

Veteran's Family, Caregiver and Survivor

Federal Advisory Committee Minutes

October 28, 2022

12:00 PM – 12:05 PM Opening of the Federal Advisory Committee, Dr. Betty Moseley Brown

Dr. Betty Moseley Brown, Designated Federal Officer, opened the meeting and discussed the rules for this meeting.

- If there are logistical concerns, participants should email veofaca@va.gov.
- There was one public comment submitted by L. Hickerson which had been distributed to the Committee before this meeting.
- In accordance with FACA, the minutes are posted on VA's Advisory Committee Management Office (ACMO) website, www.va.gov/ADVISORY/index.asp.

Dr. Moseley Brown announced to the Chair there was a quorum to carry on business.

12:05 PM – 12:30 Welcome, Opening & Introduction of Members, Donald M. Remy, Deputy Secretary of Veteran Affairs – Lee Woodruff (Chair)

Ms. Woodruff thanked all for attending and introduced Deputy Secretary Remy.

Deputy Secretary Remy: Recognized Senator Dole's incredible service and leadership as the FACA Chair since 2017. He wanted to acknowledge Ms. Lee and how they are looking forward to her leadership as the incoming Chair. He mentioned a couple of new members, Colonel Greg Gadson, retired U.S. Army, and Steve Schwab from the Elizabeth Dole Foundation. He thanked the committee members for their ongoing support and continued service as well as their subject matter expertise they bring to the advisory committee. He noted the large turn-out for this meeting and that it demonstrates the interest that everyone has in all that VA does in support of families, caregivers, survivors. And he expressed his gratefulness for that interest and advocacy for those who support and care for our Nations Veterans.

- October 1st, they expanded the program of Comprehensive Assistance for Family Caregivers to eligible family members and Veterans of all eras, including those who served after May 7th, 1975, and before September 11, 2001. This is to recognize the critical role of the family caregiver in caring for Veterans.
 - This expansion will provide access to thousands of eligible Veterans and their family caregivers.
 - As of this morning's DEPSEC brief, they have received approximately 17,500 applications for all cohorts from all eras.
 - Continue to review all aspects of the PCA AFC, Program for Comprehensive Financial Assistance, in identifying opportunities to improve the experience of Veterans and caregivers.
 - Regarding the PACT Act they are preparing to implement an important piece of legislation which will expand services to Veterans but also to their survivors. And asked the group to spread the word about the benefits available to eligible persons.

- The Veterans Experience Office created a Caregiver VSignals survey in September. The survey will provide some insights from the responses so that they can better measure and improve the customer experience for the caregivers and Veterans that they serve.

He is interested in hearing what is going on and looking forward to engaging with the group for their advice, their perspective and to providing information to continue this very important work that this committee is doing.

He thanked the committee for the opportunity to speak.

Ms. Woodruff: Thanked DEPSEC Remy and wanted to thank everyone for being here and those that could not be here today because many have lost a loved one and she had wanted to honor that.

She welcomed the public, and the two new committee members: Steve Schwab and Greg Gadson. She also recognized two new subcommittee Chairs:

- Melissa Comeau who will be Chairing the Family and Caregiver Subcommittee
- Bonnie Carroll who will be remaining as Chair of the Survivor Subcommittee

She was honored to be asked to be the Chair for this committee and mentioned that Senator Dole was an incredible leader, and she is excited to serve on this board and being a part of this holistic circle that supports Veterans and military families.

She introduced John Boerstler, Chief Veterans Experience Officer.

12:30 PM – 12:45 Update from the Veterans Experience Office, John Boerstler, Chief Veterans Experience Office

Mr. Boerstler: Thanked Ms. Woodruff for taking this role. Looking forward to seeing everyone in person at the next meeting.

He went on to explain that they had gotten some great responses from the Caregiver survey that will continue to show them the pain points, the bright spots and the moments that matter across the caregiver journey. This will help them to adjust and make improvements to be a better voice of the customer for Dr. Richardson and her team as they continue to shape these programs moving forward.

Presentation: Caregiver Support, Community Veteran Engagement, and Transition Experience

Caregiver survey responses breakdown:

Data is broken down by VISN. Some great marks across and some room for improvement.

Caregiver survey score:

Some of the questions caregivers are being asked. The VSignals surveys use the Likert Scale ranging from strongly disagree to strongly agree, this is what VA uses for program and process improvement. As they get more data and insights from caregivers, with this quantitative measurement tool, they will be able to update on a quarterly basis at the FACA meetings.

Caregiver survey modality preferences:

As everyone has adapted during the pandemic, telehealth and telecare has been the preferred modality.

Expanding Outreach: VetResources Community Network:

Community Veteran engagement which includes caregiver, family, survivor engagement as well. They are expanding many of the support services that they have at central office for the facilities in the field to include:

- Medical Centers,
- Outpatient Clinics,
- Vet Centers,
- Regional Offices,
- Cemeteries.

They are putting together a Communities of Practice (COP) similar to how they do this on the customer and patient experience side at VA. The COP will allow the sharing of best practices, lessons learned and to get the facilities more engaged and to partner with this committee.

- VA VEO published a [**VA Community Playbook**](#) coinciding with the launch of a VetResources Community Network (VRCN) **Community of Practice (CoP)** – Kick off November 15th
- Over **500 community and strategic partners** are invited to virtually convene each quarter to receive outreach materials, promising practices, tools, advice, connections, and solutioning around VA's biggest priorities and gaps.
 - Includes community and strategic partners, CVEBs, VCPs, DoD, State/County VA, Governors Challenge, and VA employees.
- **VetResources Community Idea Lab**
 - Q1 FY23 Deployment of PACT Outreach Innovation Ideas and Greatest PACT Challenges with reaching Veterans, families, caregivers, and survivors

Breakdown of what community Veteran engagement looks like. Many of the committee members may be involved with a number of these types of organizations. They want to make sure they are giving more support holistically to their partners and ramping that out. They are trying to make a more concerted collective effort at better supporting community Veteran engagement for facilities making it easier for them to partner with you by giving them more tools and resources in the field where Veterans, caregivers, families, and survivors live and thrive.

Outreach Partners

- Community outreach and strategic partners
- Veteran Service Organizations
- MOA partners
- State VA/NASDVA
- Community Veterans Engagement Boards
- VHA Veteran Community Partnerships
- Governors/Mayor's Challenge
- OMHSP Community-based Initiatives
- Department of Defense
- Department of Labor (DOLVETS)

By the numbers

- 320+ collaborative outreach partners
- 11 MOA partners
- 126 CVEBs
 - With a potential reach to 50M Veterans, families, caregivers, survivors
- 50 State VA offices
- 12M through VetResources News

He talked briefly about the work that they are doing to improve the transition experience which is very important because in many ways it is the first touch point with customers. Data has shown that enrollment is down among younger Veterans in the transitioning service members and their families, and trust is lower than other age cohorts. So, what are they doing to improve the upstream customer “funnel” they can take care of these customers for life.

Approach

The Veterans Experience Office (VEO), in partnership with Veterans Benefits Administration (VBA), Department of Defense (DoD) and Department of Labor (DoL), applied Human Centered Design (HCD) to identify experiential needs and desires of Transitioning Servicemembers (TSMs), Recently Separated Veterans (RSVs) and their families during Military to Civilian (M2C) transition.

