Department of Veterans Affairs
Veterans' Families, Caregivers, and Survivors
Federal Advisory Committee Meeting
March 26 – 27, 2019

Attendees:

Committee Members Present:
Senator Elizabeth Dole, Committee Chair
Sherman Gillums, Jr., Vice Chair
Mary "Dubbie" Buckler
Bonnie Carroll
Melissa Comeau
Harriet Dominique
Jennifer Dorn
Ellyn Dunford
Mary Keller, Ed.D
Robert Koffman, MD
Michael Linnington, LTG
Yvonne Riley
Joe Robinson
Loree Sutton, MD, BG
Francisco Urena
Shirley White
Lee Woodruff

Committee Members Absent:
Elaine Rogers
Lolita Zinke

Department of Veterans Affairs Staff Present:
Secretary Robert Wilkie
Dr. Lynda Davis, Chief Veterans Experience Officer
Dr. Betty Moseley Brown, Designated Federal Officer
Eugene W. Skinner Jr., Designated Federal Officer
Chihung Szeto, Alternate Designated Federal Officer
Toni Bush Neal, Alternate Designated Federal Officer
Dr. Deb Baruch-Bienen
Karen Block
Carol Borden
Margarita Devlin
Ann Duff
Moira Flanders
Meg Kabat
Dr. Luci Leykum
Jose Llamas

Dr. Kameron Matthews
Barbara C. Morton
Dr. Tom O'Toole
Jennifer Perez
Dr. Richard Stone
Marsha Turner

March 26, 2019	

Call to Order, Welcome, Opening Remarks
 	
Senator Elizabeth Dole, Chair
	• Senator Dole welcomed the Federal Advisory Committee (FAC) members and the members of the public in attendance and called the meeting to order.
	• Senator Dole provided introductory highlights and notes:
	  o Update on the committee's 2018 recommendations to Sec. Wilkie and his response to the recommendations.
	  o Senator Dole expressed that Sec. Wilkie is committed to ensuring that all 12 recommendations are enacted by the VA.
	  o Meg Kabat has taken a position at Atlas Research and will be leaving her role at VA. Sec. Wilkie indicated in a meeting with Senator Dole that the VA is committed to finding a leader with the right experience and temperament to shepherd the program through this very important phase.
	  o Sec. Wilkie is continuing to build community trust in VA. Senator Dole added that the work of the FAC is an essential step, not only in rebuilding trust, but in forging a new and more equitable partnership between the VA and the men and women it serves.
	• Senator Dole invited Dr. Lynda Davis to provide the FAC with an update on the Veterans Experience Office.

Veterans Experience Office ***Dr. Lynda Davis, Chief Veterans Experience Officer***	• Dr. Davis reinforced the impact of the recommendations to the Veteran families, caregivers and survivors constituent group and the ability to address Caregiver needs outside of statutes. • She thanked the members of the public for their participation and attendance and emphasized the role of customer service of the Veterans Experience Office (VEO). • She emphasized the important role of the VEO's engagement tools in providing feedback, addressing the issues, staying accountable in real-time interventions, and predicting future issues. • She referenced the comments/suggestions tool which provides opportunities to follow up with Veterans who have provided a complaint or comment. • She addressed work satisfaction among the VA health care workforce and providing feedback to individual VA employees when they receive a compliment or high praise. • Dr. Davis highlighted the VA-wide "Trust Score," which includes ease of access, overall service delivery, care received/needs met during the appointment, and interaction with VA health care. (Approved by OMB.)

