

Department of Veterans Affairs (VA) Center for Development and Civic Engagement (CDCE)

VA Voluntary Service (VAVS) National Advisory Committee (NAC)

Executive Committee (EC) Meeting

Wednesday, October 12, 2022, 9:00 a.m. – Thursday, October 13, 2022, 12:30 p.m.

Call to Order: Mary Morgan, National Representative, Benevolent and Protective Order of Elks (BPOE), and EC Chairperson, called the meeting to order at 9:00 a.m.

Invocation: Charles Gallina, National Representative, Knights of Columbus, provided the invocation.

Pledge of Allegiance: John Kleindienst, National Representative, Disabled American Veterans (DAV), led the Pledge of Allegiance.

Roll Call: Joseph (Joe) Dooley, National Representative, United Veterans Services (UVS), and EC Vice Chairperson, performed the roll call. Executive Committee attendance was recorded as follows:

	<u>Present (P) / Absent (A)</u>	
American Gold Star Mothers	P	
American Legion	P	
American Legion Auxiliary	P	
AMVETS Auxiliary		A
Benevolent and Protective Order of Elks	P	
Corporation for National and Community Service		A
Disabled American Veterans	P	
Fleet Reserve Association		A
Home of the Brave		A
I.B.P.O Elks of the World, Inc.	P	
Knights of Columbus	P	
Marine Corps League Auxiliary	P	
Military Women Across the Nation	P	
National Society Daughters of the American Revolution	P	
National Society Sons of the American Revolution		A
Project Healing Waters Fly Fishing, Inc.	P	
Sons of the American Legion		A
United Veterans Services	P	
Veterans of Foreign Wars Auxiliary	P	
Veterans of Foreign Wars of the U.S.	P	

VA Staff and Others Present:

Terry L. Allbritton, Executive Director, Diversity, Equity, Inclusion and Assault and Harassment Prevention Office, VA

William Ball, Chief, CDCE in Palo Alto, CA and Field Advisor, VA CDCE

Marie Black, Guest, American Legion

Tiana Brown, Specialist, Diversity, Equity, Inclusion and Assault and

Harassment Prevention Office, VA
Melissa A. Bryant, Senior Advisor for Strategic Engagement, VA
Gregg L. Buckley, Director, Strategic Planning Service, VA
Cynthia J. Gantt, Ph.D., Deputy Director, Office of Patient Centered Care & Cultural Transformation, VA
Mitra Gobin, Administrative Officer, VA CDCE
Marcena C. Gunter, Chief, Public Affairs & CDCE, VA St. Louis Health Care System, St. Louis, MO
Virginia (Ginny) Hoover, Voluntary Service Specialist, VA CDCE
Ben Kligler, MD, MPH, Executive Director, Office of Patient Centered Care & Cultural Transformation, VA
Joyce Kuwae, Specialist, CDCE in Baltimore, MD and VAVS NAC Planner
Kimberly M. Mitchell, Senior Advisor, VSO Liaison, VA
Lori Murphy, Caregiver Support Program Social Worker and Compassionate Contact Corps (CCC) Champion, VA Central Ohio Health Care System
Karen O'Neal, Chief, Voluntary Service, Erie VA Medical Center, Erie, PA, and Co-Chair, Partnership Subcommittee
Amy Palmer, Soldiers' Angels, Chair, Recommendations Subcommittee
Ann Panteleakos, Guest, Veterans of Foreign Wars Auxiliary
Ron Rutherford, Outreach Coordinator, Office of Patient Centered Care & Cultural Transformation, VA
Vicki Sarracino, Soldiers' Angels, Member, Membership Subcommittee & VAVS Partners, Inc.
Prince Taylor, Acting Director, VA CDCE
Wesley Walls, Communications Specialist, VA CDCE
Nathan Witt, Voluntary Service Specialist, VA CDCE

Review of Agenda & Call for Revisions: Vice Chair Dooley reviewed the agenda for the Executive Committee meeting.

1. Gregg L. Buckley presents on the Fiscal Year 2022-2025 VHA Long Range Plan
2. Melissa A. Bryant gives an overview of the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act
3. Ms. Bryant provides update on Veteran access to voting and VA efforts in support
4. Lori Murphy, LISW-S, presents on the Compassionate Contact Corps (CCC)
5. Terry L. Allbritton gives a report and training on Diversity, Equity, and Inclusion
6. Kimberly Mitchell gives an introduction as the Senior Advisor, VSO Liaison to the Office of the Secretary of VA
7. Subcommittee Reports
 - a. Chairperson Morgan: Volunteer of the Year
 - b. Mr. Kleindienst: Recruitment
 - c. Sandi Kriebel, VFW Auxiliary: Membership
 - d. Amy Palmer, Soldiers' Angels: Recommendations
 - e. Karen O'Neal, Chief, CDCE, Erie, PA: Partnership
8. Additional Reports
 - a. Patricia Kranzow, American Legion Auxiliary: NAC Standard Operating Procedure

- b. Larry Kelly, Project Healing Waters Fly Fishing, Inc.: VAVS Partners, Treasurer's Report
- c. William Ball & Wesley Walls: Volunteer Reintegration
9. Ginny Hoover & Mitra Gobin give an update on the CDCE Portal
10. Nathan Witt provides overview of VA CDCE hurricane response efforts
11. Chairperson Morgan leads a review of unfinished business and calls for recess
12. Resume from recess with VAVS NAC meeting planner update
13. Overview of revised VHA Directive 1620 and VAVS NAC implications
14. Rotation of EC Member organizations
15. VAVS NAC News website resource
16. Ben Kligler, MD, MPH presents on Whole Health
17. Good of the order
18. Closing remarks from Designated Federal Officer and EC Chair

Additions/Revisions to EC Minutes from 76th NAC, April 27, 2022: Chairperson Morgan asked if any there is any needed revisions. The only revision made is by Shay Weems who pointed out her organization, Improved Benevolent and Protective Order of Elks of the World, was present at the meeting on April 27, 2022. Larry Kelly, Project Healing Waters Fly Fishing, Inc., made a motion to accept the minutes with the inclusion of the one revision, Dee Thompson, American Gold Star Mothers, seconded the motion and it passed unanimously.

