

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

**November 13, 2014**

**MINUTES**

**Advisory Commissioners**

Ron Perkins, Chair  
Brett Rustand, Vice Chair  
Kara Caldwell  
Andrew Griffin  
Jeffrey Olson  
John Scott

**Excused:**

Phillip Hanson  
David Toliver, Sr.

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

Ted Vogt, Director  
Judy Smith, Administrative Secretary  
Yasmin Ramos, Executive Assistant

**Guests**

Donna Jacobs, Director, Northern Arizona VA Health Care System  
David Mosier, Western & Northern Manager of ADVS Veterans Services Division  
John F. Scott, Executive Director, U.S. Vets-Phoenix and Commissioner  
Dan Caldwell, Legislative Director of Concerned Veterans for America  
Annette Olson, Executive Director, U.S. Vets  
Ron Sepulveda, Rural Health Program, Northern Arizona VA Health Care System

**Call to Order** – Chairman Perkins called the meeting to order at 10:35 a.m.

Chairman Perkins noted that many of the veterans present today were active in Veterans Day events and activities. Commissioner Rustand was guest speaker for POW/MIA Recognition Day September 19<sup>th</sup> in Tucson.

Director Vogt and his staff marked the second groundbreaking ceremony for new veteran cemeteries in Arizona. November 8<sup>th</sup> marked the groundbreaking for the new veterans' cemetery in Marana. The groundbreaking for Camp Navajo near Flagstaff was in September.

**Approval of Meeting Minutes** - Commissioner Scott made a correction to the September minutes, referring to page 2, paragraph 3, the last sentence under "Introduction and Welcome of Invited Guests". The sentence should read, "Commissioner Scott is the director for the non-profit, U.S. Vets-Phoenix".

Commissioner Griffin moved to approve the minutes as amended. Commissioner Caldwell seconded the motion. Motion carried unanimously.

**Introduction and Welcome of Invited guests** – Chairman Perkins introduced Donna Jacobs, Director of the Northern Arizona VA Health Care System (NAVHCS), and thanked her for allowing the Advisory Commission to use the VA facility for its meeting today.

Ms. Jacobs welcomed the Advisory Commission and offered the NAVHCS facility for future Advisory Commission meetings. Ms. Jacobs provided a Healthcare Services Information handout and presented a slide overview of the Northern Arizona Veterans Health Care System.

The NAVHCS Executive Leadership Team consists of the Chief of Staff, Associate Director for Patient Care Services and the Associate Director.

NAVHCS is one of seven facilities in the VISN 18 (Veterans Integrated Service Network). NAVHCS in Prescott, Carl T. Hayden in Phoenix and the Southern Arizona Health Care System-Tucson are the three VA facilities in Arizona. Texas is so large that it is divided into three separate networks; three VA facilities in the western part of Texas are part of the VISN 18 Network. New Mexico has one VA facility for the entire state, which is not adequate for the large land mass that is New Mexico.

NAVHCS has Tertiary Care Facilities that perform open heart surgeries, neurosurgeries and basic procedures. Prescott refers patients to Phoenix, Tucson and to New Mexico for spinal cord injuries. Prescott also sends patients to the VISN 22 Network which covers Southern California and Nevada. Long Beach and San Diego have spinal cord facilities; some veterans prefer to be treated in San Diego.

There is a large ambulatory care focus at this campus along with a 120 bed domiciliary facility on campus that treats PTSD, substance abuse, and homelessness through active programs. The 85-bed Community Living Center contains hospice beds and a dementia unit.

Along with the DAV's vans, the Prescott VA provides veteran transportation services. Through funding from World Health and Petcor, the VA now has seven handicapped accessible vans and VA drivers who pick up patients from their homes and bring them to the VA for appointments. This was part of former VA Secretary Shinseki's initiative that if veterans can't get to us for care, how are we delivering care to them?

NAVHCS has 35,000 enrolled veterans and about 25,000 active users in the VA. We see about 45% of all veterans who reside in this area, and are active users. We are able to see more veterans in rural areas partly through clinics opened on the Navajo Nation and through Indian Health Services (IHS).

NAVHCS covers 60,000 square miles of northern Arizona; the Navajo Nation is the largest land mass across the U.S. and has the largest Native American population. NAVHCS is on historical grounds which was a cavalry post in the 1800's and is listed in the State Historical Registry. Any building renovations must be approved by the State Historical Preservation Office.

Ms. Jacobs noted that NAVHCS oversees the Community Out-Based Clinics (CBOC's) in Kingman, Cottonwood, Flagstaff, Lake Havasu and Anthem.

A larger veteran clinic with three primary care providers was opened in Kingman, replacing the former clinic that had been in operation since 1999. Physical therapy services were added along with three mental health providers. NAVHCS is looking at ways to enhance services to veterans in the Kingman area which has a heavy population of Vietnam Veterans. They are the largest group enrolling in the VA at this time.

Flagstaff and Cottonwood clinics were replaced about two years ago. An audiology group was added to the Flagstaff clinic. In addition, a provider at the clinic performs medical C&P exams.

Lake Havasu and Anthem clinics are to be replaced in the next year or so, which will make all the NAVHCS CBOCs relatively new.

