

Message from the Director of the VA Office of Rural Health

High-Performing Network



Thomas Klobucar, Ph.D.
ORH Acting Director

This issue of “The Rural Connection” focuses on the U.S. Department of Veterans Affairs’ (VA) health priority, “high-performing network.”

VA continues to build a high-performing provider network

so that all Veterans can receive timely, quality care, regardless of where they live. The network integrates both VA and community providers to increase access to health care and ensure the best achievable outcomes for all Veteran patients. The recently appointed VA Secretary, Dr. David Shulkin, is passionate about uniting public and private health care organizations to bring the best to the Veteran. This is especially valuable for rural Veterans who face many of the same challenges as any rural resident – provider shortages, hospital closures and limited access to specialty care.

Having spent 18 years working, living and travelling across the Great Plains, I know rural, and I know that it’s not always easy to find health care where and when you need it. VA and rural health systems (i.e., federally qualified health centers, critical access hospitals, rural clinics) must collaborate to ensure our rural Veterans receive the care they have earned.

One example of an innovative way VA expanded its network is through a recent VA innovation that empowers advanced practice registered nurses with greater authority and greater responsibility to deliver health care services. Additionally, VA clinical pharmacy specialists may now also serve at the top of their license. Optimizing the roles of providers already in place increases access to care for many rural Veterans, and this authority allows more rural Veterans to step through the door than ever before –reducing wait times and increasing availability. Read more in the **Increased Access to Care for Rural Veterans through Clinical Pharmacy Specialist Providers** article on page 3.

Apart from medical care, VA continues to expand its network to include partnerships with local organizations, such as Veterans Service Organizations, to bring social and therapeutic activities closer to home for rural Veterans. For communities in Pennsylvania and New York, the Mobile Veteran Program does just that. Having community organization partners in VA’s network creates additional access points for rural Veterans to gain assistance through physical, mental and social activities. Read more in the **Mobile Veterans Program brings Health Care and Social and Therapeutic Activities Close to Home for Rural Veterans** article on page 4.

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To support the performance element of a “high-performing network,” VA offers training on topics related to Veteran-care for both VA and community providers. While many free training courses are available, new videos educate providers on topics including dementia, self-neglect, end-of-life discussions, and Alzheimer’s disease diagnosis. Read more in the **Free Training Videos Now Available Online for VA and Community Providers article on page 6**. One of the VA Office of Rural Health’s (ORH) goals is to strengthen infrastructure, and training providers is a key component to achieve that.

In addition, ORH offers assistance to help new sites establish Rural Promising Practices. Rural Promising Practices, one type of ORH’s Enterprise-Wide Initiatives, are models of care that are proven to increase access to care in rural communities and are now being implemented nationwide. Through these Practices, we spread accepted clinical practices primarily to VA sites of care, but these materials are available for implementation by both VA and community health care systems alike. Reference the **New Rural Promising Practices Implementation Support Available Online ad on page 10** for more information.

Stay tuned this year as we further explore practical, tangible and beneficial ways to increase access to care for rural Veterans and feature the rural connections to VA’s top health priorities. To join our rural Veteran community, please contact ORH Communications at ORHcomms@va.gov. ♦

VA’s Top Health Priorities

- ✓ Increase open access to care
- ✓ Improve employee engagement
- ✓ Promote consistency in best practices
- ✓ Build a high-performing network
- ✓ Restore trust with Veterans

VA Lowers Medication Copayments

By **Shayne Sewell**, Public Affairs Officer, Revenue Operations, Office of Community Care, Veterans Health Administration

Effective February 27, 2017, the Department of Veterans Affairs (VA) will amend its regulations concerning copayments charged to Veterans for medications required on an outpatient basis to treat non-service connected conditions. As a result of this amendment, most Veterans will save \$1 to \$4 per fill. Some Veterans may incur a small (\$2 to \$3) increase for brand name (Tier 3) outpatient medications. Additionally, Veterans in priority groups two through six will notice a decrease in their annual copayment cap from \$960 to \$700 a year while Veterans in priority groups seven and eight, who currently don’t have an annual cap, will have a \$700 cap per year as well.

