Serving Military Veterans in Health Centers: Exploring Unexpected Partners & Resources

Thursday, June 17, 2021
12 p.m. ET
Welcome! Housekeeping

• Today’s meeting is being recorded!

• For a copy of today’s presentation slides, please see the email reminder sent this morning from trainings@nachc.org.

• Today’s recording, slides, and any additional resources will be made available to all attendees within two weeks after the event.

• After the webinar, you will be directed to an evaluation for this event. We value your feedback and encourage you to complete this short survey!
AUDIO CONNECTIONS

Having issues? Try calling in
Go to “Audio and Video” or click the arrow next to your unmute button and select “Switch audio” Follow the unique instructions on your screen.

After connecting, if you don’t see a phone/headset icon next to your name, please attempt to connect your audio again!
ASKING QUESTIONS VIA Q&A BOX

1. The Q&A Box feature is available to ask questions or make comments anytime.

2. Click the Q&A Box button at the bottom of the WebEx window to open the Q&A box on the bottom righthand side of the window.

3. Select ASK ALL PANELISTS

4. Type your question and Click “SEND”

5. Any questions not addressed during the live event will be saved and answered in a follow-up document.
POLLING

Today’s event will include several polls! You can respond to these in the polling panel on the bottom right of your screen.

Questions:

• Where do you work?

• Are you currently providing direct services, special programs and/or initiatives to Veterans and their families or related stakeholders?

• What interests you most about today’s presentation?

• What future Veterans-related topics would you like to learn about?
LEARNING OBJECTIVES

- Understand the Current National Picture of Health Centers Serving Military Veterans
- Learn about a State-based Partnership That Enhances Health Center Capacity to Serve Veterans
- Share One Health Center’s Lessons Learned as it Expanded its Capacity to Serve Veterans

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SESSION OVERVIEW

• 12:00 – 12:10  NACHC Welcome & Introduction
• 12:10 – 12:15  Identifying a State’s Issues and Setting Priorities – Community Health Care Association of NY State (CHCANYS)
• 12:15 – 12:30  Partnering with a Philanthropic Organization – NYS Health Foundation
• 12:30 – 12:50  Putting an Enhanced Veterans Service Program in Place – Union CHC
• 12:50 – 1:00   Questions / Responses / Wrap-up
## Faculty Presenters

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<th>Presenter</th>
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<tr>
<td>Suzanne Rossel</td>
<td>Community Health Care Association of New York State</td>
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<td>Derek Coy</td>
<td>New York State Health Foundation</td>
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<td>Dick Bohrer</td>
<td>NACHC - Moderator</td>
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CURRENT HEALTH CENTER OVERVIEW

- American Recovery Plan included funding for VA to expand the CCP
- Health Center involvement in the CCP requires BOTH local connections and affiliation with a third-party administrator
- Out-patient services needed from community providers:
  - Oral health
  - Ob/Gyn
  - Behavioral health
- In CY 2019, Health Centers reported serving 400K veterans
- 85 Health Centers were participating in the Mission Act’s Community Care Program (CCP) as of January 2021
Identifying a State’s Issues and Setting Priorities

Suzanne E. Rossel
Community Health Care Association of New York State (CHCANYS)
Community Health Care Association of New York State (CHCANYS)

- CHCANYS’ New York’s Primary Care Association, represents 70-plus Community Health Centers. These CHCs provide care for 1-in-9 New Yorkers at more than 800 locations.

- For almost 50 years, CHCANYS has represented a diverse membership, from the metropolitan community health systems of New York City to the rural CHCs of Upstate and Western New York, and everything in between.
NYS CHCs Serve 2.3 Million New Yorkers a year

- **89%** Low Income (200% FPL and below)
- **29%** Speak limited English
- **71%** People of Color
  - 36% Latinx
  - 27% Black
  - 8% Other
- **15%** Uninsured

**SUZANNE ROSSEL**  
Senior Vice President  
srossel@chcanys.org
Partnering with a Philanthropic Organization

Derek Coy, Veterans Health Officer
New York State Health Foundation
Strategies to Improve Veterans’ Access in an FQHC

Douglas York, Ph.D., CEO
Raul Gonzalez, Veteran’s Liaison
Union community Health Center
Strategies to Improve Veterans’ Access in an FQHC

Douglas York, Ph.D., CEO
Raul Gonzalez, Veteran’s Liaison
Douglas L. York, Ph.D.

- Presently CEO of Union community Health Center, Bronx, NY.
- Prior executive of academic medical centers, medical schools and private practice corporations.
- Active faculty member at New York Medical College educating medical, and graduate students regarding clinical management, financial, regulatory, and social issues associated with the US healthcare system.
- Board and committee member - CHCANYS (NYS PCA)
- Multi committee member – NACHC.
- Served on two white house task forces for special populations.
- Worked directly with Department of Veterans affairs and congressional leaders to identify barriers to care and propose FQHC Based solutions.
Union Community Health Center
Bronx, New York