NAVHCS operates Patient Care Tele health Outpatient Clinics (PTOCs). These clinics provide primary and some specialty care to smaller pockets of veterans. Providers can be anywhere across the country. RN and LPN staff in the health unit at the PTOCs are assisting during exams so veterans have interaction with their primary care provider.

The PTOCs administer mental health care and have done so successfully for several years. They also do some specialty exams; retinal imaging, for one, for patients with diabetes. Diabetes is a significant concern for the Native American population.

NAVHCS was the first to establish a primary care clinic within an Indian Health Services (IHS) facility. This was done in Chinle. Director Jacobs gave credit to Rod Sepulveda, the NAVHCS Rural Health Coordinator, for helping make that happen. He, along with the previous Native American coordinator, was instrumental in starting initial relationships with Indian Health Services; these relationships have continued to grow.

NAVHCS has the largest number of reimbursed agreements across the nation with tribal and Indian Health Services facilities that are reimbursed for care they deliver to Native American Veterans.

IHS in Chinle has agreed to allow non-Native American Veterans who live in that area to be seen at the clinic and those services along with ancillary services are billed to the VA. This has helped the Prescott VA give Native American Veterans choices and to expand and meet Native Americans' needs.

The focus groups the VA participates in reported that many veterans said they want care from the VA. At National meetings, other tribes want to know why their VA is not providing these same services to their veterans. These are some of the successes the Prescott VA has had.

Using space within an existing tribal health facility at no cost to the VA, and a great relationship with the IHS is giving our Native American Veterans choices. They have the choice of traditional services from the VA, or Native American care from IHS.

The mobile clinic operated out of the Chinle CBOC is VA staffed and travels to outlying areas such as Pinon and as far away as Kayenta.

A new IHS facility is being built in Kayenta. Through good relationships and partnering with IHS, they are building space specifically for a VA presence within their hospital. An entire area with VA staff will be dedicated to veterans within the hospital.

NAVHCS recently began taking a mobile clinic to the Indian Health Services facility in Pawlaka that serves the Hopi Tribe. An agreement will be signed with IHS allowing NAVHCS to put VA equipment and staff in their facility to serve the Hopi Tribe. We will have the team from Tuba City travel one or two days a week to deliver care to the Hopi Veterans.

Kingman and Lake Havasu areas have three primary care providers. Kingman has three mental health providers, Lake Havasu has one, and we plan to hire a second mental health provider there.

A second primary care provider is being added at the Flagstaff CBOC. With the NAU campus in close proximity, there are a number of veterans who want care. Prescott VA will place a mental health social worker at NAU one day a week and increase days as the need arises.

Phoenix, Tucson and Albuquerque VA's are strong partners and are referral centers. Prescott VA does not have an intensive care unit and relies on its partners to provide intensive care. Patients are sent to Phoenix or Tucson VA Hospitals. VA Regional office and cemetery representatives are located on campus, which is important to veterans.

Director Jacobs noted that NAVHCS has a positive relationship with the Department of Veteran Services and Veteran Service Organizations (VSO's) such as U.S. Vets and DAV.

Director Jacobs said the news recently reported that the Prescott VA tested positive for Legionella bacteria in a patient care area. Legionella was found in the overflow hospital unit that is seldom used. It was fortunate that patients were not housed on that particular unit and no patients were exposed to Legionella bacteria.

A contractor was hired to hypo-chlorinate the water. Unless the system is flushed regularly, Legionella bacteria can grow in the water system. Tests are negative for Legionella bacteria. A quarterly program was developed to routinely flush the water system of units that are not used regularly.

NAVHCS could not do all that it does for homeless veterans without community partnerships and charities. Disabled American Veterans (DAV) recently purchased an apartment complex to permanently house six homeless veteran families. The families had been separated with the veteran staying elsewhere. The VA provided Hud-Vash vouchers to the family while working to bring them together into permanent housing.

The VA relies on these partnerships who advocate on their behalf to Congress for rural health care needs, which they have done many times. NAVHCS is very appreciative of that.

A group is working to get a Public Housing Authority established in Yavapai County; Prescott's Public Housing Authority is out of Phoenix. Hud-Vash vouchers are based upon housing costs in Phoenix. Prescott's housing funds are higher, and there are not enough funds to support Hud-Vash vouchers in Prescott. We have been able to send those vouchers to Coconino County and Hopi veterans, but they are still not meeting the needs of the homeless in this community.

Ed Shire, Homeless Veteran Coordinator, and volunteer, Larry Rankin, are working with Congressman Gosar's office to establish a Public Housing Authority in Prescott.

Director Vogt inquired if the Public Housing Authority issue was a federal or state issue. Director Jacobs said it is a state issue.

Prescott transitioned away from intensive care and no longer has an intensive care center; we rely upon Yavapai Regional Center, Phoenix, or Tucson.

Director Jacobs noted that Prescott is a pro-veteran community. This year marked Prescott's largest Veteran's Day Parade with over 80 entrants. This is the second year the city has supported a Veterans Day Parade. Volunteers continue to grow; there are about 800 community volunteers who assist in various events.

Director Jacobs said 91.3% of veterans with appointments at the VA are seen in less than 30 days.

Choice cards were mailed to veterans who live 40 miles or more from a CBOC or the VA campus and to those who cannot be seen within 30 days. Veterans who live 40 miles beyond Flagstaff will receive choice cards. Next week, cards will be mailed to those who cannot be seen within 30 days. This is the commitment the VA Secretary has made.