This rulemaking will eliminate the formula used to calculate future rate increases and establish three classes of outpatient medications identified as Tier 1, preferred generics; Tier 2, non-preferred generics including over-the-counter medications; and Tier 3, brand name. Copayment amounts for each tier will be fixed and vary depending upon the class of outpatient medication in the tier.

The following copayment amounts based on tiers will be:

- Tier 1 outpatient medication: \$5 for a 30-day or less supply
- Tier 2 outpatient medication: \$8 for a 30-day or less supply
- Tier 3 outpatient medication: \$11 for a 30-day or less supply

Veterans who are currently exempt from copayments will continue to be exempt and Veterans with a large number of outpatient medication copayments will realize even greater annual cost savings. VA does not charge Veterans a premium so the only out-of-pocket costs will be the copayment amounts.

These changes align with VA’s goals to reduce out-of-pocket costs, encourage greater adherence to prescribed outpatient medications and reduce the risk of fragmented care that results when multiple pharmacies are used. Thus, VA ultimately better serves Veterans, especially those in rural communities where VA medical centers and local pharmacies may not be close to the Veterans’ home. ♦

Increased Access to Care for Rural Veterans through Clinical Pharmacy Specialist Providers

By Pharmacy Benefits Management Services Staff, Clinical Pharmacy Practice Office, U.S. Department of Veterans Affairs

Increasing rural Veterans' access to care continues to be the top priority for the U.S. Department of Veterans Affairs' (VA) Office of Rural Health (ORH). The 2.9 million enrolled rural Veteran patients who rely on VA for health care may benefit from a recent expansion of Clinical Pharmacy Specialists in advanced practice provider roles.

For nearly 40 years, VA Clinical Pharmacists and Clinical Pharmacy Specialists demonstrated their ability to impact quality of care, access to care and clinical outcomes for Veteran patients. More recently, there has been increased focus on how their roles can be optimized in a variety of practice settings where they have demonstrated that they can improve Veterans' access to care by autonomously providing medication and disease management services. The change also allows primary and specialty care providers to use their time on more urgent and acute patient care needs.



As part of ORH's fiscal year 2017 Enterprise-Wide Initiatives, more than 100 Clinical Pharmacy Specialist positions will be added at more than 60 VA facilities and community based outpatient clinics in rural communities nationwide. These Clinical Pharmacy Specialists, with advanced scopes of practice and prescriptive authority, are a highly-trained clinical workforce. They will focus on and increase rural Veterans' access to primary care, and provide much needed medication management services to rural Veterans in areas such as diabetes, high blood pressure, pain management, mental health, heart health, cancer treatment, anticoagulation, and women's health.

As part of ORH's Enterprise-Wide Initiatives, more than 100 Clinical Pharmacy Specialist positions will be added to VA staff in rural communities.

"This initiative will significantly enhance the number of Clinical Pharmacy Specialists providing comprehensive medication management to our rural Veteran populations and is estimated to increase access by more than 230,000 visits annually," said Dr. Anthony Morreale, Assistant Chief Consultant for Clinical Pharmacy Services and Healthcare Services Research.

The VA Pharmacy Benefits Management, Clinical Pharmacy Practice Office leads the fiscal year 2017 ORH-funded Clinical Pharmacy Specialist Enterprise-Wide Initiative. To learn more about the initiative, visit <http://www.ruralhealth.va.gov/providers/collaborativeaccess.asp>. For more information about the VA Office of Rural Health, visit www.ruralhealth.va.gov. ♦

REMINDER: Veterans Receive Free Flu Vaccinations at Local Walgreens now through March 31

As the 2016-2017 flu season comes to a close, Veterans are reminded to visit their local Walgreens pharmacy for a free flu vaccination now through March 31, 2017. This option is open to any Veteran currently enrolled in the VA health system. A Veteran can simply walk into any of the more than 8,000 Walgreens locations nationally (and the Duane Reade pharmacies in the New York metropolitan area) with their Veteran Identification Card and a photo ID to receive a flu vaccination at no cost. Plus, after a Walgreens pharmacist administers the vaccine, the immunization information is transmitted to VA and becomes part of the patient's VA health record.