- Continuous provider of healthcare since 1909
- Provider of comprehensive Medical, Dental, Behavioral health, and Specialty care
- Seven locations in the Bronx
- Mobile medical & Dental Units
- $45M annual Operating Budget
- Serves over 38,000 unique patients each year
- Conducts over 180,000 patient care visits annually
- Residents of the nine zip-code service area are among the poorest in NYS with 63% at or below 200% of the poverty level
- The RW Johnson Foundation has rated Bronx county as 62nd out of 62 NYS counties for health outcomes.
- Bronx county has over 40,000 veterans, 25,000 enrolled at the Bronx VA
Organizational Infrastructure Enhancements

- Identification of organizational champions (CEO, CMO)
- Creation of veterans core team: Physician champion, designated Veterans Liaison, business director, public affairs, care coordination
- NYS Health Foundation Support/Partnership
- Health Share Record management (HSRM)
- Community care network (CCN) Optum
- LHI Dental network
- Modified veterans registration intake in electronic health record (EHR)
- Engagement with elected officials
- Defined meeting and communication structure
**RAUL GONZALEZ**

- **Presently Veterans Health Care Liaison of Union community Health Center, Bronx, NY.**
- **Worked as a New York State Certified Intensive Case Manager at a Major Veterans Service Organization.**
- **Over 20 years experience in Mental Health Services**
- **Voting Member of NYC HIV Planning Council**
- **CBO Representative at Bronx HIV Network**
- **Program Director of Substance abuse shelter with the NYC Department of Homeless Services**
- **Contracted Vocational Counselor with NYC Human Resources Administration**
Current engagement strategies (internal)

- Identifying Veterans in UNION’s Workforce
- Cultural Competency Training
- Direct EHR Communicator to all patients to identify Veterans and family members
- Ongoing partnership with local VMC
- Integrate veterans initiatives into all aspects of health center operations
- Rotate veterans liaison through all clinical team huddles at all sites and services
- Provide regular Updates and discussions in qa/qi committees on veterans needs and services
- Brief board of directors monthly on veterans services
- Organizational Signage throughout health center
Registration Area (28 locations)
WAITING AREAS, ALL SITES
What Is A Veteran?

A "Veteran" - whether active duty, discharged, retired, or reserve - is someone who, at one point in his life, wrote a blank check made payable to "The United States of America," for an amount of "up to, and including his life."
Current engagement strategies (external)

Public Affairs Strategy

• Annual plan: print, social media, elected officials, website, community events

VA System

• Continuous engagement with local VA on veterans’ service needs
• Support development and growth of VA Community Care Network (CCN)
• Maintaining enrollment in HSRM, Optum, LHI networks

Community Stakeholders (to educate on unions’ services and recruit veterans)

• Attendance by Veteran’s Liaison at Community Board Meetings
• Identify & engage veterans liaisons at local colleges & universities
• Local houses of worship
• Community Based organizations (food pantries, shelters, soup kitchens)
• NYC Department of Health
Future engagement strategies

**INTERNAL**
- Establish Art/Creative focus groups
- Expand cultural competency training
- Enhance Care management referral program (medical, dental, behavioral, specialty)
- Address Veterans social, legal, financial, housing and nutritional needs through advocacy and referral
- Maintain institutional awareness of veteran programs and services
- Analyze clinical data for most frequently utilized clinical conditions: pivot resources in response to data trends

**EXTERNAL**
- Utilize medical/dental mobile units to target veteran audiences
- Conduct community outreach for veterans
- Pursue financial support for program sustainability and expansion
- Engage elected officials on Bronx veterans needs
Challenges & Barriers

• **COVID PANDEMIC — HEALTH CARE ACCESS HESITANCY**

• **LACK OF AWARENESS BY VETERANS OF MISSION ACT AND CARE OPTIONS OUTSIDE OF VA HEALTH SYSTEM**

• **DATA COLLECTION SYSTEMS EITHER NOT DESIGNED TO IDENTIFY VETERANS, OR FLAG ELIGIBILITY, AND ARE VERY DIFFICULT TO MODIFY TO REFLECT SAME**

• **VA HEALTH CARE FACILITIES OFTEN DO NOT COMMUNICATE CARE OPTIONS TO VETERANS OUTSIDE THEIR SYSTEM**
When referral options are available, VA providers are either unaware or if aware cannot initiate directly to an FQHC

Maintaining service offering visibility in health center

Insuring customer service to veterans as promised

Establishing your center as the choice option for local veterans outside of VA providers
What can your FQHC do now?

1. Identify organizational champion
2. Identify internal/external stakeholders (physicians, employee veterans, elected officials, community partners, potential funders)
3. Train all staff on cultural competency
4. Join VA community care/LHI networks
5. Modify EHR to pivot towards veteran data collection/identification
6. Create veteran friendly environment; welcome signage, military branch logos, and resource material throughout FQHC
7. Create/use referral platform to address veteran’s health, social, legal, financially, housing and nutritional needs
8. Integrate veterans programming issues into all standing meetings and agendas
Thank you!

Questions?

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Raul Gonzalez, veterans liaison
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# PRESENTER CONTACT INFORMATION

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Available NACHC Resources:

- “Supporting our Veterans” Webpage
- Veterans Interest Group
- Health Center Resource Clearinghouse

ARE YOU LOOKING FOR RESOURCES?
Please visit our website www.healthcenterinfo.org