Chairman Perkins referred to a report from last May that notes NAVHCS is doing well with the clinics and reducing patient wait times, however, one area in question was Endoscopy. Has it been resolved?

Director Jacobs said the Endoscopy Unit is under renovations. Endoscopy was moved from the fifth floor to what used to be the emergency department, which reduced the number of endoscopy rooms. The VA has one full time Endoscopist and is recruiting for another. A couple of part time people and a nurse practitioner who does consults and sees Hepatitis C patients, allows the gastroenterologist to see more patients. Saturday clinics were added to lessen the backlog of patients.

Chairman Perkins inquired about dental care.

Director Jacobs said one of the biggest complaints from veterans is why they cannot get dental care; eligibility is the key.

Dental care was expanded at NAVHCS. Two dentists are coming on board, which will make three full time dentists on staff. Losing two dentists earlier made an impact and meant initial dental exams were done on a fee basis.

Two of three Audiologists left NAVHCS, which impacted the Audiology technician in Flagstaff.

The Optometrist transferred out of NAVHCS; a new Optometrist will be coming on board.

Recruitment in northern Arizona is challenging. Prescott is on a different salary scale than Phoenix and Tucson. The cost of living is higher; homes are higher priced in the Prescott area. The job market for spouses is also a key factor. We experience losses in staff within a year when spouses can't find work.

Vice Chair Rustand commended Director Jacobs and NAVHCS for serving veterans through IHS, which means carrying a large weight of the care for tribal lands.

About a year ago, Tri-West was tasked with building a network to assist veterans in rural areas beyond 40 miles from health services. He believes they contracted with Blue Cross Blue Shield.

Director Jacobs said Prescott was one of five sites for Project Arch, which is access to healthcare closer to home. For three years, Humana Veterans had the contract that originally targeted the Flagstaff area. Recognizing needs in Kingman, Lake Havasu and Bullhead City areas, we were able to get an agreement to expand the contract to those areas. NAVHCS blazed the trails to get agreements with providers and hospitals to deliver VA and non-VA care.

This year, the VA contracted with PC3 Tri-West. Project Arch found there are not many specialty services in some areas of rural Arizona. Humana Veterans is a very aggressive and savvy group in getting agreements and contracts in place with providers.

When Tri-West was in operation, some patients said they were being sent to Tucson. That was not satisfactory; we had to work to get agreements in this area.

There is one Rheumatologist in the entire community for the large population we serve; a retirement community with rheumatologist needs. The doctor doesn't do the full complement of needs and we must send patients to Flagstaff and Phoenix.

Vice Chair Rustand said he has seen emphasis on the development of patient teleconferencing and asked how that was being used.

Director Jacobs said teleconferencing has been a great tool in delivering care to patients in outlying areas. The feedback from veterans who are being treated for PTSD is that they prefer the separation by teleconferencing and don't feel as intense as when sitting with the provider.

Commissioner Olson asked if there are any discussions that would allow for the adjustment of salary ranges for facilities such as NAVHCS.

Director Jacobs said the VA has various locality pay based on other government agencies within the area. Right now it's based on the Forest Service and Social Security in this area.

Director Jacobs said NAVHCS would need to ask for consideration to be outside the Rest of US (RUS) scale which is a flat locality pay; her office is moving forward with this request. NAVHCS is the only site in Arizona that remains on the RUS pay scale. We have to be able to demonstrate specific needs as to why the pay scale needs to be raised.

Director Jacobs said recruitment and relocation have been an effective incentive for retention. Students are coming out of college with huge student loan debt; 85% have at least \$175,000 in debt. The issue of not having funding for education debt reduction was raised with headquarters and we now have funding for education debt reduction at \$120,000 over a 5 year period, which is up from \$60,000.

Commissioner John Scott referred to the slide that projects between now and the year 2020, a 50% decrease in veterans eligible for services for priority groups, yet enrollments are increasing. What is driving enrollment?

Director Jacobs said Vietnam Veterans are driving enrollment. They are the largest group coming into the veteran system with physical and mental health conditions that have not been addressed.

Director Jacobs said part of the priority group placement is based on income; in different parts of the country or state the income thresholds are what deem the veterans eligible for care. If a veteran lives in Phoenix, the income threshold would be different and would make the veteran eligible for care in different priority groups.

The income threshold in the Anthem area would be higher than Prescott and it would be more difficult to qualify if the illness is not service-connected. Prescott recognizes these income thresholds. NAVHCS is working closely with ADA to get veterans in for exams.

Director Jacobs recognized her staff members, Kathy Nagy, Executive Assistant, who fields questions in the director's absence; Rod Sepovada who travels regularly and Matt Herriman who meets with veteran focus groups and tribal leaders on the reservations to find out what they need and how the VA is meeting their needs. These assistants and many others, work long hours for the benefit of our veterans; Director Jacobs values her staff's hard work and dedication to veterans.

**David Mosier, Northern and Western Regional Veterans Service Division Manager**, said his region is the largest in size in the state, covering over 69,000 square miles. The Northern and Western Regions are served by seven Veteran Services Officers.

The Kingman office serves 26,500 veterans in Mohave County with one Veteran Services Officer, David Kent. He works out of the Kingman office and also works two days a week in the Lake Havasu VSD office. At this time, there are no plans to replace the Veteran Counselor in the Lake Havasu VSD office.

