

**Arizona Department of Veterans' Services Advisory Commission**  
3839 N. 3<sup>rd</sup> Street, Phoenix, AZ 85012

**October 10, 2019**

**MINUTES**

**Advisory Commissioners Present**

Peter Kloeber, Chairman  
Rebecca Villalpando, Vice Chairman  
Chris Gibbs  
Joan McDermott (via telephone)  
Arlthe Morrison  
Carolyn Smith

**Absent**

Gene Crego  
Joseph Brophy  
Matthew Randle

**AZ Department of Veterans' Services (ADVS)**

Colonel Wanda Wright, Director  
Tera Scherer, Executive Assistant  
R. Scott Fincher, Assistant Deputy Director, VSD

**Guests**

Karen White, Phoenix Veterans Administration  
Health Care System

**Call to Order** – The Arizona Department of Veterans' Services Advisory Commission meeting was held at the Arizona Department of Veterans' Services headquarters, Phoenix, Arizona. Chairman Kloeber called the meeting to order at 10:04 a.m.

**Approval of Meeting Minutes** – Chairman Kloeber called for a motion to approve the July 11, 2019, Arizona Veterans' Advisory Commission Meeting Minutes. There being no changes to the minutes, Commissioner Gibbs moved to accept the meeting minutes as written. The motion carried.

**Department Announcements and Updates** – Colonel Wanda Wright, Director, updated the Commission. Since the last Commission meeting, the Department officially broke ground on the construction of the two new veterans' homes after receiving notice of VA funding. At this time, Yuma is ahead of schedule and construction at Flagstaff remains on schedule. The Arizona Department of Administration has been providing valuable construction management resources to the Department and our own in-house construction manager.

On August 19, the Be Connected Roadshow launched in tandem with the Arizona Coalition for Military Families anniversary luncheon. On September 21 another Be Connected event was held in Lakeside, Arizona. Also out now is the [2019 Veterans Survey](#) that she invites the commissioners to complete. The Veterans Administration has partnered with ADVS and ACMF to send the survey out to stakeholders over 4,000 responses have been received so far. In 2017 the survey only had 5,000 total responses.

ADVS has been actively participating in the Arizona Management System (AMS) which is based on LEAN principles, for about three years now. For the second year in a row, ADVS was asked to present at the Results Washington conference. Col Wright presented the Be Connected

program and the use of Gemba walks, huddles and other AMS principles used to roll out the statewide program.

Director Wright advised the Commissioners that RimaAnn Nelson, the director at the Phoenix VA Health Care System has been promoted to VISN 10 director and Alyshia Smith will be interim director until the position receives a permanent appointment.

On November 5 the event *Bridge Forum* will be held for first responders who are also military veterans to discuss how we can involve them in services through the VA and in the use of the Be Connected program. Director Wright spoke of a recent incident where a military veteran serving as a sheriff's deputy was shot to death by fellow officers. The officer's significant other came forward to VA administration to discuss the situation in detail about PTSD and how stigma exists among first responders regarding engagement with the VA for needed services. The overarching goal of the Bridge Forum event is to get information about services that are available to them through the VA. The VA will then be providing further information sessions using town hall meetings throughout Arizona.

Col Wright spoke of the positions available to serve on ADVS boards and advisory commissions. There is a total of four clinician positions needed to fill openings on the Hyperbaric Chamber Therapy (HBOT) Committee. This committee will probably meet quarterly. The Department has set aside \$25,000 from the general fund to assist military veterans with this type of therapy. The Post 9/11 Military Family Relief Fund (MFRF) Committee needs two positions filled due to recent resignations. Last, the Pre-9/11 MFRF Committee was approved last session. There have been eight members appointed, but need an additional four appointees to serve on that committee. For information on submitting your resume to serve on any of those committees, please visit the [Governor's Office of Boards and Commissions](#) page.

On September 1, the Department submitted its budget request. Additional funding to support an additional six Veteran Benefits Counselors (VBCs) was the primary ask for this year. This has been the fifth year ADVS has made a request for additional funding of VBC positions.

Two new homes will be open in FY 21 with around 126 positions per home. The budget request also included a request for funding to cover salaries as well as operations and equipment to run the homes. The Department runs each of its veteran homes as businesses and as such continues to put income into a trust fund to cover operating costs for future veteran homes in Arizona. The funds in those trust accounts are capped for spending by the legislature and that cap needs to be raised to allow ADVS to use it to cover operating expenses.

Chairman Kloeber asked Col Wright about audit requirements for the veteran homes; each home has two audits every 12-14 months by CMS (The Centers for Medicare and Medicaid Services) and the Veterans Administration.

Director Wright advised the Department was recognized recently for their work in AMS. The Quality Review Team (QRT) has been has been recognized by the governor's office for their

success. When a VBC submits a claim to the VA on behalf of a veteran for review, there is a 48-hour window to review it to see if the VA rated it, or if there were any errors found. The team will then resubmit the claim back to the VA for a determination and an approval or denial letter is issued to the power of attorney (ADVS VBC) and the veteran. Due to the VA launching the RAMP (Rapid Appeals Modernization Program) the QRT team got behind, as there are many hearings in which the VBCs are doing with the veteran on their claims. Using AMS principals, the team was able to really drill down on their process and determine the most efficient way to review and resubmit these claims with accuracy and expedience.

The Arizona State Veteran Home has been under six percent for two years in a row, putting Arizona in the top 10 percent in the nation among long term care veteran homes.

Col Wright advised the Commission that ADVS has been invited to attend the *Governor's Council*, which is meetings for directors that have direct influence over the state's government. Col Wright is honored to be asked to attend those meetings and let the Commissioners know that is a great thing for Arizona's veteran community.

Yesterday the Department hosted the Executive Council meeting for the VA leadership and stakeholders. The Deputy took them on a tour of the headquarters offices and the team were mesmerized by the AMS process as it was explained to them while viewing the metrics and elements on the boards posted around the offices.

Jennifer Harris, ADVS Legislative Liaison took an opportunity to brief the Commission. Ms. Harris expanded on the VBC funding request, stating that there is a legislator who plans to run a bill for this funding and the veteran community will urge their legislators to continue to push for it during session.

