ROUGHLY EDITED TRANSCRIPT

APRIL-IL Conversation

Inclusion of Veterans

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>> Well, folks, we're at the top of the hour. We're going to wait just a couple minutes as we have more callers join us, and then we'll get started.

All right. Let's go ahead and get started. Good afternoon, everyone. Thank you again for joining us. Our IL conversation, inclusion of veterans. If you need access to CART for today's call please go to the APRIL Web site at www.april‑rural.org. And you can follow the link on that home page.

If you're having trouble accessing it, please email me at Mary.@(inaudible ‑‑ multiple beeps) I can send you the link.

Today's call will be recorded thanks to Bill and Phil. And the audio recording and the transcript will be available online at our Web site under the IL conversations tab following our call.

This is where you'll also be able to find information about the contact information for our speakers if you'd like to get in touch with them later. During today's conversation if you'd like to add to the topic from your experience or ask questions, please press star 2 on your phone to raise your hand so that I can make your line live. And then after you ask your question F you can push star 2 again, that lowers your hand. If you're using CART, you can type your question in the box and we're going to do our best to get that answered and to voice it.

Please remember to evaluate our conversation on Web site following our call under the IL conversations tab or from the email announcement you may have received from APRIL or ILRU.

Your feedback is really important to us and can only make us stronger as an organization. This IL conversation was brought to you by the IL net which is operated by Independent Living Research Utilization or IRLU in partnership with NCIL and APRIL. And the university centers for persons with disabilities. Support for this IL conversation is supported by the U.S. Department of Health and Human Services and Administration for Community Living. No official endorsements of the Department of Health and Human Services should be inferred. Without further ado, I'd like to introduce your presenter. Sarah Launderville is the executive director of the Vermont Center for Independent Living and the co‑chair of the NCIL veterans subcommittee. She has been involved in IL since 1997 and has a psychiatric disability. She has a master's degree in organizational management and leadership from Springfield college and has three children.

Mark Derry is president of Eastlake Derry & Associates, an accessibility consulting and training firm based in Morgantown, West Virginia. He currently serve as vice president of NCIL and co‑chair of the veterans subcommittee with Sarah. Mark has been involved with accessible design in the built environment since 1982 and is a prior service veteran for the U.S. Air Force. Over the years he's been a program chair for CIL and chair of the West Virginia SILC and served 16 years on the NCIL governing board. He has served on three committees at the U.S. Access Board and recently finished a 7‑year DOD project called "Inclusive Recreation for Wounded Warriors" through Penn State University teaching more than 800 recreation programs managers at military facilities worldwide how to make their programs accessible to all. So thank you for agreeing to facilitate our call today. And without further ado, please take it away.

>> MARK DERRY: Thanks. I appreciate that great introduction, Mary.

This is Mark Derry. I'm happy to be here today and start off the call. I'm really looking forward to this conversation. I appreciate APRIL and IL net and the list of folks who make this call possible. I really appreciate the opportunity because we are trying to both APRIL and NCIL grow this effort of this subcommittee concentrating on veterans issues.

And really reorganize, reenergize, the effort at centers and in the IL movement making sure that we're including veterans as we're providing services and support in our communities.

To veterans that are just being discharged as well as veterans who have been around a while like myself. I'm a dinosaur and I'm used to old bad services and how they were delivered and so my passion is making sure the newer services are better than the old.

On the other hand we have new veterans becoming involves in the IL movement who are bringing awareness of brand new issues that have never been brought forward before by veterans that are now at the forefront. PTSD and TBI related issues come right to mind.

And so as well as chemical sensitivity and others that in the past haven't even been brought to the forefront. So that's one purpose and there are many. Historically, this subcommittee has been doing a great job, Steve Toveson and Don John son in the earlier years before 2014 did an awesome job of putting this subcommittee together, getting it up and running. Early on an MOU, Memorandum of Understanding was established between the VA, rehab folks, voc rehab folks and APRIL and NCIL. And that was an early accomplishment by the group. They were getting organized and doing things like surveys of centers to find out who was providing services out there in the country at our centers and what was being provided or what wasn't or what was being done well or where we could do more. We only had about ‑‑ well we had about 25 centers that responded to that survey.

And so we've done that again. And Sarah will talk about that in just a few minutes.

And bring you up to speed as far as what we've done on the survey in our new efforts to get this subcommittee up and running again. Time has passed since the early years. Steve Toveson and Don Johnson have stepped aside in years past. There was a bit of time that went by where we hadn't gotten it up and running as well as we liked and we're giving it another whirl now. And in the last year I think we've really made some progress. So I'm really excited that we're back here and making a comeback with this subcommittee and having this conversation with you all today. Because we not only want to report to you, members and colleagues, what we've done and where we think we're going, but we also want to invite folks to become involved. And we need input from our memberships to give us direction on where they see us going with this subcommittee and then getting involved with it and help us get the job done.

