



## Message from the Director of the VHA Office of Rural Health



*Gina Capra, MPA  
ORH Director*

In the Spring 2014 issue of “**The Rural Connection**” I would like to highlight the critical issue of rural Veteran homelessness; including the number of homeless Veterans, the challenges in ending Veteran homelessness, the initiatives of the US Department of Veterans Affairs (VA), as well as all the incredible efforts

and partnerships currently underway in the public and private sectors to combat this problem.

The 2013 Point in Time Count, prepared by the U.S. Department of Housing and Urban Development (HUD), estimates there were 57,849 homeless Veterans on a single night in January 2013 in the United States. This represents a 24% reduction in Veteran homelessness since 2010. While the percentage of those living in rural areas is unclear, many rural states have disproportionately high percentages of homeless persons who are Veterans. For instance in West Virginia 25 percent of homeless persons are Veterans, and in Montana, 16 percent are Veterans. While there are similarities between the urban and rural Veteran homeless population, the differences include that rural Veterans are usually homeless for longer periods of time, have serious medical problems including mental health and substance abuse issues, and are less likely to receive public assistance.

Factors such as lack of affordable housing, inadequate income, poverty and unemployment can lead to homelessness. Untreated mental health and substance abuse issues can lead to homelessness as well. In rural areas, a combination of high rates of poverty,

high unemployment, poor housing quality, a lack of homeless shelters, a lack of child care, a lack of public transportation and a lack of mental health and substance abuse treatment services are common and present formidable challenges to overcome.

In an effort to combat these challenges, VA is transforming its approach to homelessness from a “treatment first” to a “housing first” model that centers on providing people experiencing homelessness with housing as quickly as possible – and then providing services as needed. The ultimate goal is that all Veterans have permanent, sustainable housing with access to high-quality health care and other supportive services.

Considerable resources have been allocated to VA to support its goal to end Veteran homelessness but we believe that the strong interagency collaboration resulting in successful policies and programs such as Housing First, Rapid Re-Housing, Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH), and Supportive Services for Veteran Families (SSVF) have been critical to achieving the reduction thus far. The common element among all the programs that are working is partnership – partnership between government agencies, state and local governments, community providers, Veterans Service Organizations, industry and private business, and volunteers.



*Continued on page 2*



## Message from the Director *(Continued from page 1)*

One such interagency partnership is the HUD-VASH program, a collaborative program between HUD and VA where eligible homeless Veterans receive rental support from HUD in the form of a Housing Choice or Project Based Section 8 voucher, paired with VA provided case management and supportive services to support housing stability and recovery from physical and mental health problems, substance use disorders, and functional concerns contributing to or resulting from homelessness. More than 46,000 Veterans and their families have been permanently housed through the HUD-VASH program.

Under the SSVF program, VA awards grants to private non-profit organizations and consumer cooperatives who can provide supportive services to very low-income Veteran families living in or transitioning to permanent housing. SSVF is designed to rapidly re-house homeless Veteran families and prevent homelessness for those at imminent risk due to a housing crisis. Funds are granted to private non-profit organizations and consumer cooperatives that will assist very low-income Veteran families by providing a range of supportive services designed to promote housing stability. Grant funding has been awarded to more than 300 community-based agencies that serve all 50 states, Puerto Rico, the District of Columbia, and the Virgin Islands. These grants play a critical role in addressing Veteran homelessness by assisting our vital partners at the local level in their efforts.



Since 2009, the Office of Rural Health (ORH) has invested nearly \$20 million dollars in programs aimed at preventing and ending rural Veteran homelessness. Most of this funding has gone to a program known as Mental Health Intensive Case Management – Enhance Rural Access Network for Growth Enhancement (MHICM – ERANGE). This program provides intensive case management for both at-risk for homelessness and homeless rural Veterans, most of which have serious mental illness. This program includes substance abuse treatment, spiritual care, patient education, provider training, outreach and health services

assertive community based clinical case management. ERANGE promotes, helps maintain, and/or restores the mental health of this Veteran population, and ultimately enables Veterans to live successfully in rural community settings. In addition, ORH has supported a demonstration project in order to evaluate a permanent housing model for homeless rural Veterans known as the “Lodge Project.” This model, based on the concept developed by George Fairweather, is aimed at psychosocial rehabilitation by providing permanent, independent, self-managed cooperative housing for four to six employed occupants. Results from the demonstration project were promising and ORH plans on expanding this model to other rural areas of the country.

