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### Executive Director Musings

The Winter conference was a fantastic success in Sacramento. Kudo's to all who attended. This was one of the best agendas that we had had at an Association conference. What was really heartening was seeing all of the attendees at the training held during the Capitol visit for those who did not go to the Capitol.

Please send all of your office updates to your roster and office locations to Yvette Mason on a monthly basis. Yvette is doing a tremendous job maintaining the roster. Will all of the committee chairs please forward to Yvette the committee members you have recruited. Remember, the committees are an integral part of the Association and are needed.

I would like to officially thank all of the Counties who submitted the latest Subvention reports and supporting documents in a timely manner. This enables CalVet to complete all the stats and get the subvention money out to the counties in an expeditious manner. Because of a change in accounting procedures in the State there has been a delay in sending checks to the Counties but hopefully you have all received them by now. Thanks again and prepare for the next cycle.

I would like to request that everyone send to me what they feel are the training needs that you desire and would like to see presented. Our training team headed by Virginia Wimmer is very open to suggestions and their desire is to tailor the training to the needs of our people. Remember to also use Rich Garza. (I am not Norm), our training consultant, [cvso\\_emeritus@att.net](mailto:cvso_emeritus@att.net). Please forward him questions on claims and appeals. We want to include all of the questions and answers on our website.

Our next conference is in Concord at the Hilton Hotel 16-21 June. Napa Marriott in the Fall.

If you have any concerns, comments please contact me. Thanks again for having me be your Executive Director.

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## This Month's Featured County

Amador County is located in the Sierra Nevada Mountains of California. As of 2010, the population was 38,091. The county seat is Jackson. Amador County bills itself as "The Heart of the Mother Lode" and lies within the Gold Country. There is a substantial wine-growing industry in the county. Amador County is located approximately 45 miles southeast of Sacramento in a part of California known as the foothills of the Sierra Nevada Mountains. According to the U.S. Census Bureau, the county has a total area of 605 square miles, of which, 593 square miles of it is land and 12 square miles of it is water. Water bodies in the county include Lake Amador, Lake Camanche, Pardee Reservoir, Bear River Reservoir, Silver Lake, Sutter Creek, Cosumnes River, Mokelumne River, and Jackson Creek. Amador County ranges in elevation from approximately 250 feet in the western portion of the county to over 9,000 feet in the eastern portion of the county. The county is bordered on the north by the Cosumnes River and on the south by the Mokelumne River.



## NOT THE NORM

Q. I have this new inquiry from a veteran who had reconstructive surgery in 2016 and never applied for temporary (convalescence) 100%.

I submitted an inquiry to IRIS. Their response did not address my question of time limits for applying for convalescence compensation. The surgery was a treatment for a service-connected injury. The veteran is now, and was then, rated at an IU 100%.

Has the ship sailed upon his temporary SMC for convalescence (housebound)?

*A. Basically, as far as I can recall, or determine, there is no temporary SMC rating related to convalescence from surgery for a service connected condition in either 38 U.S.C. §1114 or 38 C.F.R. §3.350. In general, SMC ratings are for conditions that are considered permanent, or at least long term.*

*As the I.R.I.S. response indicated, a temporary 100% rating granted may be granted for convalescence from s.c. related medical treatment. These are known as Paragraph 30 ratings. As 38 C.F.R. §4.30 states, however, surgery is not required an award of a Paragraph 30 rating.*

*“A total disability rating (100 percent) will be assigned without regard to other provisions of the rating schedule when it is established by report at hospital discharge (regular discharge or release to non-bed care) or outpatient release that entitlement is warranted under paragraph (a) (1), (2) or (3) of this section effective the date of hospital admission or outpatient treatment and continuing for a period of 1, 2, or 3 months from the first day of the month following such hospital discharge or outpatient release. The termination of these total ratings will not be subject to §3.105(e) of this chapter. Such total rating will be followed by appropriate schedular evaluations. When the evidence is inadequate to assign a schedular evaluation, a physical examination will be scheduled and considered prior to the termination of a total rating under this section.*