There's much to do. And the picture gets a little bit clearer when you start accomplishing hinges like surveys and ‑‑ things like surveys and conversations and this is the beginning and I'm very excited about it. I hope that we get ant opportunity to hear from additional folks as far as what's happening out there. Let us here of any successes or also things that you're starting up or things that need improvement in your communities, too.

All of these things we can bounce around during this call. I'm really looking forward to it.

So I'm going to break off now and pass it on to Sarah. But before that, if ‑‑ I mean, if anybody has questions, hopefully I didn't go away ‑‑ I didn't go into the structure of the subcommittee or ‑‑ it basically is a group of folks with a passion for veterans issues that are there to advise the boards of our respective organizations on what we ‑‑ what our positions are on policy and legislative stuff that's happening in Washington wash as well as what we think the needs are in the centers for independent living at the grassroots level that can be filtered back information wise through our channels at NCIL and APRIL to our members centers so that better services are happening in the community.

And so the subcommittee is really important. The board listens to what the subcommittee's recommendations are and takes action as a board and there's a lot of power in that. So it's really important that we stoke this subcommittee and keep on going. This survey is probably our first big goal but there's many more to set. So, if anybody has questions as far as why we're here, we could touch on those and Sarah is up to bat.

>> SARAH LAUNDERVILLE: Thanks Mark and thanks Mary and all of you joining us today. Thanks for framing the work we do on the subcommittee. It's been a great honor to share with you as co‑chair over the past year and I want to shout out to Kelly Buckland who has been instrumental in helping lead this charge as well. If you want to join on our calls, we meet the third Monday of every month at 3:00 eastern standard time and our next meeting is this coming Monday. So, if you're energized and jazzed up about what we're working on, you could send me an email and I think Mary, I'm not sure if my email is on the list but maybe we can just get it out to folks and then we'll get you signed up to be on our calls and our email list.

So as Mark said, we decided in our regrouping of the subcommittee to put out a survey to the IL community. We started with surveying executive directors to get input to help us decide what direction our subcommittee would take over the coming year. So this afternoon I'm going to go over some of the results of our survey.

And we're going to be posting these results both through APRIL and NCIL so you don't have to sit here and take a bunch of notes about what all of our results were. I just want to help it in terms of framing our conversation today.

So we wanted to get a sense of how centers are currently working with veterans. And so we had 33 directors from across the country respond to our survey.

We found that from those respondents when we asked how you're working with veterans now, 100% of our respondents said that they work with veterans through our information and referral. 54% reported that they work through peer to peer work and 36% identified working with veterans through nursing home transition. And we had seven% identify that they were working with veterans through their youth transition programming. So we had a lot of respondents say yeah, our regular core services is how we really connect with veterans right now.

And we also do that through skills training, through advocacy, housing, home and community‑based services. We saw some respondents around employment. Socialization, assistive technology connections. We heard from some around farming with veterans, different retreats that happened, some centers right now are working with veterans administration arrange helping folks determine financial eligibility for different programs. We saw respondents around port protocol and a lot around outreach activities.

Some CILs decided that they have made an effort to include veterans on board of directors and staff and making a real effort to reach out to the veterans communities to fill some of those roles.

So we asked if CILs are tracking through data collection if they're working with veterans. And 45% of the respondents said yes and 55% said no.

So we went on to ask, you know, what would help you as an executive director of a CIL when working with veterans. I'm just going to go through some of those responses.

One was, you know, resources was the number one thing. So we looked through all of these different respondents, folks were saying that we need financial resources to offer more of what our CIL is already doing around core services, around outreach dollars. So that we can help connect directly with veterans and hire staff people that can really work on some of the issues. And a lot of respondents really said we want to hire somebody who is a vet who can work peer to peer with other veterans with disabilities in the community.

Other respondents said resources for veterans directly including more housing opportunities, more counseling opportunities and connections to medical and other benefits.

One respondent stated a general Web site with all resources and services available throughout their state would be helpful. And I just ‑‑ I wanted to comment that the world convention on disability had a great effort and put together an excellent resource of a Web site. It's vets101.org and I was just communicating with Brian Mc Donald today and he says that the Web site has been recently put on hold because they need funding to keep that site alive. If you go there right now, it says that there's been a pause in that. But I'd love for us to really talk about at one of our groups about how can we get that site back up and running and connecting people to resources that are out there.

