Greetings AVASW members and friends,

I hope this edition of CONNECTIONS finds you well and warm this winter. I suppose by now, we have survived the hectic holiday season and are looking longingly toward spring (I know I am!). Since our last edition, I have made many changes. I have left my position at the Fort Knox Army Base as the VA Liaison for Healthcare and have assumed the new position as the Social Work Supervisor for GEC services at the Robley Rex VAMC (Louisville). This has been an exciting and rewarding move, but I do miss my battle buddies at Fort Knox. After spending 6 years as the VA Liaison, I had the opportunity to form wonderful relationships with DoD & VA staff all across the country. My career as a VA Liaison culminated on that last week with an amazing experience of collaboration as we hosted the very first (and hopefully not last) Transition and Care Collaboration Symposium (see corresponding article in this edition). It was so rewarding to me that so many of the Transition and Care Management staff who I had worked with for so long over the phone and email were able to meet and work together in person to improve the process of transition. What a wonderful way to depart!

In addition to my new role with GEC, I am also the VISN 9 Coordinator of a demonstration project for the Shared Decision Making for Long Term Care initiative. This is a comprehensive, research-based, patient centric program of training and resources that assist social workers and other staff to engage the Veteran and Caregivers in conversations and advanced planning for Long Term care. More information will be forthcoming about this initiative. There have been some changes in our AVASW Executive Committee too. I would like to formally welcome our new AVASW Secretary, Michaele Kullick to the team and to back our treasurer Paul Burton & Nominations Chair, Rita Sandoval.

As we gear up for our annual national celebration of Social Work in March, I would like us all to think a moment about the weight of our responsibility in our role as VA Social Workers. Our motto is “the human touch in healthcare” and in working in the medical system I see the impact we make every day. We are the human touch, the Veteran’s voice. We are the Caregiver’s support and the Advocate for all. We cross train, and blend our services such that the gaps are filled and we facilitate people from all disciplines working together to better serve the Veteran. Take a moment to be proud that you are a VA Social Worker because we really do pave the way for Change!

Leann Bruce, PhD, ABD
AVASW President
president@vasocialworkers.org
Life after the VA—by Juliana Laurenzi

Wikipedia defines it as the cessation of work, perhaps a venture into volunteering, time for travel, long overdue pleasure reading, relocation to warmer climes or to be near family, pursuit of relaxing hobbies, time with compatible friends, availability to spend more time with grandchildren. The timing of retirement varies from one country to another and often is defined by pension benefits. When I spoke to our former colleague, Larry (also known as Lawrence) Peterson, I was struck by how much he has packed into his retirement from VA seven years ago. Larry is originally from the Midwest. In 1969 he was one of the last young men to be drafted into the Army prior to the lottery. He spent his 2 years of military service in Fort Knox, KY working in a Mental Health Clinic. He continued there as a civilian employee for four additional years working in a military drug treatment program. He considers himself fortunate to have been a part of the University of Louisville’s new MSW Program at that time which allowed part time studies and from which he earned his MSW in 1975. He was first employed at the VAMC in Grand Rapids, MI in 1976 and spent seven years there. He moved to the Milwaukee VA in 1983 as a Supervisory Social Worker, where Tim Buckley mentored him and guided him into SWALT.

His SWALT Preceptor was Paul Burton, who was at the Sepulveda VA at the time. He moved to Minne-
apolis where he spent three years as Gretchen Bur- ran’s (now Bealer) Assistant Chief prior to his event- tual move to the Durham VAMC in NC where he was the Chief, SWS for 17 years. Larry retired from a long and proud VA career in August 2007.

Here is where things get interesting. Larry retired from the VA but he did not retire from work. He and his wife, Karen, moved back to the Midwest, to their roots. They still have family there. Larry took a position as the Director of a Case Management Department in a private hospital in Madison, Wisconsin. For two years he enjoyed this but, as many of us can relate, they missed their two adult children who had remained in Raleigh Durham and of course, the arrival of grandchildren called to them. So Larry and Karen moved back to North Carolina. They are involved in the life of their precious granddaughters providing some quality time and transportation, etc. Like many of us who worked long and hard, they also enjoy travel both foreign (the picture is taken at the Eiffel Tower) and to our beautiful National Parks. He has found time to volunteer weekly at a VA Dialysis Clinic where he listens to veterans’ stories and helps with administrative chores. Larry enjoys playing golf and having lunch with former colleagues. Of course, the climate in North Carolina is better for golf! Now, in case you think that he is living the good life, which he is, I didn’t tell you that Larry has kept his license and continues to work every other weekend at a local hospital. He is the weekend social worker there for a 156 bed facility. He enjoys keeping his skills current and feeling useful. He likes to be involved with people and the environment there. He puts in 10 hour days. This hospital is introducing a new EPIC software program and Larry has become a “Super User” and a point person for its implementation on the weekends. Since his weekdays are free for his other interests and chores, it all seems to work out.
Larry remains involved in NASW and enjoys mentoring. He is one of a group of leaders in the local NASW Health Care Practice Network. He likes to be available to and looks for opportunities to promote good social work practice. He has been a member of AVASW since the beginning of the organization. I asked him for his ideas about membership enrollment, a concern that some of us have. Larry says, classically, that quality is more important than quantity.