Veterans interested in participating in this program to receive a free flu shot can call Walgreens at 1 (800) WALGREENS (1-800-925-4733) to find the location closest to them, or visit www.walgreens.com/findastore.

The Walgreens logo, featuring the word "Walgreens" in a red, cursive font.

To learn more about the program and VA partnership, call 1-877-771-8537 or visit <http://www.va.gov/purchasedcare/programs/veterans/immunization.asp>. ♦

Mobile Veterans Program Delivers Health Care and Social, Therapeutic Activities Closer to Home

By **Karen Elechko**, Master of Science in Nursing, Registered Nurse, Mobile Veterans Program Coordinator, Coatesville VA Medical Center



A nurse conducts a health assessment during each Veteran's visit to a Mobile Veteran Program activity. The nurse then communicates results with the Veteran's VA doctor and/or Patient-Aligned Care Team.

Rural Veterans in Pennsylvania are able to access health care, activities and opportunities for socialization closer to home as a result of the U.S. Department of Veterans Affairs' (VA) Mobile Veterans Program (MVP). Through MVP, Veteran participants can obtain assistance with activities of daily living and therapeutic services designed to help with physical and mental functioning closer to their homes.

Through MVP, the Coatesville VA

Medical Center (VAMC) builds relationships with community partners to increase access points to care and services, such as at Veteran Service Organization sites, including Veterans of Foreign Wars and American Legion Posts.

A traveling team of Coatesville VAMC staff consisting of a certified recreation therapist, licensed practical nurse, certified nursing assistant and registered nurse visits five MVP sites in southeastern Pennsylvania each week. During these visits, the team offers rural Veterans enrolled in the VA health system an array of activities onsite, including art therapy, music therapy, therapeutic and memory-focus brain exercises, nail care and hand hygiene, current events, trivia, social time, and other leisure activities.

In addition, a Veteran's participation in MVP often provides respite for their devoted caregiver(s). The MVP team continually communicates with the Veteran's primary caregiver about his or her participation in the program, and offers interventions on topics such as medication management, improved sleep, hygiene, handling difficult behaviors, and caregiver self-care.

MVP began in fiscal year 2014 as a hybrid of VA's Mobile Adult Day Health Care and a new initiative in patient-centered care focused on cognitive and physical functioning.

VA recognizes the importance of implementing new care strategies due to a variety of factors:

- An increasing Veteran population over age 85
- Escalating prevalence of chronic disabling disease among the Veteran population
- Relative decrease in Veteran family caregivers
- Unsustainable rise in health care costs for Veterans
- Rising need of hospital and nursing home level of care for Veterans
- Veteran refusal of nursing home care
- Need to increase access to care for rural Veterans

"I enjoy and look forward to attending MVP every Tuesday because it helps keep my spirits up. I appreciate talking, laughing and sharing with the other Veteran participants and MVP staff. All my friends have passed away and I'm making new friends with this VA outreach program. You don't know what you've done for my life. If it wasn't for the VA giving us this program, I would be so very depressed. Thank You!"

– Bobby, Rural Veteran MVP Participant

The MVP team at the Coatesville VAMC spoke with MVP participants at their facility to determine satisfaction of MVP and other outcomes:

- 100% of participating Veterans rated the program from "very good" to "outstanding"
- 100% of Veterans reported they would "be home doing nothing" if they didn't participate in MVP activities
- 100% of Veterans reported they have made new friends as a result of program participation, and are satisfied with the program
- 98% of primary caregivers report noticing a higher level of social and cognitive functioning of their loved one after their participation in MVP

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Mobile Veterans Program Delivers Health Care and Social, Therapeutic Activities Closer to Home (continued from page 4)

Rural Veterans Speak Out about MVP

A 70-year-old Vietnam Veteran with medical and mental health issues, and a history of suicide attempts was referred to the MVP by his VA primary care provider through his Mental Health Intensive Care Manager.

