VISN 6 has grown consistently since 2003, when eight medical centers were supplemented by two community-based outpatient clinics to serve Veterans in North Carolina, Virginia and West Virginia. The growth trend continues, as demand continues to rise in the VISN. Soldiers, Airmen, Marines and Sailors continue to remain or relocate here, after their military service. North Carolina and Virginia also boast several robust economies, that draw job-seeking Veterans. So the actual demand for services is keeping pace with the demand projections.

Outpatient services represent the most significant areas of growth, a trend we've experienced for the last several decades. In line with that demand, several projects are in progress within the network to offer Veteran outpatient health services later this decade. Likewise, with medical technology advancements that have reduced recuperation time and, in many cases, the need for inpatient services, our emphasis is on creation of space for outpatient care while maintaining necessary bedscape in our major facilities. To stem the tide of growing need, some smaller projects will also help to support demand as the VISN continues to grow.

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Capital programs including major (greater than $1 million) and minor leases (less than $1 million), minor construction (less than $20 million), and sharing agreements and partnerships are all part of the strategic plan for the next decade. VISN 6 already leads the nation with several of VHA’s largest major leases over the last
As the national pandemic surges with the COVID-19 Delta variant accounting for more than 80 percent of tested cases in states with lower vaccination rates, we are seeing increased hospitalizations and deaths. Due to the surge in cases, the VA Secretary has mandated the COVID-19 vaccine for Title 38 employees. This includes physicians, registered nurses, physician’s assistants, podiatrists, chiropractors, optometrists and dentists. This decision was not made lightly by our executive VA leaders.

Just this week alone, we have lost five more of our coworkers to COVID-19 throughout the nation. The scientific data is clear — almost everyone who gets seriously ill or dies from the virus was not vaccinated. That is why VA requires Title 38 employees to now get vaccinated with the exclusion of religious or medical reasons. The heart of our mission is to protect the Veterans we serve, and our employees. The virus is constantly evolving — but so is the science, and we will continue making decisions based on the evolution of that information.

On Tuesday, July 27, 2021, the CDC issued new guidance requiring all individuals to wear a mask indoors in areas where the transmission rate is high or substantial, regardless of whether they are vaccinated or unvaccinated. The intent is to maximize protection from the Delta variant and to reduce the possibility of spreading the virus to others. Please watch your facility’s Facebook page and website for updates regarding their masking and visitation policy.

Like so many of you, I wish we were confidently looking at the pandemic through our rearview mirror. Unfortunately, several factors make it impossible to ignore that the deadly disease will restrict our quality of life for some time to come. What we can do to mitigate the experience and to protect ourselves, our vulnerable populations and children, is to encourage those we know and those we meet to act responsibly — to get the vaccine, to mask up and to avoid crowds.

Please be safe and take care of one another.

STEPHANIE YOUNG
Acting VA Mid Atlantic Health Care Network Director, VISN 6

Construction Projected to Meet Growing Demand in VISN 6

five years; these leases have increased our capacity considerably in Charlotte, Fayetteville, Greenville, Kernersville and Wilmington. These facilities average more than 200,000 net usable square feet. VISN 6 is also actively working on new major leases including: Fredericksburg, Va. (a major lease project of nearly 378,000 net usable square feet, to open mid-decade), the Hampton Roads, Chesapeake, Va., region (construction will commence on a new, 155,000 net usable square foot lease very soon, with that opening expected mid-decade as well), and Garner, N.C. (the groundbreaking is months away on the nearly 185,000 net usable square foot lease).

Each of these major leases are multi-specialty, multi-service facilities that offer regular primary care services from fully staffed Patient-Aligned Care Teams, pharmacies and mental health professionals to highly trained and experienced specialists, imaging services and, some offer select surgical capabilities.

Two additional major facilities are also being included in our 2022 budget request, for Hampton, Va., and Jacksonville, N.C.

In the last three years, minor construction projects have totaled more than $192 million and establishing upwards of 270,000 net usable square feet — in new and renovated space where enhanced services are available in mental health, long term care, pharmacy (sterile drug compounding), spinal cord treatment and care, and surgery.

Supplementing VA health care operations in the VISN, we have also entered into sharing agreements with DOD (Womack Army Medical Center (including dialysis) and Seymour Johnson Air Force Base (dental care).

