

Arizona Department of Veterans' Service Advisory Commission
4141 North S. Herrera Way, (formerly North 3rd Street), Phoenix, AZ 85012

January 8, 2015

MINUTES

Advisory Commissioners

Brett Rustand, Vice Chair
Kara Caldwell
Phillip Hanson
Jeffrey Olson
John Scott
David Toliver

Excused:

Andrew Griffin
Ron Perkins

AZ Department of Veterans' Services (ADVS)

Robert Barnes, Interim Director
Judy Smith, Administrative Secretary

Guests

Nicola Winkel, Arizona Coalition for Military Families
Steve Hillberg, Associate Director, Carl T. Hayden
Medical Center
Cosme Lopez, Director, U.S. Department of Justice
Angel Juarez, State Adjutant, The American Legion

Call to Order – Vice Chairman Brett Rustand called the meeting to order at 10:10 a.m.

Approval of Meeting Minutes – Vice Chairman Rustand asked if there were any corrections to the meeting minutes and called for a motion to approve the November 13, 2014, Advisory Commission Meeting Minutes. Commissioner Hanson moved to approve the minutes as written. Commissioner Olson seconded the motion. Motion carried unanimously.

Commissioner Olson noted that at the September 11, 2014, Advisory Commission Meeting, Scott McRoberts, VA Health Care System Specialist, reported on the VA's progress in correcting 10 of the 13 recommendations on the Inspector General's report. Chairman Perkins had asked what the three remaining recommendations consisted of. Scott McRoberts did not have the items at hand but offered to send them to the secretary.

Commissioner Olson asked the secretary if Scott McRoberts had provided the requested information. The secretary reported that he has not.

Introduction and Welcome of Invited guests – Vice Chair Rustand welcomed guests Nicola Winkel of the Arizona Coalition for Military Families (ACMF) and Angel Juarez, State Adjutant for The American Legion. Mr. Juarez had no comments at this time.

Nicola Winkel – Arizona Coalition for Military Families – Ms. Winkel gave an overview of the Arizona Coalition for Military Families. The Coalition was established in 2009; it is a public/private partnership that builds support for all service members, veterans and their families. The work we do with our partners is focused on all 625,000 service members, veterans and their families living in Arizona. We focus on the individual or family, what their situation is, and their needs are.

The Coalition's goal is that there is no wrong door to turn to for help and that service members and families are connected to the right resource at the right time.

The people we are trying to help may be under extreme stress or experiencing a crisis, which makes finding resources even more challenging. They may start calling places on their own, researching and

clicking on websites and we hope they encounter someone who will help them by putting them with the resources best suited for their needs.

In the years since 9/11, more resources are available for veterans and veteran families than ever before; however, it is difficult for those in need to get connected to the proper resources. It is a complex world of available resources and it doesn't matter how many we have, if the person or family can't find the resource they need, it can be overwhelming. The Coalition wants to increase access and utilization of services for service members and veteran families.

Some systems are overloaded in trying to provide resources, and some in the public and private sector have excess capacity and could serve more veterans and families but the families don't know where to find them. That is an issue; we want to maximize effectiveness of those services.

In our needs assessment, we found that it matters how those services are delivered and what we know about service members, veterans and their families is that, in some ways, they are just like civilian populations. They experience stress, positive life changes, and transitions. However, in addition to what the general population experiences, veterans, service members and their families experience stressors relating to military service deployments, reintegration into civilian life and transitions which are different from the general population.

How does the Coalition go about getting people connected with the right resources at the right time to benefit them the most, and when people are connected to those resources, how do we ensure that those resources are effectively delivering support and care?

Everything the Arizona Coalition for Military Families does as a public/private partnership is done through engaging military, government and community organizations and partners.

Commissioner Hanson asked how the Arizona Coalition for Military Families is funded.

Ms. Winkel said the Coalition is funded by a combination of public and private sector funds. Some primary funders are ADVS, the Governor's Office for Children, Youth and Families, the Arizona Department of Health Services and private foundations such as the St. Luke's Health Initiatives and Newman's Own Foundation.

Ours is a cross section collaboration, as it is likely that individuals and families will access more than one system, so it is important that all systems are working together.

