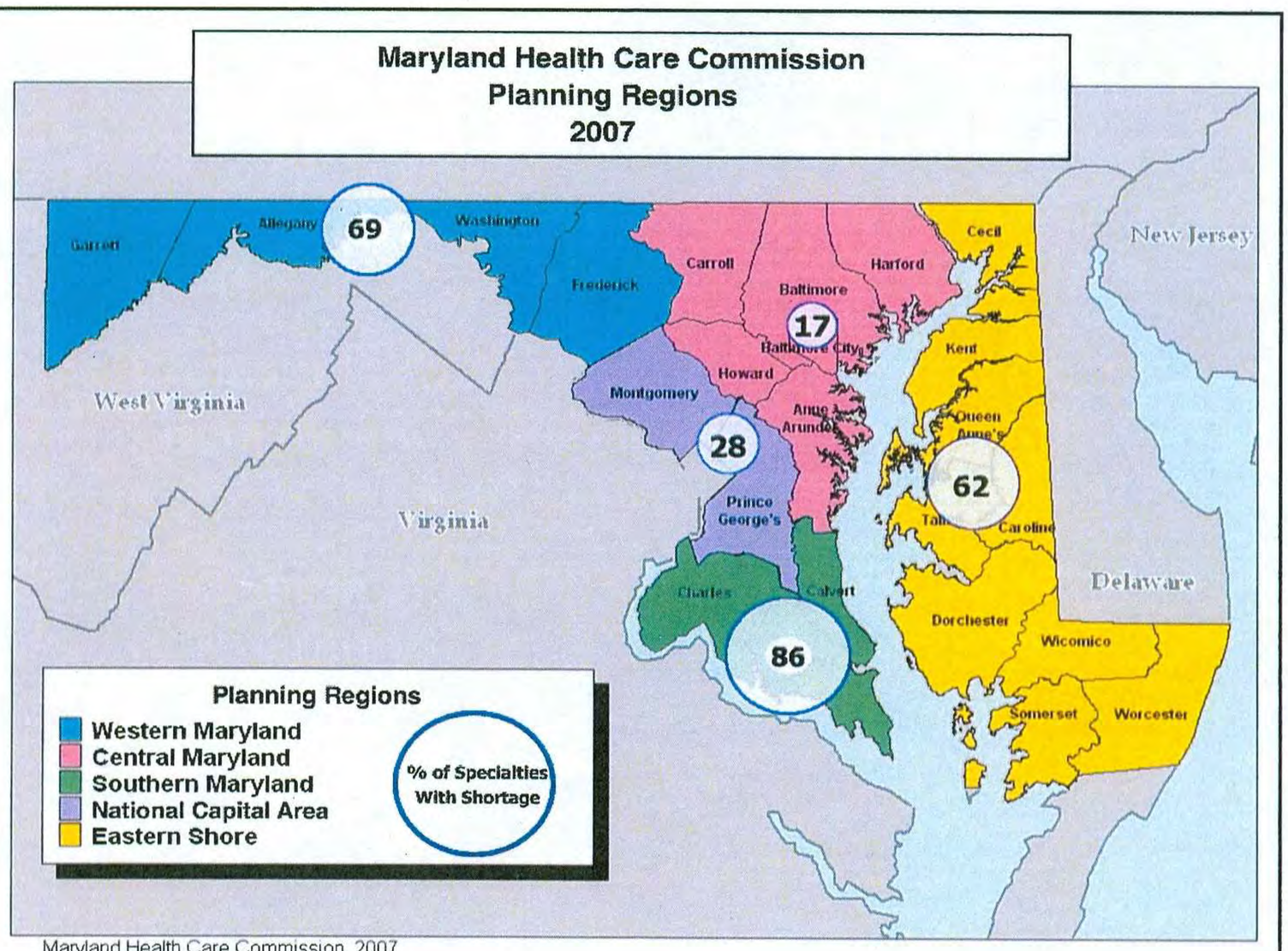
*Physician Only **Physician & Resident Model

Maryland Physician Workforce Study – Current Physician Shortages by Region 2015

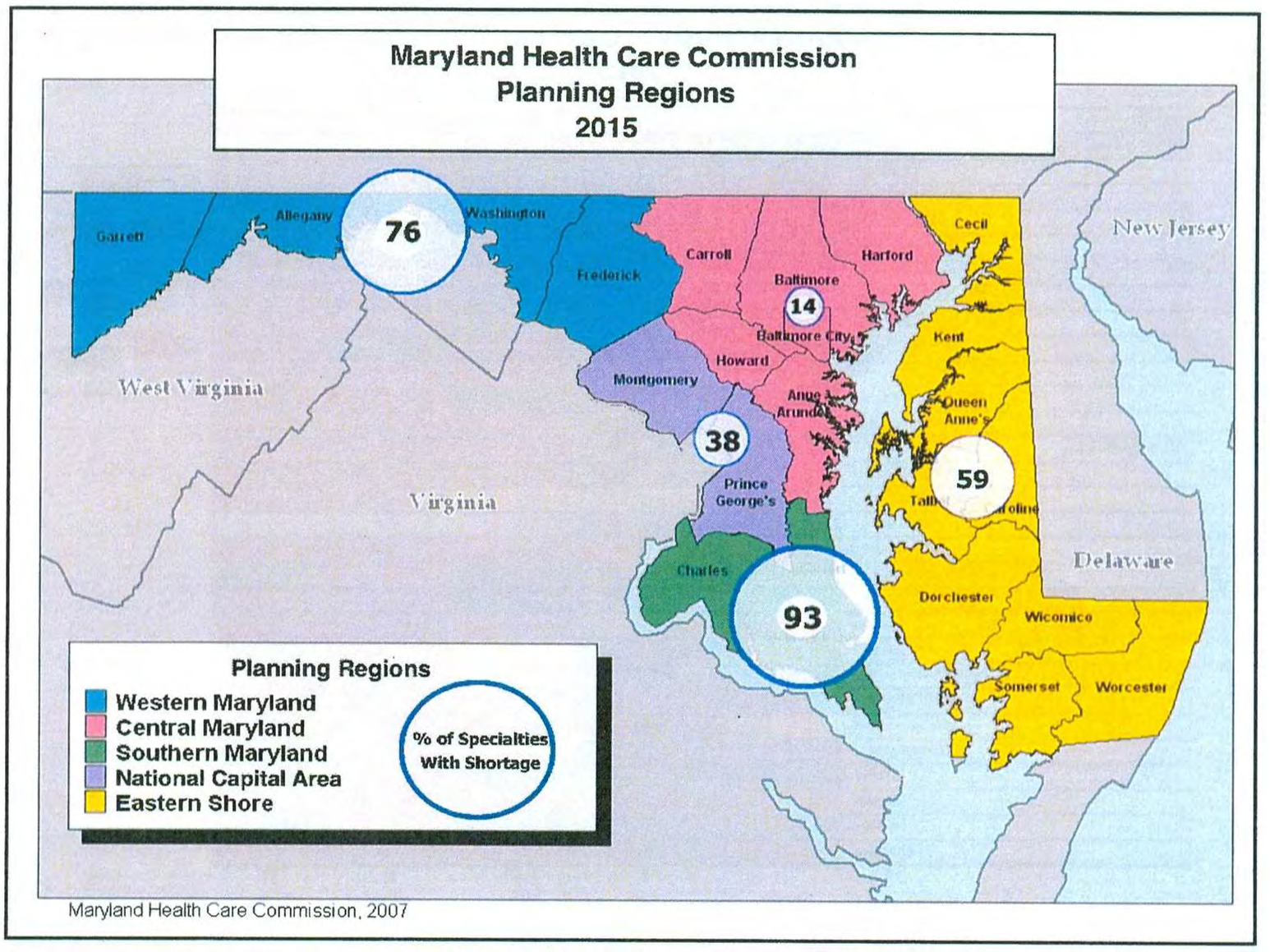
		Capital	Central	Eastern	Southern	Western
Primary Care*:	Primary Care MDs					
Medical Specialty:	Allergy					
	Cardiology					
	Dermatology					
	Endocrinology					
	Gastroenterology					
	Hematology/Oncology					
	Infectious Disease					
	Nephrology					
	Neurology					
	Psychiatry					
	Pulmonary Medicine					
	Rheumatology					
Hospital-Based:	Anesthesiology**					
	Diagnostic Radiology					
	Emergency Medicine					
	Neonatology					
	Pathology					
	Physical Medicine					
	Radiation Oncology					
Surgical Specialty:	General					
	Neurosurgery					
	Obstetrics/Gynecology					
	Ophthalmology					
	Orthopedic Surg					
	Otolaryngology					
	Plastic					
	Thoracic					
	Urology					
	Vascular					
	Total	**11**	**4**	**17**	**27**	**27**
	% of Shortages	37.9%	13.8%	58.6%	93.1%	75.9%

Legend
- Adequate Physician Supply
- Borderline Physician Supply
- Physician Shortage

*Physician Only **Physician & Resident Model



Maryland Health Care Commission, 2007



Maryland has a Growing Physician Crisis

- 16 percent fewer physicians (clinical full-time equivalent) per population than the U.S.
- Physician shortages are acute in most specialties in the state's three rural regions.

Major Conclusions

- Statewide shortages exist in Primary Care, Psychiatry, Hematology/Oncology, Anesthesiology, Emergency Medicine, Pathology, General Surgery, Thoracic Surgery, and Vascular Surgery. Maryland has only a borderline supply of needed Orthopedic Surgeons.

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Major Conclusions

- Critical shortages in primary care physicians and most medical specialties exist today and into 2015 in Southern Maryland, Eastern Shore, and Western Maryland.
- Surgical specialties; e.g., general surgery and thoracic surgery, experiencing critical shortages.

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So MD Partnership Opportunities

Integrated Delivery System to bridge gaps between DoD, Federal VA, State VA, Health and Human Services and civilian health care:

- Consider all rehab and recovery needs – not just PTSD and TBI
- Consider all categories of Service status and beneficiary type (AD, OIF/OEF Discharge, ADFM, NG, Other)
- Evaluate cost effectiveness of inpatient treatment for AD on civilian network with oversight by designated specialty providers and case managers for Medical Boards, etc.

Opportunities

- Rotate specialty providers between VISN-5, NNMC, WRAMC, CHVH, and civilian hospitals for continuity and to standardize care delivery
- Integrated Case Managers knowledgeable of each beneficiary category
- Electronic Medical Record access to facilitate handoff communication between sites
  -- DoD, Federal and State VA, civilian partners
- Access to electronic data bases for mutual information and support
  -- Post-Deployment Health Screening

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Opportunities

- Civilian provider education
  - Signs/symptoms of patient and family distress
  - Identification of opportunities for high risk screening
    - Emergency Department
    - Civilian provider network screening during office visits
- Community Awareness and Education
  - Partner with regional civilian outreach programs, NAS Pax River, CHVH
  - Market information to public

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Discussion

- Identification of other potential partnership opportunities
- Open Forum

VISN 5 Current and Planned CBOC Listing

11/1/07

Lease Name and Location	Hours of Operation	Current Services Provided or Planned for future CBOCs
VA Maryland Health Care System Future Planned CBOCs		
VA/Army Collocated CBOC at Kimbrough Ambulatory Care Center, Fort Meade	Construct 2009 Activation 2011	Primary Care Mental Health Anticoagulation Clinic Audiology/Speech Pathology Care Management Employee Health Nutrition Optometry Podiatry Social Work Services Telephone Care Women's Health
VAMC Martinsburg CBOC's		
Cumberland CBOC 200 Glen Street Cumberland, MD 21502 Phone: 301.724.0061	M - F 8:00 - 4:30	Primary Care Mental Health Telepsychiatry Teleretinal Camera Anti-Coagulation Clinical Pharmacy Nurse Health Maintenance Social Work Advance Directives Nutrition Well Women Phlebotomy and EKG services Optometry (fee basis)
Hagerstown CBOC 1101 Opal Ct Hagerstown, MD	M - F 8:00 - 4:30	Primary Care Mental Health Telepsychiatry Teleretinal Camera Anti-Coagulation Clinical Pharmacy Nurse Health Maintenance Social Work Advance Directives Nutrition Well Women Phlebotomy and EKG services Smoking Cessation Optometry (fee basis)
Stephens City CBOC 106 Hyde Court Stephens City, VA	M, T, W, F 8:00 - 4:30 Th 7:00 - 3:30	Primary Care Mental Health Telepsychiatry Teleretinal Camera Anti-Coagulation Clinical Pharmacy Nurse Health Maintenance Social Work Advance Directives Nutrition Well Women Lipids Clinic Phlebotomy and EKG services
Petersburg CBOC C/o Grant Memorial Hospital PO Box 1019 Petersburg, WV 26847 Phone: 304.257.5817	M - F 8:00 - 4:00	Primary Care Mental Health Phlebotomy and EKG services