Objectives:

- Better-understand the physical, mental, and emotional needs of TSMs, RSVs, and their families.
- Use the experiential information gathered to recommend program and process improvements in the following areas:
 - Enhanced Healthcare Collaboration
 - Integrated Benefits and Services Delivery
 - Enhanced Transition and Post-Separation Experience
 - Modernized Shared Business Operations
 - Enhanced Interoperability and Partnership

They are working on a 24-month project with the Department of Defense (DOD), Department of Labor (DOL), General Services Administration (GSA), Department of Education (DOE), and many other federal partners to gain insights, not only from transitioning service members, recently separated Veterans but most importantly the population that this Committee serves; the caregivers, survivors, family members, spouses, to ensure that those insights are part of this. Insight #7, specifically family member sacrifices, is something that this Committee is intensely familiar with. The sacrifices that many of our family

members, caregiver, survivors, and spouses make during that, sometimes difficult, transition from military to civilian life and making sure that those insights are a key point of improving the transition experience.

Insights

Insights form the basis of design decisions. While all Service members and Veterans may not experience every insight, each insight represents a major pattern identified through customer interviews, verified with project stakeholders, and in some cases supported by findings from previous projects or secondary research. Insights are written in direct language as "universal truths." There are likely to be some exceptions to each insight because the Service member and Veteran population is so diverse.

➤ **Insight 1: Lack of Standard Transition Process**

As they prepare to separate, transitioning Service members navigate a lack of direction and coordination for the first time since they joined the military.

➤ **Insight 2: Shaken Confidence in Civilian Services**

Veterans quickly lose confidence when engaging with civilian services that fail to meet their standards of reliability.

➤ **Insight 3: Replacing a Lifestyle is Easier Said than Done**

Veterans often casually approach reintegration into a civilian lifestyle and may not appropriately prepare for the impact of having to replace their entire community, purpose, culture, and identity.

➤ **Insight 4: Walking Off the Resource Cliff**

Transitioning Service members find themselves walking off a resource cliff with complex and short timelines, creating a lack of awareness and foresight into how to land safely.

➤ **Insight 5: Show Don't Tell**

Transitioning Service members are overwhelmed with information and aren't sure how to apply it to their needs, so they rely on advice from other transitioning Service members and Veterans based on their experiences.

➤ **Insight 6: The Unseen, Variable, Necessary Support Network** Even the most prepared and supported transitioning Service members run into unforeseen challenges when relying on the competence of those working behind the scenes.

➤ **Insight 7: Family Member Sacrifices**

Spouses and family members may discover their own challenges in establishing a life after the military that seeks to re-engage a postponed career, education opportunity or community that was previously sacrificed in support of frequent moves and the demands of military life.

He discussed the creation of the new customer personas for this work which were based on:

- Conducted approximately 200 different, 2-hour long in-depth interviews.
- These interviews provided thousands of insights that they would not have been able to obtain through surveys.
- They then drilled down this information to create these types of customer personas so they can design for these different personas.

It is important to use these types of tools in customer experience so that they can design a world class transition experience.

Customer Personas - Personas are a combination of characteristics and experiences gathered through HCD research.

- **Lifer** – “I am trying to let go of the military even though it means everything to me.”
 - Priorities: Family, Healthcare
- **Goal Oriented** – “I view the military as a way to reach my future goals.”
 - Priorities: Education, Employment, Finances
- **Purpose Seeker** – “I am trying to find a purpose for my life after the military.”
 - Priorities: Family and Employment
- **True Separator** – “I just want to get out of the military”
 - Priorities: Employment and Finances

Discussion continued with the journey map and Mr. Boerstler explained that this journey map included a confidence meter. He pointed out that on the left-hand side of the slide one could see the confidence meter on the plus going green and then the frustration or confusion meter at the bottom you see a minus sign going red. As the Veteran, family, caregiver, survivor unit moves through that transition you can see a lot of the confusion at that point of separation. So, how do we help these individuals further “upstream” in their service and ensure that they have been provided the information on the resources and services provided by the federal partners, VA and the DOL but also connecting them to many of the community based nonprofit services that many of the Committees organizations and partners at the state and local government levels provide.

Journey Map

Journey maps outline the steps and individual moments when moving through a specific process, program, or experience. Often, the map outlines pain points and bright spots that the individual experiences during each step.

They are breaking down the 24-month design sprint into four different sections. Right now, they are in the middle of the transition process and have a better understanding that using the insights that they were able to glean from the work done so far.

- Each sprint will be 13-weeks in length.
- When that sprint ends, they will be prototyping much of the design work that has been done with the cross-agency group prior to starting the next sprint.

Areas of Opportunities

- Transition process
 - The current transition process lacks standardization and clarity around what's important, what needs to happen to achieve personal goals, and when; and accessing VA services can be confusing and difficult for Service members.
- Life Planning
 - Service members often do not develop comprehensive plans for life after the military beyond meeting their most immediate and priority needs.
- Education & Timing
 - Service members are provided with “too much information” over a compressed timeframe that often prevents understanding and actionability.
- Programs & Services

- Service members often struggle to navigate and become aware of the hundreds-to-thousands of resources that may be available to them and lack protected time to engage with them.

Steve Schwab comment/question: Excited about the transition work being done. Question regarding the data points put out. Is the response rate consistent with what you've seen in prior caregiver surveys? Are you pleased with the response rate?

John Boerstler's response: Previously they have taken comments from either the VHA Outpatient Services surveys, this is perhaps the most taken survey across all 140 business lines that they currently measure, they pull out different insights related to caregiver programming, of which they have thousands of insights. They also pull insights from the Geriatric Services survey from the comments section related to caregiver support programming where they have seen significant responses as well. Given that this survey is only about a month old and the number of responses shows how involved and invested this group has been in getting the word out about the updates to the program that Dr. Richardson and team are making. He anticipates an increase in survey participation overtime which will provide them with more insights and information to continue to improve the programming.

Steve Schwab comment/question: He thought the response rate was great. Can you sort out caregivers by cohort, age, demographics to see where the pre and post 9/11 split is?

John Boerstler's response: He thought they could do that and would get back to him. Perhaps they could cover this at the next in person meeting. He thought it would be interesting to see given the expansion of the program into other eras.

Steve Schwab comment/question: He thought that would be awesome and suggested that they could also discuss the top three take-a-ways from the survey responses. He was fascinated by the level of detail in terms of the trust scores across the VISNs and if there are ways that the organizations can reinforce some of the needs that you have to follow-up on. Any of the pluses and the minuses of what you are learning from the community they could be good partners in ensuring that they are aligned with what VA is learning.

John Boerstler's response: Agreed. They are also very excited to add these insights to the Secretary's dashboard for him to see every week, what they always include are the top three compliments, concerns, and recommendations for each major line of business. As DEPSEC Remy had mentioned given the incredible priority that they are placing on this program and the improvement of the experience for caregivers and Veterans, he believes it's only going to get better.

Sherman Gillums Jr. comment/question: Welcomed Lee as the new Chair. He was glad to see the journey map begin with pre-military factors, variables and things that are part of the process that as he has journeyed into mental health advocacy they are often overlooked. Who a person was before they joined has implications on who they become and how they handle things like transition. How far will VEO delve into that aspect of the caregiver and Veteran journey as they do this work? He also appreciated how they are quantifying experiences in a way that become meaningful and validates a lot of what people feel and think and talk about. There were many "wins" in the list of percentages in the CSP Program Survey, however, he asked about opportunities. He asked for an explanation of the 56%

from the CSP Program Survey question, “I’m asked to clarify discrepancies between my observations and my Veteran’s self-reports about their condition.”? This often becomes critical about conclusions that are drawn about where the Veteran is in terms of wellness. Do you have a mixed method approach, where you get the number and then you investigate what the reasons are? It could be generational where you have more Vietnam era Veterans who may not talk about things with their caregivers, or might there be other reasons for why there is such a disparity between how the two people in that care situation understand what is going on or at least speak to it when speaking with the caregiver coordinator?