Another respondent said better relationship with local Veteran's Administration. We've had lots of conversations within the subcommittee, actually, I think everybody single month we talk about the Veteran's Administration on some level. This there is an MOU that Mark referenced earlier between NCIL and APRIL and the Veteran's Administration, VR services around working together and that MOU also is connected through our NCIL Web site. We're going to make a lot of resources available through this talk. Mary is going to help us get those up on the APRIL Web site as well so folks can look at the existing MOU and see if that's something we want to pursue. At this point we put some of that on hold in the subcommittee work. But through this survey tool have seen a lot of people really referencing that back.

Other folks said that the VA's military bureaucracy when it comes to the connection to personal attendant services was an issue an they'd like to see that worked on.

Resources for working within the Veteran's Administration system and navigating the VA healthcare. Other directors said training of CIL staff and what benefits and resources are available forever veterans would be helpful. Another one said establishing a partnership with the VAA. Another is ideas on how to conduct effective outreach to veterans. VA reimbursement for CILs and ideas from other CILs in how they work with veterans and hopefully we'll get a little of those started today with this call. Of the respondents 65% stated that they are not working with the Veteran's Administration right now and 35% that they are working with the Veteran's Administration. And so we wanted to dig a little deeper and we asked what the relationship was like with the VA for those who were responding. And 12 of the respondents said capacity relationship was good, great or wonderful and a couple had no relationship with the VA. But there were a few comments that I'll just read out what their relationship is. And one said when our current staff go to the VA for appointments, they try to walk around the campus and educate people but no one seems to have a clue and turnover is high.

The updated information on the VA web page is better, but we feel it's still confusing to most veterans. We know that veterans directed care means they don't. And they're supposed to talk to their social worker about needs but social workers don't know what's available.

Another respondent said all the rules for federal program such as available and unused housing vouchers not being able to be transferred out of particular geographic area because of stater lines makes no sense.

Another respondent said that their relationship was pretty collaborative but it is really entity to really ‑‑ it's a tough entity to really break through and they also sit on the disability awareness task force which is a community collaborative that they created 15 years ago. Last respondent said our local VA is a mess. VA staff can't even tell us who we should be talking to in order to educate. Then we asked CIL who is working with other veterans programs and we dot a 50/50 response to those and the types of programs that they're working with were either count Yvette ran offices, state VA programs, health clinics, wounded warrior projects. Operation Never Forgotten, Disabled American Veterans and we saw some other peer support programs like in Vermont we had Vermont Vet to Vet. And in Wisconsin they have a group called Dry Hooch. So we asked what should our subcommittee be working on in the coming year. And as we move forward in our conversation, I'd like to to hear feedback as Mark said from folks on the phone today about where our subcommittee should put our attention as we move toward ‑‑ we have NCIL's conference at the end of July working on advocacy issues and then the ongoing work of our subcommittee. A few respondents talked about strengthening relationships between the Veteran's Administration specifically and centers for ill independent living. Others included funding to support staff who can work with veterans, a way to identify veterans in their reporting systems.

A way for local VA to have an understanding of the NCIL and APRIL MOU and someone asked for more ideas and descriptions on other programs.

So I just want to say to all the folks that are on the call that participated in that survey and had connection to it, I want to say thank you because it helped frame here's some of the stuff we know needs to happen. We have some understanding of that from the folks who are on our calls. But this really helped frame that in a whole different level. So I appreciate that. What we thought we'd do is open up and hear from some of the programs across the country and how CILs are currently interacting with veterans. And I thought we could start by putting Tommy Osmond who works here in Vermont as our ability specialist about some of the work he's done around the farmer veteran coalition and go on to some other examples. And if you're boy, I'd really love to talk about my example raise your hand and Mary can get you in the cue to do that next. I'll turn it over to Tom.

>> Mary: As I goat Tom unmuted here, again, if folks have questions or if you have anything that you would like to add to the conversation, please just push star 2 and that will raise your hand. And we'll call on you and we're excited to hear from everybody.

And I'm just ‑‑ searching for Tom here. Tom, would you mind pushing star 2? I'd appreciate it.

I meant Tom. I'm looking for his number. I apologize folks. I'm still learning fancy new system. I think I have him.

>> Hello? Hello. Tommy from Hyde Park Vermont. I work for the Vermont Center for Independent Living. Sarah is my executive director and my immediate supervisor. I was hired seven years ago as an agrability specialist which means I work with farmers with disabilities who want to continue farming. We've grown that program throughout the state. It was a USDA grant. We partnered with the University of Vermont extension service. That grant went away this year and Sarah was able to fund us to continue the agrability project through our relationship with 704 and working with anybody with a disability and that's what I do as well. So I will tell you that I'm a farmer. I have a disability, a physical and a mental disability.