After initially observing the program, the Veteran became an active MVP participant. Upon being questioned about his experience and satisfaction with the program, the Veteran had this to say – “A few months ago I contemplated suicide twice, but I’m very happy that I failed in my plans, because I now have a meaning for living. Yes, I love the program and I will return.”

Since participation in MVP, the staff noticed that this Veteran has been more motivated and social, and the Veteran reports that he no longer has suicidal thoughts, plans and/or ideations.

In addition to the Coatesville VAMC, MVP is currently also available in western New York through the Canandaigua VA Medical Center (there, MVP is known as “Mobile Adult Day Healthcare”).

MVP yields many positive results as it reduces distance barriers, increases access to and compliance with care, and provides support to family caregivers. This empowers Veterans to remain independent and home-based, and reaches those Veterans who reside in rural communities, thus increasing the Veterans quality of life.

For more information about the Coatesville VAMC MVP, visit http://www.coatesville.va.gov/services/mobile_adult_day_health_care.asp, and for more information about MVP at the Canandaigua VAMC, visit http://www.canandaigua.va.gov/canandaigua/features/mobile_adult_day_health_care.asp. ♦

Collaborating Across State Lines to Increase Rural Veterans’ Access to Cardiac Rehabilitation



Attendees from the December 2016 “Remote, Home-Based Delivery of Cardiac Rehabilitation” training represented more than 20 VA medical centers from across the country. Hosted by the Iowa City VA Health Care System, the event brought together professionals from sites that participate in ORH’s “Remote, Home-Based Delivery of Cardiac Rehabilitation” Rural Promising Practice. Information shared during the training helped further educate cardiac rehabilitation professionals to provide this home-based cardiac rehabilitation program at their VA medical center.

The “Remote, Home-Based Delivery of Cardiac Rehabilitation” Rural Promising Practice features a 12-week cardiac rehabilitation program delivered by phone or video appointments. Veterans receive individualized guidance and counseling on exercise prescription, heart healthy nutrition, stress management, medication adherence, and/or smoking cessation from a cardiac rehabilitation professional. Watch the [“Remote, Home-Based Delivery of Cardiac Rehabilitation”](https://youtu.be/S3tI3vMaDJs) (<https://youtu.be/S3tI3vMaDJs>) video to learn more. ♦

Veteran Sites of Care Now Available in Uniform Data System Mapper

Veterans Health Administration (VHA) facility data is now available in the U.S. Department of Health and Human Services’ Health Resources and Services Administration-funded [Uniform Data System Mapper](http://www.udsmapper.org) (<http://www.udsmapper.org>), which enables users to view patient data by zip code. By adding this data to interactive service area maps, health centers can identify opportunities to collaborate with VHA sites of care to increase access to services for Veterans in their communities. ♦

Free Training Videos Now Available Online for VA and Community Providers

By **Ali Abbas Asghar-Ali**, Associate Director, Education, South Central Mental Illness Research, Education and Clinical Centers

Delivering difficult news to a Veteran is never easy. Many providers may not have received training on how to handle delicate conversations. Learning a strategy on how to have such a conversation can help deliver information accurately and compassionately. Three new trainings demonstrate how providers can deliver difficult news with compassion by using the S-P-I-K-E-S protocol, which stands for “Setting,” “Perception,” “Invitation,” “Knowledge,” “Empathy” and “Strategy.”

The U.S. Department of Veterans Affairs’ Office of Rural Health (ORH) is happy to announce that these trainings are now available as free, one hour modules that offer continuing education credits to the public through the Veterans Health Administration TRAIN platform. First-time users will need to create an account.

In the “[Delivering Difficult News with Compassion: End of Life Discussion](http://bcove.me/vw0gbr96)” (<http://bcove.me/vw0gbr96>) video, a physician demonstrates how to use the SPIKES protocol with a Veteran nearing the end of her life.

