

**Department of Veterans Affairs
Veterans' Family, Caregiver, and Survivor Advisory Committee (VFCS)
Federal Advisory Committee (FAC)
American Red Cross, 430 17th Street
Washington, DC 20005**

January 25, 2023

Committee Members Present

Lee Woodruff, Chair

James Beamesderfer
Paula Cobb
Melissa Comeau
Jenna Dorn
Robert Koffman
Gabriella Kubinyi
Patricia Lester
Michael Linnington
Larisa Owen
Becky Porter
Robert Thomas
Maggie Hall Walsh

Committee Members Excused

Sherman Gillums, Jr.
Lourdes E. "Alfie" Alvarado-Ramas
Bonnie Carroll
Gregory Gadson
Hollyanne Millie
Steve Schwab
Lauren N. Trosclair-Duncan
Dr. Rory Cooper (Ex-officio)
Dr. Colleen Richardson (Ex-officio)

VA Employees and Staff Present

John Boerstler
Melissa Bryant
Toni Bush Neal
Cyndee Costello (Contractor)
Shilpa Desai (Contractor)
Ann Duff
Maureen Elias
Meg Kabat
Dr. Luci Leykum
Denis McDonough, SECVA
Jeff Moragne
Dr. Betty Moseley Brown, DFO
Cheryl Schmitz
Dr. Courtney VanHoutven
Maggie Walsh (Contractor)

Kelly Wante

Public Attendees

Meredith Beck	Aiden Farley	Linda Kreter
Baily Bishop	Marion Fera	Richard Leonard
Roscoe Butler	Holly Ferrell	Shawn López
Rene Campos	Faye Fernández	Rashi Romanoff
Bob Carey	Jackson Haney	Andrea Sawyer
Margaret Harrell	Leilani Hickerson	Betty Seaman
Brian Dempsey	Sharon Hodge	Lindsey Stanford
Jessica Farley	Patricia Kime	Robin Stitt
Chad Farley	Ben Krause	

Day 1 – January 25, 2023

Notes: The Committee took a group photograph prior to the Call to Order. There were excused Members and ex-officios . The DFO shared that Dr. Richardson was on a previously scheduled site-visit but attended subcommittee discussions and answered Committee questions in preparation for this federal advisory committee (FAC) meeting.

Attached to the Minutes:

- 1. Consolidated slides for each presenter, and,*
- 2. Public comments.*

<p>Call to Order – Dr. Betty Moseley Brown</p>	<p>Dr. Betty Moseley Brown Designated Federal Officer (DFO)</p> <p>Dr. Moseley Brown welcomed everyone and introduced herself.</p> <p>Pledge of Allegiance.</p> <p><u>Meeting Guidelines:</u></p> <ul style="list-style-type: none">• This meeting is being recorded for administrative purposes.• Allow the Committee Chair to yield the floor to you prior to speaking.• Once recognized please state your name.• This meeting minutes per the Federal Advisory Committee Act (FACA) will be available within 90-days and posted on the VA website.• The public has submitted comments and these comments have been shared via email to the committee members.• The comments and public comments will be included in the official minutes of the meeting.• For copies of the consolidated slide deck please contact us at VEOFACA@VA.gov.• She thanked the committee members for taking the mandatory Ethics training prior to the meeting.• The minutes from the last meeting of October 2022 were shared with the committee.
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	<p>DFO turned meeting over to Ms. Lee Woodruff, Committee Chair.</p>
<p>Welcome, Opening Remarks Ms. Lee Woodruff, Chair</p>	<p>Ms. Lee Woodruff, Committee Chair</p> <p>Ms. Woodruff welcomed everyone to the meeting. She acknowledged Senator Elizabeth Dole’s work and that she will try to meet those standards.</p> <ul style="list-style-type: none"> • Ms. Woodruff announced that she would be departing early (for a medical reason) but Melissa Comeau will be filling in to handle day 2 of the meeting. • She thanked the public for coming and explained that this committee exists to help provide their perspective and the committee values the public’s comments. • She thanked the Red Cross for providing a space for the meeting. • There are efforts underway to identify a location for the June meeting. • The June meeting will have virtual and in-person capabilities which were not possible for this meeting. <p>Ms. Woodruff then turned the meeting over to Mr. Jeffrey Moragne, Director, Advisory Committee Management Office.</p>
<p>Federal Advisory Committee Act (FACA) 101 Mr. Jeffrey Moragne</p>	<p>Mr. Jeffrey Moragne, Director, Advisory Committee Management Office.</p> <ul style="list-style-type: none"> • Mr. Moragne introduced himself and explained that the Advisory Committee Management Office (ACMO) oversees VA’s portfolio of 26 FACs which cover health, research, benefits, and underserved Veterans. • Provided some “Rules of the Road” from the FACA, VA policy and Best Practices. • Reviewed some history: <ul style="list-style-type: none"> ○ FACA was created in 1972 ○ 8,000 FACs were decreased to 1,000 ○ 50 years later there are approximately 1,000 FACs ○ FACA provides instruction on: <ul style="list-style-type: none"> ▪ How to establish, manage and terminate a FAC ▪ A FAC, whether statutory or discretionary can be terminated • The FAC body of work must produce results. It must affect the Veteran constituency that it was designed to serve. • There are some new FACs <ul style="list-style-type: none"> ○ Tribal and Indian Affairs ○ They are currently standing up the Department of Veterans Affairs U.S. Outlying Territories and Freely Associated States FAC • FACs recently terminated: <ul style="list-style-type: none"> ○ Genomic Medicine Program FAC after 13-years ○ Fraud, Waste and Abuse FAC