Coordination and collaboration is focused across several dimensions; across sectors and populations. We focus on active duty, National Guard Veterans, Reserve Veterans and their families.

Each individual organization and program serves a segment, either by law, mission or charter. What we want to do as a community is ensure we are building a continuum of care that meets the needs of all service members, veterans, and their families, regardless of their circumstances. We are a statewide organization that works in communities around the state.

Arizona's Guidelines for CARE is our community standard that was developed in Arizona through a grant from St. Luke's Health Initiatives. It was a community norming process that included focus groups and working groups, and the result was the care model. These standards define what it means to be an organization that is equipped to meet the unique needs of a military and veteran population.

There are 8 guiding principles, a set of 8 ethical considerations, and the CARE model, which consists of these four areas:

- How does the organization or provider Connect to the Culture

- Do they Ask the Right Questions at the Right Time
- How do they Respond Effectively (which may look differently if they are a faith-based community vs. a healthcare provider, vs. a first responder, vs. an attorney).
- How are they Engaged and working collaboratively in the military-veteran community to meet their needs

The Guidelines for CARE are not “one size fits all”; they are tailored to fit different sectors. For example, the Arizona Veterans Support of Employer designation provides a checklist of steps employers can take to fulfill the guidelines.

ACMF provides training and technical assistance for organizations to gain the knowledge of where they need to be as a part of the effort to help veterans and their families.

The Coalition also promotes best practices and transparency. Service members and veteran families have more information for making decisions instead of relying on someone telling them what is good; they are able to determine what is best for their family or situation.

Resource Navigators and the Military/Veteran Resource Network are meant to work hand in hand. Resource navigation training was developed by the Arizona Coalition for Military Families in Arizona. Over 500 resource navigators statewide have been trained. Our goal is for these trained navigators to be embedded in every organization and community statewide.

The half-day training gives navigators the basic tools for when they encounter a service member, veteran, or family member who has needs. The navigators determine their military status and situation and what is needed and help them plan for what comes next. We are trying to give people in the community the confidence to accept when someone is reaching out to help.

Military Veteran Resource Network - A resource network is the tool to help navigators prioritize resources. Based on what we know about a service member, veteran, or veteran family, we will be better able to match and prioritize resources to their needs.

The Coalition developed a coding system that notes the situation of the family and the resources needed for a specific situation. We intend for this to be a person-driven support system and recognize that, for the vast majority of people, the way they get help or access information and resources is through a person they trust.

The service delivery is driven by the partners, the military, government and community organizations that are interacting with service members, veterans and family members in their day to day lives. The Coalition’s role is to support the organizations who deliver the resources, allowing these services to be delivered more effectively.

Nationally, it is exceedingly rare to find a Coalition in operation this long. The vast majority of efforts are driven by individual leaders or an administration and put into place by executive order, which in some cases has resulted in a frequent turnover of the efforts.

The Arizona Coalition for Military Families was established 5-1/2 years ago as a public/private partnership. No one person or organization owns the Coalition. It is very hard to sustain these efforts if you only have a top level leadership involved or only grassroots support. Both are needed to effect systems change.

One of the neutrality challenges with systems and different levels of government can be territorialism. The Coalition works closely with leaders of organizations and effectively provides neutral space for these organizations to come together and collaborate and then go about the business they need to do.

The Coalition is a lean organization; we are focused on action and only meet when necessary regarding events and initiatives. We don't task our partners with meetings.

Arizona should be proud to have repeatedly received national recognition as a best practice model for state level collaboration and coordination. This honor reflects the investment in partnerships with key state organizations such as the Department of Veterans' Services and many others. The Arizona Coalition for Military Families has a strong presence nationally; Arizona is identified as a best practice state.

In October, 2014, Ms. Winkel attended the first National Guard Bureau "joining community forces" workshop and presented the Coalition's Arizona model to General Grass of the National Guard Bureau and The Adjutant General for all 50 states and territories.

The Coalition has a strong presence nationally through information sharing and has provided technical assistance to nearly every state and territory over the last five years. There is a lot of interest in what is happening in Arizona.