Ms. Harris stated that ADVS submitted three legislative proposals. One statute states that ADVS provides fiduciary services and since that is no longer the case, it has been requested that the language be removed from statute. The second proposal has to do with Be Connected; last session Representative Lawrence sponsored a bill to have veteran suicide information reported to them from Department of Health Services, so ADVS has added counter measures to that language. Last, it will be requested that the state add a holiday that recognizes women veterans. The date chosen is June 12, the day in 1948 that President Truman signed the Women's Armed Services Integration Act, enabling women to serve as permanent, regular members of the armed forces.

Chairman Kloeber stated that veteran suicide is a top priority for the Unified Arizona Veterans.

Commissioner Villalpando asked if veteran suicide rates are broken down by gender and Jennifer stated that the information includes gender and age.

Commissioner Morrison asked if there is a need for any letters to the legislature from women veteran groups. Ms. Harris directed her to ask any women veterans to come forward and register to give testimony.

**Discussion of Transportation Survey** – Chairman Kloeber tasked Commissioners to reach out to their respective regions for information pertaining to completed, in-progress or planned transportation studies. All information that was gathered was compiled by Chairman Kloeber for submission to Col Wright. *The report can be found [here](#).*

Director Wright stated the transportation gaps continues to be reported through the Be Connected program. Her plan is to contact the VA to discuss this gap in veteran benefits and engage in some problem solving. The DAV provides the majority of transportation needs for veterans to attend appointments at the VA and CBOCs (community-based outpatient clinics) and as their volunteers age, it may be difficult for that organization to continue their great work.

Director Wright would also like to identify how assistance can be provided to veterans that are in their 80s and traveling up to two hours for medical appointments. A possible approach might be to partner with rideshare companies.

Commissioner Gibbs stated he will research and provide input from his area in Safford. Commissioner Morrison stated there are a number of veteran groups that provide shuttle service in the Sierra Vista area and use volunteers. She also believes this may be the last year of grant funding for shuttle services provided from the outlying areas.

Mr. Fincher stated he would like to continue to investigate funding and services provided in each region and identify stakeholders throughout the state. Furthermore, it is the first time this type of survey has been completed throughout the whole state, as smaller municipalities have gathered their own data. Director Wright suggested the possibility of having college students assist with gathering the data, possibly through each of the three regions within the college veteran success centers. Director Wright will consider next steps and report back to the Commission.

Commissioner McDermott stated in western Arizona a variety of non-veteran organizations have been doing studies and once she receives the data will report back.

Commissioner Gibbs stated there was a study completed approximately eight years ago in Graham and Greenlee Counties and at that time couldn't go to state for funding, as they were looking to serve the veteran population specifically, so was directed to reach out for federal funding. Within those two counties there is no transportation for veterans specifically.

**Karen White, BSN, MPH, RN, Phoenix VA Health Care System** – Ms. White, the Health Promotion Disease Prevention Program Manager provided an information titled, "*Empowering Veterans through Whole Health*," a programmatic system that the VA has rolled out. The program, which has similar language to a holistic health approach, is different in that it is designed to change the VA's approach of healthcare by empowering and equipping veterans to

live their fullest life. Modern medicine follows allopathic medicine, which is science-based, and uses medications to treat symptoms or ill effects of disease, rather than getting to the root of what is causing the ailments.

The program is designed to change the conversation from “*what’s the matter with you?*” to “*what matters to you...what do you want your health for?*” VA providers begin veterans in an introductory course that has them explore their mission, aspiration or purpose (MAP) then the veteran is encouraged to set some attainable goals. Veteran peers are used to speak to the veteran directly to explore their health aspirations.

The program overview can be found [here](#).

**R. Scott Fincher, Assistant Deputy Director – Veteran Services Division** – Mr. Fincher updated the Commission on the ADVS Veteran Services Division (VSD). Mr. Fincher began his employment with ADVS in 2015 as the Training and Information Manager for connected to the Veteran Benefits Counselors. As the ADD, Mr. Fincher works closely with employees that are forward-facing to our veterans; VBCs, cemetery staff, the Programs Division and the State Approving Agency (SAA). The Programs staff manages many ADVS programs, to include the Veteran Supportive Campus program; they head up the women veteran expos and provides outreach at many community veteran events. The SAA has four employees and they are tasked with doing site visits for over 400 post-secondary education programs in the state. They are attached to ADVS through a cooperative with the Veterans Administration. The VSD has over 60 employees.

Mr. Fincher stated that between the three cemeteries and the 35+ VBCs on staff, they bring in over \$50 million federal dollars monthly into our states through VA benefits. In 2015 when he first started with the Department, that figure was only \$18 million a month. Mr. Fincher believes this increase is due to AMS and revamping many the processes that were in place by gathering data and improving on those processes. The VBC rating approval is right around 82 percent, meaning 82 percent of the claims a VBC endorses are approved, which is excellent when compared to other states—the goal they are working towards is 90 percent approval.

The Virtual VBC program continues to develop. Currently, ADVS is working with the University of Arizona to set up a location in their Veteran Center. Once that one is up and running they will then will roll Virtual VBC stations out to NAU and ASU. For colleges and universities to have a Virtual VBC station on their campus, the institution will need to be certified as a Veteran Supportive Campus with veteran center on property.

Mr. Fincher advised that another location for a VBC has been identified and as of last month has been added to the Thunderbird CBOC (community-based outpatient clinic) on Wednesdays in Anthem. Veterans will need to call 602-627-3261 to schedule appointments for that itinerate location.

The Gold Star Family Monument at the Southern Arizona Veterans Memorial Cemetery in Sierra Vista was dedicated last week. The monument is very beautiful Mr. Fincher expects to receive requests to have similar monuments erected at our other state veteran cemeteries.

Mr. Fincher advised that total donations of \$827,000 to the Military Family Relief Fund has been received so far, quickly approaching the \$1 million maximum to qualify for state tax credits.

All three cemeteries have been inspected by the National Cemetery Administration (VA) this year: Marana scored a 91 percent; Camp Navajo 92 percent and Sierra Vista 98 percent approval rates. Mr. Fincher advised these scores are considered very high when compared to others throughout the country.