*(a) Total ratings will be assigned under*

*this section if treatment of a service-connected disability resulted in:*

*(1) Surgery necessitating at least one month of convalescence (Effective as to outpatient surgery March 1, 1989.)*

*(2) Surgery with severe postoperative residuals such as incompletely healed surgical wounds, stumps of recent amputations, therapeutic immobilization of one major joint or more, application of a body cast, or the necessity for house confinement, or the necessity for continued use of a wheelchair or crutches (regular weight-bearing prohibited). (Effective as to outpatient surgery March 1, 1989.)*

*(3) Immobilization by cast, without surgery, of one major joint or more. (Effective as to outpatient treatment March 10, 1976.)*

**A reduction in the total rating will not be subject to §3.105 (e) of this chapter. The total rating will be followed by an open rating reflecting the appropriate schedular evaluation; where the evidence is inadequate to assign the schedular evaluation, a physical examination will be scheduled prior to the end of the total rating period.**

**(b) A total rating under this section will require full justification on the rating sheet and may be extended as follows:**

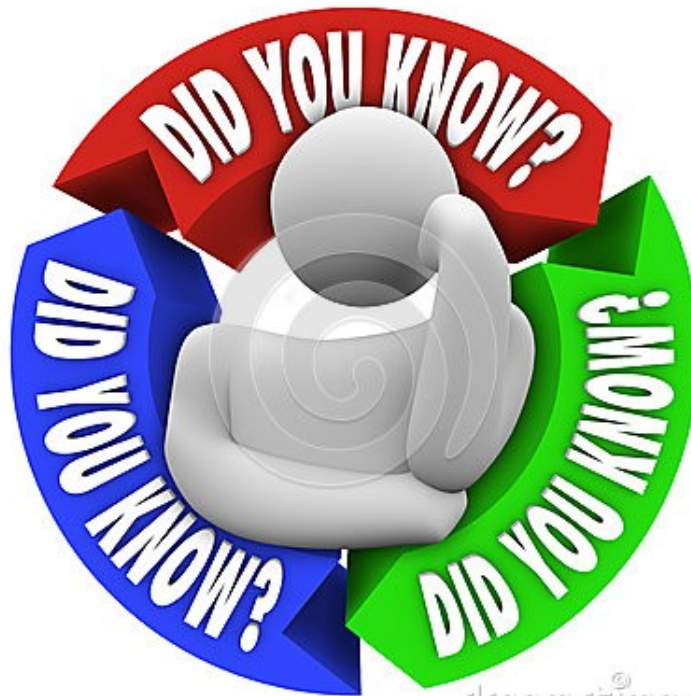
**(1)  
Ex-**

**tensions of 1, 2 or 3 months beyond the initial 3 months may be made under paragraph (a) (1), (2) or (3) of this section.**

**(2) Extensions of 1 or more months up to 6 months beyond the initial 6 months period may be made under paragraph (a) (2) or (3) of this section upon approval of the Veterans Service Center Manager.**

*When I was still actively doing claims work, it was extremely to get VA to grant convalescence beyond three months. However, there is no provision, of which I am aware or can find, that covers a temporary HB or A&A rating related to VA medical care. In this case, since the veteran was rated at 100% at the time of the surgery, a temporary rating is irrelevant.*

*Although it has no significance at this point, in the context of the question, I believe that all a claim for a Paragraph 30 rating requires is notifying VA of the surgery and, if not performed at a VA facility, pertinent medical records. There is no specific application form. If it does take a 21-526EZ, VA is obligated to inform the veteran and send the appropriate form, once it has become aware of the “incomplete” claim. The claimant then has 60 day in which to return the proper application.*



[dreamstime.com](http://dreamstime.com)

**VA**U.S. Department  
of Veterans Affairs

# News Release

Office of Public Affairs  
Media RelationsWashington, DC 20420  
(202) 461-7600  
www.va.gov

March 26, 2019

## VA offers \$15 million in grant funding to support adaptive sports for disabled Veterans

### *Online applications for community organizations now open*

WASHINGTON — Today, the U.S. Department of Veterans Affairs (VA) announced the availability of up to approximately \$15 million in grants for community organizations that provide adaptive sports, including therapeutic recreational opportunities for disabled Veterans and disabled members of the armed forces.

