

Department of Veterans Affairs
Veterans' Family, Caregiver, and Survivor Advisory Committee
September 25–26, 2019

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 L. Koffman, M.D.
Michael Linnington, LTG
Yvonne Riley
Joe Robinson
Elaine Rogers
Loree Sutton, MD, BG
Francisco Urena
Shirley White
Lee Woodruff

Committee Members Absent:

Lolita Zinke

Department of Veterans Affairs Staff Present:

Dr. Lynda Davis, Chief Veterans Experience Officer
Dr. Betty Moseley Brown, Designated Federal Officer
Toni Bush Neal, Alternate Designated Federal Officer
Eugene W. Skinner Jr., VEO FAC Team
Chihung Szeto, VEO FAC Team
Dr. Lucille Beck
Jelessa M. Burney
James Byrne
Ann Duff
Gina Farrisee
Dr. George Fitzelle
Dr. Melissa Glynn
Dr. Scotte Hartronft
Dr. Elyse Kaplan
Priscilla Kates
Dr. Luci Leykum
Dr. Jennifer MacDonald
Cheryl Mason
Dr. Kameron Matthews
Christine Merna

Dr. Matthew Miller
 Barbara C. Morton
 Liz Murphey
 Dr. Thomas O’Toole
 Laura Prietula
 Brooks Tucker
 Dr. Barbara Van Dahlen
 John “Wolf” Wagner
 Dr. Tracy Weistreich
 Chrystal White
 Nathan Williamson
 John Windom

Public Present:

Holly Fessell
 Derek Fronabarger
 Meg Kabat
 Gabriella Kubinyi
 Brittany McMaster
 Lauren Price
 Alex Rice
 David Riley
 Andrea Sawyer
 Steve Schwab
 Sam Solley
 Maggie Walsh
 Scott Leezer
 Sherrie Wilcox

Day 1 - September 25, 2019

<p>Call to Order, Welcome, Opening Remarks Senator Elizabeth Dole</p>	<ul style="list-style-type: none"> • Senator Elizabeth Dole called the meeting to order at 9:03 a.m. EST. • Senator Elizabeth Dole thanked everyone from the committee for being there and reiterated all that the committee has accomplished and will accomplish in the following year. • Senator Dole read an inspirational quote from the Booz Allen Hamilton CFO focusing on the sacrifices of family caregivers. • She also handed out the Military Caregivers Guide that the Elizabeth Dole Foundation put together and a Hiring Our Heroes handout that was put together by the Foundation, AARP and the Chamber of Commerce
<p>Veterans Experience Office Update</p>	<p>Dr. Lynda Davis, Chief Veterans Experience Officer</p> <ul style="list-style-type: none"> • Dr. Davis offered an overview on the 12 recommendations and the federal process surrounding Federal Advisory Committees

<p>Dr. Lynda Davis, Chief Veterans Experience Officer</p>	<p>(FAC) and thanked Dr. Betty Moseley Brown for facilitating the meeting logistics.</p>
<p>Report on FAC Recommendations 1-4</p> <p>Speakers:</p> <ol style="list-style-type: none"> 1. Ms. Barbara Morton, Deputy Director, Veterans Experience Office 2. Dr. Melissa Glynn, Assistant Secretary, Office of Enterprise Integration 3. Dr. George T. Fitzelle, Scientific Project Officer, Office of Research and Development, Health Services Research and Development 	<p>Recommendation 1: That VA lead a national, government-wide interdepartmental effort to identify all federal programs serving Veteran caregivers, families, and survivors and ensure that the needs and perspectives of these populations are represented.</p> <ul style="list-style-type: none"> • Panel recognized an interdepartmental need to identify and even consolidate federal programs for Veterans, families, caregivers, and survivors. White House has determined key priorities. • Veteran customer experience is a high priority for Secretary Wilkie and the President, and we want to include customer satisfaction as a priority not only for Veterans but also for their families and caregivers. • The Health and Human Services (HHS) Recognize, Assist, Include, Support, and Engage (RAISE) task force will help to work closely with Department of Defense to work horizontally across agencies and federal government. • Ms. Morton said that many disparate programs within VA are working on good material. She asked the question, “How do we make it accessible?” <p>Recommendation 2: That VA centralize efforts to oversee and drive the formation of policy and the implementation and delivery of programs and services supporting Veteran caregivers, families, and survivors.</p> <ul style="list-style-type: none"> • The panel discussed Veteran-driven policy through real-time customer service feedback. • VA wants to provide the best customer service experience for Veterans and their family caregivers to make policy changes. • White House and Secretary are extremely supportive, and the Veterans Experience Office report regularly to the Secretary. • Ms. Morton discussed Veteran Signals (VSignals) as a survey method VA uses to collect and act on Veteran feedback. VSignals has the opportunity to drive public policy decisions. • Senator Dole asked if Veterans can access this data to see their impact. Dr. Glynn answered that they can. • Dr. Glynn then stated that a centralized navigation platform was on track to be created by FY 2021 to integrate Veterans’ customer service experience. Veteran ease of navigating VA is a priority.

