3/7 NCGWG SMVF Network Summit

Breakout Session Recap

Employment

Gabriela Gonzalez, Director, Veterans Employment Services, North Carolina Department of Commerce, Division of Workforce Solutions NCWorks, VBH – Aaron Harper and Laura Happer, Work for Warriors – Victoria Knott, Hire Heroes USA – David Williams

Topics:

Opening Questions

- Can each of you briefly introduce your organization and its role in supporting service members, veterans, and military families (SMVF) in employment?

Challenges & Gaps in SMVF Employment

- What are some of the most common obstacles that transitioning service members, veterans and military spouses face when entering the civilian workforce?

Final Thoughts & Call to Action

- What essential advice would you provide to service members in transition, veterans, military spouses, or employers who are either searching for employment or looking to recruit job seekers?

Notes Break Out Session:

Stats

- 44,000 nonprofit organizations in the US
- 4,000 nonprofit organizations in NC
- 700-800 in NC Serves
- 120 staff in employment
- 15-20 are case workers

The question is what are others doing to serve SMVF community?

- 66% underemployed Vets
- 38% spouse

- 67% lack childcare
- 34% license/certs

Common Challenges Service Members and Veterans **can't translate skills as well, especially without in any certifications or degrees**. They aren't able to get their foot in the door.

Get veterans prepared **teaching "how to's."**

Job fair seems to be a solution…no success partnered with NC State replicated NC4ME.

Culture difference at companies. Showing veterans the cultural difference and professional networking

ONET (Occupational Information Network)

Salary Expectation, location, transferrable skills, revamp resumes, changing field – to one with no experience...emphasizing the need for training/certifications

Solutions - TCDI – contractors specifically that do remote work. Discussed how spouses can find employment and flexibility if their family comes on orders for PCS.

UNC Colleges – UNC Office of Military & Veteran Affairs

How to fill the gap

Connections to help get students successful employment.

VA transfer technology headquarters mentors and apps

Benefits

Edison W. Platt, Director, State Veterans Services, North Carolina Department of Military and Veterans Affairs

Topics:

We have come up with 4 bullets and realize we may not have time to cover each (though bullet 1 and 2 may be grouped together)

- Veterans are calling in with angst about how the federal government cuts will affect their healthcare; specifically, losing their primary care provider, mental health provider, pharmacy/prescriptions, crisis hotline responders, as well as concerns with care in the community specialty providers.
- May be a second part to bullet one-Veterans are requesting feedback on if their Compensation or Pension rates will be cut? If it will be taxed? If their Congressman can ensure it will not be?
- Although this is not a new problem, Veterans continue to complain about the lack of VSOs, informed Veteran Services organizations in their areas and lack of general benefits information.
- Discuss ways to increase veteran education within the local communities regarding veteran representation i.e., law firms and unaccredited "claims agents".

Notes from Breakout Session:

Community Outreach

- VBL (Veteran Benefits Live) -> standdowns -> community events

Actions:

- Governor's Institute & North Carolina Governor's Working Group (NCGWG)
- County Townhalls
- Congressman's Townhalls
- Caregiver's program
- Resources for Working Vets
- Silent support (identifiers?) peer support

Education

Translation of Benefits

VA.gov

NC Cares 360

Milvets.gov

Milvetacedemy.org

Housing

Jessica Rice, Managing Director, Veterans Services of the Carolinas, NCServes Western

Topics:

- Implementing Best Practices in Mental Health and Substance Use Treatment for Veterans - While still maintaining the Housing First Model
- Innovative Approaches to Enhancing Family Support for SMVF - Shared Housing, alternative housing
- Targeted Solutions for SMVF Challenges - Housing Availability and Landlord Engagement
- Statewide solutions - HMIS and COC collaboration
- Re-entry Housing Solutions for those that are Justice Involved

Notes from Breakout Sessions:

Housing Questions?