Host Welcome: Mr. Kleindienst welcomed attendees to DAV's National Service and Legislative Headquarters, and all thanked him for DAV's hospitality.

Compassionate Contact Corps (CCC): Prince Taylor, Acting Director, VA CDCE, introduced the first presenter Lori Murphy, Caregiver Support Program Social Worker and CCC Champion, VA Central Ohio Healthcare System. Ms. Murphy began her presentation by explaining how CCC functions. Among all Veterans more than 50% express they experience loneliness, so CCC volunteers are matched with Veterans who contact them at least once per week to engage in meaningful connections through conversation and companionship. CCC was initiated when the volunteer in-home visitor program was suspended due to the COVID-19 pandemic, and Ms. Murphy explained that activities are completed via telephone and video calls. Ms. Murphy described how the effects of loneliness are felt at the same rates across all groups of people regardless of location, and that there is a difference between social isolation and loneliness. Social isolation is a choice where the person may be happy with that choice; loneliness is when someone's actual level of socialization does not meet their desired level. Ms. Murphy noted chronic loneliness is often correlated with:

- Higher risk of developing multiple mental and physical health conditions.
- Increase in alcohol consumption.
- Decrease in quality of life.

Veterans experiencing loneliness are three times more likely to experience suicidal ideation than the population at large. In general, people experiencing loneliness have a 26% increase in their likelihood of premature mortality, which increases if they are also socially isolated and live alone. Ms. Murphy noted loneliness is a social determinant, not

a diagnosis, but there are some solutions, mainly what she called social prescribing. Social prescribing is a method in which medical providers offer to connect patients to community and volunteer programs. The social prescribing process starts with the provider going through a social determinant screening, and if a deficit is identified the provider offers a social prescription, such as connecting them with a social worker, directly with CCC or with a different volunteer or community-based program. Social prescribing has been in practice in the United Kingdom for some time and has been shown to have several benefits when used in conjunction with or following traditional therapy. On a CCC satisfaction survey 83% of Veterans said CCC helped them feel less lonely; 77% said it increased their overall well-being; and 86% said it made them feel VA cared about their overall wellbeing. Ms. Murphy shared a program video and stories of several Veterans and their CCC volunteer matches. Ms. Murphy noted that the CCC program provides benefits to participating volunteers as well, many of whom have experienced loneliness themselves. On their satisfaction survey, more than 90% of volunteers said they believed they had reduced the level of loneliness experienced by Veterans; more than 90% said they were satisfied with their CCC assignment; greater than 80% said the program had increased their overall wellbeing; and 90% said they felt they were adding value to Veterans' lives.

Ms. Murphy said in fiscal year 2022 CCC saw a 200% increase in Veteran participation and the same rate of increase in the number of trained volunteers. CCC was in 8 facilities in 2020, 25 in 2021, and is now in 63 facilities and growing. CCC is working on a merit grant to study the clinical effects of the program and to develop and implement more social prescribing programs in the VA system. Ms. Sarracino, Soldiers' Angels, asked how Veterans and volunteers are matched. Ms. Murphy explained that personality and interest surveys are utilized, and CCC matches them based on results.

Fiscal Year (FY) 22-25 VHA Long Range Plan Framework: Mr. Gregg Buckley, Director, Strategic Planning Service presented the VHA Long Range Plan Framework with the goal of raising awareness and providing insight into the process of identifying key actions, milestones, outcome measures, and measure targets. VA administration and staff offices have policies and procedures with cascading effects on strategic planning. Mr. Buckley explained the most recent changes to the FY 22-25 VHA Long Range Plan Framework were the incorporation of six VHA priorities and strategic enablers as recently articulated by the Under Secretary for Health and the revision of VHA's vision statement. VHA's goals of maintaining trust, optimizing access, improving outcomes, improving learning and teaching, and modernizing systems and enhancing readiness all remained with minor verbiage changes to enhance clarity. Discussion was then facilitated on VHA's six priorities:

- To hire faster and more competitively.
- To connect Veterans to the quickest and best care.
- To serve Veterans with toxic exposures.
- To accelerate VHA's journey to high reliability.
- To support Veterans' whole health, their caregivers, and their survivors.
- To prevent Veteran suicide.

Mr. Buckley described the teams that are focused on each of the priorities composed of a mix of field and VACO subject matter experts. Teams are tasked with identifying no more than five key actions that VHA can undertake in the coming one to two years to accomplish progress on the priorities. The Chairperson asked if there were partnerships with outside stakeholders to encourage Veterans to access VA health services, and Mr. Buckley confirmed those partnerships exist.