	<p>Mr. Linnington comment/question: Assuming that if you are doing that, working in a personal capacity, you don't share what other committee members have said.</p> <p>Mr. Moragne's response: Correct, you would not share what other committee members may have said. VA offers a clarity session if a committee member is invited to speak to Congress staffers, etc.</p> <p>Ms. Dorn comment/question: Are there any restrictions about cross committee collaboration among other federal departments? Is there a listing of those 1000 FACs?</p> <p>Mr. Moragne's response: The GSA FACA database. Every year they do a comprehensive review and reconciled. Your DFO can assist with this coordination.</p> <p>Ms. Dorn comment/question: By subject matter?</p> <p>Mr. Moragne's response: Yes. As far as cross-committee collaboration tries requesting information by the subcommittee level.</p> <p>Ms. Woodruff comment/question: Are they able to look at the whole ecosystem of the VAs, what projects are happening from the caregiver, survivor, family member perspective?</p> <p>Mr. Moragne's response: He was unsure, but he said they will certainly try. He then thanked the group for their time.</p> <p>Ms. Woodruff: Thanked Mr. Moragne and introduced Mr. Boerstler, Chief Veterans Experience Officer.</p>
<p>Veteran Experience Office (VEO) Updates, John Boerstler, Chief Veterans Experience Officer</p>	<p>John Boerstler, Chief Veterans Experience Officer (VEO)</p> <p>Mr. Boerstler: Explained their surveys are for internal process and program improvement and perhaps during a working session during the next meeting they could do a "deep dive". Today, he is providing a high-level update.</p> <ul style="list-style-type: none"> • September 2022, they launched the first Caregiver specific Vsignals survey which was co-designed with this group and partner organizations to better understand the caregiver experience. • 26% response rate which was 13% higher than the average Vsignals survey response. <ul style="list-style-type: none"> ○ Overall trust for the program reported 92%, <ul style="list-style-type: none"> ▪ Trust is lowest among caregivers ages 30-39 which is at 65%. This is consistent with most of the responses for outpatient services for this age group.

- Launched a Human Centered Design (HCD) study to better understand the needs and communicate with Gen-Z and millennial Veterans and caregivers.
 - How do we better design systems and programs for these customers moving forward?
 - 62% of those that took the survey agreed with the statement “I’m asked to clarify discrepancies between my observations and what my Veteran self-reports about their conditions.”
 - This is only ¾ of the data they do not have a full year of data yet. In June, they should have a full year of data to review with the group.
 - How caregivers view the caregiver support program
 - Quality has increased 10% from 83% in September to 93% today.
 - Trust has increased from 81% to 90%.
 - There is still work to do.
 - What’s next?
 - Improving the customer and employee experience.
 - Focusing on caregiver experience and the survivor experience.
 - PACT Act,
 - Expansion of benefits and care to not only Veterans but survivors in particular,
 - Working with this committee as subject matter experts (SMEs),
 - Working with their external partner organization SMEs,
 - To be able to expand eligibility and awareness around Dependency, Indemnity and Compensation (DIC) benefits and other benefits that survivors are afforded and improve that experience,
 - Journey Map – how Veterans and survivors access PACT Act benefits and care. Anticipate the release of this blueprint/journey map soon.
- Highlighting:
- If you are already enrolled in VHA get a screening.
 - If you’ve already gotten a screening – Did your provider, ask if you wanted more information on how to apply for service-connected disability benefits or survivor benefits?
 - Making sure they are moving people through the registration process.

Ms. Comeau comment/question: Are they checking the health record to see if there are discrepancies between what is noted from the caregiver and what is noted from the Veteran?

Mr. Boerstler’s response: Some actions they are taking:

- Considering ways to adjust surveys that will better draw from those insights.
- Brief the Secretary on Vsignal efforts and human-centered design (HCD) sprint from last year drawing on this committee’s expertise to ensure they are asking the right questions.
- Making this the keystone of the next meeting.
- Dr. Richardson’s team using these insights to improve the program.

Dr. Koffman comment/question: Are Gen-Z and the younger millennials going to be the “lion share” of individuals being enrolled in the PACT Act?

Mr. Boerstler’s response: The PACT Act affords a lot of new eligibility, expanded care and benefits for Vietnam Veterans and Gulf War Veterans too.

- In the survey data they see a much higher number of Vietnam and Gulf War era caregivers responding and participating in the survey.
- They want to make sure that based on the PACT Act that they are orienting to ensure more Post 9/11 Veterans and their families are aware of eligibility.
- It is critically important that they develop new ways to reach out such as improving the digital and mobile experience, looking at the customer funnel which is the transition from military to civilian life.
- In the next HCD sprint they are engaging the Department of Defense (DOD) to think about that caregiver journey from Active Duty into Veteran status.
- There is an opportunity to improve the way they engage these populations.

Ms. Kubinyi comment/question: How do we reach those survivors that may have lost their spouse over a decade ago and are no longer engaged in the VA?

Mr. Boerstler’s response: Our partner from the Veterans Benefits Administration (VBA) will be talking about the specific efforts to engage survivors and all family members who have been untethered from the community. Depending on the program it could be 45-50% of the total Veteran population.

Mr. Beamesderfer comment/question: Is the survey response representative of the population served?

Mr. Boerstler’s response: They do have that data and they will do another session where they can do a “deep dive”.

- Office of Management and Budget (OMB) has strict requirements on which surveys they are able to release to the public and use for internal process improvement.