John Boerstler’s response: They have seen this in VHA outpatient services scores, comments, and feedback as well. When you think about the way that this is measured:

- trust,
- ease,
- effectiveness,
- emotions.

Focusing on effectiveness may help them glean a lot of insights for process and program improvement, which could lead to better training for the clinicians and providers. In this use case he is imagining what kind of information exchange is happening between the clinician, case manager or social worker and the caregiver and Veteran either together or independently and taking this information for improvements.

He thanked them for their advocacy and the information.

He discussed the 24-month timeline for the transition experience work and the four sections:

- transition process,
- life planning,
- education & timing,
- programs & services.

All of what the committee’s organizations do and the committee members subject matter expertise will extend across much of this work, so they will continue to update them on a quarterly basis. They will not just have a plan at the end of the 24-month timeframe, but they will be making changes along the way to improve that experience and he is looking forward to sharing what those prototypes will look like and to share what those customer experience improvements look like.

Acting on Insights and Opportunities

VA will provide structured facilitation to guide all participating partner agencies (DoD, DoL, Department of Education, Department of Housing and Urban Development, General Services Administration) through consecutive design sprints (13-weeks each) for each area of opportunity over a 20-month period.

The goal will be to co-design up to three (3) viable solutions to each area of opportunity. These solutions will then be prioritized for approval and moved into their own implementation workstreams for further development and piloting. This approach optimizes for collaboration, momentum and progress – while acknowledging that some solutions may take several years to fully-develop.

Mike Linnington comment/question: The Henry Jackson Foundation is doing a specific focus on transition for service members to Veteran status, they do periodic quarterly round tables. The one they are doing on November 30th will be in Bethesda with a group of DoD, VA healthcare providers and VSO is looking specifically at transition. This might be a forum that John's team might want to listen-in-on.

John Boerstler's response: Thanked Mike and asked if there was a POC that could put his team in touch with the Foundation regarding the November 30th meeting. They use a lot of work and survey results from many of the organization here. They used all that desk research as they did the discovery work leading up to this which helped influence the "fields of fire", so he is very interested in connecting with them.

Mike Linnington: "It's in your inbox. Thank you."

Lee Woodruff: Thanked John for the update. She suggested using the hand raise if they have something to say as she is unable to view the members at this time. She introduced Meg Kabot, Senior Advisor to the Secretary for Families, Caregivers, and Survivors. She has spent 25-years advocating on behalf of this group and as the advisor speaks directly to the Secretary of the VA.

12:45 pm – 1:00 pm Update from Senior Advisor, Margaret "Meg" Kabat, Senior Advisor to the Secretary for Families, Caregivers and Survivors

Meg Kabat: Thanked Lee for including her in this important work. She explained her role as taking that 30,000 foot look at what VA is doing and how it impacts families, caregivers and survivors and to make sure that the voice of those communities is incorporated in policies and other work this committee does and John Boerstler has been a great partner in that. By focusing on caregivers and families sometimes messaging out they get good "click rates" on that which demonstrates how important this population really is to supporting Veterans. She will be providing an update on things that they are doing outside the Caregiver Support Program because Dr. Richardson will be covering that later.

She will provide some links in the chat for the group to look at. One of the things that had occurred because of advocacy from many on this committee, is that a law was passed many years ago that required HHS to develop a national strategy for family caregivers. Family caregiving is an issue for families across the entire country not just within VA and not just for Veterans. So, work has gone on with a large work group chaired by HHS, she serves on that work group as the VA representative. The strategy was published in September 2022. She also spends a lot of time doing interagency work, specifically with Joining Forces, Dr. Biden's initiative, that really focuses on military families. This is Joining Forces 2.0, 1.0 was during the Obama administration which focused on a variety of different things, 2.0 focus is primarily on families. There are three main areas that they have looked at over this past year:

- Food insecurity,
- Spouse employment,
- Children in caregiving families.

VA has been involved in a lot of different things; one has been publishing a quick start guide. There has been a lot of news and discussion about food insecurity in our military, and just because someone leaves the military does not mean they suddenly become food secure. One of the things we want to make sure

is that as family's transition, they are "hooked up" with all of the services and supports that VA has, as well as some other federal agencies.

One of their team members, Cheryl Mason, is one of our experts in the area of spouse employment, VA is currently a leader. VA is currently doing hiring fairs at DoD facilities, especially as they staff up for PACT Act, they will be able to hire a lot of military spouses.

Steve Schwab comment/question: They will be meeting with the team involved in the spouse employment work soon. But it is great that they are involved in these employment summits, not every caregiver is a spouse, but many caregivers have employment needs. So, where and when we can integrate caregivers into those employment initiatives is good.

Meg Kabat's response: One of the things that she emphasized is that when they talk about military spouses to make sure that they talk about spouses of Veterans as well.

She went on to discuss the additional area of focus for Joining Forces has been children in caregiving families. They have put together a toolkit for teachers to use in the classroom around Veterans Day that talks about children of Veterans and how to celebrate Veterans Day. They are hoping for some social media around this within the next week. These toolkits are in collaboration with DoD, the Department of Education, and other federal agencies. In addition, another toolkit for educators regarding children in caregiving families, which impacts families not just within the military but outside of that as well.

Update on the Family Coordinator Program, initially part of the Build Back Better initiative that never "got off the ground" but remained an interest from the VA staff and clearly was something that has been expressed as being a need which is to have social workers, nurses and others at the VA medical centers who are focused on supporting Veterans and their roles as being part of a family. So, Veterans who are caregivers themselves is something they hear more and more about as well as Veterans whose families may be dealing with a child with special needs and what kind of support they can receive. Often, those families can receive quite a bit of support from DoD, but that support falls off when they come to the VA. They are requesting funding in the FY 24 budget, and they are hoping to identify some funding for this fiscal year to start identifying some pilot sites and funding a national manager for that program.

Steve Schwab comment/question: This Family Coordinator Program is very important to the populations they serve, and he is thrilled that they are going to put some resources behind a pilot. Do they have any idea what criteria will be used for where or how they will select what regions of the country for the pilots? Do they know what site characteristics they want for a pilot site?

Meg Kabat's response: It's too early at this point. They have not had those conversations yet but they welcome input and feedback on what that might look like.

Steve Schwab comment/question: John's survey data could help with determining where the pilots should be since the information is broken down by VISN. He is looking forward to updates on this.

Meg Kabat's response: Great.

She provided updates on survivors. As mentioned in March, they continue to grow their Veteran's Legacy Memorial, which is the online platform with a page for every individual who is buried in one of the national cemeteries. They continue to add cemeteries to this which is a nice way to commemorate all the heroes that are buried in the national cemeteries across the country. They will often go to various

national cemeteries and clean headstones, and they are encouraged to take a picture of the headstone and to post it on the Legacy Memorial site and then a family will know that someone stopped by and visited with that Veteran to keep that memory alive.

Within the past six weeks they have expanded the Dependency Indemnity Compensation (DIC) program to those individuals who were not able to be legally married because they were in a same sex marriage prior to the Supreme Court decision back in 2015. There are some rules about DIC:

- You need to have been married for one-year.
- If you've been married for eight-years, you get additional funds as part of your DIC benefit.

They've been able to make some changes to recognize those same-sex marriages and anticipate being able to expand that further after they do some potential rulemaking in the future.

Sherman Gillums JR. comment/question: Is there though about expanding this to the pension program as well? Where the lower income couples tend to be.