I first met Larry when I served on a National Social Work Committee and he was warm and welcoming to me. He hasn’t changed. I picked up the phone to chat with him and it could have been years ago except for the incredible experiences he has had. He is still the man with measured good humor and kindness.
AVASW is proud to select Keemia Shaw as the Social Worker of the 4th Quarter! Ms. Shaw currently serves as the Lead Clinical Social Worker for the Community Living Center at the Durham, NC VA Medical Center. She states that the DVAMC Clinical Team is the best team in the VA! Other collateral duties include being the Respite Coordinator and Lead Clinical Transplant Social Worker and is certified as such.

Ms. Shaw is a graduate of Fayetteville State University, and has been with the VA nearly eight years. Prior to working at the VA, Ms. Shaw worked in the community serving children and families as a team leader. While these jobs alone have kept her busy, she has also made it her mission to volunteer for various committees including the Safe Culture Committee, which aims to increase awareness and reduce bias, and a 10-time featured contributor in the Medical Center Director’s 2014 Civility Challenge Campaign. She imbues the values she quotes “Act with high moral principles. Adhere to the highest professional standards. Maintain the trust and confidence of all with whom I engage”. "The Social Work code of ethics defines our core values as service, social justice, dignity and worth of a person, importance of human relationships, integrity and competence." While working with transitioning Veterans Ms. Shaw helped secure duffle bags as a replacement for plastic trash bags, using the very values Social Workers hold dear.

Ms. Shaw describes herself as outgoing, patient, and professional, and has been endorsed by fellow staff members as such. Co-workers find it very easy to consult with her regarding difficult situations, and she is always ready to help with a willing smile and engaging demeanor. As quoted by one fellow co-worker “Her diligence, perseverance, and willingness to go above and beyond for her patients are among her many strengths”. This past year Ms. Shaw had the opportunity to reunite a homeless Veteran with his family after 20 years of separation. When asked the circumstances, her humble reply is that she was given this rare gift and what could she do but act upon it?

Congratulations, Keemia!
Let me tell you a story.

There was a single mother who was working as a legal assistant with a prestigious law firm. The year was 1990 and she was paid about $28,000 per year. One day she decided to return to school and finish her undergrad but change it to social work. She had tried to tough it out in paralegal school but thought with only an Associate’s degree in paralegal, she would fare better in the financial world if she went on and got her Bachelor’s and eventually her Masters in social work. Hhhhhhhhhhhhhhhhhhhhhhhhh.

FAST FORWARD TO 1999. This social worker, with the ink on her degree still wet, got her first job as a social worker at a state mental health agency. Starting salary as she was just starting in the state system was $28,000 per year. Of course this was somewhat disappointing being that she “had a Masters” and had gotten a good education from a good program. She was told later by the person who selected her that it was her vast computer skills that landed her the job. Whatever works – right? Had to start somewhere. But she had gotten six more years of solid education and training, in addition to two internships, one in an adult psychiatric hospital and one in research. She accepted the position because she needed the job and money. There were several people applying for the same position. So - Hhhhhhhhhhhhhhhhhhhhhhhhh.

Continued on Pg 14
TOPIC....
Fall Hot Topic Update

by LeAnn Bruce, PhD, ABD

Last quarter, we asked you about your experience with Overtime or Comp Time for covering time outside your tour of duty. We discovered that there are many scenarios out there. Some social workers are doing outreach in the community and their tour of duty is adjusted according to the demands of the week so they do not work more than 80 hours in a pay period. In other cases, they are offered their choice of overtime or comp time. In most cases, any overtime or comp time has to be pre-approved. There were, however a couple of examples in which writers (who wished to remain anonymous) voiced concerns over the equality in pay practices stating that they were forced to accrue and then use comp time rather than be compensated. And, when compensated, at times it did not include differential pay for weekends or after hours. It appears there is little consensus about the question of overtime compensation. But, from our responses, it is clear that social workers are not in this for the paycheck. While there are questions and some concerns, the bottom line is that social workers continue to go above and beyond to care for our Veterans. I think our reader, Dorrie Carskadon (VJO, Amarillo) said it best in her comment….