VA awards grants to qualifying organizations to plan, develop, manage and implement programs serving Veterans.

“Grants help our nation’s Veterans by increasing and expanding the quantity and quality of adaptive sports opportunities at community organizations across the country,” said VA Secretary Robert Wilkie. “The independence, challenge and enjoyment of sports and recreation play a critical role in their successful rehabilitation and can improve their health and well-being.”

VA will make award decisions this fall based on a competitive selection. In fiscal year 2019, VA awarded approximately \$9 million in Adaptive Sports Program grants to 103 organizations, estimated to serve more than 10,000 Veterans throughout all 50 states, the District of Columbia and Puerto Rico.

Details of the Notice of Funding Availability, including how to apply, can be viewed under the “Grant Program” tab online at [VA Adaptive Sports Grant Program](#). All submissions will be accepted online at [www.grants.gov](#). The deadline for applications to be submitted is May 14.

Follow VA Adaptive Sports on [Instagram](#), [Twitter](#) or [Facebook](#) at @Sports4Vets.

March 19, 2019

## VA to make new nasal spray drug available for treatment-resistant depression

WASHINGTON — Today the U.S. Department of Veterans Affairs (VA) announced its health care providers will now be able to offer the newly approved Spravato nasal spray for treatment-resistant depression.

The treatment will be made available to Veterans based on their individual medical needs combined with providers’ clinical assessments.

The move follows the [March 5 Food and Drug Administration \(FDA\) approval](#) of Spravato (esketamine) nasal spray.

Spravato was approved for use in conjunction with an oral antidepressant for the treatment of treatment-resistant depression in adults.

“We’re pleased to be able to expand options for Veterans with depression who have not responded to other treatments,” said VA Secretary Robert Wilkie. “It reflects our commitment to seek new ways to provide the best health care available for our nation’s Veterans.”

Spravato will be available through a restricted distribution system under an FDA-approved Risk Evaluation and Mitigation Strategy (REMS). The purpose of the REMS is to mitigate the risks of serious adverse outcomes and the potential abuse and misuse of Spravato.

VA health care providers will monitor Veterans for serious adverse outcomes, such as sedation and difficulty with attention, judgment and thinking (dissociation), abuse and misuse, worsening of depression and suicidal thoughts and behaviors.

Veterans will self-administer Spravato nasal spray under the direct observation of a health care provider in a certified medical facility, and then must be monitored by a health care provider for at least two hours after receiving their dose. Spravato cannot be dispensed directly to Veterans for use at home.

For additional information on access to Mental Health Support for Veterans, visit [VA Mental Health](#). Veterans in immediate crisis may call the Veterans Crisis Line at 800-273-8255 and press 1, text to 838255 or chat online at [Veterans Crisis Line](#).

# Humorous Perspective

By Jessica Allmon

Can I get a Hoo-hah for all those that put on a fantastic conference in Sacramento!!! It was so awesome to see everyone and have such an amazing week of comradery and information. On a personal note I did relay the input I got from you all on which uniform would best meet my son's objective for enlisting LOL, he asked me to relay his thanks.