Overview of the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act:

Chairperson Morgan introduced the next presenter, Ms. Melissa Bryant, Senior Advisor for Strategic Engagement. Ms. Bryant explained the PACT Act is comprised of many legislative bills bundled together, and the goal of her presentation was to ensure EC members have conversational level knowledge about PACT Act. The Act expanded and extended eligibility for VA health care for Veterans from the Vietnam War, Gulf War, and Post 9/11 eras, and their families when related to Camp Lejeune. VA is improving the decision-making process for determining which medical conditions are considered for presumptive status. Starting November 8, 2022, all enrolled Veterans will receive an initial toxic exposure screening at their next checkup and a follow-up screening every five years. VA health care staff and claims processors will receive toxic exposure-related education and training; thus far, 60% of Veterans Benefits Administration (VBA) staff has been trained on the claim submission and adjudication process.

PACT Act also requires research on the mortality of these Veterans and cancer rates. Other topics for long-term studies include reproductive cancers in female Veterans. Ms. Bryant showed a list of conditions that would be presumed to be service connected, and explained the list is expected to grow as new complications related to toxic exposures are discovered. Due to this changing number of presumptive conditions, Ms. Bryant emphasized the need to encourage Veterans to refile for benefits for which they may have previously been denied.

Ms. Bryant described how expansion in coverage will affect the care experience of Vietnam Veterans and noted a special enrollment period will open for Vietnam, Gulf War and Post 9/11 Veterans. The special enrollment period lasts until October 1, 2023. Ms. Bryant emphasized that the main point is to encourage Veterans to enroll. She directed attendees to the PACT website at [VA.gov/PACT](https://va.gov/PACT). Anyone with questions can call 1-800-MY-VA-411 (1-800-698-2411), which has a line of operators trained to answer questions related to PACT. Ms. Bryant warned the Committee about scams that have emerged in the wake of the passage of this legislation and presented a fact sheet called "Tips to Avoid PACT Act Scams" which was disseminated to EC members.

Chairperson Morgan asked if Ms. Bryant had an estimate as to how many Veterans the PACT Act is expected to bring to VA. No estimate was available, but Ms. Bryant shared that the current trend points to a number higher than what VA initially expected. Mr. Kleindienst asked if it was known how much had been awarded to Veterans in connection with Camp Lejeune prior to PACT Act. While the number was not within Ms. Bryant's briefing, she shared VBA staff are being trained on the critical nature of the related conditions so that claims can be handled promptly.

Veteran Access to Voting: Ms. Bryant presented on the key role volunteers played in VA's pilot voter registration program. The program promoted voter registration among Veterans receiving VA care and services, Veterans not currently engaged with VA who were facing homelessness, and other cohorts. The pilot program was launched September 20, 2022, in Michigan, Kentucky and Pennsylvania. The program included voter registration drives that focused not only on new registrants but making certain information was updated on voter rolls. Ms. Bryant shared links to voter resources and statistics on Veteran voter registration.

Update from VHA Office of Diversity, Equity, and Inclusion: Chairperson Morgan introduced Mr. Terry Allbritton, Executive Director of the Diversity, Equity, Inclusion (DEI) and Assault and Harassment Prevention Office. Mr. Allbritton discussed how VHA's mission is best served when there is a safe environment where all employees perform to their maximum potential and achieve excellence. VHA has identified three goals for DEI after conducting an employee survey:

- Build and retain a diverse, equitable, and inclusive workforce.
- Strengthen and build internal and external partnerships by talking with employees to identify what DEI may do to enhance capabilities and provide support – partner with colleges and institutions to grow VHA retention rates among a younger population.
- Assess diversity, equity, and inclusion efforts to enhance productivity across the organization.

Mr. Allbritton noted VA has been selected as one of the top five places to work due to emphasis placed on the valuing of inclusivity and making employees feel appreciated which leads to better performance. To strengthen diversity, Mr. Allbritton believes organizations should work on identifying the similarities amongst their workforce to build a common foundation. Once an organization has that foundation it can then focus on the workforce's differences and fostering a workplace of understanding and respecting differences. Mr. Allbritton described three key components of diversity:

- Functional: policies, programs, and initiatives to sustain diversity.
- Ethical: everyone deserves to be treated with dignity and respect.
- Practical: anyone can bring something valuable to the table.

There are several factors when looking at DEI in a workplace such as the three engagement types of employees:

- Engaged: Loyal and psychologically committed; more productive with higher retention.
- Not Engaged: Productive, but they are not psychologically connected to their company. They miss more workdays and are more likely to leave.
- Actively Disengaged: Physically present, but psychologically absent. They are unhappy and insist on sharing this unhappiness with others.

Mr. Allbritton shared that DEI indirectly impacts Veterans by impacting the employees they interact with. It does so by making employees feel valued and respected, so they are dedicated to VA's mission and are more productive when handling Veterans' issues.

Mr. Allbritton explained that equality is when everyone receives the same things while equity is when people receive what they need to be successful. Components to understanding how to improve equity include:

- Communication: Listen to understand, not to respond, judge or correct.
- Respect: Disagreement is natural, but you must respect other perspectives.
- Trust: Build and sustain trusting relationships.
- Honesty: Be transparent regardless of difficulty.
- Flexibility: Things change, we all make mistakes, and there are several ways to solve the same issue – we must understand different forms of communication.

Diversity is more than simply ethnic or racial diversity, it also means geographic, socio-economic, and other items which all bring value to Veterans. Inclusion is when an individual feels they belong as a part of a team because of their uniqueness and personal perspective. Mr. Allbritton shared five inclusive habits for organizations to incorporate that he referred to as F.O.C.S.E.:

- Fair: Exhibit a disposition that is free of favoritism and bias; be impartial.
- Open: Be free of a closed mind and be receptive to new ideas, viewpoints, and people.
- Cooperative: Work or act together willingly for the common purpose or benefit.
- Supportive: Constructively help others.
- Empowering: Help others contribute to their full potential.