VISN 5 Current and Planned CBOC Listing

11/1/07

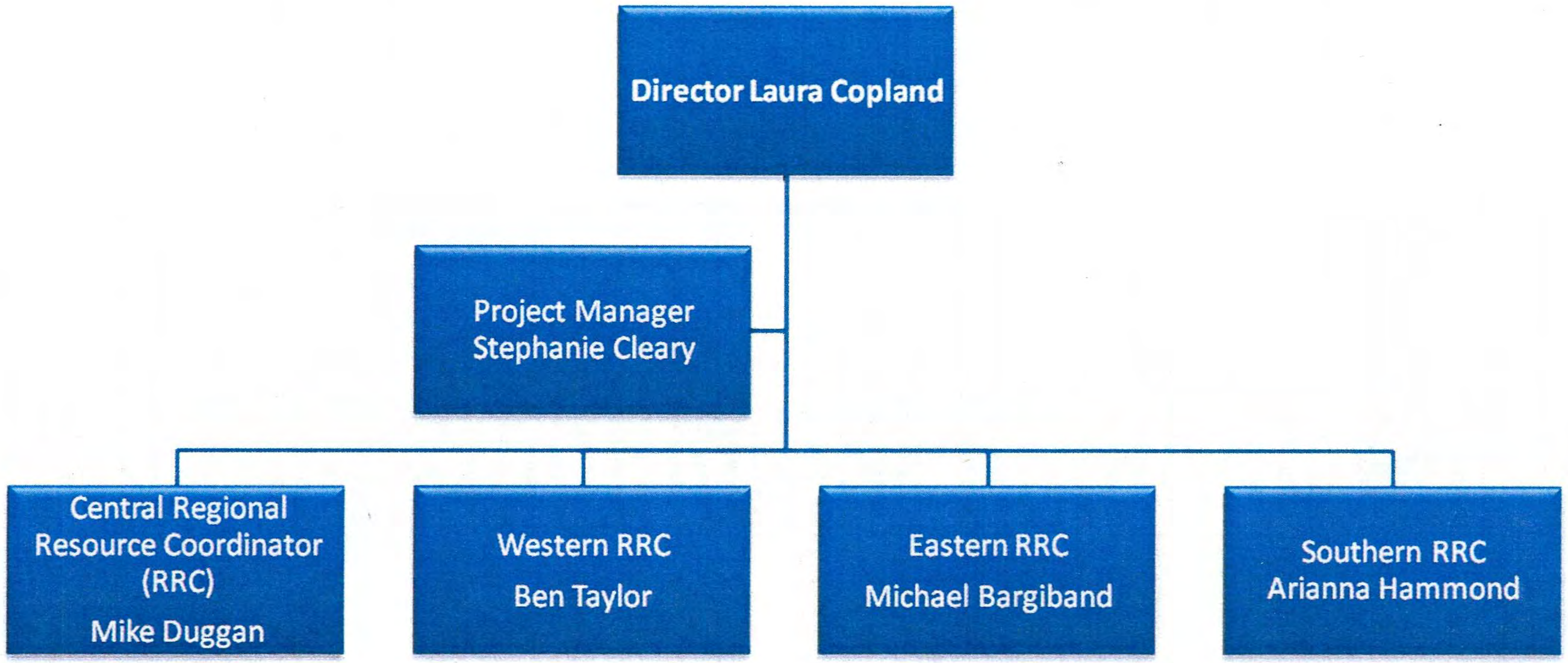
Lease Name and Location	Hours of Operation	Current Services Provided or Planned for future CBOCs
VA Maryland Health Care System CBOCs		
Cambridge CBOC 830 Chesapeake Drive Cambridge, MD 21613 Phone: 410-901-4000	M - F 8:00 - 4:30	Primary Care Mental Health Anticoagulation Clinic Audiology/Speech Pathology Care Management Employee Health Nutrition Optometry Occupational Therapy Podiatry Pulmonary Stop Smoking Social Work Services Telephone Care Urology Women's Health
Fort Howard CBOC 9600 North Point Road Fort Howard, MD 21052 Phone: 410-477-7046	M - F 8:00 - 4:30	Primary Care Mental Health Anticoagulation Clinic Arthritis/Gold Clinic Care Management Employee Health Environmental Medicine Nutrition Podiatry Pulmonary Social Work Services Telephone Care Women's Health
Glen Burnie CBOC 808 Landmark Drive, Suite 128 Glen Burnie, MD 21061 Phone: 410-590-4140	M - F 8:00 - 4:30	Primary Care Mental Health Anticoagulation Clinic Audiology/Speech Pathology Care Management Employee Health Nutrition Optometry Podiatry Social Work Services Telephone Care Women's Health
Loch Raven CBOC 3901 The Alameda Baltimore, MD 21218 Phone: 410-605-7650	M - F 8:00 - 4:30	Primary Care Mental Health Anticoagulation Clinic Audiology/Speech Pathology Care Management Employee Health Nutrition Optometry Stop Smoking Social Work Services Telephone Care Women's Health
Pocomoke CBOC ext Cambridge 101B Market St. Pocomoke City, MD 21851 Phone: 1-800-949-1003 x 5016	M - F 8:00 - 4:30	Primary Care Social Work Services Telephone Care

VISN 5 Current and Planned CBOC Listing

11/1/07

Lease Name and Location	Hours of Operation	Current Services Provided or Planned for future CBOCs
Franklin CBOC C/o Pendleton Community Care 314 Pine Street Franklin, WV 26847 Phone: 304-358-2355	T, W, F 8:30 - 4:30 M, Th 8:30 - 9:00	Primary Care Mental Health Phlebotomy and EKG services
Harrisonburg CBOC 847 Cantrell Ave., Suite 100 Harrisonburg, VA 22801 Phone: 540-442-1773	M - F 8:00 - 4:30	Primary Care Mental Health Well Women Nurse Health Maintenance Phlebotomy and EKG services
VAMC Martinsburg Future Planned CBOC's		
VA/Army Collocated CBOC at Barquist Ambulatory Care Center, Fort Detrick	Construct 2009 Activation 2011	Primary Care Mental Health Telepsychiatry Teleretinal Camera Anti-Coagulation Clinical Pharmacy Nurse Health Maintenance Social Work Advance Directives Nutrition Well Women Phlebotomy and EKG services Optometry (fee basis)
VAMC Washington, DC CBOCs		
Charlotte Hall CBOC 29431 Charlotte Hall Road Charlotte Hall, MD 20622 Phone: 301-884-7102 ext, 5000	M - F 8:00 - 4:30	Primary Care Mental Health (inc. subst. abuse counseling) Nutrition Audiology Telederm Teleretinal
Alexandria CBOC 6940 South Kings Hwy, Suite 208 Alexandria, VA 22310 Phone: 703-360-1442	M - F 7:30 - 4:00	Primary Care Mental Health (incl. subst. abuse counseling) Women's Health Audiology in Jan. 2008
SE Washington CBOC/Vet Center 820 Chesapeake Street, SE Washington, DC 20032 Phone: 202.345.2463	M - F 8:00 - 4:30	Primary Care Mental Health (incl. subst. abuse counseling) Nutrition Women's Health
Greenbelt CBOC 7525 Greenway Ctr. Dr. Greenbelt, MD 20770 Phone: 301-345-2463	M - F 8:00 - 4:30	Primary Care Mental Health (incl. subst. abuse counseling) Nutrition Women's Health Telederm
VAMC Washington, DC Planned CBOCs		
VA/Army Collocated CBOC at DeWitt Community Replacement Hospital, Fort Belvoir	Construct 2009 Activation 2011	Primary Care Mental Health Women's Health and other speciialties as patient demand indicates
Andrews CBOC	Lease Activation 2009	Primary Care Mental Health Women's Health and other speciialties as patient demand indicates

Maryland's Commitment to Veterans
Department of Health and Mental Hygiene Administration



Southern RRC serves Anne Arundel, Calvert, Charles and St. Mary's County

Case Samples of Needs in Tri-County Region

Case A: VA enrollment for health care, Charlotte Hall CBOC

Enrollment Assistance Problem: long wait

Scheduling Initial Appt Barrier- long wait for call back requiring assistance from MCV RRC for follow-up

Recommended Solution: Hire an additional office administrator for enrollment assistance and for processing 1010EZ for timely contact with veterans

Case B: VA enrollment for health care, Charlotte Hall CBOC

Enrollment Problem- several years was under impression he was already enrolled. Difficulties getting through to Charlotte Hall CBOC

Connecting Barrier- Difficulties connecting via phone with a live person from Charlotte Hall CBOC. Direct line unknown. Always transferred to an automated D.C. VA line/Charlotte Hall voicemail.

Recommended Solution: Publicize direct line to receptionist on VA website & at Charlotte Hall CBOC

Case C: Transportation to DC VAMC

Cancellation of Three Medical Appointments at DC VAMC- transportation barriers

Difficulty making contact for transportation services- not aware of who to call for assistance

Recommended Solution: Also publicize how to schedule transportation on VA website & at Charlotte hall CBOC

Case Samples of Needs in Tri-County Region

Case D:

Homelessness Transportation

Medical and Mental Health Examination Scheduled at D.C. VAMC same day assisted by RRC

Transportation Barrier- must schedule 48 hours in advance

Recommended Solution: Make transportation service more accessible by reducing notification to 24 hours or less

Case E:

Enrollment Mental Health

Unable to Receive Enrollment Assistance- visited Charlotte Hall CBOC on enrollment day but the one office administrator was out sick

Assistance Barrier

Recommended Solution: Assign more days during the week for enrollment assistance as opposed to only assigning Thursdays from 1pm-3pm

Case F:

Mental Health

In the past had received psychiatric service from Charlotte Hall CBOC, but was not informed Counseling Services are offered

Communication barrier

Recommended Solution: Publicize on VA website the services that are provided at Charlotte Hall CBOC and the time schedule to raise awareness

Caring for Our War Veterans and Their Families

Posttraumatic Stress Disorder (PTSD) affects approximately 5.2 million adults during a given year, according to the National Center for PTSD. Although PTSD can result from a variety of traumatic incidents, such as violent crimes, child abuse, car accidents, train wrecks, plane crashes, bombings or natural disasters, according to the National Institute of Mental Health, it is frequently associated with war veterans. In fact, experts estimate that PTSD occurs in approximately 12% to 20% of veterans of the Iraq war (Operation Iraqi Freedom), or in 12 to 20 veterans out of 100, according to the National Center for PTSD, with soldiers returning from multiple tours having increasingly higher incidence and severity of the illness.

"One challenge with diagnosing PTSD is that its causes can be cumulative. That is, multiple exposures to trauma can ultimately cause the disorder," said Connie Walker, president of the Southern Maryland affiliate of the National Alliance on Mental Illness and a retired U.S. Navy captain. "Another complication is that PTSD can have a delayed onset, sometimes decades later, as we have seen in Vietnam veterans. Police officers also often experience cumulative and delayed onset PTSD."

Connie said it is difficult to identify the number of men and women returning from combat because nearly 70 percent do not register with the U.S. Department of Veterans Affairs (VA) healthcare, a medical benefits package for veterans. Connie also said it can take veterans a lot of time to access care at Veterans Affairs Medical Centers in Washington, D.C. or Baltimore because of their distance from Southern Maryland. "The fact that a day is typically used up traveling to an appointment, being seen by the doctor, going to the pharmacy and returning home is a huge barrier to care," she said.

As of 2008, more than 51,000 veterans live in Calvert, Charles and St. Mary's counties, comprising 11% of Maryland's veteran population. In St. Mary's County, only 860 veterans use the Veterans Integrated Service Network – National Capitol Region facilities out of the county's more than 12,000 veterans, a usage rate of 7%. The VA Medical Center in Washington, D.C. is available to veterans in Southern Maryland, and it oversees outpatient care at the Charlotte Hall Community-based Outpatient Clinic.

Because of the importance of helping to care for these veterans locally, St. Mary's Hospital recently hosted a continuing medical education session for physicians, nurses, case managers and clinicians on the care of veterans returning from war with PTSD. Lt. Cmdr. Mary Neal Vieten led the session, entitled "Posttraumatic Stress Syndrome: Assisting our Veterans and their Families." Participants learned about the symptoms of the syndrome; analyzed the differential diagnosis, treatment and outcomes of the syndrome; and reviewed the resources for our Southern Maryland military.

"For those who would call PTSD a psychiatric injury, whatever we call it, PTSD is as real as physical injury," Connie said. "It can be as disabling and life-threatening as major physical trauma and it requires treatment, just as major physical injury – and somatic illnesses – require treatment."

Resources for Southern Maryland War Veterans

Maryland's Commitment to Veterans Southern Region
P.O. Box 2150
La Plata, MD 20646
1-877-770-4801

MISSION: PTSD
P.O. Box 600
California, MD 20619
240-237-7502

National Alliance on Mental Illness – Southern Maryland
P.O. Box 25
Lexington Park, MD 20653
301-737-1988
namisomd@verizon.net

Please note this is not a comprehensive list of PTSD resources for veterans.

Veterans Healthcare Initiatives FY2009 and the Experience of Southern Maryland Enrolled Veterans

Dr. Allen Berkowitz,
Strategic Planning Officer
VISN 5 Capitol Healthcare Network
Veterans Health Administration
U.S. Department of Veterans Affairs

March 12, 2009

U.S. Department of Veterans Affairs

Department of Veterans Affairs (VA)

- **Veterans Health Administration (VHA)**
- **Veterans Benefits Administration (VBA)**
- **National Cemetery Administration (NCA)**

VHA: Key Contributor to Nation's Health Care

Medical care: In 2008, we cared for **5.6 million** veterans.

Training: We are among the largest providers of health professional training in the world.

Research: We are among the largest and most productive research organizations in the U.S.

Disaster Assistance: We are a principal Federal asset for providing medical assistance in major disasters.

Homeless Care: We are the largest direct-care provider for homeless persons in the U.S.

Best Health Care Anywhere

11 March 2009

4

Preparing for tomorrow

WHO are our veterans today and in the future?

- 5.6 million patients received VHA health care in 2008.
- Median age of vets is 63 today.
- Over the next 10 years, there will be a 42% increase in vets 85 years and older.
- By 2018, the number of women vets enrolled is expected to increase by 58%.

11 March 2009

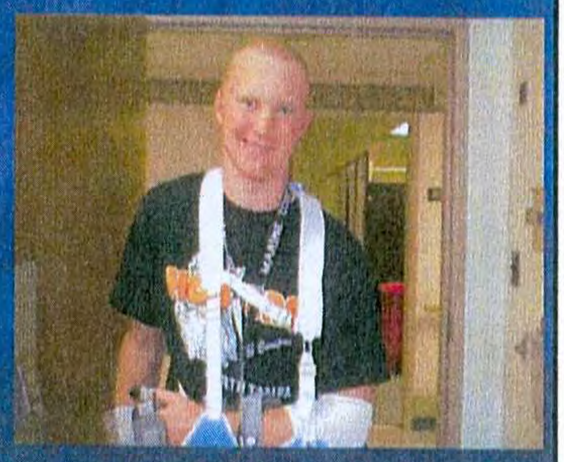
5

Use of VA Health Care by OEF/OIF Veterans

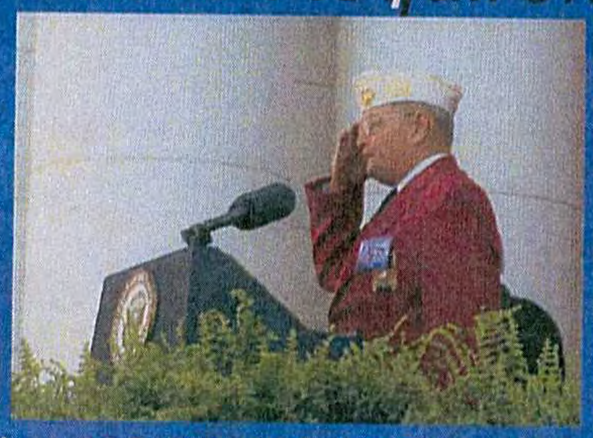
Cumulative from FY 2002 to FY 2008 Q4

Among all 945,423 separated OEF/OIF Veterans:

- **42% (400,304) obtained VA health care since FY 2002. Of those:**
  - **95% (382,039) were outpatients only.**
  - **5% (18,265) were hospitalized at least once in a VA facility.**



Comparison of VA Health Care Requirements



The 400,304 OEF/OIF veterans

we have seen

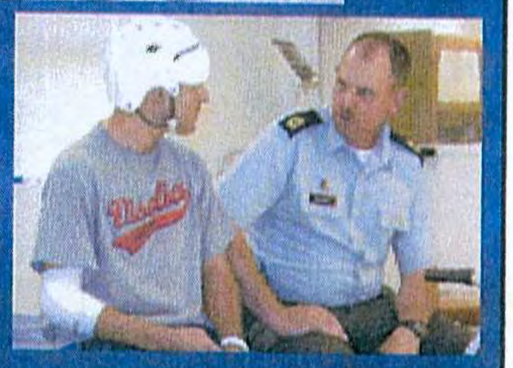
since the wars in Iraq and Afghanistan began

make up only about seven percent of the patients we see

in just one year.