In the “[Delivering Difficult News with Compassion: Alzheimer’s Disease Diagnosis](http://bcove.me/0id13g1g)” (<http://bcove.me/0id13g1g>) video, a physician demonstrates how to use the SPIKES protocol when delivering the diagnosis of Alzheimer’s disease to a Veteran.

In addition, the “[Dementia and Self-neglect](http://bcove.me/g0ijrs59)” (<http://bcove.me/g0ijrs59>) video helps providers increase their awareness of warning signs of self-neglect in elder Veterans. Self-neglect is the most common form of elder abuse reported to Adult Protective Services. Older people with self-neglect have a five-fold increase in death if not addressed. Veterans with dementia are at higher risk, especially those who live alone.

Drs. Geri Adler and Ali Asghar-Ali developed these videos as a part of PACERS (Program for Advancing Cognitive Disorders Education for Rural Staff), with funding from ORH and in collaboration with the VA Employee Education System. To learn more about PACERS, or to request a copy of the DVD, please email the project directors at Geri.Adler@va.gov and Ali.Asghar-Ali@va.gov. ♦

Training Spotlight: Continuing Education on Dementia Topics

- The “[Dementia and Driving](http://bit.ly/2jODsks)” (<http://bit.ly/2jODsks>) training is designed to help providers identify and address driving for those with dementia. It can also be used to educate families and Veterans and provide strategies about stopping driving. *VHA TRAIN Course ID: 1068283*
- The “[Dementia and Delirium](http://bit.ly/2jVhtwy)” (<http://bit.ly/2jVhtwy>) course describes two of the most common neurocognitive disorders that occur among elderly Veterans: dementia and delirium. *VHA TRAIN Course ID: 1068629*

The Number to Know



What’s the one phone number you should know for Veterans? It’s 1-844-MyVA311. Now, instead of having to keep track of multiple U.S. Department of Veterans Affairs (VA) phone numbers, Veterans and their families can call a single number, 1-844-MyVA311, to get routed to the VA service and assistance they need.

For example, calling this toll free number can help connect a Veteran to their local VA medical center, benefits office, national cemetery, or provide general information about housing, health care, employment, education, and/or finances. ♦

Hepatitis C: Test, Treat, Cure

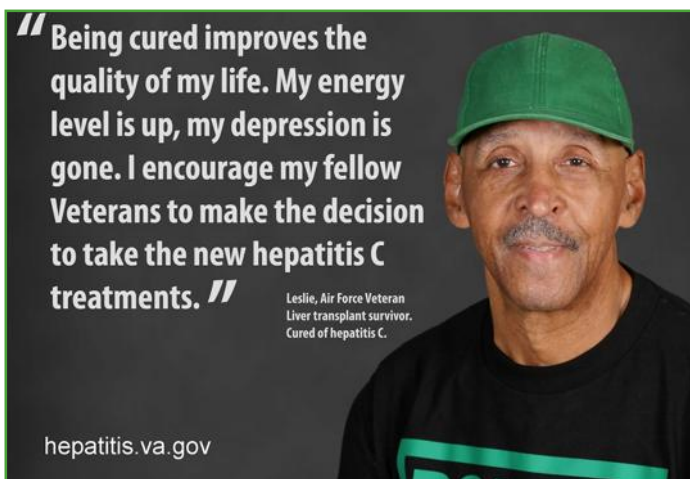
By **Elizabeth Maguire**, Communications Lead, HIV, Hepatitis and Related Conditions Programs, Veterans Health Administration

Chronic infection with the hepatitis C virus (HCV) is one of the most common blood-borne infections in the world and a major public health concern in the U.S. If untreated, HCV infection can cause liver damage that leads to cirrhosis, cancer and other life-threatening conditions. Although many of these complications are treatable or even preventable, about three out of four individuals with HCV infection in the U.S. are unaware they are infected. Veterans have higher rates of hepatitis C infection compared to the general U.S. population, and the U.S. Department of Veterans Affairs (VA) has made considerable progress in testing, treating, and curing Veterans with HCV through its Hepatitis and Related Conditions (HHRC) programs.