One of the areas found for all three cemeteries needing improvement is marker alignment, so that has been identified as a metric and the teams at each cemetery are currently investigating and problem solving on how to improve their process. Additionally, the last time Sierra Vista was inspected they received a score of 87 percent about five years ago.

NCA has a list of 138 points for the inspection process. The cemetery teams have divided the list into more manageable segments and has a target of 11 items each month to review so each cemetery will hit each point on the NCA's inspection list each calendar year.

Another role for Mr. Fincher is the agency's Tribal Liaison. Currently, he is meeting with tribes to identify VBCs supporting veteran needs on the reservations. Recently Gila River hired a veteran service officer, but the individual cannot be accredited due to the tribe's status as not being considered a congressionally chartered veteran organization. Mr. Fincher is working with the tribe and provided them with all information needed for the chartering process. Mr. Fincher will also share our VBC training program with them so they can get their program launched.

### **Outreach Activities**

Commissioner Smith reports that the Prescott veteran court is currently at the superior court level, meaning every veteran assigned to that court have felony charges. They are currently in the process of moving the program to the municipal court level, so these veterans have the opportunity to have their charges reduced. As the veteran completes the program, they would not be considered a convicted felon. Additional outreach activities for Commissioner Smith can be found [here](#).

Commissioner McDermott's report can be found [here](#). Additionally, Commissioner McDermott reports that Senator Borelli had a large piece of property donated in Kingman and will be working to set that land aside to be used for a state veterans home.

Chairman Kloeber stated he has plans to meet with Director Oemeke at NAVAHCS to discuss issues reported by Commissioner McDermott in her [May briefing](#). Additionally, Chairman Kloeber attended the Missing in American ceremony at the Arizona Veterans Memorial Cemetery at Camp Navajo; the Be Connected launch in Coconino County, the first of such

events in the state; and, the anniversary luncheon for the Arizona Coalition of Military Families and kick-off of the Be Connected statewide roadshow.

Commissioner Morrison stated that two months ago she was appointed by the governor to represent veterans and military members on a subcommittee for the census. All federal funding for services is based on the community's population. Services such as transportation, counseling, and other much needed services are based on the veterans and military being counted.

The subcommittee will last approximately eight months and invites commissioners to contact her if they would like to help her with the work of the committee. The next census training will be held on October 22 and she would be happy to provide those details.

Commissioner Morrison further stated that this year you can fill out information about your family online, using a paper method or even calling in. Commissioner Morrison further stated that people using post office boxes for their address will not be mailed census documentation due to accuracy issues.

Commissioner Villalpando – Black Canyon City VFW commander, Tammy Welter, has been awarded the “All American Post Award” and now ranks in the top 50. Additionally, she has been appointed as the lead investigator for the state of Arizona fraud claims for the American Legion and VFW. Recently, Commissioner Villalpando assisted two women with filing claims for benefits. Commissioner Villalpando regularly attends VFW and American Legion meetings. She will be attending the October 18 Hall of Fame Induction Ceremony and Luncheon.

Commissioner Gibbs stated that his wife recently had surgery at the NAVAHCS and was really impressed with the patient care she received. He was fortunate in that he got to stay at the Fisher House and was extremely impressed with that organization. While he was in Tucson he tried to get an appointment to visit with the director of the hospital and stated he never got to see anyone. The suggestion was made to reach out to ADVS executive staff for help in getting an appointment.

Commissioner Gibbs stated that the Safford Lions Club has been working to set up a week-long celebration event “*Field of Honor*” for Veterans Day and will consist of a parade and concert in honor of area veterans.

### **For the Good of the Order**

Commissioner Villalpando stated that on October 26 the Black Canyon City VFW will host an event with bands and food trucks for veterans and their families

Commissioner Kloeber asked the commissioners to read the [NY Times article](#) about the Be Connected Program.

A brief discussion was held about the Arizona Veterans Donation Fund (VDF) grant. Information on applying for those grants can be found online on the [ADVS site](#).

The next meeting of the Arizona Veterans Advisory Commission will be held on Thursday, January 9, 2020. The Commission discussed the possibility of touring the SAVAHCS and the Fisher House, with the possibility of touring the Arizona Veteran Memorial Cemetery at Marana after the meeting.

Chairman Kloeber notified the Commissioners that Commissioner Brophy's appointment officially expired on July 1 and has been on "holdover" status until he officially notifies The Governor's Office of Boards and Commissions of his resignation. Additionally, Commissioner Randle had submitted package in January, but was then asked in September by Boards and Commissions if he would be renewing his appointment. Commissioner Randle is also in holdover status until his new appointment is completed. Commissioner McDermott's Oath of Office was received by the Director's Office this week and will be sent back to Boards and Commissions for her reappointment. Commissioner Villalpando stated that she has her oath of office with her, but needs to have it notarized; she will complete it today. Chairman Kloeber is hopeful one of the Commissioners can recruit replacement for Commissioner Brophy; preferably someone residing in the central Phoenix area if at all possible.

After receiving a motion to adjourn, Chairman Kloeber adjourned the meeting at 12:15pm.

# **Gaps in Veterans' Transportation Needs Rural Areas**

## **Overview**

DAV provides most of the transportation for veterans.

DAV transportation is limited to veterans who are ambulatory.

Rural Transportation Challenges are highest in LaPaz County and Mohave Counties.

The DAV is planning to pilot a route out of Meadview this year.

Yavapai County lacks a centralized, reliable system that provides transportation to worksites, schools and health care.

The Central Yavapai Metropolitan Planning Organization is working to put together a comprehensive transportation plan to meet the needs of the general public, including Veterans.

Most, if not all, areas have a lack of “urgent” transport for short-notice appointments. Scheduling requirements for available transportation (e.g., DAV) do not meet such requirements (mental health appts, emergency/urgent care, etc.).

Veterans living on the reservation(s) have trouble getting transportation. Many of those who can drive themselves to VA appts have problems getting reimbursed due to the VA requirement for “direct deposit” of such reimbursements.