Signature Injuries

1. Polytrauma
2. TBI – Screen
3. PTSD –Screen/ Reassess AR/NG



Overview of Severe Injuries in OEF/OIF Population –

Cumulative through FY 2009 Q1

Type of Severe Injury	# of Patients
Amputation	842
Spinal Cord Injury	141
Severe Traumatic Brain Injury	570
Blind Rehabilitation	81

Overview of OEF/OIF Veterans' Mental Health

(Through FY 2008 Q4)

- 44.6 percent of OEF/OIF veterans VA has seen received a preliminary diagnosis of a mental health condition.
- 23 percent received a preliminary diagnosis of PTSD.
- VA enhanced mental health resources by $600 million in FY 2009.

Suicide Prevention

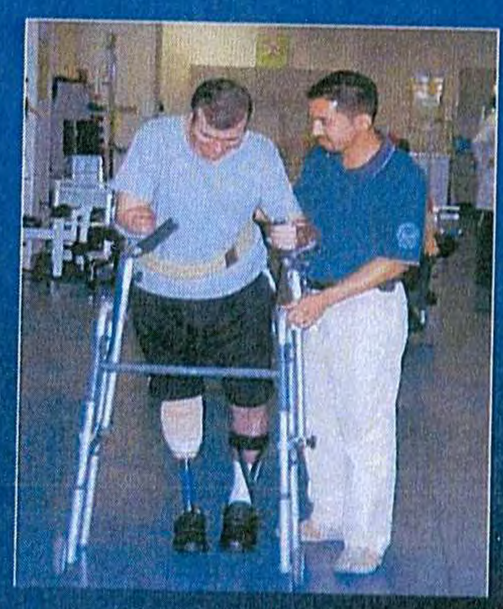
- Hotline
  - 2,800 lives rescued since hotline opened.
- Coordinators – Every Medical Center and largest CBOCs.
- Evaluated within 24 hours; Full assessment – 14 days.

Other Recent VHA Improvements

- Five years of free VA health care for combat vets
- Screen each OEF/OIF veteran for brain damage and PTSD
- 100 new Outreach Coordinators, 100 Transition Patient Advocates
- Called 570,000 combat vets.
- 2 year $250 Million Rural Health C

VISN 5 Capitol Healthcare Network

"Honor American Veterans as Heroes by Providing the highest quality healthcare."



VISN 5 Capitol Healthcare Network

- Serves the entire state of Maryland, the District of Columbia, portions of Virginia and West Virginia, and two counties in Pennsylvania

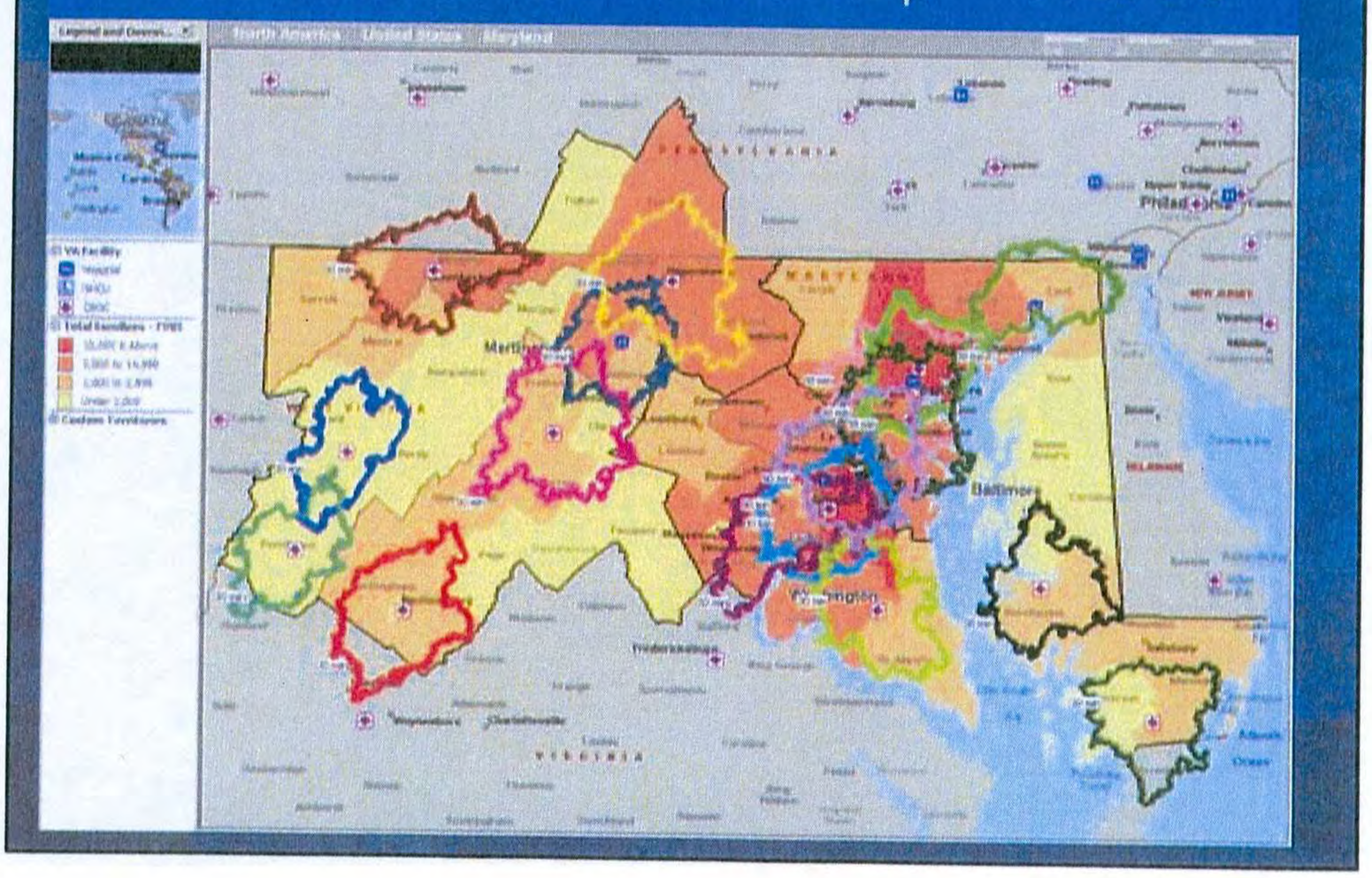
- Total veteran population of 788,000 approximately, of which 190,000 (24%) have enrolled to receive health care (FY07)

- Collaborate with DoD facilities (Ft. Detrick, Ft. Belvoir, Ft. Meade)

Market Penetration by VISN5 Markets

Market Area	P1-P6	P7-P8	Total
Baltimore	48%	13%	26%
Martinsburg	45%	19%	30%
Washington	48%	7%	20%
VISN	47%	10%	24%

30 Minute Drive Time Map – VISN 5



FY08 Unique Patients Seen

County	Charlotte Hall CBOC	DC VAMC
Calvert	330	577
Charles	597	1,720
St. Mary	733	1,113

Types of Referrals to DC from Charlotte Hall CBOC
(6 month period n= 359)

Specialty Consults	% of All Consults
Prosthetics	19%
Podiatry	12%
Pharmacy	9%
Eye	8%
Orthopedics	7%
GI	4%
Dermatology	4%
Audiology	4%
Sleep	3%
Other	29%
Total	100%

New National Initiatives - Opportunities for Southern Maryland Veterans

- Expanded enrollment of certain P8 eligible enrollees
- Expanded role for State MD VA Outreach Coordinators
- Recently passed legislation - PL 110-329 has a goal to increase outreach to veterans in rural America.

Degree of Rurality and % Enrollees Within Access Guidelines for Primary Care

Market Area	% Rural	% Travel Time
Baltimore	17%	80%
Martinsburg	71%	65%*
Washington	9%	76%

* Guideline is met at 70%

Civilian and Veteran Population Statistics Southern Maryland Counties

FIPS5	County	Civilian Pop_2000	Land area in sq_mi	Civilian Pop Density	Part of MSA	Rurality @166+ Density	Veterans 2007Est.	FY07 Actual Enroll	FY07 Market Share
24037	St. Mary's	86,211	361	238.6	No	U	12,315	2,479	20%
24017	Charles	120,546	461	261.5	Yes	U	16,008	3,387	21%
24009	Calvert	74,563	215	346.5	Yes	U	9,926	1,420	14%

Sample of Rural Health Proposals Currently being Developed by VISN

Proposal	Collaborations
Fund a VISN wide Telemedicine/ Care Coordination Rural Health Program	VISN/VA Facilities
Women's Health Outreach Among Rural Veterans	Georgetown University – Department of Health Policy
Expand enrollment and MyHealthy Vet in VISN5 rural Counties	Georgetown University – Department of Health Policy
Telecardiology/ Teleradiology - Expansion of Pilots	DC VAMC
Expansion of Specialist Medical Care in Rural Areas	Georgetown University – Department of Health Policy
Expand Home base Primary Care in Charlotte Hall	County Commissioners, Local Hospitals?

VHA Rural Health Initiatives

- Separate from stimulus package
- Competing with all 21 VISNs for funding
- VISN 5 can only submit 8 proposals
- Decisions to be made in April by VHA Office of Rural Health

Veterans' Integrated Healthcare Recommendations for Southern Maryland

Recommendations to Advance Workforce Services For OEF and OIF Veterans

The LVER & DVOP Program

In 1944, Congress, under Title 38, Chapter 41 United States Code (USC), the Servicemen's Readjustment Act authorized states to provide direct employment and training services to eligible veterans and other eligible people. A federally funded program was enacted to assist each state in implementing Title 38, Chapter 41 USC. The program was called *Local Veterans Employment Representative* or **LVER**. The duties, as specified by law, included:

- Outreach to locate veterans in need of employment and training services
- Job Development
- Networking in the community for employment and training programs
- Providing labor exchange services
- Making referrals to support services
- Case management

In 1977, as unemployment, homelessness and mental health issues were steadily rising after the return of our Vietnam veterans, another federally funded program, *Disabled Veterans Outreach Program* (**DVOP**), was established by Executive Order and later enacted by the Veterans' Rehabilitation and Education Amendments of 1980.

The Mission

In 1944, Congress, after reviewing the state of employment among disabled and combat veterans made these findings: "

> *Because unemployment and underemployment continues to to be a serious problem among our disabled and combat veterans, alleviating unemployment and underemployment among veterans is a national responsibility. Policies and programs are needed to increase opportunities for such veterans to obtain employment, job training, counseling, and job placement services and assistance in securing advancement in employment…"* Title 38, Chapter 41, §4100.

Since the enactment of the Servicemen's Act of 1944, there have been many revisions, updates, and changes to Title 38, Chapter 41 United States Code (USC), and more specifically, the LVER and DVOP programs. Congress declared as its intent and purpose that there shall be an effective (1) job and job training counseling service program, (2) employment placement service program, and (3) job training placement service program for eligible veterans and eligible persons and that, to this end policies and regulations The one constant that has remained is its basic mission: to assist veterans in becoming employed and productive members of society.

Employment and Training Services To OEF and OIF Veterans

#1 LVERs and DVOPs speak to active duty military and their spouses prior to their leaving the service during Transition Assistance Programs (TAP) held at various military installations throughout the United States. Upon leaving the service, the LVERs and DVOPs becomes the veteran's connection to jobs in the local area in which the veteran resides. When the veteran has difficulty in either obtaining or maintaining employment the LVER and DVOP is there to assist them in locating employment again. This time they are more concerned about their employment status and are starting to wonder why they can't seem to hold or obtain employment. This next step by the LVER or DVOP is critical and will very often determine the direction of assistance the veteran receives. The LVER or DVOP will conduct an informal assessment of the veteran to determine if there are underlying causes for their being unemployed or underemployed. If the LVER or DVOP determines the veteran may have additional barriers that may be affecting

employment then they may assist the veteran in seeking solutions to overcome these barriers. Issues such as housing, employment, medical, and various social service issues, just to name a few, face the LVER or DVOP. As "first responders" it is imperative that the LVER and DVOP be knowledgeable of available programs, agencies or treatment facilities and understand how to refer the veteran to them.. Because of the vast number of private, federal, state or local agencies that are attempting to address these problems and each one requiring a different set of referral instructions, referring a veteran can sometimes be a daunting task. Some Maryland counties have organized and compiled Desktop References to assist the professional, but too often the information is out of date, incomplete or just isn't reliable.

Possible Solutions: **Develop a Master Resource Guide**

- A reliable Master List needs to be developed, updated regularly, and distributed to all private and government agencies with specific referral instructions included to ensure all service professionals are informed of who, when, where and how to best service our veterans in need.

#2 Because post-war veterans have endured various stress-related situations that the average counselor may not be familiar, veterans frequently have major employment, medical or social barriers that often cannot be understood by the average employment counselor. These barriers frequently cause problems dealing with basic life issues such as employment, education or health. The LVER and DVOP are trained to identify these barriers and through Case Management assists the veteran in overcoming these barriers. Unfortunately, DVOPs and LVERs generally are situated in the middle of an employment office surrounded by nothing more than a short partition for privacy over which other office workers can clearly hear conversations. This situation is not conducive to effective communication between counselor and veteran and prevents a positive environment.

Possible Solutions: **Upgrading or Relocating Case Management Services**

- Every employment office or Career One-Stop that offers space for a DVOP or LVER needs to have an area in which can be used for Case Management. The area must be sound-proof and large enough to prevent a "closed-in feeling". With this type of support available to the veteran, the LVER and DVOP will be better able to assist the veteran and direct the support in a more positive and effective manner.
- Apply for Federal grant to develop a Veterans Service Center that is centrally located in Southern Maryland. The Service Center would be for all veterans and their dependents to have one location in Southern Maryland where they can go to receive veteran benefits information, medical, educational, and employment assistance. DVOPs, LVERs, and Veteran Benefits Officers would also be located there to provide Case Management and other employment assistance. The CBOC in Charlotte Hall would be relocated to this center as well.