“As an experienced Social Worker from the Vet Center side of the VA coming to the Hospital side of the VA – I believe it is my job to balance my work with Veterans and with my personal life. That being said, being asked to work overtime or outside a tour of duty is an honor for me because it means that I am meeting the needs of the Veterans. I believe that we have to be flexible to the needs of the organization within a reasonable spectrum. That reasonable spectrum to me is whether it falls within my clinical expertise and/or within the expectations of my job. It is up to me to be open to being flexible and open to working overtime or outside my tour of duty. It is my duty to inform the organization whether the requests are within the parameters of my scope of practice. Additionally, it is up to me to inform the organization if their requests are excessive and creating an atmosphere of burn out for me”.

“Working overtime is all right with me because I am offered comp time and I keep in mind that time (unlike currency) is not taxed! So, I’d rather be compensated that way rather than receive money. Also, to address the flexibility concerns, I try to be as flexible as possible in order the serve the Veterans in the best way we possibly can. In my case, on occasion, I’ve rearranged my tour of duty to accommodate colleagues who have conflicts or other issues. It’s teamwork.” Rita Torres

Social Workers at all levels are advocates. We advocate for our patients and their families. We advocate for policy changes. We advocate for whole populations in need. The one population, however, that we do not usually advocate for well are ourselves and our profession. All too often, we don’t ‘blow our own horn’ and prefer to work and solve issues behind the scenes and seldom take credit – especially when working in an interdisciplinary environment. Many of the staff members have no idea the impact we really make when we are meeting with patients behind those closed doors, making our home visits or transitioning new Veterans. So, our HOT TOPIC this quarter is….What can we do (individually and collectively) to advocate for our profession? What kinds of things do you do?

Book Review: Patients Come Second
by Paul Spiegelman and Britt Bennett (2013)

by LeAnn Bruce, PhD, ABD

OK – so over the past several years, we at the VA have been reinventing our practice, services and culture to be patient-centered care, right? We live the values espoused by our I CARE motto. So, why in the world would I be promoting a book called, Patients Come Second? I will explain.

I stumbled across this book while perusing through my Kindle search list. I was intrigued. Why would anyone write such a thing! So, I bought it. I read it cover to cover. It was inspiring, transforming, and motivating. The authors, both leaders in their respective medical arenas, take great pride in reminding us that great customer service comes from engaged employees who are dedicated to the mission, who feel a sense of ownership and pride in the work and services provided.

In a very easy to digest and humorous tone, the authors take us through many examples, supported by data, to show that the best way to deliver positive results for our patients is to invest in, develop and support staff at all levels. This book provides a blueprint for achieving the highest levels of patient care quality, safety, productivity, and patient satisfaction through developing a culture of mutual integrity, respect and responsibility across all areas.

In the past few years, we have been so focused on improving care and access for our patients. Although I firmly believe we have done a very good job, I fear that the growth of the staff has not been keeping up with the growth of the programs, or Veterans needs. If we do not recognize this, our staff become overwhelmed and overwrought and may start to feel disengaged and as if what they are doing will never be enough. By doing so, we risk burn out and the loss of quality employees, experience, and then must endure costly and time consuming turnover. All of this then trickles down and affects the very thing we want to improve… the patient experience. I think this book is a timely reminder that we must not forget the staff who are diligently and tirelessly caring for our patients. For more information: http://patientscomesecond.com/
AVASW Social Worker Achievement Award
and Recognition Program

Nomination Form

Name: ___________________________ Phone # ___________________________

Parent VAMC: ___________________________ Email: ___________________________

Service/Work Location/Program: __________________________________________

Title/Position: __________________________________________________________

Years of Service with the VA? _______ Military Service (if known)? _______

Describe the achievements or contributions of the nominee to the service of our Veterans, their families or the VA at large. Please detail the specific attributes or successes leading to this nomination.

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Person submitting this nomination: ___________________________

Contact information: ________________________________________________

Please email completed form to: Diane Weber at memberatlarge@vasocialworkers.org

Thank You!
Greetings, Team!

I am truly proud of your amazing service to our Veterans and their families and caregivers. Through your service and with your Integrity, Commitment, Advocacy, Respect, and Excellence we were able to achieve the following in 2014:

**Care Management and Social Work Services (6 major programs):**

**VA Social Work:**
- Over 11,000 Master’s prepared social workers are employed by VA, making VA the largest employer of social workers in the Nation
- 1,000 social work graduate students trained during 2014, which is more than any other single agency
- Expanded the Hartford Partnership Program for Aging Education (HPPAE) in four additional medical centers
- Enhanced the VA/DoD partnership

**VA Fisher House Program:**
- 19,315 families were accommodated in VA Fisher Houses
- Families of Veterans saved over $1.73 million dollars in lodging costs
- Expanded from 24 to 26 active VA Fisher Houses with the dedication of the Tennessee Valley VA Healthcare System Fisher House; and the North Florida/South Georgia Veterans Health System Fisher House