The Bullhead City VSD office serves 26,500 veterans. It is currently without a Veteran Counselor; we expect to fill this position as soon as possible and the new counselor will conduct outreach to LaPaz County.

Yavapai County has 28,000 veterans who are served by two Veteran Counselors, Jeff Timm and David Patch from the Prescott VSD office. David Patch also conducts outreach one day a week in Cottonwood.

Benefits Counselor, Pete Fava of the Flagstaff VSD office serves 8,500 veterans in Coconino County. He conducts outreach two days a month, traveling to Page and Tuba City and stays overnight in Tuba City. There is a good turnout of veterans at each location. Mr. Mosier has been advised that the budget will allow for a second Veteran Counselor in the Flagstaff office, to be hired soon.

Director Vogt confirmed that a second counselor is being hired for the Flagstaff office.

Veteran Counselor Jody Reidenhour, a retired Army National Guard Chief Warrant Officer, serves 7,400 veterans in Navajo County out of the Show Low VSD office. She covers Concho, Springerville

and Whiteriver once a month. Whiteriver is a remote area and doesn't have internet capability. Jody goes back to her office to complete paperwork for that area. The outlying areas are receptive to our veteran counselors and every office provides space and copy machines for our counselors.

Veteran Benefits Counselor Tanya Dooline is located in Chinle, which serves a veteran population of 4,300. Recently, Window Rock lost its only Veterans Services Officer. Tanya sees veterans three days a week in Window Rock and two days in Chinle.

Mr. Mosier was asked to tell how his staff provides services in remote locations. Every VSD office has a Notebook, the ADVS work system, which allows counselors to access VetraSpec, the VA website whereby counselors can see where claims and appeals are in the process. The only thing counselors cannot do in the field is scan documents.

Chairman Perkins asked Mr. Mosier what the ratio of new claims is vs. appeals. Mr. Mosier didn't know what the average is but they get a few appeals and not on a regular basis.

Each of the Veteran Benefits Counselors is processing up to 3-4 claims per day. New claims are taking up to 225 days to process. The VA is supposed to be getting the amount of time lowered. It is far better than the two years it took in previous years. New claims are processed through ADVS on a daily basis, but Mr. Mosier doesn't have the exact number.

Pension claims have been taking an average of 90 days to process. Earlier, the VSD office had a problem with the Phoenix VA when submitting claims. Scanned documents were not getting to the Pension Management Center. The problem at the VA was recently corrected.

Commissioner Olson asked if the 3-4 claims a day were new claims or reopened claims. Mr. Mosier said to reopen a claim the counselors have to file a new claim to reopen a previously adjudicated claim. In a reopened claim, there must be new and material evidence that the VA has not seen that can overturn the claim's previous denial.

Each Veteran Benefits Counselor sees 12 to 15 veterans a day. Many of the questions from older veterans have to do with burial benefits and what they need to have in place in the event of their death.

Mr. Mosier noted that veterans are required to sign a counseling policy statement that says they must be honest about the information they give. We ask that anything they receive from the VA be brought to us and they are asked not to send documents to the VA on their own. If the veteran sends documents to the VA on their own, it can delay the claim process up to two years.

The VetraSpec Program is secure online veteran claims management software accessible by every Veteran Benefits Counselor, which allows veteran services officers to access veteran data from any computer with internet access. This alleviates importing and exporting records; all data is stored in one centralized, secure location. Basically a veteran comes into any office in the state and we can access all their demographic information and process any necessary documents.

Counselors enter veterans' information into the VetraSpec program and information will repopulate to almost every form on file. It is time-saving and forms are no longer completed by hand.

Counselors can upload documents and submit them with the claim. Claims go through the Quality Control office at the Phoenix Veterans' Services Division. Counselors are able to make special notes to Quality Control and submit the claim. Larry Clark and Brian O'Neill, the Claims Auditors at our Veterans' Services Division in Phoenix review the submitted claims and then submit to the VA. If the QA staff finds an error, they send the claim back to the Counselor with suggestions to correct. After corrections, the claim is resubmitted. The Veteran Benefits Counselors get good advice and are learning from the Quality Control auditors.

Chairman Perkins saw a commentary by Secretary of Defense Chuck Hagel that said a dishonorable discharge can be rescinded to make a veteran eligible for VA benefits. Can the veteran see a Veteran Counselor, or where does the veteran go to get this done? If the veteran doesn't have all his/her records, what can be done to secure these records?

Mr. Mosier said there is a packet that explains the process to have a dishonorable discharge overturned. It involves writing letters by the veteran and statements from other people on behalf of the veteran. Most dishonorable discharges we have encountered could be related to PTSD.

Mr. Mosier said the Veteran Counselors can submit a request to the National Records Repository in an attempt to get veteran records. If there are any notable records they can get from the VA, they will review them and advise veterans on possible ways to request reconsideration.

If the records show that the veteran was a good soldier before leaving for combat duty and came back having problems because of combat or any other traumatic incident, to include MST, the veteran's personnel file, along with any current records, will be reviewed, along with the veteran's letter and lay statements from anyone in support of the veteran, and the VA will decide if a reconsideration is warranted.

Director Vogt said General Maxon indicated the success rate of upgrading discharges is only about 5%.

