

## SERVING MILITARY VETERANS IN HEALTH CENTERS: EXPLORING UNEXPECTED PARTNERS & RESOURCES

This Q&A is a supplementary document to accompany the slides and recording of the webinar that took place on 6/17/21. The archived recording and materials are available on the Health Center Resource Clearinghouse at <https://www.healthcenterinfo.org/details/?id=3185>.

### **Webinar Q&A with Faculty Presenters:**

- **Suzanne Rossel**, Community Health Care Association of New York State
- **Derek Coy**, New York State Health Foundation
- **Douglas York, PhD**, Union CHC
- **Raul Gonzalez**, Union CHC

**Dr. York and Raul:** You provided us with such practical tips based on your experience. Thank you for your dedicated efforts to reach local Veterans, to create support across many stakeholders and for your commitment to Veterans at your health center.

**1. What types of funding, in addition to the NYS Health Foundation support, do you utilize to seed some of the operational actions you suggested? Would you use American Rescue Plan funding?**

- Union, as an organization, believes so much in the potential of our Veterans Liaison program that in addition to the initial funding provided from the NYS Health Foundation, UNION administration decided funding the program out of the standard operating budget.
- As UNION's Veteran Liaison, actively working together with more veterans and related stakeholders in the community, we continue to explore Veterans needs and accordingly we are actively looking into additional funding opportunities. For example, currently we are awaiting for the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program that focuses on decreasing the number of suicides by members of the armed forces.

**2. How does a Veteran find out if they qualify for Medicaid?**

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- As we all know, different parts of the country have different protocols for Medicaid enrollment and have their own insurance marketplaces.
- UNION's Veterans Liaison works with any Veteran interested in applying for Medicaid and will assist in processing the online application. New York State has an amazing Health Insurance Marketplace website, <https://nystateofhealth.ny.gov/>, that can help determine if someone is eligible for Medicaid immediately. A Veteran, regardless of Veterans Benefits status can search for and apply for Medicaid via the website.
- In addition, if a Veteran receives a pension or has an income that puts them over the Medicaid income threshold, the Veterans Liaison at UNION can assist the Veteran to determine the cost for premiums and or spend down to secure Medicaid.

**3. What should Veterans do who experience difficulty from the local VA Medical Center when they request a referral through the community care network program?**

- This is a great question. UNION has experienced this barrier many times.
- In such situation, the Veteran usually follows up with UNION's Veterans Liaison to resolve the issue. Our Veteran liaison facilitates the connection between the Veteran and his/her the patient advocate at the respective VA Medical Center (each VA Medical Center has a patient advocate responsible for resolution of issues relating to the care of each and every Veteran and they will assist the Veteran with the outside referral process). Needless to say, we have experienced that since the beginning of COVID pandemic, it is often difficult to navigate and/or communicate with particular VA offices
- Our Veteran Liaison continues following up with the Veteran and service provider to advocate and assist him/her as per suggested by the patient advocate at the VA Medical Center until he/she is connected with the required referrals services.

**4. What has surprised you most about working on Veterans Issues and why?**

Dr. York:

- I believe that Veteran group has its own unique health care needs. We need to build a care delivery system designated specially for Veterans as special population rather than including them as part of other high-risk populations like the homeless. Veterans are unique and are a particular category of

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client/patient. When organizations essentially mix Veterans with other populations, they are in fact not appreciating the distinctiveness of the Veteran and their experience.

- We are also surprised to explore that the VA Health System has not modified their infrastructure to reflect the capabilities of the Mission Act. VA providers often are not aware of their ability to communicate directly with CCN providers and often do not know that they can freely make referrals to CCN providers via the HSRM, the VA's own referral and EMR system. It is a barrier not only for Veterans but also for care organizations interested in delivering timely care to Veterans.

Raul:

- For me, the biggest surprise with regard to working with Veterans has been the lack of Veteran specific legal and social services. Early in my career, I worked for a number of years with a Veterans Service Organization where I worked solely with Veterans. As I continued to work at other organizations, I found that Veterans were always part of the population and client base but most providers did not provide them with services geared for their specific needs. Organizations often do not distinguish the needs of a Veteran from the needs of the general population that makes it even harder for the Veteran to access the desired essential health care services. By determining if a patient/client is a Veteran, it helps to broaden the service delivery spectrum and improves outcomes.