### **Attached References:**

- VAMC Phoenix – Beneficiary Travel Policy Page 2
- NAVAHCS – Rural Area Transportation Challenges Page 3
- DAV Transportation Summary – Flagstaff Area Page 4
- Community Inputs – By City/Area Page 6

## **Input from VAMC Phoenix**

### **Beneficiary Travel**

If you meet the criteria below, you may be eligible for mileage reimbursement in association with obtaining VA health care services. To better serve our Veterans the Phoenix VA Healthcare System will reimburse eligible Veterans for travel expenses directly into their bank accounts consistent with the Department of Treasury “Federal Non-Tax Payments” mandate. This move to electronic reimbursement provides significant savings to your time and ensures a safe and efficient way to receive payments. It also allows the VA to further embrace green initiatives and reduce the amount of paperwork involved in processing benefits. Cash is no longer available for travel reimbursements.

### **You Qualify If:**

- You have a service-connected (SC) rating of 30 percent or more, or
- You are traveling for treatment of a SC condition, or
- You receive a VA pension, or
- Your income does not exceed the maximum annual VA pension rate, or
- You are traveling for a scheduled compensation or pension examination

Veterans who choose to report to this VA Medical Center but live closer to another VA facility will be reimbursed only for the distance from their home to the nearest appropriate VA medical facility that has the capability to provide the treatment that Veteran requires.

In order to be eligible for travel benefits a Veteran must actually be incurring an expense. Veterans using DAV or other VA methods of transportation are not eligible for Beneficiary Travel reimbursement. Should one or more veterans travel together in a private vehicle, only the owner of the vehicle is actually incurring expenses and therefore is the only person entitled to travel reimbursement.

**General Travel Reimbursement**.....\$0.415 (41.5 cents) per mile  
Scheduled appointments qualify for round-trip mileage. Unscheduled visits may be limited to return mileage only.

**Deductible (effective January 9, 2009)**..... \$3.00 one-way (\$6.00 round trip)  
Deductible requirement is subject to a monthly cap of \$18.00. Upon reaching \$18.00 in deductibles or 6 one-way (3 round) trips, whichever comes first, travel payments made for the balance of that particular month will be free of deductible charges.

A claimant must apply either in person, or by faxing a form 10-3542 to (602) 222-2601, or by doing a KIOSK entry for payment of Beneficiary Travel within 30 calendar days after completing travel.

**Annual Declaration and Certification:** Travel associated with non-pensioned, non-service-connected, and service-connected veterans rated under 30% must have an updated means test completed on a yearly basis to determine Low Income eligibility for travel reimbursement or transportation.

## **Input from Northern Arizona VA Health Care System Rural Area Transportation Challenges**

Rural Transportation Challenges are highest in LaPaz County and Mohave Counties. Getting to Lake Havasu City CBOC, Kingman CBOC and Prescott VA pose great challenges for those folks living in the Quartzite/ Bouse areas as there are limited options for those individuals to tap into the Volunteer Transportation Network run by the DAV. That DAV route leaves LHC and Kingman and follows I-40 across the state to HWY 89. The challenge for Mohave residents is getting to those same facilities and also accessing care in Nevada, which is a shorter drive for them. The DAV is planning to pilot a route out of Meadview this year.

We also struggle with transportation challenges in central Yavapai County, especially the Quad Cities area. There are a number of resources serving specific populations, but we are lacking a centralized, reliable system that provides transportation to worksites, schools and health care.

The Central Yavapai Metropolitan Planning Organization is working to put together a comprehensive transportation plan to meet the needs of the general public, including Veterans.

## DAV Transportation Summary – Flagstaff Area

The **DAV** (Disabled American Veterans) is a non-profit volunteer organization, separate from the Veterans Administration (VA). Our Flagstaff DAV Transportation office was organized by volunteers about a dozen years ago. (There are also DAV transportation units in Kingman, Tucson, Lake Havasu and elsewhere.) EVERYBODY in Flagstaff who “works” for the DAV is a volunteer! The Flagstaff DAV office is housed in the American Legion at Birch and Humphreys; it parks its two vans in the Legion’s lot.

Our current roster of DAV volunteer drivers is 15-18, with a few drivers out on vacation (or medical leave themselves) at any given time. Drivers go through an orientation in Prescott including a short physical, TB test, and background/DMV clearance. The DAV is *always* recruiting new drivers.

Any U.S. military veteran *who is ambulatory* can use our free service. Vets call the DAV desk, dispatchers take down their info and schedule rides, and drivers then take vets to their VA and VA/Choice **medical** appointments. We ask that vets schedule their appointments in the mornings if in Prescott or Phoenix, and at reasonable times if local or coming from Winslow.

The Flagstaff DAV’s normal trip schedule is:

- Within Flagstaff, any day of the week as needed <sup>1</sup>
- To Prescott Veterans’ Medical Center on Mondays, Wednesdays, and Fridays
- To Phoenix/Scottsdale, Cottonwood, or out to Winslow on Tuesdays or Thursdays (about once/twice a month)
- To Williams or Valle to pick up vets for Flagstaff appointments, any day, but preferred MWF

We tell our client veterans to work within this schedule as much as possible. If a veteran has a medical appointment *not* meeting this schedule, with enough notice we try to accommodate the request and arrange a van and driver. However, if veterans have appointments too early or too late in the day (for instance, 8:00 a.m. or 3 p.m. in Phoenix) we generally must turn them down. **We estimate that this happens once every month or so.**

We “require” veterans to schedule their trips at least a week in advance. However, the veteran is often scheduled *on short notice* by the VA/Tricare. We do our best to accommodate them *if we have a vehicle available and can arrange a driver*. **This short notice situation is, in our judgment, the largest factor causing gaps in the DAV transportation process.** (If veterans *know* they have a future appointment but fail to give the DAV a week’s notice, that is their *own* fault if we cannot help them.) An appointment scheduled on short notice *by the vet’s doctor or Tricare*, at no fault of the veteran, happens several times a month

The DAV radius for picking up a veteran *at home*, when needed, is about 50 miles—e.g., Williams, Valle, or Winslow. If the veteran lives outside this radius, we encourage the veteran to secure transportation to, for example, Williams or Winslow, for pickup/drop off. If the veteran must

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<sup>1</sup> The local VA Clinic (CBOC) is authorized to have a dedicated van and paid driver for local trips, but presently does not have a vehicle or a driver on staff. Hence, the Flagstaff DAV attempts to fill the gap. Whether the availability of DAV assistance impacts the decision on the part of the VA regarding its staffing of this position is not known.

continue on to Prescott or Phoenix, the dispatcher may arrange for a “tag team” setup, with one driver bringing the veteran to Flagstaff, and a second volunteer driving on to Prescott (or Phoenix). Sometimes even a third driver will handle the last leg at the end of the day, taking the veteran home to Winslow or Williams from Flagstaff. **Obviously, it would be a big help to our veterans if there were transportation options in Winslow or north of Williams, to bring them to Flagstaff directly,** without having to send a DAV van *from Flagstaff* to transport them. (Note also that we have, on rare occasions, provided transportation to/from Camp Verde or Cottonwood and Flagstaff. While the Cottonwood area is served by a DAV operation, it only provides service to the VA in Prescott and Phoenix.)