Private efforts to end rural Veteran homelessness include those of the Housing Assistance Council (HAC). The HAC is a national non-profit organization that supports affordable housing initiatives in rural areas of the country. They provide technical housing services, seed money loans from a revolving fund and housing program and policy assistance. They recently partnered with the Home Depot Foundation to award grants totaling \$265,000 to nine local nonprofit housing associations to build or preserve housing for Veterans residing in rural America.

It is the stated goal of President Obama, and VA Secretary Shinseki to end Veteran homelessness by 2015. VA along with its partners, in both the private and public arena, is working hard to achieve that goal.

To learn more about VA's homeless programs go to [www.va.gov/homeless](http://www.va.gov/homeless). To learn more about the HAC go to [www.ruralhome.org](http://www.ruralhome.org). ♦

### USDA Announces Funding for Advanced Communications Technology in Rural Areas

Agriculture Secretary Tom Vilsack today announced that the United States Department of Agriculture (USDA) is accepting applications for grants to enhance telecommunications and broadcast services in rural areas. Vilsack said, "This funding will help small, rural communities across the country gain access to communications technologies to improve health, education and other services."

To read the full USDA News Release, visit: <http://go.va.gov/55mv>. ♦

## What you should know about VA Health Care and the Affordable Care Act

**VA**



U.S. Department  
of Veterans Affairs

### What is the Affordable Care Act?

The Affordable Care Act, also known as the health care law, was created to expand access to affordable health care coverage to all Americans, lower costs, and improve quality and care coordination. Under the health care law, people will have:

- health coverage that meets a minimum standard (called “minimum essential coverage”);
- qualify for an exemption; or
- make a payment when filing their taxes if they have affordable options but remain uninsured.

In 2014, Health Insurance Marketplaces will be a new way to find health coverage. On the Marketplaces, some people may be eligible for lower costs on premiums and out-of-pocket costs based on their income.

### If a Veteran is enrolled in a VA health care program, do they meet the requirement for health care coverage?



Yes. If a Veteran is enrolled in any of VA’s programs below, they have coverage under the standards of the health care law:

- Veteran’s health care program
- Civilian Health and Medical program (CHAMPVA)
- Spina bifida health care program

### What are the benefits of VA health care programs?

- Medical care rated among the best in the U.S.
- Immediate benefits of health care coverage.
- Veterans may apply for VA health care enrollment at any time.

### At a glance

- VA wants all Veterans to get health care that improves their health and well-being.
- If a Veteran is enrolled in VA health care, they don’t need to take additional steps to meet the health care law coverage standards.
- The health care law does not change VA health benefits or Veterans’ out-of-pocket costs.
- If a Veteran is not enrolled in VA health care, they can apply at any time.

- No enrollment fee, monthly premiums, or deductibles. Most Veterans have no out-of-pocket costs. Some Veterans may have to pay small copayments for health care or prescription drugs.
- More than 1,400 places available to get your care. This means your coverage can go with you if you travel or move.
- Freedom to use other plans with your VA health care, including Medicare, Medicaid, TRICARE or private insurance.
- You have met the new requirement to have health care coverage.

### If Veterans are not enrolled in a VA health care program, how can they apply?

Veterans can apply for VA health care at any time by visiting [www.va.gov/healthbenefits/enroll](http://www.va.gov/healthbenefits/enroll), calling **1-877-222-VETS (8387)**, or visiting their local VA health care facility.

### Where can I get more information?

Visit VA’s website at [www.va.gov/aca](http://www.va.gov/aca), or call us at **1-877-222-VETS (8387)**, Monday through Friday from 8 a.m. to 10 p.m. or Saturdays from 11 a.m. to 3 p.m., eastern.

For more information about the Marketplace, visit [www.healthcare.gov](http://www.healthcare.gov). ◆

## The Bakken Region – Veterans Health Administration (VHA) Addresses Rural Health Concerns

by Alden Borromeo, MHA, Health Systems Specialist, VHA Office of Rural Health and Margaret (Peggy) Wheelden, Public Affairs Officer, Fargo VA Health Care System

Between 2010 and 2012, an “oil and gas boom” began in the Bakken region (near Williston, North Dakota), which spans north-eastern Montana, northwestern North Dakota, and southern Canada.\* Over a three year period, thousands of U.S. jobs were added to a highly rural area which lacked adequate levels of housing, infrastructure and support services.\* Over time, individuals with relatively high paying oil and gas jobs entered and competed for resources in the local economy, affecting the Veterans Health Administration’s (VHA) and the community’s ability to hire and house new health care providers to care for increasing numbers of Veterans working in the area.