I still have a farm to this day.

I really enjoy what I do. We've ‑‑ several years ago went to the national agrability workshop in mad and went Michael O'Gordon who is the founder of the farmer veteran coalition of America. I was impressed with his program. I brought it back to Vermont saying this was really a good thing to do for veterans and my interest there was the veteran who came back with a disability. And by and large, most of them do come back to some sort of disability so they fit right into our independent living center. We were able to grow a relationship with the farmer veteran coalition out of Davie, California and apply for a state chapter of the farmer veteran coalition.

And was accepted this last November along with four other states in the country.

Right now there's four chapters. State chapters. The benefit here is the mission is to grow ‑‑ feed America by mobilizing veterans to do that. There's not a better Work Source available to the farmers and the farming that the farmer ‑‑ the veteran is a well‑disciplined, well‑controlled, hard working individual and it's just natural that they should come into the farming community to replace the old retiring farmers.

Which the average now is 56‑57 and I exceeded that and I'm looking for a younger farmer to come replace me and hopefully a veteran. Joking, of course, don't get excited, Sarah. Woe do have this and what we're doing, VCIL has had in the past two different field ‑‑ open houses in the last year where we've invited farmers with disabilities, individuals with disabilities, veterans with disabilities and brought in vendors that showed all the different assistive technology devices that are available. We've had programs. So now because we have a state chapter, the national is offering us a program to pay for that in the coming year. We can do two more a year, which is exciting because this gives us good outreach to the community. And lets the community know what VCIL is doing as a whole.

So that's where I'm at on the farmer veteran coalition. I'm sure I've skipped over 100 things and Sarah is going to remind me what they are. So, if ‑‑ is there any questions, I'd be glad to try to answer them.

>> SARAH LAUNDERVILLE: One of the things I wanted to mention is this coalition really grew from veterans whom Tom is working with in peer to peer support. So it was a group of folks who had been learning about independent living through peer to peer support with Tom and then said we really want to do this. And that's how all of our IL stuff really gets started. And I'm so proud that's how this particular coalition got started, too. And so those members of the coalition, that whole entire board of directors, the executive committee, are all peers, all people that learned that from our IL network here in Vermont and then grew from that. So so proud of the work that Tom has been doing.

>> TOM: Sarah, I did mention that I was a veteran farmer. So sorry about that.

>> SARAH LAUNDERVILLE: Yeah. So Mary, I know there was someone else, I think was it Sharon Washington who might be on the call that we were asking to talk about her program as well.

>> Mary: Yeah, that's right. Sharon, are you there.

>> Sharon: I am here, hello, everyone.

>> Hello.

>> Would you mind telling us a little bit about your program and what you do.

>> I'd be more than happy to. My name is sharing Washington. I'm a housing specialist with the bluewater Center for Independent Living. My executive director is Jim Whalen and we're located in port here in Michigan. For the last three consecutive years we've been fortunate enough to partner with the veterans admin to provide ‑‑ the project is called project home and we provide housing for veterans who are homeless and we also provide homelessness prevention assistance for veterans, families, who are in the midst of being evicted or have received disconnect on their utility bills.

We are providing this service in the sum area which includes a 7‑county area. We're currently in St. Clerc county. We also have subcontractors located in the city as well as Oakland counties. Our program requires that we serve 175 veterans in a program year.

We found that we can easily meet those numbers.

There are five core services that the program is designed to provide. Our goal is to assist the veterans with linking with the VA if they come in for intake and they're not currently registered with the VA locally or nationally, we assist them in that endeavor.

We also assist veterans with making referrals for legal assistance. We also have a program component that also provides computer and financial literacy assistance if need be.

And as well as medical needs.

Any veteran who has been discharged with anything other than a dishonorable discharge is eligible for the services. We provide $1,500 for veterans and preventive assistance and if a veteran is homeless, we provide $2,500. Rehousing assistance, that typically includes the security deposit and first month's rents and anything that the landlords may require.

We are looking forward to continuing to provide the services to the veterans. We also do a tremendous amount of outreach. Staff members also belong to the local port Hero in housing commission subcommittees. We also belong to our local community mental health authority. Subcommittees. And landlord associations.

One of the things that I also do in addition to providing the services, I actually do actively recruit landlords to participate in the program so that if a family is in desperate need, it's always nice to be able to know which landlord you can go to to provide rapid rehousing so that there are minimal risks to the families staying out on the streets.