#3 Transitioning from the military to civilian life is quite unique because it affects not only the veteran but every member of the family unit. Where once the family could rely on support systems provided by the military such as income, medical care, housing and basic subsistence support, and even emotional support, now they have none. Frequently the spouse is forced to assume a bigger financial role in the family to help make ends meet. In some cases, the spouse becomes the main "bread-winner" while the veteran is still underemployed or unemployed. Recently, however, because of a down economy and rising costs, more and more families are resorting to both spouses working to pay the bills. The increase in pressure from these added responsibilities are often more than the family can take and result in eventual family breakup.

Veterans' Integrated Healthcare Recommendations for Southern Maryland

Possible Solutions: **Transition Assistance for Spouses**

- Authorize spouses of veterans to be seen by a LVER or DVOP prior to the veteran's discharge and after discharge from the military. As former members of the military community, we are very familiar with what these transitioning families are going through. We've been there. Our background and experience have prepared us to assist these transitioning families and help them move on to the next level.

#4 Transportation is a serious issue in Southern Maryland. If you live in a large metropolitan region such as Baltimore or Annapolis, you have various transportation options. However, if you live in a predominately rural area, as is most of Southern Maryland, your transportation choices are extremely limited. Without transportation choices, veterans without a personal vehicle who live in Southern Maryland, are severely limited to where they can seek employment or even get medical treatment.

Although the three counties of Southern Maryland, Calvert, Charles and St. Mary's, do have public transportation services, the limited number of buses and service routes, makes using them for getting to work or a medical appointment at the VA Community-Based Outpatient Clinic (CBOC) in Charlotte Hall very impractical. The DAV has a van that will leave Waldorf and take a veteran to either Baltimore, MD or Washington, D.C. Veterans Hospitals upon verification of a scheduled morning medical appointment but will not go to the Southern Maryland CBOC located in Charlotte Hall.

Possible Solutions: **Lack of transportation resources to CBOC in Charlotte Hall, MD.**

- Do a study to determine how many veterans who live in Southern Maryland and are without transportation would utilize the CBOC in Charlotte Hall if transportation was provided.
- Write a federal grant proposal to develop a transportation system in Southern Maryland to transport veterans to the CBOC located in Charlotte Hall, MD.

Possible Solutions: **Transportation to Major Metropolitan Regions of Maryland**

- Encourage Southern Maryland's regional transit priority to purchase right of way for and eventually fund light rail system construction and operation from Branch Avenue to Waldorf. Implement connector bus system to the light rail stations.
- Contact Service Agencies such as Disabled American Veterans, American Legion, or Veterans of Foreign Wars to encourage them to develop volunteer transportation programs for veterans who choose to utilize the CBOC in Charlotte Hall, MD. Alternative is to work out agreement with Charlotte Hall Veteran Home, when CBOC at Charlotte Hall has expanded human services capacity, to resolve joint transport with adequate support services for both communities of Veterans.

Veterans Enrolled in VISN 5 and Using VISN 5 Facilities, by County, as of August 2008

	Total Number of Veterans 2008	Female Enrollees in VISN 5	Male Enrollees in VISN 5	Unknown Gender Enrollees in VISN 5	Total Enrollees in VISN 5	Female Users of VISN 5 Facilities	Male Users of VISN 5 Facilities	Unknown Gender Users of VISN 5 Facilities	Total Users By County of VISN 5 Facilities	Percentage of Veterans Enrolled in VISN 5	Percentage of VISN 5 Enrollees Using VISN 5 Facilities	Percentage of Female VISN 5 Enrollees Using VISN 5 Facilities	Percentage of Male VISN 5 Enrollees Using VISN 5 Facilities	Percentage of All Veterans Using VISN 5 Facilities
Alleghany County	8,067	128	3,148	10	3,286	66	2,062	6	2,134	40.73%	64.94%	51.56%	65.50%	26.45%
Anne Arundel County	59,553	1,453	10,155	57	11,665	485	4,505	34	5,024	19.59%	43.07%	33.38%	44.36%	8.44%
Baltimore County	66,204	1,159	16,959	78	18,196	535	9,405	47	9,987	27.48%	54.89%	46.16%	55.46%	15.09%
Calvert County	10,119	141	1,320	5	1,466	45	491	5	541	14.49%	36.90%	31.91%	37.20%	5.35%
Caroline County	3,113	42	754	6	802	13	394	4	411	25.76%	51.25%	30.95%	52.25%	13.20%
Carroll County	14,243	127	2,091	14	2,232	47	943	11	1,001	15.67%	44.85%	37.01%	45.10%	7.03%
Cecil County	9,846	197	2,933	18	3,148	80	1,489	11	1,580	31.97%	50.19%	40.61%	50.77%	16.05%
Charles County	16,209	545	2,910	15	3,470	168	1,064	14	1,246	21.41%	35.91%	30.83%	36.56%	7.69%
Dorchester County	2,939	51	1,186	4	1,241	25	761	6	792	42.23%	63.82%	49.02%	64.17%	26.95%
Frederick County	21,080	352	3,410	13	3,775	108	1,580	16	1,704	17.91%	45.14%	30.68%	46.33%	8.08%
Garrett County	2,841	27	936	2	965	9	445	1	455	33.97%	47.15%	33.33%	47.54%	16.02%
Harford County	25,766	494	5,842	31	6,367	212	3,054	26	3,292	24.71%	51.70%	42.91%	52.28%	12.78%
Howard County	22,151	420	2,937	21	3,378	132	1,213	13	1,358	15.25%	40.20%	31.43%	41.30%	6.13%
Kent County	2,203	23	532	4	559	9	242	4	255	25.37%	45.62%	39.13%	45.49%	11.58%
Montgomery County	52,290	1,052	8,345	43	9,440	318	3,293	30	3,641	18.05%	38.57%	30.23%	39.46%	6.96%
Prince George's County	70,225	2,551	17,557	74	20,182	962	8,160	62	9,184	28.74%	45.51%	37.71%	46.48%	13.08%
Queen Anne's County	4,756	40	760	7	807	14	368	2	384	16.97%	47.58%	35.00%	48.42%	8.07%
St. Mary's County	12,467	257	2,243	8	2,508	70	786	4	860	20.12%	34.29%	27.24%	35.04%	6.90%
Somerset County	2,490	20	658	2	680	9	375	1	385	27.31%	56.62%	45.00%	56.99%	15.46%
Talbot County	4,075	44	984	2	1,030	24	571	1	596	25.28%	57.86%	54.55%	58.03%	14.63%
Washington County	12,873	220	3,839	11	4,070	113	2,303	8	2,424	31.62%	59.56%	51.36%	59.99%	18.83%
Wicomico County	8,306	138	2,359	10	2,507	59	1,261	4	1,324	30.18%	52.81%	42.75%	53.45%	15.94%
Worcester County	6,189	56	1,480	5	1,541	27	765	4	796	24.90%	51.65%	48.21%	51.69%	12.86%
Baltimore City	42,214	1,143	17,819	68	19,030	599	10,690	48	11,337	45.08%	59.57%	52.41%	59.99%	26.86%
Maryland	480,219	10,680	111,157	508	122,345	4,129	56,220	362	60,711	25.48%	49.62%	38.66%	50.58%	12.64%

Sources: Maryland Dept. of Veterans Affairs; U.S. Dept. of Veterans Affairs

Naval Health Clinic Patuxent River

"Supporting the Future Naval Aviation"

Our Mission: We promote, maintain and restore the health care & readiness of our Patuxent River community.

Our Vision: We will be the clinic of choice providing superior, compassionate health care. We will be the workplace of choice for our healthcare team.

Area of Responsibility: Naval Health Clinic Patuxent River is the only Naval Health Clinic (NHC) in southern Maryland. Geographically, the health clinic is located in Saint Mary's county on Chesapeake Bay near the mouth of the Patuxent River.

Naval Health Clinic Patuxent River Scope of Care: Naval Health Clinic Patuxent River provides a wide range of general and specialized health care including family medicine, aviation medicine, mental health, optometry, pediatrics, dental and radiology. Circuit riders from NNMC and contracted staff support Otolaryngology (ENT), Neurology, Orthopedics, Ophthalmology, and Dermatology.

Staffing: The Naval Health Clinic has more than 212 staff members. Civilian contractors and volunteers are also valuable members of our staff and are treated as full partners in the Command. *23 Officers; 82 Enlisted; 71 Civil Service; 36 Contract and 10 Volunteers.*

Beneficiary Population: There are more than 21,000 TRICARE eligible enrollees in the Pax River NAS Prime Service Area (PSA). Of these, approx. 13,500 are enrolled to MTFs (including NHCPR) in the southern Maryland region. Since our PSA overlaps with several other MTF catchment areas, an estimated 4,000 PSA eligibles are enrolled to other MTFs in the NCA region. Approximately 3,600 people are enrolled in the civilian network, the majority of who are retired service members and their families.

Local Commands:
Naval Air Systems Command (NAVAIR) - ★★★ VADM D. Venlet
NAVAIR Air-4.0 Research and Engineering - ★ RDML D. Gaddis
NAVAIR Air-5.0 Test and Evaluation - ★ RDML D. Dunaway
NAVAIR Air-6.0 Logistics and Industrial Operations - ★ RDML Grosklags
Program Executive Office Tactical Aircraft Programs - ★★ RDMU W. Skinner
Program Executive Office Air, ASW, Assault and Special Programs - ★ RDML S. Eastburg
Program Executive Office Unmanned Aviation and Strike Weapons - ★ RDML W. Shannon
Program Executive Office Joint Strike Fighter - ★ BGEN C. Davis
Naval Test Wing Atlantic – Test Pilot School – CAPT J. Glass

NHC PR Enterprise FY08 Annual Workload:

- Outpatient visits – 68,590
- Prescriptions – 92,858
- Worksites Surveyed by Industrial Hygiene – 41
- Dental Encounters – 8,387
- Lab tests – 111,423
- Radiological studies - 3100
- Occ Medicine Support of 7000 employees

* Purchased Care Cost for FY-08 is $17.5M

VA Delegation Meeting
St. Mary's Hospital
March 12, 2009
Presentation Definitions

AD	Active Duty within any DoD Branch of Service.
ADFM	Active Duty Family Member
BRAC	Base Realignment and Closure
CHVH	Charlotte Hall Veterans Home
DoD	Department of Defense
IA	Individual Augmentee
NAS Pax River	Naval Air Station, Patuxent River, Maryland
NHCLPR	Naval Health Clinic, Patuxent River, Maryland.
NNMC	National Naval Medical Center, Bethesda, Maryland
NG	National Guard
OIF	Operation Iraqi Freedom (The Iraq War)
OEF	Operation Enduring Freedom (Afghanistan)
PTSD	Post-Traumatic Stress Disorder
SMH	St. Mary's Hospital
SO MD	Southern Maryland
TBI	Traumatic Brain Injury
VA	U.S. Department of Veterans Affairs
VISN	Veterans Integrated Service Network (Region 5 is the National Capital Area)
WRAMC	Walter Reed Army Medical Center

Naval Health Clinic Patuxent River

"Supporting the Future of Naval Aviation"

CAPT D. K. Weiss, MC, USN
Executive Officer
13 March 2009

Naval Health Clinic Patuxent River

Drive Times and Distances:

Bethesda (NNMC) –
1 Hour and 47 min, 80 miles

Walter Reed (WRAMC)
1 Hour and 43 min, 77 miles

Malcolm Grow (MGUSAFMC) –
1 Hour and 16 min, 51 miles

Fort Belvoir (FBAMC)
1 Hour and 45 min, 86 miles

NBHC Dahlgren
1 Hours and 10 min, 50 miles

NBHC Indian Head –
1 Hour and 15 min, 52 miles

NBHC NAF Washington -
1 Hour and 10 min, 58 miles

Health Care Services

MEDICAL AND DENTAL SERVICES

Aviation Medicine
Dental
Family Medicine
Mental Health / SARP
Optometry
Pediatrics
Occupational Health

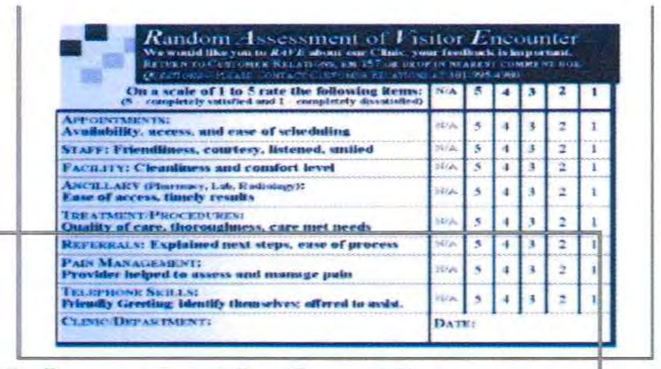
CLINICAL SUPPORT SERVICES

Nutritional Consultation
Laboratory
Pharmacy
Physical Therapy
Digital Radiology
Allergy / Immunizations

Visiting Specialties

Ortho - NNMC
ENT – NNMC
Ophthalmology - NNMC
Neurology – Stopped in Aug
Dermatology - Contract

We will SHAPE…


Random Assessment of Visitor Encounter

We would like you to RATE about our Clinic, your feedback is important.

On a scale of 1 to 5 rate the following Items: (5 = completely satisfied and 1 = completely dissatisfied)	N/A	5	4	3	2	1
APPOINTMENTS: Availability, access, and ease of scheduling	N/A	5	4	3	2	1
STAFF: Friendliness, courtesy, listened, smiled	N/A	5	4	3	2	1
FACILITY: Cleanliness and comfort level	N/A	5	4	3	2	1
ANCILLARY (Pharmacy, Lab, Radiology): Ease of access, timely results	N/A	5	4	3	2	1
TREATMENT/PROCEDURES: Quality of care, thoroughness, care met needs	N/A	5	4	3	2	1
REFERRALS: Explained next steps, ease of process	N/A	5	4	3	2	1
PAIN MANAGEMENT: Provider helped to assess and manage pain	N/A	5	4	3	2	1
TELEPHONE SKILLS: Friendly Greeting, identify themselves, offered to assist.	N/A	5	4	3	2	1
CLINIC/DEPARTMENT:	DATE:					

SUPERIOR CUSTOMER SERVICE

Navy Medicine Patient Satisfaction Survey:

3 Military Med providers in top 5 of all Navy MTFs for Provider Satisfaction

Top 5 (All Navy MTFs) for Access to Care for Active Duty Clinic

#1 for Navy MTFs in Access to Optometry and Physical Therapy

HEALTHY & FIT COMMUNITY

Positive PPB for Evidenced-based Health Care.