	<ul style="list-style-type: none"> • The responses are much higher for the older Veterans and the older caregiver generation • There are opportunities to engage the younger population to ensure we are getting their voice represented in the quantitative/qualitative data we are measuring. <p>Ms. Comeau comment/question: Elaborate on the Vet Resources Community Network (VRCN) and the other populations not being served from the VA?</p> <p>Mr. Boerstler’s response: The Community Veteran Engagement Board program, the Veterans Health Administration (VHA) version of the Veterans Community Partnerships program, the Governor’s Challenge and the Mayor’s Challenge, the VBA, and the National Cemetery Administration (NCA) have their own stakeholder engagement groups, too. What they did was put everything in together, so they are not creating redundancy or confusion for external stakeholders under the VRCN.</p> <p>Ms. Woodruff: Thanked Mr. Boerstler.</p>
<p>Remarks, Denis R. McDonough, Secretary, Department of Veterans Affairs (SECVA)</p>	<p>Denis R. McDonough, Secretary, Department of Veterans Affairs (SECVA)</p> <p>Have an amazing opportunity to improve...</p> <ul style="list-style-type: none"> • Young Veterans who are diverse... • PACT Act will allow for opportunities to grow that trust... • Need to grow trust in the VA for caregivers...caregivers are cautiously optimistic • More seniors want to be cared for at home. <p>Ms. Woodruff comment/question: How are we marketing and branding diversity in our materials?</p> <p>SECVA response: Building on this opportunity to build trust and the way they are considering the survivor journey. In your materials you will see more inclusive language...such as the Lincoln quote.</p> <p>Mr. Linnington comment/question: VBA supportive...end of life Veterans VBA has been very supportive of this. Review of the satisfaction scores, he thought they were higher than the previous.</p> <p>SECVA response: ...matter of policy for end of life ...PACT Act...1500 claims...the speed is improving.</p> <p>Mr. Linnington comment/question: A two-tour Veteran may not seek to access the benefits they may be eligible for.</p> <p>SECVA response: The Veterans experience should not be different from others experience. Increasing using the automated decision tool, a human makes the ultimate decision, but the tool can be used to summarize in one page. The data</p>

	<p>automation tool will inform them about others in their unit and allows them to connect with them to help more Veterans.</p> <p>Mr. Beamesderfer comment/question: Are there outreach efforts to ensure all programs are being communicated? SECVA response: Caregiver is a great place to discuss additional benefits, looking for ways to optimize and understand, focus on the caregiver experience. Making progress (NCA, VHA, VBA) making progress in breaking down silos.</p> <p>Ms. Woodruff: Thanked the SECVA.</p>
<p>Remarks from VHA Geriatrics and Extended Care (GEC)</p>	<p>Cheryl Schmitz, Deputy Executive Director, GEC</p> <p>Ms. Woodruff introduced Deputy Executive Director, GEC Cheryl Schmitz.</p> <p>Ms. Schmitz: Thanked the committee for inviting her to speak. They are trying to get the word out as to what other services to support Veterans as they try to stay home and age in place which also supports the caregiver.</p> <ul style="list-style-type: none"> • VHA GEC office is focused on the term Geriatrics as a misnomer of their programs age is not a factor in most of their programs, they are about those Veterans that are: <ul style="list-style-type: none"> ○ high acuity, ○ very chronic, ○ frail • VHA GEC Strategic Plan and Tactics FY20–FY 26 were discussed. • Aging in Place Imperatives. • Portfolio of Geriatrics and Extended Care (GEC) Programs. Currently undergoing an expansion of the Veteran Directed Care and Medical Foster Home programs so that they will be available at all VAs. The Veteran Directed Care expansion was approved last week by the VHA Governing Board to accelerate the expansion. <p>Ms. Dorn: Does the Secretary have the authority to change the name from “Geriatrics”?</p> <p>Ms. Schmitz: She did not know the answer but will look into it.</p> <p>Dr. Kaufman: What percentage of Veterans do not have anyone to care for them? What are the benefits of a medical foster home? How is the quality assured?</p> <p>Ms. Schmitz: She did not know the numbers for Veterans that do not have someone to care for them.</p> <ul style="list-style-type: none"> • Veterans in the medical foster homes receive all their care from the Home-Based Primary Care Interdisciplinary Team in this home. • The program has local coordinators who are social workers they try to provide a good fit for the caregiver with a Veteran. • The VA HBPC team has “eyes on the Veteran” and they work hard to ensure there is no exploitation or abuse.

	<p>Dr. Kaufman: Has there been studies done?</p> <p>Ms. Schmitz: There have been a number of studies done by VA researchers to check the outcomes of the program. It has a high satisfaction for everyone involved.</p> <p>Ms. Kubinyi: How are they working with the Comprehensive Caregiver Program to provide information? How are they working to ensure the Comprehensive Caregiver staff are knowledgeable on this program?</p> <p>Ms. Schmitz: With the rapid growth of the program, they are working with the Caregiver Support Office, Dr. Richardson, to ensure everyone has the information they need.</p>
<p>Veteran, Scam & Fraud Evasion (VSAFE) - Fraud Prevention Initiative</p>	<p>Maureen Elias, Deputy Chief of Staff, Department of Veterans Affairs</p> <p>Ms. Elias: Provided some history and background regarding the VSAFE Initiative (see attached slides).</p> <p>Mr. Boerstler: Working with their partners to not only identify scams but to also ensure that Veterans and families are getting the correct information.</p> <p>Ms. Comeau comment/question: Her family has been victims of fraud. They eventually were able to get it resolved but there was no clear process for resolution. How is the VA working on this?</p> <p>Ms. Elias' response: They are working on the process with OIG to funnel all reports through them and then having them address at the appropriate department in the VA while also building in other channels too.</p> <ul style="list-style-type: none"> • The goal is to have the Veterans contact MyVA 411 or the VBA benefits office to provide a "warm handoff" to the appropriate office. • They want to expedite making the Veterans whole, approximately 6-9 days to make them whole again and then they investigate. • Working with their partners to create a "no wrong door" approach. <p>Mr. Boerstler: He also discussed cyber fraud is getting more sophisticated, so they need to get more sophisticated in stopping this.</p> <p>Mr. Linnington comment/question: Why does the VA accept claims filed by law firms? It may not be considered fraud because the Veteran signs a contract, but it is abuse.</p> <p>Ms. Elias' response: Veterans have the right to choose, but they can educate them on the importance of using an accredited attorney if they decide to go that route.</p> <p>Mr. Linnington comment/question: Can anyone file a claim for the Veterans? Does the firm have to be accredited by the VA?</p>