I actually a.m. certified to do quality of life housing inspections. That's one of the things that the state of Michigan requires and provides annual training on so that we don't theoretically provide what we call COPE inspections but we actually goo in and make sure the lights are working and that there are ‑‑ the plugs work and that the toilet flushes and that it is habitable for the veterans. I think that pretty much covers it.

I'd be happy to entertain any questions that anyone might have on the program.

>> That's wonderful. Anyone on the call that has questions or comments or wants to talk about their programs.

>> Yeah. Well, I have one right here. And again, if you have a question or comment for ‑‑ press star 2 and that raises your hand.

All right. So your mic is live, Leslie. Hello? Did you still have a question? Maybe that was an excellent hand raise.

>> This is Tony can you hear me.

>> I can. I'm Tony, I'm the executive director for the center for independent living of north central Florida. We have a 16 county catchment area. I formally worked with the VA at the enter for innovation for disability rehabilitation research, COIN center for innovation in the VA. So I'm trying to figure out how to do institutionalized collaboration between the VA and centers for independent living. I'm probably preaching to the inquiry here when I say there is a lot of work that needs to be done to service our veterans and as big as the VA is, it is not big enough to meet a lot of challenges that our veterans are coming back with. So I'm so excited you all are having this webinar. I'm decided to pick the brains of everybody on here and learn more about the subcommittee. I'm partnering with that center that I came from and there's some great colleagues over there and potentially on the phone today that are very eager to figure out how we can do institutional level types of collaborations between the VA and Centers for Independent Living.

And what we're ‑‑ you know, what we're proposing to do through HSRND is to figure out to what level and extent are veterans utilizing the center and that sounds like what your surveys have gone towards, but also what kind of programs are they using and what kind of programs would they want but perhaps we are not offering to the veterans to meet their needs.

And so how can we scale up to go about and do that? Your last speaker there on the housing, I would love to learn more information about the housing. But I'm basically calling here to let you all know how enthusiastic I am for this effort. I'm glad you're rebooting this effort and I would love to be a partner in this effort along with my colleagues who work in the VA with the center of innovation to make this happen.

So my basically I'm just giving comments versus questions and just saying how exciting this is that it seems like we're developing some capacity in this direction.

>> Thanks, Tony. That's wonderful to hear your thoughts and hoping that you or someone from your office can join our call on Monday or next month, too.

>> Tony: Absolutely. We'll talk about missteps.

>> Great. We got a couple more comments and questions here.

>> My name is sherry Anderson. Am I going through okay?

>> You are.

>> Sherry: Okay. So I'm sherry Anderson. Ith at power to the sea middle Tennessee Center for Independent Living. And we have several programs but our main program serves seven counties. And I'm an IL specialist community engagement, that kind of thing. So we currently are not doing any home and community‑based services. Nor are we equipped at this time to do housing of any kind.

But I'm really, really fascinated with our last presenter in Michigan, I think you said.

And how you get something like that off the ground. I know you said partnering with the VA. Would that be for funding or training of IL staff or how ‑‑ how would that work? Is I guess my question.

>> Our grant is through the Veteran's Administration. They put out an RFP about three 1/2 years ago and we just simply applied.

The funding is referred to as SSVF which stands for support of services for veterans families. If you can Google that, there's a whole history. We apply annually for grant renewal. And as I indicated earlier, we've been rewarded the grant for three consecutive years and we're looking to get funding for our fourth consecutive year. And that is essentially how it started.

Prior to us receiving the SSVF funds, periodically we received authorizations from the VA to provide life skills training. But nothing of this magnitude that we're doing now. That's essentially how started.

>> We've got a couple more questions. Go ahead, please.

>> This is Jennifer Morgan. I wanted to share a little bit more about the project we're doing out of Utah. We are ‑‑ through our Utah ADRC which we have agencies for aging and independent living, through our ADRC office we partnered with the VA Office of Rural Health to receive funding for our site to help support staff to expand staff's knowledge and build partnerships with the VA. We're in our third year. And it has been quite successful in Utah. We, basically, have the designated staff person at each of our agencies that is a designated veterans benefit specialist. And they have anywhere from 80 to 100 hours of VA benefits training so they truly are experts in the field and are able to counsel veteran clients on all options including veterans benefits. So we were very ‑‑ we were received well with our local VA with the healthcare system and the benefit system.

And helping basically we would introduce ourselves and coordinate training and ask if they would have somebody that could provide training on key programs.

And they were very willing and able to do that. And in that process of having multiple trainings over time, it really built the partnership between agencies.

