

# VOICES OF VISN 6

— Excellent Care — Earned by Veterans — Delivered Here —



## VISN Leaders Gather to Address Change

By Steve Wilkins | VISN 6 PUBLIC AFFAIRS

Medical center directors and their chief officers met in December at the Senior Leaders Management Conference to discuss how to most effectively serve Veterans and their health care needs.

Medical center executives from across VISN 6 met in early December to map out a strategic plan that will focus more of the networks and facility resources on services most important to Veterans. During this time, senior leaders reviewed every aspect of six

preliminary foundational services: Prosthetics, Mental Health, Geriatrics and Extended Care, Urgent Care, Primary Care, and Care Coordination. They reviewed the cost of care, quality of services, supply and demand,

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### Fayetteville VAMC Director Retired Dec. 9



Elizabeth "Betty" Goolsby, Director of the Fayetteville VA Medical Center (FVAMC) retired Dec. 9 after more than four decades of federal service. She was appointed FVAMC Director in July 2010.

"It has been my pleasure to serve our Veterans — America's Heroes — for many years, and to have spent the last 7 years with you in the Fayetteville Enterprise," Goolsby said. "Each of us finds joy in our lives and use the joy to make a difference. Part of my joy has been to serve our Veterans."

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FVAMC Director Elizabeth "Betty" Goolsby retired Dec. 9, after more than 40 years of service.

## VISN Leaders Gather to Address Change

delivery model, and patient experience to further enhance the service.

“Bringing our leaders together for a week and dedicating our time to ask the hardest and most complex questions – what do we have to do to provide exceptional service to our Veterans,” said DeAnne Seekins, VISN 6 Network Director. “How do we take a step outside normal business operations and try new ideas, with new focus, where the Veterans will benefit the most.”

A great example is in optometry, committee members are looking at ways to offer Veterans a voucher to receive routine eye exams and glasses at any community optical shop closer to their home.

“This is not privatization,” said Seekins. “This is simply saying we have more Veterans who need eye exams and glasses then we at VA can provide in a timely fashion. And it would be better for our Veterans to go to our community partners, who are closer to their home for a routine service.”

Committee members also presented ideas that included urgent care departments in forthcoming health care centers at Raleigh, Fredericksburg and in Chesapeake; and adding urgent care to the health care centers already in place at Charlotte and Fayetteville.

Another popular plan seemed to be the creation of geriatric patient care teams (Geri-PACT). These focused teams would provide continuity and consistency to a specialized group of patients. The committee believe that the new teams would allow Veterans to feel more confident about their care based on the skill-level of the clinicians.

“Our goal is to shift more of our resources to services that matter most to Veterans and has the most impact their health,” says Seekins. “We can’t do that without thinking big and taking massive action.

Ideas to improve internal efficiencies were also a part of the discussion, such as moving to a VISN central purchasing model for high volume products, instead of facility-based purchasing. They also considered a variety of staffing models and employee incentives that could help productivity and improve job satisfaction.

The strategic planning session was complemented by training in change management, where leaders were asked think about new ways of doing business, employee engagement and internal communication. One thing was for sure after the week-long meeting concluded - change is happening and the move to modernize in VISN 6 is well underway.

## Network Director Comments



I get the question all the time, from employees, staff and people outside the VA - what is VA modernization? And what will be different with the VA now, than what has been done in the past? The answer is simple, but the tasks to keep the VA at the head of the health care game will be complex and transformative.

Modernization of the VA is looking at everything we do and all the different types of health care we provide and asking ourselves this one question – how can we do it better for our Veterans?

Let me give you an example. If a patient needs to see a physical therapist twice a week for six weeks isn't it better for that Veteran to see a provider that is closer to their home instead of driving 40 or 50 miles to a main VA? We would all say yes.

Continuing with that example, VA modernization is looking at things differently. Instead of building more physical therapy departments or spaces, we are looking at every program to see what we need to expand and what programs we can work with our community partners with – always returning to the main question: what is right for our patients.

Modernization is about providing more efficient options for our patients. It's about being innovative and transformative. Modernization is about finding the 'yes, we can' instead of listing off all the reasons why we can't or shouldn't. Modernization is a new way of thinking – it's a culture shift.