- VSignal platforms are one of the industry’s best customer service feedback tools.

Recommendation 3: That VA identify, fund, disseminate, and consistently apply innovations and/or replicable models to address the needs of Veteran caregivers, families, and survivors, in collaboration with non-governmental nonprofit organizations.

- Ms. Morton noted VA explores social media to provide important feedback, target areas of concern, and create word clouds so that they can capture better data.
- Dr. Glynn also mentioned how important innovations are, specifically for VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act, in focusing on health care payments, consistent quality, the way VA delivers services, and changing statutory guidance.
- Dr. Fitzelle reiterated how important research and education is for the Center of Excellence in supporting Veteran caregivers, families, and survivors. He mentioned that there is 2.5 million dollars allocated by Congress to research for the next five years.
- Dr. Glynn stressed the strategic partnerships with private and academic affiliates to meet caregivers where they are. She mentioned access barriers; tele-services; broadband, Walmart, and T-Mobile partnerships to allow caregivers not to be limited by cell-phone plans; and tele-hearings to allow Veterans to testify at hearings without travel.

Recommendation 4: That VA develop a system-wide strategy to more comprehensively collect, analyze, disseminate, and utilize data on Veteran caregivers, families, and survivors to improve the delivery of services.

- Dr. Glynn mentioned VA can use data to solve problems and deliver answers because of innovations in targeted data such as Artificial Intelligence (AI), mapping technologies, focus on regional issues, and offering of data to form and direct evidence-based policy. VSignals can help gather this evidence-based data.
- Dr. Glynn also mentioned how VSignals can change not only the way in which VA delivers health care, but the health care industry itself.
- Committee Member Ms. Ellyn Dunford asked if this information can be pushed out to other organizations so that VSOs and

other organizations can relay this to Veterans. Veterans have a lot of concerns about VA's website being hard to use for finding information and data. Dr. Glynn answered that it was being applied to a broad-scale approach and evaluated but will be for public use.

- Dr. Davis added that strategic partners and MOUs use the same metrics to evaluate programs and use them to create journey maps and other public materials for outreach and communications.
- Ms. Morton added that VA needs to hear feedback on how Veterans are trusting VA, which is a huge part of the President's management agenda for VA, publicly reporting that information each quarter, similar metrics on experience across the board so public can know of both negative and positive experiences Veterans are having at VA. If scores are high or low, VA is transparent, and the public knows it.
- Senator Dole also said caregivers have an annual enrollee survey that is used to collect data on caregivers (currently about 2.5 million caregivers).
- Dr. Fitzelle mentioned that the survey does not account for Veterans that are asking for a caregiver. Veterans are frequently asking for a caregiver and the survey needs to use this data for caregiver shortages.
- Ms. Morton mentioned that VA has been trending upwards in trust surveys. About 72% of Veterans trust VA, whereas in July 2016 it was only 59%. VA is aiming for 90% trust in that survey within the next couple of years. VHA health care performs very high in the realm of trust, scoring in the high 80s and low 90s percentile.
- Committee Member Ms. Mary Buckler mentioned that those scores were very high for any hospital, even for a private one, but she has heard that many Veterans choose private hospitals because they don't know where to get started with VA because it is hard to navigate the VA bureaucracy and all its programs. VA should have a better navigation system for VHA so Veterans could take advantage of all the benefits they have to offer instead of being intimidated by the process. The language and process need to be clear.
- Ms. Morton mentioned that VA has heard that anecdote many times and navigation of benefits and programs has always been hard because VA is massive. She mentioned that VA is trying to flip that narrative and make things more streamlined. There is a VA Welcome Kit, which shows Veterans where to get started. It is based on the Veteran's journey and explains which way to go. There are also Quick Start guides, which were tested with