**Domestic Violence/Intimate Partner Violence (DV/IPV) Assistance Program:**
- Established the National DV/IPV Program and hired a National DV/IPV Program Manager
- 33 DV/IPV Coordinators are in place and growing daily
- 35 national trainings on DV/IPV and Veterans provided to VHA staff, Caregivers and community providers

**VA Liaison Program (43 Social Workers and Nurses at 21 DoD sites):**
- 11,010 Service Members and Veterans transitioned from DoD care to VA care and 99% of them had an initial VA appointment scheduled at the VA facility of their choice
- 18,919 Clinical Consultations provided to DoD and 3,096 VA briefings
- $45 million generated in VERA (Veterans Equitable Resource Allocation) reimbursement to support Veteran healthcare

**VA Transition and Care Management:**
- 103,867 Veterans presenting for VA healthcare were clinically assessed for the need for case management
- 41,000 Veterans were provided ongoing case management services
- 99% of our Veterans were contacted according to their designated plan resulting in 177,892 individualized Veteran interactions to support their care needs (*based on CMTRA so actual #s are higher)

**VA Caregiver Support Program:**
- 19,124 Family Caregivers provided support through the Program of Comprehensive Assistance
- $295 million in financial assistance provided directly to Family Caregivers
- 1,223 Caregivers of Veterans of all eras across 45 VA sites in a new series of three Self Care Courses including Taking Care of Yourself, Managing Stress, and Problem Solving and Effective Communication
- 146 Caregivers participated in Spanish Self Care Courses 3 sites
- 2,687 flights were provided to participants of the VA Caregiver Support Program through Fisher House Foundation’s Hero Miles Program, an additional 304 flights to Veterans and families outside of the Caregiver Support Program, for a total cost savings of over $5 million in airline costs for Veterans, their families and Caregivers

As a Veteran of the U.S. Coast Guard and a social worker, I am honored and humbled to serve as your Chief Consultant, Care Management and Social Work Services. You have my continued commitment to provide VACO support and services that are user friendly for you. I urge you to remain mission essential, maintain a positive attitude, and provide services that illuminate a positive impact of value to our Veterans, their families, and Caregivers.

On behalf of Care Management and Social Work Services,
Care Management and Social Work Services Team,
Happy New Year and best wishes for 2015.

Michael T. Kilmer, LCSW
Chief Consultant (10P4C)
Care Management and Social Work Services
We have recently discovered that some of our members are not receiving our emails, in spite of the fact that the sent emails are not being returned to us as undeliverable. To ensure that you receive emails from AVASW, please add the following address to your address book so that emails from AVASW aren’t delivered to your spam folders: vasocialworkers-members@wildapricot.org

We have also received "returned as undeliverable" emails from some of your email providers. Please update your membership profile if your information has changed. Make sure your email address is correct in your membership profile so that you will receive emails from AVASW.

Thank You,
Barbara Fretwell, AVASW Webmaster

Are you involved in any projects or innovative practices that you want to share with others? Do you have any issues related to Social Work practice that you would like to discuss with others? Do you have some ideas about starting a new program or tweaking an old one and would like some feedback from others?

Take advantage of this opportunity to share with other VA social workers. While Facebook is open to the public for viewing, you must sign up for the AVASW LINKEDIN to initiate or respond to discussions.

ANNOUNCEMENTS...

HELLO VA SOCIAL WORKERS. We hope you enjoyed this Newsletter. If you have a master's degree from a school of social work accredited by the Council on Social Work Education (CSWE) and you are currently employed by the VA, or were formerly employed by the VA, you qualify for membership in the Association of VA Social Workers (AVASW) regardless of your job title, grade, position description, or occupational series. We invite you to join by visiting our website at – www.vasocialworkers.org – and following the instructions in the About Membership section. Your membership and participation are welcome.

HELLO AVASW MEMBERS. If you have recently changed your name, e-mail address, mailing address, VA facility, phone number, etc., please visit the AVASW website – www.vasocialworkers.org – and update your membership information. Just follow the instructions when you login to the Members Only section of the website. Your e-mail address is your ID.