Mr. Allbritton explained when an organization is following the tenants of F.O.C.S.E. they should then implement T.R.I.P.

- Talent and Teamwork: Take the talent that was built and sustain cohesive teams.
- Recruitment and Retention: Once you have cohesive teams recruit and retain the best and brightest.
- Innovation and Ideas: Employees are more likely to share new and innovative ideas.
- Performance and Productivity: When all concepts of F.O.C.S.E. and T.R.I.P. are combined employees perform better and increase an organization's productivity.

All concepts reflect VA's I CARE values. Mr. Allbritton went over qualities that servant leaders must work to improve including morale and attitude. He discussed the transition from compliance to commitment through training, educating, and developing. Once the workforce develops it can practice what it has learned. Once in practice, changes start to occur and they become the norm, creating a sustainably diverse, equitable, and inclusive workforce and workplace. Trainings that had already taken place for VHA staff included: Developing Emotional Intelligence, Unconscious Bias, Inclusive Intelligence, Employee Engagement, and Leading and Working Across Generations. Trainings that were upcoming included: Navigating Change, Reframing Conflict, Psychological Safety, Equipping the New Leader, and Understanding Systemic Racism. Mr. Allbritton explained that VA is working to educate all on the different cultures within itself.

Mr. Allbritton discussed key metrics, the first of which is taken from a survey conducted after an Inclusive Intelligence training. VA had received a 95.6% satisfactory rate. After

a training on Building Your Personal Brand, VA had received a 93.4% satisfactory rate. This training focused on making sure they were helping employees to compete for higher levels of responsibility, thus avoiding a stagnant workforce. On employee engagement, VA had received an 89.3% satisfactory rate. VHA held its first DEI Summit, which included panels and workshops with more than 541 employees in attendance. The summit garnered an 89.7% satisfactory rate. Mr. Allbritton talked about the different ways VA is working to distribute information about the Inclusivity Campaign and training materials to all VA medical centers and staff. He concluded his presentation by giving the EC a list of questions to consider when thinking about diversity, equity, and inclusion.

Introduction to the Senior Advisor, VSO Liaison, Office of the Secretary:

Chairperson Morgan introduced Kimberly Mitchell, Senior Advisor/VSO Liaison, Department of Veteran Affairs. Ms. Mitchell shared her personal background as a rescued orphan in her native country where she was adopted by a U.S. Airman in 1972. Ms. Mitchell noted at the age of six her family moved to Wisconsin where she was the only minority student in her grade school, middle school, and high school. She earned admission to the U.S. Naval Academy in Annapolis. Two weeks before she was due to arrive in Annapolis her father was struck by lightning and lost his life on their farm. Ms. Mitchell persevered and graduated in 1996 and then spent the next 17 years serving in the Navy. Her shore tours were served at the Pentagon, and she spent her last two years working for Admiral Mike Mullen, Chairman of the Joint Chiefs of Staff. During those two years Ms. Mitchell's job had been to travel around the country working with educators, employers, and healthcare providers to study challenges to reintegration faced by Veterans. After leaving the Navy, Ms. Mitchell started a nonprofit working with communities, other nonprofits, VSOs, and volunteers to continue her active-duty work strengthening collaboration between VA agencies. In 2017, she moved to San Diego to become the President and CEO of Veterans Village of San Diego, a service provider aiding Veterans facing homelessness. She learned how hard this Veteran cohort and it reiterated the fact you must meet Veterans where they are. She became the Senior Vice President at National University for two years leading up to her appointment as the VSO Liaison with VA within the Office of the Secretary. She shared her lifelong commitment and understanding of feeling a power inequity, of seeing the good that service can do, and wanting to continue to support Veterans and their families.

Mr. Taylor asked if Ms. Mitchell had picked up any themes in her role so far and she stated the main themes were communication, transparency, and feedback. Ms. Palmer asked if Ms. Mitchell worked with organizations like hers, Soldiers' Angels, who were not technically a VSO. Ms. Mitchell explained she does, and she is working on making that process more straightforward and transparent.

Subcommittee Reports:

Volunteer of the Year: Chairperson Morgan reminded the Committee that the call for nominations had gone out. The prior year there were no nominations by the deadline and after extending the deadline there were four nominees. She reviewed the criteria to be nominated, rating categories for nominees, and materials that should be included with nominations. Letters of recommendation are stressed. The Chairperson asked for a

motion to approve the Volunteer of the Year subcommittee report. Ms. Joppa, Marine Corps League Auxiliary made the motion and Mr. Kelly seconded. The report was approved unanimously.

Recruitment: Mr. Kleindienst reported that in 2022 there were 430,000 more volunteer hours recorded than in 2021, or a 16.92% increase, with approximately 3,500, or 14%, fewer volunteers than in 2021. He discussed the age breakdown of regularly scheduled volunteers in 2021 and 2022, showing a decrease in all groups except ages 18 to 24. Mr. Kleindienst then provided an overview of the DAV Transportation Network that helps get Veterans to and from VA appointments. Chairperson Morgan asked for a motion to accept the Recruitment Subcommittee report, which was put forward by Melvin Brown, The American Legion, seconded by Ms. Joppa, and approved unanimously.

