



**VVFS WORKING GROUP**

---

## **Virginia Veteran and Family Support (VVFS) Working Group**

### ***Presentation to the Joint Legislative Audit and Review Commission (JLARC)***

**John C. Harvey, Jr.  
Admiral, USN (Ret)  
Secretary of Veterans and Defense Affairs  
VVFS Working Group Chairman**

**November 14, 2016**



**VVFS WORKING GROUP**

---

## ***VVFS Working Group Mandate***

- Chapter 780, 2016 Acts of Assembly, Item 466.B.
- VVFS Working Group to:
  - Determine type and nature of VVFS services needed;
  - Measure current and projected capacity to provide those services;
  - Assess the gap between need and capacity;
  - Review and report on how other states coordinate and monitor mental health and rehabilitative services for veterans; and
  - Recommend how the state can best monitor and coordinate mental health and rehabilitative services to ensure that veterans receive adequate and timely mental health and rehabilitative services as required by statute. The recommendations should include (i) organizational structures, programs, partnerships, staff responsibilities, staff qualifications, and licensure; (ii) statutory or regulatory changes, as necessary; and (iii) estimates of the cost to the state and local governments of implementing these recommendations.



## ***VVFS Background***

- VVFS created in 2008 as the Virginia Wounded Warrior Program.
- Established to address shortcomings in access to veterans' behavioral health and rehabilitative services provided by the VA.
- PTSD and TBI: signature wounds of the Iraq and Afghanistan wars.
- Can have long-term effect on veteran and family if unaddressed.
- Can derail veterans from:
  - Achieving education goals;
  - Finding meaningful and well paying jobs;
  - Strengthening the family through resilience and recovery; and
  - Becoming leaders in their community.



## ***VVFS Background***

- First comprehensive state-level program of its kind in the nation.
- Take care of Virginia's own: help veterans, Guardsmen, Reservists, and families get into VA or community-based treatment.
- Organized around five regional consortia to match state health planning districts
- Required annual contracts with 11 CSBs for operations.
- DBHDS, DARS, VaNG, VA, and CSBs have been key partners from the start.
- Program coordination through Interagency Executive Strategy Committee.



## ***JLARC Study and the Working Group***

- December 2015 JLARC report found a variety of problems with the VVFS program's design and implementation.
- JLARC report recommended a series of improvements, including a working group to review the program and submit a report to the JLARC no later than November 15, 2016.
- Membership:
  - Admiral John C. Harvey, Jr., USN (Ret), Secretary of Veterans and Defense Affairs (Chairman);
  - Dr. William A. Hazel, Jr., MD, Secretary of Health and Human Resources; and
  - Mr. Hal E. Greer, Director, JLARC.



## ***Working Group Activities***

- Periodic team meetings, with numerous small group meetings.
- Reviewed:
  - Type and nature of VVFS services needed;
  - Current and projected capacity to provide those services;
  - Gap between need and capacity; and
  - How other states coordinate and monitor mental health and rehabilitative services for veterans.
- Developed recommendations for:
  - Program goal/purpose;
  - Key activities;
  - Statutory changes;
  - Organizational structure, partnerships, and staff responsibilities; and
  - Budget requirements to implement these recommendations.



## VVFS Program Goal/Purpose

- **Current** goal/purpose for VVFS Program (Code § 2.2-2001.1):  
*Ensure that adequate and timely assessment, treatment, and support are available to veterans, service members, and affected family members.*
- **New** goal/purpose for VVFS Program should be:  
*Conduct outreach to veterans and families; cost-effectively refer them to mental health, physical rehabilitative, and other services as needed; and periodically monitor their progress.*
- This new goal:
  - Addresses key issues identified in JLARC report;
  - Sets clear expectations for VVFS;
  - Avoids duplication; and
  - Clarifies that VVFS does not provide direct clinical case management.