Ms. Elias' response: Anyone can file a claim for the Veteran it is the accreditation that protects the Veteran.

Mr. Boerstler: Veterans do not need to use a law firm to file a claim. How can they get that word out there to the untethered Veteran population in particularly if they are trying to reengage with the VA? They can call the OIG hotline fraud reporting even if they may not determine its fraud the investigators and federal agents can check it out and make sure that those firms are either shut down or placed on a notice list.

Ms. Walsh comment/question: Suggested that they share the information about the programs available and to emphasize that the VA will never text you or ask for you social security number. Explain that these are the only ways the VA will contact you.

Ms. Elias' response: They are working on a way for a Veteran or family member to validate that it is the VA contacting them.

Mr. Boerstler: For companies who claim to be contacting Vets on behalf of the VA 1-800-827-1000 is the reporting line number. He also highly recommended using a government provided product to log in (Login.gov) to official sites.

Ms. Elias: They realize the process for applying for benefits is very hard for Veterans and Survivors, so they are working on simplifying the process and educating people on accredited representatives.

Ms. Kubinyi comment/question: She explained that she does receive texts from VA and that she first received a text from the VA explaining that there was a texting scam, so she now pays more attention to texts.

Ms. Dorn: Cross agency, cross department collaboration historically has been very hard, and she complimented Ms. Elias and her team for being successful in this endeavor.

Mr. Boerstler: The fraud reporting line for the OIG 1-800-488-8244 and they will investigate.

Ms. Woodruff: Will you provide these numbers, standalone not as part of another communication, to Veterans?

Ms. Elias' response: The numbers will be built into any consumer benefit communication that is being sent out.

Dr. Kauffman comment/question: Is there a way to make sure those messages don't end up in the spam folder?

	<p>Mr. Boerstler’s response: If you’ve signed up for Vet resources (VA.gov/vetresources) they’ve enabled that newsletter so that it does not go to spam and make sure you don’t mark it as spam.</p> <p>Mr. Beamesderfer comment/question: Part of the fraud that is happening is because the Veterans may not be aware of how to navigate the system and they need a trained professional to help navigate the system. Perception often becomes reality. The theme today has been around marketing, communication, and outreach.</p> <p>Ms. Elias: The hope is that with all this communication and education on fraud prevention people will be able to recognize it and prevent it in the future.</p> <p>Ms. Woodruff: Appreciate the work that is being done.</p>
<p>Remarks – Senior Advisor for Families, Caregivers and Survivors</p>	<p>Meg Kabat, Senior Advisor for Families, Caregivers and Survivors, Veterans Administration</p> <p>Ms. Kabat: As they roll out big projects or programs in the VA that they think about the caregivers, families, and survivors. The Secretary is very clear in his vision clear that they are supporting the entire family which is helpful in their support of the Veteran.</p> <ul style="list-style-type: none"> • Medical Foster Home – this is a term used in the community beyond group homes. The benefit to families is the Veterans is able to maintain a certain level of independence. Families are often very involved in taking the Veteran out for activities. • Solid Start – she was impressed with the ability to engage with individuals as they are transitioning from active duty to Veteran status and perhaps the ability to add a family member that could act on behalf of the Veteran if needed. <p>Mr. Linnington comment/question: Having a family member identified because the Veteran may not provide all the information needed and the caregiver would be more forthcoming?</p> <p>Ms. Kabat’s response: More for us providing information to the caregiver, spouse, other family so they hear about the services available. Looking at ways to integrate family members using existing programs within VA and just adding this component.</p> <ul style="list-style-type: none"> • Vsignals – has fundamentally changed the way they think of things at VA and has been helpful particularly with the family and caregiver support. The response for the caregiver piece is about 25% and encouraged all to ask caregivers within their group to take the survey. It is an opportunity for caregivers to share their experiences. <p>Ms. Walsh comment/question: Where is the survey available?</p>

Mr. Boerstler's response: It is made available only after an interaction and is a sample population.

Mr. Linnington's comment/question: Veteran Directed Care expansion can you provide an update?

Ms. Kabat's response: She did not have the numbers, but that it is expanding and will be available everywhere within the next two years. One of the challenges with that program is the issue around duplication of services and they are working on this.

Ms. Lester comment/question: Explain more about how you are including children?

Ms. Kabat: They are working on the Family Coordinator Program anticipate rolling this out next fiscal year. The idea is the notion that a Veteran is part of a family and there may be challenges that prevent the Veteran from fully participating in the program(s) that VA has to offer. Some challenges may be with childcare, special needs child, caring for an older spouse or aging parents and in families where the Veteran themselves may need caring. The goal of the Family Coordinator Program is to have individuals who can support that family. The VA is limited in the services they can provide to family members however, they have social workers and nurse case managers who can refer to programs in the community and offer some kind of support.