	<p>Veterans. The Quick Start Guides are one-page documents written in plain language on topics including everything from disability to health care enrollment.</p> <ul style="list-style-type: none"> • Committee Member Dr. Robert Koffman asked, “How much do the 29 Federal Advisory Committees (FAC) overlap and is the Office of Enterprise and Integration working with other committees and how redundant they are?” Dr. Glynn said that they have pulled recommendations from other FACs and closely track the Commission on Inclusive Care in wake of the access crisis, plus some recommendations on MISSION Act, but this is the only FAC that leads the conversation on families, caregivers, and survivors. However, VEO pulls other tools and VHA resources to translate into policy or action, but this FAC is unique to family members, caregivers, and survivors. • Committee Member Ms. Lee Woodruff asked, “Do Veterans have constructive criticism and how would the panel describe the tone and voice?” Ms. Morton said that for health care, despite the media’s negative reaction, 70% of the feedback is compliments and 12% is recommendations or concerns, which is pretty impressive. Ms. Morton reiterated that VA has very important work to do and any type of feedback is important. • Dr. Davis also mentioned the importance of real-time feedback and the use of VSignals to troubleshoot specific problems within VA, whether for pharmacy or for certain types of health care. Employees read these to improve customer service. Out of 18 million surveys sent, about 3.4 million were answered. Of 1.6 million responses to the free text comments, most are compliments. • Ms. Morton said that health care and benefits are improving. VA is a learning organization, and holistic Veteran health care is at the forefront of everything VA is doing. • Committee Member Ms. Dunford mentioned that there needs to be a greater effort to get these positive numbers to the media. VA of today is not VA of ten years ago. VA needs to change public perception via actual data.
<p>Addressing of the Committee Mr. James Byrne</p>	<p>Mr. Byrne, Deputy Secretary, Department of Veterans Affairs</p> <ul style="list-style-type: none"> • Mr. Byrne praised the FAC for accomplishing so much in a short time. He then began a speech focused on the following: <ul style="list-style-type: none"> ○ Changes that are occurring with the VA MISSION Act and the expansion of the Program of Comprehensive Assistance for Family Caregivers.

	<ul style="list-style-type: none"> ○ He reiterated how unique this program is and how it is consistent with President Lincoln’s vision. ○ He told the committee VA is in the midst of its third-largest transformation, with the first two being VA’s establishment and then after WWII, which passed the G.I. Bill, and helped with home loans. ○ VA is moving to a customer-serviced-based organization in everything it does. VA is also modernizing everything to provide better customer service and quick delivery of information and services to build VA of the future. ○ Expanding community care per MISSION Act legislation is also a huge part of this transition, providing holistic care with mental health. ○ Mr. Byrne then thanked the committee for serving Veterans and all they do to support Veteran caregivers, families, and survivors.
<p>Report on FAC Recommendations 5-8</p> <p>Speakers:</p> <ol style="list-style-type: none"> 4. Dr. Luci Leykum, Director, Center of Excellence for Veteran and Caregiver Research 5. Dr. Scotte Hartronft, MD, MBA, FACP Executive Director, Office of Geriatrics and Extended Care 6. Dr. Thomas O’Toole, Senior Medical Advisor, Office of the Assistant Deputy Undersecretary for Health for Clinical Operations (10NC), Veterans Health Administration 7. Dr. Elyse Kaplan, Deputy Director, Caregiver Support Program 	<p>Recommendation 5: That VA develop a system-wide strategy to more comprehensively collect, analyze, disseminate, and utilize data related to children and/or dependents of Veterans and the services available to them to improve the delivery of services.</p> <ul style="list-style-type: none"> ● Dr. Luci Leykum explained that the Center of Excellence is coordinating research for Veterans with children caregivers to help VA understand the needs of these children caregivers taking on the burden of helping their Veteran family members. ● Using RAND research blueprint on caregivers, the Center of Excellence is doing what is maximally impactful, offering a full range of data to track the behaviors of child caregivers. They are currently tracking children under 18 caregivers as young as pre-K to high school, taking into account family setting, tasks, and other factors. ● Dr. Leykum spoke of the experience of the research team, stating that they have over 267 years of combined research experience and 169 funded projects, and have successfully received funding from 21 different agencies including the National Science Foundation and the Alzheimer’s Association. The research team is experienced at evaluating programs’ effectiveness, closing technology gaps, researching team operation connections, and bringing valuable data to VA. ● Senator Dole asked about the Department of Education, regarding whether they have any data on Veteran and military children. Dr. Leykum said that some of the research is funded by the DoE but the Department of Education is run by the