While most drivers use the DAV vans, DAV drivers occasionally choose (or when vans are not available) to use their own cars (a “POV”, or “privately-owned vehicle”). POVs are used most often when driving patients to dialysis appointments, as those veterans are more infirm than the general patient population: getting them in and out of a smaller POV vehicle is often easier than them trying to climb into a higher-profile van. The DAV gets “credit” for volunteer hours and miles using POVs, so we track and report these hours every month. The DAV use to have three vans, but in 2018 the VA took one van back<sup>2</sup>. **Having only two vans means about once a month, we must turn down a request for transportation;** about as often as we don’t have a volunteer *driver* available.

One challenge of our operations is a frequent (at least once a month) request made by the local courts or the VA to provide transportation to veterans who have been admitted to the Prescott Domiciliary for treatment. This often entails picking the veteran up at the city/county jail. It is not uncommon that there is a miscommunication between the court and the jail, or that some other snafu within the jail occurs and the veteran is not released at the set time. To address this concern, one of our dispatcher/drivers who is involved in the local Veterans Treatment Court and is familiar with the jail process will often handle the jail pickup and hand the veteran off to the other volunteer van driver for transport to Prescott. This process is time-consuming and cumbersome for our volunteers at best; frustrating and a waste of time at worst (when the snafus occur). A further complication is that the veterans who are scheduled for treatment at the Domiciliary and who are not in custody are frequent no-shows for transportation. Based on this overall experience, the DAV will *not* schedule a van solely to take a veteran to/from Prescott or to/from the Domiciliary. There *must be at least one other veteran* scheduled on that day going to Prescott for a medical appointment. **Therefore, due to their inherent unpredictability, we occasionally must turn down these requests relating to the Domiciliary.**

Finally, **DAV volunteers are prohibited by the VA from transporting any veteran who is not ambulatory.** As veterans age and they become more infirm overall—or have a health crisis—there comes a point when we must turn down their transportation requests altogether. It would be helpful to know where to suggest that these veterans obtain the transportation they need, when, sadly, we must tell them the DAV can’t help them anymore.

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<sup>2</sup> Technically, the DAV acquires the vans and *deeds* them to the Veterans’ Administration, which then funds all gas, maintenance and repairs. When the vans reach the end of their useful life—roughly, 300,000 miles, the vans are *deeded back to the DAV* for disposal. Of our two DAV vans, currently one has 180,000 miles and one 250,000.

## Community Inputs

### Flagstaff Area

Specific issues/gaps:

- Early or late appts (time of day) often results in requests for DAV support being turned down
- Short-notice requests is largest factor causing gaps
- A critical need exists for transportation options in Williams and Winslow.
- Reduction from 3 to 2 DAV vans has caused problems and turned-down requests.
- Occasionally have to turn down requests related to the Prescott Domiciliary.
- DAV volunteers are prohibited by the VA from transporting any veteran who is not ambulatory.

### Williams, Ash Fork, and Seligman Areas

Veterans depend on DAV transportation when available. About four years ago, the American Legion Post 42 provided transportation with their own van and volunteer drivers stationed in Williams until they had to stop the program due to high Insurance costs. The DAV vans pass through Williams and Ash Fork and provide pick up in Ash Fork to the Prescott NAZ VA HCS. Some issues include clear instructions such as, "who to call"?, what lead time do I need?, do I qualify (do I need proof of a VA appointment)? what if I have to go to Phoenix or elsewhere?, what does it cost, etc. When the veterans have this information, they generally have adequate transportation available at this time. However, it would be an asset to these communities to have transportation available again as the local veterans' needs are continually growing.

### Page Area

Fee-based Medical Transport only.

### Lake Havasu Area

The Western Arizona Council of Governments conducted a preliminary study to assess transportation needs in Mohave County this past summer. They are considering doing a wider study in the next few months that will cover a wider area.

Relatively inexpensive private cab services are available in each of the 3 cities in Mohave County.

The Lake Havasu Veterans Treatment Court has a van that transports justice-involved veterans to hearings, drug testing, and counseling sessions.

The projected goal in Mohave County is to develop a collaborative system of transportation, especially between the three major cities.

The Lake Havasu City CBOC confirmed that transportation within the City is a problem, especially for older veterans. A local non-profit - Veterans United - can sometimes arrange transport within City limits in their van. Veterans using the CBOC who are from La Paz County have essentially no public transportation. The only ones for whom transport can be arranged are veterans with 100% disability designations - and that process is very difficult. The DAV transports veterans from La Paz and Mohave Counties to Prescott and Phoenix on the DAV schedule.

Transportation to special events for veterans is only available by individual arrangements.

**Kingman Area**

The Jerry Ambrose Veterans Council does their best to support transportation needs not covered by the VA or DAV – primarily in the small towns that are 60 miles out of Kingman and take them for therapy, appointments, food runs, prescription runs, welfare checks, home visits. They are looking for a van or SUV and will pay the insurance. They are also looking for \$3,000 to pay drivers. They have volunteer drivers who do not want to use their own vehicles. Mohave county is large with many miles of unpaved roads which is where many of the veterans live.

**Prescott Area**

Prescott does have Yavapai Transportation (YT) however, it only runs once a week. The YT does stop in front of the VA and ADVS and can accommodate wheelchairs and service dogs.