Mr. Beamesderfer comment/question: Is there an opportunity to triangulate some of the other surveys that have been done to find out why Veterans are not using VA services?

Ms. Kabat's response: They try to coordinate with other programs that are also doing research and longitudinal studies are helpful as they think about next steps.

Ms. Comeau comment/question: Caregiver to survivor journey and the PACT Act is there any consideration for caregivers to be put at the "front of the line" or have special access to caregiver support when their Veteran is critically ill?

Ms. Kabat's response: Her understanding is that already happens at the caregiver application phase but will verify.

- Those coming into the VA, for the first time, through the PACT Act may not be aware of all the health care benefits, hospice, home, and community-based services available at the VA.
- They are packaging this information in an easy to digest way so individuals will be aware of how to get connected to VBA and VHA. A concierge type of service for individuals so we are connecting them across the board.
- Packaging all this information to include the new VA Life Insurance Program, VBA, VHA and the National Cemetery information and taking this "on the road" to educate Veterans and families in advance.

	<p>Ms. Woodruff comment/question: Is this something that is already being done by Department of Defense (DoD) prior to the service member leaving active duty?</p> <p>Ms. Kabat's response: The transition program is a lot of DoD, Department of Labor (DOL) and some VA information. The VA and DoD meet on a regular basis through the Joint Executive Council (JEC) to talk about these things.</p> <p>Ms. Comeau comment/question: The package for the Survivor Benefits Plan (SBP) and providing information on this during the transition period as to what it is and how vital it is, particularly if you would be caring for a Veteran, is important.</p> <p>Ms. Kabat's response: The SBP should be included in the transition information. Family Medical Leave Act (FMLA) will be celebrating it's 30-year anniversary the first week of February and there is specific Veteran language in FMLA paid family leave is a huge issue for caregivers.</p> <p>Ms. Woodruff: Thanked Ms. Kabat.</p>
<p>PACT Act</p>	<p>Melissa Bryant, Senior Advisor for Strategic Engagement, Office of the Secretary</p> <p>Ms. Bryant: PACT Act update she asked the committee for help as they need more data to identify survivors. The PACT Act expands the VA health care benefits for millions of Veterans exposed to burn pits and other toxic substances and their survivors.</p> <p>As of August 10, 2022, a long list of new conditions is presumed to be service-connected due to various in-service toxic exposures and are still going through various reproductive conditions as they are continuing to expand those presumptive conditions. (See Appendix 1 slide 34 for listing of presumptive conditions).</p> <p>Ms. Comeau comment/question: What is the benefit for those Veterans that are already 100% disabled to file a claim?</p> <p>Ms. Bryant's response: There is a rating above 100% which could allow for additional benefits.</p> <p>Mr. Linnington comment/question: The fear is that the VA will re-adjudicate their disability rating which may lead to a lower percentage.</p> <p>Ms. Bryant's response: They may be reevaluated, and this may decrease the rating for a specific issue but that is not likely to happen.</p> <p>Dr. Koffman comment/question: Gen Z and younger millennials...when you say there is only a 3% chance that their disability may be downgraded...do you have any idea how large the burn pit registry is?</p>

Ms. Bryant's response: The burn pit registry was revolutionary...it is congressionally mandated...they are exploring ways that when a person is registered it does not automatically activate a PACT Act claim.

Dr. Koffman comment/question: This may be some work for the committee to do, we need to do more to attract more of the Gen Z and young millennials...Many don't believe the PACT Act applies to them because they were not directly involved in the burn pits.

Ms. Bryant's response: Trust issues...first gathering the data and separating it from the operational side just to see the outreach piece, meeting them where they are.

Ms. Walsh comment/question: There is a real disconnect, many of them don't feel they need to get involved because they don't have cancer. Clear communication is needed with this.

Ms. Bryant's response: They are trying to correct this disconnect through the important messaging that is being done.

Ms. Comeau comment/question: Is there anything being done in reference to the gender inequity regarding breast cancer in male patients?

Ms. Bryant's response: With the lack of awareness around breast cancer in men, they are likely to be diagnosed later than women. They are looking at the process, engaging folks and addressing with the joint session of the house affairs committee.

Ms. Kabat comment/question: There are different ways things become presumptive...you have a diagnosis they presume to have this diagnosis because they were in the area during this time. The PACT Act has allowed us to look at how we determined other presumptives.

Ms. Bryant: Prior to the PACT Act they were limited with identifying the signs for presumptives when populations were experiencing certain illnesses.

Ms. Comeau comment/question: Toxic clusters, is this included in the outreach how Veterans may help other Veterans?

Ms. Bryant's response: It is part of the talking points. PACT Act and toxic exposure don't necessarily resonate...Focus groups can help with identifying how this can resonate better, word of mouth regarding toxic clusters and if there is a greater-than-expected number of cancer cases that occurs within a group of people in a geographic area over a period of time.

Dr. Koffman comment/question: Is it possible for someone to register for the PACT Act without putting in a claim?