Meg Kabat's response: Great question. This was to address the immediate issue at hand because they had Veterans waiting around this topic. But she will get Sherman an answer regarding his question.

Ms. Gabriella Kubinyi: What kind of outreach is VA doing to this population?

Meg Kabat's response: They are beginning to do some outreach and looking at various ways to reach out to this population. It is a relatively small population because some of the requirements around DIC. But would welcome ideas about how to reach this particular population.

Meg continues to provide a short brief on the PACT Act, Melissa will talk about this in more depth. One of the important aspects of the PACT Act is for survivors of a Veteran who is already deceased but was not service connected at the time of their death but should have been, and so, now that survivor is eligible for some services and benefits. This is an area where they will need to target their outreach and are going to need this committee's assistance in doing that.

About 20-plus service-connected disabilities are now presumed under the PACT Act. Hypertension and MGUS have now been included within the Vietnam era. These were previously not presumptives that were included in the Vietnam era claims and all the way through to post-9/11 and under the PACT Act does not include three other presumptives that, through their own decision-making process at VA, under the Secretary's authority, were determined earlier this year which was rhinitis, sinusitis and asthma.

For healthcare enrollment eligibility, as of August 10th, when it was signed into law, they were considering that if a person needed to file a claim for any of the presumptives listed on the previous slide, then they considered that to be something a person could file immediately as of August 10th and would not need to wait for the statutory time period in order to file those claims. They will begin adjudicating those claims on January 1st, 2023. However, for healthcare enrollment they must abide by the law and how it is staggered:

- Vietnam era Veterans are eligible now and are encouraged to come in as soon as possible to be enrolled in healthcare.
- October 1st began the special enrollment period for the post-9/11 combat Veterans who separated between 9/11/2001 and 2013. If they had not previously enrolled for the five-years of

care previously given to post-9/11 Veterans, they should enroll now because the special enrollment period will end October 1, 2023. After that date it will be by presumptive, age and other factors that come into healthcare enrollment that they are statutorily beholden to.

Melissa asked for the groups assistance in making sure that the community knows what they may be eligible for under the PACT Act.

She asked again for assistance from the group to get the word out that if a person was previously denied to resubmit their claim. Under the new expanded authorities, they may now be eligible.

She wanted to cover this at a high level but there is a flyer that was sent through Betty that will get more into the details of what she discussed today and what is available to the survivor community. Some items available to the survivor community:

- healthcare,
- final monthly payment,
- home loan guarantee,
- burial allowance

Encouraged the group to distribute the flyer to the survivor community. The Office of Survivor Assistance under the VBA is also here to help, they have been doing engagements and touch points with specific communities, both virtually and in person. Some of the committee members have already partnered with them, Bonnie Carroll has done some work with the Good Grief Camp, they've done work with MOAA and Wounded Warriors and others. She encouraged the group to reach out to the Office of Survivor Assistance they are also able to coordinate specialized panels for groups or have subject matter experts on hand.

She clarified that the Vietnam era extended back to 1955.

Sherman Gillums Jr. comment/question: In past cases where the laws had a retroactive effect on benefits, the VA would automatically look at previously denied claims. Is the only trigger for reconsideration going to be a refiled claim? Or will the VA look at all of its previously denied claims that might be implicated in this change and give it a review? And it took some time for Agent Orange to be linked to spinal bifida, will such an exploration into whether Gulf War Syndrome or any of the classifications of exposure might be linked to birth defects?

Melissa Bryant's response: She will take the second question regarding birth defects back to Dr. Hastings and others. It is correct that there have been hereditary correlations made with Agent Orange, she has not been tracking on where they are regarding Gulf War Syndrome but will also take this back to Dr. Hastings. She explained that Dr. Pat Hastings is the lead for the military exposures study at VA. Regarding the trigger for claims and whether it will automatically go back to all of a persons previously denied claims, she believes it should, this is an ongoing conversation looking at the Veterans experience, the journey map building for survivor care, family care and support and something they are striving for but no necessarily ingrained within the standard operating procedures at this time. She will take that back to the VBA team for an answer.

Lee Woodruff: Thanked Melissa for her presentation and that it was encouraging to see action being taken.

Melissa Bryant: Thanked the group. She was glad to see this move through and excited to help VA implement this work.

Mike Linnington: He asked that Melissa take her presentation to the leaders on the benefits side, it was very thorough. And some of the changes with the timelines she spoke about are very important for the group to better understand.

Melissa Bryant: They have been in contact with Jose for some organizations. They are taking some of this on the road and will be starting in D.C. November 1st. They will have a small gathering where they will provide more detailed information and then they can have that one-on-one dialogue.

Lee Woodruff: That this was an important reminder for everybody that has their own network with an organization to put the word out, especially for those who were denied before. She then introduced Janet Elder to talk about travel reimbursement and acknowledge all the work that Betty and her team are working on to prepare for the face-to-face meeting.

1:30 pm – 1:45 pm Travel Reimbursement Training, Janet Elder, Federal Advisory Committee Staff, Veterans Experience Office

Janet Elder: Thanked the Chair and explained that she will be the person working with the committee members on the vendorization process.

- They will establish travel profiles.
- Process vouchers for reimbursement.

Committee members should have received a link to the VA form 10091, this is the form necessary to allow for reimbursement. Steps for submitting this form:

- first, they should mark the “E” as special government employee,
- then mark “I” as an invitational individual,
- the form must be signed using a “wet signature”,
- send the form back to Janet using encrypted e-mail due to the personal information on the form. If they do not have access to encryption, please contact Janet.

All Committee members are designated as Invitational Travelers:

- All invitational travelers must submit a completed Employee Vendor File form [VA Form 10091](#) to me at janet.elder@va.gov. The invitational traveler must provide a ‘wet’ signature on the form.
- Please select or mark the “E” and “I” payee/vendor types.
- Upload the document to Janet via **encrypted** email. If you do NOT have access to encrypted email – call Janet Elder (703)795-1488

Prior to traveling members will receive the Instructions to Travelers (ITT) document which will provide the parameters and specifics regarding the trip.

For reimbursements VA will reimburse you for the list of items, (see below slide), but receipts must be provided. Receipts should be submitted no later than 3-business days following the meeting.

Reimbursements

When we resume Travel

Expect an “Instruction to Traveler” Email and Letter (with ticketing, hotel and all specifics information) (See Sample document).

Receipts: Travel Authorization common expenses

- Airfare (Coach only)
- Baggage Fees
- Taxis/Shuttles/Uber/Lyft – Standard
- Tips for Taxi/Shuttle/Uber: No more than 20% of total fare
- Terminal Mileage to/from airport
- Airport parking: Use the most cost-efficient form of parking
- Hotel: (A zero balance receipt must be provided)

Please Submit NLT 3 days following Travel

Once Janet completes the voucher:

- It will be e-mailed back to the respective member with the below certification statement (see slide below).
- The traveler must certify the claim is true and correct, and sign using a “wet signature”

Lee Woodruff comment/question: If a member has already filled this form out before for prior years, do they need to complete a new form each year?

Janet Elder's response: Only if the member has changes.

No other questions Janet thanked the committee for their time.

Lee Woodruff: Thanked Janet and introduced Dr. Elizabeth Brill, Deputy Assistant Under Secretary for Health for Clinical Services and was the former Acting Deputy to the Assistant Under Secretary for Health for Community Care. She will brief the group on the impact of the pandemic on Veterans and their families.