And I would also encourage all states to get to know their State Department of veteran affairs.

Everything state has one. And they have been one of our strongest partners in actually working out in the field and sometimes we have our designated staff as well as the State Department. They work closely with veterans to help fill the gaps and services. They'll do home visits. I mean we've really developed a great partnership with that.

And I think it's been a real ‑‑ has been very impactful for the area agencies on aging but also the Centers for Independent Living. So that's a super brief overview of what we're doing.

We were selected as a project through Office of Rural health to disseminate nationally. So we are looking at ‑‑ looking for sites that are interested in expanding their knowledge and building partnerships and with their local VA.

So that is ‑‑ that's where we are in Utah. If anybody is interested in learning more about our program, it's called cover to cover, connecting older veterans especially rural to community or veteran eligible resources.

And though it is a rural health project, we do cover urban areas as well as rural and highly rural.

>> SARAH LAUNDERVILLE: I wonder if we were lucky enough at our last call to have visitors from ACL on the call and talk a little bit about the ADRC out there and I wonder if there's anyone on the call from ACL that wanted to share a little bit about the work going on there.

>> If there is if you could just press star 2 and raise your hand and we can get you on the line.

While they're doing that, perhaps we can ‑‑ though we have one more comment waiting for somebody from ACL to maybe press star 2.

Go ahead, please. Hello?

>> This is Lisa Bonney calling from the Nevada Center for Independent Living. I'm the executive director here.

>> My question is simple. I'm wondering is there a key job or staff person we should be asking for when we try to make contact with our local VA systems? It's ‑‑ we've been trying and trying and it seems like we're not going in the right door.

>> That's a great question. I wonder if anybody on the call has a response. Go ahead.

>> Where we started with ‑‑ we have a local VA in the county and we actually started with the outreach coordinator because at the time when we were getting our grant off the ground, the executive director position for the local VA was vacant. So we started doing outreach and making referrals with an outreach coordinator or either a benefit specialist. Because a lot of times I would receive veterans who are newly discharged from the Army and had no idea where to go. So we just kind of developed a relationship with the staff.

And then once the executive director came on board, we quickly recruited him to be part of our ‑‑ we also have a veterans task force that meets every two weeks. And we actually go over what we call a binding list of all the veterans in the county that we are aware of that are in need of housing. And then that way there's, like, a reciprocal relationship and we make referrals back and forth and provide the service as needed for the veterans. That's essentially how we begin to work with our local VA.

>> This is Jennifer Morgan. I wanted to chime in on Nevada on our cover to cover project we're disseminating through the state unit on aging in Nevada. But I have a very close relationship with the Nevada Department of Veterans services. And I would highly recommend you to call them because they are eager to build community partners. And willing to do trainings and if you'd like me to connect you or talk to you more offline. But they are a great resource in November Nevada.

>> I would sincerely appreciate the help, yes. If we could speak off line, that would be tremendous. I'm in the office located in north Nevada in sparks in NCIL.

>> And that's exactly where they were. I was there in December visiting. We'll get you connected.

>> Wonderful. Thank you.

>> Jennifer Morgan, meet Lisa Bonney! This thing is working. Sweet.

>> Awesome. Again, if you have questions or comments, or somebody from ACL would like to speak, if you could press star 2 and raise your hand and after your question has been answered if you could press star 2 and lower your hand, I'd appreciate it.

>> Mary, waiting for folks to chime in, one question I'd love to hear responses on, we put forward the data from the surveys. But are there things that weren't mentioned that you think our subcommittee should really be digging into in the coming year some advocacy issues through Congress, those sorts of things. We'd love to hear from folks on that as well.

>> If you press star 2 and raise your hand or folks in the closed captioning you can type those in and we'll voice those for you. We don't seem to have any at this time. So I don't know ‑‑ if you wanted to move forward and we can take questions as they come.

>> SARAH LAUNDERVILLE: Yeah. So some of the things that we also wanted to talk about briefly are some of the resources that are out there have some more of a dialogue about resources that you guys know about as well. One of the respondents on the survey talked about being a veteran service officer and helping folks through peer support and filling out paperwork and helping them get connected to benefits so there's a nationality association of veteran county service officers and there's a Web site and these links will all be posted and Mary will help us get that to you. I wanted to say out some of the names of places so that you could start your research or connection. So some centers have found some help around that. And I just wanted to draw attention to there's a peer support group called dry hooch and it's dry hooch.org but you can look up and connect to and see what some of the other states are doing around peer support. And then just wanted to draw your attention to the NCIL Web site. We have our legislative and advocacy booklet out. It's spring 2016 edition. And you can connect to that and look at some policy and priority work that we'll be doing on the committee as well.