Membership: Ms. Kriebel reviewed organization attendance at NAC annual meetings and EC meetings, stating the subcommittee completed its review of organizations that had difficulty regularly attending. The subcommittee chose to call the organizations' EC representatives, rather than send letters, to ask about attendance. The calls were well-received and effective; it appears all want to remain as members. Changes and updates to NAC membership were presented. Student Veterans of America and Warrior Rising are new Strategic Engagement Members and Project Healing Waters Fly Fishing, Inc. transitioned from a Strategic Engagement Member to a Service Member. Ms. Kriebel shared a list of organizations that were in various stages of applying for NAC membership and reviewed the process by which organizations could be recommended for membership. She distributed and reviewed contents of the NAC Membership Packet and went through how new applications were processed. Ms. Kriebel detailed where to look for new membership announcements and thanked the EC for their time. Ms. Kriebel made a motion to adopt Help Heal Veterans as a NAC Donor Member, the motion was seconded by Ms. Joppa, Marine Corps League Auxiliary, and the motion passed unanimously.

Mr. Kleindienst noted organizations having recent issues attending meetings, and with membership on the Executive Committee being up for review, made a motion to end the current EC service of four organizations effective December 31, 2022: Home of the Brave, Corporation for National and Community Service/AmeriCorps, Fleet Reserve Association, and the National Society Sons of the American Revolution. Ms. Kriebel seconded, and the motion passed unanimously. Mr. Kleindienst made a motion to invite Paralyzed Veterans of America, DAV Auxiliary, Soldiers' Angels, and Forty and Eight to serve on the EC pending review of eligibility. The motion was seconded by Mr. Brown and passed unanimously. Larry Kelly made a motion to accept the Membership Subcommittee report, Mr. Brown seconded the motion and it passed unanimously.

Recommendations: Ms. Palmer stated seven (7) recommendations were submitted, four (4) of which were not properly formatted. The latter were still reviewed but would not be considered. Five of the recommendations were submitted by the Blinded Veterans Association (BVA). The subcommittee felt three of these recommendations should be addressed by VA CDCE and not at the Secretary level. One recommendation that required further discussion, also from BVA, is ensuring quarterly meetings are offered in

a hybrid format since the capability to do so is established. Ms. Palmer told the Committee that the three recommendations that were under review were:

- Identification and Tracking of Volunteer Hours – Blinded Veterans Association: The volunteer portal should be designed to allow for tracking of volunteer hours more easily. This is inclusive of volunteers at Community Based Outpatient Clinics, more than one VA medical center, or multiple VA health care systems. Volunteer hours performed offsite should also be included since volunteers may serve virtually, and additional virtual assignments were explored and created during the pandemic.
- Recruitment, reactivation, and reintegration of volunteers following the pandemic – Project Healing Waters Fly Fishing, Inc. and United Veterans Services: A number of VA CDCE offices have not resumed normal operations given the pandemic, and while many volunteers were displaced they have not been reactivated. Volunteers need to be reactivated and reintegrated into VA services.
- Volunteer On-boarding and Off-boarding Process – United Veterans Services and Project Healing Waters Fly Fishing, Inc.: VA should take action to expedite the on-boarding and off-boarding processes for bringing on new volunteers and terminating those no longer active. Prioritization should be given to the development and implementation of the electronic onboarding in the USAccess application.

Larry Kelly made a motion to accept the Recommendations Subcommittee report. Mr. Kleindienst seconded the motion and it passed unanimously.

Partnership: Ms. O'Neal provided a status update on previous recommendations. The first three of which were from 2017. The first recommendation dealt with Personal Identity Verification (PIV) on/off-boarding, which she explained is obsolete due to replacement by USAccess and VA's On/Off-Boarding System (OBS) used for both employees and volunteers. The second was to allow CDCE staff to utilize external applications and manage local CDCE web and Facebook pages to provide more accurate, timely, and relevant information for individuals interested in serving as volunteers, donors, or strategic partners. Ms. O'Neal noted feedback on that recommendation is only designated Public Affairs Office staff were permitted to maintain these pages, but efforts can still be made to increase communication between CDCE and local Public Affairs Officers so volunteer and donation needs are made known. Additionally, the new information system for CDCE allows updates of a public facing portal to communicate needs. The third recommendation from 2017 was to standardize health screening requirements for volunteer drivers. It had been determined a rewrite of policy within Employee Occupational Health (EOH) was required. Ms. O'Neal informed the Committee that the rewrite had been completed and is under review by EOH's Medical Advisory Council. After review, it will be finalized and distributed to the field. In 2019, a recommendation was made to design and implement a 5,500 hour Secretary Award for volunteer recognition, and while a unique pin was not designed the award was created in the awards management portion of the CDCE Portal. Additionally, the new version of VHA Directive 1620 moves away from prescribing specific awards at the facility level to give facility CDCE Chiefs more latitude and ownership of how to best recognize local volunteers. In 2021, there were two recommendations, the first was development and implementation of a standardized in-kind donation value listing which

was implemented and is integrated into the CDCE Portal. The second was to include VA volunteer drivers in the VA Drug-Free Workplace Program. After consulting with the Office of General Counsel's Personnel Law Group, it was determined this requires policy external to VA to change and requires concurrence from the Department of Health and Human Services (HHS). Ms. O'Neal stated the policy rewrite within VA was completed and routed for HHS concurrence. In 2022, the two recommendations from 2021 were carried forward, along with one new recommendation to provide an option for student volunteers under the age of 18 to receive a photo volunteer identification badge, and to explore paths forward allowing CDCE offices to obtain VA computer access for youth. Mr. Moss, VFW, made a motion to accept the Partnership Subcommittee's report, which was seconded by Ms. Kriebel and approved unanimously.