Advisory Committee Management Office ***Mr. Jeffrey Moragne, Advisory Committee Management Office***	• Mr. Moragne provided a mandatory briefing to review the roles and responsibilities of FAC members and the guidelines on how the Federal Advisory Committee Act impacts volunteer committee members.
Annual Mandatory Ethics Brief ***Ms. Carol Borden, Office of General Counsel***	• Ms. Borden provided the members with their annual mandatory ethics briefing. She provided important contact information. She also recommended each committee review their own financials for possible conflicts and that they review meeting agendas in advance for possible topics requiring recusal.
Report Out on Recommendations ***Dr. Lynda Davis, Chief Veterans Experience Officer*** ***Meg Kabat, National Director of the VA Caregiver Support Program***	• Dr. Davis provided a summary of the recommendation review process and recognized VA VEO and Atlas Research. • She informed the committee of her intent to provide further details regarding the feedback received from the 2018 FAC Recommendations. • She mentioned the terminology and definition of "Caregivers," and "Survivors" varies across VA offices. • Comments and feedback on the 2018 Recommendations included: o **Recommendation #1:** That VA create a national, government-wide interdepartmental effort to *identify all federal programs serving Veteran Caregivers, Families, and Survivors,* and ensure the needs and perspectives of these populations are represented. ▪ Dr. Davis summarized that the recommendation will allow VA to determine the activities that are allowable/unallowable to determine a working group/taskforce ▪ She pledged to build on the efforts that have already been done and to work with the Department of Defense (DoD), HHS (Community of Living taskforce on RAISE Act), and other interdepartmental agencies who currently serve Caregivers, Families, and Survivors. ▪ Meg Kabat added the Office of Geriatrics and Extended Care and Brain Injury Center for cross-training purposes and resource service directory. ▪ Senator Dole and Dr. Davis confirmed that a report of resources and programs will be provided at the September 2019 FAC meeting. ▪ Dr. Davis asked committee members to provide resources they would like to have included. o **Recommendation #2:** That VA *centralize efforts* to oversee and drive the implementation and delivery of programs and policies supporting Families, Caregivers, and Survivors.

	▪ Dr. Davis emphasized the committee serves as the "eyes and ears" when reporting to the Secretary. ▪ She confirmed the Office of Survivors Assistance (OSA) has moved to VEO, under the direction of Moira Flanders, Director of OSA. ▪ She mentioned a working group to address outreach, service recovery, and needs of Veterans' Caregivers, Families, and Survivors. ▪ Senator Dole emphasized the customer service mission of VEO is not only focused on Veterans but also Caregivers, Families, and Survivors. This constituent base is essential to VA's mission. ▪ Senator Dole stated that a fundamental and permanent change to the Code of Federal Register is so important to reflect that the three populations are essential to the VA's mission of customer service. o **Recommendation #3:** That VA *identify, fund, and consistently apply innovations and/or replicable models* to address the needs of Veterans' Caregivers, Family, and Survivors, and disseminate them to non-governmental non-profit organizations that participate in and benefit from the models. ▪ Dr. Davis emphasized the VA commitment to identify and disseminate best practices. She said VA would consider what needs to be done to support, implement, and disseminate them to other departments. ▪ Dr. Luci Leykum agreed with committee members that research to develop models must hold up to scientific rigor, a whole person perspective, and an understanding of how Veterans' Caregivers feel best represented. Understanding the lens of the family member and the impact of caregiving on each individual family member, including children, is essential. ▪ Senator Dole highlighted that the Center of Excellence will perform crucial work and other innovations inside the VA and will find ways to "market" for utilization in VA programs. ▪ Senator Dole spoke to the importance of disseminating and utilizing the latest data and evidence-based research findings to help the populations the FAC represents. ▪ Dr. Davis reiterated that a report on resources, programs, and services across the government and private sectors will be part of the September 2019 FAC meeting. o **Recommendation #4:** That VA develop a system-wide strategy to more comprehensively collect, analyze, disseminate, and utilize data on caregivers, families, and Survivors. ▪ Dr. Davis confirmed that there is now a Family Member and Caregiver content page/tab on the updated VA.gov website which will have resources and information specific to Caregivers and their families. ▪ Senator Dole called for a system-wide strategy: collecting, analyzing, disseminating, and utilizing data on caregivers to improve services. ▪ Comments from the committee included the need for updated data and new data to meet the needs of the constituent group, including the need for data analytics. o **Recommendation #5:** That VA (a) develop a comprehensive data collection effort on children and/or dependents of Veterans and the services currently available to them, and (b) use the data to improve the delivery of support services.