For convenience, Veteran families soon will be able to enjoy Fisher houses approved for construction in Durham and Fayetteville, N.C. The McGuire VA Medical center in the VA Central Virginia Health Care System boasts the only two Fisher Houses currently operating in the VISN.
United States Secretary of Veterans Affairs Denis McDonough recently toured the Charlotte VA Health Care Center and met with staff and senior leaders to discuss, among other things, how he can be the best partner he can be to the Salisbury VA Health Care System.

McDonough, the 11th VA Secretary to serve, asked a lot of questions and took copious notes as he sat at the conference table, flanked by Salisbury VA Director Joseph Vaughn and Acting Chief of Staff Dr. Randall Gehle.

The Secretary raved about Salisbury Health Care System’s vaccination program. Nationally, VA has given more than 3 million doses of the vaccine. But the focus of his visit was to learn what challenges this VA faces. One such challenge is the hiring of doctors. VA can pay up to $400,000 for a physician, which makes recruiting specialists a challenge.

“In the private sector, a dermatologist can make $800,000 easily,” said Gehle. “It’s a challenge that is not lost on McDonough.

“We must have better strategies to hire more doctors,” he said. “We need to have it so VA can better compete with the private sector.”

VA competes in other ways.

“There are benefits to working at VA,” said Gehle. “VA offers greater work/life balance than the private sector and its benefits package is the best of any medical system in the country.”

McDonough spent the rest of his time at the facility asking Charlotte staff what they needed to better serve Veterans.

“One of the Visits, the first thing I like to see is our people,” he said. “What makes VA special is its people. Sometimes you hear about innovative solutions they’ve come up with during COVID. At times we give them additional resources to strengthen those ideas or take those ideas to other parts of the VA system.”

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Visiting various medical centers around the country gives McDonough a vast amount of information, from Veteran needs to facility challenges.

“Different regions of the country face different kinds of challenges,” he said. “The challenges facing our Vets in rural Montana or rural Kansas may be different than the challenges that are facing our Veterans here in Charlotte. Getting a sense of what those challenges are and what kind of investments from headquarters we should make in those challenges ... that’s another big part of these trips.”

Charlotte is a growing market, with more Veterans each year. It’s something McDonough already is thinking about.

“I am positively overwhelmed by this facility and the work being done here,” he said. “One sees why the trust scores are so high from Veterans who get their care here. But let’s be clear. We have massive growth in Charlotte. We have to take a really hard look at how we’re going to keep up with that growth and get the Veterans what they need.”

Salisbury VA leaders were happy to host him and appreciated the manner in which he listened to issues that affect this VA.

“I’m grateful the Secretary took the time to tour our facility and listen to our concerns,” said Vaughn. “It’s obvious he cares for Veterans and the challenges that affect them.”
One of the core characteristics that makes us human is our need to feel included in an environment where we belong. Servicemembers serve alongside each other in battle or prepare for such a battle side by side.

As servicemembers retire or discharge from military service, they learn ways to transition back to civilian life. The Department of Veterans Affairs (VA) offers Veterans a place to start over and to heal.

VA has thousands of programs, services and benefits available for those who have earned them, yet the health care system can be hard to navigate.

The Central Virginia VA Health Care System (CVHCS) employees take pride in the care we deliver and continually find ways to improve. CVHCS staff show Veterans how to get involved and to be purposefully proactive in the change they wanted to see in the workplace. Since February 2021, with the appointment of psychologist Dr. Dominique Boone as the chair of the internal Diversity and Inclusion Advisory Committee, the program has thrived and continues to grow.

“There are many benefits to having a diverse and inclusive workplace where employees of the organization feel as though things are equitable and that they belong,” said Boone, who worked in Mental Health Service at CVHCS for four years before joining the Engagement and Experience Office. “Among the many benefits, research indicates that having a variety of perspectives greatly increases creativity, productivity and work performance. This sets the stage for employees to find meaning and value in their work, and to provide world-class service to the Veteran that we serve.”

Employees have taken on new roles as Special Emphasis Program Managers under the direction of Leon Walker, Equal Employment Opportunity (EEO) Program Manager, to better represent diverse groups throughout the health care system.

External Resources for Veterans
- Minority Veterans Program
- Women Veterans Program
- Returning Service Members
- The Homeless Veterans Program
- The LGBTQ+ Veterans Program

“Mr. Walker and Dr. Boone have led the charge and recruited some amazing talent to lead our Diversity and Inclusion Special Emphasis Programs on behalf of employees,” said J. Ronald Johnson, CVHCS Director. “A few dedicated employees have volunteered to help fill in empty spots, and we are better able to reach our potential as a health care provider of choice for Veterans and their families.”