- Timelines
- Funding for the Veteran community
- Can we advocate refurbishing abandoned houses

Working	**Not Working**

MH/SU awareness Organization w/MH/SU/housing Immediate response CIT ACORNS/Mobile Crisis	Not enough beds Mobile crisis Funding Availability Proactive vs reactive More frontline staffing Education

Innovations	**Not Working**
Family programs NC Serves VTC Family Shelters Hud-Vush VSO housing vouchers	gov. oversight Education around homelessness Lack of community housing Preventative work Vp font costs Availability Landlords to work with programs

Working	**Not Working**
Housing availability/landlords Landlords that are veterans SSVF landlord incentives	Landlords work with programs Availability Landlord perception of veterans Government regulations Voucher availability PIT counts

Working	**Not Working**
Re-entry VTC VJO Voc Rehab CWT	Second chance employers Landlords willing to rent to j.i. individuals Background checks Finances Different changes -> less housing

Healthcare

Moderator – Peter Tillman, Associate Director, Durham VA Health Care System

Gary Cunha, LCSW, Suicide Prevention Coordinator, Durham VA Health Care System – Scribe

Topics:

- How can we coordinate care between private providers and VA better?

- Non-Va Care: VA health care is not the only place that a veteran can go.

  - How do we leverage faith-based organizations to improve care for Veterans and Their Family members in the community?
  - How can we (federal, state, local, and nonprofits) do a better outreach for healthcare, specifically mental health?
  - Communications – What are the gaps in communication that need to be addressed in order to get SMFV in healthcare (benefits)?

There were about thirty attendees, but the scribe only recognized Antonia "Toni" Vincent, LCSW, Community Engagement and Partnership Coordinator, Durham VA HCS; Jessica Herbin, LCSW, VISN 6 Community Engagement and Partnership Manager, Durham, NC; Harold Kudler, MD, Duke University Department of Psychiatry, NCGWG Founding Member, Retired VA Psychiatrist who worked at Durham VA HCS and VACO, Washington, D.C. and Martin Woodard, LCSW of the Veterans Life Center, Oxford, NC; Kevin Curry, MD

Mr. Tillman gave an overview of the four major VA medical centers in North Carolina. These re Asheville, Salisbury, Fayetteville, and Durham.

Mr. Tillman wanted to address four main topics today. These were: Non-VA Health Care; Faith-Based Communities; Communication; and Outreach.

#1 – Non VA Health Care, community wait times

a. Primary Care

b. Specialty Care

c. Insurance – Care in the Community (CITC), prompt payment, Optum v. United Healthcare. Dr. Curry expressed concerns over potential conflicts of interest with other contractors like Optum. Mr. Tillman emphasized the importance of providing more reliable partnerships for better Veteran health care. There was mention of TriWest. There was a suggestion that VA provide childcare as it could be a barrier to treatment especially for younger Veterans.

d. A gentleman by the name of "Phil" told of working with ECU to get more call centers for clinical contacts. He emphasized the speed at which the calls are answered, ease of access, and use of secure messaging.

e. A representative of Pyramid Health Care told of working with providers, conducting work groups, community care networks, access to clinical records as a barrier to communication.

f. A former member of the North Carolina National Guard told of their experience working with providers outside of VA. There was mention of Optum and having what can only be described as a "Vendor Developer" to improve delivery of care.

g. Mr. Cunha reminded the audience that Mr. Tillman was once the Chief of the Durham VA Health Administrative Services in case they weren't aware of that.

h. There was a Duke Researcher in the audience who told about an initiative at Duke Health Care System to identify all the Veteran in their system. There was discussion about asking patients, "Are you a Veteran" as opposed to "Have you served in the Armed Forces."

i. There was mention about Veterans who are eligible for VA health care being seen outside of VA in terms of how we at VA can partner together to "identify and refer" as opposed to "hold onto and bill."