## **5. How have those insights informed your program decisions and offerings at the health center?**

Dr. York:

- UNION will continue to advocate for Veterans population's special needs at national, state and regional level.
- We will continue to team up with other stakeholders and partner organizations to develop a care delivery model to deliver timely, specific and quality services in collaboration with VA system.

Raul:

- As Veterans Liaison at Union, I will ensure that all clinic staff are aware of the specific needs of the Veteran. There are number of specialties that Veterans can utilize based on their care needs at Union. A Veteran may use our audiology

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services for tinnitus that resulted from the constant noises from weapons fire and equipment while serving. A Veteran may use out PT/OT clinics for therapy after being diagnosed with a back ailment. Veterans often carry heavy equipment and weapons on their backs for extended periods and may only seek help after years of discomfort. A Veteran may see our Behavioral Health staff to discuss their ongoing mental health issues. Many Veterans experience traumatic experiences while serving that might have lifelong effects. As Veterans Liaison, I encourage staff to recognize how serving in the Armed Forces may affect the life of individual Veterans that are receiving care services.

- In addition, Veterans are very social with their peers and often congregate with other Veterans at various locations. With the COVID pandemic, this has made it very difficult because Veterans no longer have safe spaces to go. We are now establishing a safe space for Veterans to come and discuss their needs and explore the resources available at Union and in the community.
- We will also continue extending our ongoing collaboration with the Bronx VA Vet Center to encourage referrals to Union's Veteran Liaison program for medical, dental and advocacy services to some of the newly discharged Veterans in the community.

**Derek: You work with many types of organizations in your philanthropic work specific to Veterans. What are some of the unique aspects of working with community health centers, like Union, that stand out to you as excellent partners in advancing Veterans quality of life?**

Great question – and there are indeed a few unique aspects that stand out when working with CHCs. For instance:

- The staff. Like so many folks that work in CHCs, from Day 1, Union has been informative, collaborative, and eager to tackle a lot of these tough issues, so having a team that is incredibly informed and equally as competent has made this work very easy and very rewarding, and its hard to have that level of drive and communication with larger, more bureaucratic organizations.
- Their expertise. Often times folks come to myself and the Foundation looking for info – which is great – but this role is usually reversed with CHCs. Because of their on-the-ground experience and thorough understanding of what is happening in communities, I get a level of information from folks like this that is hard to get elsewhere.
- They are incredibly nimble. It's much easier to respond to growing trends and deploy new, innovative models of care with CHCs when compared to other health care settings, so the work moves quicker, is infinitely more responsive to dynamic environments, and creates more opportunities for collaboration.

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**Suzanne: The NY Primary Care Association has made Veterans Health Care a strategic priority state-wide. We have any PCA reps on today's call. Would you describe how Veterans Health became a priority for the PCA and what are some manageable, feasible ways to take action in the midst of the many other priorities PCA staff are now working on to support health centers across their states?**

The passage of the VA Mission Act in 2018 offered increased opportunities to partner with community-based providers. Based on the Act, CHCANYS identified a need to provide targeted TTA to improve and expand services to Veterans and their families that was further fostered by the efforts of our partners at the NYSHealth Foundation and NACHC as well as key New York Health Centers leaders, like Union Community Health Center and Urgent Care, that had prioritized health care services targeting veterans and their families. Serving veterans and their families fit squarely with the mission to increase primary care access for all New Yorkers, particularly those who confront barriers to accessing care.

CHCANYS included a focus on TTA to increase and improve access to Veterans in our PCA workplan, aligning it with our efforts to deliver NYS CHCs assistance to improve care delivery to vulnerable populations, such as people experiencing homelessness, migrant agricultural workers, LGBTQ individuals, etc. As part of our workplan we leveraged and continue to leverage our relationship with NYSHealth and NACHC. Further, recognizing that select NYS CHCs are "out in front" with services to Veterans, CHCANYS tapped into these invaluable resources in terms of sharing and leveraging lessons learned. We will continue to build on these key relationships and partnerships.