Oil company workers in the Bakken region, including many Veterans, often work shift schedules of three weeks on, one week off. High housing prices and the general lack of services and entertainment has translated into oil employees living in temporary housing, referred to as “crew camps” during the work period



and returning to another location for the time off. The influx of new population to the strained rural community has been associated with increased alcoholism, drug use, and assaults. This situation is compounded as law enforcement cannot compete with oil company salaries for workforce. State and Federal agencies struggle to keep up with routine surveillance, prevention and intervention work.

Today, clinics run by VHA are nearing maximum operational capacity in the Bakken region. VHA has assessed existing capabilities and resources to address the increase demand for services precipitated by the increasing Veteran population including access to mental health and substance use care (via telehealth), homeless services, and residential treatment programs for mental health and substance abuse. Study continues to learn more about the population, its health care needs, its migratory patterns, and how these factors have changed over time. Importantly, other areas in the U.S. are experiencing a similar local/regional oil boom phenomena and information learned from studying the Bakken region would benefit VHA leaders in those areas.

The Fargo VA Medical Health Care System (HCS) oversees the provision of health care for 31,462 Veterans living in North Dakota, including much of the Bakken Region, as well as 19 counties in northwest Minnesota, and two counties in northeast South Dakota.

Nine community based outpatient clinics (CBOC’s) serve Veterans throughout North Dakota: Jamestown, Bismarck, Dickinson, Minot, Grafton and Grand Forks, and in Minnesota: Fergus Falls, Bemidji, and Williston. In an effort to expand access to primary care in North Dakota, the Fargo VA HCS will be opening a primary care telehealth clinic in the summer of 2014 in Devils Lake, North Dakota. It will employ 1 registered nurse, 2 licensed practical nurses, and a primary care provider who will be on site monthly for face to face appointments.

Recently, the Fargo VA HCS Director and staff toured the western CBOCs, met with VA and contract staff, attended a Homeless Veteran Stand-down in Williston, North Dakota, and held Veteran Forums. Both staff and Veterans were appreciative of the Director’s visit and enjoyed the opportunity to express successes as well as opportunities for improvement. The primary challenges identified were transportation and access to specialty care. Fargo VA HCS is expanding its use of non-VA referrals in these areas, allowing Veterans the opportunity to obtain care in the private sector if not available through their local CBOC and save travel time to Fargo. Of note is that fact that the private sector does not always have the capacity or specialty clinics in the rural sector, due to provider recruitment difficulties in North Dakota.

In order to broadly address the Bakken region’s issues, the White House Office of National Drug Control Policy (ONDCP) has requested several Federal Departments to engage in a White House Domestic Policy Council (DPC) led, inter-agency effort to assess, strategize and respond to the current situation. The Secretary of the Department of Veteran Affairs (SECVA) has tasked the Veterans Health Administration (VHA) to formalize a workgroup towards the establishment of a Federal strategy to address the complex challenges associated with the Bakken region.

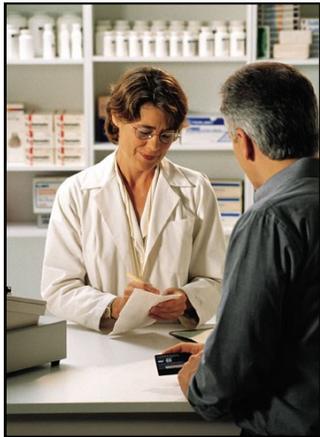
The Bakken Workgroup is co-chaired by Gina Capra, MPA - Director, VHA Office of Rural Health (ORH) and Lavonne Liversage, the Fargo VA Medical Center Director. Workgroup membership includes related subject matter experts and representatives from both field and program offices at a variety of leadership levels. Ultimately, the Bakken Workgroup will bring key decision points to the VA Deputy Under Secretary for Health for Policy and Services, the VA Deputy Under Secretary for Health for Operations and Management, and appropriate VA Leadership.