LGBTQ+ Support

VA wants to provide the safest and most inclusive environment for LGBTQ+ Veterans. CVHCS clinicians, non-clinicians and executive leadership took courses designed to increase awareness to the sensitive needs of LGBTQ+ Veterans, and met all the training requirements for 2020. This education effort helped improve the Health Equality Index score for CVHCS.

How a person’s identity is acknowledged and received matters to their whole and mental health. The disparities and unique challenges LGBTQ+ Veterans face due to stigma, stress and discrimination make them more vulnerable to health and safety risks.

To better care for LGBTQ+ Veterans, VA will expand gender-affirming health care coverage by including gender-affirming surgery. Find out more, here.

The Why
You are not alone. VA has got your back.

Our goal is to help define what matters most to you to improve quality of life. VA cannot do it alone. We need you to contribute to your care. VA continues to work across the department and in partnership with federal, tribal, state and local government to find innovative ways to reduce Veteran suicides and to help deliver care to those in need.

Employees are the glue that fills the gaps between you reaching out for care and you walking out of a VA facility satisfied with your experience. According to VA’s latest data, suicide rates are highest among Veterans who are not currently using the VA system for health care. Enroll today. For suicide prevention resources, click here.

Note: When resources reference Hunter Holmes McGuire VAMC, they are referring to the VA medical center in Richmond, Va. Central Virginia VA Health Care System represents the entire system of care, including our five Community-Based Outpatient Clinics (CBOCS).

Dr. Dominique Boone, psychologist and chair of the Diversity and Inclusion Advisory Committee (DIAC), leads a virtual meeting with members of the DIAC at the Central Virginia VA Health Care System, Richmond campus, July 15, 2021. (CVHCS Photo: Megan Kon/Released)
Line Dancing Good for the Soul in CLC

By John Rogers | HAMPTON VA HCS PUBLIC AFFAIRS

One of the many pitfalls of COVID-19 is the lack of social interaction. Nowhere is this more visible than Hampton VA Medical Center’s Community Living Center (CLC). Because CLC residents are our most vulnerable population, residents have not only been confined to the CLC unit, but mostly to their quarters. In April of 2021, CLC Nurse Managers Jacquelyn Claude and Reneita Brown sought a means to socially engage their staff and Veterans in Whole Health activities. After many months of the Community Living Center being quarantined, they looked for a way to motivate their unit. While brainstorming, they came across an article that referred to line dancing.

According to the article in carolin seniorscare.org/blog, “Line dancing presents itself as the perfect form of exercise for older people because it provides the benefits of an aerobic workout which helps maintain a healthy heart and also provides a platform for you to get involved in a social environment, which is great for mental wellness.” Additionally, line dancing is widely known to be one of the best forms of exercise for people with aging bodies. Many studies have shown there are many great benefits from line dancing.

The CLC immediately implemented weekly line dancing with CLC residents. The nurse managers identified key frontline staff to coordinate the activity and select the music of choice. The entire unit participates including Recreational Therapy, Environmental management, and Nursing staff members. The goal is to reduce the resident’s risk of social isolation due to COVID-19 restrictions. This creative way to increase whole health and provide a means of social interaction has been very well received by residents.

The results have been enormously positive. The sessions promote a therapeutic environment for the residents to heal, participate in therapies such as restorative therapy, and promote relaxation, which will help to decrease anxiety. Furthermore, the sessions improve the work environment for frontline staff and strengthen the link between effective nursing care and better clinical outcomes. Increasing the time nurses spend with the residents is associated with fewer adverse outcomes.

Line dancing has become a huge success. Many of the sessions are recorded and provided to family members. Additionally, senior staff has attended and participated as well. “I am very appreciative of the dedication of our outstanding staff,” Executive Director Dr. Taquisa Simmons said. “Our Community Living Center is their home, and it’s our goal to provide a safe, loving home to our Veterans.” It’s hard to disagree that line dancing is a great way to exercise and interact. We are immensely thankful to resume some sense of normalcy.

Intermediate Care Technicians use Military Experience to Assist Providers

By Alex Britt | SALISBURY VA PUBLIC AFFAIRS

Salisbury VA Health Care System recently adopted the Intermediate Care Technician (ICT) program, which puts former servicemembers back into the field they know best — providing medical care. The majority of ICTs are military-trained medics and corpsmen who have been hired by VA facilities throughout the country.