Additional Reports

NAC SOP: Ms. Kranzow stated the main concern expressed to her by NAC member organizations is the number of facilities that an organization must be represented at to gain one-year appointment to the EC. At this time, organizations must be represented on 125 or more facility VAVS Committees to be eligible for this type of appointment which is not being met by any organization. Ms. Hoover stated while looking at these numbers during, and in recovery from, the pandemic was not fair to organizations, a decline in these facility numbers had started pre-pandemic. Col. Gallina recommended the EC table the discussion and the Partnership Subcommittee come back to the EC with a new threshold for one-year appointments.

VAVS Partners, Inc. Treasurer's Report: Mr. Kelly informed the EC that since the last NAC meeting in Denver, Colorado, VAVS Partners, Inc. had received \$21,622.77, incurred a bank charge of \$1,246.16 from processing membership fees, and had expended \$31,899.18, for a total expense of \$33,145.34. Mr. Kelly felt this is a good place to be as a non-profit as it shows they were proactive in making expenditures to support Veterans. At the last annual VAVS NAC meeting and conference, VAVS Partners, Inc. had \$68,901.94, so after total expenses were deducted, and the total received was added, VAVS Partners, Inc. noted a balance of \$57,379.37 as of the time of Mr. Kelly's report. Mr. Kelly made a motion that the report be accepted by the Committee, Ms. Thompson seconded, and it was accepted unanimously.

Volunteer Reintegration: Mr. Ball reviewed data that was requested from each VISN to assess how volunteer reintegration is going at that time. This data was provided with VISN breakdowns by station. Mr. Ball pointed out all numbers were self-reported and concentrated on five data points:

- Number of VAVS Committee meetings held in FY22.
- Number of RS volunteers in FY19 (pre-COVID).
- Number of RS volunteers in FY22.
- Number of new volunteers recruited in FY22.
- Did the station have volunteers involved in recreation therapy activities either within VA medical centers or in the community?

Mr. Ball addressed the general sense among many organizations that VA is reluctant to reintegrate volunteers as pandemic restrictions begin to be lifted and compared VA reintegration to the private sector. However, numbers vary greatly nationwide which is likely indicative of community transmission rates. While some VA volunteer programs simply ceased volunteer activities during the pandemic others slowed but continued.

Mr. Walls explained reasons why volunteers might not be returning to VA in numbers that NAC member organizations would like to see. He described barriers preventing volunteers from returning in two main areas with the first being VA medical center incident command structures. These groups are stood up to respond in emergency situations and work to continue operations while mitigating risk, but their design is primarily for storm and other short-term responses, not pandemics lasting for years. Incident commands are still activated at some VA medical centers, and they are concentrated on things decreasing risk such as room occupancy rates in recreational and other spaces to support physical distancing which naturally discourages having more volunteers present. The second area is the individual executive teams at facilities and what they are willing to do. There are organizations attempting to resume in VA facilities, but many executive teams were not ready to take on the additional number of people within the facility. Mr. Ball addressed the fact that while some VA facilities are not allowing volunteers to serve within some pre-pandemic assignments, organizations can still serve through donations such as meals, supplies or provision of monetary support.

In summary, Mr. Walls and Mr. Ball expressed that while the quantity of volunteer support will not grow rapidly to pre-pandemic levels, there must be concentration on integrating volunteers into the most impactful assignments. They shared that clearance for volunteers to serve among vulnerable populations such as Community Living Center residents and Spinal Cord Injury patients will come after assignments in more public facing areas. EC members discussed the perception that a portion of CDCE offices are not doing enough to advocate for the reintegration of volunteer activities, and Mr. Taylor noted an emphasis will continue to be placed on addressing this perception.

CDCE Portal Update: Ms. Hoover began the update with a timeline of the CDCE Portal's implementation. She explained there were two different terms she would be using: the CDCEP Hub, which is what employees use, and the CDCEP Portal, which is what volunteers use. At the time of the meeting the Portal had been active for almost a year. Ms. Hoover detailed a funding proposal to continue development through FY 25-29, which is approximately the same timeline as they had had with the now decommissioned Voluntary Service System. She described strengths of the new system including it gives the development team greater agility to respond to staff needs and feedback as it is developed on a platform that is not custom coded like the system it replaced. Other strengths are improved transparency of data which, in time, will help ensure accuracy and accountability, built-in compliance with VA security standards, and a streamlined process for volunteer onboarding. Mr. Gobin added that it also allows for volunteers to log hours individually without having to use a kiosk at a facility.

Mr. Gobin discussed barriers and challenges with the new system including the need to train employees and volunteers. Another barrier is data cleanup and organizing the data

from the past system as it was easy for CDCE employees to make entry errors that complicate report accuracy. Work continues towards duplicate record clean-up so that unified records contain all information needed by organizations. Ms. Hoover added the additional challenge of integrating CDCEP with other VA systems. While the new system shares similarities to other VA systems, the actual integration remains complex. Ms. Hoover said the last barrier that CDCEP is facing is staff burnout and fatigue from the pandemic and changes in work duties, all leading to higher staff turnover rates which complicates the ongoing training needs.

Ms. Hoover noted development of the new system provided opportunities to include features allowing more accurate reporting, enhanced volunteer profiles with electronic records, better management tools for volunteer onboarding and compliance, and the ability for facilities to customize the system based on local needs. Mr. Gobin reviewed the new volunteer lead onboarding system. The ability to track onboarding requirements allows better feedback to be given to applicants throughout the process. Key features include a queue of pending volunteer leads, the ability to assign those leads to staff members, and a graphic displaying which stage volunteer leads are in to combat bottlenecks.