Prescott also has three DAV vans, but generally only one is used because they do not have designated drivers. It is all volunteer and they too can accommodate wheelchairs and service dogs.

**Cottonwood Area**

Use the Prescott area DAV, but it is "hit and miss." Some veterans end up being a "no show" or have to reschedule important appointments due to non-availability of DAV drivers, even when appointments are scheduled in advance.

**Camp Verde Area**

Camp Verde, VFW/American Legion used to have a van, but they were overwhelmed and could not keep up with the demand. They now use the Prescott DAV. Veterans can take a YT bus to the ADVS once a week or try to get a ride from the VA Dormitory if they have time to take them.

**Black Canyon City Area**

No transportation to the Prescott VA or the Phoenix VA.

Some of the elderly have to make that drive if they can't find someone to take them.

**Sierra Vista Area**

Some of the further away and more rural areas can have a hard time getting transportation to their appointments. The Sierra Vista area is very well served with the many veteran groups that exist and there is a lot of support for veterans.



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# **Empowering Veterans through Whole Health**

**Karen White BSN, MPH, RN**

**Health Promotion Disease Prevention  
Program Manager**

# What is “Whole Health”



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- Whole Health is an approach to health care that empowers and equips people to take charge of their health and well-being and live their life to the fullest.
- Emphasizes a holistic, proactive approach to healthcare with a focus on self-care.
- Evidence-based approaches.
- Includes clinical care.



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Healthcare is starting from the wrong place.

“Find it, Fix it” model is insufficient.

VA is re-envisioning and re-designing  
what health care is: patient-centered.