	<p>Ms. Bryant’s response: Yes. But even if they don’t put in a claim now, they should think about the future and their family. They may not be exhibiting symptoms now, but it may affect them later.</p> <p>Ms. Duff comment/question: When you file for a claim it does not automatically enroll you in VA healthcare it is a separate process and one of the challenges.</p> <p>Dr. Moseley Brown comment/question: Collaboration with other Federal Advisory Committees (FAC) is important. This committees focus should be on Veterans’, Family, Caregivers, and Survivors, there are 27 other federal advisory councils throughout VA that also look at other items such as Tribal, rural health, rehabilitation, research so it may be valuable sharing recommendations and information with these other FAC.</p> <p>Melissa Comeau taking over as Chair for the remainder of the meeting.</p>
<p>VBA PACT Act and Survivor Updates</p>	<p>Kelly Wante, Assistant Director, Pension & Fiduciary Service Ann Duff, Assistant Director, Director of Survivor Assistance (VBA)</p> <p>Ms. Wante: Provided information regarding VBA’s successes for FY22.</p> <p>VBA Beneficiaries Served and Dollars Paid in FY22 (See Appendix 1, slide 45).</p> <p>PACT Act Overview (See Appendix 1, slides 46 & 47).</p> <p>Guiding Principles</p> <ul style="list-style-type: none"> ○ Veterans at the Center <ul style="list-style-type: none"> ▪ Focused on delivering more benefits to more Veterans and Survivors in a timely manner to improve outcomes. ▪ Communications/ Outreach. ○ Collaboration <ul style="list-style-type: none"> ▪ Provide timely information to build trust. ▪ Aligned to VA Strategy. ▪ Evidence Based outcomes. ○ Transparency <ul style="list-style-type: none"> ▪ Working across the enterprise to improve outcomes. ▪ Aligning workgroups. ▪ Utilizing collaboration tools and reporting to manage processes. <p>Implementation Framework: Deliver more benefits to more Veterans and survivors in a timely manner to improve outcomes. (See Appendix 1, slide 49):</p> <ul style="list-style-type: none"> ○ People ○ Process ○ Technology ○ Veteran Experience ○ Communications

Fraud Prevention

VBA and partners work together to ensure Veterans get information quickly and know how to identify and report suspected scams.

- Veterans and their families need to verify any entity they're considering engaging for PACT Act or other claims assistance by checking the Office of General Counsel accreditation tool available on the VA website.
- The fraud division in the Office of Financial Management coordinates with OIG to actively investigate suspicious activity. VBA has kept the C&P fraud rate under 1%.
 - To report a suspected fraudulent operator, call the Office of Inspector General's hotline, 1-800-488-8244.

Ms. Comeau comment/question: How are they managing expectations?

Ms. Wante's response: Through outreach letters and continued engagement.

Ms. Comeau comment/question: Can someone report an issue to the OIG hotline anonymously?

Ms. Wante's response: Yes, they are asked if they want to remain anonymous.

Ms. Duff: Office of Survivor's Assistance first established in 2008, they have a threefold responsibility:

- They are senior advisors to the Secretary items related to survivors.
- Survivor advocacy.
- Outreach directly to survivors to assist them with their claims.

PACT Act Survivor's Benefits

While the PACT Act did not change what the benefits are, it did increase the number of potential survivors. You could be a survivor based on the cause of your Veterans death not all survivors are eligible for benefits. **(See Appendix 1, presentation slides 54, 55, 56).**

Dr. Koffman comment/question: Is this applicable when a Veteran passes only from a primary cause?

Ms. Duff's response: It could be a primary or secondary cause, and this is something they are now working with VHA on, to make sure the medical examiner or palliative care professionals, know that when a Veteran passes their wording can make a difference.

Ms. Porter: Explained that her father-in-law passed from COVID the claim was denied, he had service-connected asthma, they resubmitted, and the claim was approved.

Ms. Kubinyi: It is not only service-connected for everyone.

	<p>Survivor Updates</p> <ul style="list-style-type: none"> • Survivor Benefit Plan (SBP) <ul style="list-style-type: none"> ○ Voluntary annuity program offered by DoD to help Service members secure the well-being of surviving family members. ○ DIC offset is fully phased out. ○ Payments issued beginning February 1 will have full SBP and DIC for those eligible. • Planning Your Legacy Handout <ul style="list-style-type: none"> ○ All forms are being updated to the newest versions. ○ Anticipated release in September 2023. • Military OneSource <ul style="list-style-type: none"> ○ https://www.militaryonesource.mil/casualty-assistance/ ○ DoD updated to current information. <p>Ms. Comeau comment/question: Please explain about SBP reopening for those that may not have taken advantage of it.</p> <p>Ms. Duff’s response: If someone did not sign up for SBP they can now sign up. There was always the ability to change this if there was a life event change, but now, for one year there’s an open enrollment for SBP military to January 2024</p> <p>Ms. Comeau comment/question: The survivor journey, what are your ideas specifically with family and caregivers?</p> <p>Ms. Duff’s response: One of her colleagues, Scott Bell, is a social worker involved at the National level with the caregiver team and they are trying to insert into that piece anything to do with survivors and they are also working with palliative care to make sure the information is getting out there.</p>
Public Comments	<p>Dr. Moseley Brown discussed the ground rules for the Public Comments session.</p> <ul style="list-style-type: none"> • Nine members of the public requested to provide public comments. They did receive ten public statements both the public statements. • Each member of the public will have five minutes to provide their comments. • This session is for only providing comments. • Committee members have received the public’s written comments in advance. • The VA will provide any follow-up comments in a written format, if needed. • Public comment summaries available upon request to the public

Wrap-up	<p>Ms. Comeau: Thanked the group and reviewed the agenda for day two of the meeting.</p> <ul style="list-style-type: none"> • Updates on Ongoing Caregiver Research • Families and Caregivers Subcommittee recommendations • Survivor Subcommittee recommendations • Admin Committee Time: Discussion on Future Meeting Dates and Locations.
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Day 2 - January 26, 2023