\*[http://www.nytimes.com/2013/02/03/magazine/north-dakota-went-boom.html?pagewanted=4&\\_r=0](http://www.nytimes.com/2013/02/03/magazine/north-dakota-went-boom.html?pagewanted=4&_r=0). ◆

## The Department of Veterans Affairs and the Indian Health Service - A Long History of Partnering

by Tim Stroup, BSP Pharm, R.PH. FAPha, FASHP, Deputy Chief Consultant, VA Pharmacy Benefits Management

The Federal Pharmacy Collaboration Council (FPCC) was formally established on April 1, 2012 to “to foster collaboration, support active/dynamic communication, and encourage sharing of best pharmacy practices across pharmacy programs, services and activities



of the Federal government in the advancement of healthcare in the United States.” Both VA and the Indian Health Service (IHS) pharmacy programs are members of the FPCC, but the partnership between VA and IHS has a much longer history, dating back at least 30 years. That history has helped advance pharmacy practice in

both VA and IHS but also has contributed to the advancement of the pharmacy profession in this country.

One of the major partnering initiatives is the joint contracting for pharmaceutical products through the VA National Acquisition Center (NAC), and in particular, the Pharmaceutical

Prime Vendor contract (<http://www.va.gov/oal/business/nc/ppv.asp>) which supports VA and IHS plus other federal pharmacy programs. That contract has total annual sales exceeding \$4 Billion and has an estimated cost avoidance of over \$380 Million annually. In addition, VA and IHS share in participation and collaboration of their respective formulary processes and clinical pharmacy programs.

Another major partnering initiative is the use of the VA Consolidated Mail Outpatient Pharmacy (CMOP) program in support of participating IHS medical centers and clinics. This pilot program began in June 2010 under the auspices of the most recent VA/IHS memorandum of understanding (MOU) that allows for tribal partnership and has grown steadily to the current level of over 105,000 prescriptions dispensed during the second quarter in fiscal year 2014. Total prescriptions workloads for this partnership grew from 2000 prescriptions in fiscal year 2010, to over 400,000 prescriptions projected for fiscal year 2014. To date, this partnership has dispensed roughly 700,000 prescriptions in support of 26 IHS clinical

*Continued on page 7*

## Looking for a Few Good Investigators!



**Mental Illness Research,  
Education & Clinical Center**

The South Central (VISN 16) Mental Illness, Research, Education and Clinical Center (MIRECC) is looking for Associate Professor or Professor level clinician-investigators who have a track record of funding and whose research interests are consistent with the MIRECC's rural theme: “To promote equity in engagement, access, and quality of mental health care for Veterans facing barriers to care, especially rural Veterans.” We are particularly interested in investigators who study expanding mental health access to rural-residing persons or employ technology to improve access to treatments. Qualified investigators should be

doctoral level clinical providers and may include psychiatrists, psychologists, social workers, or nurses. A full-time position with a combination of research and clinical duties will be negotiated at one of five possible locations where the South Central MIRECC has a presence: Houston, TX; Jackson, MS; Little Rock, AR; New Orleans, LA; or Oklahoma City, OK. Each VA medical center at these locations has a close affiliation with an academic institution.

The South Central MIRECC was funded in 1998 by Office of Mental Health Services and has been renewed twice, most recently in 2012. The South Central MIRECC has strong research, education, and clinical demonstration programs. To learn more about the South Central MIRECC, please visit <http://www.mirecc.va.gov/visn16>.

Interested investigators should send a CV and brief letter of interest via email to Mark Kunik, M.D. ([mkunik@bcm.edu](mailto:mkunik@bcm.edu)), Director, South Central MIRECC, Michael E. DeBakey VA Medical Center, Houston, TX. ◆

## Reaching Out to Indian Country's Veterans

by Terry Bentley, Tribal Government Relations Specialist/Western Region

On March 20-21, 2014, the VA Office of Tribal Government Relations (OTGR) sponsored a Veterans Training Summit at the Twin Arrows Navajo Resort and Casino on the Navajo Nation Reservation near Flagstaff, Arizona. Attendees included tribal leaders, tribal health directors, Veterans and Veteran service providers with the goal of sharing information regarding VA benefits and services. The one and half day summit provided an opportunity to network with and hear updates from VA leadership and subject matter experts, share best practices and collaborate with other state and federal agencies who serve Veterans. More than 20 speakers and program representatives provided information on VA benefits and services available to Veterans and their family members.

The event in Flagstaff kicks off the 2014 VA/Office of Tribal Government Relations (OTGR) Veterans Training Summit series hosted in or near Indian Country. The primary goal of these summits is to facilitate increased access to VA healthcare and benefits through informative presentations and interactive discussions about VA's efforts to reach Veterans living in Indian Country. During FY2012-2013, VA/OTGR held 12 regional training summits, reaching approximately 1,200 attendees.