>> Thank you, Sarah. We do have one more comment if this is an okay time.

>> That will be great.

>> Go ahead, please.

>> This is Ed Kennedy from Spokane, Washington. Hi, this is Ed Kennedy from Spokane, Washington.

>> Go ahead, Ed.

>> ED: And my question is I just met with a vet yesterday. His injuries, okay. He was diagnosed while in the service with a mental health issues. He was honorably discharged, but then he had some ‑‑ he had a car accident afterwards. So it gets into questions of being service related injuries versus non‑service related injuries. And it gets really confusing. And what is the differences between ‑‑ you know, who do I talk to about what services this person is eligible for since ‑‑ I mean he was only in the service for, like, eight months. And I don't know what services he is eligible for.

>> Mark, I see your hand is raised.

>> Sharon: There are a couple programs that he's eligible for.

He should be eligible for some service connected benefits. But you can also start with the Social Security Administration.

Because what they'll do when he applies is they'll ‑‑ on the medical services report that application generates, when the research is conducted, will differentiate they'll have the medical practitioners provide documentation that will support the injuries that he sustained before, during, and perhaps after his connection with the Army. What's really unique about the veterans admin is that veterans can apply and receive Social Security disability benefits and set ran service relate veteran service‑related disability benefits at the same time. That's not true for civilians but based on the scenario you presented, it sounds to me like he may be eligible to receive both. But I would start with the Social Security Administration and have something complete that SSDI, Social Security disability application and there's another one just Social Security income.

Application and see what that generates but it sounds to me like he may be eligible for both.

>> Apparently he has applied like he's been through two denials and it was up for reconsideration once again.

I don't know whether an attorney is doing to apparently he believed his attorney is not considering anything about the service letting him out ‑‑ you know, having him discharged from mental health issues. So ‑‑  I would also look at his discharge records. And you can also request extensive medical records from the VA. But now I am seeing on the discharge records that they actually will have the disability listed. And if you look up ‑‑ sometimes they'll even tell you if he sustained the injury during his time in the service.

The other thing he may want to consider if he's receiving that many denials, he may want to consider seeking, you know, another legal expert's opinion.

>> Okay. Thank you.

>> If anybody has comments or questions, you can press star 2 to raise your hand and we'll answer those. But I'm seeing none at this time. Sarah and Mark.

>> SARAH LAUNDERVILLE: Yeah, this is Sarah. I guess we just wanted to list off one more resource for folks to check out which is black veterans of America. We hear that ‑‑ we know that people of color often experience additional barriers when accessing the different ‑‑ that's another organization that people could check out and on our resource list as well.

We left a lot of time for regular conversation. I don't have anything else, Mark. I don't know if have anything else you wanted to add?

>> MARK DERRY: Well, I was glad that you touched on the legislative and advocacy priorities booklet that's available on the NCIL Web site. And in the latest version, which is due to be hot off the presses any day now as we're preparing for the Hill, there is a section that we've devoted to veterans issues. Please feel free to go to the NCIL Web site and look at those. That's another thing that the subcommittee works on is legislative issues. There's factors affecting the daily lives of families and veterans that require needed services to be available in the communities where they live and one way to advocate for legislation that affects those services is through our efforts in Washington at our annual conversation and through APRIL's efforts as they concentrate on advocating at the legislative level. There's several bills in the 114th Congress that NCIL is urging swift action on. They include the quicker veterans benefits delivery act which should establish workable solutions for maximizing the use of private medical allowing the VA the authority to award benefits. Disabled veterans access to medical exams improvement act. The access to veterans benefits improvement act. The military reserve jobs act are a few of the pieces of legislature that the Congress is looking at or has ‑‑ have been introduced that NCIL is following as well as the bluewater Navy Vietnam veterans act and protecting children of veterans who gave up so much for our country through the children's care protection act as well.

And so there's several pieces of legislation. If any of you on the call are leaning towards policy as part of your passion, we call that wonks, I love you all and please be involved in the subcommittee. I invite everybody on the call to get involved. Sarah is doing an awesome job taking the lead on the subcommittee. We're going to be appointing a new subcommittee co‑chair following the annual conversation in July for NCIL. And so it's up and running and growing. And we're looking for folks involvement. We're so happy to hear from the input that we've heard on this call. Thank you.

>> Great, and we do have one more question or comment.