The program began with 45 ICTs in the closing months of 2012 and since has grown to more than 300 working in the VA system nationally. Salisbury VA ICTs are located primarily in the Emergency Department (ED), with eight more having been hired in the past year. ICTs have impacted the organization by decreasing ED wait times and increasing patient satisfaction numbers. Salisbury VA plans to expand this program to reach every clinic.

Air Force Veteran Zachary Herion, who recently was hired as an ICT at Salisbury VA, was placed in the ED’s “fast track” area to help with urgent care needs. ICTs in the military are trained on certain procedures that some nurses aren’t approved to perform.

“We mainly manage the fast track, but our scope lets us do certain procedures that nurses can’t do, such as incisions and drainage, suturing and staples,” Herion said.

Herion has seen a faster-paced ED since the ICT program started.

“The biggest impact we have is on the providers — we save them 20-30 minutes per patient. We could have three Veterans in a row that need these procedures done, and that’s an hour of the provider’s time. This way the ICTs can do it and the doctors can focus on the more critical patients.”
Members of the Salem VA Health Care System team used a training session July 16 to build a three-room, deployable clinic. The event was part of training and orientation for staff to complete the build-up of a Compound Fold-out Rigid Temporary Shelter (C-FORTS) structure (a medium-size shipping container) that becomes a three-room clinic with a small reception area. The structure arrived at Salem in January 2021 from the Office of Emergency Management and the first training was conducted with the vendor and a team of Environmental Management Service personnel. The C-FORTS is equipped with sinks, lights, procedure beds, and a storage unit and is transported on a special trailer, pulled by a heavy-duty pickup truck. Set-up takes about three hours.

The Salem C-FORTS is one of three in VISN 6, with the others being delivered to Fayetteville, N.C., and Richmond, Va. Long-term plans incorporate the C-FORTS’ capabilities as a VHA Nationwide asset that can be shifted within the VISN, then packed up quickly to relocate to other locations during emergencies, such as hurricanes, in support of the VA 4th Mission.

VHA’s Office of Emergency Management purchased several C-FORTS and pre-positioned them at requesting facilities across the country. According to VISN 6 Emergency Management Program Manager Paul Hollar, “While the C-FORTS are at the facilities, they provide additional space, which has been used to screen and vaccinate Veterans and staff during COVID operations.”

According to Joselyn Cutlip, Salem VA Emergency Management Coordinator, the C-FORTS can be used as a clinic where patients will not have to enter the main facility, but can be seen or evaluated, and leave the facility as part of a more streamlined approach.
Central Virginia VA Health Care System Gastroenterologist Named Co-Editor-in-Chief of “The American Journal of Gastroenterology”

Congratulations to Dr. Jas Bajaj, a Professor of Medicine and principal investigator for numerous clinical trials, becomes one of two Co-Editors-in-Chief of The American Journal of Gastroenterology (AJG), the official clinical journal of the American College of Gastroenterology. Dr. Bajaj, alongside Dr. Millie Long with the University of North Carolina, were approved for this position due to their “deep experience as AJG Associate Editors, their individual reputations as clinician-scientists, and their national leadership in the fields of gastroenterology and hepatology.” Read about Dr. Bajaj and his extensive experience in the field of Gastroenterology here. (CVHCS Photo: Jason Miller/Released)

VA to Modify MyHealtheVet Accounts in September

On Sept. 1, 2021, the My HealtheVet Advanced account type will be discontinued. If an Advanced account is not upgraded to Premium before September 2021, it will revert to the Basic account level. Basic account holders will not have access to the VA Pharmacy module. This change will enhance the security and privacy of My HealtheVet accounts and prepare for modernization of the patient portal experience.

It is imperative that My HealtheVet Advanced account holders who wish to continue to have access to the VA Pharmacy module upgrade their accounts to Premium to ensure a seamless and timely transition.

The My HealtheVet account types currently include Basic, Advanced and Premium:

- Basic accounts provide limited access to features in My HealtheVet that are self-entered, to include journals and other tools to track health measures. Anyone — including non-Veterans — can establish basic accounts.
- Advanced accounts include Basic account features plus access to the My HealtheVet Pharmacy module which includes the ability to refill and track Department of Veterans Affairs (VA) prescriptions. These account types are limited to Veterans and Service members receiving health care from VA.
- Premium accounts provide the highest level of access to My HealtheVet, and include features such as Secure Messaging, access to VA labs and medical records, VA appointments. This account requires individuals to complete a one-time identity proofing/authentication process. These account types are limited to Veterans and Service members receiving health care from VA.