Ms. Winkel played a video of Colonel James P. Isenhower, Special Assistant to General Martin Dempsey, Chairman of the Joint Chiefs of Staff in Washington, D.C. Colonel Isenhower's comments are as follows:

"In less than five years, the Arizona Coalition for Military Families has become a national treasure. You are working hard every day to cooperate and collaborate across sections and to communicate the needs of veterans and their family members as they re-integrate into Phoenix and Arizona. You are setting conditions to sustain an all-volunteer force.

Seeing all that you have accomplished in five years, where will you be in 25 years? You're already a national treasure.

I thank you on behalf of the veterans and military families you have already helped and on behalf of General Dempsey and the joint force. Most importantly, I thank you for the work you will continue to do.

It was an honor to be here today; I appreciate the privilege of coming to Phoenix and to sit with folks who are genuinely altruistic, who shake the hands of veterans every day and ask what assistance that veteran needs as they re-integrate into civilian life and by embracing that veteran's family to help them become contributing members of your community. Thank you very much."

The Coalition's key initiatives for the first half of 2015 are:

- **Arizona Road map to Veteran Employment.**

Many are familiar with the statewide plan ADVS has spearheaded the past four years and the significant impact it has had on reducing homelessness in the veteran population.

ADVS and the Coalition are taking a similar approach with employment. We have more resources than ever before and are focused on employing veterans. We continue to see challenges, not only in hiring, but the retention of veterans in jobs.

The road map will focus on jobs through employment service providers in both the public and private sectors; work force connections, DVOPS, LVERS, non-profits that are working with us, and employers, large and small. The Coalition expects to launch this effort with ADVS and Arizona PBS in March.

- **Behavioral Health & Prevention Systems**

The Coalition is partnered with the Department of Health Services for behavioral health services.

The Department Of Health Services wrote into their system care plan for the Tribal and Regional Behavioral Health Authorities, instructions to focus on how they provide care to service members, veterans and their families. This is an example of implementing systems change that is based on the work of the Arizona Coalition for Military Families and its partners.

The Coalition is positioned as a resource to provide training and technical assistance to those agencies and providers to help bring them up to speed. There are a few providers that are very involved here locally, in Tucson, and in other parts of the state, who are actively serving the military/veteran populations.

The majority of providers is not actively aware and hasn't equipped their staff to handle the behavioral health needs of this population. The Coalition is working with the Department of Health Services to ensure a more consistent response statewide.

- **Southern Arizona Community Network**

The Coalition is working closely with the Community Foundation for Southern Arizona, University of Arizona and ADVS and will take the statewide model into seven southern counties. The goal is to bring a coordinator on board that will focus specifically on employment and all the resources previously mentioned, to the Southern Arizona region.

The Coalition's Community Summit held in December was well received and attended.

- **Statewide Symposium**

The Coalition conducts an annual symposium whereby the partners come together for training and continuing education. April will mark the 6th year for the symposium.

Commissioner Hanson said he is not familiar with the Arizona Coalition for Military Families and wants to know more about it. He asked what the Coalition's most successful marketing plan has been so far.

Ms. Winkel said the Coalition has worked in the background since the beginning and their target audience has not been the general public or the general veteran community. From a marketing standpoint, it has been to work strategically in certain directions with key state organizations and branch out from there. The Coalition has not put effort into broad scale marketing; that is expected to change going forward.

Commissioner Toliver said it is important that the Coalition continues to focus on veterans and military families. He asked what percentage of military veterans and family members are on the Coalition staff.

The Coalition has four key members, including Ms. Winkel. The other three members are veterans, including her husband, Thomas, who served in the Marine Corps during Operation Desert Shield/Desert Storm in the first Gulf War.

Ms. Winkel said the Coalition is clear in that they do not mandate only veterans can serve the military/veteran community. Veterans need everyone to help them.

In talking to veterans or service members, some want to talk with a veteran provider who they feel will understand their needs better. The Coalition respects that decision; however, there are some who do not want to talk with a military person. The Coalition partners provide options that respect these preferences.

Vice Chair Rustand said he has worked with the Arizona Coalition for Military Families for some time and, although they are in the background, some of the things they have done are Military Immersion Training, which consists of bringing those partners from the private sector and behavioral health, who

have no military experience, and familiarizing them with the struggles and issues military families are dealing with.