1: 45 pm – 2:00 pm State of the Pandemic on Veterans and Families, Dr. Elizabeth Brill, Deputy Assistant Under Secretary for Health for Clinical Services

Dr. Brill: Thanked the group for having her. She will be discussing the state of the pandemic on Veterans and families, covering a few topics:

- Vaccinations,
- Vaccine mandates,
- Planning for the end – COVID

The VA has been able to vaccinate almost 5 million individuals. Most of those are Veterans, they have also been able to break this down about how many people got one dose or more than one dose, or if

they got a booster. The vast majority of employees as well as caregivers have been vaccinated through interagency agreements. Through the Save Lives Act they were authorized to vaccinate any Veteran, whether or not they were enrolled as well as some family, caregivers, and children.

The VHA Vaccine Mandate required all VA healthcare personnel to be vaccinated unless they had an accommodation for:

- medical,
- religious,
- pregnancy

They also asked new job applicants to be vaccinated. If people were in violation of this, they could be moved from their unit or removed from federal service. The goal of this is to keep our Veterans safe. When a Veteran comes to a healthcare facility, they felt that they should be coming to a safe environment where they don't need to worry that those taking care of them could be putting them at risk.

VHA Vaccine Mandate: Directive 1193.01

- Published 1/27/22, VHA Directive 1193.01 establishes the requirement for **all VA health care personnel to be vaccinated** against COVID-19 or have an approved medical, religious, or pregnancy accommodation
- VHA continues to require **applicants to Health Care Personnel positions to be fully vaccinated** against COVID-19 and provide vaccination documentation or have an approved accommodation
- VHA HCPs in violation of the directive may face disciplinary action up to and including removal from Federal service.

Due to the 1/21/22 U.S. Court Injunction on Executive Order 14043, VA will take no action to implement or enforce the COVID-19 vaccination requirement for non-health care personnel.

Once they recognized that this disease was something that people would have to live with in an endemic state, they put together a team to create a stop light as seen in the slide. Before the stop light was created:

- Facilities were just reacting when the numbers were going up or going down. On any given day employees at the facilities and the Veterans coming to the facilities, did not know what to expect.
- The number of people with COVID goes up and down in different parts of the country at different times. So, not everyone is having a peak or a dip at the same time.

The goal of the stop light was to create different postures or ways that the facilities would handle a variety of issues based on how much COVID was in that particular location.

For example, there could be a red posture in New Hampshire, and it could be a green posture in Montana. The postures were being done based on the county because the counties can be variable within the state. They took the guidelines from several different plans that had been published and applied them through the lens of how high is the COVID transmission to all of these topics on the right-hand side of the below slide.

The first term care balancing at the beginning of the pandemic was all elective surgeries were cancelled. They realized that they wanted to maintain as much care as possible, for instance, visitors could not come to the facilities at the beginning of the pandemic. But they recognized that visitors were important to their patients and so they were able to create a status for the facility identifying if the facility was red,

yellow or green this is how they would handle elective surgeries or visitors, etc. And this provided information to the patients and employees so they would know what to expect when they came to work or came to the facility that day and it would not be a surprise when they walked through the door. They put up posters to inform people when they walked through the door, whether the facility was at the red, yellow or green level and some icons to explain what that meant for their behaviors. The masking has been consistent although that too may change in the future.

The CDC has four different levels for community transmission:

- Low
- Moderate
- Substantial
- High

Community transmission tracks how many infections they are seeing in the community and what percentage of the tests are positive. It provides them with early indicators as to how much disease is circulating in the community before those patients get hospitalized. The VA did not want to go with the four levels of community transmission, so they collapsed the moderate and substantial into their medium level. So, there is green, yellow and red; low, medium and high. And these track with the CDC's transmission levels.

She explained Long COVID which is a problem for approximately 4%-7% of patients that have a COVID diagnosis. Long COVID is someone with persistent symptoms or new symptoms or returning symptoms a few weeks after they have their initial infection. The goal of the Long COVID Program was to create a unified program so that a Veteran, regardless of where they were in the country and what specialists they had direct access to, would be able to access a National Long COVID care program. Many of the strange manifestations of Long COVID are care for by subspecialists, (neurologists, rheumatologists, pulmonologist, cardiologist), and those subspecialties are not available at every location. So, they created a way so those patients could be referred to the experts in those areas to help treat their Long COVID associated conditions.

VA National Long COVID Program

- The VA National Long COVID program will be a unified approach to care, support and services across VHA facilities, with a robust referral and follow-up system.
- 20+ programs were developed organically at local VA facilities to address a growing need for care of the symptoms of Long COVID.
- Recognizing that VA has a responsibility to ensure that all Veterans have access to Long COVID care, we began to work on transitioning from a local effort to a national program to provide care to Veterans, no matter where they live.
- Under VA Long COVID programs, Veterans work with a team of specialists, including neurology, pulmonology, cardiology, psychiatry and mental health, and other wellness modalities to provide the most comprehensive, Whole Health care possible.

These plans/programs sprung up in response to the disease organically and what they've done in their team is organize and leverage the work that spontaneously popped up in the field in response to the disease. So, they've transitioned local programs to a national program, they've created a guide to the care of Long COVID and this document is for providers who don't specialize in this care. The guide has a page for each symptom cluster which the provider can refer to for assistance, it details:

- What question should you ask the patient?

- What test should you run on the patient?
- How should you code this visit?
- Who should you think about referring them to?
- What kind of treatments can you offer the patient?

This is a very concise guide that provides the information needed; so the provider does not have to spend the energy searching for this information, they can turn to the page that their patient's symptoms are on and they can use that to do the appropriate work-up and treatment.

Dr. Brill shared some of the communications products that they have because they want to communicate directly to Veterans and not just their clinicians. They've created posters for the facilities that provide information and answer some questions regarding what Long COVID is and what you can do if you have Long COVID. The QR codes which they can scan with their phones will take them to other documents, such as the Long COVID Fact Sheet, which has a lot of answers to questions that Veterans may have, and a symptom checker.

People may not understand why their symptoms may be different from their friend's symptoms. How can that be? The Long COVID Fact Sheet and Symptom Checker for Veterans will have the answers around why the symptoms could be different. So, they've tried to make this information straight forward, focusing on the issues that a Veteran might have in understandable language which they can share with their provider.

The focus of this has been on helping Veterans through vaccinations, helping them know what to expect when they come to the facilities, using the stop light plan, which is very attuned to what the local levels are and then helping Veterans find the care that they need if they are unfortunate enough to be afflicted with Long COVID.

Lee Woodruff: Asked if there were any questions for Dr. Brill.

Steve Schwab comment/question: Thanked Dr. Brill and was pleased to see the VA in the forefront with respect to research and COVID. He was very pleased at how quick the VA was to offer vaccinations to caregivers as well as Veterans. He wanted to make sure as a committee that they broadcast that opportunity for caregivers to get their vaccinations and their boosters. Can the VA provide flu vaccinations to caregivers who were able to benefit from the COVID vaccinations?

Dr. Brill's response: They are very concerned about this flu season, COVID has not gone away and there is also the Respiratory Syncytial Virus (RSV) which they are concerned about as well. They have been able to offer flu vaccinations in the past; it depends on whether they get the authorization to do so. They did get the authorization for COVID vaccines, they have had conversations about how to promote the flu vaccine because people are a little behind on getting their flu vaccinations, so she will circle back with their working team. They meet weekly regarding all infectious diseases to include monkey pox, Ebola and others. And they'll be pushing for getting the authorization for getting the flu vaccine for our caregivers like they did with the COVID vaccine.

Steve Schwab comment/question: It would be advantageous for this committee to make a strong recommendation to leadership to consider opening the VA to providing flu vaccinations to families and caregivers.