Reduced Base-wide Medical Indeterminate rate from 20 to 13%

Occupational Medicine increase capture of WC cases by 40%

ACCESSIBLE QUALITY CARE

No show rates reduced to less than 2.5%

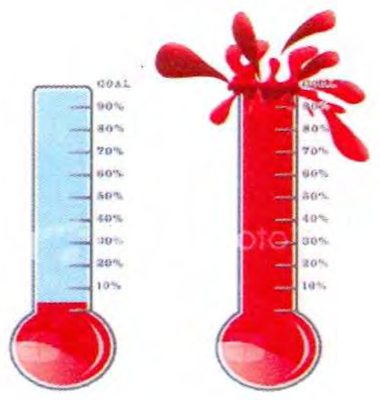
Robust Nursing Telephone triage process to address pt concerns.

PEOPLE

Improved on-time recognition of staff by 100%.

Combined Federal Campaign Contributions doubled for CY08.

Increased Community Service Volunteer participation.



EFFECTIVE USE OF RESOURCES

Third Party Collections increased FY07 to FY08 by 60% (277K to 440K)

Selected for Pilot Project for Electronic DD2569 Forms.

DHMRSi Completion rate 100%.

Recycle materials doubled in weight.

Local Network Wait Times

Orthopedics 5 – 7 days
Psychiatry 10 – 21 days, up to 45 days for new pt
Psychology 10 – 21 days, up to 30 at times
Neurology 7 – 10 days
Gastroenterology 3 – 7 days
Pulmonary 7 – 10 days

Source: Mr. Glen Carpenter

COMMANDS ASSIGNED TO NAS PAX RIVER

NAVAL AIR SYSTEMS COMMAND

PATUXENT RIVER

COMMANDER

VADM D. VENLET

ECHELON II COMMAND – REPORTS TO CNO

Mission/Vision: *Sailors and Marines armed with confidence because we develop, deliver, and sustain aircraft,weapons and systems on time on cost with proven capability and reliability so they succeed in every mission and return safely home.*

Naval Aviation serves America in defense of freedom. This duty places our Sailor and Marines in harm's way, where they must expect the unexpected. As such, they depend on us to deliver capable and reliable systems and aircraft.

NAVAIR Air-4.0 Research and Engineering - ★ RDML D. Gaddis
NAVAIR Air-5.0 Test and Evaluation - ★ RDML D. Dunaway
NAVAIR Air-6.0 Logistics and Industrial Operations - ★ RDML Grosklags
Program Executive Office Tactical Aircraft Programs - ★★ RADM W. Skinner
Program Executive Office Air, ASW, Assault and Special Programs - ★ RDML S. Eastburg
Program Executive Office Unmanned Aviation and Strike Weapons - ★ RDML W. Shannon
Program Executive Office Joint Strike Fighter - ★ BGEN C. Davis
Naval Test Wing Atlantic – CAPT T. Huff
Naval Test Pilot School – CAPT J. Glass

NAVAL AIR STATION PATUXENT RIVER

COMMANDING OFFICER

CAPT ANDREW MACYKO, USN

EXECUTIVE OFFICER

CAPT STEVEN SCHMEISER, USN

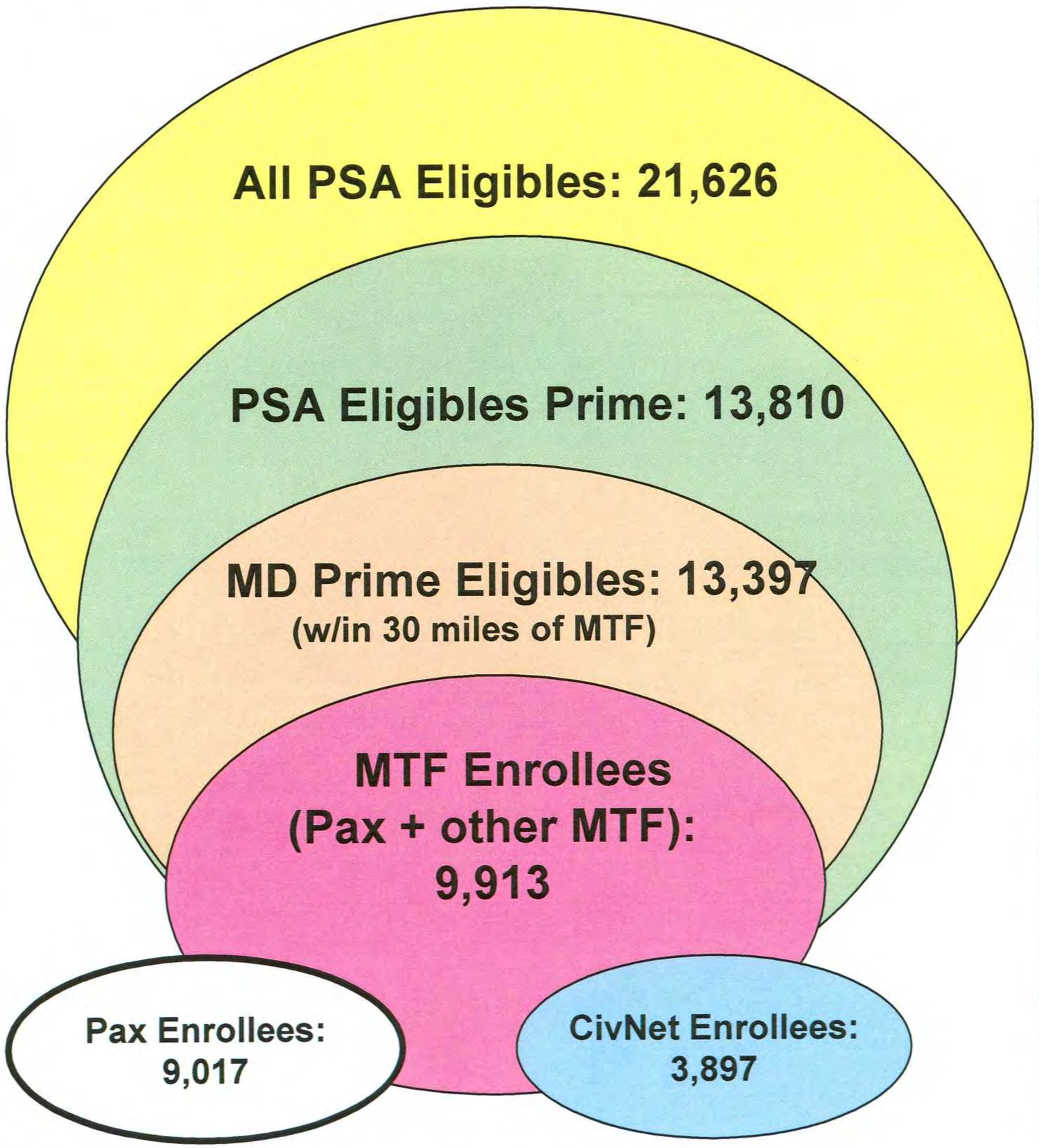
CMDMC

CMDCM JOHN STIGLER, USN

50 TENANT COMMANDS

ORGANIZED UNDER NAVAL DIST WASH

Eligible Beneficiaries and Workload



(Data Source: HNFS, as of 11/23/08)

Beneficiaries – 9,017

Annual Workload FY08

Outpatient visits – 68,590

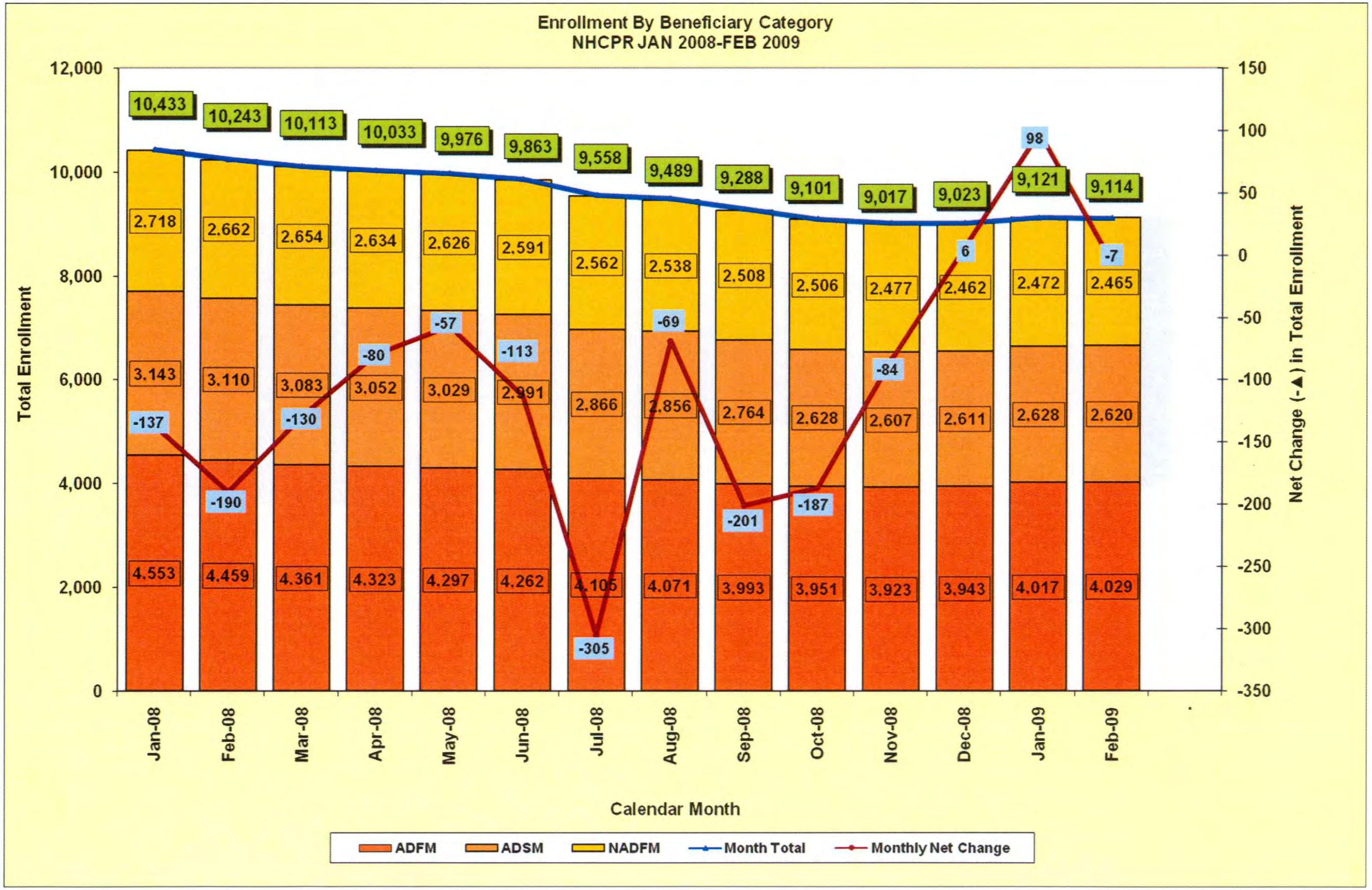
Prescriptions – 92,858

Dental Encounters – 8,387

Deployment Rate – 10%

Occ Medicine Support of 7,000 employees

Enrollment


Enrollment By Beneficiary Category
NHCPR JAN 2008-FEB 2009
Total Enrollment
Net Change (-▲) in Total Enrollment
12,000
10,000
8,000
6,000
4,000
2,000
0
150
100
50
0
-50
-100
-150
-200
-250
-300
-350
10,433
10,243
10,113
10,033
9,976
9,863
9,558
9,489
9,288
9,101
9,017
9,023
9,121
9,114
2.718
2.662
2.654
2.634
2.626
2.591
2.562
2.538
2.508
2.506
2.477
2.462
2.472
2.465
3.143
3.110
3.083
3.052
3.029
2.991
2.866
2.856
2.764
2.628
2.607
2.611
2.628
2.620
4.553
4.459
4.361
4.323
4.297
4.262
4.105
4.071
3.993
3.951
3.923
3.943
4.017
4.029
-137
-190
-130
-80
-57
-113
-305
-69
-201
-187
-84
6
98
-7
Jan-08
Feb-08
Mar-08
Apr-08
May-08
Jun-08
Jul-08
Aug-08
Sep-08
Oct-08
Nov-08
Dec-08
Jan-09
Feb-09
Calendar Month
ADFM
ADSM
NADFM
Month Total
Monthly Net Change

Deployment Related

Deployment Related Cases (Calendar Year 2008)

Diagnosis	Num Cases
PTSD	21
PTSD/TBI	1
Adjustment Disorder	13
Occupational Problem	1
Referral to WRAMC	1

Branch of Service	Num Cases
Navy	30
Marines	2
Army	1
National Guard	4

Aug 05 - PTSD Group Therapy Initiated

Oct 08 – NAS/MTF IA Reintegration meeting.

- Quarterly Base wide IA Welcome Home Parades

-5 day IA Pre-deployment training coordinated through Base FFSC.

Source: M2 Data Pull and Ms. Tipton Chart Review

MRRS Query

The Medical Readiness Reporting System (MRRS) is a web-based application designed to record and track Individual Medical Readiness for the Navy, US Marine Corps and US Coast Guard. IMR elements include: immunizations, dental status, lab tests, physical exams and PHA, deployment health status, pregnancies and injuries. NAVADMIN 233/07 Established MRRS as readiness system.

MRRS Query (10 Mar 09)

-1540 out of 2288 (Total Base UICs) have deployed in past.
- 220 AD personnel have deployed in last year.
- 615 out of 1540 with documented Pre-Deployment HA
- 917 out of 1540 with documented Post-Deployment HA
- 660 out of 1540 with documented Post-Deployment HRA
- 196 MRRS flagged as needing PDHRA (data suspect). Commands and individuals notified.
- 17 of 660 flagged as needing referral.