Commissioner Olson said in the late 1970's, a nationwide discharge review process was established for veterans from all wars. The success rate of upgrading discharges at that time was reasonable, but not perfect. Several veterans had their discharges reviewed then; what are received now are from veterans who later in life have developed PTSD. The numbers should be higher, but are not.

Mr. Mosier said most clients who come in looking for discharge upgrades are Vietnam Veterans. Counselors may advise the veteran of the need to have a diagnosis to support this request. A stressor letter is needed unless the veteran has a Medal of Honor, Purple Heart, Combat Action Badge, Bronze Star with Valor Service, or the Silver Star. The VA will accept one of those without having to write a stressor.

If the veteran doesn't have one of the above medals, they must have the stressor letter describing what caused the PTSD and the event that led to the situation they are now in. Veterans don't want to write the letter because it is difficult to write and brings back too many bad memories of their time in the war. If the veteran is diagnosed with PTSD, they will have a stronger packet to submit to the discharge board that shows what happened to them.

Commissioner Griffin appreciates Mr. Moser and his counselors in Northern Arizona and the long hours they work to help veterans.

**Commissioner Scott, Director of U.S. Vets-Phoenix**, introduced Annette Wilson, Executive Director for U.S. Vets-Prescott who oversees the newly established Prescott U.S. Vets office.

The Phoenix area has grown in the two years since Mr. Scott came to Arizona. U.S. Vets is now at 38 employees at five locations within Phoenix and Prescott.

Nationally, U.S. Vets has 13 sites across 7 states. They range from Arizona, California, Nevada, Texas, Missouri, a new site in Washington, D.C. and two sites in Hawaii. U.S. Vets is a 501c3 organization; the Arizona offices are U.S. Vets-Phoenix and U.S. Vets-Prescott.

Our mission is the successful transition of military veterans and their families through traditional housing, providing counseling, career development and comprehensive support.

U.S. Vets has been approached to expand operations in Tucson, Flagstaff and Tempe, but for now we are honing our skills and tightening our policies and procedures. All sites are moving toward Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation for various reasons. Eaglewood was the first facility to become CARF accredited this past year. For those who have Supportive Services for Veterans & Families (SSVF) grants, the CARF accreditation allows a three year renewal without having to apply for renewal each year.

The Prescott U.S. Vets facility has 56 transitional veterans in 19 permanent housing units. Annette Olson has helped those veterans who were asked to leave a VA property and find another location or transitional housing. In the Prescott real estate area, that is not easy. Annette helped make that transition for veterans. Commissioners and ADVS staff were invited to tour the new U.S. Vets- Prescott facility.

In Phoenix there are five locations; every day U.S. Vets houses 260 veterans; over 170 of those veterans have obtained employment. More veterans are using our services as they age out of the workforce and are sorting out social security, retirement and service connected disabilities. The average veterans' stay is increasing. Commissioner Scott is pleased that 81% of veterans in the transitional housing programs are moving to permanent housing.

Grant per diem transitional programs are being phased out. The programs are not performing well; the numbers aren't as good as the housing first reduction model. The Phoenix model does very well.

Every year, U.S. Vets provides outreach services to over 1,500 veterans through canvassing streets, river beds, the stand down and direct services.

Permanent supportive housing and transitional housing are HUD subsidized with a VA grant per diem. A hotel on Grand Avenue was renovated to provide 107 affordable housing apartments for veterans.

The biggest grant to date that boosted U.S. Vets' annual budget to \$4.3 million in Phoenix is the Supportive Services for Veterans and Families (SSVF) Program. It is a phenomenal success.

The U.S. Vets grant serves over 400 veteran households each year; last year it served 612. For those who are familiar with SSVF, the intent of the program is to enter the veteran into a transitional program instead of going through the homeless system. U.S. Vets can provide a rapid intervention whereby the veteran stays in their apartment and pays rental arrears and utilities, or if the veteran has been evicted, U.S. Vets places them into an apartment and pays the first month's rent and security deposit. There is more dignity and pride and people want to maintain their own housing rather than go through transitional housing.

There are some who will take a longer intervention and transitional housing assists with that; these are veterans with mental illness and substance abuse who need more care than the SSVF Program provides.

U.S. Vets has merged with continuum care; transitional housing is becoming bridge housing. The paradigm shift of moving toward housing first in our production says the only way to prevent a veteran from being homeless is to house them and attach the supportive services around that housing placement. As part of the continuum care, U.S. Vets continues to see what resources are available in the community, pool them together, and adapt the coordinated assessment, which is the service prioritization decision assessment tool, so that veterans are being placed in the most appropriate intervention. Phoenix has done a great job in this regard.

Programs U.S. Vets has to offer and the average number of veterans served are as follows:

**Supportive Services for Veterans & Families (SSVF)** – is supposed to serve 400 veterans; U.S. Vets serves more than 400 annually. SSVF is a case management program that offers temporary financial assistance as one of its amenities.

**Veterans in Progress (VIP)** - a 70-bed transitional housing program; helps 160 veterans annually.

**Transition in Place (TIP)** is a newer VA program that serves 50 veterans annually. Primarily, the idea of the program is to move veterans into apartments, cover utilities, rent, food, and case management. Once the veteran's income increases and they are able to take over the lease, we put the lease in their name.