	▪ Discussion for recommendation five was combined with the recommendation four discussion. ▪ In regards to Recommendation #5, Senator Dole brought attention to the 2014 RAND study on caregivers and RAND finding that there is not one piece of research on the impact of caregiving on military children. o **Recommendation #6:** That VA improve respite care utilization and delivery by (a) conducting a thorough analysis of the need and availability of respite care resources and their effectiveness, (b) expanding Veteran Directed Home and Community Based Services, and (c) develop and implement a range of respite care programs. ▪ Dr. Davis reiterated that respite care is a continuous topic discussed by VHA and under the Choose Home Initiative. She said this initiative will help increase information available on gaps in respite services and what is working/not working, the incorporation of respite in an inclusive care approach and how to collaborate with other departments and agencies and providers to address this need. ▪ Meg Kabat added identifying and modernizing respite care is vital to the success of such programs, including expanding the allowable activities respite care providers can do (i.e., dispensing medication, allowing children to be in the home while the respite care provider is present, etc.) ▪ Meg Kabat recommended a discussion to examine how VA can modernize respite care. ▪ Dr. Davis agreed with Meg Kabat and added the needs of a comprehensive family plan and identification of the roles each family member plays in the Veteran's inclusive care plan will be examined. A report on respite care will be included in the September 2019 FAC meeting. ▪ Dr. Davis included the examination of government-wide Caregiver and respite needs, including the Department of Health and Human Services RAISE Taskforce, Medicare/Medicaid, and health insurance including TRICARE for Life, etc. o **Recommendation #7:** That VA develop an *enterprise-wide strategic plan to raise awareness* to ensure that VA systems and professionals are effectively and sensitively defining the importance and role of caregiving and communicating with primary and secondary caregivers, family members, and survivors. ▪ Dr. Davis reiterated the importance of VA and public awareness of the constituent groups in all communications about services. ▪ She highlighted Sec. Wilkie will be traveling in 2019 for additional Town Halls (live and via social media) that will include messaging to these groups. ▪ She commented on future actions for the committee, which will include discussing a communication plan and communication strategy addressing these groups. o **Recommendation #8:** That VA develop *training materials and resources for VA's interdisciplinary teams* to (a) identify Caregivers, (b) integrate Caregivers into the assessment and delivery of care and social services, and (c) identify and address the unique mental health and physical needs of Veterans' Caregivers, family members (including children), and Survivors. ▪ Dr. Davis highlighted VA-wide training in patient experience and customer service approaches called "Own the Moment." Trainings have shown an increase in patient Trust Scores in health care services and need to also incorporate a focus on the family and caregivers.

	▪ She provided an overview of updated and revised VA programs, such as the Transition Assistance Program (TAP) classroom curriculum "VA Benefits and Services," "Planning for Loved Ones: Survivor Benefits" module, and inclusive care for inclusion in the Choose Home Initiative. ▪ She mentioned that the Inclusive Care Training Program is underway through the VHA's office of Family Support Program. ▪ Senator Dole took a moment to thank FAC Member, Harriet Dominique and USAA for the tremendous support for the Campaign for Inclusive Care. ▪ Senator Dole provided the committee with an update on the Campaign. "The Campaign for Inclusive Care will be expanded to 9 additional VISNs over the next 18 months." o **Recommendation #9:** That VA (a) integrate Caregivers into all relevant discussions on *health record modernization* and (b) include an official designation identifying a caregiver as part of a Veteran's health record. ▪ Meg Kabat stated the importance of having a Caregiver designation from day one of the Veteran's health care plan, and VA is advocating for this process; however, she stated the challenge is updating Caregivers in the health record as it changes over time. ▪ Senator Dole brought awareness to the frustrations caregivers have to make sure their veteran's treatment is properly recorded and the records are up to date, as they move from department to department at the VA. They also struggle to ensure their veterans' VA records are provided to community providers and that community providers records are fed back into their VA files. ▪ Senator Dole added the Caregiver will be included in the hospital paperwork from the time of the Veteran's intake to discharge paperwork. ▪ Dr. Davis stated medical staff and health care providers will be trained on the importance of the caregiver in the health and recovery of the Veteran and that role will be included in the discussions of the EHRM implementation. o Recommendations #10, #11 and #12: ▪ The overview and discussion for Recommendation #10, #11, and #12 were combined due to agenda timeline. ▪ Meg Kabat stated an internal workgroup is working to empower the patient advocate to file all appeals leading to significant changes to the appeals process. Ms. Kabat highlighted the recommendations from the committee helped move this process forward. ▪ Senator Dole stated her concern for the state of the appeals process and requested an update during the September 2019 FAC meeting. ▪ Senator Dole was happy to hear that the VA is committed to providing a bridge for caregivers who are transitioning outside of Program of Comprehensive Assistance for Family Caregivers. She mentioned that giving the families time to prepare for the financial impacts of being removed from the program will be very important. ▪ In relation to Recommendation #12, Senator Dole expressed her frustration with catastrophically wounded heroes and their caregivers having to go through regular evaluations. She agreed that regular check-ins with the caregiver make sense to ensure that they remain strong and well supported.