There are four Tribal Government Relations Specialists across the United States, each of whom have relationships with tribal governments within a specific region. These specialists develop connections with tribal leaders, and federal and state partners to enhance the working relationship of the VA with tribal governments. Each of the Specialists is an enrolled tribal member and two of them are Veterans.

Marvin Trujillo, Director of the Laguna Pueblo Veterans Program in New Mexico and a Gulf War, OIF/OEF Veteran attended the summit in Flagstaff where he was asked about the im-

portance of these events. Marvin replied, "These trainings educate Indian Veterans on the available access to VA benefits and Secretary Shinseki's initiative to reach out specifically to Indian Veterans. It's important for us to realize the priority he places on our access to healthcare and benefits. Outreach to Indian Veterans especially in rural communities, like this one – it's new to us. It didn't used to be like this. There wasn't enough outreach before OTGR started connecting with Veterans in their communities and holding summits for us to gather and educate ourselves."

Stephanie Birdwell, Director of OTGR, says that these summits offer "An important forum not only to bring together VA, state, Veteran Service Organizations and other agency partners, but also to share information with tribal leaders, service providers and to Veterans and their families living in Indian Country who don't always have ready access to these services or access to those who can offer a road map to help navigate the various systems that serve Veterans. These are services and benefits that Veterans have earned through their service, and often times they are opportunities that can be life changing. Long after the summit is over, the contacts, relationships and partnership opportunities move forward and greater access is achieved for our Veterans within tribal communities."

Visit the OGTR website to learn more about the important work of this office as well as upcoming training summits and other OTGR sponsored events.

[http://www.va.gov/tribalgovernment/upcoming\\_events.asp](http://www.va.gov/tribalgovernment/upcoming_events.asp). ◆



*Marvin Trujillo, Director  
Laguna Pueblo Veterans Program*



## Service Member to Civilian: A National Summit on Improving Transitions December 1-3, 2014

Honor our nation's service members from all branches of the military transitioning to civilian life. Local, state, and federal partners will use this conference to explore education, translational research, and employment dynamics to remove physical, mental, emotional, financial, employment and educational barriers. Learn more by visiting <http://training.ua.edu/military-support>. **Paper/Poster submissions due June 30, 2014!**

## Working with Community Partners to Serve Veterans

by Ella Robbins, RN, Salem VA Medical Center

This past February the Rural Health Team at the Salem VA Medical Center in Salem, Virginia, in partnership with the Virginia Wounded Warrior Program, organized and sponsored a one-day conference titled “Working with Community Partners to Serve Veterans.” The purpose of this conference was to provide educational information on VA services and benefits, as well as to promote collaboration emphasize the importance of forming local public–private partnerships to bridge knowledge gaps and identify barriers to care for rural Veterans. Continuing Medical Education (CME) and Education Credits were provided by the University of Virginia.

Over 70 attendees, including local non-VA health care providers, heard from VA experts on recognizing the signs and symptoms of posttraumatic stress disorder (PTSD) and traumatic brain injury (TBI) in their Veteran patients; on crisis inter-

vention; and on innovative VA programs such as home based primary care (HBPC), home telehealth and Veteran transportation. A presentation was



also given on how to use My HealthVet, VA’s online personal health record. In order to simplify future communication between the Salem VA medical center and community entities, contact names and phone numbers from each of VA’s departments and conference attendees were exchanged at the end of the day. ◆

## VA/HHS Initiative to Improve Care Coordination for Rural Veterans (Continued from page 5)

sites with another 26 electronically connected to CMOP that are included in the total of 78 sites set up to utilize CMOP, including three Tribal facilities.

CAPT Pam Schweitzer was recently recognized for her contributions to the VA/IHS partnership, including the VA/IHS CMOP initiative, by being named to receive the 2014 American Pharmacist Association (APhA) Distinguished Pharmacist Award at the APhA Federal Pharmacy Forum last March in Orlando, FL. This forum includes nearly 100 pharmacists and pharmacy technicians from the US Army, Navy, Air Force, Coast Guard, Public Health Service, Indian Health



CAPT Pam Schweitzer

Service, Bureau of Prisons, and VA. CAPT Schweitzer is a past Chief Pharmacist at the VA Medical Center in Hot Springs, South Dakota, prior to serving as the Director of the IHS Pharmacy Resident Program. She is currently serving as the Senior Staff Health Insurance Specialist at the Centers for Medicare and Medicaid Services (CMS).