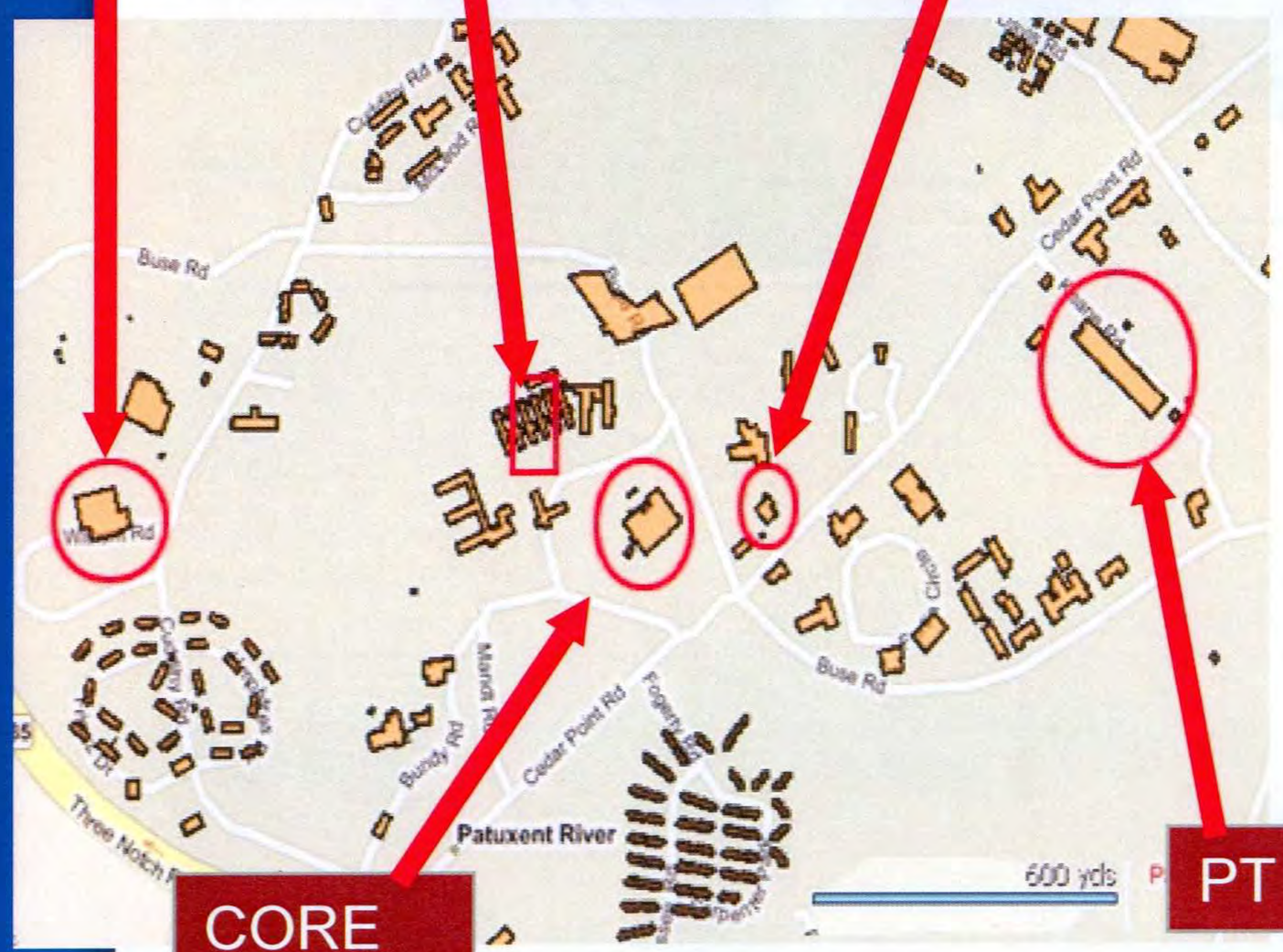
Source CDR Padgett 10 Mar 09

GOT MILCON?

PHARMACY

OCC HEALTH / PREV MED / INDUSTRIAL HYGIENE

FISCAL



CORE

PT

Naval Health Clinic, Patuxent River

Strategic Goals

We will **SHAPE** our future healthcare through:

- **S**uperior Customer Service Culture
- **H**ealthy and Fit Community
- **A**ccessible, Quality Care
- **P**eople, our most valuable asset, and
- **E**ffective Use of Resources

Our Mission:
Promote, maintain and restore the health & readiness of our Patuxent River community.

Our Vision:
We will be the clinic of choice providing superior, compassionate health care.
We will be the workplace of choice for our healthcare team

SECTION III

1. Veterans Healthcare in Southern Maryland Gaps and Opportunities Presentation

VA Healthcare in Southern Maryland
Gaps and Opportunities

VISN-5 and DC VAMC Washington
visit to Southern Maryland
March 12-13, 2009

Constance A. Walker, MS. Ed.; CAPT, USN (Ret)
President, National Alliance on Mental Illness, Southern Maryland

CAW/TCC_092208

how we came to be here … a quick history

On Sept 25th, 2008 Lieutenant Governor Brown
chaired the 1st meeting of the
MD Veterans' Behavioral Health Advisory Committee

Todays's Objectives

-- Situation Awareness in 2009

-- What is the way ahead for SoMD's Veterans?

OIF / OEF numbers

- 1.9M servicemembers have deployed (34% multiple times)
- 4669 killed in action (Aug 08)
- 32,692 wounded requiring medical evacuation
- RAND: estimate 300K with PTSD and/or depression
- One in five may have mild – moderate traumatic brain injury
- 1000 + are amputees
- 840,000 discharged or retired and eligible for VA services

WITHIN THE VA

324,000 have completed enrollment for VA care
133,000 have received a mental health diagnosis from the VA
67,500 are diagnosed with PTSD / PTSD and a 2nd MH dx

CAW / TCC_092208

questions for VA and SoMD stakeholders

How many Operation Iraqi Freedom and Operation Enduring Freedom Veterans reside in SoMD? In each County?

Do you know of cases in SoMD where an OIF or OEF Veteran has been lost to suicide or other untimely death? Incarcerated? Homeless? In your County?

Do you know of an OIF or OEF Veteran in SoMD who has had or is having problems with finding and keeping a job … family relationships … drug and alcohol use … the law? In your County?

Do you know of a Veteran who has had trouble accessing VA behavioral healthcare and rehabilitative services in SoMD?

CAW / TCC_092208

mental health care in rural areas – the national challenge

- More than 60% of rural Americans live in mental health professional shortage areas
- More than 90% of all psychologists and psychiatrists, and 80% of MSWs, work in metropolitan areas
- More than 65% of rural Americans get their mental health care from their primary care provider
- For most rural residents, the mental health crisis responder is a law enforcement officer

CAW/ TCC_092208

VA presence in St. Mary's County

(federally designated as a mental health services shortage area in 2005)

VA facilities (round trip) from Leonardtown, MD

--- CBOC, Charlotte Hall (60:00)

--- VA Medical Center, Baltimore, MD (3.5 - 4 hours)

--- VA Medical Center, Washington DC (3.5 - 4 hours)

--- VA Medical Center, Perry Point, MD (6 – 7 hours)

--- Vet Centers: Five in MD (3 to 6 hours)

CAW/ TCC_092208

issues, outreach, and gaps in services for Veterans and families

- What is the full time behavioral health specialist presence at the VA's Community Based Outpatient Clinic in Charlotte Hall?
- Behavioral health services in the public system of care are limited, fragmented, and in the past COMAR regulations shut out most Veterans.
- There is no Vet Center in SoMD for peer support and other Vet Centers in MDare not readily accessible. Anticipating that an OIF or OEF Veteran will participate in a traditional Day Program is problematic. Visit a Community MH Day Program in your county.
- Most people are ill-informed about mental illness and even less informed about PTSD and mild to moderate TBI. Stigma persists – making those who need help reluctant to seek it.
- There are too few providers and specialty providers in the community, and those there are do not have baseline training in the issues (mild TBI – CDC training package for primary care doctors / "PTSD 101" – online training available from VA's National Center for PTSD)

CAW / TCC_092208

"Someone will take care of them we're certain."

Conventional Wisdom

The VA and some State agencies provide the necessary outreach and coordination to ensure Veterans receive timely and regular access to the mental health and substance abuse treatment and rehabilitative services they need.

CAW / TCC_092808

Reality

"It is impossible to overstate the stressors that rural family caregivers are bearing on a daily basis as they search for limited treatment and rehabilitative services, and try to navigate bureaucratic and unresponsive systems in support of a loved one whose cognitive abilities have been severely, sometimes permanently damaged by the invisible wounds of PTSD, other mental illness, or Traumatic Brain Injury."

Constance A. Walker, Captain, US Navy (Retired)
Testimony, Senate Committee on Veterans' Affairs
October 24, 2007

Solutions to challenges facing THIS generation of combat Veterans, families, and our communities must come from

WORKING PARTNERSHIPS between

-- VA, DoD, HHS
-- State and County Government
-- Local Communities
-- Education Institutions – 2 and 4 year
-- Educated employers and Health Depts
-- Private / Non Profit Sector
-- Faith Communities

CAW/TCC_092208

Maryland Commitment to Veterans Project

SB-210, Maryland Veterans Behavioral Health – Key Points

Purpose: improve coordination and collaboration between State agencies and MD communities with the VA / facilitate timely access for OIF and OEF Veterans to behavioral health assessments, treatment, and other resources

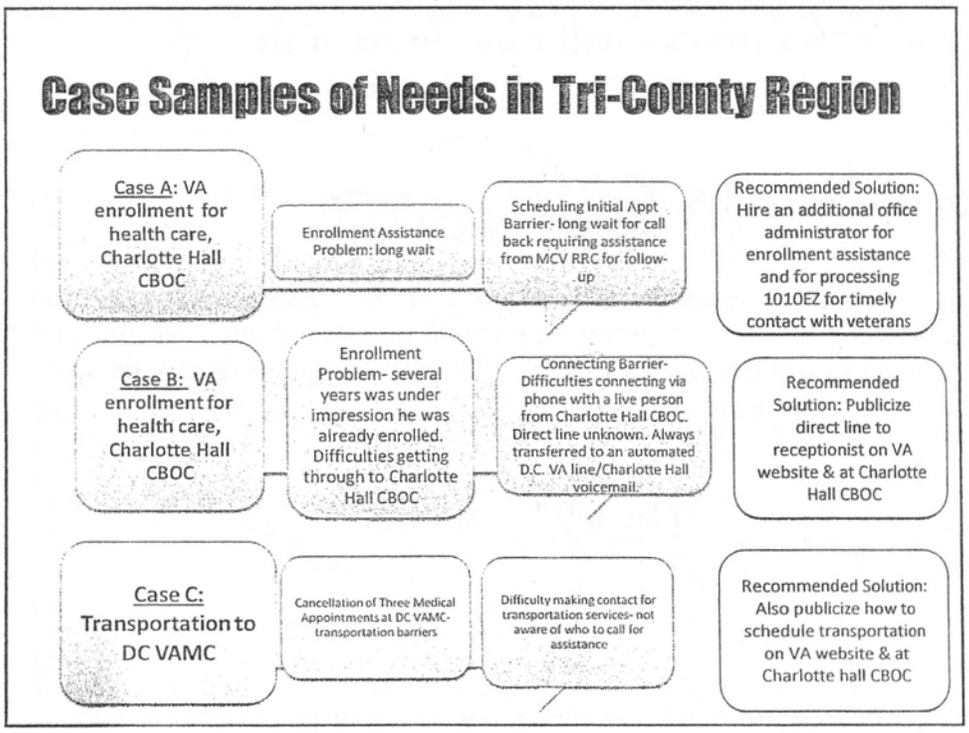
- Does not replicate or replace VA services. It does have funding to provide clinical services in the short term while VA connectivity and hand-off, or VA Fee Basis Authorizations for local care, are achieved.
- Lt Gov Anthony Brown will chair Veterans' Behavioral Health Advisory Board – 1st meeting in Charlotte Hall, 9/25 … Regional Resource Coordinators are in place and being trained; Ms. Arianna Hammond is SoMD's , her office is co-located with Human Services Partnership in La Plata
- Planning to commence Regional Leadership (Community Education) Forums

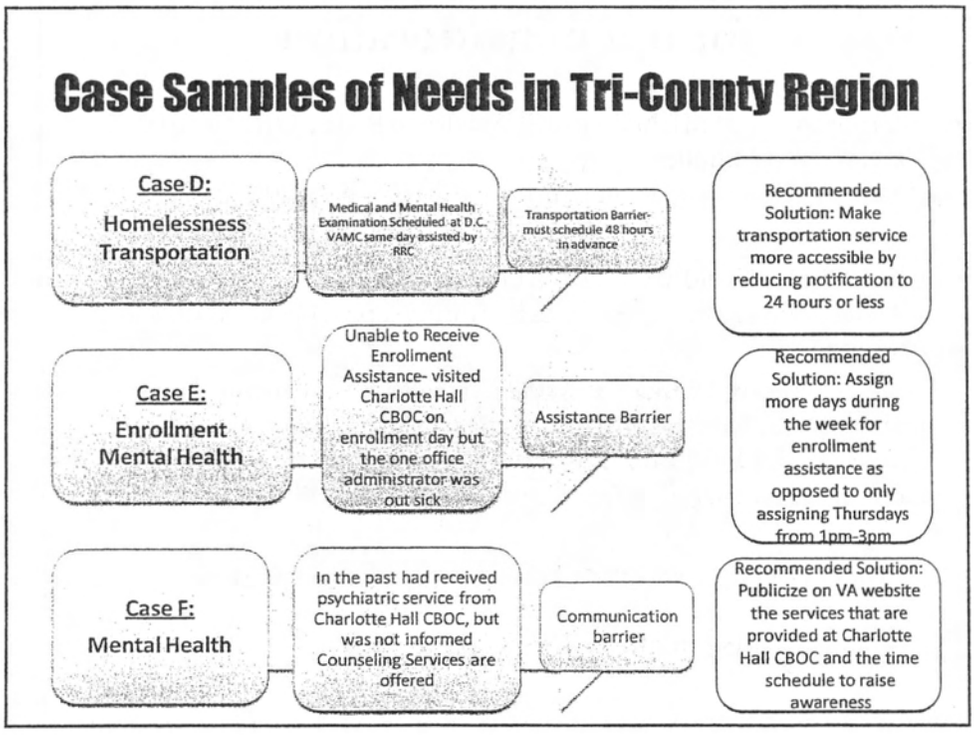
CAW / TCC_092208

how it should be in rural areas - a collaboration

- **VA and HHS systems that work together with local communities, with a focus on delivering what works, in a timely way and within a reasonable distance for Veterans and their families in rural areas**
- **Local health care providers who use standardized intake assessments to help identify individuals as combat Veterans, when they come to them seeking treatment for physical and mental health issues**
- **Local health care providers who have received a baseline of standardized VA training in mental and physical health issues of returning veterans**
- **Convenient, timely access to OIF/OEF Veteran peer and recovery support services … not a five hour round trip to the nearest Vet Center.**
- **A comprehensive continuum of care that takes input from Veterans and families into account, and provides communities with the awareness and education they need to ENGAGE.**
- **NO WRONG DOOR**

CAW / TCC_092208


Case Samples of Needs in Tri-County Region
Case A: VA enrollment for health care, Charlotte Hall CBOC
Enrollment Assistance Problem: long wait
Scheduling Initial Appt Barrier- long wait for call back requiring assistance from MCV RRC for follow-up
Recommended Solution: Hire an additional office administrator for enrollment assistance and for processing 1010EZ for timely contact with veterans
Case B: VA enrollment for health care, Charlotte Hall CBOC
Enrollment Problem- several years was under impression he was already enrolled. Difficulties getting through to Charlotte Hall CBOC
Connecting Barrier- Difficulties connecting via phone with a live person from Charlotte Hall CBOC. Direct line unknown. Always transferred to an automated D.C. VA line/Charlotte Hall voicemail.
Recommended Solution: Publicize direct line to receptionist on VA website & at Charlotte Hall CBOC
Case C: Transportation to DC VAMC
Cancellation of Three Medical Appointments at DC VAMC- transportation barriers
Difficulty making contact for transportation services- not aware of who to call for assistance
Recommended Solution: Also publicize how to schedule transportation on VA website & at Charlotte hall CBOC


Case Samples of Needs in Tri-County Region
Case D: Homelessness Transportation
Medical and Mental Health Examination Scheduled at D.C. VAMC same day assisted by RRC
Transportation Barrier- must schedule 48 hours in advance
Recommended Solution: Make transportation service more accessible by reducing notification to 24 hours or less
Case E: Enrollment Mental Health
Unable to Receive Enrollment Assistance- visited Charlotte Hall CBOC on enrollment day but the one office administrator was out sick
Assistance Barrier
Recommended Solution: Assign more days during the week for enrollment assistance as opposed to only assigning Thursdays from 1pm-3pm
Case F: Mental Health
In the past had received psychiatric service from Charlotte Hall CBOC, but was not informed Counseling Services are offered
Communication barrier
Recommended Solution: Publicize on VA website the services that are provided at Charlotte Hall CBOC and the time schedule to raise awareness

"Someone will take care of them, we're certain."

