

Panel 4

STATEMENT FOR THE RECORD

Of

**The Philadelphia Veterans
Multi-Service & Education Center**

Submitted by

**Marsha Four
Program Director
Homeless Veteran Services**

Before the

CARES Commission

Regarding

**Draft National CARES Plans
VISN 4 Eastern Market**

Presented At

**Coatesville VA Medical Center
Coatesville, PA 19320**

August 28, 2003

Good morning, my name is Marsha Four, Program Director for Homeless Veteran Services at The Philadelphia Veterans Multi-Service & Education Center. I am a veteran.

I thank you, Chairman Alvarez, and your colleagues, for the opportunity to testify regarding the Draft National CARES Plan for the delivery of health care and treatment to our veterans in VISN 4. Certainly with consideration for the enormous health care system that CARES will effect and the coordination of the process needed to accomplish the mission, your positions on this commission are vital to the outcome, but, I suspect, in light of the task at hand, not highly sought after jobs. We appreciate the commitment you have made.

Mr. Chairman, VISN 4 invested much energy and time in the development of its DRAFT CARES plan. Mr. Biro, the VISN 4 offices, Medical Center Directors, VA staff, and stake-holders were involved in this process. I was present at many of the meetings that were held.

Realizing across the VA system there are many areas where dramatic changes will be made, it was a relief to veterans of this Eastern Market region to see that our VISN was eliminating little while taking an approach to accommodate the future needs of our brother and sister veterans.

The original concept for assessing the real-estate holdings and plans for the disposition of "excess" properties of the Department of Veterans Affairs makes sense. No one wants to see money being wasted, money that could be better spent on rendering real health care to veterans. There is no question that the VA has many buildings at various locations that are expendable. We keep in mind, however, that as CARES indicates, it is the asset realignment for ENHANCED SERVICES.

Women Veterans

It is of importance that each VISN keep in mind the growing number of women veterans who will be knocking on the door to access the VA in the future. Presently, 6.2% of the veteran population is female and by 2010, women will make up 10% of the veteran ranks. Currently, in Pennsylvania, it appears that women veterans comprise approximately 4.5% (58,267) of the total veteran population (1.26 million).

The 2000 census indicates there are 1.6 million women veterans and VA relates that approximately 11.4% use the VA for care. Women are among the fastest growing segment of new VA users. Projections by the VA Office of Policy and Planning suggest that veteran women will comprise nearly 10% of the total user population by the year 2010.

It was the desire of the VA Advisory Committee on Women Veterans that every VISN have, as a member of its CARES working group, the lead VISN Woman Veteran Program Manager so that the needs of women veterans were considered in planning and facilities utilization. Women Veteran Program Managers are a resource to both the

VISN and the Medical Center, not only as advocates, but assisting with the formulation of the strategic planning process.

In the VHA Handbook 1330.1 Guide to the WV Health Services, there is reference to the involvement of the VISN WVPM at the VISN level on the Strategic Planning, Space, Environment of Care and Pharmacy Committees.

An additional concern for women veterans is the uncertain outcome of the possibility of mainstreaming women veterans' health care into general Primary Care Clinics. In an effort to consolidate space within a facility, women wonder how sacred will be the women veterans' clinics. Women's health is moving forward in the private sector and in medical schools across the country as a recognized specialty. We fear if these clinic areas are lost or if a total mainstreaming is accomplished the attention to the interplay of the medical conditions of women will take a step back in time.

Behavioral Mental Health

From the beginning, it was my understanding that mental health programs were off the table in this segment of the CARES plan. Working with veterans daily in a primarily mental health arena, I was never totally comfortable with the notion that these programs were eliminated from the CARES discussion.

I try to understand but continue to ask... How can one determine the direction of such a massive system as the VA without realizing it as a whole delivery system? Behavioral Health and the programs that address mental health are part of a complete delivery system, just as physical and mental health is part of the whole person. They interact with each other on an integrated basis and impact each other without question.

As a representative of stake-holders, I ask, how can the VA system truly meet the comprehensive or the changing needs of its veteran population without considering the inclusion of the behavioral mental health programs? How can this be accomplished if no consideration for a true continuum of mental health care is built into the VA health delivery system.

How can capacity be met if all of the licensed acute mental health beds are not on line? In the Eastern Market alone there may be as many as 25 or 30 out of service. Clearly, the need remains high. How many veterans are being sent into community facilities because these allotted beds are not on line?

Additionally, psychiatric sub-acute/step-down beds are needed in the planning of our medical centers for the appropriate and successful transition of veterans who are cycled off acute bed units. If VA intends to provide a continuum of care, reducing recidivism, and truly meeting the outcome of an ultimate advancement of the veteran back into the community, step down beds are a vital component to this process.

Not to be overlooked are the increasing medical issues that compound the situations and treatment of the aging veterans in behavioral/mental health programs.

Some ask, considering the psycho-social rehab model and looking at best practices, when will these be calculated into the evaluation of the VA in its continuum of care regarding mental health programs for veterans?