Other successful VA and IHS joint initiatives have included programs such as Medication Reconciliation, Medication Safety, Clinical Pharmacy Scope of Practice, Pharmacy Technician training and others. In the future, VA and IHS plan on collaborating on an Indian Health Pharmacy Residency program. There will be 19 residencies located in South Dakota, Alaska, New Mexico, North Carolina, Arizona, Oklahoma and Oregon training 23 post graduate year 1 (PGY1) pharmacy residents for the academic year 2014 -2015. The VA Pharmacy Resident program currently has 225 Pharmacy Residency programs that include 600 Pharmacy Residency positions (PGY1/PGY2) nationwide which represents approximately 20% of all American Society Health-System Pharmacists (ASHP) accredited Pharmacy residencies in this country. Learn more about the Indian Health Service Pharmacy Residency Program here <http://www.ihs.gov/pharmacy/resident>. ◆

**VA Reaching Out to Rural Veterans.** Read about the Alabama Veterans Rural Health Initiative (AVRHI) and how enhanced community outreach in rural areas improved Veterans’ access to care. Visit <http://www.va.gov/health/NewsFeatures/2014/May/VA-Reaching-Out-to-Rural-Veterans.asp>. ◆



## What's YOUR health age?

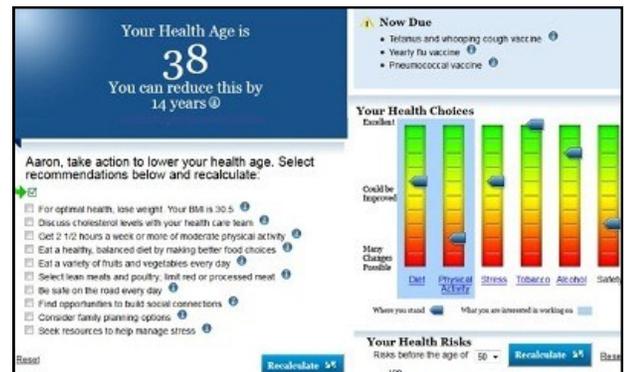
**Take the 'healtheliving' assessment to find out.** The healtheliving assessment is the first step to making healthy changes. This online tool asks you questions about your health history and habits. For example, there are questions about your family health history and lifestyle choices. It also includes reports. Your reports show you your health age, current health status, and suggestions to improve your health – and lower your risk of disease.

Jay Shiffler, a 20-year Army Veteran, took the healtheliving assessment recently. His health age “was not quite what I’d hoped it would be. One of the indicators in the healtheliving assessment was my weight. My BMI (Body Mass Index) was too high, and it showed me that there are larger implications than say, just knee and back pain. I found it reassuring that it is completely confidential. I don’t have to talk about some of these things in front of a doctor. I can do this all in the privacy of my own home.”

**Receive personalized reports** The summary report in the healtheliving assessment shows Veterans the positive effect of making changes. With graphic displays, it offers Veterans the chance to see the impact of specific changes. “It says ‘here are some things you might want to do to improve your health age,’” noted Shiffler. “You can select the recommendations to recalculate your health age. It helped me focus on what I needed to improve.”

## Why should Veterans take the healtheliving assessment?

- It’s confidential, safe, and secure. No one has access to answers and reports unless Veterans decide to share them.
- It’s quick, free, and easy. No appointments, no waiting — it can be completed online, in about 20 minutes.
- It’s informative and personalized. Veterans get specific recommendations on how to improve their health.
- No information will affect any VA benefits or disability ratings.



## How can the healtheliving assessment help Veterans reach their goals?

**Explore and learn:** Walk more? Eat better? Try the interactive feature to learn how making these changes can improve your health age.

**Share with your doctor and health care team:** Reaching your health goals can be easier if you choose to share your healtheliving assessment reports with your health care team.

**Set goals for healthy change:** Use this assessment to help you make a plan to improve your health.

## Three easy steps to the healtheliving assessment:

- Log in to your online account at [My HealthVet](http://www.myhealth.va.gov) — <http://www.myhealth.va.gov>. (If you’re new to My HealthVet, you can register for an online account now .)
- Select the healtheliving assessment icon. 
- Complete the assessment and find out your health age today! 

