



**Montgomery County Commission on Veterans Affairs  
Meeting Summary Minutes  
December 16<sup>th</sup>, 2014**

**I. Call to Order & Introductions:**

Jerry Godwin, Chair, welcomed everyone to the meeting of the Commission on Veterans Affairs (CVA) which was held at the Rockville Memorial Library. Jerry asked for all present to stand for the Pledge of Allegiance and to remain standing for a moment of silence for all of those who have given their lives and those who have been wounded for our country in the different conflicts in which our country has been engaged. A POW/MIA Empty Chair is placed at all official meetings of the Commission as a physical symbol of the thousands of American POW/MIAs still unaccounted for from all wars and conflicts involving the United States of America.

**II. Approval of Minutes:**

The approval of the November, 2014 Meeting Summary Minutes was deferred until the next meeting due to lack of a quorum. Approved minutes are available online at [www.montgomerycountymd.gov/cva](http://www.montgomerycountymd.gov/cva).

**III. Outreach Mission of the Washington, DC VA Medical Center (DCVAMC) in Montgomery County – Brian A. Hawkins, Medical Center Director, DCVAMC**

Brian Hawkins reported that Christine M. Merna is the new DCVAMC Assistant Medical Center Director. She previously worked at the Veterans Benefit Administration in the Veterans Benefits Management System Program Management Office and had a 20 year career as an active duty Army Nurse Corps officer.

In October 2014 the DCVAMC opened the Women's Health Clinic's new Mammography Suite which offers both 2-D and 3-D x-ray mammography. The DCVAMC also hired a Chief of Mammography as well as new female gynecologists. Mr. Hawkins stated that female veterans are the fastest growing population of veterans.

On Veterans Day 2014, the DCVAMC opened up new private rooms and private bathrooms. The DCVAMC is preparing to renovate their facility. The atrium is currently under renovation. The administration recently activated 12,000 square feet of administrative space that will house human resources. The Directors office will move to the back of the hospital and the former space will become a cancer center. The DCVAMC will be activating 15,000 square feet of space in their research building by the end of the calendar year. The parking garage has been fully operational for over a year now. Three more levels will be added to the parking garage during the next fiscal year.

The annual Winterhaven Homeless Stand Down will be held Sunday, January 25th at the DCVAMC. Individuals interested in volunteering for the event can contact Mr. Hawkins.

Ladies' Night will be held Friday, February 27th at the DCVAMC. Ladies' Night offers women Veterans the opportunity to visit DCVAMC to experience the cultural transformation. Women will engage and speak one-on-one with staff and community partners to learn about the many health and wellness programs, community resources and medical services provided by the VA Medical Center and its five Community Based Outpatient Clinics throughout DC, Maryland and Virginia.

Mr. Hawkins gave a brief report on the timeline of the Montgomery County Community-Based Outpatient Clinic (CBOC). A memo has been sent to the Acting Under Secretary for Health requesting approval of a new CBOC in Montgomery County. If funds are approved a CBOC would be activated in 2018. There is a possibility that if space is identified that could be renovated the open date could be moved closer to 2016. Mr. Hawkins will get an official letter from the VA asking the County to help identify available vacant space. Mike Subin, Commissioner, and Jerry Godwin, Chair, will work with the County's Department of Economic Development to identify available vacant space in the Rockville or Gaithersburg area in the range of 20,000 to 45,000 square feet.

The CBOC would initially start with primary and mental health care. Other specialty services such as women's health care and audiology would be added later on as the clinic grows. The goal currently is to get funding approved to open a CBOC. A pharmacy would not be located at the CBOC, but veterans can still take advantage of the VA's mail-in pharmacy system. Traditionally CBOC's start off on the small end and grow larger over time. Mr. Hawkins reported that the Oklahoma CBOC started at 66,000 square feet and received approval two years ago to expand to 200,000 square feet.

Ann Humphrey, representative of Congressman Chris Van Hollen reported that Congressmen Van Hollen, John Delaney, and John Sarbanes will be sending a letter to the new Secretary stating their strong support for a CBOC in Montgomery County.

It was asked if the VA could provide a shuttle service from nearby Metro stops to the CBOC. Mr. Hawkins thinks there would be opportunities to create a shuttle service.

Mr. Hawkins reported that the Fort Belvoir CBOC is the fastest growing CBOC. A large population of veterans lives in the Northern Virginia area. The VA is also looking at potentially installing a CBOC in Manassas, VA in 2019 or 2020.

Based on a data projection completed by the DCVAMC a Montgomery County CBOC could potentially serve 5,000 veterans within Montgomery County. It also has the potential to pull veterans from Howard County and Frederick County. A location of a CBOC is determined by the number of veterans enrolled in VA Health Care as well as the possibility of more veterans enrolling due to location of the new CBOC.