VA recommends hepatitis C testing for any Veteran born between 1945 and 1965, known as the “birth cohort” by providers. In addition, testing is recommended for Vietnam-era Veterans, current or former injection drug users or anyone who has ever shared needles, syringes, or other equipment to inject or snort drugs, even if it was only once or many years ago. A full list of risk factors is available on the [Veteran hepatitis C testing fact sheet](http://www.hepatitis.va.gov/pdf/Hepatitis-C-Testing-Factsheet-Veterans-2016.pdf) (<http://www.hepatitis.va.gov/pdf/Hepatitis-C-Testing-Factsheet-Veterans-2016.pdf>).

The good news is that new treatments for hepatitis C are able to cure most people in about 12 weeks and these treatments are available to Veterans enrolled in VA for their health care. In 2016 alone, VA treated more than 38,000 Veterans with hepatitis C and approximately 94 percent of those patients were cured.

VA’s work on hepatitis C testing and treatment contributes to its goal of building a “high-performing network.” Many Veterans share the impact that being cured has made on their lives:



“After I finished treatment, I was told I was free of the disease and it made me break down with tremendous joy and relief. I keep reliving that moment every day that I’m cured.” —Veteran

“It was very moving when I found out my hepatitis C was cured. You feel indebted to the person that saved your life. I do feel the VA saved my life.” —Veteran

HHRC would like your assistance in spreading the word about HCV testing and treatment throughout VA’s rural health community. Veterans are encouraged to ask their provider about a hepatitis C test at their next appointment. If the test is positive, Veterans should be evaluated for treatment right away.

Providers can help VA by recommending hepatitis C testing for all Veterans in the “birth cohort” or with other risk factors. Providers with questions about treatment can refer to VA’s [Chronic HCV Infection Treatment Considerations](http://www.hepatitis.va.gov/provider/guidelines/hcv-treatment-considerations.asp) (<http://www.hepatitis.va.gov/provider/guidelines/hcv-treatment-considerations.asp>) website.

HHRC also offers many patient handouts on topics such as [taking new therapies](http://www.hepatitis.va.gov/products/patient/sofosbuvir-simeprevir-handouts.asp) (<http://www.hepatitis.va.gov/products/patient/sofosbuvir-simeprevir-handouts.asp>) and [managing side effects](http://www.hepatitis.va.gov/products/patient/side-effects-handouts.asp) (<http://www.hepatitis.va.gov/products/patient/side-effects-handouts.asp>). Also, Veterans with hepatitis C may be eligible to receive care from community providers. Learn more through the [HCV treatment through the Veterans Choice Program](http://www.hepatitis.va.gov/patient/hcv/choice/) (<http://www.hepatitis.va.gov/patient/hcv/choice/>) website.

Efforts to test and treat Veterans throughout all areas of the U.S. continue. With your help, we can test, treat and cure many more Veterans in 2017.

Helping Rural Homeless Veterans Find Permanent Homes

By **Keith W. Harris**, Ph.D., Acting Executive Director, U.S. Department of Veterans Affairs Homeless Program Office

In a continuing effort to help end Veteran homelessness, the U.S. Department of Housing and Urban Development (HUD) and the U.S. Department of Veterans Affairs (VA) provided \$2.9 million to public housing agencies across the country to secure permanent homes for more than 500 Veterans and their families who experience homelessness in rural communities.

The supportive housing assistance is offered through the [HUD-VA Supportive Housing \(HUD-VASH\) Program](http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/hcv/vash) (http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/hcv/vash), which combines HUD rental assistance with VA case management and clinical services. HUD-VASH ensures that Veterans experiencing homelessness receive both the housing and services needed to live stably in their own homes. Through the utilization of the principles of Housing First, an evidence based practice, the HUD-VASH program is able to prioritize the chronic and most vulnerable homeless Veterans to be rapidly housed and served with wraparound supportive services as needed.