Nationally, the program has not worked well at all. That is because every time a veteran is placed in an apartment through this program, a full inspection of that unit has to be done. The VA inspection is arduous and it is hard to get a team of seven people together at the same time for the inspection, i.e., fire safety, police, and security.

When we have 50 people who need housing, and it takes three months to schedule a VA inspection, that doesn't work well. The landlord would rather deal with someone who has a check in hand.

U.S. Vets has been able to get around the VA inspections by finding a location, the Garfield Commons, that is centralized. The VA inspected every unit in the facility at one time so U.S. Vets doesn't have to go through the inspection process every time they rent a unit. We are at a 92% success rate with the TIP Program.

**Long Term Supportive Housing (LTSH)** is an affordable housing unit that serves 128 veterans annually.

**Permanent Supportive Housing (PSH)**, a HUD funded program serves 30 veterans annually. Veterans pay 30% of their income for rent and if they have no income, they don't pay rent. PSH is for veterans with some form of disability. We focus on veterans with chronic illnesses who are 30% under AMI.

**Clinical Services (ASU, USC, CCU)** level interns serve 30 veterans annually. In order to boost clinical services, U.S. Vets has taken on schools with social work programs. ASU and USC offer military school social work programs and interns who work these programs. Mr. Scott is a field instructor for two second year interns; they work in trauma, wellness groups and provide individual counseling.

**Preventative Medical (ASUS School of Nursing)** serves 30 veterans annually. Preventative Medical comes to our facilities every two weeks. Nurses from ASU come in and do blood pressure and glucose monitoring, set up diet plans for veterans and make overall general health checks.

Vietnam Veterans with Agent Orange need consistent monitoring of blood levels and diabetes. Preventive Medical is a great asset at our locations.

**Workforce Deployment** - prevents veteran homelessness and gets veterans jobs. It serves 240 annually through 180 forms of support service.

The above are standardized programs at all of the U.S. Vets facilities.

Commissions U.S. Vets works with are: Senior AZ Coalition to End Homelessness, Veterans Permanent Housing Institute and Maricopa Association of Governors.

Our newest initiative is called the Community Development Initiative that is grant sponsored by the Call of Duty. There seems to be great financial support from the community for homeless veteran programs; U.S. Vets wants to do what it can to prevent homelessness and to link veterans to career jobs.

U.S. Vets has a person who meets with local businesses that are hiring veterans and makes the bridge between veterans and employers. What is beneficial for U.S. Vets is that we can help in the pre-screening of veterans for jobs that require a background check. U.S. Vets covers the costs of services such as Microsoft upgrade services or background checks, if a job requires a background check. This is a huge incentive for employers to hire veterans and an advantage for the employer who knows the applicant has been pre-screened prior to being interviewed.

Chairman Perkins asked if U.S. Vets is linked with the Veteran's Courts.

Commissioner Scott said U.S. Vets is linked to the Veteran's Courts in that General Maxon and Judge Hawkins are members of the U.S. Vets Advisory Board.

The Arizona Stand Down is coming up soon. The court system and Motor Vehicle Division, two of the most popular components, will be in operation at stand down. U.S. Vets is in charge of the housing component for the stand down, locally. Community Involvement is important to U.S. Vets and we try to stay involved as much as we can in the local and statewide effort toward ending veteran homelessness.

Commissioner Caldwell asked if U.S. Vets works with a human services campus.

Commissioner Scott said they do work with a human services campus. Part of the Coordinated Assessment System is that every veteran goes through a needs assessment. Our outreach team refers the veteran to a Community Resource and Referral Center, which is operated by the VA, for a needs assessment. We determine what the most important program is that will help the veteran. If it's a permanent rapid re-housing placement and none is available, we do bridge or traditional housing.

Commissioner Caldwell asked if the 38 paid staff members are in Phoenix or in both Arizona offices. Does U.S. Vets get a lot of volunteers?

Commissioner Scott said the paid staff is in Phoenix and that many people volunteer; some come to talk with veterans.

**Dan Caldwell – Legislative Director for Concerned Veterans for America** spoke about the VA scandal. CVA's legislative push changed after Mr. Caldwell's last visit to the Advisory Commission.

The VA investigations have grown significantly. Two-thirds of VA major facilities are under IG or Department of Justice investigations. The investigations include major health benefits facilities; it does not include CBOC's, PTOC's or other out-patient facilities on the VHA side.

New investigations are beginning every day and we have not seen the end of them. This week, the VA Secretary revealed that there are thousands of VA employees, most in senior leadership and managerial positions, who are facing terminations or disciplinary action. There is controversy over whether the VA will deal with those terminations fast enough; CVA doesn't think they will and this is significant.

A major VA reform package was passed. Congress introduced Choice Cards and more accountability measures to the VA which is supposed to make it easier to fire managers who don't perform.

However, the law is not being implemented the way it was written. Earlier, the VA talked about Choice Cards and how they were rolling them out in phases. The law was clear that by November 5<sup>th</sup>, the Choice Cards were to be in veterans hands; they are not.

The accountability aspect is supposed to make SES employees almost at will. They were given an appeals time, but a second notification period was added that is now allowing many SES employees to resign or retire with full benefits. At some point, it allows the employee to re-enter federal employment with another agency or the VA.