Another question for consideration is.... How does an incomplete continuum of care for veterans with mental health needs impact the homeless veteran problem?

How can a clear and true evaluation be made of required space for enhanced services if mental health is not part of the first approach to the process for the initiation of CARES?

Homeless Veterans

The VISN Special Disabilities Program Planning Initiatives states that VISN 4 has seen a 31% increase in the number of homeless veterans served between 1996 and 2001 as reported in the VA's Capacity Report. And that.... as VISN 4 considers underutilized space and Enhanced Use Lease options, considerations should be made to providing space to community-based service providers in developing programs for homeless veterans.

Our agency has a healthy and strong relationship with VISN 4 and Coatesville VA Medical Center. Our ninety-five (95) bed transitional residency has occupied building 6 on the grounds here at Coatesville since 1997.

We encourage close attention to greater expansion of partnership arrangements both across our VISN and throughout the entire VA system. Although in past times grant money could be obtained from HUD and combined with those received from the VA Grant and Per Diem Program (HGPD), that capability no longer exists. HUD is not interested in transitional housing.

The initiation of transitional housing, specifically for homeless veterans, is next to impossible on VA grant funding alone. The primary respondents to the HGPD program's Request for Proposals (RFP) are small community non-profits working primarily with veterans. No one gets rich on the dollars received in per diem payments. For this reason, VA shared lease agreements are highly desirable as a means of creating transitional programs for homeless veterans. They are a true enhancement of the VA Homeless Domiciliary program.

Nationwide, it is important for the VA, however, to clearly develop and understand its position in regard to these non-profit lease agreement partnerships.... especially as it relates to the overall mission. VA must buy into the importance of these linkages because in many ways they do relieve the stress on the system and augment VA services and care with a huge savings to the VA.

Community Based Outpatient Clinics

VISN 4 has expanded health care via its investment in Community Based Outpatient Clinics (CBOC) to areas long in need of access. Staffing is a combination of both VA personnel and outside contracting. Veterans have a concern about the level of training

provided by the VA to contracted staff, not only in regard to their comprehensive knowledge of how the VA works and what its programs and services are, but also about: who are veterans... what are veteran issues... how did military duty influence the veteran's mental and medical health problems... and knowledge of military sexual trauma. This last issue may well have particular impact on the growing number of women veterans coming into the VA system.

The VA Performance Measure #11 speaks to developing a plan to improve mental health care in CBOC's. VISN 4 is actively moving to provide enhanced services in this regard.

Tele-psychiatry is a growing resource in the health arena. It can bring services to even the most remote parts of the kingdom, so to speak. However, it is cautioned, by many more educated than I, that while it truly has a place in the system, it cannot be seen as the exclusive treatment tool to satisfy the requirement of providing mental health treatment in the CBOC's. Caution must be taken that over-reliance of this patient-provider instrument does not occur. That it is not abused. It is not, and can never be, a substitute for one-on-one interaction and individualized treatment. In mental health particularly, human contact is still human contact. And with this lies a concern for available space to provide on-site service in the CBOC's. With mental health off the table, how will this be addressed in an evaluation of the physical plant of present and future utilization of CBOC's?

Access for Veterans

VISN 4 has made great strides in making services available to veterans throughout our region by establishing CBOC's throughout our VISN. If we look at the VISN as a whole, there continues to be a demand for services by some veterans who are located at a considerable distance from a full service medical center facility. This remains of continued concern. As an agency in S.E. Pennsylvania, our clients come to us from the greater Delaware Valley, to include NJ and DE.

Some weeks ago, I attended a preliminary CARES discussion at the Philadelphia VA Medical Center where there was discussion on this issue as it related to veterans in Delaware and South Jersey. For the Eastern Market, VISN 4 must continue dialog to carefully resolve access needs so as to provide for the needs of the veterans in these locations, while not disrupting or causing a negative impact on the facilities and services already in place.

The concerns I present here, you may well say, should be addressed at a later time.... Mental health is not on the table. But I contend that you cannot dissect and separate the need of a patient. To do so diminishes his or her total and unique humanness. To do so is not to address the comprehensive requirements of the system in response to the complete health picture presented by the veterans to whom they were established to serve. Taking mental health off the table does not respond to the capacity to serve unless its need for space.... and the beds necessary to meet the need is incorporated into the complete CARES initiative from the onset.

There are misgivings within the veteran community on the ultimate outcome of the CARES process and a concern about exactly what the VA health care delivery system will look like when we reach the end product.

Along with my duties as Program Director for Homeless Veterans Services at The Philadelphia Veterans Multi-Service & Education Center, I belong to a veteran service organization, Vietnam Veterans of America (VVA). VVA's founding principle is "Never again will one generation of veterans abandon another".

Veterans are concerned about the ultimate system that will remain as a result of the CARES process. They are hopeful that this commission will not overlook or abandon programs which are vital to the VA for the care and treatment of the brave men and women who served this country in past wars or those active duty military who are returning home from the war in Iraq or future conflicts.