We made it to spring, YAY!! I am pleased to report that I totally fit in to my flip flops from last year, so big win there! I have been struggling with staying motivated at work as the sunshine peaks through my office window. After googling my symptoms, turns out I have spring fever. In the dictionary, the definition of spring fever is: "A feeling of restlessness, excitement, or laziness brought on by the coming of spring." This winter has felt like a marathon of cold and snow. The past two weekends have been warm (60-65 degrees) and it has been so nice to get outside in the sunshine. I was able to open all the windows of my home and let the breeze blow through. As you know with two teenage boys in the house it was literally a breath of fresh air! I find myself searching my flower beds for signs of life, ugh so over everything being dead and brown. I admit with the coming of spring, there is also an air of foreboding in light of my sons' upcoming graduation and ship date, less than 90 day before he heads to the Army to blaze his own path. Veterans are coming out of hibernation, chocolate Easter bunnies are covering the shelves, and the youth are making plans for spring break. All I want is for it to be warm enough to enjoy a cocktail while floating in the lake.

Yep it's that time of year for Spring Cleaning!!! I know everyone has their own routine to tackle spring chores, but I dove in to the Google machine and was taken back by some of the things on lists that I don't necessarily have on mine. It is always good to make large jobs smaller by breaking them down, same with spring cleaning. Make a list for every room/area of your living space and yard. Work from the top to the bottom. Dust baseboards, ceiling fans, crown molding, window casings and air vents; disinfect door knobs, fixtures, pulls and light switches; replace batteries in smoke detector and carbon monoxide detector, change air/furnace filters; and take anything that is not in its place and put it where it's supposed to go. I know you're thinking, "Yay, Jessica I do all of that", just stay with me, here are the weird ones. If you do the following kudos to you, I just do them as needed: Touch up paint trim, wood, doors, and shutters; inspect roof shingles; clean keys (I have never thought about doing this); review insurance policies; clean your mattress.

Some of my favorite tips for your spring cleaning adventure:

Use Vodka – Yep you heard me! Vodka is a great disinfectant and a natural deodorizer. Use it to clean mold and mildew in the bathroom, to refresh fabrics and to clean jewelry. And if a good Moscow Mule cocktail helps you get through your cleaning, go for it.

Start a Campfire - Clean out your desk and filing cabinets and get rid of old bank statements, credit card bills, receipts, etc. Consumers Reports has a handy guide that lists how long you should hold onto personal paperwork. If you still feel uneasy about getting rid of any paperwork, check with your accountant or financial advisor. To make the purge more fun, and if you have a backyard fire pit, use the paperwork instead of newspaper to start a fire. It's a secure way to get rid of the old documents and you'll feel so organized and smug as you sit back and enjoy a s'more.

That's it for me this month. Enjoy the beautiful weather any way you want!!



## **PRESUMPTIVE ELIGIBILITY FOR PSYCHOSIS AND OTHER MENTAL ILLNESS**

The following may be old news to others, but I don't recall it having been discussed here. I think it affects VJOs disproportionately, because we are more likely to work with vets who have had difficult discharges.

I was discussing a VTC participant who did not serve a full 24 months of active duty with our Eligibility supervisor, and he asked me if he "met criteria for Presumptive Eligibility for psychosis and mental illness other than psychosis." My question in reply was, "How does the vet get such a determination for meeting that criteria?" That is, who gets to make that determination, and what evidence must be presented/documentated?

Eligibility pointed me to VHA Directive 1606A.02, Eligibility Determination, with the latest revision being November 21, 2018 (see attached). In that directive, Section 10 (p. 14) says:

### ***10. PRESUMPTIVE ELIGIBILITY FOR PSYCHOSIS AND OTHER MENTAL ILLNESS***

*Under 38 U.S.C. 1702 and the implementing regulation, 38 CFR 17.109, certain Veterans who experience psychosis within a specified time-frame are to have their psychosis presumed to be service-connected for purposes of Department of Veterans Affairs (VA) medical benefits. In addition, VA will presume that Persian Gulf War Veterans are service-connected for purposes of VA medical benefits if such Veterans develop mental illness other than psychosis within two years after discharge or release from service and before the end of the 2-year period beginning on the last day of the Persian Gulf War. NOTE: The Persian Gulf War period began August 2, 1990, and as of the publication of this directive has no end date. These presumptions are granted by law and are to be used solely for the purposes of receiving VA medical benefits for those conditions. These Veterans do not have to file a claim for service-connection with the Veterans Benefits Administration (VBA) or have received a formal grant of service connection from VBA before invoking this presumption to receive treatment for these specific conditions.*