Ann noted that \$75,000,000 has been earmarked by the VA to provide 10,000 additional HUD-Veterans Affairs Supportive Housing (VASH) vouchers to veterans experiencing homelessness. She inquired as to whether Montgomery County may be the recipient of some of those vouchers. HUD-VASH vouchers are distributed based on the point in time count that determines how many sheltered and unsheltered homeless individuals are in the area. Montgomery County did not receive any vouchers in 2014. Mr. Hawkins noted that the VA has been pushing to give the more rural areas vouchers as they were traditionally underserved areas. Southern Maryland, which in the past did not receive any vouchers, received 21 vouchers in 2014. Jerry Godwin, Chair, added that the County has secured 80 HUD-VASH vouchers within four years and an additional 31 veterans have ported their vouchers to Montgomery County. Approximately 28 of the vouchers were given to female veterans. Sharon Hodge, Commissioner, noted that when a veteran ports their voucher to a different jurisdiction the case management and funding stay with the original jurisdiction. John Mendez, Bethesda Cares, has indicated to Jerry that an additional 15 HUD-VASH vouchers would be good number to request due to the current need. The County would need to make a formal request for vouchers. Jerry noted that there are a few veterans who were dishonorably discharged and therefore are not eligible to receive a voucher.

Ann inquired as to the kinds of caregiver services the VA provides. Mr. Hawkins briefly discussed the Homemaker and Home Health Aide program, which assists veterans with personal care needs. The Caregiver Support Line (1-855-260-3274) provides information about assistance available from the VA, assists in accessing services, and can connect you with the Caregiver Support Coordinator at the nearest VA Medical Center. The Comprehensive Assistance Family Caregivers Program provides primary family caregivers with a stipend, training, and mental health services. Mr. Hawkins asked to come back to the Commission so he can present on these programs.

Mr. Hawkins reported on an initiative of the DCVAMC called the Hawk Eye Team. The Team helps ensure that staff members create an atmosphere that supports the Medical Center's mission of Capitol Excellence. Every two months, new Hawk Eye Team members are chosen from throughout the Medical Center to positively affect change. Team members are mobile and visible throughout the Medical Center in their blue blazers observing how staff members interact with Veterans, visitors and co-workers. Daily Hawk Eye reports are submitted to Medical Center Executive Leadership to measure the progress of improved customer service. If you have customer service feedback for the Medical Center Director, you can pick up any telephone in the Medical Center and dial extension 5-7474 to leave a message on the Hawk Eye Customer Service Hotline. There are also orange telephones located in the main atrium and in the cafeteria which allow direct access to the Hawk Eye Customer Service Hotline. If you would like to reach the hotline from your cell phone or an external line, dial 202-745-8000, ext. 5-7474.

The DCVAMC will soon be implementing a new phone system that will allow a caller who does not want to be put on hold to leave a number for staff to call them back in a specified number of minutes.

#### **IV. Chair and Vice-Chair Report:**

Jerry reported that he attended the quarterly Health & Human Services (HHS) Boards, Committees, and Commissions (BCC) meeting with Uma Ahluwalia, Director, HHS. All BCCs were asked to present their top two mental health issues. The BCCs will decide on two over-arching issues.

Mike Subin, Commissioner, reported that the Montgomery County Vietnam Veterans Memorial Project sponsored by the American Legion Cissel-Saxon Post 41 is moving forward. American Legion Post 41 will be handling the fundraising for this project and are hoping to raise \$500,000. It has been proposed to move the current Vietnam Veterans Memorial to closer to the Wheaton Mall revitalization. Jerry will need to send a letter of support for the project to American Legion Post 41. Retired Navy Cmdr Everett Alvarez has agreed to be on the Memorial Committee.

Jerry discussed having County streets renamed after Montgomery County fallen heroes. Mike commented that Park and Planning is responsible for the naming of the roads. It was suggested to for streets to have honorary names of fallen heroes instead of renaming the streets. Mike, Jerry and Randy Stone, Commissioner, will form a subcommittee to discuss this project further and decide on selection criteria.

Mike will be interviewing County Executive Isiah Leggett in January for the Commission's first talk show. A discussion was had to decide on the talk show name. It was agreed that the talk show will be called Veterans Today and the byline will include that the show is also for active duty military and their families. ( Please note that the Office of Public Information has recommended that the name of the program be Homefront.)

Sharon reported that the Vietnam Veterans of America Chapter 641 will be holding a Winter Coat Drive until January 10<sup>th</sup>, 2015. New and slightly used coats sizes XL, 2XL, 3XL, and 4XL can be dropped off at 8719 Colesville Road, Suite 100, Silver Spring. Contact Sharon for more information at 301-585-4000 ext. 111.