Please note - if you have changed your e-mail address you must log in using your previous e-mail address, the one you used to set up your data in the membership list. After you have logged in you can change the e-mail address to your current e-mail address. If you don’t know or recall your password it is easy to get one by following the instructions. We would like our membership records, including yours, to be accurate and up to date.
Association of VA Social Workers
Merchandise Price List

- Logo Pin, $5.00 which includes S&H.
- Tote bag, $18.00 which includes S&H.
- Logo Hat, $25.00 which includes S&H.
- Denim Shirt, $35.00 which includes S&H.
- 5.5 x 8.5 Scratch Pad, 50 sheets (5 pads), $10.00 which includes S&H.
- Travel Coffee Mug, $10.00 which includes S&H.
- Mouse Pad, $10.00 which includes S&H.
- Polo with logo, $30.00 which includes S&H. Colors: Black, Cobblestone, Forest Green, Heather Grey, Maroon, Navy, Red, Royal Blue, White and Yellow Haze. Sizes: S-4XL.
- Lanyard with logo and writing: "Association of VA Social Workers" and "The Voice for VA Social Workers", $5.00 which includes S&H.
- 3x5 Post-it's, 25 sheets per pad (5 pads), $10.00 which includes S&H.

If you wish to order merchandise, print and fill out this form, attach check made payable to AVASW and mail to:

AVASW
9451 Petit Avenue
Northridge, CA 91343

Name: ___________________________ Address: ___________________________
City, State, ZIP ___________________________ Phone # w/Area Code: ___________________________
Email Address: ___________________________

Circle as appropriate:
Polo Shirt: S, M, L, XL, 2X, 3X, 4X Color______ Tote Bag (s) Number ______
Denim Shirt: XS, S, M, L, XL, 2X, 3X, 4X Mouse Pad (s) Number ______
Hat: khaki ____ black ______
Logo Pin (s) Number ______ Travel Mug (s) Number ______
5.5 x 8.5 Scratch Pad, 50 sheets (5 pad min) ______
3x5 Post-it's 25 sheets per pad (5 pad min) ______

Total Amount Paid ________
Don’t Forget to Visit Us on Social Media!

Usage Statistics for hammerstone.readyhosting.com

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Summary by Month

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www.vasocialworkers.org
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Conference Chair – Judy Arnold, Shawnee, KS

http://www.vasocialworkers.org

AVASW Membership

To join or renew visit the AVASW website – www.vasocialworkers.org – and click on the “Join AVASW” or the “Renew AVASW Membership” button and follow the instructions. The website accepts credit card dues payments. To pay by check you may follow the instructions on the website, or use this form. If you use this form, please provide the required information below.

Name ____________________________
(Print your Name & Credentials exactly as you want them on your membership certificate)

Name of Person Who Referred You ____________________________

Preferred e-mail (private email works best) ____________________________

Your VA facility ____________________________ Your preferred phone # ____________________________

Your job title ____________________________

Your preferred mailing address (home address works best)
Street address ____________________________

City ____________________________ State _____ Zip code ____________

Dues are:
$25.00 per year – Full Member - current employees of the US Dept of Veterans Affairs who have a master’s degree from a social work graduate school accredited by CWSE

$10.00 per year – Associate Member - former employees of the Dept of Veterans Affairs who have a master’s degree from a social work graduate school accredited by CWSE

$10.00 per year – Student Member - social work graduate students who have a VA field placement for an academic year

$15.00 per year – Contract Member – social work employees of a non-VA agency who are placed at a VA facility to provide social work services

If paying by check, make your check payable to AVASW and send to:
AVASW
9451 Petit Avenue
Northridge, CA 91343

(For additional information, or questions, please use the “Contact Us” button at the top left of the website home page.)
I am a Licensed Clinical Social Worker working as a case manager in the MHICM (Mental Health Intensive Case Management) program at the West Palm Beach VAMC. We serve Veterans who have a chronic mental illness. Criteria for admission to the program is that Veterans had a psychiatric bed stay of 30 days or 3 psychiatric hospital stays in a 12 month period and they demonstrate they are not able to maintain MH treatment in a traditional outpatient setting. Utilizing the recovery model, the program assists Veterans with medication management, guidance in accomplishing their treatment goals, and acclimation to independent living in the community of their. In our program we often get snow birds from the north who decided to make South Florida their home. One particular snow bird decided to stay in South Florida longer than he had planned.

Bobby Joe is of Italian American decent, the middle child of 3 boys, and was raised Catholic. He had typical Catholic Italian upbringing such as going to church, attending school, and having huge Sunday dinners at home. Bobby Joe would tell me stories of his childhood where his mom would make large meals on Sunday and which allowed for leftovers throughout the week that sometimes included homemade pizza, meatballs, etc. They played baseball in the neighborhood, took girls to dances, and got into typical boyhood trouble. Bobby Joe had a best friend who decided to enter the military in the late 1960’s during the Vietnam war. Bobby Joe was 19 and was attending college but wasn’t doing well. So he decided to enter into the Marine Corp Reserve at the same time with his friend. He served 6 months and was honorably discharged for physical reasons.

Bobby Joe had ambitions to become a lawyer like his uncle. It was 1971 and Bobby Joe went back to college in his hometown of Rochester, NY to pursue a college degree. In 1972 his uncle passed away. It was after this that Bobby Joe had his first mental health break being diagnosed with Schizophrenia. He was hospitalized three times up until he graduate with his Mathematics degree in 1976.