- a. *Eligibility criteria applicable to these presumptions are set out in Appendix C of this directive.*
- b. *OTH Former Service members are eligible under this authority for presumptive service-connected treatment for active psychosis or active mental illness other than psychosis provided no statutory bar applies and the eligibility and clinical criteria in Appendix C are met. The provisions in paragraphs 10.b. (1) through (3) apply to OTH Former Service members eligible under this authority.*

*(1) VHA clinicians have wide latitude in exercising clinical judgment in determining whether a Veteran's con-*

*dition developed "within 2 years after discharge" from service as required. This is an individual clinical determination and has no bearing on adjudication of any disability claim for service connection. Veterans who qualify for this presumption do not have to be enrolled in VA health care to receive treatment for their psychosis and/or mental health illness other than psychosis or for conditions determined by the Veteran's VA provider to be associated with the Veteran's mental illness or November 21, 2018 VHA DIRECTIVE 1601A.02 15 psychosis (see 38 CFR 17.37(k)). For instance, the Veteran's ulcer that is determined by the Veteran's provider to be associated with the Veteran's mental illness would be included in the treatment authorized under this authority.*

*(2) Veterans who qualify for this presumption are not required to meet the minimum active-duty service requirement before VA provides all necessary treatment (including inpatient care) for their psychosis or mental illness other than psychosis. That requirement does not apply to the provision of a VA benefit for, or in connection with, a service-connected disability or condition, and, as explained in this directive, these conditions are presumed to have been incurred in service. NOTE: For clarification of VHA eligibility criteria, including character of discharge requirements, see Paragraph 6 of this directive.*

*(3) No third party, copayment, or humanitarian billing is to be created for Veterans who are eligible to receive medical care under 38 U.S.C. 1702 and 38 CFR 17.109.*

*(4) In addition to non-VA medical care furnished under sharing agreements and similar contractual arrangements, these Veterans are also eligible to receive non-VA hospital care and medical services at VA-expense under 38 U.S.C. 1703 for treatment of these conditions, based again on the presumption that these conditions were incurred in or aggravated by military service. Regular rules and procedures governing the purchase of non-VA medical care apply to these cases. Refer any questions concerning the criteria or procedures applicable to the use of non-VA medical care for treatment of these Veterans' conditions of psychosis or other mental illness other than psychosis to the facility's Business Office. Referral to the local Readjustment Counseling Service (Vet Center) may also be an appropriate option for those who are combat-theater Veterans. NOTE: For additional information on Vet Center services, see <http://www.vetcenter.va.gov/>.*

*(5) When registering Veterans, Facility Enrollment Staff must ensure Veterans who are eligible only under this authority are entered under Veterans Benefits Administration code 9410 (other neurosis).*



*Continued on Page 6*



## KEY LEGISLATION

*THE 2019-20 LEGISLATIVE SESSION IS STILL GETTING UNDERWAY AND MANY MORE VETERANS BILLS ARE CURRENTLY BEING EXAMINED TO DETERMINE A POSITION. THE SCOPE AND QUANTITY OF VETERANS AND MILITARY RELATED BILLS IS A TESTAMENT TO THE LEGISLATURE'S COMMITMENT TO THE PEOPLE OF CALIFORNIA WHO SERVE OR HAVE SERVED IN OUR NATION'S MILITARY.*

***ALL BILLS BELOW ARE SUPPORTED BY THE ASSOCIATION.***

### **SPONSORED BILLS:**

#### **AB 408-FRAZIER (D-DISCOVERY BAY): DISABLED VETERANS LICENSE PLATES**

**SUMMARY:** Would require the Department of Motor Vehicles to accept a certificate from a county veterans service officer or the Department of Veterans Affairs that certifies that the applicant for a special license plate or placard is a disabled veteran. The bill would change the definition of "disabled veteran" to instead refer to a veteran who has a combined service-connected disability rating of 100% or is rated permanently and totally disabled based on individual unemployability by the United States Department of Veterans Affairs or the military service from which the veteran was discharged, due to a diagnosis or diagnoses that substantially impair or interfere with mobility.