In the weeks leading up to September, Advanced account users have been/will be notified with specific messaging on the My HealtheVet website and in multiple internal and external mediums.

It is imperative that My HealtheVet Advanced account holders who wish to continue to have access to the VA Pharmacy module upgrade their accounts to Premium to ensure a seamless and timely transition.

If the user’s Advanced Account reverts back to Basic, the account will not show VA Allergy and VA Medications in the Pharmacy module or Blue Button report. Veteran data will remain; however, the VA Medication and VA Allergy data will not be accessible.

Veterans with basic accounts will no longer be able to access the MHV Pharmacy module that includes Rx Refill, Track Delivery or receive Rx shipment notification emails, VA Allergies, medications or Blue Button Custom Reports information.

Please contact your local My HealtheVet Coordinator for more information.
VA Mandates COVID-19 Vaccines Among Its Medical Employees Including VHA Facilities Staff

Department of Veterans Affairs Secretary Denis McDonough announced he will make COVID-19 vaccines mandatory for Title 38 VA health care personnel — including physicians, dentists, podiatrists, optometrists, registered nurses, physician assistants, expanded-function dental auxiliaries and chiropractors — who work in Veterans Health Administration facilities, visit VHA facilities or provide direct care to those VA serves.

VA is taking this necessary step to keep the Veterans it serves safe. Each employee will have eight weeks to be fully vaccinated. “We’re mandating vaccines for Title 38 employees because it’s the best way to keep Veterans safe, especially as the Delta variant spreads across the country,” McDonough said. “Whenever a Veteran or VA employee sets foot in a VA facility, they deserve to know that we have done everything in our power to protect them from COVID-19. With this mandate, we can once again make — and keep — that fundamental promise.”

The department’s decision is supported by numerous medical organizations, including the American Hospital Association, America’s Essential Hospitals and a multi-society group of the leading Infectious Disease Societies. The American Medical Association, American Nurses Association, American College of Physicians, American Academy of Pediatrics, Association of American Medical Colleges, and National Association for Home Care and Hospice also endorsed mandating COVID-19 vaccination for health care workers.

In recent weeks, VA has lost four employees to COVID-19 — all of whom were unvaccinated. At least three of those employees died because of the increasingly prevalent Delta variant. There has also been an outbreak among unvaccinated employees and trainees at a VA Law Enforcement Training Center, the third such outbreak during the pandemic.

All VA employees are eligible to be vaccinated at no personal expense at any of our facilities. Employees will also receive four hours of paid administrative leave after demonstrating that they have been vaccinated. Information in these FAQs or clinician and Veteran videos has details about the vaccine, its safety and effectiveness. The safety and wellbeing of our Veterans and personnel is paramount.

Fayetteville NC VA Veteran Makes Her Mark in New Technician Program

By Story by G.H Cureton
PUBLIC AFFAIRS OFFICER FAYETTEVILLE NC VA COASTAL HEALTH CARE SYSTEM

Maria Wesloh is no stranger to leading the way, rising to a senior Aeromedical Evacuation Technician position in her Air Force Reserve unit. Now she’s taking on a leadership role in a new VA program at Fayetteville NC VA Coastal Health Care System (FNCVACHCS).

Wesloh was appointed lead Intermediate Care Technician (ICT) in July, serving as the liaison between the five FNCVACHCS hospital ICTs and the FNCVACHCS emergency department medical staff.

“It’s an honor to be selected as a lead ICT,” said Wesloh. “I feel very empowered and appreciated for my efforts and those of our ICT team. The ability to collaborate, learn new skills, share my perspective, train and be trained is all a part of the experience.”

Wesloh’s earlier experience caught the attention of other VA staff and her supervisor, resulting in the recommendation to give her more responsibility.

“As a lead ICT she helps coordinate the scheduling, integration and implementation of the ICTs in the emergency department,” said Douglas Villard, an emergency medicine physician. “Her efforts help with processing and flow of patients who arrive at the emergency department for acute, unscheduled care.”

ICTs are former military corpsmen, medics and medical technicians functioning in health care roles commensurate with their military experience. They provide a higher level of clinical support because of their training.

According to Wesloh, ICT responsibilities can include assisting triage nurses, performing EKGs, preparing medicines, sutures, lending support in any other emergencies such as cardiac arrest, and any other tasks in which they have training.