	▪ The committee agreed the standardization of the appeals process is critical to the constituent group and VA. o **Recommendation #10:** That VA *review and standardize the Veterans Health Administration (VHA) clinical appeals process* to be more transparent and to better integrate caregiver and family input as a means of processing appeals. o **Recommendation #11:** That VA create a *90-day adjustment period* for stipend payment amounts when a tier level is lowered for Veterans and their Caregivers participating in the Program of Comprehensive Assistance for Family Caregivers. ▪ Meg Kabat provided an update of the 90-day adjustment period, stating the final stages of drafting regulations is underway and scheduled to be posted for public comments in the summer of 2019 before being completed and posted by calendar year 2020. o **Recommendation #12:** Establish *a clinical indication for Caregivers of the most catastrophically wounded/injured* participating in the Program of Comprehensive Assistance through the Veteran's primary care team to lessen the need for reassessment. ▪ Dr. Davis reiterated the 90-day adjustment period may include a catastrophic-injury level that includes catastrophic designation and re-evaluation categories (i.e., Veterans approaching end of life care should not be re-evaluated).
Update on Choose Home ***Dr. Tom O'Toole, Senior Medical Advisor***	• Dr. O'Toole provided three "bottom-line" points: o Choose Home is a SECVA-sponsored initiative aimed at increasing/enhancing care and services to enable Veterans to "choose home" and avoid delay and nursing home placement. o Enterprise initiative involving eight program offices (Primary Care, Geriatrics/Extended Care, Office of Nursing Service, Case Management/Social Work, Connected Care, VEO, Health Services Research, Whole Health) and the Department of Health and Human Services. o Seven inter-related components focused on improving the ability to identify Veterans-in-need pre-crisis, improving care processes for referring and assessing need, coordinating care within VA program and with the community, caregiver integration into care, and facility feedback/accountability. • Dr. O'Toole highlighted a deep dive into what is being done in the program, including what is working/not working and identifying the gaps in services. He stated no "best practice" was found, but the program incorporated best approaches into a cohesive approach. • Choose Home Initiative Update included four highlights: o Development/roll out of the Choose Home Registry and Dashboard (a predictive analytic tool) o 21 Site Pilot Program o Evidence-based synthesis report o Elizabeth Dole Center of Excellence • Dr. O'Toole provided next steps for the Choose Home Initiative: o April 2019: Pilot sites implement Action Plans o May 2019: Release of (Evidence-based Synthesis Program (ESP) report: Interventions to delay long-term placement in nursing homes for adults with physical or cognitive impairments

	○ September 2019: Preliminary findings from the Pilot Program ○ October 2019: Pilot concludes and "best practices" roll out to all VAMCs
Update on Center of Excellence ***Dr. Luci Leykum, Center for Excellence Lead***	• Dr. Leykum presented a summary and overview of the Elizabeth Dole Center of Excellence (EDCoE) for Veteran and Caregiver Research: ○ Established September 7, 2018 ○ Based on the RAND Corporation *Hidden Heroes: America's Military Caregivers* research report ○ Expand VA capacity to deliver integrated, Veteran and caregiver-partnered, data-driven approaches to care (support Choose Home and Inclusive Care initiatives) ○ Fulfill key recommendations from RAND's Improving Support for Military Caregivers • She emphasized the EDCoE supports VA's ability to meet FAC recommendation three and five, Caregivers/Veterans will participate in project implementation and a fellowship program to train clinicians. • She provided an overview of the EDCoE structure, which will have the maximum impact on Caregivers: ○ Multi-disciplinary team from the VA Office of Health Services Research & Development ○ CoE Pilot Sites (three Cores and four Pilots/Aims): ▪ Core 1: Innovation (Miami) ▪ Core 2: Outcomes and Implementation (San Antonio) ▪ Core 3: Data and Policy (Salt Lake City) ▪ Pilot 1: Caregiver Skills (San Antonio) ▪ Pilot 2: Caregiver Resources (Palo Alto) ▪ Pilot 3: High Need High Risk (Miami) ▪ Pilot 4: Decision Support (Salt Lake City) • Dr. Leykum presented support for Recommendation five, supporting research related to children: ○ Build on recommendation of Children of Military Caregivers Impact Forum
Update on Veterans Health Administration ***Dr. Richard Stone, Executive in Charge, Veterans Health Administration***	• Dr. Stone provided insight to his position within VHA stating Sec. Wilkie has tasked him with the responsibility of restoring the trust of the American people in the VHA system. • Dr. Stone summarized highlights from VHA and its workforce: ○ Believe in the VA mission and have lower rates of turnover than community providers and health care systems. ○ Added over 4,000 mental health professionals (1,000 within the last year). • He highlighted the Dartmouth study that resulted in VA having a higher quality of care. • He noted information on the Choice Act: ○ Veterans should have the option to received care from VA or civilian providers. ○ Results from the Choice Act show 90% of Veterans stayed with VHA, and of the 10% who sought civilian providers, 90% returned to VHA for care. • He touched on topics related to opioid use within the Military community, including utilization of alternatives for Veterans with chronic pain. The VHA system has decreased usage of opioids in care plans. • Sec. Wilkie joined the meeting and contributed information on alternate practices for pain management, including yoga. Sec. Wilkie also emphasized that marijuana will not be used in the VHA system.