Committee Members Present

Melissa Comeau, Acting Chair
James Beamesderfer
Paula Cobb
Jenna Dorn
Robert Koffman
Gabrielle Kubinyi
Patricia Lester
Michael Linnington
Larisa Owen
Becky Porter
Robert Thomas
Maggie Hall Walsh

Committee Members Excused

Sherman Gillums, Jr.
Lourdes E. "Alfie" Alvarado-Ramas
Bonnie Carroll
Gregory Gadson
Hollyanne Millie
Steve Schwab
Lauren N. Trosclair-Duncan
Dr. Rory Cooper (Ex-officio)
Dr. Colleen Richardson (Ex-officio)

VA Employees and Staff Present

John Boerstler
Toni Bush Neal
Cyndee Costello (Contractor)
Shilpa Desai (Contractor)
Dr. Luci Leykum
Dr. Betty Moseley Brown, DFO
Dr. Courtney VanHoutven
Maggie Walsh (Contractor)

Public Attendees

Meredith Beck	Holly Ferrell
Baily Bishop	Jackson Haney
Roscoe Butler	Margaret Harrell
Rene Campos	Sharon Hodge
Lynda Davis	Patricia Kime
Brian Dempsey	Shawn Lopez
Chad Farley	Rashi Romanoff
Jessica Farley	Andrea Sawyer
Marion Fera	Betty Seaman
Robin Stitt	

<p>VA Caregiver Research Highlights</p>	<p>Dr. Luci Leykum thanked the committee and assured they want to answer all their questions at the end. She noted that there were three things on the agenda:</p>
<p>Luci K. Leykum, MD, MBA, MSc Center Lead, Elizabeth Dole Center of Excellence for Veteran and Caregiver Research, STVHCS</p> <p>Courtney Van Houtven, PHD Professor and Research Career Scientist at the Center to Accelerate Discovery and Practice Transformation (ADAPT), Durham VAHCS</p>	<ul style="list-style-type: none"> • Elizabeth Dole Center of Excellence for Better Comparative Research • ADAPT Caregiver Research Program • Caregiver Consortium <p>(See Appendix 1, Slide 3-12)</p> <ul style="list-style-type: none"> • Ms. Van Houtven thanked the committee and said she would love to hear from them and send more information. She concluded saying she was committed to this work and want to make sure the committee knows they can ask any questions about their work. <p>(See Appendix 1, Slide 13-32)</p> <ul style="list-style-type: none"> • Dr. Koffman said the Veterans reflected on the surveys may not reflect “high-risk” categories for younger Veterans (being that the metrics were mostly male, white, older, etc.) He asked what other metrics they are using to reflect younger Veterans that could be high risk, too. • Dr. Leykum answered saying the way they identify high risk Veterans is through a risk score which includes age but also includes other issues based on status. They have data knowing who’s at risk for outcomes and how they can better target services to those Veterans and caregivers, so they know what to expect. However, the Center can better target services to other demographics. • Ms. Lester asked how these programs are actively screening caregiver wellbeing and linking them to community services. She also asked about how those services can cater to children and the impact they carry as caregivers? • Dr. Van Houtven said they are collecting mental health data through perceived strain (financial or otherwise), some instruments of measurement they are tracking over time to see how affective the programs are and part of their job as evaluators will be to understand how they successfully assess <ul style="list-style-type: none"> ○ PGCSS trying to tailor services when a caregiver comes in to be able to refer them to appropriate services. ○ identify an initial system that there are challenges for a caregiver to really get them into the services like caregiver training ○ give individual counseling if needed

	<ul style="list-style-type: none"> ○ PCAFC has only been evaluated for the last year, but it is a part of the overall evaluation plan ○ Collecting data is a huge part of their long-term wellbeing, so filling out caregiver surveys is important ○ Tracking programs and trainings that caregivers say are helping the most, so they know which programs are making a difference ● Dr. Leykum said they are partnering with community organizations to develop long-term partnerships with families and those existing networks, she also mentioned Hidden Heroes that focuses on children-caregivers. ● Ms. Jenna Dorn asked how their research data including caregivers who request assistance interacted with the data about PCAFC, is there a consensus? ● Dr. Leykum said this is a huge issue and VA is not systematically collected data on Caregivers, also trouble with identifying as a caregiver, ● Dr. Van Houtven said Dr. Leykum has a policy piece she wrote about those topics in the Journal of Internal Medicine that she is happy to share including caregiver identification <ul style="list-style-type: none"> ○ Has been progress is caregiver identification as mandated in the PCAFC ○ EHR has a caregiver recorded in order to comply with the PCAFC ○ Need expansion of EHR field that is relevant to current information ○ stated that there is some progress in caregiver identification like you have to have some data to apply for PCAFC ● Mr. Jim Beamesderfer asked about how to get the caregiver surveys out to a wider reach and what could be done to widen that reach so they can get better survey results. ● Dr. Van Houtven said that to tackle these issues, they have to explain why filling out the survey is so important not only for them but to identify high-risk Veterans as well. ● Ms. Comeau thanked the presenters and all their work and told the committee they would move to recommendations after the committee introduced themselves ● Each committee member introduced themselves and stated their background in the Veteran/caregiver space ● Ms. Maggie Walsh noted that during that presentation, she realized she was a caregiver to her 87-year-old navy Veteran dad. ● DFO Dr. Moseley Brown answered some questions on committee rules and what the function of the committee was (providing recommendations to the Secretary)
<p>Recommendations: Subcommittee on Families and Caregivers</p>	<p>Potential Recommendation 1: Families and Caregiver Subcommittee (See Appendix 1, Slide 33-37)</p> <ul style="list-style-type: none"> ● Dr. Koffman added that era of service and what branch of Veterans they serve may be helpful for providers, etc. Ms. Comeau agreed.