Lee Woodruff: Agreed. And thanked Dr. Brill for her update. She introduced Dr. Colleen Richardson, Director of VA Office of Caregiver Support for VHA and the principle advisor to the Caregiver Support Program which provides resources and education to Veterans and their caregivers. She is responsible for the national implementation and oversight of two national programs and their associated services for the CSP program of general caregiver support services and the Program of Comprehensive Assistance for Family Caregivers.

2:00 pm – 2:30 pm Program of Comprehensive Assistance for Family Caregivers (PCAFC) Expansion, Dr. Colleen Richardson Director, VA Office of Caregiver Support

Dr. Richardson: Provided an overview of what she wanted to cover.

- Fiscal Year (FY) 2021 and FY 2022 in review
- Listening sessions
- FY 2023 – The Year of the Caregiver
- Phase II Expansion
- Program of Comprehensive Assistance for Family Caregivers (PCAFC) Review and Appeals updates
- Other program updates – PGCS

She reviewed the fast fact sheet (see slide below) that is a snapshot of the FY 21 and FY 22 data. Some highlights:

- As of 10/1/2022, there were about 40,800 active Veteran participants in their Program of Comprehensive and Assistance an increase of more than 32% by the end of the fiscal year.
- They approved approximately 2,100 more applications in FY 22 than in FY 21.
- There were 35,800 fewer applications in FY 22, but the approval of applications increased.
- Important to see in this program is standardization and consistency in rendering decisions for approval.
- 84% of the applications are being processed in 90-days or less.
- There were 1,100 applications greater than 90-days at the end of FY 21.
- At the end of this FY there were on only 36 applications greater than 90-days. A significant improvement.
- Meeting application disposition time to 28 days, a reduction of 39 days.

She continued with the data review and measure 832, percent of applications dispositioned within 90-days. This data is also used in the performance plans of the VISN and Medical Center directors. Once this data was included in the performance plans there was a 10% increase. So, putting this at the forefront of everybody's mind and doing it in a timely and efficient manner makes a difference.

The next two slides are an overview of the listening sessions Dr. Richardson and her team have held over the past several months with their caregivers, external partners, stakeholders including VSO, MSO, many CSP programs staff across the country. There were many thoughts on ways they could improve the Program of Comprehensive Assistance. They laid out some of the themes that were discussed, it is not a comprehensive list.

- A review of the eligibility criteria and reassessments are being conducted by several of Dr. Richardson's team and Ms. Kabat.
- DEPSEC announced in March that they were going to do a comprehensive review of the entire program.

- They are working on the program review and anticipate having something out within the next several months.
- Whatever changes are made they want to ensure that these are accurate and target the population of caregivers and Veterans they are trying to serve.
- Addressing the lack of clarity in decision making, so they are looking at those letters that are mailed out to caregivers and Veterans notifying them of their disposition.
- Communication and additional support from the program office.

She addressed some of the action steps they are currently taking and will be taking in this fiscal year to identify the needs that were addressed during the listening sessions.

- They have a team of individuals currently looking at the eligibility criteria.
- Streamlined the Wellness contacts to date. Feedback to date from caregivers and many VSOs has been positive.
- As of October 1st, they have a new letter that goes out to all the caregivers and Veterans that outlines each criterion that the caregiver and Veteran either met or did not meet. This way if they disagree with the decision, they know exactly what it is that they are appealing. The letter is also included in the electronic healthcare record.
- The new letter has been out there for about 28-days and they will be conducting some listening sessions in about 60-days for feedback.
- She recently hired a communication specialist, a retired Army soldier. They are ramping up the communication to caregivers, Veterans and VSOs by creating quick fact sheets to share on social media.

They have made some significant data improvements in FY 22. It has been about:

- Taking care of the caregiver and their experience,
- Veteran experience,
- Culture change,
- A shift in how they look at people applying to these programs and the stories behind these people.

During the listening sessions, caregivers express the need for more support. Once they are in the program, they get the training and education but that they occasionally need a break and someone to talk to. Some changes:

- They are enhancing the respite services and hiring respite support liaisons that will work with the team to make sure that these services are utilized more by caregivers.
- Partnering with the Office of Mental Health and Suicide-Prevention to enhance that provision of mental health services offered to caregivers to include marital therapy as well. Anticipate having the staff onboard soon. It will be a virtual offering and they will be piloting it soon.
- They want the program to be exceptional, with every experience, contact, every opportunity to interact with caregivers and Veterans to be an exceptional experience. This is part of the culture shift, getting the staff to focus understanding the unique individual and their caregiving needs.
- Increased communication around decision making.
- Legal and financial services contract they now have a contract in place to support the financial legal services to the PCFC caregivers. It will be a four-month phased in process; they anticipate by February 2023 this should be ready to roll this out. They will be offering services around:
 - Household budgeting,
 - Debt management,
 - Retirement planning,

- Insurance
- Legal support services:
 - Legal documents,
 - Education referrals,
 - Community resources,

FY 2023 – Year of the Caregiver

- **Enhance Respite Services** - Implement Caregiver Respite Liaisons to support access and coordination of respite services.
- **Implement Caregiver Mental Health Resources** – CSP is working in partnership with the Office of Mental Health and Suicide Prevention (OMHSP) to enhance the provision of mental health services offered to caregivers. Specifically, CSP is looking to leverage mental health hubs to better support and align with providing mental health care to our caregivers.
- **Improve the caregiver and Veteran experience** – CSP has worked diligently with the Veteran Experience Office (VEO) to create a customer experience survey that will be used to capture the voice of the caregiver and Veteran. This survey will be used to make ongoing improvements within CSP.
- **Provide Award Winning Contacts** – Customer experience pilot targeted to enhance the caregiver and Veteran experience with each contact.
- **Increased Communication around Decision Making** – New decision letters and clear documentation in the electronic health record began October 1, 2022.
- **Legal and Financial Services** – Contract has been awarded.

Dr. Richardson provided a brief overview on the phase-two expansion launched on October 1st and 2nd.

- October 1, 2020, during phase-one expansion, they had received approximately 2,300 applications.
- October 2022, they had received 4,200 applications during the first two-days.
- Over 400 staff worked the weekend of October 1st and 2nd so they were able to assist Veterans and caregivers process applications in real time.
- They have approximately 17,000 applications remaining with a few days remaining in the month.

PCAFC Phase II Expansion Launch

Over the October 1-2 weekend, CSP received approximately 4,200 applications.

- **~400 CSP staff members** from across the VA Enterprise worked over the weekend to support Phase II Expansion.
- The number of applications received reflects a high incoming volume, especially compared to CSP's average of 6,000 to 7,000 applications per month.
- In comparison to Phase I Expansion in October 2020, CSP received approximately 2,300 applications over the same period of time.
- The Caregiver Support Line (CSL) received 330 calls on Saturday, primarily in support of PCAFC/Application Assistance. CSL was able to maintain call metrics during this period of high call volume.

- 99% of applications that were received over the weekend were submitted via the VA.gov online form.
- Of the 4,200 applications, CSP was able to move 1,324 applications to the next stage in the process.
- Approximately 1,000 applicants (caregivers and Veterans) were contacted over the weekend to complete assessments and other portions of the application process.

She discussed the court ruling that occurred last April. On April 19th, 2021, the Court of Veterans Claims ruled in favor of the Beaudette family and seeking review by the Board of Veterans Appeals for decisions rendered under PCAFC. This means that Veterans and caregivers now have an option to appeal a decision to the Board of Veterans Appeals they received from this program if they disagree. Prior to this ruling the caregivers and Veterans only had the option to appeal a decision they disagreed with through the VA Clinical Appeals process, once they exhausted that appeals process, they no longer had options if they disagreed.