Secretary of Veterans Affairs ***The Honorable Secretary Robert Wilkie***	• Sec. Wilkie highlighted the $220 billion budget and current activities within the system: o Investment in IT infrastructure, including the migration to a cloud-based system, which is interoperable. o Highlighting the VEO in boosting customer service results and outcomes (currently an 89% customer satisfaction rate). o Emphasized the importance of a happy and satisfied workforce on customer service o Providing Veterans with a choice of medical care if and when VA cannot provide a needed service to a Veteran. o Modernization of VHA is necessary to support Veterans. o Creating modern HR system for national standards and national talent pool. o Increasing public affairs strategies to boost public trust. • Sec. Wilkie addressed the budget and the need to support Caregivers, acknowledging needed adjustments to support the needs of Caregivers. • Sec. Wilkie discussed the MISSION Act and stated the goal is to allow Veterans the option of choosing services that VA cannot provide; however, he is confident that VA will remain robust.
MISSION Act Implementation (Including Discharge Planning) ***Dr. Kam Matthews, Deputy Under Secretary for Health for Community Care*** ***Ms. Meg Kabat, National Director, Caregiver Support Program***	• Dr. Matthews and Ms. Kabat provided a summary of the Community Care Vision, including: o Consolidated Community Care Program o Support of VA's vision of a single, high-performing network o Seamless extension of VA's network of facilities o Authorities provided in the VA MISSION Act of 2018 o Meet the need of all stakeholders • Ms. Kabat provided insight on the MISSION Act of 2018, which was signed into law by the President on June 6, 2018, and contains four main pillars. The Act will expand the Program of Comprehensive Assistance for Family Caregivers to eligible Veterans of all eras. • Dr. Matthews and Ms. Kabat outlined the six eligibility criteria for community care under the MISSION Act (i.e., If VA does not offer the care of services required, VA does not operate a full-service medical facility in the state, Veteran and health care team determine VA cannot best meet the medical interests of the Veteran, etc.). • Ms. Kabat emphasized the importance of Veteran outreach to ensure Veterans know their eligibility. Eligibility will be clarified to Veterans, providers, and Caregivers. • Ms. Kabat summarized the tier levels of care, which will include the seriously injured, and the determination of permanent or temporary need. • Dr. Matthews and Ms. Kabat reiterated the MISSION Act is learning from the program and addressing quality improvement approaches.
How We Support Veterans' Families, Caregivers and Survivors with Customer Service ***Ms. Barbara Morton, Deputy***	• Ms. Morton provided a brief of the VEO and its support of Caregivers and Survivors within VA. • She stated VA is hardwiring Customer Experience (CX) as a core capability in VA to provide the best experiences in health care delivery, benefits, and memorial services to Veterans, Service Members, their Families, Caregivers, and Survivors. The current administration has chosen to focus on customer experience within VA. • She outlined the three Pillars of the CX Strategy: o Pillar 1: CX Core Capabilities and Framework o Pillar 2: CX Governance