Bobby Joe moved back and forth from South and the West coast of Florida and then back to Rochester, NY in the last year and a half. During this time he was homeless and was not taking his medications as he said he should have. He slept outside and made friends with local pizza and bagel shops who gave him food every day. He also attended services at the local catholic churches and got help from local catholic charity outreaches. He also kept appointments with his case managers throughout this. Bobby Joe made another trip to South Florida and decided to stay after living in the Rochester, NY area for a short time. He accepted an injectable medication which kept his symptoms of Schizophrenia at bay. He also was enrolled in the HUD VASH program and secured himself a one bedroom apartment in a lovely community near the beach. Bobby Joe has been symptom free for over a year now and he just renewed his yearly lease.

Bobby Joe has a strong Catholic faith and told me “I’m kind of like a diamond. It starts out as a lump of coal and with pressure it becomes a diamond. In a similar way that’s how God worked on my character”. Vet also attributes the help of the MHICM teams in Bay Pines/ St. Petersburg, FL, Rochester, NY, and currently West Palm Beach VAMC to his recovery “without them I would not be where I am now”.

Disclaimer: Veteran provided release to use information for article.
This social worker, again, who was a single mother of two daughters, worked two and three jobs to make ends meet. Until, 10 years into her social work career, she was lucky to land a job with the VA Hospital system which is, historically, the employer of the most social workers and pay is much better in the Federal system then in the private and non-profit sectors. Again, she was offered the “starting” salary because she was new to the Federal system. When asked if they were taking into account the years of experience, they responded by stating “there are 50 other applicants for this position if you don’t want it.” (Note this was before the boarding process was implemented.) So she accepted it.

Hhhhhhhhhhhhhhhhhmmmmmmmmmmmmmmmmmm.

See a pattern here? When tempted to advocate for herself, she was thwarted. But when advocating for a patient, Veteran or client – no was not accepted so easily. Hhhhhhhhhhhhhhhhhmmmmmmmmmmmmmmmmmmmm.

Present day. Now with a Masters in one hand and an astronomical student loan in the other, she is working for the VA system. She makes good money but with the economy, she has difficulty paying a student loan the size of a 2000 sq ft home mortgage, medical bills because she is obviously older and not taking stress as well as when she was younger, gas prices are higher, cost of living and pay increases have not kept up with each other, and everything is just so darn more expensive than it was 25 years ago when she decided to go after this brass ring. NASW has promised for years that they are advocating for student loan forgiveness for social workers and fair wages but…..

I researched that tidbit of information as well. If we were advocating for ourselves as a profession and not simply waiting on an organization to do it for us, the following information wouldn’t be so damaging. We have been placed in positions that are often understaffed, so

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<td>$41,540</td>
<td>Postsecondary non-degree award</td>
<td>+25%</td>
</tr>
<tr>
<td>Registered Nurses</td>
<td>$65,470</td>
<td>Associate’s Degree</td>
<td>+19%</td>
</tr>
<tr>
<td>Nurse Practitioners</td>
<td>$96,460</td>
<td>Master’s Degree</td>
<td>+31%</td>
</tr>
<tr>
<td>Physician Assistants</td>
<td>$90,930</td>
<td>Master’s Degree</td>
<td>+38%</td>
</tr>
<tr>
<td>Paralegals/Legal Assistants</td>
<td>$46,990</td>
<td>Associate’s Degree</td>
<td>+17%</td>
</tr>
</tbody>
</table>

that taxes our time availability, dues for organizations can be pretty substantial and we just ain’t got it, or which group is going to advocate strong enough for us. To be honest, I don’t know the answer to any of these issues. I do have to share what I have found in the Occupational Outlook Handbook (2012) for social work, LPNs, RNs, NPs, PAs, and out of curiosity legal secretaries/assistants. This is what I found –

Well if that doesn’t get us all up in a tizzy, I don’t know what will. We all work hard and most times, we all work harder than the people we serve and/or work for. So, why don’t we advocate for ourselves better? Why don’t we have a voice in leadership that says “wait a minute here”? Some of us have had lives and experience before we became social workers which are valuable to the work we do now. Some of us have taken money out of our own pockets to give ourselves additional education and training for additional certifications and to make ourselves more marketable. We have to maintain our CEUs, seek out training venues while our counterparts in the same system have strong standings in Pentads, Quads, etc. Why
What is VA CATA? Well it is the Veterans’ Access to Care through Choice, Accountability and Transparency Act of 2014. It began as H.R. 3230 on October 2, 2013. It was first called the “Pay Our Guard and Reserve Act” Then it was caught up in the Government shutdown and after the well publicized “VA Scandal” in early 2014, the United States Senate changed the name to the “Veterans’ Access to Care through Choice, Accountability, and Transparency Act of 2014”. A conference committee was formed and both chambers of Congress agreed on a package and sent it to the President who signed it on August 7, 2014.