- Ms. Comeau suggested putting the word “outreach” into the committee since the word “caregiver” may not resonate with people who don’t identify as a caregiver and the committee agreed.

Potential Recommendation 2: Families and Caregivers Subcommittee

(See Appendix 1, Slide 33-37)

- Ms. Comeau changed the word to “outreach” on this recommendation and asked if there were any thoughts on the recommendation.
- Larissa Owen said she was struggling with the 5.5 million VA caregivers and the 43,000 thousand that were mentioned, outreach needs to be more than the 43,000 only in the VA system. Perhaps this needs to go out to providers and community-based agencies.
- Ms. Leykum said that the PCAFC program currently serves 43,000 Veterans, so there are more Veteran caregivers that receive other resources from the Caregiver Support Program and community partners.
 - VA has been doing listening sessions for stakeholders
 - Surveying frontline partners
 - More opportunities for caregiver participation
- Ms. Leykum also said it’s hard to reach caregivers if they don’t know they are a caregiver
- Ms. Walsh agreed and said that if her father heard her saying that she was a caregiver, he would say he doesn’t need one. She asked, “how many people of us are aware and how many people can we reach?” pertaining to caregivers.
- Ms. Dorn said her sister is in her 40s and a caregiver and because of their age, they do not believe they qualify for anything including training, etc
- Many people think these things are for other people
- Show relationships, caregiver identification
- Ms. Lester stated the best people to inform that message is current caregivers
- Ms. Dorn said the messaging across all social channels has to be clear
- Dr. Moseley Brown said the committee has provided rich content but to remember the committee is not telling VA how to do it but putting a potential recommendation out there and then in the rationale, can put some examples.
- Ms. Dorn asked if there was any other tool outside the committee’s recommendation to the Secretary’s request?
- DFO Dr. Moseley Brown explained that along with the recommendations, the chair will write a letter and there it can be stated. At any time, the committee can submit a letter to the Secretary.

Potential Recommendation 3: Families and Caregivers Subcommittee

	<p>(See Appendix 1, Slide 33-37)</p> <ul style="list-style-type: none"> • Ms. Comeau said she proposed changing the recommendation to include survivors and standard caregiver fields especially to the research team and those that do not qualify for assistance for better data <ul style="list-style-type: none"> ○ Ms. Lester asked for more IT fields for child caregivers ○ Ms. Owen asked if the recommendation spoke to committee care so if there is a field for community-based care, that could be considered. ○ Dr. Moseley Brown also reminded the committee that Hollie Anne Millie is also a member of the committee in the background trying to assist, if possible, any questions the committee can send directly to her. ○ Ms. Comeau said there was more work to do on this recommendation <p>Potential Recommendation 4: Families and Caregivers Subcommittee</p> <p>(See Appendix 1, Slide 33-37)</p> <ul style="list-style-type: none"> • Ms. Dorn said the role of the family care coordinator should be considered in the system • Dr. Moseley Brown helped the committee by stating the recommendation is to create the tool, in the rationale that can be explained • Ms. Comeau said there are tools being used but the intent of the recommendation would be to use one across the VA to remain consistent
<p>Subcommittee on Survivors</p> <p>Dr. Robert Koffman</p>	<ul style="list-style-type: none"> • Dr. Koffman reported on the military and Veteran causes of death as reported by survivors, peak in 2019/2022 <p>(See Appendix 1, Slide 39-</p> <p>Mr. Boerstler said the PACT Act one-pager is being finalized now</p> <ul style="list-style-type: none"> • Ms. Comeau said the demographics of the 456,445 survivors give us an understand of who we serve but there are a large number of unknowns including the sudden survivor due to suicide or substance abuse <ul style="list-style-type: none"> ○ She added there are multiple ways to reach who we serve • Ms. Lester said that age and gender should be added to the additional demographics • Ms. Kubinyi one of the concerns is the untethered survivors that are not connected to VA and how does the VA reach these survivors, grieving counseling from VA is only for those for active duty, what about someone who lost someone 10 years ago? • Dr. Koffman said one area to consider is the impact of social justice and access to care, the quality of these services to marginalized populations • Mr. Boerstler said that there is a large push in VHA and VBA to collaborate and eliminate barriers to entry of these programs, determine social determinants for services (is there food insecurity, for example?)

	<ul style="list-style-type: none">• The Secretary is determined to improve the survivor experience, design a survivor experience survey so we can reach those untethered survivors hard to access• Ms. Comeau said the relationship to the Veteran is very important to understand in the caregiver space, understanding the relationship, is there children involved, financial constraints, etc.• Dr. Moseley Brown said that bereavement support is available• Ms. Walsh asked to include siblings in the survivor category• Ms. Kubinyi said it is important to understand where VA is in helping survivors, sometimes VHA is not the area survivors are a part of, VBA need to communicate what benefits are involved, what VA can do to help, linking to TAPS, need to be aware of what VA can and cannot do, plus a counseling piece and the expectation from survivors vs. laws and regulations that specify what VA can and cannot do• Ms. Comeau agreed communication is key and letting survivors know not everyone will get benefits but there are other things• Ms. Kubinyi stated that her parents were receiving disability and when one spouse dies, all that support stops, they need to be aware of that information so they can financially plan• Comeau: Giving up you career to care for their Veteran and then not receiving social security because they are not working has been heard in focus groups• Ms. Comeau thanked the committee, and the meeting was adjourned 🙏
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Approved

Ms. Lee Woodruff, Chair

Approved

Dr. Betty Moseley Brown, DFO