A great amount of training and assistance is being provided by the Coalition. Mental Health First Aid was adapted for military members; the Coalition has trained with fire departments, police and first responders on how to help veterans, specifically in a mental health crisis.

In a larger perspective for the State of Arizona, similar programs have started and died out in other states. Mr. Rustand believes one of the specific reasons Arizona is recognized nationally as a great place for veterans, is because the Coalition has these programs in place, and their dedication to bring these disparate organizations together to serve veterans.

Vice Chair Rustand introduced Steve Hillberg, Associate Director at the VA Medical Center, who spoke in place of Interim Director, Glen Grippen, who remained at the VA Hospital after receiving notice that President Obama might visit the VA Hospital today.

Steve Hillberg-Carl T. Hayden Medical Center - Mr. Hillberg presented a handout noting the VA's progress in lowering wait times for veteran appointments, construction activities and upcoming events. Mr. Hillberg has been in Phoenix about five months and his priority has been two fronts: one is to hire staff. The VA was approved to hire 1,000 additional full time employees (FTE), which means infrastructure and HR Support are needed. Mr. Hillberg brought in national resources such as HR Specialists to help with recruitment and hiring.

The second front is finding space to put new employees. There are various ongoing construction projects; Mr. Hillberg has been managing these construction projects and hiring new staff.

Mr. Hillberg doesn't believe the care coordination organizational structure the VA has in place is conducive to allowing functional units to make decisions to serve the veteran on the spot without having to go through several people. Mr. Hillberg is giving autonomy function units more authority to make decisions in customer service to veterans for primary care.

He is reviewing and refining organizational charts so departments have the resources to make decisions, but also have supervisory performance accountability.

Commissioner Scott remarked that the outsourced appointments and surgeries are a good thing for the veterans. His concern is the follow up and continuance of care with the VA, after surgeries are performed. He knows of several veterans who have had surgeries at a facility other than the VA and somehow there was a gap between the surgery and the follow up care necessary for the veteran's rehabilitation. What is the VA doing to address that problem?

Mr. Hillberg believes this falls under the Choice Act of eligibility for veterans who live more than 40 miles away or can't be seen within 30 days. He noted that Tri-West and the VA care coordination group work together on scheduling appointments for veterans outside the medical center.

The VA Care Coordination group and Tri West are involved in follow up care under the non-VA care authorization. The veteran needs to know that, along with surgery and follow up visits; they are entitled to six months of rehab. Those should be included under the payment authorization that is determined by Tri-West and the care coordination group.

Commissioner Scott asked if the follow up care is to be provided by the provider who performed the surgery through Tri-West or the VA. People are confused about the VA's role in follow up care.

Commissioner Scott gave the example of a veteran who had spinal surgery at a hospital other than the VA; two days later the hospital said he must leave and was preparing to discharge him. The veteran

couldn't walk; Mr. Scott intervened and attempted to halt his discharge but was unsuccessful. A friend transported the veteran home. Commissioner Scott tried to coordinate care for the veteran with the VA. Knowing where to go for assistance, accessing social workers, or a rehab department within the VA was confusing.

The veteran needed home health care; there were roadblocks in trying to get this veteran the proper post-operative care. The VA outsources surgeries, but does not follow up with the patient by providing a social worker and rehab care as it should.

Mr. Hillberg said the Choice Act has changed the landscape in managing care. The Choice Act authorization should offer a certain amount of treatments after a medical procedure, which is coordinated through the VA and Tri-West.

They look at the procedure and what the traditional recovery plan is; they see that the veteran gets those authorizations and that the veteran stays in the community until the full care is completed.

Mr. Hillberg believes the veteran Mr. Scott talked about might have come in for emergency care and was pre-authorized after the fact. In that case, after surgery, the veteran has to be transferred to a VA facility when stable enough to be moved.

Commissioner Scott said the veteran's surgery was a scheduled procedure that was outsourced to a medical facility because the VA couldn't perform the procedure on time.

Mr. Hillberg asked Commissioner Scott to provide the name of the veteran to him via email at steve.hillberg@va.gov so he can follow up on the medical procedure and what was done for this veteran. Commissioner Scott will provide this information to Mr. Hillberg.