There are two different processes in place for appealing to the board these are separate from the VHA Clinical Appeals process:

- **Legacy Appeals** – All PCAFC decisions rendered prior to February 19, 2019, must adhere to the Legacy Appeals Process
- **Appeal Modernization Act (AMA)** – All PCAFC decisions rendered on or after February 19, 2019, must adhere to the AMA process
 - Supplemental Claim
 - Higher Level Review
 - Board Appeal using Modern Process
- **VHA Clinical Review/Appeal:**
 - Two levels of VHA clinical review/appeals
 - Up to three distinct Centralized Eligibility and Appeals Teams (CEATs) make and review decisions (initial decision, level 1 appeal, level 2 appeal)

The process that a Veteran or caregiver chooses depends on the date of their decision. So, for decisions that were made or rendered prior to February 19th, 2019, Veterans and caregivers can choose to use the legacy appeals process. On February 19th, 2020, VBA stopped accepting these appeals for a multitude of reasons and the entire process has been reestablished in the CSP program.

The AMA process now allows Veterans and caregivers who received a decision on or after 2019 to file a supplemental claim, go through a higher level of review or they can appeal directly to the board. When they appeal directly to the board, CSP, is responsible for packing that information across systems for the board to review.

The courts ordered in the Beaudette case required:

- VA to provide notice to class members of their right to appeal PCFC decisions to the board.
- And the procedure for obtaining board review of those decisions.

Some challenges to implementing these changes in the process:

- Mail Management
- Notice
 - Provision of Notice of Review and Appeal Rights for previous and new decisions

- Authorized Representatives
- Forms
 - Legacy Notice of Disagreement (NOD) and VA Form 9 substantive appeal forms were expiring in February 2022
- New Workflows
 - Expanded PCAFC review and appeal options
 - More comprehensive decision notices; implementing Board grants and remands
- Staffing
 - Maintaining focus on PCAFC MISSION while standing up new review and appeal infrastructure

The implementation challenges with packaging decision evidence files to be sent to the Board of Veterans Appeals.

- Development of evidence files by CSP – for every PCFC decision which is appealed to the board, CSP must now compile all the information that was used to inform that decision and make it available to attorneys and law judges on the board.
 - Significantly time intensive; manual process
- Transfer of files from CSP to the Board – the past system used to inform PCFC decisions were maintained into three different systems which had to be manually extracted.
 - There was no readily identifiable system by which CSP could transfer files to Board or store files in a location accessible by the Board to permit adjudication by Veterans Law Judge (VLJ)/attorney
- Storage of files by the Board
 - Board uses Caseflow, which pulls from the Veterans Benefit Management System (VBMS) but does not communicate with the Electronic Health Record (EHR).

They have been making progress in addressing these challenges.

- Centralized Mail Intake
 - Dedicated P.O. Box, Centralized Mail Portal (CMP) dedicated Caregiver queue
 - Automation: Notice of Confirmation of receipt letters
- Notice
 - Issuance of approximately 450,000 Notice Letters to those who received previous decisions of review and appeal options.
 - As of September 28, 2021, VA Form 10-305, "*Your Rights to Seek Further Review of PCAFC Decision*", is included in all new PCAFC decisions.
 - Authorized representatives are being notified as applicable.
- Forms
 - Created VA Forms 10-305, 10-306, "*Request for Information*," 10-307, "*Notice of Disagreement (PCAFC Decisions)*."
 - Board renewed VA Form 9
- Creation of CSP PCAFC Decision Review and Appeal Workstream

Since this process is so new, they are unable to provide a status update on a person's appeal both to the board and CSP at this time. They process the appeals in the order in which they were received.

She briefed on PGCS a valuable program for those who do not need the Program for Comprehensive Assistance but still need support. Caretaking takes a toll on everybody's health and this coaching focuses solely on the caregiver and they hope to identify areas of their circle of health to focus on.

Caregiver Health & Wellbeing Coaching Expansion

- Currently available at 54 sites
- Available at all sites by end of FY23
- [Caregiver Resources in 2 Coaching](#)

Innovative Hires

- Spanish Speaking Supports
- Caregiver Wellness
- Creative Arts & Body Movement
- Caring for a Veteran with a Mental Health Diagnosis
- Embedded Positions – Dementia & Parkinson's Disease

Annual Caregiver Summit – November they focus on National Caregivers Month

- Theme: "Caring for the Health & Well-being of Our Nation's Caregivers"

Sherman Gillums comment/question: They have had claimants use e-benefits to track the progress of their appeals. He encouraged her to let that interface help keep people informed of what is going on. In his experience the claims were almost always adjudicated in favor of the claimant for three reasons:

- inadequate reasons and bases,
- statutorily defined requirement to consider all relevant evidence,
- failure to follow VA's own processes – e.g., hospital directors who did not answer within the required timeframe.

There were lessons learned from this that maybe helpful for you moving forward.

Jenna Dorn comment/question: She commended Dr. Richardson for what she has already inspired in the process, which is increasing transparency because the more transparency there is, the fewer appeals there will be. The committee has continued to bring up the frustration around the assessments. What other categories of things may be on the block for some revision?

Dr. Richardson's response: There are a lot of things right now that they are looking at.

- Specifically, they are looking at eligibility criteria as it stands today, and also looking at serious injury definition, activities of daily living, etc.
- They've heard a lot specifically around ADL's regarding the "each time" and did that meet the intent of Congress?
- Another piece that they are looking at is supervision, protection and instruction. Definition reverted from what was in the regulations to the statutory language.
 - Approval rates have increased 10-20%, they are just using the statutory language to evaluate Veterans under that definition. Capturing a lot of those in need of mental health that they were not capturing before.
- Addressing the redundancies in the Veteran and caregiver assessments. They are looking at streamlining those assessments.

Steve Schwab comment/question: It is important to step back and recognize how far and how deep this program has evolved since it started many years ago.

- Originally the program was focused only on post-9/11 caregivers.
- The budget was very small.
- There were under 100 field staff.
- Wounded Warrior Project and many other important organizations were pioneers and calling for there to be a new way to support the growing number of family members who were providing in-home care every day to Veterans recovering from their injuries.

And because of the collective work of many organizations on this call, many that proceeded this committee, many caregivers on this call, the Elizabeth Dole Foundation this program, these efforts and this staff and these services have expanded exponentially over the last decade. And now they are at the point where they are able to have a presentation that gets down to the bottom line of offering services and support that many organizations and caregivers have been calling for a long time. They have seen what a powerful coordinated group of caregivers and organizations can do by working together with the VA to advocate that programs value. He wanted to thank Dr. Richardson this program and leadership has made so much progress because they been able to shine a light, expand the budget, and implement the Mission Act which allowed for this program to be exponentially expanded. They need to continue to ensure this committee advocates for the resources that Dr. Richardson needs to implement this program and to implement new innovative approaches that she and her team are taking. One of the things with the evaluation is that Legacy caregivers cannot be removed from the program before 2025. Is there a way that could be represented in the health record?

Dr. Richardson's response: There are legacy participants, applicants and family caregivers out there who are still nervous even though they have been extended to March 2025, they will be mailing letters within the next 60-days from her program office in VA Central Office. This letter will also go in the EHR. They are looking at this program from a holistic perspective that not only addresses the Legacy but the Vietnam Veterans, WWII Veterans, Cold War Veterans, etc. They are in the program until 2025 unless they are discharged or revoked for another reason, (death of a Veteran or caregiver). She asked that caregivers do their Wellness checks every 120-days, the process is much better now.

Steve Schwab comment/question: He wanted to compliment Dr. Richardson and her team for the extra steps that they are taking and the way they have engaged the community.