### **SUPPORTED BILLS:**

#### **AB 55-E. GARCIA (D-COACHELLA): INCREASE STATE FUNDING TO COUNTY VETERANS SERVICE OFFICERS**

**SUMMARY:** Increase state local assistance funding to County Veterans Service Officers from the current \$5.6 million to \$11 million.

#### **AB 160-VOEPEL (R-SANTEE): VOLUNTARY VETERANS' PREFERENCE EMPLOYMENT POLICY**

**SUMMARY:** Would enact the Voluntary Veterans' Preference Employment Policy Act to authorize a private employer to establish and maintain a written veterans' preference employment policy to give a voluntary preference for hiring or retaining a veteran.

#### **AB 427-BROUGH (R-DANA POINT): MILITARY RETIREMENT PAY; TAX EXEMPTION**

**SUMMARY:** Would exempt military retirement pay from state income tax for veterans who are residents in California. To offset initial revenue loss to the state, the implementation of exempting full retirement pay would be tiered for each retiree.

#### **AB 581-LEVINE (D-MARIN COUNTY): VETERANS SENTENCING: MENTAL HEALTH**

**SUMMARY:** Allows a veteran to petition the court if Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), and other service-induced mental health problems were not diagnosed or evident at the time of sentencing.

#### **AB 1257-SALAS (D-BAKERSFIELD): SALES AND USE TAXES: EXEMPTION: ADAPTIVE AUTOMOTIVE EQUIPMENT: DISABLED VETERAN OR MEMBER OF THE ARMED FORCES.**

**SUMMARY:** Would exempt add-on automotive adaptive equipment from sales tax when sold to any disabled veteran or active duty service member in the state of California. The bill would apply to any veteran or member of the U S Armed Forces serving on active duty who is disabled, regardless of whether the disability is service connected.

#### **AB 1258-SALAS (D-BAKERSFIELD): INCOME TAX EXEMPTION; MILITARY AND VETERANS**

**SUMMARY:** Seeks to exempt all income tax received by active duty service members while on active duty in the state and all income for their cumulative time of active duty after being honorably discharged. AB 1258 would apply to the active duty service from the United States Armed Forces, the Reserves, or the National Guard who have been honorably discharged.

*Continued on Page 5*

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**AB 1588- (GLORIA D) DRINKING WATER AND WASTEWATER OPERATOR CERTIFICATION PROGRAMS.**

**SUMMARY:** Would Ensure military veterans transitioning into civilian water and wastewater operator occupations receive appropriate crediting for experience and education gained during military service.

**SB 222-HILL (D-SAN MATEO): DISCRIMINATION: VETERAN AND MILITARY STATUS**

**SUMMARY:** Would protect veterans and military personnel from housing discrimination and ensure that landlords cannot deny homeless veterans housing based solely on the fact that they receive a HUD / VA rental assistance voucher.

**SB 562-MORRELL (R-RANCHO CUCAMONGA): DISABLED VETERANS PROPERTY TAX EXEMPTIONS**

**SUMMARY:** Would increase property tax exemptions for disabled veterans, in order to keep up with the rising cost of housing in California. The Basic exemption would be increased from \$134,706 to \$200,000 and the Low-Income exemption would increase from \$202,060 to \$250,000. Both rates would keep up with inflation moving forward. These exemptions are only available to veterans with a 100% disability rating, blind veterans, and veterans missing two or more limbs.