Mr. Gobin noted that staff could update facility donation needs lists in CDCEP as Ms. O'Neal noted in the Partnership Subcommittee report and demonstrated how CDCE staff make those updates. There is also a timeline available to CDCE staff so they can track interactions, scheduling, and paperwork related to volunteer onboarding.

CDCE Hurricane Response Update: Mr. Witt addressed CDCE response in connection to recent hurricanes and tropical storms. Puerto Rico suffered the impact of Hurricane Fiona just after Hurricanes Irma and Maria devastated the island five years prior. Infrastructure is tenuous, and CDCE continues to work with partners in Social Work Service to address Veterans' needs. Discussion was facilitated relative to Hurricane Ian's impact on VA facilities, primarily in Florida and South Carolina, which affected many. Mr. Witt shared information about donating online to facilities most impacted.

Review of Unfinished Business: Hearing no unfinished business, Chairperson Morgan recessed the committee for the day at 4:36 p.m.

Recall to Order: The Chairperson called the meeting back to order at 9:02 a.m.

NAC Meeting Planners Update: Mr. Gobin announced the next annual NAC meeting would be held April 26-28, 2023, at the Doubletree Hilton Denver, completing the second year of their two-year commitment. Registration may be different as a means to comply with a VA requirement to use the Talent Management System (TMS) for attendee tracking is being discussed.

Ms. Marcena Gunter, NAC Planner, then discussed future NAC meeting plans, discussing the 2024 meeting which had the proposed dates of April 24-26, pending host hotel availability. She added a location to host is still being sought. Mr. Kleindienst recommended considering Las Vegas or New Orleans, and Mr. Dooley suggested Colombia, South Carolina. Many EC members expressed the desire to move away from

two-year contracts with locations, preferring instead to change meeting locations annually.

Revised VHA Directive 1620 and VAVS NAC Implications: Mr. Taylor informed the EC that VHA Directive 1620 had become an official directive June 16, 2022, after years of deliberation. It had consolidated many things and CDCE was directed to remove all items not detailing VA responsibilities. Thus, the new directive did not contain guidance previously in VHA Handbook 1620.01 relative to responsibilities of member organizations of the VAVS NAC and facility VAVS Committees. Sample topics no longer covered by VHA Directive 1620 included:

- Membership compositions of facility VAVS committees.
- Guidance on individuals representing their organization at more than one facility.
- Guidance on individuals attempting to represent more than one organization on a single VAVS committee.
- Descriptions of cumulative attendance listings which accompany VAVS Committee minutes.

Mr. Taylor discussed the path forward given those and similar items were important for clarity at the national and facility level. Now that they are no longer documented in directive, separate documentation is needed to establish strong practices. Facility VAVS committees commonly maintained local guidebooks that previously reiterated those items, and those guidebooks could be developed to capture strong practices for both the VAVS NAC and facility VAVS committees. Mr. Taylor explained that an ad hoc work group could be composed of select NAC members, VACO CDCE staff, and facility CDCE Chiefs to develop the new guidebook for review. Mr. Gobin stated that because a lot of what had been prescribed in VHA Handbook 1620.01 is no longer documented it is up to the EC to decide on the future path and to make the standard practices for both the national level representatives and deputy representatives, as well as strong general practices that can be shared with field level representatives and deputy representatives. Chairperson Morgan asked if the guidebook could be developed to work with the new CDCE Portal. Mr. Witt replied that he thought it could be done in a variety of ways, and the Partnership Subcommittee agreed to develop a draft for consideration.

Rotation of EC Member Organizations: Vice Chair Dooley notified the EC that notification will be made to the four organizations mentioned the day prior to relieve them of service on the EC and invite the additional four organizations to service. Mr. Taylor brought up the topic of deciding which organizations should be eligible for EC membership. Mr. Dooley pointed out there are facilities not facilitating quarterly VAVS Committee meetings, so continued representation on those committees is not possible leading to an inability to properly determine NAC membership categories. Mr. Dooley expressed there are more factors to consider besides the number of meetings an organization attends, and invitation to the four new organizations prior to the annual meeting in April 2023 can lead to a review by the Membership Subcommittee when data is more reliable.

NAC News Website Resource: Chairperson Morgan briefly went over the NAC News website which EC member organizations can add information to at any time. She

reviewed the information on the website, and noted it is a place for organizations to post articles or news about their organizations so that others can learn from their accomplishments. The Chairperson felt it was a good way of sharing information among one another and learn about strong practices that can be spread.

Good of the Order: Mr. Kelly wished the Navy a happy birthday. Mr. Taylor shared that CDCE was once again taking a lead role in facilitating VA TEDx programming. This year talks were facilitated by many interesting, compelling speakers including the Lieutenant Governor of Virginia and the Secretary of Transportation for Puerto Rico.

Whole Health: Dr. Benjamin Kligler, Executive Director, Office of Patient Centered Care & Cultural Transformation, VHA, began by sharing that Whole Health is an approach to health care empowering and equipping people to take charge of their health and well-being. This means moving from the mindset of asking what's the matter with you, to asking what matters to you. This means not viewing patients as a list of problems, but as problems in the context of the whole person. Dr. Kligler shared the story and positive feedback of a Veteran who had reached out to their local VA and worked with a health coach to reach where she needed to be health-wise, to accomplish what she wanted life-wise. He discussed health care delivery models in use at VA. These models have three constituent parts:

1. The Pathway: A place where a Veteran can start to have a conversation with a fellow Veteran to find the answer to what is most important to them. There are several programs nationwide offering this type of service.
2. Well-Being Programs: Where Veterans can access tools to achieve what they wanted, including services like acupuncture, tai chi, meditation, and yoga classes. These services and classes have been shown to have an impact on several medical conditions and are now covered by VA benefits.
3. Whole Health Clinical Care: VA providers committed to working together with Veterans on health goals and not deciding for the Veterans what is most important.