Marie Wood, Commissioner, announced that she will be co-teaching a pilot program at Walter Reed National Military Medical Center to help caregivers of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) veterans and active duty. The program is sponsored by NAMI.

Ken Reichard, Representative of Senator Ben Cardin, shared information regarding veteran's provisions in the Omnibus Appropriations Bill. See Attachment A.

It was suggested that the Commission hold a meeting at the Easter Seals building in Silver Spring to tour the facility and learn about the services provided.

**V. Unfinished Business:** None.

**VI. New Business:** None.

**VII. Roundtable:** None.

**Adjournment:** 8:00 p.m.

**Next Full Commission Meeting:** Tuesday, January 20<sup>th</sup>, 2015 from 6:00 p.m. to 7:30 p.m. at 401 Hungerford Drive, 1<sup>st</sup> Floor Tan Conference Room, Rockville, MD.

Respectfully submitted: Carly Clem, Administrative Specialist I; Betsy Luecking, Program Manager II

## **Veteran's Provisions in the Omnibus Appropriations Bill**

### **Veterans' Health:**

- \$7.0 billion for long term care for the nation's aging veterans and severely wounded combat veterans from the wars in Iraq and Afghanistan
- \$4.6 billion to provide health care for women veterans, including \$403 million in gender-specific health care to meet the unique needs of female veterans
- \$4.2 billion to meet the health care needs of veterans who served in Iraq and Afghanistan (\$500 million more than the current estimate for FY14)
- \$589 million for research in a number of areas, including mental health, traumatic brain injury, spinal cord injury, burn injury, polytrauma injuries and sensory loss
- \$99.3 million for Board of Veterans Appeals (\$11 million more than FY14level), increasing manpower resources to expedite the appeals process
- \$250 million to build on the Rural Health Initiative to close gaps in VA service in rural and remote areas

### **Veteran's Homelessness:**

- \$75 million for HUD-VASH to provide housing for 10,000 additional veterans experiencing homelessness

### **Mandatory Advances:**

- The Omnibus requires advance funding for VA mandatory veterans benefit accounts, to be carried in next year's bill for fiscal year 2017
- These accounts include Compensation and Pensions, Readjustment Benefits and Insurance and Indemnities
- This is in addition to advance funding for VA medical care accounts, which the Committee began providing in fiscal year 2010
- This requirement was included to shield veterans from the uncertainty of timely enactment of annual appropriations bills and the potential of a future government shutdown, which could delay payments and impose unwarranted hardship on veterans who depend on these benefits

### **VA Patient Scheduling:**

- Over the past year, the VA has been rocked by the exposure of deceptions and delays involving the scheduling of patients at medical centers across the nation
- Veterans have suffered the consequences of these unconscionable delays in scheduling appointments
- In response, Congress passed, and the President enacted, the Veterans Access, Choice, and Accountability Act, giving veterans access to care outside the veterans medical network until the VA can provide the necessary level of care and accessibility required

- However, the long-range solution rests with the VA to implement necessary reforms and establish a sustainable annual operating budget
- The Omnibus lays the foundation for those reforms and provides \$5 million more than the budget request for the Office of Inspector General to continue a nationwide investigation throughout all Veterans Integrated Service Networks (VISN) of scheduling practices and procedures

### **Veteran's Claims Processing:**

- The Omnibus provides \$2.5 billion for the Veterans Benefits Administration (VBA)
- To expedite claims processing, the agreement includes \$40 million more than the budget request to hire additional claims and support personnel at regional offices, to expand the Veterans Claims Intake Program records scanning system and to implement the centralized mail initiative
- The VA is also directed to utilize \$10 million of the increased funding for hardware upgrades at regional offices to ensure that the VA rapidly transforms from a paper-based claims processing system to one that uses modern technology that supports the deployment of the Veterans Benefits Management System (VBMS) nationwide
- The Omnibus also requires the VA to work with the congressionally chartered National Academy of Public Administration (NAPA) to ensure that VA develops and implements business practices to prevent the recurrence of a backlog in claims processing
- To streamline the cumbersome claims appeals process, the Omnibus requires the Secretary to provide a strategic plan that details how the Board of Veterans Appeals (BVA) plans to improve the timeliness and accuracy of appellate decisions
- In an effort to avert trading a claims backlog for an appeals backlog, the agreement includes \$5 million more than the request for the BVA to provide additional manpower to speed up the appeals process
- The Omnibus also requires and provides funding for the development of a joint VA-DoD Electronic Health Record (EHR) system to ensure that interoperability streamline their respective electronic health record system