Chief Veterans Experience Officer	○ Pillar 3: CX Accountability • She highlighted the work of the FAC and its impact on the VA system and stated the use of the phrase "Veterans' Caregivers and their families" is now widely used within the system. • She recalled the real-time CX surveys as a transformational tool for the VEO. • She provided data on the VSIGNALS feedback (compliments, which were 74% of feedback, and concerns). Caregivers have provided feedback since the launch of the program in 2017, which collects quantitative and qualitative data. • Sen. Dole asked Ms. Morton to return the following day in order to allow sufficient time for public comments.
Public Comment	• Three individuals spoke during the public comment session. • Linda Hoppe, a widow and Veteran Caregiver, provided her experience with VHA. Mrs. Hoppe reviewed the inconsistencies and gaps in care her husband received and asked VA for assistance in reviewing his medical records for the malpractice and negligence which led to his death at the Baltimore VA. Mrs. Hoppe provided details of her husband's diagnosis, which included stage four bladder cancer, and remains angry that VA failed to notify the family of test results and available procedures. • Theresa Coomer spoke to her experience as a Military Spouse of a combat Veteran who returned from deployment with serve Post Traumatic Stress Disorder (PTSD), suicidal ideations, and inability to transition to daily life. Mrs. Coomer thanked Senator Dole for her endless work and advocacy for Caregivers. Mrs. Coomer discussed her concern that there are no VA services for maternity care for dependents (only 75% allowable billability for dependents). The gap in coverage is a financial hardship at a time when Veterans and their spouses should be excited. In addition, Mrs. Coomer was not able to access VA medical services for their son. • Bill Ogletree is the Executive Vice President and Chief Financial Officer at Three Wire Systems (Veteran-owned small business). Mr. Ogletree detailed a platform that he designed to assist Caregivers in the navigation of VA and community resources. The mobile app touches on the Caregiver Journey Map, adheres with Health Insurance Portability and Accountability Act (HIPAA) regulations, and addresses Caregiver needs (i.e., isolation, coaching, navigation, service barriers).
Wrap up & Adjourn ***Senator Elizabeth Dole, Chair***	• Senator Dole thanked the public comment speakers and adjourned the meeting.

March 27, 2019

Call to Order ***Senator Elizabeth Dole, Chair***	• Senator Dole welcomed the Committee back for the second day of the FAC meeting.

Discussion on Veterans Benefits Administration (VBA) and Benefits Related to Families, Caregivers and Survivors
 	
Ms. Margarita Devlin, Principal Deputy, Under Secretary for Benefits
	• Ms. Devlin provided an outline and summary of VA Benefits for Veterans, Caregivers, and Survivors and the three priorities of the department:
	  o Provide Veterans with the benefits they have earned in a manner that honors their service
	  o Ensure strong fiscal stewards
	  o Foster a culture of collaboration
	• She summarized:
	  o Compensation, including disability benefits and services, to meet needs of dependents
	  o Pension and Fiduciary:
	  ▪ *Pension* is a tax-free monetary benefit payable to low-income wartime Veterans. *Survivor Pension* is a tax-free monetary benefit payable to low-income, unmarried surviving spouses and/or unmarried children of deceased wartime Veterans.
	  ▪ *Fiduciary Program* protects certain VA beneficiaries who, due to circumstances, cannot manage their VA benefits. 75% of fiduciaries have a personal relationship with the Veteran.
	• She summarized insurance benefits (life insurance and beneficiary financial counseling services).
	• Ms. Devlin discussed education benefits, including the Fry Scholarship for children and spouses of fallen combat Service Members, DEA Program (a training program for dependents of permanently and totally disabled Veterans), and the Post – 9/11 GI Bill Transfer and Entitlements.
	• She highlighted the GI Bill's 75th Anniversary and a campaign to encourage Veterans to share their "GI Bill Story" (benefits.va.gov/gibill75).
	• She provided summaries on vocational rehabilitation and employment through VetSuccess on Campus (VSOC) counselors, Integrated Disability Evaluation System (IDES) counselors, Chapter 35 Benefits (known as DEA), and Special Restorative Training.
	• She discussed casualty assistance and the collaboration with Survivor Engagement, Tragedy Assistance Program for Survivors, participation in Casualty Advisory Board created by the DoD, the development and dissemination of "Planning Your Legacy" (a Survivor and Burial benefits kit, which can be found here: https://benefits.va.gov/Benefits/docs/VASurvivorskit.pdf), and collaboration with the Office of Strategic Initiatives for a quarterly Survivors Benefits Roundtable (VBH, NCA, VHA, and the VA Central Office (VACO)).
	• She highlighted the collaboration with the Office of Transition and Economic Development (i.e., Military Life Cycle, individualized assistance to Service Members, Spouses, and Caregivers, Economic Investment Initiatives occurring twice per year, and Transition Assistance Program).