The VA Administrative staff are clinical but co-manage care to implement the Choice Act. When the access crisis hit in May, 2014, in Phoenix, the VA knew it couldn't provide in-house care on its own, so community partnerships were established. The VA built the infrastructure because the Office of the Inspector General (OIG) was asking for improvements in access and that was the only way the VA could do it. The benefit is that Phoenix veterans are able to go through the Tri-West local care coordination process quicker. Nationally, we are the heaviest user of non-VA health care related to the Choice Act.

Commissioner Olson asked if Mr. Hillberg could provide updates on filling the VA Director position on a permanent basis. We are fortunate to have interim directors such as Glen Grippen and his talents in overseeing the VA, but a permanent director is needed.

Mr. Hillberg noted that former director, Sharon Helman was fired in November, allegedly for wrongdoing regarding secret wait lists of veterans trying to get appointments at the VA. The investigation findings could not substantiate her responsibility in any of the secret wait lists or wait list access problems during her tenure. Ms. Hellman was dismissed due to inappropriate gifting; for accepting gifts and gratuities from vendors who dealt with the VA.

Recruitment for the director's position is in progress. Interim Director Glen Grippen, a retired network director with high credentials, has agreed to stay a full year; his tenure is up November 17, 2015.

After posting the director's job on USA jobs, the process of screening applicant resumés and holding interviews will take 8-12 months. The new director will need two months to close out of his/her last position.

Angel Garcia asked Mr. Hillberg if he had any information about extending the VA's hours of operation. The American Legion hears from veterans who are frustrated by having to take time off work for doctor

or hospital visits. They feel they could be seen after hours and still get the medical care they need. After hour appointments would be a tremendous help to them.

Mr. Hillberg said the VA has not done a good job in managing extended hours for veterans who cannot come to the VA during regular hours. The Interim Director and central office realize they need to do better and are looking into this.

The VA Medical Center has to be able to offer some type of extended hours. Three locations have limited extended hours; the Southeast CBOC and two other locations have one provider who works late one night a week or comes in on Saturday. That is part of the appointment blocking schedule and the sites have the capability to see more patients. Mr. Hillberg said the three extended hour CBOC's are rarely used by veterans.

Even though service is available, the VA has not done a good job in marketing the extra hours capability. The VA is looking at expanding hours at other sites.

Mr. Hillberg announced that a new CBOC was recently approved and is under construction in Northeast Scottsdale at Frank Lloyd Wright and Via Linda Streets. The 7,000 s.f. facility is scheduled to open April 1, and is needed to serve veterans in the northeast area. A Grand Opening will be held closer to the April 1st date.

Commissioner Caldwell asked about organizational goals of streamlining offices to make services timelier. What are the 2015 goals and deadlines for speeding up the system?

Mr. Hillberg said Interim Director Grippen will have reviewed and restructured all of the services before he leaves in November. He intends to review all nine departments and restructure the medical center organization to make it more efficient by aligning each functional unit with all the resources needed.

The Administrative Medicine system has been reviewed and the Choice Act community care function has been established.

The Administrative Medicine functional group, with a total of 134 people, has the authority to make decisions and schedule workers. Nurses are under the same management structure as physicians and have a direct line to the Pen Tab Group. The restructure proposal was sent out to facility employees for comments; we are awaiting employee feedback at this time. We hope to be able to make final changes by the end of January.

Mr. Hillberg said the Primary Care group is the largest department with about 800 staff who are accountable to other departments. Restructuring should take about three months and, when complete, we will see improvements in their ability to make decisions for veterans on the spot.

Commissioner Scott spoke some time ago with then Interim Director Glen Costie who said the plan was to move primary care to the Community Based Outpatient Clinics (CBOC's) and keep the specialized clinic at the VA. Mr. Scott asked if this was still the plan.

Mr. Hillberg said the goal is to move primary and ambulatory care outpatient services to the communities the veterans live in and reserve the VA Medical Center for tertiary and in-patient specialized care.