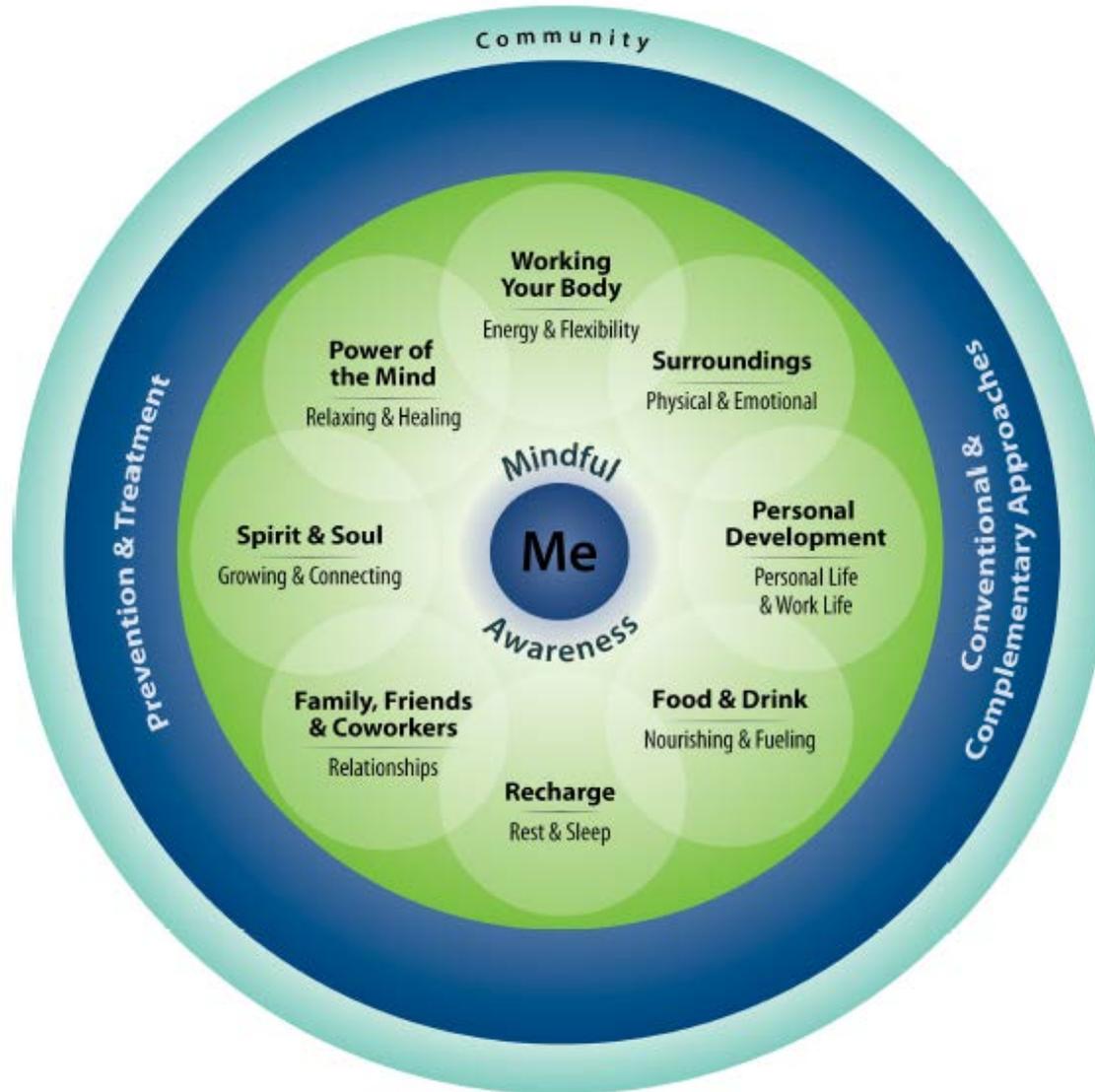
# Components of Proactive Care



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# The Approach

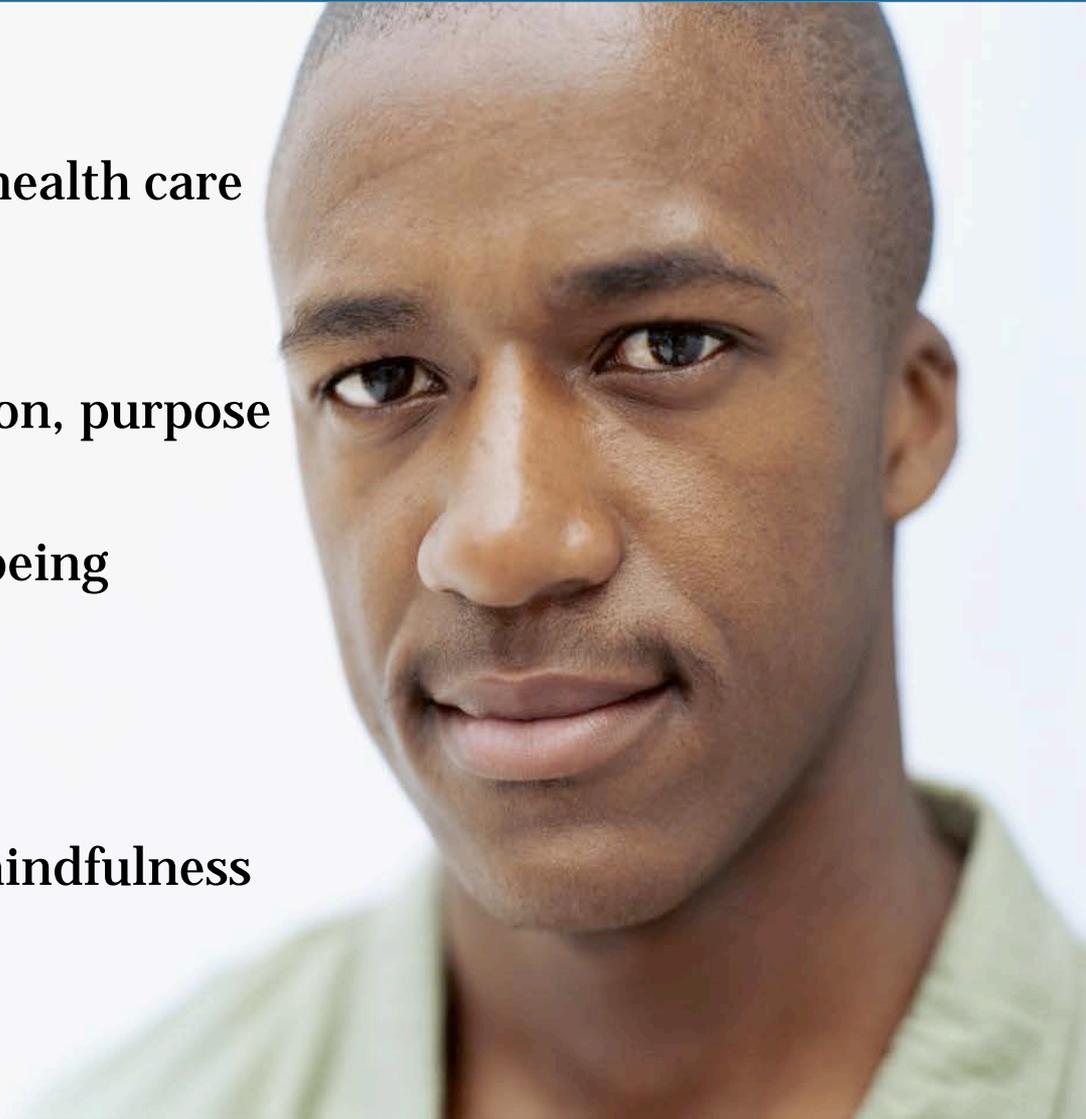


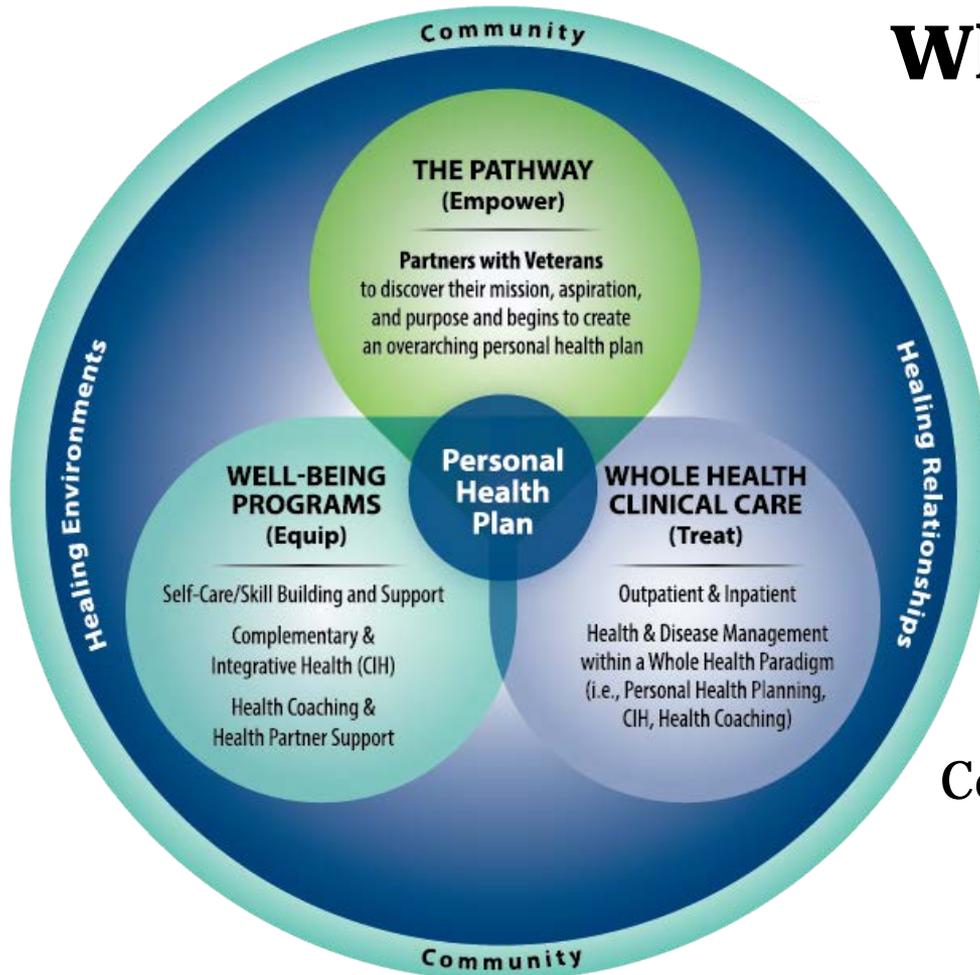
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- Self care is at the **CENTER** of health care
  - Clinical care is only a piece
- Explore your mission, aspiration, purpose
- Reflect and Assess your Well-being
- Skill building and support
- Based in self-awareness and mindfulness