This has been disturbing to CVA; we supported the reform package. We were disappointed in some of the aspects and didn't think some went far enough. We had laid the groundwork for future reforms; we felt it was a good first step.

CVA found that the scale of problems seen at the VA and the time it will take to do things such as build new hospitals, hire thousands of doctors, and set up a new patient scheduling system indicates the reform with Congress and the VA is not the right path.

The Choice Card Program is temporary and the way the law is written, the program will scale back once new VA hospitals are built and new doctors are hired. By the time that happens, there will be a significant decrease in the veteran population and veterans that are eligible for VA services and, in some cases, there will be fewer veterans enrolled in the VA health care system.

We believe what will happen is that there will be new hospitals and doctors and significantly less enrollment and demand for VA services. In the interim, there will still be long wait times for veterans to see doctors and veterans not getting care in a timely manner.

CVA believes that changing some margins of how the VA does things is not the right way to go toward reform. Earlier this fall, Concerned Veterans for America (CVA) launched a "Fixing Veterans Healthcare" Task Force. We collected input from veterans, doctors and others and incorporated the information into a final report.

We brought in several individuals; all of whom have experience with the VA; some were senior PA leaders, patients, or were actually doing clinical rotations in the VA to help develop a true reform package for the VA.

Four individuals serve as co-chairmen of the task force; Abbott Roy is a health care policy specialist from the Manhattan Institute and editor of the Forbes Magazine opinion page.

Dr. Cussman was director of the Veteran's Health Administration from 2007-2009, before Dr. Petzel who was forced out earlier this year.

Democratic Congressman Jim Marshall of Georgia, a Vietnam Veteran and former VA patient, and former Senate Majority Leader, Dr. Bill Fritz who did 24 rotations at the VA hospital as did Abbott Roy are individuals who have all done things at some point at the VA.

The Executive Director for this task force is Darin Selnick, a presidential appointee at VA headquarters from 2001-2009. He has helped shape Concerned Veterans for America's legislative agenda in regard to VA reform.

The task force is collecting input from a wide variety of sources including veterans, families, VA doctors and VA employees.

CVA has received some very good ideas for incorporating the information into a final report by the end of the year. Mr. Caldwell said if anyone here has ideas for the CVA task force he would be happy to receive them via email to the [cv4a.org](http://cv4a.org) website and that their email addresses would remain solely with CVA.

CVA is aiming to focus primarily on VHA right now, not the VA side. We are looking at how the veteran population is changing; are there better ways to bring better care through the current structure. Could some medical matters be handled in the private sector; are the unique populations such as Native Americans being served, and whether the current VA system, as it is working now, should be preserved or strengthened. We are also looking at the cost of healthcare at the VA and in the private sector and how that affects reform. When CVA goes to the legislators and asks them to write recommendations for law, we want to be able to present a cost perspective.

There are about 700,000 people in the VA health care system who are not veterans. These are dependents, widows and children and we question whether it is better to remove them from the VA healthcare system and put them in the Tri-Care system, or in a separate health care system altogether.

We are evaluating wait times and priority groups. Some of the priority groups overlap each other; how is that affecting spending? A veteran goes into the highest priority group, but in some cases, veterans who should be in a lower priority group, are placed into the higher priority group because of the policy. How is that affecting spending and the patient's care? We need a top to bottom review.

CVA held a Veterans Service Organization roundtable with VSO legislative teams from Washington, D.C. Former Phoenix VA Doctor Sam Foote gave a presentation, along with the team who gave their ideas. Many were in agreement but there was some disagreement over changing the VA system. Many VSO's don't want to see a restructuring of the organization. There may be some disagreement with our final recommendations among the VSO groups but we wanted their input and ideas, some were very good.

VSO's want more accountability within the VHA for mistakes and more flexibility in care, especially for veterans in rural areas. CVA wants to see how the VA handles scheduling and, most importantly, how they share data across the VHA and BVA. The VA is the leader in electronic health records but cannot share them between agencies. There are data sharing issues between the Department of Defense, the VHA and BVA.

We're looking at all those issues and ours is going to be a comprehensive package. It won't be the VA restructuring that the secretary put forth on Veterans Day for consolidating divisions and creating another bureaucracy level within the VA for a customer service officer.

CVA's substantive recommendations would hopefully change how veterans receive healthcare through the VA in a positive way so we don't see the issues of wait times, misconduct and capacity issues.

The VA is a 300,000 person organization with a \$170 billion dollar budget and the way funds are appropriated by Congress and how they have to go through regulations and deal with federal bureaucracies, not just within the VA, it's very hard for them to adjust capacity.

When we see certain populations climbing significantly, in many cases, it is hard for the VA to adjust and takes between 5 and 10 years to adjust. By the time they've adjusted to the increase of Vietnam Veterans, there are now the Desert Storm, Iraq and Afghanistan War Veterans.

The private sector, in many cases, can respond more expeditiously to those changes. For a lot of services, especially primary care, that can be beneficial to our veterans. There is need for a VA; we are not trying to abolish the VA or turn it into a voucher system, as some have suggested. To do that would be very expensive and from an operational standpoint, it would be detrimental to the veteran community. There is going to be a transitional period.

Mr. Caldwell encouraged members to watch what CVA is doing in the interim. CVA will have an updated report by the end of the year and will hold a summit to be televised on C-SPAN in January or

February, 2015. These changes will be discussed and we should have actual legislation to implement some of those changes.