We expect to see CBOC's expanding their services. Primary care and specialty care such as Audiology, Radiology and Dental will become part of the CBOC's. Diagnostic testing such as MRI's, CT scans and in-patient care will remain at the Medical Center.

Parking at the VA is a big problem; patients are not happy when they get to their appointment after spending time to find parking. Moving care to the CBOC's will help the parking problem while the VA is constructing 30,000 s.f. of VA parking.

Commissioner Toliver asked if, as a standard procedure, receptionists could advise those calling in for appointments of the after hour and weekend services. This would help ensure that the facilities and staff were being fully used after hours and on weekends.

Nicola Winkel noted that people are used to only being seen during regular hours and wouldn't know to ask for weekend or after hour appointments.

Mr. Hillberg said he will bring the matter up for discussion with the pact team to be sure that CBOC's are notifying their patients of extended hours. He noted that VA medical facilities are providing weekend and extended hours nationally, not just in Phoenix. All VA's across the country were asked to provide extended hours.

Vice Chair Rustand thanked Mr. Hillberg for attending and said he would like to have regular communication and a VA presence at all Commission meetings. The Commission normally meets at the Veteran Home and would welcome Director Grippen and Mr. Hillberg to attend future Commission meetings. It is important to build a bridge between the two.

Mr. Hillberg advised the Commission to contact Karen Craig who makes Director Grippen's appointments. She will see that someone attends.

Vice Chair Rustand noted that at the September Commission meeting, Scott McRoberts discussed 13 recommendations from the I.G. Report and that three were yet to be corrected. When asked what they were, he was not prepared to discuss them, but had promised to forward the information after the meeting. The information was not received.

In a future meeting, the Commission would like to address the three remaining I.G. recommendations with a VA representative and what the course of action is to address these findings.

Mr. Hillberg said the I.G. Report is complete and published. A great amount of work has gone into addressing the recommendations and 12 of the 13 specific to Phoenix have been addressed.

The new patient wait time for an appointment is 44 days; the target is 30 days. We are working to get the wait times lowered. He noted that winter visitors have contributed to bringing up the wait times.

Mr. Hillberg would like to attend a future meeting and present the I.G. Report and show what actions the VA Medical Center has taken to correct the I.G.'s recommendations.

Nicola Winkel asked Mr. Hillberg where he had worked previously before coming to Phoenix. Mr. Hillberg said he started as a network planner at the VA in Sioux Falls, SD; he was the Associate Director at Sacramento, he worked in Prescott for 6 months in 2013 and then came to Phoenix.

Vice Chair Rustand thanked Mr. Hillberg for his presentation and hopes to see him at future Advisory Commission meetings.

Communications –There were no communications since the November meeting.

Agency Announcements and Updates – Interim Director Barnes noted the changes in ADVS administration as of Monday, January 5th. Governor Ducey tapped Director Vogt to be Chief of Operations of his staff. Mr. Vogt has taken Executive Assistant Yasmin Ramos to work in his office. The governor also pulled Sean Price to his office. We wish them the best.

Mr. Barnes is serving as Interim Director while the governor is in the process of appointing a new director for the agency. A great staff remains; we are not a one-dimensional organization and have people who continue doing what needs to be done.

Ted Vogt was instrumental in starting the Arizona Roadmap to Veteran Employment Plan. He continues to be interested and is in a position to continue helping us with the program. We plan to start the program in March. We think it will be good for the state and we expect to have the same success we had with the Homeless Veteran Program. Sean Price was a big part of the Homeless Veteran Program and the yearly stand down and we hope he will continue to help us move these projects along.

Veteran Homes

Census for the Phoenix Veteran Home is 160; the home's capacity is 200 rooms. Tucson census is 110 and its capacity is 120 rooms. Both Veteran Homes are doing well. There are 90 to 120 days of funds in reserve for the veteran homes.

Veteran Services Division

ADVS is hiring Veteran Benefit Counselors for Bullhead City, Sierra Vista, Flagstaff and Casa Grande. The Flagstaff office was increased to two counselors to alleviate veteran wait times.

Cemeteries

ADVS is building two cemeteries simultaneously; one at Camp Navajo, near Flagstaff and the other in Marana, north of Tucson. Work at Camp Navajo was slowed due to weather conditions; however, the crypts were installed before the bad weather and are being inspected. Roadways into the cemetery are done and will be paved in the spring.