#2 – How do we "leverage" Faith-Based Groups to better serve our Veterans

a. Referrals from spiritual advisors, clergy, faith leaders.

b. Overcoming transportation barriers was something these groups could assist Veterans with.

c. Partnerships – Mr. Cunha told of a partnership with the VA Center for Faith in terms of outreach and education. Especially with regard to VA S.A.V.E. Community Gatekeeper training to help prevent suicide.

d. Dr. Kudler – Toolkit for Clergy in VISN 6 MIRECC, National Chaplain Center, former Chief of VA Chaplain Service, John Oliver is now at Duke. Durham VA provides training to local area clergy with regard to mental health through community education and outreach efforts.

e. Schools of Divinity

f. Terry Gunderson at Wake Forest Seminary teaches the faith community and not just the clergy.

g. Chief of Chaplain Service at Wake Med trained at the Durham VA.

h. Jessica Herbin told of the Community Engagement and Partnerships Coordinator's role in partnering with communities of faith.

i. Tribal and Native American groups should also play a role.

There was a question about whether GWG can reach out to the state vetted faith-based organizations to see if they can utilize more resources for the SMVF community.

#3 – Communication

a. Silos – compartmentalized gaps that can create parallel process and failure to meet needs.

b. Same day access

c. My Health e Vet

d. How communication is written is sometimes hard if you are writing at a 5th or 7th grade level.

e. Health literacy

f. Phil – Greenville to Charlotte, working in rural areas. ECU Brody School of Medicine and working with older Veterans in rural areas and how they are not as willing to utilize telehealth compared to younger generations of Veterans. "Kitchen English" as opposed to medica jargon. The "Golden Rule" as opposed to the "Platinum Rule."

g. What do we mean by "Veteran?" Active duty may fear seeking care thinking they may be not eligible for care. Fear they may be denied. North Carolina National Guard may not be eligible for VA health care. Reservists too. There may be a perception that one may be depriving another more deserving Veteran of care by getting care through VA. Mr. Tillman dispelled this myth.

h. There was some discussion of North Carolina National Guard as being "temporary" patients. A former NCNG told of their experiences in Asheville. They were living with a member on Active Duty and being treated much differently. Veterans they believe are treated differently from them as well.

i. A member of the audience told of being a caretaker for their Veteran spouse with TBI. Rules are established by Congress and not VA per se with regard to eligibility. "Haves and have nots." The issue of long-term care for Veterans less than 70% service-connected disability was raised.

j. Discharge papers for the military (DD-214) v. the NCNG (NG-22) were compared and contrasted.

k. Pamlico Rose – A resource for female Veterans in Eastern North Carolina was mentioned. They offer transition assistance.

l. A recent Army retiree "in transition" now. He is 100% SCD with many health problems. He told of having a "seamless transition" through TAPS, but was concerned about those who did not. He suggested that all active duty military be enrolled in VA health care before leaving the service unless they specifically "opt out." Mr. Tillman told of the OOO program at the Durham VA which is now known as M2VA to assist with the transition of new Veterans.

#4 – Outreach

a. Go to where Veterans are at. It's working. It can be expensive and hard to measure the effectiveness of outreach efforts. Suicide prevention, saving lives, it's worth it.

b. Veteran are enrolling more and choosing VA for their health care.

c. Durham VA HCS is growing. Mr. Tillman described the new Garner HCC opening soon in Wake County. It should be ready in the Summer of 2025.

d. An audience member mentioned outreach at Triangle Residential Options for Substance Abusers (TROSA) in Durham, NC and learning how much they didn't know about VA. "You don't know what you don't know."

Mr. Tillman summarized the presentation and ended by saying, "We don't sell a product; we keep a promise."

Education

Bradley Wrenn, Program Manager for Military and Veterans Education, University of North Carolina System Office

Topics:

- Partnering with The Governor's Institute to provide Mental Health First Aid training to faculty and staff who work with Military and Veteran students.
- Translating service members' military training and experience into university course credit.
- Ideas for better informing NC veterans and their families about how their VA Education Benefits work.

Notes from Breakout Session:

Pathways from Community Colleges to Four-year colleges. Community Colleges do a better job of capturing more trade and veteran skills.

Caregivers receiving benefits? Discussed dragging a line of who should be able to receive benefits. Mentioned VA has a definition of caregiver

What about Vocational education. There can be a return on investment

Chapter 35 and how to process the forms.