7



## New VVFS Program Goal– Key Tenets

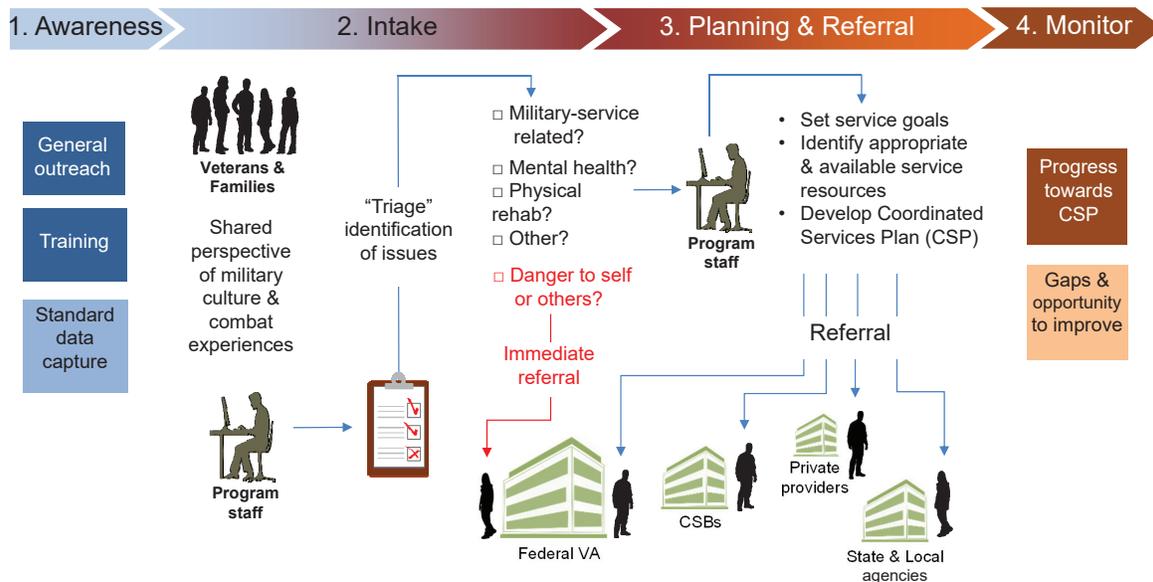
- Cost-effectiveness is essential: we must strike the right balance between numbers likely to seek services and budget resources.
- VVFS should not provide direct mental health treatment or rehabilitative services, nor should it duplicate services provided by other agencies.
- Referring and monitoring is essential to help veterans navigate the complex service provider environment. Benefits include:
  - Creating opportunity for connection and support across the spectrum of services (housing, employment, education, medical, and legal); and
  - Not asking VVFS staff to provide services for which they lack sufficient expertise and qualifications.
- Partnerships with, continuity of referrals to, and greater alignment with CSBs partners will continue to be a top priority.

8



## VVFS WORKING GROUP

# VVFS Key Activities



9



## VVFS WORKING GROUP

# A change to the Code of Virginia is required

- To clearly define:
  - The goal and purpose of VVFS; and
  - Its key activities.
- To reflect:
  - Lessons learned since program was created in 2008;
  - 2015 JLARC study;
  - VVFS Working Group; and
  - Evolving nature of veterans needs and services.
- To set the clear expectations of the General Assembly for VVFS.
- To guide program structure and resource allocation.

10



## ***Revised VVFS Staff Roles/Responsibilities***

- The VVFS Working Group Report (Appendix E) lays out revised roles and responsibilities for all VVFS staff.
- Performance standards for each have been developed, and will continue to be refined, with the state's Department of Human Resource Management to ensure:
  - Knowledge, skills, and abilities (KSAs) reflect job requirements;
  - Pay factors are considered to attract and retain skilled, motivated employees; and
  - Clear and accurate performance standards and deliverables are set and measured for all VVFS staff.
- Applicable to all potential service-delivery models.



## ***Recommendations***

1. Revise §2.2-2001.1 of the Code of Virginia to:
  - Clearly define the goal and purpose of VVFS and its key activities;
  - Incorporate lessons learned;
  - Set the clear expectations of the General Assembly for VVFS; and
  - Guide program structure and resource allocation.



## Recommendations

### 2. Implement Option 3 (all state-employee model)

- Represents the best near-term way to achieve the VVFS program goal;
- Allows VVFS to best serve Virginia veterans and family members by establishing and putting into effect uniform operational and hiring policies to guide program operations and prioritize the work of VVFS staff and services; and
- Creates permanence and standardization in VVFS service-delivery, which will permit the uniform development and implementation of new metrics to measure the impact and success of VVFS program services.



## Recommendations

### 3. Release FY17 Funding for one-time costs

- \$393,494 from the general fund was set aside “...for the purpose of implementing the recommendations of the working group...”;
- \$300,000 of this amount should be transferred to DVS in FY17 for one-time expenditures associated with implementing Option 3, including costs to co-locate VVFS staff with several DVS Benefits Services offices and purchase IT equipment and furniture; and
- The balance should be applied to other veterans programs or returned to the Treasury.



## ***Recommendations***

4. The VVFS Working Group should continue to meet periodically
- To ensure that the recommendations of this report, as approved by JLARC, are efficiently and effectively implemented; and
  - The Secretaries of Veterans and Defense Affairs and Health and Human Resources should continue their close collaboration on VVFS and on other issues related to the CSBs and behavioral health care for veterans and families.



## ***Questions***



**VVFS WORKING GROUP**

## **Organization Structure – Options**

<b>Option and Description</b>	<b># Employees</b>	<b>Annual Service Capacity</b>	<b>Additional GF \$ needed</b>
1: Current service model	11 state, 34 contract	2,500 – 3,000	\$0
2: Change to all state employees – improved service delivery through program standardization	39 state	2,300 – 2,800	\$0
3: Option 2 plus increased service capacity	45 state	2,800 – 3,300	\$500,000
4: Option 3 plus grants to community organizations to provide additional services	45 state	3,000 - ?	\$800K - \$1.7M