The movement of dirt marks the beginning of improvements at Marana. Both cemeteries are scheduled to open in January, 2016.

Legislature

The Arizona Legislature is scheduled to convene Monday, January 12. ADVS has only one bill pending legislation. The Veterans Access, Choice and Accountability Act requires all state supported colleges and universities to afford in-state tuition rates to all veterans.

The VA reviewed all 50 states and found that none of the states had legislation that met ACA guidelines for military in-state tuition. ADVS is proposing legislation to meet the guidelines of state tuition so military students can continue to attend state colleges and universities.

The guidelines say that for in-state tuition, the military student must have a DD-214 or be a VA Fry Scholarship recipient.

ADVS is watching budget issues; there are no major challenges in the budget at this point.

Dave Hampton, Public Information Officer, will attend future meetings and report on legislative matters.

Military Family Relief Fund

Vice Chair Rustand asked about the future status of the Military Family Relief Fund and the protection of the funds dedicated to veterans and their families.

Mr. Barnes said the fund was successful again in 2014; the million dollar cap for tax credits was met on December 10th and has been met every year for the last four or five years. The fund currently stands at around \$5 million.

We receive 12-15 applications per month; the committee meets once a month and approves funding. Since the country is becoming more removed from active war and the statute, as it was originally written, was to include conditions caused by combat, it is harder to approve more applications as there are economic and employment issues coming into play making it harder to stay within the statute. We are approving as many applications as we can while continuing to operate within the statute.

By statute, the fund is to be in effect through 2018 and remaining monies will revert to the Veterans Donation Fund (VDF), which allows more leeway in how the department spends the funds in helping veterans.

The new legislative session has not entertained sweeping or doing anything with the MFRF fund. The money was given by the public for a specific purpose and it would be inappropriate to use the money elsewhere.

Commissioner Olson suggested the Military Family Relief Fund issue be put on the agenda for a future meeting for in-depth discussion and to advise the governor of the policy that should be followed for these funds.

Vice Chair Rustand agreed that Military Family Relief Funds are dedicated to Arizona veterans and their families and any attempt to sweep these funds should be fought.

Mr. Barnes said the Military Family Relief Fund Advisory Committee chairman agrees and all committee members have said this.

Commissioner Scott said there is discussion in UAV meetings about amending the qualifications for funding from the Military Family Relief Fund. Has there been any discussion or plans to amend legislation to allow more veterans or combat veterans who are experiencing issues, into the MFRF program?

Mr. Barnes does not know of any plans or bills before the legislature to address anything with the Military Family Relief Fund.

Commissioner Hanson noted that presenting bills to the legislature ends soon after the legislature convenes; usually before the end of January. There is not much time to discuss issues we would like to have before the legislature.

Commissioner Toliver said we should ask our legislative liaison, Dave Hampton, to let us know the deadline for putting bills before the legislature.

Commissioner Hanson noted that the Commission would like Dave Hampton to attend future AVSAC meetings and give legislative updates.

Mr. Barnes said Dave Hampton had a meeting with the Chairman at the House of Representatives regarding Veterans and Military Affairs and was unable to be here today. Dave issues a Legislative Report on agency bills and any bills involving veterans and reports on the status of those bills.

Vice Chair Rustand said we will look forward to hearing from Dave Hampton at the next Commission meeting.

Veterans Donation Fund and Large Grant Process

A Commissioner had asked Mr. Barnes about the Veterans Donation Fund and the Large Grant Process. Mr. Barnes noted that grants are posted transparently on the ProcureAZ website. Grant awards of previous years, all bids and the descriptions of the grant requests are posted on the ProcureAZ website.

The ADVS Director determines how large grants will be paid out. In 2014, homeless veterans and veteran reintegration into society were highlighted. We follow the guidelines in that grant requests are evaluated by a committee of outside members and people within the department.

The committee's recommendations are presented to the director who grants the entire amount, or a partial grant, based on the amount of money available. Typically in the last two years the grant program has paid out \$600,000 to \$700,000 to nearly 15 initiatives, organizations and 501c programs.