We've had to dig deep and look at how we do things and see if we can do it differently. Change is never easy, especially if it has been a way of business for a long time. Our leadership teams are taking stock of everything we do. Asking questions like, can doctors use more telemedicine in their clinics, can we provide health care to newer Veterans in colleges and in the community, can we conduct mental health sessions via video calls, can we text reminder appointments – nothing is off the table.

We are evaluating how those things; whether they are equipment, operations, or programs can be done differently and more effectively. In some case, we are even asking ourselves whether VA should be doing those things at all, and if the Veteran is better served in the community.

The question isn't about whether VA should exist, it is how VA might best serve Veterans, assuring them the best care everywhere, perpetually. Modernization is about how VA isn't just a provider of Veteran Health Care, but a concept of VA as steward of Veteran health.

That concept is monumental because it shifts the story line from Veterans only receiving their high-quality care at VA, to VA making sure Veterans receive high quality care wherever is best for them – VA or private sector.

That enables VA to concentrate efforts on the things it does best – our foundational service core – and coordinate care for Veterans with community partners who are best in specialty care outside VA's core services. So, modernization is VA transforming into an integrated web of services offering Veterans the best care possible where and when they need it.

Sincerely,

DeAnne Seekins

VISN 6 Network Director

# Salisbury Veterans Take Gold at 2017 Creative Arts Competition

## Applications Now Open for 2018 Competition

SALISBURY, N.C. — Salisbury VA Veterans took home three 1st Place, one 2nd Place and two 3rd Place awards from the 2017 National Veterans Creative Arts Festival, which took place in Buffalo, New York, in October.

Terri Gilbeau, Recreation Therapist, said it is “awe-inspiring” to have so many national winners. “Over 5,630 entries were submitted into local competitions at 138 VA facilities, so six national winners is a great honor,” Gilbeau explained. Salisbury VA Health Care System received 77 entries from 49 talented area Veterans.

The National Veterans Creative Arts Festival provides Veterans the opportunity to express themselves through the arts and to gain recognition for their creative talents and skills in both visual and performing arts. Visual arts categories range from oil painting and leatherwork to paint-by-number kits, while the performing arts category includes all aspects of music, dance, drama and creative writing. First-place winners at local VA creative art shows are entered in the national festival for competition.

According to James Taylor, U.S. Navy Veteran and one of six national winners from the Salisbury VA Health Care System, “It’s very rewarding to record the world the way it is, or was [through art].”

Taylor took a first-place prize with an oil painting titled “After Snowstorm, Sun on a January Morning.”

Gilbeau said the creative arts have both a healing and therapeutic benefit. “We witness

remarkable things when Veterans immerse themselves in the arts,” Gilbeau said. “For some, it is the opportunity to collaborate with others who are creatively minded, socially engage and recognize that there are others out there who ‘get it.’”

All Veterans enrolled in VA healthcare are encouraged to enter the competition. Applications for the 2018 Salisbury VA creative arts festival are currently available through the Recreation Therapy office located in Building 6. Entries are due by 8:00pm, Friday, Jan. 26.

Salisbury VA Health Care System has held a local Veterans Creative Arts Festival as part of the national program since 2008, making 2018 its decennial competition.

In addition to the annual Veterans Creative Arts Festival, Salisbury VA Health Care System now offers Creative Arts Workshops on the second Tuesday of the month from 7:00-8:00pm. Previous workshops included vocal coaching, Zumba and acrylic painting. The next workshop, scheduled for Jan. 9, will feature line dancing in the Building 6 Social Room on the Salisbury VA Campus at 1601 Brenner Avenue.

Veterans who would like more information on the competition or monthly workshops can contact the Salisbury VA Recreational Therapy team at (704) 638-9000, extension 13575, 13065 or 13143. More information about the National Veterans Creative Arts Festival is also available at [www.va.gov/opa/speceven/caf/index.asp](http://www.va.gov/opa/speceven/caf/index.asp).



ABOVE PHOTO // Navy Veteran James Taylor’s national-winning oil painting, titled “After Snowstorm, Sun on a January Morning.”