Veteran homelessness was reduced nearly in half nationwide, but mostly in urban areas. VA leadership stressed VA's commitment to help Veterans exit homelessness regardless of where they choose to live after military service. The HUD-VASH awards will benefit more than 40 rural communities where affordable housing is scarce. "The allocation of HUD-VASH vouchers for rural areas continues VA's commitment to ending Veteran homelessness and recognizes that smaller communities benefit from having dedicated permanent supportive housing to serve the homeless Veteran population," said Jesse Vazzano, National Director for HUD-VASH.

Since 2010, the president's administration and 19 federal agencies and offices that form the U.S. Interagency Council on Homelessness launched the nation's first comprehensive strategy to prevent and end homelessness. The [Opening Doors: Federal Strategic Plan to Prevent and End Homelessness](http://www.usich.gov/opening_doors/) (http://www.usich.gov/opening_doors/) serves

as a roadmap for how the federal government will work with state and local communities to confront the root causes of homelessness, especially among former servicemen and women.

The HUD-VASH program awarded more than 88,000 vouchers and housed more than 114,000 homeless Veterans between fiscal years 2008 and 2016. Rental assistance and case management provided through HUD-VASH are a critical resource for local communities in ending homelessness among our nation's Veterans.

In the HUD-VASH program, VA medical centers (VAMC) assess Veterans experiencing homelessness before referring them to local housing agencies for these vouchers. Decisions are based on a variety of factors, most importantly the duration of homelessness and the need for longer term, more intensive support in obtaining and maintaining permanent housing. Chronically homeless Veterans are the target population for the HUD-VASH program and are prioritized for admission. The HUD-VASH program includes both the rental assistance the voucher provides and the comprehensive case management that VAMC staff offers.

Veterans participating in the HUD-VASH program rent privately owned housing and generally contribute no more than 30 percent of their income toward rent. VA offers eligible homeless Veterans clinical and supportive services through its medical centers across the U.S., Guam, Puerto Rico, and the U.S. Virgin Islands.

For more information on VA homeless Veterans programs, visit <https://www.va.gov/homeless/>. ♦



Extra! Extra! Read All About it!



To access free technical and scholarly articles pertaining to rural Veterans' health, researchers, care providers, and others can visit the VA Office of Rural Health's [rural research library](http://www.ruralhealth.va.gov/providers/research_library.asp) (http://www.ruralhealth.va.gov/providers/research_library.asp). This library contains studies on issues that impact delivery of health care and services to rural Veterans. More than 70 articles on rural Veterans' health topics were added in the last three months. All articles in the library were published in a peer-reviewed journal or by a nationally-recognized organization. ♦

Building a Network of Mental Health Support for Rural Veterans

By **Caitlin Thompson**, Ph.D., National Director, Office for Suicide Prevention, U.S. Department of Veterans Affairs

The U.S. Department of Veterans Affairs (VA) believes that suicide prevention is the responsibility of everyone, everywhere—from rural health care practitioners to urban VA medical center (VAMC) staff. In collaboration with community-based and federal partners, the VA [Office for Suicide Prevention](http://www.mentalhealth.va.gov/suicide_prevention) (http://www.mentalhealth.va.gov/suicide_prevention) supports Veterans in person, on the phone, and online.

The following ongoing initiatives provide Veterans in rural communities with mental health resources, including vital support for preventing suicide.

Widespread Outreach: Collaboration with community-based and federal partners helps VA reach Veterans where they live. Annual community mental health summits held at VAMCs nationwide focus on building and strengthening local partnerships to meet the needs of Veterans and their families. VA also works with the National Association for Rural Mental Health to raise awareness of VA mental health and suicide prevention resources among rural communities.

Nationally, VA partners with hundreds of organizations that aim to reach and support Veterans, including Johnson & Johnson, Give an Hour, Bristol-Myers Squibb Foundation, IBM, Wounded Warrior Project, Psych Armor, and Project Hero. These partners help spread the word about ways to prevent suicide and provide information on VA's mental health resources to Veterans who may need them.

Telemental Health: [VA Telemental Health](http://www.telehealth.va.gov/real-time/) (<http://www.telehealth.va.gov/real-time/>) virtually links mental health providers with Veterans who live in remote locations. Using technology such as video chats to make diagnoses, perform check-ups, and manage and provide care, VA is emerging as a world leader in telehealth and telemental health services. VA plans to establish four regional telemental health hubs across the system for expanded support.