There has been bi-partisan support from Representatives Kyrsten Sinema, Ann Kirkpatrick, Matt Salmon and David Schweikert; all have come together and agreed on many of the principles.

We see support across the country; it's not universal and there is some resistance from some areas, but we are seeing an interest for these changes in Congress. It is amazing that people are stepping outside of ideological boxes and embracing change.

CVA's next set of meetings will include Newt Gingrich, former Speaker of the House, who will give a presentation next week on his ideas. He has interesting experiences from his time in office in the mid-1990's. During that time, the VA saw a massive drop in their patient load. The VA had a major disagreement with Congress because they wanted to expand and open a full Veteran-eligible VA. The VA won the battle and in many ways, that laid the groundwork for the crisis that we see today; more so than the Iraq and Afghanistan wars.

Mr. Gingrich will have some good ideas and has rapport with Dr. Kaiser who, in the 1990's successfully laid the groundwork for the CBOC and PTOC systems.

CVA is getting input from all areas; people have disagreed with us in the past. Much of the information we are getting is from VA employees. We doubt the executives would appreciate some of the information their employees are giving us, but it is not violating the Health Information Portability & Accountability Act (HIPAA) Rules. In fact, they're engaging with us and giving an honest assessment. It has been a very positive experience and that will be the main effort for CVA as we go into 2015 on the healthcare side.

Accountability has been the real push for CVA this year, as was expanding veterans' choice. Chairman Miller will introduce a bill that would retract bonuses and some bloated pensions from senior executives who are fired for misconduct. There are legal issues that need to be worked out.

We are not happy seeing employees resign and retire, whose misconduct may have led to premature deaths of veterans, in many cases, and they are not facing any consequences.

We look forward to continuing work with this committee and, hopefully, many good things will come in 2015. Please check out the website at [cv4a.org](http://cv4a.org) and if you have ideas, please submit them and attach documents. The executive director or policy analysts read everything that comes in.

**Communications** –Fully executed Oaths of Office for the re-appointment of Commissioner Kara Caldwell were received from the Governor's Office of Boards & Commissions.

A letter to Vice Chair Brett Rustand was received from Jonathan Gardner, Director of the Southern Arizona Health Care System-Tucson, thanking Mr. Rustand for his participation in the POW/MIA Recognition Day event held there September 19<sup>th</sup>. A copy of the letter was forwarded to Mr. Rustand and Chairman Perkins.

**Agency Announcements and Updates** – Director Vogt praised Dave Mosier for his VSD update.

### **Cemeteries**

Director Vogt noted that the groundbreaking for the Northern Arizona Veterans Cemetery at Camp Navajo near Flagstaff was held September 6th.

The groundbreaking for the Marana Cemetery was held Saturday, November 8, 2014. Construction on both projects is running on time. We expect both cemeteries to be in operation in early 2016.

### **Veteran Homes**

ADVS is awaiting the final deed from the City of Yuma for the donation of land for the proposed Yuma State Veteran Home. We expect to receive it this month.

### **Veterans Services Division**

Director Vogt said ADVS is moving forward with hiring a second veteran counselor in Flagstaff to be in place by the beginning of the year.

Chairman Perkins asked what the number of veteran counselors is for the agency. Director Vogt said the overall number is 38, which includes manager Mike Klier, Training Officer, David Guerin and Q.A. officers Larry Clark and Brian O'Neil at VARO.

**Outreach Activities for the Commission** – There were no outreach activities reported.

**Open Discussion for the Good of the Order** – Chairman Perkins went around the table for additional comments.

Commissioner Scott said he met with James Metcalf in Judge Hawkins' chambers in District Court while trying to make connections in the Yuma area since he is not familiar with the Yuma area.

Chairman Perkins spoke earlier with Director Vogt about priorities for the department and veteran issues; and with Sean Price about homelessness issues.

Vice Chair Rustand said the Commission will soon have recommendations and ideas for the coming year and suggested sending a congratulatory letter to Governor-elect Doug Ducey.

Chairman Perkins said he will hold an Executive Meeting in early December. Drafting of the congratulatory letter to the governor-elect will be done and shared with other commissioners for their input.

Last year, former Chairman Jeff Olson submitted a letter to Governor Brewer that covered the areas of Fiduciary, Homeless Veterans and the State Veteran Homes. Chairman Perkins will modify the contents of the letter before sending to governor-elect Ducey.

Chairman Perkins asked guest Annette Olson of U.S. Vets if she had anything further to share or ask the commission. Ms. Olson said she would like to take commissioners and guests who are interested on a visit of the new U.S. Vets-Prescott headquarters

Chairman Perkins and Commissioner Rustand said they would like to visit the Prescott U.S. Vets headquarters.

Chairman Perkins received a request from Dr. Sue Sisley to present at the next Advisory Commission meeting. Dr. Sisley has conducted research on the use of marijuana to treat PTSD. She was a caller in a previous commission meeting and asked to be put on the agenda to make a 10 minute presentation at the January meeting. She will be added to the January 8, 2015 agenda.

The meeting adjourned at 12:31 p.m. The next Advisory Commission meeting will be held January 8, 2015, in Room A-107 at the Arizona State Veteran Home, Phoenix.