Presentation on VA Gulf War Research Advisory Committee; Blue Water/Agent Orange Exposures ***Dr. Karen Block, Designated Federal Officer, Gulf War Illnesses Research Advisory Committee***	• Dr. Block provided data and insight on the Gulf War Illness Research Advisory Committee. The FAC was created to address the large number of Veterans from the Gulf War era who experienced illness due to service-related exposures. • She discussed several data points and research studies that addressed illnesses Gulf War Veterans experienced. • She highlighted the Million Veteran Program, which is in the process of recruiting Veterans to donate blood. Over 800,000 Veterans have signed up for the five pilot studies. • Bonnie Carroll from the Tragedy Assistance Program for Survivors (TAPS) introduced an attending Military Spouse and Survivor who discussed her experience as a survivor, initially stating Spouses post-deployment were primarily widowed due to suicide; however, by 2020, illness and death of Service Members due to exposure will surpass suicide. Misdiagnosis is a primary reason for this phenomenon. • Dr. Block mentioned the Center of Excellence of Airborne Hazards, where exposures such as Agent Orange and the water contaminants at Camp Lejeune are being discussed.
Update on Executive Order and Suicide Prevention ***Dr. Keita Franklin, Executive Director, Suicide Prevention Program***	• Dr. Franklin provided an insightful presentation and discussion with a Caregiver focus. • She discussed Caregiver roles in mental health care as individuals who play a vital role to those living with mental health illnesses, yet the Caregiver's mental health must also be addressed. • She recalled the President's Executive Order to address suicide and the opioid crisis. Dr. Franklin would like to see the conversation include Caregivers, Families, and Survivors. The Executive Order would include a call for grants from VA to local communities to address community issues/needs surrounding suicide prevention and mental health. • She highlighted the Mayor's Challenge, which infoms and educates seven cities on how to write a local plan to combat Veteran deaths by suicide (data shows Veterans aged 18-34 are at the highest risk). • She gave important statistics regarding suicide, including how it can run in families. Military communities and units are recognized as families. • She discussed a tool to identify risk that was developed at Columbia University. The tool provides a standardized screen tool, which has been validated across VA. In addition, the tool can be utilized to identify someone at risk for suicide. • She mentioned the 24 Cities Initiatives to combat Veteran suicide on a state-level. • She summarized broad sector engagement and partnership building across VA to address the issue.
Discussion of the Experience of Children and Youth as Veteran Caregivers ***Dr. Lynda Davis,*** ***Dr. Mary Keller, Military Child Education Coalition,***	• Ms. Rodewald summarized the importance of supporting children of Caregivers, who often take a primary or secondary caregiver role within the family. • Ms. Rodewald provided insight on the forum, implemented by the Elizabeth Dole Foundation and the National Military Family Association, to support children as Caregivers, which launched the development of a white paper to address the needs. • Ms. Ruedisueli provided an overview of the forum and the panel of academic researchers. Research was taken from existing research of children in the caregiver space (non-Military). • Ms. Ruedisueli noted mental and physical health were initially noted by families, which aligns with family system theories and family service models. In addition, social isolation and anxiety are high for children of Caregivers.