Conventional Wisdom

The VA and some State agencies provide the necessary outreach and coordination to ensure Veterans receive timely and regular access to the mental health and substance abuse treatment and rehabilitative services they need.

The CW is wrong.

CAW / TCC_092808

for our consideration

- NEEDS ASSESSMENT - FOCUS GROUPS for OIF / OEF Veterans and Families
  (Done by professionals on a pro bono basis – Feb 2009)

- REGIONAL COMMUNITY EDCUATION FORUM request VA and State expertise and collaboration to provide awareness and education to

  -- Community Leaders, Providers, Health Departments, Law Enforcement, local businesses (not just NAVAIR and Defense Contractors), Division of Rehabilitative Services, Non-Profits, Faith leaders, others? (Rep Hoyer has said he will endorse)

- CHARLOTTE HALL CBOC … what now, after 3/12/09?

The stakeholders are US.

CAW_ TCC_092208

JAMIE DEAN, OEF Vet (Leonardtown)

Army reservist with 18 months service in Afghanistan returned home to St. Mary's County

After receiving orders to Iraq, barricaded himself alone inside his father's home in St. Mary's County on Dec 26, 2006 threatening to commit suicide

A member of Jamie's family asked local police to do a health and safety check

Shot by State Police after a 14 hour stand-off

Outcome: Death

Legal Residence / Home Address for
Service Members Ever Deployed, as of 12/31/08

STATE of Record	ARMY	NAVY	MARINE CORPS	AIR FORCE	COAST GUARD	TOTAL ACTIVE DUTY	ARMY GUARD	ARMY RESERVE	NAVY RESERVE	MARINE CORPS RESERVE	AIR NATIONAL GUARD	AIR FORCE RESERVE	COAST GUARD RESERVE	TOTAL RESERVE FORCES	TOTAL	Percent of Total
Maryland	5,820	3,847	3,339	1,956	0	14,962	3,112	2,868	1,020	685	1,563	648	4	9,900	24,862	1.34%
Percent						0.601802								0.398198		
TOTAL	564,917	311,732	201,405	260,952	3,266	1,342,272	227,786	122,767	32,648	35,686	63,847	36,698	222	519,654	1,861,926	100.00%

Source: Contingency Tracking System Deployment File
Prepared by DMDC on 2/2/09
Posted on NASDVA website

Active 14,962
Res 9,900
MD: 24,862
40% Guard Re

DAVID … continued

Initial VA Maryland Health Care System (VAHMCS) response

"38 CFR 17.38©(5)states that 'the VA medical benefits package does not include hospital and outpatient care for a veteran who is either a patient or inmate in an institution of another government agency if that agency has a duty to give the care or services.' This means that VA does not provide medical treatment to an inmate in a prison or jail when the prison or jail is obligated to provide medical care. In this case, the veteran is an inmate in an institution of a St. Mary's County government agency which has a duty to provide medical care. In fact, the veteran has been receiving services …"

Second answer (verbal): the State of MD must officially request the VA to administer a PTSD assessment and treatment / therapy recommendations for an incarcerated veteran. A request from a Board of County Commissioners, Sheriff's Dept, or designated advocacy organization is insufficient.

Third response (action): coordination with VISN-8 after veteran's extradition to FL to obtain VA PTSD assessment and recommendations for public defender and receiving jail (**VISN-8 took this case immediately)**

Outcome: Jail diversion and treatment

MIKE S. continued …

Levels of government and agencies involved in this case

Federal:

DoD (Army, Navy, WRAMC for Physical Evaluation Board)
VA Central Office (investigation into VR&E Services supplied by Baltimore Regional Offices)
VA Regional Offices (Roanoke, Baltimore, Washington DC)
VA Maryland Health Care System:
VA Medical Centers in DC and Baltimore, Charlotte Hall Community Based Out Patient Clinic

State:

DOE (Division of Rehabilitative Services)
VA VR&E (Waldorf Office, reports to Baltimore)
Dept of Labor, Maryland Job Service
SSA (to correct for the record a local provider's misquote of Axis 1 diagnoses)

Local:

MHASM – DORS -- DOL Maryland Job Service -- SSA (in SMC twice a month) – Care providers (Pathways, Affiliated Sante Group, TRICO, St Mary's Hospital, local PCM, specialty provider)

Outcome: Relapse

Testimony of Mr. and Mrs. Donald Dale (St. Mary's County)
Presented to Maryland Veterans Behavioral Health Advisory Panel
Chair: Lt. Governor Anthony Brown
Charlotte Hall Veterans Home, September 25, 2008

Thank you for allowing us the time to speak today on behalf of our son, Christopher Dale, and his fellow veterans.

I believe that you may have already heard about our son, Christopher, an OIF II veteran. His death was a tragic loss and we feel it could have been prevented.

He enlisted in the Army as a combat-medic with the 1st Infantry Division after hostilities with Iraq had already begun. Immediately after basic training and AIT he was deployed overseas to Iraq. There he was stationed at FOB Summerall, in Bayji. Contact with him was sporadic while there but we made sure to send lots of care packages. During his tour he came home for two weeks R and R and went back out again. His tour of duty in Iraq lasted approximately one year during which he engaged in combat with the enemy and received the Army Commendation Medal for meritorious achievement. On his return to Maryland, he was stationed at Aberdeen Proving Grounds and that's when things with him started going south. He began having anxiety attacks and was having difficulty sleeping. He also began having social problems with people close to him. His evaluation and discharge from the Army have several blank spaces as we weren't sure of what exactly was going on with him. He was medically discharged with 100% disability through the VA with severe PTSD. After his initial discharge on August 2006, it took some time for his VA benefits to kick in during which time we were helping he and his wife financially. He made a couple of trips to the VA in DC complaining of how far away and how long it took to get there and back. And he did go to Charlotte Hall one time but for reasons unknown to us he never went back. After a time he just stopped going. He eventually started going to a local family practice doctor for his prescription medications for PTSD but he wasn't seeking any kind of mental health treatment. We talked to Chris about this several times and he said that it was just too far to go and the cost of gas was too much. Over a short period of time he started finding more and more comfort in his medications. We knew he was taking more than he was supposed to and we would get into arguments about this time and again. It started becoming a wedge between us. Our hands seemed to be tied not knowing what to do and we were scared for him. My father, a 22 year veteran of the USN, often talked to our son about seeking counseling but our son would tell him it was too far to go. My father also tried to push him toward groups such as the VFW but Chris would tell him that they couldn't help him.

It finally happened that he pulled a gun on a family member and we knew that if we had him arrested it would force him to get the help he needed. His mental state had deteriorated to this point. He was scheduled for inpatient treatment on July 11, 2008 at the Baltimore VA Hospital. He died a week too early on July 6th from an accidental overdose.

Had the counseling been available here, would he still be alive today? We don't know. But we do know that it wasn't here, he did not get the help he needed, and he is gone from us forever. We understand that there are many service men and women that depend upon the VA for help, be it counseling or other services. And we know that many of these VA services are some distance away making these services not easily accessible to those that live in rural areas such as ours and even where services are available, it may take some time for VA benefits to kick in. If the State of Maryland does not get involved in this issue because the VA is supposed to "eventually", what happens when the help comes too late? Not only do the veterans and their families bear this cost but the State will too.

We also know or would like to believe that the Great State of Maryland, in which our son was born and raised, has the ability to act faster than the VA, to get the help to their veterans and their families; help they deserve, help to prevent a tragedy such as this, as ours, from happening again.

We had previously met with General Adkins and put together a list of needs that we feel would benefit all veterans and their families.

- Making counseling available with specialists in combat PTSD in rural areas;
- Counseling for families of returning veterans/active duty personnel "BEFORE" they return home, to help them recognize signs of PTSD;
- Media blitz outreach to veterans/active duty personnel and/or their families letting them know where to go or turn to for help;
- Required education/training of medical professionals to recognize and deal with combat PTSD;
- Mandatory periodic contact for veterans/active duty personnel diagnosed with PTSD and their families by VA caseworkers;
- Media outreach program to educate people on the effects/symptoms of combat PTSD;
- Training during debriefing for veterans/active duty leaving theatre on signs, symptoms, and effects of combat PTSD.

SECTION IV

1. OIF/OEF Veterans, Service Members & Families Welcome Home & Listening Session Draft Report

2. OIF/OEF Facilitator Guide

3. OIF/OEF Survey

4. OIF/OEF Request for Information

OIF/OEF VETERANS, SERVICE MEMBERS AND FAMILIES WELCOME HOME AND LISTENING SESSION DRAFT REPORT

3/9/2009

Executive Summary: the Veterans Regional Advisory Committee

Produced By:

Dr. Albert Brewster, Lt Col, USAF, Ret
Corresponding Expert

Arianna Hammond, Regional Resource Coordinator (SoMD)
Maryland Commitment to Veterans Project

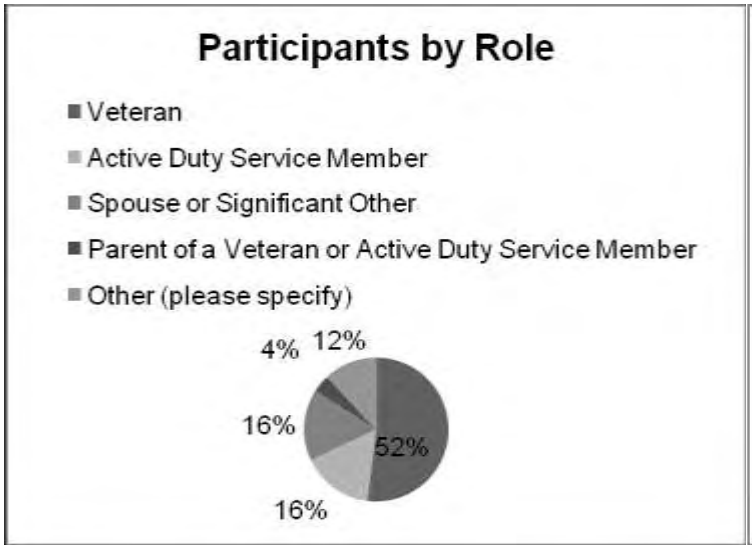
Kendal Sorenson-Clark, Organizational Consultant
KSC Solutions

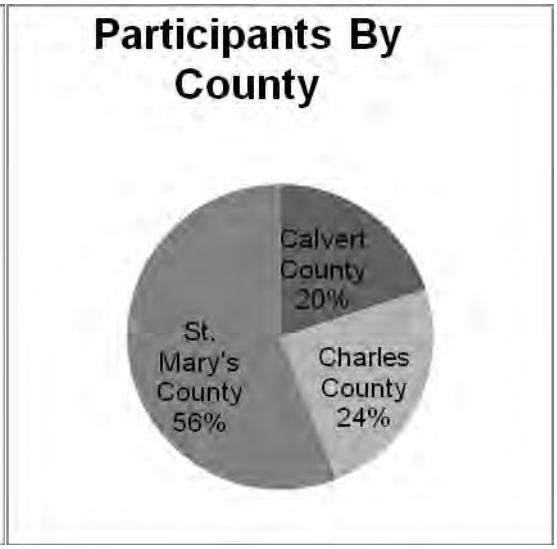
Constance A. Walker, CAPT, USN, Ret
President, NAMI Southern Maryland

**Note: All attachments referenced are available from the Tri-County Council office upon request.*

EVENT OVERVIEW

On February 21, 2009 the Veteran's Regional Advisory Committee hosted the OIF/OEF Veterans, Service members and Families Welcome Home and Listening Session. The Tri-County Council for Southern Maryland provided the administrative support for the event. The event was held at the Southern Maryland Blue Crabs Baseball Stadium, at the Legends Club. Both the space and the food for the event were donated by the Blue Crabs Organization. Volunteer facilitators planned and facilitated the focus groups. Volunteers and served as recorders and timekeepers for the sessions. The event was publicized through local channels including radio, newspapers, and e-mail.[1] Over 50 veterans, service members and/or family members were in attendance. The group was split with approximately half of the attendees being veterans and/or service members and the other half being families, spouses or significant others. Additionally, more than a dozen local and state officials, as well military representatives were also present. The following figures are taken from demographic surveys distributed at the event. The response rate for the survey was approximately 50% of all attendees.





[1] Attachment 1 – Event Flyer

FOCUS GROUP PROCESS

Focus Group Topics

- *Biggest Challenges*
- *VA Benefits*
- *Employment*
- *Housing*
- *Personal well being*
- *Family well being*
- *Other Issues*

After brief opening remarks,[2] two focus groups were held: one for active duty service members and veterans, and one for spouses, family members and significant others. Each focus group was asked a pre-determined set of questions[3], designed to gather information on what has been the post deployment experience of Southern Maryland residents, and if services in the Southern Maryland communities were meeting their needs. A recording secretary, a time keeper and a facilitator managed each group. While scheduled for 60 minutes, the groups were animated and very engaged in the process. As a result of their enthusiasm the groups continued for 75 minutes. At the end sessions, the groups were asked to identify the most important issues that had been raised. The veterans group used multi-voting process to determine the issue within each category that they saw as most important. The family group identified "themes" or issues that carried across each category and expressed the belief that all of the issues had to be addressed simultaneously in order to meet the needs of the community.