### 2017 National Veterans Creative Arts Festival winners from Salisbury VA are:

#### FIRST PLACE

##### James Taylor

(Art) oil painting titled “After Snowstorm, Sun on a January Morning”

##### Linda Moore

(Drama) solo interpretive performance novelty drama performance titled “Taking Care of Your Beta Fish”

##### Jeremy Chapman

(Creative Writing) poetry humorous submission titled “Booger Woogers”

#### SECOND PLACE

##### Jessica Rambo

(Art) digital art piece titled “Painted Buffalo”

#### THIRD PLACE

##### Verna Wells

(Drama) senior drama performance titled “Advantage”

##### Richard Hodgkin

(Creative Writing) personal experience humorous essays titled “My mom and the 1950s Chevrolet”

PHOTO BELOW // The local winners of the 2017 Salisbury Creative Arts Festival, taken February 2017.





## Fayetteville VAMC Donates Toys for Tots

The staff at the Fayetteville VA's Main Campus and Health Care Center locations mounted a collection drive in hopes of helping to ensure that some area children receive a gift for the holidays. Organizational Health Co-Chairs Sharon Boyer and Abby Parker suggested the committee give staff an opportunity to give back to the community through the U.S. Marine Corps Reserves Toys for Tots program. "Org Health was pleased to offer an opportunity to help bridge the gap between the generosity of our staff members and Cumberland County families in need," Parker said. "We are thankful to all who contributed toys, as well as to the Marine Corps for distributing the collected gift items to local county families this Christmas." Committee member FVAMC Chaplain Witt lauded the Tots for Tots program, commenting that Marine Corps Reserves donate over 97 percent of what they receive to less fortunate children. "Next year we hope to give our other sites of care an opportunity to donate for their communities as well," said Witt.

**PHOTO ABOVE //** Abby Parker, left, and Sharon Boyer are all smiles witnessing some of Fayetteville VAMC's staff donations to the Marine Corps Reserve Tots for Tots program. (Photo by Paul Witt)

## McGuire's Clinical Pastoral Education Center Receives Accreditation



Richmond VAMC's Clinical Pastoral Education Professional Advisory Group includes, from left: Dr. Lenore Joseph, Brenda French, Ken Linder, O. Dewane Stone, Robin Hollenbeck, Bill Wagner and Russ Davis. (Photo by Sean LaBat)

### By Chaplain Service RICHMOND VAMC

On Monday, Dec. 4, staff at the Richmond VA Medical Center celebrated accreditation of the new Clinical Pastoral Education (CPE) center.

Richmond's CPE center originally launched in 2015 as a satellite of Virginia Commonwealth University and is now independently accredited by the Association for Clinical Pastoral Education (ACPE).

Led by Chaplain Ken Linder, McGuire staff trains the next generation of VA Chaplains through the CPE center, one of more than 300 ACPE accredited centers across the United States.

"The accreditation means that we can now train new VA chaplains so they will be able to provide compassionate and effective spiritual care to our Veterans, families and staff," said Linder.

Chaplain Residents in the CPE center participate in an inter-professional training program, which was recently granted to Richmond VAMC by the Office of Academic Affiliations. This inter-professional program is co-taught by social worker Lynn Anderson, psychologist Thomas Campbell, and Linder. It includes four chaplain residents, two psychology Interns, and one social work intern.

The term "Inter-professional" refers to members of multiple professions (e.g. medicine, nursing, psychology, social work, chaplaincy) who share responsibility for a set of patients through coordina-

tion among team members in generating treatment plans and delivering services. Like interdisciplinary, it involves an enhanced appreciation of and respect for the professional expertise of each profession on the team.

According to Linder, chaplains provide spiritual and emotional support to people of all faiths and cultural backgrounds. They also facilitate spirituality groups and various services to provide for Veterans' and families' spiritual needs.

"Chaplains help struggling people find comfort and make meaning of their experiences," said Linder. "They provide a compassionate presence to those who are suffering to help them to cope with their losses."

Each CPE graduate has extensive knowledge of and respect for the potential contributions of other team members and how they complement one's own profession. The focus is on fostering collaborative, patient-centered care with emphasis on team interaction, communication, evidence-based practice, and quality improvement.

According to the World Health Organization, "Collaborative practice happens when multiple health workers from different professional backgrounds work together with patients, families, careers and communities to deliver the highest quality of care."

"This inter-professional program is helping to take Richmond VAMC into the next frontier of patient care," said Linder.





U.S. Department  
of Veterans Affairs

Veterans  
Crisis Line



# Your actions could save a life.

Showing you care can make a big  
difference to someone in crisis.