Dr. Kligler discussed the circle of health which depicts Veterans at the center of a circle comprised of different aspects of health. VA volunteers or professionals can use this tool to ask Veterans in which sections of the circle they feel strong and in which sections they need help. This basic assessment helps Veterans and staff form personalized goals and strategies. Dr. Kligler noted that Whole Health receives a high level of support at the leadership levels of both VHA and VA. The Under Secretary for Health laid out six priorities for the organization, one of which is supporting Whole Health for Veterans, their caregivers, and survivors. Dr. Kligler noted Whole Health's growth over the past few years where in FY21 there had been 506,000 Veterans participating in Whole Health, and in FY22 there were 936,000. Dr. Kligler expressed his desire to have knowledge about Whole Health spread to all stakeholder organizations, including those on the VAVS NAC, so that Veterans know it as a viable option to improve their health and wellbeing.

Dr. Kligler's team found that Veterans utilizing Whole Health for eight or more visits who were already on opioids for chronic pain were able to decrease their average opioid dose more than Veterans who are not involved with Whole Health. Veteran

demographic groups that tend to choose Whole Health are young, Black, female, and those with greater than 50% service-connected disability ratings. There is a higher rate of Veterans with multiple conditions among those who use Whole Health than other Veterans, including conditions such as obesity, post-traumatic stress disorder (PTSD), depression, and anxiety. Another finding relates the difference in satisfaction levels between Veterans who choose to participate in Whole Health and those who do not. There is an increase in number of visits, likeliness to recommend VA, and likeliness to continue utilizing VA among those who utilize Whole Health. There are also increases in perception of care quality and engagement levels. Veterans who use Whole Health showed decreases in pain and stress levels while experiencing increases in their quality of life. Dr. Kligler reviewed two studies conducted on Veterans using Whole Health. The first study found a decrease in the total number of nonsurgical and surgical back procedures performed on Veterans using Whole Health. The next study examined the relationship between utilization of Whole Health and subsequent engagement in evidence-based psychotherapies (EBPs) among Veterans with common mental health diagnoses. This study found that Veterans with depression disorders, anxiety disorders, and/or PTSD who used Whole Health services had 2.3 times higher odds of using an EBP for those conditions in the subsequent year as compared to Veterans who did not use Whole Health. The impacts of these EBPs differed across specific Whole Health services/therapies, with tai chi, meditation, and yoga having the strongest association with EBP engagement.

Dr. Kligler explained how Whole Health is being integrated into VHA, including becoming the foundation of the stepped mental health continuum of care, being Step 1 in the VA stepped care model of pain management, and through major internal collaborations with programs such as Geriatrics and Extended Care. He discussed how Whole Health focuses on a patient's desired outcomes by looking at social, structural, and systemic determinants that are part of the patient's community and which play a large role in how Veterans set their goals and what they view as obstacles to achieving them. Dr. Kligler shared that those who felt they had lost their purpose in life had a 2.5 times higher risk of early death. That is a main reason why Whole Health focuses on the patient's desired outcomes to ensure they were working towards goals they wanted and would make them feel purpose again. Dr. Kligler noted that Whole Health has had a positive impact on employee engagement as employees working with Whole Health had greater satisfaction levels and lower burnout and turnover rates than other employees.

Marie Blackman, American Legion, asked if Whole Health provided any covered services through community partnerships and, if so, what services. Dr. Kligler responded that the types of services that could be offered were numerous but varied by location. The services available to all Veterans were the eight complementary health approaches including acupuncture, yoga, tai chi, meditation, and others in addition to Whole Health coaching. When those services could not be provided within the medical center, they are often conducted through community partnerships. Ms. Weems asked how Veterans traditionally get involved in Whole Health and whether access to the program is restricted back on disability ratings. Dr. Kligler replied anyone can reach out to their VA medical center to see what services are available, but that certain services do require referrals because assessments were needed to ascertain if they were

medically appropriate. To Dr. Kligler's knowledge, there were no restrictions to Whole Health services based on disability rating.

Executive Committee's Closing Remarks: Vice Chairperson Dooley asked for the EC representatives and the staff to each share one thing that stood out to them from the meeting and one thing they felt could be improved. Several EC representatives were struck by Mr. Allbritton's, Ms. Murphy's and Dr. Kligler's presentations, and the passion they had in personalizing the messages they shared. Many appreciated the use of patient-centered language and not simply statistics by disease. Representatives felt there was room for improvement on the FY 22-25 VHA Long Range Plan Framework presentation, but there was understanding the topic was more administrative. Ms. Palmer discussed the need to have more data and exact figures available at EC meetings. Ms. Hoover explained that the VA CDCE closeout is always October 14 allowing the field a two-week grace period to enter fiscal year data. Since EC meetings were regularly scheduled during the data collection period, it is not possible to have all finalized figures ready by the meeting. If EC meetings were to be scheduled later in October better data availability is achievable. Mr. Kelly thought moving back the meeting date was a valuable insight and proposed the EC take it as action.

Mr. Taylor thanked the EC for their participation and active engagement. Chairperson Morgan thanked VA CDCE staff for organizing the meeting, the speakers for their presentations, subcommittee members for their work, and DAV for hosting. Chairperson Morgan adjourned the meeting at 11:44 a.m.

Prince Taylor

Acting National Director, VA Center for Development & Civic Engagement
Designated Federal Officer, VA Voluntary Service National Advisory Committee