[2] Attachment 2 – Event Agenda
[3] Attachment 3 – Facilitator Script

FOCUS GROUP RESULTS

Veterans Group Top Ranking Issues:

U.S. government civilian infrastructure

Lack of mental health care

Transition from active duty to civilian deployment

Homeless veterans

Support groups for veterans needed

Anger /Temper issues displayed by veterans

Children's mental health issues

Vets, even while deployed far away in a war zone, were largely troubled by the fact that their families were experiencing frustration trying to get services through "insensitive government bureaucrats" back home. Vets indicated that the civilian employees providing critical services often behaved as if their needs were more important than the veterans or their family. Examples including closing offices for office parties during regular operating hours and being told to come back the next day even though the trip would be at least 100 miles round trip. The lack of adequate local mental health and emergency care was reiterated throughout the session. There are few medical or mental health services that accepted VA benefits, and even few that are aware of the specific issues veterans and their families face. When veterans attempt to access services in Baltimore, the result is long waits, and the need for multiple appointments. The overall sense from the veterans is that the lack of local, responsive and high quality services for themselves and their families is a sign of lack of respect for their service to their country. Many veterans talked of their increased stress while deployed,

knowing that their families were hitting road blocks when trying to accomplish tasks or seek support that involved working with the civilian infrastructure. Additionally, when the veterans return home, the lack of service and respect exacerbates the anger and trauma issues that so many of them experience. As the veterans spoke of their difficulties, their anger and frustration was consistently voiced.

FAMILY GROUP TOP RANKING ISSUES:

Lack of local access to full continuum of services

Need for consistent information and education for families, physicians and employers

Need one point of contact for access to services and resolutions of problems

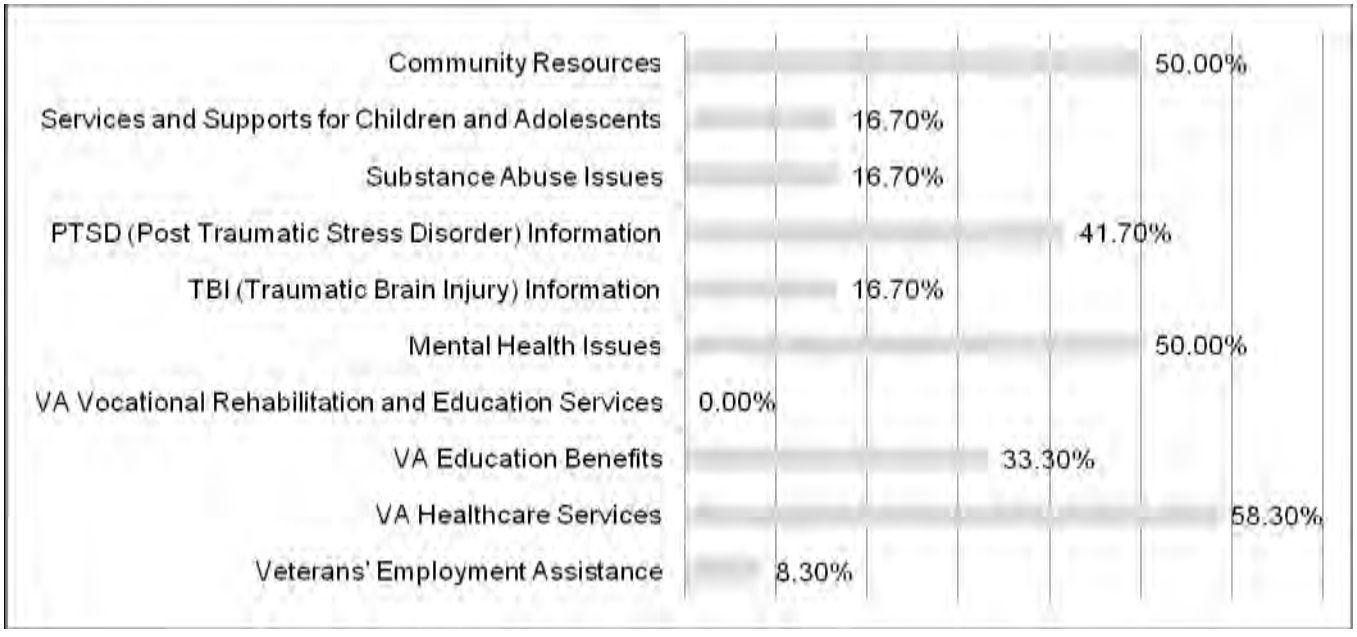
Need formal VA sponsored services and supports for families

In every case and situation related during the session, family members stated that travelling to Baltimore and/or DC is unmanageable. They cited lost work time, the inability to maintain participation in treatment, and high cost of transportation as significant problems. They consistently maintained that first step to improving every issue discussed would be local, centralized services. Many participants reported that they were facing alcohol abuse, weight gain, depression, as well as academic and emotional problems for their children. Proactive, formalized programs to help address these needs were stressed as a high priority. Families feel unprepared for deployments and unprepared for their vets' return home. It was suggested that the VA implement a standard protocol to provide education and information to returning vets and families that would assist with the transition. Specific areas of concern were understanding and identifying TBI, PTSD, warning signs of suicide and other mental health issues. They also wanted information about navigating the VA benefit and service

system. Some participants related successful experiences finding services or supports. Most often this was due to their own determination or initiation or a "by chance encounter" with someone who" knew the ropes". The group indicated that the information currently available not always presented in ways are fully accessible i.e.; older generations are not web savvy, or spouses who do not come from military families do not understand the military lingo. Finally, it was clear that families would like from the VA to reach out first, rather than having to search for help. The sense of urgency and desperation expressed by the group was palpable throughout the session.

REQUESTS FOR INFORMATION AND SERVICES

All attendees were given a form on which they could confidentiality request information or assistance with specific issues.[4] Twelve individuals requested assistance, a response rate of 24% of all participants. The Regional Resource Coordinator provided follow up contact for all requests.



[4] Attachment 4 – Information Request Form February 21, 2009

OIF and OEF Veterans and Families in Southern Maryland
FOCUS GROUPS
Saturday, February 21, 2009

Focus Group Script for FACILITATORS and guidance to RECORDERS
FACILITATORS: please watch your time …

Focus Groups are divided into 2 categories
Service Members & Veterans – Facilitator: Al Brewster
Spouses & Families – Facilitator: Kendall Sorenson-Clark

If any group is assessed as too large, the group will be divided and another Facilitator will work with that group. Back-ups: Connie Walker, Arianna Hammond

1. **Introduce yourself. Explain that the purpose behind these groups is to better understand the needs of Service Members, Veterans and their Families *in Southern Maryland* and to determine what is working well and what is not working well for them *in Southern Maryland.***

2. **Let the group know that everything in this group should be kept confidential. Introduce your recorder. Explain to the group that they will be taking notes to make sure we don't miss any important information**. Let them know that only information will be recorded, and not names.

3. **Tell your group that this session is for Service Members and Veterans (or Family members and significant others) ONLY. Tell them that if anyone else is in the room (press, providers or others) they are welcome to take a tour of the Stadium until the group is over at 3:30, and let them know they can participate in the closing session. Ask the group if they are aware of anyone present, who should not be.**

FOR RECORDERS: **For EACH QUESTION, do your best to list EVERYTHING that is said in response to the questions.**

FACILITATORS SHOULD LIST THEMES ON FLIP CHART

Questions:

1. ***What has been the most difficult challenge for you during this deployment?***

2. ***What has been your experience with accessing services from the Veterans Administration?***

Probes : What's working? What's not working?

3. ***What has been your experience regarding employment issues in Southern Maryland?***

Probes: What's working? What's not working?

4. What housing issues are most on your minds?

Probes: - Are you concerned about losing your home? - Are you having difficulty finding a good place to live?
-- Are there housing and rental "finding services" that are working?
-- Are there services like this that you've heard about, that are <u>not</u> working?

5. How has this deployment affected you?

Probes:
-- What have been the biggest problems?
-- What has been helpful in addressing them?
-- Was anything offered to assist, that did not work well in your opinion?
-- What do you <u>wish</u> had been offered *(other than a million dollars)*?

6. A: <u>FOR VETERANS GROUP ONLY!</u> <u>If you are married or have a significant other</u> ... how did your deployment affect them? Do you have any concerns about how they are doing, now?

Probes:
If there were problems, what were your biggest concerns?
-- What was helpful?
-- What was not so helpful?

If there are problems now, what are your biggest concerns?
-- What is helpful?
-- What could be working better?

Is there anything you <u>*wish*</u> your spouse or significant other had been offered, or, could be getting now?

6 A 1. Did this deployment affect your children?

6 B: FOR FAMILIES GROUP ONLY!

How did this deployment affect your Veteran?

Probes: Has your Veteran's behavior towards you, your children, or friends seemed different since his or her return from deployment?

6 B 1: Did this deployment affect your children?

Probes: Have their grades changed? Are they experiencing problems with family or friends?
If they were offered support, what worked? What didn't work so well? What do you <u>wish</u> could have been offered?

7. *THIS LAST QUESTION is VERY IMPORTANT!*

Are there any other problems or issues that we haven't mentioned, that you would like to let us know about?

Move to Focus Group Wrap Up – prioritize areas of concern (multi-voting)

FACILITATOR SCRIPT: **"We have listed a number of difficulties or obstacles you have faced or are facing. In order to prioritize the needs, we are going to ask you vote on the items in each category. Please raise your hand for the item you think is the most important to address."**

Do this for each category – have them vote on each theme – one vote per person, per category. "One Vet (*or Family Member / Significant Other*), One Vote"

3:45 Reconvene for Facilitators' summary, wrap up, and tour of stadium

Produced By:
Dr. Albert Brewster, Lt Col, USAF, Ret
Kendall Sorenson-Clark
Constance A. Walker, CAPT, USN, Ret

Your input is important, please tell us what you think.

1. How would you rate today's listening session for Veterans, Active Service Members, spouses and families?

	very good	good	OK	poor
overall event	◯	◯	◯	◯
location	◯	◯	◯	◯
day and time	◯	◯	◯	◯
food and facilities	◯	◯	◯	◯
resource folders	◯	◯	◯	◯
focus groups	◯	◯	◯	◯
information table	◯	◯	◯	◯
wrap up session	◯	◯	◯	◯

Comments

2. What did you find most helpful at today's event?

3. What did you find least helpful at today's event?

4. I am a

◯ Veteran ◯ Active Duty Service Member ◯ Spouse or Significant Other ◯ Parent of a Veteran or Active Duty Service Member

◯ Other (please specify)

5. For Veterans and Active Duty Service Members. Please tell us your age.

◯ Less than 20 ◯ 20 - 29 ◯ 30 - 39 ◯ 40 - 54 ◯ 55+

6. What county do you live in?

☐ Calvert County ☐ Charles County ☐ St. Mary's County ☐ Prince George's County ☐ Other:

7. What is your zipcode?

8. How did you hear about today's event?

◯ Local Newspaper ◯ The Tester ◯ Local Radio ◯ E-Mail Distribution ◯ Goverment Access Channel

◯ Other (please specify)

9. In which branch of the miltitary have you or your family member served? Please check all that apply.

	OIF Veteran (Iraq)	OEF Veteran (Afghanistan)	Currently On Active Duty	Guard or Reserve
Army	☐	☐	☐	☐
Navy	☐	☐	☐	☐
Air Force	☐	☐	☐	☐
Marines	☐	☐	☐	☐

10. For Veterans: Are you currently employed?

◯ yes,full time ◯ yes, part time ◯ no, currently looking ◯ no, not looking ◯ no, disabled ◯ retired

11. For Spouses/Signifcant Others: Are you currently employed?

◯ yes,full time ◯ yes, part time ◯ no, currently looking ◯ no, not looking ◯ no, disabled ◯ retired

12. If you are a OIF/OEF Veteran have you applied for VA benefits?

◯ yes ◯ no ◯ not applicable

13. If you are an OIF/OEF Veteran and have applied for VA benefits, has your application been approved?

◯ yes ◯ no ◯ waiting for a response ◯ under appeal

14. If you are a OIF/OEF Veteran and have not applied for VA benefits, why not? Please check all that apply.

☐ I am in the process of completing application

☐ I don't want them

☐ I don't need them

☐ I'm unsure of the process

☐ I have problems with transportation

☐ Other (please specify)

15. If you are a OIF/OEF Veteran where did you seek support during or after this deployment? Please check all that apply.

☐ I did not seek support ☐ Chaplain ☐ military counseling services ☐ other community service

☐ Other (please specify)

16. If you are a family member of an OIF/OEF Veteran where did you seek support during this deployment? Please check all that apply.

☐ I did not seek outside support ☐ my place of worship ☐ Military Family Support Group ☐ private counseling service ☐ other community service

☐ Other (please specify)

17. If you have children under 18, please tell us about your child's school situation. Please check all answers that apply. Only one family member should answer this question.

	too young for school	enrolled in public school	enrolled in private school	home schooled	recieves special education services	needs, but does not receive special education services
Age:	☐	☐	☐	☐	☐	☐
Age:	☐	☐	☐	☐	☐	☐
Age:	☐	☐	☐	☐	☐	☐
Age:	☐	☐	☐	☐	☐	☐
Age:	☐	☐	☐	☐	☐	☐

18. We welcome any additional comments and recommendations you may have. Please write them here.

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Information Request February 21, 2009

1. Please check all that apply. I would like the Southern Maryland's Regional Resource Coordinator for VA and Community Services in Southern Maryland to contact me about:

- ☐ Veterans' Employment Assistance
- ☐ VA Healthcare Services
- ☐ VA Education Benefits
- ☐ VA Vocational Rehabilitation and Education Services
- ☐ Mental Health Issues
- ☐ TBI (Traumatic Brain Injury) Information
- ☐ PTSD (Post Traumatic Stress Disorder) Information
- ☐ Substance Abuse Issues
- ☐ Services and Supports for Children and Adolescents
- ☐ Community Resources

Other (please specify)

2. If you would like information or assistance with any of the topics above, we will need your contact information. Please enter it here. All information will remain confidential and will only be used to provide you with information or assistance.

Name:
Address:
Address 2:
City/Town:
State:
ZIP/Postal Code:
Email Address:
Phone Number:

3. Please tell us your preferred method of contact.

- ☐ phone
- ☐ e-mail

4. Please tell us the best time to try and reach you. Check all that apply.

	morning	afternoon	evening
weekdays	☐	☐	☐
weekends	☐	☐	☐