VeteransCrisisLine.net

More than ever, suicide — more specifically, Veteran suicide — is a continuing community problem. VA recognizes that to reduce Veteran suicide, community providers must be part of the effort, and has created a toolkit that supports the behavioral health and wellness of Veterans receiving services outside the VA health care system. Resources available in this toolkit include information on screening for military service, handouts and trainings to increase knowledge about military culture and mini-clinics focused on relevant aspects of behavioral health and wellness.

Sign up for the Community Provider Toolkit's email list and you'll be the first to know about new resources and topics for mini-clinics, important content updates, relevant VA news and announcements, and more. [www.starttheconversation.veteranscrisisline.net/toolkit3](http://www.starttheconversation.veteranscrisisline.net/toolkit3)

## VA Offers Community Provider Suicide Prevention Toolkit

VA has made ending Veteran suicide the top clinical priority. However, we cannot do it alone. By providing Veterans' families, friends and community members with useful resources — such as Coaching Into Care, and the #BeThere initiative — and working with other leading suicide prevention organiza-

tions, we are more equipped to give Veterans the resources they need when they need them the most. Communities are the key to making sure that all Veterans, regardless of where they get care, receive the support they need and deserve. Follow this link to the Be There video, that helps to explain.

## Tradition Memorializes Veterans

Story and Photo by Scott Pittillo

ASHEVILLE, N.C. — Just inside the front entrance of the Charles George VA Medical Center Community Living Center, to the right side of the vestibule, stands a Christmas tree. It's a small tree with a small sign on the wall with a list of names. It could be mistaken for a regular old Christmas tree, but it's actually a 10-year-old tradition that honors Veterans who have passed away in the last year. Employees and Veterans at the CLC call it simply "The Memory Tree." A sign beneath the tree reads, "Each ornament represents a memory that will shine in someone's heart forever."

There is a focus at the CLC to make it feel as much like home as possible for Veterans, and maybe what makes a home most personal to each of us, are our traditions. Wherever you go in the world, each place has its own unique traditions that celebrate their culture. The military is structured around them; it's part of what defines who you are. The Memory Tree has become such a tradition at the CLC.

The holidays can be especially tough to be away from home and that's why Kelly Knapp, a Doctor of Pharmacy at the CLC, has kept the tradition alive to foster that sense of home. The Memory Tree is decorated with decorations that honor everyone who has passed away at the facility in the last year. The names of Veterans who have passed away are written on the wall behind the tree. Family members are encouraged to take an ornament from the tree and write their

deceased loved one's name on it, and hang it back on the tree or take it with them to help them remember their family members during the holidays.

"When you care for people at the end of their lives, there is so much more than just the clinical side of our jobs," said Knapp. "I think that often they touch you much more deeply than you touch them."

The tree is about making where the staff work feel like home as much as it is for the Veterans. As Veterans come and go, everyone really gets to know them and they touch caregivers in a very deep way. The tree helps them remember all of those who have passed away in the last year, and how deeply they touched the staff's lives.

"Some of the most moving times I've had are when Veterans want to help me with the tree," said Knapp. "We had a hospice patient put the lights on one year, and it shows the camaraderie those gentlemen feel for each other."

Each year they try to go with a different theme and make ornaments that reflect that theme. Some past tree themes have included crochet, origami, and a 3D paper tree. Anything that's unique or maybe incorporates one of the staff's hidden talents. One of Knapp's personal passions is pottery, so she thought this year she would make the ornaments at home and fire them in her kiln.

"I throw some mud," Knapp says with a laugh.

Unfortunately, Knapp had an accident this year that made it hard for her to get around in her workshop, so her baby sister, Catherine LLOYD, a professional potter, stepped in to save the day. Knapp and LLOYD personally designed the ornaments and each one has a word imprinted on it that is inspired by the feelings the staff have when they think of the Veterans they serve. Words like "respect," "honor" and "love."

Knapp says that she is proud of the people she works with. They are great clinicians and professionals, but it's only half of what makes the CLC team so effective and special.

"People don't care how much you know," said Knapp referring to the CLC residents. "They care how much you care!"



Kelly Knapp stands near the Memory Tree at the Charles George VA Medical Center Community Living Center in Asheville, N.C.

# Fayetteville VAMC Director Retired Dec. 9

## CAMP LEJEUNE HEALTH and DISABILITY BENEFITS

Benefits for Camp Lejeune Veterans and family members include health care for 15 conditions listed in the Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012.