Some veterans feel that decisions made within the context of the proposed Draft National CARES Plan will effectively close beds, cut staffing, compromise services, and damage the VA's ability to respond to emerging needs of veterans. They believe that this effort, no matter how well intended, will in some instances prove to be counterproductive and ultimately costly to rectify.

It is being seen, by some, as the way that the VA will slowly divest itself of its massive health care delivery system, contracting and/or fee basing to the community, an ever-increasing number of the veteran tests, services, and treatment. They fear it will conclude, at some point in the future, with a letter in the mail that states that the doors are closed... go anywhere you want for assistance... and send us the bill... if you qualify. Some feel it will result in one big quasi-veteran insurance referral company.

Last week I read in the papers, as you may well have, of a woman veteran in the New England area, having returned from Iraq, who was homeless with her daughter. I read of her frustration with the "system" and in her inability to access services. In response to this frustration she said she hoped she could re-enlist because, "I like being a soldier better than being a veteran". This was a sad testimony to hear in this great nation of ours.

Mr. Chairman, thank you for the opportunity to address the commission on behalf of The Philadelphia Veterans Multi-Service & Education Center as a stake-holder in VISN 4.

MARSHA TANSEY FOUR, RN

SUMMARY:

Professional nursing experience in hospital, clinical and combat environment; Working in the veteran arena since 1987; Director of Services to homeless veterans from 1993 to present.

EMPLOYMENT BACKGROUND:

The Philadelphia Veterans Multi-Service & Education Center, Inc.
Philadelphia, PA
Director of Homeless Veterans Services 1996 to Present
LZ II: 95-bed Transitional Residence: Opened 6/16/97.
The Perimeter, Day Service Center: Opened March 1, 2000.

Registered Nurse: Hospital, Nursing Home, Clinic arenas 1971 to 1996.

MILITARY SERVICE

United States Army Nurse Corps 1967 to 1970
Fort Campbell, KY
Camp Evans & Quang Tri, South Vietnam
Honorable Discharge

ADVISORY COMMITTEE:

US Department of Veterans Affairs 1992 to 1995
Women Veterans Advisory Committee 2001 to Present
Chair: 2002 - present

US Department of Veterans Affairs 2002 to 2003
Homeless Veterans Advisory Committee, Liaison

U.S. Department of Veterans Affairs
VISN - 4
Management Assistance Council (MAC), Member 1997 to Present

VOLUNTEER EXPERIENCE:

Executive Director: Philadelphia Stand Down 1993 through 1998
Initiated Philadelphia Stand Down, a three day annual comprehensive program for homeless veterans of southeastern Pennsylvania.

Ex-Officio Director: Providing resources and assistance 1999 to present

Vietnam Veterans of America, Inc., Delaware County 1987 to present
Chapter 67, Media, PA
Washington, DC
National Board - Director at-Large
Women Veterans Committee, Chair
Government Affairs, Member
Homeless Veteran Task Force, Member
Health Care Committee, Member



Coatesville
8-28-03

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GLENN K. RIETH
Brigadier General
The Adjutant General

15 August 2003

TO: Mr. Richard E. Larson, Executive Director
CARES Commission

FROM: Colonel (Ret) Emil H. Philibosian *EPH*
Deputy Commissioner for Veterans Affairs

SUBJECT: Capital Asset Realignment for Enhanced Services
(CARES) Commission

Thank you for the opportunity to comment on the needs of New Jersey's veterans. As you know, services are provided to our veterans through both VISN 3 and VISN 4. VISN 3 serves the central and northern parts of our state and VISN 4 assists the veterans who reside in the seven southern counties.

The need for nursing home care remains high over the planning period. The nursing home component of the VA's long-term care planning model is in the process of review.

Market plans shall consider any space for nursing home care needs to include realignment, renovations, and conversion of space.

In VISN 3, East Orange and Lyons fall within the 60 and 120 mile proximity standard. They were not selected for planning initiatives due to the differing missions and impact of local transportation patterns/high volume.

Lyons is collaborating with VBA (Veterans Board of Appeals) for enhanced lease opportunities, ongoing communication with VISN stakeholders, and veterans organizations.

Concerns for VISN 3 and 4: As the number of women veterans in the military increase, there is a decrease in available services at the VA.

In VISN 4, the Philadelphia-Wilmington-Coatesville VA Medical Centers are doing a wonderful job attending to the needs of the southern New Jersey's veterans. These installations must be given the funding and personnel to continue their missions.

Mr. Richard E. Larson

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15 August 2003

Additionally, it is imperative that the VA Clinics which have been established throughout New Jersey be kept open and staffed to the point where long waiting periods to receive an appointment are eliminated.

Opportunities to expand the services provided by other medical centers such as the VAMC in Wilkes Barre are to be applauded. Their outreach clinic in northeastern Pennsylvania will provide assistance to the veterans of northwestern New Jersey.

As the ranks of veterans increase due to recent conflicts, we need to ensure the continuation of superior services.

If you require any additional information, please do not hesitate to call me at 609-530-7045.