Wesloh is one of five ICTs at the Fayetteville NC VA medical center emergency department. Approximately 360 others work in medical centers throughout the VA. The Jacksonville VA Community-Based Outpatient Clinic will soon welcome the first of its six ICTs in August.

The health care system executive director says the program is exceeding expectations. “The ICT program is already proven to be a great addition to our team,” said Dan Ducker. “Our emergency department is benefiting from their clinical skills and care coordination abilities. The fact that the program is growing, not only at our health care system, but across the VA, is a testament to the value of ICTs supporting our Veteran care mission.”
Still Soldiers! Durham VA Health Care System Police Officers Reach Out to Veterans During the Norwegian Foot March

By Joshua Edson | DVAHCS PUBLIC AFFAIRS SPECIALIST

On June 17 and 18, 2021, Durham VA Health Care System (DVAHCS) VA Police Officers participated in the Norwegian Foot March as an outreach effort with soldiers from Fort Bragg’s 50th Expeditionary Signal Battalion-Enhanced (50th ES-B-E). Army Veterans Deputy Chief Joseph Scunziano, Officer Keegan Clark and Officer Tyler Talley joined more than 500 active-duty soldiers for the endurance event.

“I wasn’t expecting this kind of turnout,” says Sgt. Adam Johnson, a team leader with the 50th ES-B-E and the catalyst for this year’s foot march. “At first, I was only expecting active-duty Soldiers to take part. When Officer Clark got in touch about taking part, I figured it wouldn’t hurt.”

The Norwegian Foot March was established in 1915 to test the strength and endurance of Norwegian Soldiers before entering combat. Since its inception, the March has grown and has been adopted by the United States Military as a test of the will. March has grown and has been adopted by other Vets to test their Army muscle memory.

“Physically, [the Foot March] impacted me tremendously. I had to recuperate the day after,” said Officer Talley. “Being a former MP, it was great to interact with fellow soldiers at Fort Bragg. It was great being around the 16th MP Brigade, the 82nd Airborne, and 50th Sig soldiers!” Despite not having completed a ruck march in several years, Deputy Chief Joseph Scunziano, a 24-year Army Veteran and the oldest participant at the event, finished fourth place in less than four hours, which is an impressive accomplishment considering 25% of the participants failed to complete the Foot March.

“I haven’t put on a ruck since 2006,” said Deputy Chief Scunziano, a self-described fitness enthusiast. “But I thought this was going to be a great opportunity to get to interact with younger Veterans and get out there, even if I had to crawl across the finish line.” Ultimately, the three Army Veterans received skill badges and bragging rights. However, DVAHCS Police Services cites their participation as a commitment to serving those who served, past and present.

“T o be able to be out for two years, and do this and succeed, is a really great feeling,” says Officer Clark. “Plus, we reached our fellow Veterans in a meaningful way and had fun at the same time. That alone was worth the effort.”

VA AWARDS $418 MILLION IN GRANTS TO HELP VETERANS AND FAMILIES AT RISK OF HOMELESSNESS

The Department of Veterans Affairs awarded $418 million in grants to more than 260 non-profit organizations in June, allowing low-income Veteran families around the nation to access services under the Supportive Services for Veteran Families (SSVF) program. SSVF grantees are authorized to use the funds to rapidly rehouse Veterans who become homeless, or to prevent Veterans from becoming homeless. “As a result of VAs Supportive Services for Veteran Families program and other housing assistance efforts, Veteran homelessness has been cut in half since the launch of 2010’s Federal Strategic Plan to Prevent and End Homelessness,” said VA Secretary Denis McDonough. “Since then, hundreds of thousands of Veterans and their families have been placed into permanent housing or prevented from falling into homelessness by VAs homelessness programs and targeted housing vouchers provided by the Department of Housing and Urban Development.”

SSVF grantees are in all 50 states, the District of Columbia, Guam, Puerto Rico and the U.S. Virgin Islands. Through partnerships with VA and community programs, SSVF provides eligible Veteran families with outreach, case management and assistance obtaining VA and other benefits, which can include health care, financial planning, childcare, legal and fiduciary payee assistance, transportation, housing counseling and other services.

Helping Veterans in need of permanent housing remains a critical priority for VA. In fiscal year 2020, VA served 112,070 participants, including 77,590 Veterans and 19,919 children through the SSVF program.

This year’s grant recipients successfully competed under a Notice of Fund Availability published Nov. 19, 2020. The funding will support SSVF services from Oct. 1, 2021, through Sept. 30, 2022. Learn more about the SSVF program.