President and CEO ***Ms. Laurel Rodewald, Elizabeth Dole Foundation*** ***Ms. Karen*** Ruedisueli, ***National Military Family Association***	• Ms. Ruedisueli discussed the need for parents, providers, and researchers to communicate in an age-appropriate way when discussing what has happened to the parent who is in need of a Caregiver. • Ms. Ruedisueli mentioned a Caregiver panelist from the forum who discussed parenting challenges due to the extreme demand on their time towards the Veteran and the inability to meet the needs/wants for positive outcomes for their children. Ms. Ruedisueli also noted Caregiver parents have also expressed resiliency and strength in their children due to the family atmosphere. • The white paper provides three recommendation categories: o Mental health, including affordability o Research regarding the immediate and long-term effects on children as Caregivers o Other practical & actionable recommendations • Ms. Rodewald highlighted the research and activities from UT Health in Houston. A collaborative effort is in place for a research study of Caregiver children compared to children of non-caregiving households (both in the Military community). • Dr. Keller reviewed the discussion from the March 7, 2019 Experiences of Children as Caregivers discussion held at VA. o Emphasizing resiliency among Military children and especially children of Caregivers, Dr. Keller notes to refrain from using the term "at risk." o Data to Knowledge to Practice addressing children, including practices which are person centered. o Addressing parenting challenges for Caregivers and supporting their parenting journey. • Dr. Davis provided an update from the VEO that specifically addresses children as Caregivers: o VEO is developing a Quick Start Guide for children and youth. o The updates to the VA.gov website will include a tab or section for Caregivers, Families, and Survivors and will include resources for children and youth. o The Veteran Caregiver Journey Map will be updated to support children and youth. o Interagency collaboration to support children and youth.
Briefing from the Office of Survivors Assistance ***Ms. Ann Duff, Director, Office of Survivors Assistance***	• Ms. Moira Flanders, Director of the Office of Survivors Assistance, displayed and presented the plaque that will be placed at all Veteran cemeteries; it represents and honors Gold Star Families. The first plaque was placed at Quantico in March 2019, with the first 27 plaques to be placed prior to Memorial Day 2019. • Ms. Duff outlined the demographic of the Veteran population. She stated the Veteran population is 19 million with an average of 2.5 dependents per Veteran (47.5million). • Ms. Duff provided an update on Office of Survivors Assistance Priorities: o Console and advise Veterans' surviving family members on VA benefits and services. o Provide information to internal and external stakeholders on VA benefits and services for Veterans' Survivors. o Coordinate with Department of Defense counterparts regarding joint VA/DoD programs for Survivors. o Expand and strengthen partnerships with Centers of Influence

	○ Establish relationships with all VA departments ○ Participate in the mission of the Veterans' Family, Caregiver, and Survivor Advisory Committee. • Ms. Duff discussed the online Survivor Benefits Report through the Soldier for Life Office, which provides a 24-hour follow up report and services. Currently, the Army is the only branch to launch the website with other branches to follow. • Dr. Davis added the VEO will combine the resources and will present the findings during the Sept. 2019 FAC meeting. • Ms. Flanders presented and provided copies of the "Days Ahead" binders that provide resources to Survivors, including state benefits listed on the MyBenefits website.
Update on Electronic Health Records Modernization (EHRM) ***Mr. John Windom, Senior Advisor, Under Secretary for Health***	• Mr. Windom provided an update on the Electronic Health Records Modernization platform and welcomed concerns and comments from the committee members. • He stated VA is enthusiastic about this project to modernize the health care records through Cerner Millennium, which has the end user in mind. • He stated all medical records will be entered into the system either via PDF document (for existing paper medical records) or through transmittable and editable online medical records. • He shared a video which outlines the medical record modernization process and benefits. • He stressed the technology works, but users and end users must be trained to fully utilize the system and benefit from the platform. It is important to mitigate the stress for Veterans and family members during the learning process. • He outlined the goal of the record keeping system as a continuous and seamless movement of personal medical records from the moment of Service with a proactive mechanism which alerts Veterans with notifications for preventative health steps. • He stressed true interoperability – VA-VA, VA/DoD, VA/DoD/ Community partners. • FAC members suggested and commented: ○ Access to Veteran records for the Caregivers ○ Indication of Caregivers in the medical records and the ability for the Veteran to edit Caregiver information when needed ○ Mobile access to medical records via an app ○ Ensuring Military-connected children's medical records are coded properly; improperly coded records could lead to future service disqualification. ○ Adequate customer service • Sen. Dole recommended Mr. Windom present the platform during the September 2019 FAC meeting.
Recap/Adjourn ***Senator Elizabeth Dole***	• Senator Dole thanked the committee members for their insights and participation and adjourned the meeting.

Moseley
Brown, Betty

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Approved

Dr. Betty Moseley Brown, DFO

Elizabeth Dole

Approved

Sen. Elizabeth Dole, Chair