>> This is Tony Delile again from the Center for Independent Living in north central Florida. A couple comments. One of the things that I found in collaborating with people from the VA that they think is necessary for Center for Independent Living to do if they want to work with veterans is to make sure that we have a really good database in place that, A, identifies the veterans ‑‑ veterans are coming to our center like your survey said. Sounded like around about half our centers are tracking if the consumers we have are veterans. Perhaps we need to really encourage everybody to track. We can come up with some kind of unified database system where that could start to be tracked as well as what programs are they using. And what are the outcomes of those programs we're using, did it improve their independent living skills or quality of life or whatever it is that we would want to measure. One of the barriers towards collaboration with the VA, they want to know do centers of independent living really promote independent living? And when we review the literature and when we review any kind of evidence‑based information regarding this, it's very sparse. And right now I don't see an infrastructure in place right now that has a data collection system that might be able to capture that, some of that information. To really assess if it's out there. I see that one being a very critical part of the infrastructure for serious about collaborating with the VA that we'd need to have in place. Because ‑‑ and my other comment would be that would dovetail into this is what's going on with the VA right now many of you might know about their blueprint for success and the principles behind it. Very veteran centric. The VA choices act which could potentially be an area where CILs can get contractual work with the VA to provide that funding to hire specialists within our CILs to work with veterans. So, if we can start tracking data and collecting it in a way, I think that would make us very viable to really dovetail into these initiatives, the VA blueprint for success and VA choices coming down the line to position ourselves in a really great way. I don't know if that's something that the subcommittee is already trying to tackle and I would love to be part of the subcommittee. I don't know how to get involved with that subcommittee. So any information that you would have regarding that would be very useful on my end. Thank you for my comments and last remaining question there.

>> MARK DERRY: this is Mark. I have a couple comments for Tony's comments. That was awesome. I would welcome your participation. I think when we're looking at ‑‑ and we have in the past looked at VA proposing to ‑‑ they pose that they provide IL services and we said wait a minute, you know, we're in the business of IL services. What are you talking about? And we've actually, you know, spent a lot of time on that and saying they need to be sending channeling folks who are reaching out to Centers for Independent Living for IL services. The other thing that I wanted to comment on ‑‑ and so I totally agree with you and I want to chase that and nail it down better. The other thing is infusing the IL philosophy into the VA thinking instead of what exactly what you're talking about the mentality but there's systems change work to be done there as well. In fusing the IL philosophy into everything we do.

>> SARAH LAUNDERVILLE: This is Sarah. Yeah, I'm super excited about your comments too. I can tell everybody on the call how to get connected to the subcommittee. If you send me your contact information, I will give everyone my email address and then hopefully we can get it out to the group as well since it's a very long one. But it goes slaunderville ‑‑ so that's S and Launderville@V as in Vermont, CIL.org.

So we'll hopefully get that out to the full group as well so you don't have to remember all that. But, if you send your contact information and then we'll get you added to our list and again our next meeting this coming Monday at 3:00 and I'll send agenda and all the information and that's 3:00 eastern standard time.

>> Great, thank you. I'm just going to more one more call. If anybody has any questions for any of the folks you've heard speaking you can press star 2 and raise your hand.

If not, while we're waiting, I'm just going to say again, I want to thank everybody for joining us and if you can please remember to get on our Web site at www.april‑rural.org, and fill out our evaluation link, we love to hear feedback from you all.

And along with that,again, the transcripts and the audio recording will be available there as well. One more look over. If we don't have any more questions or comments, do you have any other last words that you'd like to say, Mark and Sarah? Or Jennifer and Sharon as well?

>> SARAH LAUNDERVILLE: This is Sarah. I just wanted to say thank you so much to you Mary and to everyone at APRIL and folks for inviting us to do this conversation today. I got a lot of really great feedback for next steps and I'm super excited about any potential number members of the subcommittee as we push forward. So thank you.

>> Mary: Great, any other final thoughts from Sharon or Jennifer.

>> Mary, I just want to say thank you to all of you for including me in on the conversation. I'm very excited and I would look forward to some subcommittee opportunities as well.

>> Great. Great.

And Jennifer, can you tell us just a little bit about ‑‑ if folks are interested in learning more about the cover to cover program, how can they do that?

>> Jennifer: Right now the best way is to contact me directly. We are hoping to find one of possibly APRIL's conference to present at in October. But any specific questions you can just direct it to me, my email if you want to write it down or spread it out is Jen.morgan.Utah.edu.

>> Thanks. Well, seeing no more questions or comments, I just want to thank all of our speakers and all of our conversation joiners. And I'm excited for the conversation to continue. So thanks again and keep on a lookout for our next conversation which is lined up in August.

>> Thank you.

>> Darlene (Writer): Call concluded at 4:08 p.m. et.