Veterans can receive disability and health care benefits for eight presumptive disease conditions associated with contaminants in the water at Camp Lejeune.

### HEALTH

Health care and health care funding assistance to Veterans and family members who lived on Camp Lejeune and have one of the covered conditions.

**Qualifying health conditions include:**

- Bladder cancer
- Breast cancer
- Esophageal cancer
- Female infertility
- Hepatic steatosis
- Kidney cancer
- Leukemia
- Lung cancer
- Miscarriage
- Multiple myeloma
- Myelodysplastic syndromes
- Neurobehavioral effects
- Non-Hodgkin's lymphoma
- Renal toxicity
- Scleroderma

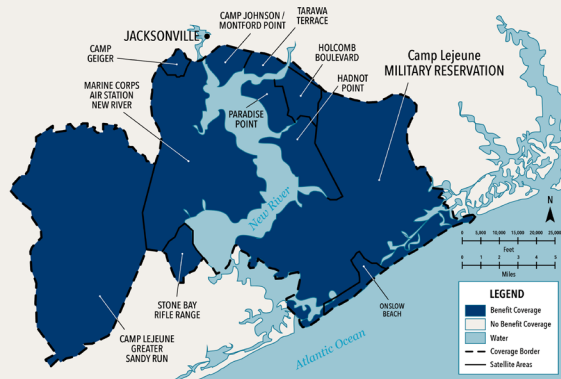
### DISABILITY

The presumption applies to active duty, reserve, and National Guard members exposed to contaminants in the water supply at Camp Lejeune who later developed one or more of the following eight conditions:

- Adult leukemia
- Aplastic anemia and other myelodysplastic syndromes
- Bladder cancer
- Kidney cancer
- Liver cancer
- Multiple myeloma
- Non-Hodgkin's lymphoma
- Parkinson's disease

**Family members are not eligible for disability benefits.**

### CAMP LEJEUNE DISABILITY BENEFIT COVERAGE AREA



### FOR INFORMATION

**VA Health Care 1-877-222-8387**

**VA Benefits 1-800-827-1000**

**CL Family Health Care 1-866-372-1144**

**[www.va.gov/healthbenefits/apply/](http://www.va.gov/healthbenefits/apply/)**

**<https://explore.va.gov/disability-compensation>**

**[www.clfamilymembers.fsc.va.gov/](http://www.clfamilymembers.fsc.va.gov/)**

**ELIGIBILITY REQUIREMENTS**

Stationed at/lived on Camp Lejeune for at least 30 days between August 1, 1953 and December 31, 1987.



U.S. Department of Veterans Affairs

In addressing staff, Goolsby suggested that, “Together we have established 17 sites of care and service — we started with 4. We have increased our specialty and primary care for Veterans closer to where they live, and increased overall access to care and services. We have been a leader in providing tele-care, especially for mental health. Seven years ago, we cared for about 42,000 Veterans with 375,000 outpatient visits; this last year it was 74,000 Veterans and 875,000 outpatient encounters/visits. We have grown as a staff from 732 to 2,100. We have become a vital part of our communities.

Thank you for your professionalism and support over these years, as we, together, cared for America’s Heroes.”

Goolsby’s tenure at the helm of what she likes to call “the Fayetteville Enterprise,” a string of VA sites and services reaching from the Sandhills to the southeastern North Carolina seashore, has been marked by one of the highest growth rates in all of VA.

A native of Binghamton, N.Y., she earned a Bachelor of Science degree in Nursing from Niagara University, and shortly after graduating, attended the Army Basic Officer Course for the Army Nurse Corps, earning a commission as a second lieutenant. She served six years as an active duty Army Nurse, including the first of several assignments at Womack Army Medical Center.

Her long and distinguished VA career began in 1975 at Durham VAMC, where she served in a variety of positions of increasing responsibility over 33-plus years there until 2008, when she was selected to become the Associate Medical Center Director at the VA Medical Center in Indianapolis.

After a short stay at Indianapolis VAMC, she returned to North Carolina to head the Fayetteville VAMC.