Mobile Vet Centers: VA's [Mobile Vet Centers](#) provide readjustment counseling and information to Veterans across the country. Like community-based Vet Centers, Mobile Vet Centers offer services that help Veterans make the sometimes difficult transition from military to civilian life.

Online Resources: VA's resources are available across various platforms and allow Veterans to access important mental health information and services at any time or place:

- [Make the Connection](http://maketheconnection.net/) (<http://maketheconnection.net/>) is a website that connects Veterans, their family members and friends, and other supporters with information, resources, and solutions to issues affecting their lives
- [VA Mobile Apps](http://bit.ly/2keP68u) (<http://bit.ly/2keP68u>) provide everyday resources for mental health, including coaching for post-traumatic Stress disorder, CBT-i (“Cognitive Behavioral Therapy for insomnia”), ACT (“Acceptance and Commitment Therapy”) for depression and mindfulness
- [Veterans Crisis Line](https://www.veteranscrisisline.net/) (<https://www.veteranscrisisline.net/>) is a 24/7 confidential phone, chat and text messaging service that connects Veterans in crisis and their families and friends with qualified, caring VA responders

Help is available for all Veterans, regardless of where they live. To learn more about VA's suicide prevention efforts, visit http://www.mentalhealth.va.gov/suicide_prevention/. ♦



ORH In the News: VA Researcher Working to Improve HIV Care for Rural Veterans

Read how telehealth connects rural Veterans with HIV specialists: <https://www.va.gov/opa/pressrel/pressrelease.cfm?id=2855>. Dr. Michael Ohl, Director of the Veterans Rural Health Resource Center in Iowa City, Iowa, created the Telehealth Collaborative Care model to improve the quality of care for Veterans who live far from specialty clinics. ♦

New Rural Promising Practices Implementation Support Available Online

The U.S. Department of Veterans Affairs' Office of Rural Health (ORH) identifies projects that show significant impact based on select criteria. These proven models of care – known as Rural Promising Practices – are now being implemented nationwide.

Direct implementation support for two new Rural Promising Practices is now available on the ORH website:

Caring for Older Adults and Caregivers at Home (COACH): COACH is a home-based dementia care model that assists Veterans with moderate to severe dementia living at home with a caregiver. The program provides support; education on dementia, progression, and behavioral management; referrals and assistance with resources; and recommendations to address safety in the home, delay nursing home placement, and reduce caregiver burden.

Telemental Health Clinics for Rural Native American Veterans: This Rural Promising Practice connects American Indian and Alaska Native Veterans with culturally knowledgeable mental health care providers and support services. Mental health care providers or administrators who serve members of tribal communities form centralized hubs, and then partner with local tribal communities to build community-based VA services.

Visit http://www.ruralhealth.va.gov/providers/promising_practices.asp to learn more. ♦



Internal Revenue Service Information for Veterans

Based on income thresholds, more than half of VA's rural Veteran patients meet the Internal Revenue Service's (IRS) requirements to qualify for:

- Free tax preparation services
- Brand-name software to file taxes for free
- Various tax credits, including the Earned Income Tax Credit

All taxpayers have until Tuesday, April 18, 2017, to file their 2016 tax returns and pay any tax due.



For more information, read the "IRS offers tips and filing help options to Veterans" blog at <http://www.blogs.va.gov/VAntage/34472/tax-season-officially-opens-jan-23/> and visit IRS' new "Information for Veterans" page at <https://www.irs.gov/individuals/information-for-veterans>. ♦



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VA Office of Rural Health

"The Rural Connection" is a quarterly publication of the U.S. Department of Veterans Affairs' (VA) Office of Rural Health (ORH). As VA's lead advocate for rural Veterans, ORH works to see that America's Veterans thrive in rural communities. To accomplish this, ORH leverages its resources to study, innovate and spread enterprise-wide initiatives through partnerships.

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