There seems to be a lot of disagreement about what the bill contains and or authorizes. Of course there is money for hiring new staff; contracting for new staff; opening new clinics; making it easier to dismiss poorly performing VA officials; protecting the rights of whistleblowers and granting instate tuition to veterans among other things.

It starts to get a little murky when you see reports that Section 705 protects the SSA program for clinical social workers through 2024. Section 705 does among other things, set a limit ($360,000,000) on the aggregate bonuses and other awards authorized by the Secretary of Veterans Affairs in “each of fiscal years 2015 through 2024”. It does not specifically address the protection of the SSA program for clinical social workers through 2024.

My understanding is that once all is said and done, the VA still has to write the regulations. I know when the law to establish Hybrid Title 38 was enacted it was deemed a local decision when it came to granting SSAs or establishing a GS-12 Senior Social Work Position. This is why applying the intent of Hybrid Title 38 across VA Medical Centers has been uneven at best.

So, how will VA CATA ultimately impact VA clinical social workers throughout the system? As we’ve seen so often, anything can happen between the creation of the law and its implementation.

The VA is reorganizing again. As Gomer Pile would say, “Surprise, surprise, surprise”. It seems like this is the only way they know how to affect change. I first remember Area Offices; then there were Medical Districts; then Regional Offices and finally VISNs. Now it’s back to Regions (see the map below). I remember VISNs were supposed to return decision making (power) to the local Medical Centers and would have no more than twenty employees each (Insert gales of laughter here).

One wonders if reorganizing is the answer. Will changing the administrative structures improve care if the same people are in charge? In the release I read there were at least two instances citing proposed changes being made at the suggestion of employees. I hope these were front line employees who live with health care delivery problems on a daily basis and can see first hand what needs changing.

On another note, Congressman Jeff Miller from Florida and Chair of the House Veterans Affairs Committee has proposed legislation which would give the Secretary of Veterans Affairs the authority to rescind bonuses wherever he deemed appropriate. Under Mr. Miller’s proposal the VA would be able to recoup bonuses if it was discovered they were rewarded for fraudulent data. The VA has paid more than $380,000 to top executives at 38 hospitals across the country that are currently under investigation for falsifying wait times as part of last year’s scandal, according to a release from Mr. Miller’s office. AFGE is opposing the legislation and calls it, “Moral busting”.

déjà vu (all over again)

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Michaele Kulick is our newly elected Secretary. She is Clinical Care Manager at the Green Bay VA HCC and Cleveland VA CBOC and in that role she is responsible for severely injured and ill Post 9-11 Veterans and Service Members. She received her undergraduate degree from Loyola College in Maryland and her Master of Social Work degree from Barry University in Florida. Presently she is involved in overseeing the comprehensive healthcare of those former military personnel who require intensive medical, psychological and social services from the Veterans Administration. Prior to working for the VA, Ms. Kulick served as Director of Social Services, Director of Admissions and as a geriatric clinical social worker in health care settings in both Florida and Wisconsin. In 2007 she was a recipient of both the prestigious Hands and Heart Award and the Wood Award from the Veterans Administration. In 2005 she was also a recipient of the Valor Award for disaster relief work during the aftermath of Hurricane Katrina. Over the past 15 years she has presented across the United States on best practices in social work, the role of the social worker as a part of disaster relief, Validation Therapy with geriatric patients, and, most currently, the importance of the role of social work in the combat case management of military veterans.
The Society for Social Work Leadership in Health Care was thrilled to have Chief Consultant Michael Kilmer from the Veterans Health Affairs come and speak as the Keynote speaker for this year’s conference. Mr. Kilmer spoke to the audience of 300 people about Care Management and Social Work Services at the Veteran’s Administration Health Care Systems around the country. He gave an overview of services and care from his division. He reviewed the Mission and Vision of VHA and the new focus and commitment to Veterans as stated by Secretary Robert MacDonald in a recent 60 Minute report. Mr. Kilmer gave conference participants who were not knowledgeable about the VA insight into the care and programs available to our nation’s Veterans. He talked about the many programs that support Veterans and their families. He reviewed the different services he supervises and highlighted the number of Veterans served and the anticipation of improved future service.

Mr. Kilmer also talked about the new laws that have been passed since the incidents with the access to care problems. He talked about working with the different community resources and programs to make sure that the handoff for care is done well, and that the VA will be reaching out to the community to serve Veterans nationally as our numbers and demographics change and increase in line with the changes we will experience with Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113-146).