Concurrent with her many years of service at Durham VAMC,

Goolsby served as a Nurse in the Army Reserve, retiring in 2000 at the rank of colonel. She also earned a Master’s of Science Degree in Nursing from the University of Carolina, subsequently serving as a Consulting Associate Professor at the Duke University School of Nursing, a Faculty Associate at the University of North Carolina — Chapel Hill School of Public Health, and as a Clinical Instructor at the UNC-CH School of Nursing.

Reflecting on her years of service, she said she is most proud that “I was able to take care of my fellow brothers and sisters who are Veterans — that’s why I’m here. It’s the only reason I’m here, and to be able to do that and have that kind of impact is special.”

She added that being able to do that with some of the best staff she’s ever worked with is also incredible — staff, she said, that is “committed; staff that view this as a mission and not just a job.”

She also said she is proud of and appreciative of the support VA receives from the community, without which many of the successes of the past seven years would not have been possible.

VISN 6 Chief Medical Officer Dr. Mark Shelhorse will serve as interim director at the facility, overseeing the operation of the main facility and its subordinates until a new director is in place there. Serving VA since 1981, Shelhorse has been Chief of Staff at VAs in Knoxville, Iowa; Beckley VAMC, West Virginia; Hampton, Virginia VAMC; and Tuscaloosa VAMC in Alabama. In 1998, he moved to the position of Executive Medical Director of Mental Health for VISN 7, where he maintained a collateral duty at Tuscaloosa. He was appointed Chief Medical Officer for the VA Mid-Atlantic Health Care Network (VISN 6) in 2000. Earlier this year, Shelhorse served as Acting VISN 6 Network Director from February to mid-July.

## Program Helps Survivors of Suicide Loss

DECEMBER 8, 2017 — Having lost her 32-year-old brother to suicide in 2013, Vanessa Bassett knows how healing it can be to connect survivors of suicide loss with others who've experienced the same type of loss. The American Foundation for Suicide Prevention (AFSP)'s Survivor Outreach Program (SOP) does just that, connecting trained volunteers — the survivors of suicide loss themselves — to those who are grieving, with an in-person visit, or by phone or video chat.

The program is available throughout the U.S., but under Bassett's leadership, North Carolina's SOP team (survivingsuicideloss@afsp.org) is one of the most vibrant and full-fledged, with the largest group of volunteers. There were 1,406 deaths by suicide in North Carolina in 2016. As Bassett puts it, "With North Carolina being such a large state, the challenge isn't just to supply need, but to spread the word that the program exists."

Providing SafeTALK training to enhance the normal required training of all SOP volunteers, Bassett

and her team have also worked tirelessly to promote the program to those most likely to be involved when a suicide death occurs, such as police officers, firefighters, and funeral home associates.

"Many times, one of these professionals is the first person the family sees after the loss of their loved one," Bassett explains. "Making sure these front-line professionals know about the program ensures that the people most in need of this resource will find out it's available to them."

The Survivor Outreach Program is now offered in 50 chapters across the United States, making visits from a trained volunteer who has lost someone to suicide available to anyone in the country via an in-person visit, by phone, or video chat.

More than 400 outreach visit requests were responded to in 2016, making this one of AFSP's most rapidly expanding programs.

If you are, or know, a Veteran in crisis, call the Veterans Crisis Line at 1-800-273-8255, press 1.

By Katherine Stewart  
VISN 6 PUBLIC AFFAIRS



Patrick Tolman, Navy Veteran and VA employee is grateful for his second chance and happy to serve his fellow Veterans. (Photo by Armenthis Lester)

In the fall, Buncombe County Veterans Treatment Court (BCVTC) honored three treatment court graduates in BCVTC's second graduation ceremony. Patrick Tolman, Navy Veteran, was among these honored three. Tolman shared that Veterans Treatment Court was "an opportunity to prove to myself and my community that I'm worthy."

Veterans Treatment Courts first began in 2008 in Buffalo, NY, spearheaded by Judge Robert Russel. Prior to 2008, Judge Russel had been presiding over drug treatment courts and mental health courts in his jurisdiction; in 2008, he realized that Veterans have special strengths and needs that would be optimally utilized and cared for among fellow Veterans. Since his initial court, 333 additional Veterans Treatment Courts have been created to meet this special need for structure and camaraderie among justice-involved Veterans across the county.