Vice Chair Rustand asked when the next cycle of grants begins.

Mr. Barnes said December 31, 2014 was the closing date for accepting proposals for the current grant cycle. ProcureAZ will set up an evaluation committee in the next two weeks and we should have the committee's decisions and checks going out in February or March.

Commissioner Caldwell inquired if there was any confirmation from the governor's office regarding the letter Chairman Perkins sent to Governor Ducey in December.

Mr. Barnes said he had not heard from the governor's office regarding the Commission's letter. He is certain that with Ted Vogt on the transition team, the governor did receive the letter. Rick Romley was also part of the transition team for military and veteran affairs.

Commissioner Caldwell asked if it is standard that the new governor visit commissions and has a member of the governor's office ever visited the commission?

Vice Chair Rustand said the governor has not visited the commission. There was a phone call to Rick Romley about two weeks ago to explain AVSAC and its function. We discussed the vacant Commissioner seat that needs to be filled. Ted Vogt is there now so we have a good contact within the governor's office.

Commissioner Olson said Rick Romley and two others on the Veterans Military Committee transition team expressed significant concern that interactions between the Advisory Commission and the governor's office need to improve.

Chairman Rustand said we are starting off in the right direction with our letter and with Director Vogt in the governor's office there will be inroads or ties we haven't had in the past and we can expect better communications.

Outreach Activities for the Commission – Vice Chair Rustand asked for a report of outreach activities.

Commissioner Olson attended an informal meeting of veterans in Green Valley. Their main concerns were getting access into the VA medical system and that is improving. They would like the VA to provide dental for all veterans. That is a legislative issue the American Legion and other organizations have put forth. Veterans noted that they are happy with the care they receive at the Tucson VA Medical Center.

At the November meeting, Commissioners Olson and Rustand were tasked with coordinating the next Advisory Commission meeting in Sierra Vista. Commissioner Olson spoke with Chairman Perkins who said it would be best not to commit to an outreach meeting at this time due to the absence of an ADVS director and staffing changes. The chairman would like to remain fluid on the matter at this time and not task the agency by taking staff away for a full day.

Vice Chair Rustand agreed that we will eventually meet in Sierra Vista, but not at this time.

Vice Chair Rustand attended the Arizona Coalition for Military Families summit in December with 130 representatives of veteran organizations who gathered for the day to discuss accessibility, network capacity and other matters. It was an outstanding event.

Open Discussion for the Good of the Order – Vice Chair Rustand asked for discussion.

Commissioner Scott presented a flyer from veteran advocate, Dennis Flynn, Executive Director for “Building Together” at the Valley of the Sun United Way, who is spearheading a house giveaway to a disabled veteran. He is focusing on combat air veterans with significant disabilities who would need ADA accommodations for the home. The house giveaway is to be featured in a Super Bowl ad.

Chicanos Por Casa stepped up and donated the land for the home, which is located on Roosevelt Street. Mr. Flynn is trying to find qualified veteran applicants for this \$200,000 Craftsman home that is being given away free to a veteran. He is not getting many applications.

Commissioner Scott offered to bring the information and applications to the commission. He distributed the homeowner application and income restrictions sheet along with a picture of the home. The single veteran or veteran family has to meet median income restrictions. If they make too much money, they wouldn't be eligible for the home.

Commissioner Toliver noted the income form asks the veteran to define income vs. unearned funds. Income is from working; unearned funds are pension and social security. It needs to be clear to the applicant that income is salary and unearned income is pension and social security, which would be helpful to the veteran.

Commissioner Scott said veterans are referred to the HUD website for information on what earned income entails as far as service connected disabilities and pensions.

Vice Chair Rustand thanked Commissioner Scott for bringing this matter to the commissioners. There are great organizations with resources that have trouble finding veterans and this is an important connection.

Commissioner Toliver noted that he is 90% recovered from his surgery with only a month of rehab remaining. He is happy to be back with the commission.

Vice Chair Rustand said the Commission is glad to see Mr. Toliver back.

The meeting adjourned at 11:37 a.m. The next Advisory Commission meeting will be held March 12, 2015, at the Phoenix State Veteran Home.