**SB 663- JONES (R-SANTEE): VETERANS' ORGANIZATION'S PROPERTY TAX EXEMPTION**

**SUMMARY:** Extends the property tax exemption afforded to veteran organizations to include the portion of their veterans halls used for fraternal, lodge, or social club purposes. These locations often play a role in helping military personnel adjust back to civilian life. While an auditorium may appear to be for fraternal, lodge, or social purposes to tax officials; it may be a key part of readjustment services to a returning soldier.

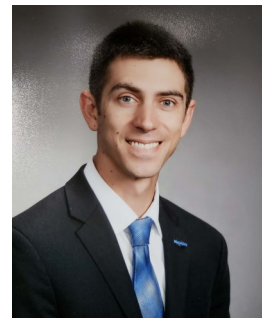
**TO ACCESS THE LEGISLATURE'S WEBSITE WHICH HAS THE LANGUAGE, STATUS, VOTES, AND ANALYSES OF ALL LEGISLATION FROM 1999 TO THE PRESENT, GO TO: <https://leginfo.legislature.ca.gov/faces/billSearchClient.xhtml>**

**IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:**

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**PRESUMPTIVE ELIGIBILITY FOR PSYCHOSIS AND OTHER MENTAL ILLNESS**

So, in short, if a Veteran was deployed to WW II, Korea, Vietnam, or Persian Gulf combat zones, we VJOs (we are clinicians) can determine ourselves whether or not a current mental illness (other than psychosis) began within two years after the vet's discharge. We don't have to gather evidence such as prior treatment records in the way one would have to do for a service-connection claim – we can base it on what the vet tells us about his/her symptom history. We have “wide latitude” to make the determination ourselves. Such eligibility will be denoted as “Neurosis 0%-SC” on the CPRS face sheet, and the comments will probably say something to the effect of “Care is only provided for mental health and psychosis.”

Please note: This eligibility only applies to Veterans of those combat eras who were **actually deployed** into those combat zones. A Veteran who served during the Persian Gulf Era but did not deploy would **not** be eligible for Presumptive Eligibility.

**Matt Miller, LCSW**  
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# Upcoming Events

## **June 16-21, 2019 Summer Conf Hilton Concord, Concord, CA**

I want to provide the reservation information for the **CACVSO Conference** for June 16 – 21, 2019. You can send this information out ‘now’ and start booking rooms. Refer to the information below.

### **To Make Reservations (see options below):**

1). Click on link below. After you are on the reservation page – enter the arrival date and departure dates.

[https://www.hilton.com/en/hi/groups/personalized/C/CONCHHF-CACV-20190616/index.jhtml?WT.mc\\_id=POG](https://www.hilton.com/en/hi/groups/personalized/C/CONCHHF-CACV-20190616/index.jhtml?WT.mc_id=POG)

2). Make a Reservation by: Calling 925-827-2000 or 1-800-826-2644 and provide the arrival date and departure date. Let the agent know you are with the ‘**California Association of County Veterans**’ Group so you receive the reduced rate.

3). Go on-line at: [concordhilton.com](http://concordhilton.com), select the arrival and departure dates. Look for ‘Have a Special Code’ and enter the Group Code ‘**CACV**’. Continue with reservation process.



# DATES OF INTEREST

## April 2019

- 1 April Fools Day & Cesar Chavez Day
- 2 World Autism Awareness Day
- 9 National Library Workers' Day
- 11 National Pet Day
- 13 Thomas Jefferson's Birthday
- 15 Tax Day
- 16 Wear PJ's to Work Day
- 21 Easter Sunday
- 22 Earth Day
- 24 Administrative Professionals Day

### Awareness Weeks

- 1-7 Laugh at Work Week
- 8-12 American Indian Awareness Week

### Monthly Observances

- Month of the Military Child
- Alcohol Awareness Month
- Celebrate Diversity Month