Buncombe County's Veterans Treatment Court is one of that 333 — an alternative sentencing model, allowing Veterans who have committed non-violent crimes to remain in the community to receive treatment and rebuild their lives, restoring their abilities to further contribute to society. BCVTC team is made up of an interdisciplinary group of professionals using non-adversarial strategies to support the success of our Veterans. This team consists of Honorable Judge Marvin Pope, a Public Defender, an Assistant District Attorney, Probation,

Veterans Service Officer, community mental health representatives, an external evaluator, mentor coordinator, and a Veterans Justice Outreach Specialist from Asheville VA Medical Center.

Tolman found himself in Veterans Treatment Court after self-medicating with alcohol and drugs led to his involvement with the criminal justice system. He describes himself as a "once very high-functioning alcoholic," who worked as a senior vice president of a banking conglomerate. His life fell apart after over-using alcohol in attempts to mend the wounds of war. Tolman shared that BCVTC gave him the opportunity to earn self-respect and credibility in his community.

Tolman successfully completed the very rigorous requirements of the program, including participating in all recommended treatment, attending Veterans Treatment Court sessions every two weeks, and meeting with probation weekly, in a year and a half, with no setbacks or sanctions.

"Veterans don't come back from combat the same as they left, and it is our society's obligation to help these Veterans who have borne the battle on behalf of our county. Veteran's Treatment Court bridges that gap," states Tolman. "Veterans Treatment Court restores honor that can get lost after a Veteran comes home. Veterans together (in Veterans Treatment Court) — win and fail together, call each other brothers; we really believe that. It gives us an opportunity to shed our masks, move beyond survival mode, and learn that we are not defined by our poorest choices," he said.

As Tolman moves forward, he shares, "I have some sad chapters in my story, but it can end any way I want it when I still have that choice. I would lose that choice if I pick up a drink again." He is now in long-term recovery, stably, gainfully employed and a fully contributing member of our community.

Tolman hopes to later join the Veterans Treatment Court team, as a volunteer mentor, supporting and guiding other Veterans as they begin their journeys of recovery.

U.S. Department of Veterans Affairs  
Veterans Crisis Line  
1-800-273-8255  
press 1  
VeteransCrisisLine.net  
Connect fellow Veterans and Service members in crisis with support.



# “Moments That Matter: Understanding Our Women Veterans’ Perspective”

By Shenekia Williams-Johnson | VISN 6 WOMEN VETERANS HEALTH PROGRAM MANAGER/CENTER



The Veterans Experience Office is planning to create a patient experience journey map of women Veterans based on what they learned in Durham and Fayetteville. They will also create a storybook that describes their findings and recommendations to improve care, which will be shared with the Center for Women Veterans, Women's Health Services, VISN6 and the facilities that participated in the workshops.

Members of the VHA's Office of Patient Experience recently took action on their interest in hearing from voices of the fastest growing segment of our Veteran population — women Veterans!

They conducted a two-hour workshop Nov. 29-30, 2017 at the VA Mid-Atlantic Healthcare Network (VISN 6) Office and Fayetteville VA Healthcare Center (HCC), respectively. They used the workshop as an opportunity to engage women Veterans, to share their stories, compare their experiences and to help VHA understand where to focus its improvement efforts.

The workshop identified some factors about what matters most to women Veterans as they interact with VA for healthcare. It also helps VA to home in on women Veterans' unique needs, and to better understand how women Veterans may have an improved healthcare experience. Findings from the workshop will contribute to advancing a journey map of women Veteran's experiences with VA healthcare.

The VA Patient Experience Journey Map shows a common set of moments that Veterans experience before, during and after a healthcare appointment visit. This map was developed to help define the ideal patient experience at VA, and to identify opportunities for improvement. Opinions and concerns

expressed during the workshop help to expose gaps in service, but also identify best practices that ought to be shared across the VA enterprise.

“VA is committed to transforming the organization to meet the needs of all Veterans, and in this case, our women Veterans. One of the first step in learning what the needs are is to ask,” says Shenekia Williams Johnson, VISN 6 Lead Women Veterans Program Manager. VISN 6 is honored to host the

workshop and is looking forward to learning the group's recommendations that should help improve the interactions our women Veterans experience when they choose VA and entrust us with their care.

**BOTTOM-LEFT PHOTO //** Women Veterans in Fayetteville and Durham attended a workshop in late November, allowing them to share their VA experiences in the hope that their input will help improve the overall health care experience for women who receive their care through VA.