Lee Woodruff: Thanked Dr. Richardson for the update and that it is nice to see the progress being made and that the committee is there to help.

Dr. Richardson: Thanked the committee.

2:30 pm – 2:45 pm Subcommittee Next Steps, Lee Woodruff, Chair

Lee Woodruff: Introduced the subcommittee. Melissa Comeau, Chair of the Family and Caregiver Subcommittee.

Melissa Comeau: provided some updates on the Family Caregiver Subcommittee.

- October 1st, the Program for Comprehensive Assistance for Family Caregivers is now serving caregivers of all eras.
- Successful listening sessions with VSOs, MSOs, and many caregivers. These have been instrumental in guiding their work and their understanding of some of the gaps and challenges in some of the programs and services.
- There is a state of the pandemic on military familie's report, once it is finalized the DoD will be forwarding it to them.

As the committee moves forward there are some areas, they want to advance efforts on:

- Understanding and supporting the journey from caregiver to survivor.
- Understanding children in caregiving homes in our hidden helper.
- Understanding equity in their caregiver support programs.

Melissa provided links to some information in the Chat:

Austin Looks to Alleviate Financial Harm the Pandemic Caused Military Families

<https://www.defense.gov/News/News-Stories/Article/Article/2846176/austin-looks-to-alleviate-financial-harm-the-pandemic-caused-military-families/>

Secretary of Defense Memorandum on Strengthening Economic Security in the Force

<https://www.defense.gov/News/Releases/Release/Article/2846852/secretary-of-defense-memorandum-on-strengthening-economic-security-in-the-force/>

Military kids are resilient, but far from immune to pandemic effects

<https://www.health.mil/News/Articles/2021/04/28/Military-kids-are-resilient-but-far-from-immune-to-pandemic-effects>

Purdue Military Family Research Institute explores well-being of military, veteran families in 2022 report

<https://www.purdue.edu/hhs/news/2022/09/purdue-military-family-research-institute-explores-well-being-of-military-veteran-families-in-2022-report/>

She turned it over to Bonnie Carroll, Chair of the Survivor Subcommittee.

Bonnie Carroll: She thanked the Federal Experience Office for working with all the VSOs on the implementation of the PACT Act and to the efforts of Anne Dopp of the Survivor Assistance Office and Kimberly Mitchell, the VSO liaison and Steve for calling out the importance of respite care. Update on the committee's work:

- Caregiver to Survivor report that was done by the Elizabeth Dole Foundation is in its final phase of editing and will be ready to share soon.
 - Increasing appreciation of the efficacy of peer based emotional support for the benefit of Veterans, their families, caregivers and survivors TAPS and other Gold Star organizations have begun discussions with relevant VA offices to apply the combined years of experience in the delivery of trauma informed evidence based best practices of peer based emotional support for survivors.
- They will share at the next meeting information on the Gold Coat pilot program. An initiative that came out of a survivor VSO leadership meeting with the VA Office of Survivor Assistance. Allowing Survivor volunteers to find meaning and purpose and serving in the VA hospitals.

- The recent PACT Act was passed with the active engagement of the military and Veterans survivor organizations. These organizations are working closely with the VA to support the implementation in a way that ensures survivors of all eras have access to benefits that they deserve.
- Congress is considering additional legislation that will address the current "remarriage penalty" for survivors to remove the termination of benefits if a surviving spouse remarries before the age of 55. More information will be forthcoming. In the meantime, the Survivor Subcommittee, TAPS, policy staff, Government Relations Committee and Gold Star Wives are available to discuss this effort with interested members and organizations.

She thanked the Chair for her leadership and allowing them to engage this committee and Betty for organizing the meeting and providing them with updates.

Lee Woodruff: Thanked Bonnie and Melissa for their updates and Betty for all her support.

2:45 pm – 3:00 pm Closing and Adjournment, Lee Woodruff, Chair

Lee Woodruff: Thanked the speakers and discussed the next face-to-face meeting currently scheduled for January 18th and 19th. They also need to pick a June date and September date. Dr. Moseley Brown is asking members to send any true blackout dates.

Dr. Moseley Brown: They are planning for Washington, D.C. and they are planning for a government location. She asked that if anyone had an additional public location that may be able to allow for the public to attend, please let her know. Since this may be the first time many of the committee members will be traveling Janet will their first connection for travel and for local members there is local mileage and local travel reimbursement available. They can make arrangements for flights and hotel reservations as well. Members need to be vendorized in order to make this happen, please reach out to Janet. The face-to-face will be in January, the goal is to have a 1 ½ day meeting, more information and details will be forthcoming. Scheduling the June and September dates will map out the whole year and members will know what the FAC schedule will look like.

The minutes from this meeting will be available within 90-workdays and if there are any questions before then please reach out.

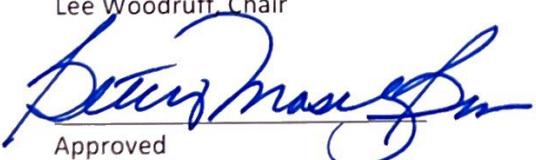
Lee Woodruff: Thanked the committee, the presenters, Betty and her team, and the public who have been listening this is not the format for everyone to be able to speak but there will be in the future.

Lee Woodruff



Approved

Lee Woodruff, Chair


12/21/2022

Approved

Betty Moseley Brown, Ed.D., DFO

Betty Moseley Brown, Ed.D., DFO

Committee Members Present:

Lee Woodruff, Chair

Sherman Gillums, Jr., Vice Chair

James Beamesderfer

Bonnie Carroll

Paula Cobb

Melissa Comeau

Jennifer "Jenna" Dorn

Dr. Robert Koffman

Gabriella Kubinyi

Dr. Patricia Lester

LTG Michael Linnington, (USA Retired)

Hollyanne Milley

Dr. Larissa Owen

Steve Schwab

Lauren Trosclair-Duncan

Margaret "Maggie" Walsh

Dr. Rory Cooper, Ex-officio

Dr. Colleen Richardson, Director, VA Office of Caregiver Support, Ex-officio

Committee Members Excused:

Lourdes E. "Alfie" Alvarado-Ramos

Colonel Gregory D. Gadson, (USA Retired)

Rebecca Porter Ph.D

Robert Thomas

Department of Veterans Affairs Staff Present:

Donald Remy, VA Deputy Secretary

Dr. Betty Moseley Brown, Designated Federal Officer (DFO)

John Boerstler, Chief Veterans Experience Officer (VEO)

Janet Elder, VEO Management Analyst

Margaret Kabat, Sr. Advisor to the SECVA for Families, Caregivers and Survivors

Melissa Bryant, Senior Advisor for Strategic Engagement

Dr. Elizabeth Brill, Deputy Assistant Under Secretary for Health for Clinical Services

Adam Kijanski

Toni Bush Neal

Jelessa Burney

Jane Che

Michel Copher

Yanira Gomez

Barbara Hyduke

Contract Support:

Cyndee Costello (Voyage Advisory)

Shilpa Desai (Evoke)

Public Present (this was a virtual meeting and the participant lists as shown on the screen is attached):

Ryan Callahan
Debra Cummins
Peter Dickinson
Lindsay Dove-English
Holly Ferrell
Judy Giannantoni
Jennifer Goodale
Rebecca Gudenkauf
Dr. Margaret Harrell
Elisa James
Kristy Kaufman
Patricia Kime
Linda Kreter
Gregory Manora
Kyle Orleman
Sidath Panangala
Kristie Sheets
Ashley Sitorius
Regina Skaggs
Robin Stitt