## Whole Health System:

- Pathway
- Well-being programs
- Clinical Care

Complementary and Integrative approaches are integral to Self Care and Clinical Care

- Empower and Equip veterans through reflection and education
  - **Explore** their Mission, Aspiration, Purpose
  - **Reflect** through Personal Health Inventory
  - **Develop** SMART goals
  - **Take** Action and assess action



- **CIH brings conventional and non-mainstream approaches and medicine together**
  - Mind & body techniques
  - Evidence-based
- **Can be especially helpful for pain management**
- **Some evidence-based CIH offerings VA provides:**
  - Biofeedback
  - Yoga
  - Acupuncture
  - Mindfulness
  - Hypnosis
  - Tai Chi/Qi Gong
  - Guided Imagery
  - Massage Therapy



- **Whole Health courses, programs, health coaching, offerings**
- **How health coaching can be continued after their 90 days with WWP**

- You are in charge of your health!
- Whole Health enhances clinical care by empowering and equipping veterans.
- Ask your provider about Whole Health programs/ CIH.
- Consider completing the PHI and discussing it with a loved one, your PH&W Specialist, or your healthcare provider
- Additional resources

# Questions



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## October 2019 Report from Commissioner Carolyn A. Smith

1. In my July report, I stated my intent to write a letter to Barbara Oemcke, the Director of the Northern Arizona VA Hospital, recommending that she set aside one of the old Fort Whipple officer homes as a temporary residence for long distance families of veterans who are patients in the hospital. I sent the letter on 02 Aug 2019 and have not received a response or any sort of acknowledgement.
2. On 07 September 2019 Prescott held a welcome home ceremony for Charlie Company. 158<sup>th</sup> "Bushmasters" Infantry Bn, after a 1-year deployment overseas. The ceremony was held on the courthouse steps and lawn, and featured a band, American Legion Honor Guard, Patriot Guard Riders, and several speakers, including the Arizona Adjutant General, MG Michael T. McGuire. In spite of rain, it was well attended by city and county dignitaries and the public in general.
3. Prescott's Veteran Stand-down was a great success this year, and for the first time, had a chaplain table staffed by the Yavapai IFOC Chaplain Corps. We gave away 27 Bibles, 22 New Testaments, and several other pamphlets, in addition to having great conversations with both veterans and other volunteers.
4. The Prescott VA Hospital has adopted an extremely strict interpretation of VHA Directive 1111(1), as amended July 3, 2019, entitled "Spiritual and Pastoral Care in the Veterans Health Administration." Since I am both a volunteer and an ordained chaplain, I was invited to a "training class" at the local VA chapel on August 21, 2019. In this class, the primary emphasis was that the VA Chaplain is the only person who is allowed to pray with a patient, unless the patient specifically asks for a visiting clergy of his or her own denomination. This prohibition includes licensed and ordained chaplains, who are, by definition and training, non-denominational. An example was given: If I, as a VSO chaplain (for DAV) want to visit a member of my organization, I cannot wear my volunteer badge. I must wear a badge identifying myself as a chaplain. If, however, I want to visit as a volunteer, I may absolutely not wear any chaplain's badge or identify myself to the patient as a chaplain. There is no such thing as a volunteer chaplain. It was even stated that if I or another volunteer is with a Hospice patient who knows he is dying, and is begging for someone to pray with him, we can only offer "words of comfort," but may NOT pray with him. Only the VA Chaplain can pray with a patient. In a small VA Hospital with only one chaplain, this could be catastrophic, because the VA Chaplain might have decided to drive to Phoenix or further on one of his days off, and cannot get back before the patient dies. I believe this is a serious infringement on the patient's right to freedom of religion and the volunteer's right to freedom of speech, not to mention the implied humane right and responsibility to help a veteran in distress.
5. I am happy to report, in reference to a comment I made in July concerning grief support groups being available for spouses of veterans, that there are presently two churches in Prescott that seem to be offering these support groups more than once in the year.

Carolyn A. Smith

\*The Lake Havasu Veterans Treatment Court continues to work to assist other cities in Western Arizona to develop their Veterans Treatment Courts in Bullhead City and Parker. On Monday, 7 October, I joined Veterans Treatment Court Judge Kalauli and Coordinator Lowery to present the program, including the evidence of its success in Lake Havasu City over the past 6 years, to the Yuma court and stakeholders.

\*As the VFW Department Inspector, I've had the opportunity to meet with veterans across the State. The most prominent perceived issues of most concern continue to be access to services in the more rural areas, access to mental health treatment, including PTSD, the need for effective substance abuse treatment, continued concerns about homelessness and veterans in at-risk status, and the stubborn problem with high levels of suicides among veterans.

\*Many veterans also noted areas where they assess improvements in the services they and their fellow veterans receive. Access to local healthcare services are better in some areas. State veteran benefits counselor services seemed to be improving. Although better access to civilian medical care is happening, rural areas continue to have issues. For example, a needed specialist is not available within a reasonable distance.

\*Attendance at several regional resource exchanges and local exchanges have provided me with the opportunity to reach out to the larger community to talk about veterans' needs and services and to identify an AVSAC commissioner.

\*I spoke with State Senator Sonny Borrelli regarding a recent donation by a local resident of a large property in the Kingman area for the purpose of eventually establishing a veterans' home Northwest Arizona. He indicates he is continuing to actively pursue this option as a much-needed resource for veterans in Northwest Arizona.

\*I have continued to pursue information to complete a report on current transportation options available for veterans in Western Arizona. Several sources are still outstanding. I am awaiting information from the Western Arizona Council of Governments (WACOG) regarding a study they conducted in late summer in Mohave and La Paz Counties. I am a member of the Lake Havasu MPO Transit Feasibility Study and had the opportunity to highlight the needs of our veterans. The results of the study will be forthcoming shortly. Parker area information has also not been forwarded, but I expect to hear from them by the end of this week.

Joan McDermott

AVSAC Commissioner