The conference audience was excited to hear Mr. Kilmer talk about working together in the future and to learn about what the VA does offer to Veteran’s and their families. The conference had a good VA contingent attending and presenting workshops. The type of workshops offered at the conference ranged from: pediatric intensive care SW; end of life and palliative care; working with the schools of social work around competencies’ and general leadership skill development. There were also workshops on: the social work role in the development of disaster relief programs; and lean strategies in large health care settings. The "Veteran Homeless Model Development Programs-National Center on Homelessness among Veterans" done by Stephanie George was well attended and very informational. “Times of War, Times of Peace: What all Social Work Leaders in Healthcare Need to know about Servicemembers, Veterans and families” done by Victoria Koehler, Lauren Love-Dubeau, and Sarah Nowitzke was also well received and shared information that was really appreciated by other attendees. “Understanding Post Traumatic Stress Disorder” was also well attended and appreciated by others.

The Society for Social Work Leadership in Health Care will be looking for people to submit abstracts for consideration for the 50th National Conference at the beginning of the year. It would be great to see more VA social workers present and attend. The next conference will be in Austin, Texas, October 14th-17th, 2015. Please consider sharing your knowledge with people outside our system to increase their understanding of what we offer and how Veterans can access care.
On November 5, 2014, the Fort Knox Warrior Transition Battalion & Soldier and Family Assistance Center hosted a first-of-its-kind event, inviting VA Transition & Care Management staff across the entire 8 state catchment area as well as community providers, and national and regional subject matter experts. The purpose of this event was to facilitate and inspire interagency collaboration and communication. This was an opportunity to work together to share timely information, identify issues, and remove barriers to improve the transition process for our Active Duty Service members and Veterans-in-Transition.

Over one-hundred were in attendance representing all 8 states (KY, IN, OH, MI, IL, MO, TN & WV) as well as 5 VA Veterans Integrated Service Networks (VISN 9, 10, 11, 12 & 15) and 14 VA Medical Centers. In Representing the DoD and Fort Knox Warrior Transition Battalion were Commander, LTC Timothy Fanter and his Executive Leadership including the Company Commanders, Senior Battalion Surgeon, LTC Michael Steinburg, Social Work Chief, Dr. Connor Mulcahey and Community Care Unit Physician, Dr. Antonio Martinez. Also in attendance were the battalion Pharmacists, Nurse Case Managers, Social Work Care Managers, Cadre and Support Staff. From the VA, a variety of staff from the Transition & Care Management programs were in attendance including Program Managers, Case Managers, Transition Patient Advocates, Caregiver Support Coordinators, HUD-VASH and Suicide Prevention. VISN 12 Pharmacy Executive, Ted Commons and Peggy Kennedy, National Program Manager for the Transition and Care Management programs at VACO were also key speakers and participants. Other representation included VET Centers staff, State National Guard Transition Assistance Program for Kentucky and Indiana, Army Wounded Warrior Advocates and Recovery Care Coordinators.

The day was divided into three parts and was hosted on the footprint of the Warrior Transition Battalion and Soldier & Family Assistance Center. The morning consisted of a variety of presentations and updates from DoD, VA and other support services. In the afternoon, the participants broke in to 4 workgroups to tackle key transitional issues:

- VA- DoD Pharmacy Issues (i.e. differences in medication practice, controlled substance & pain management and formulary differences),
- Caregiver Support (specifically the identification and transition of Servicemembers who receive the DoD’s Special Compensation for Assistance with Activities of Daily Living (SCAADL) to the VA Caregiver Support Program(s),
- Community Care Unit Collaboration (ensuring VA awareness and involvement for ADSMs who are being served and treated in their home communities), and
- Integrated Disability Evaluation System (to promote a better understanding of this DoD-VA initiative and identify areas of concern during transition).

Each group was assigned the task of identifying strengths and barriers to the transition process for Active Duty Servicemembers transitioning to the VA, to conduct a gap analysis of the key problems, to brainstorm recommendations for short and long-term solutions.

The final part of the day was for each of the groups to present their findings and recommendations. At the completion of this working symposium, an After Action Report was compiled and provided throughout the leadership and programs in the hopes of shedding light on the ample strengths and continued challenges of transition between the two large entities. If you are interested in viewing the report, send your request to leann.bruce@va.gov.

Here the group prepares to be welcomed by the WTB Commander, LTC Fanter.

Quotes of participants:

“This was extremely beneficial - doing it at this level is more productive than discussions at senior management level. I think these should be done routinely across the VA system.”

“Thank you for this training. It was fantastic information regarding available resources through DoD. Time well-spent.”

“The partnership/communication between the VA Liaison and DoD team, processes they have created - sharing ideas and networking - networking!”

“I gained an understanding of the VA & DoD Processes together with networking was great!”