states who manage that data and, therefore, that it would be more state-by-state research than federal.

Recommendation 6: That VA develop training materials and resources for VA's interdisciplinary teams to (a) identify Veteran caregivers, (b) integrate Veteran 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. Hartronft addressed the committee on respite care for caregivers, opening with caregiver burnout and the need for caregivers to have extra help at home, whether through community partners, personal care services, or homemaker/home health aide. This can range from simple chores around the house to more direct caregiving for the Veteran. It is especially beneficial in rural areas, where Veterans' preference can be honored to stay at home.
- Senator Dole stated that extra help for caregivers is so well-received and helpful that VA should be doing all it can to expand and offer these programs to Veteran caregivers.
- Dr. Hartronft mentioned that VA is finding ways to expand programs because the need is so strong, especially with VA expansion under MISSION Act. They are developing a strategic plan advocating for more options for respite care for caregivers. This includes the new Choose Home Initiative, good community resources, caregiver support groups, and pulling in other research partners like Health and Human Services.
- Dr. O'Toole spoke about the Choose Home Initiative and efforts to streamline all VA Medical Centers processes to meet Veterans' and caregivers' needs. The Choose Home Initiative completed a 21-pilot site at VA Medical Centers, and, while VA is still looking through all the research, only 30% of Veterans were getting non-institutional care. The Choose Home Initiative wants to expand that footprint and streamline the process in Medical Centers so that it is an accessible option for Veterans to be able to live and thrive in their own homes, where they feel most comfortable. The pilot sites did not receive any additional funding or staff to participate. They talked about the processes they use to identify high-risk Veterans, the importance of an interdisciplinary team in assessment, and the ways in which expanding telehealth services can take the pressure off caregivers to transport Veterans to VA hospitals for routine check-ups. The Choose Home Initiative also seeks to have a single point of contact for case management to avoid

confusion. Overall, the pilot program was positive even though there is more work to do. Currently, the Choose Home team is drafting a final report, which will be completed October 2019. Dr. Richard Stone, Acting Director for VHA, is a champion of this effort.

- Committee Member Ms. Ellyn Dunford said that it seems that either Veterans are drowning in VA resources and support or there is a desert in some areas. She asked, “How does the VA go about improving that so that the disparities become closed?”
- Dr. O’Toole said expanding community resources and telehealth will help with those disparities.
- Dr. Davis concluded that VA data can start mapping caregivers to understand what areas of the country the deficits are. VSignals and Caregiver Signals (CSignals) can help with mapping so that VA can find trends and gaps. This can be searched by zip code.
- Committee Member Ms. Melissa Comeau asked, “Is the Choose Home Initiative also taking into account post-9/11 care for younger Veterans?” Dr. O’Toole answered that they absolutely were looking at that population and that the registry covers all eras. In fact, care teams look at specific care for those populations including polytrauma, spinal cord injuries, and mental health. It also is looking at homeless Veteran populations.

Recommendation 7: That VA develop an enterprise-wide strategic plan to raise awareness to ensure that VA systems and professionals are defining the importance and role of caregiving and communicating sensitively and effectively with all persons serving in the role of caregiver, family member, and survivor for Veterans.

- Dr. Kaplan addressed the committee and opened with the MISSION Act’s expanding of the Program for Comprehensive Assistance for Family Caregivers (PCAFC). This program will change how the Caregiver Support Program (CSP) will care for Veterans and their families, making it applicable to caregivers of all eras. This will change the technology and local medical centers and ensure that local VSOs get the word out. CSP is also working with the Public Affairs office to strengthen the communication plan and unveil the program through VA Medical Centers. They will also have a toolkit, talking points, and FAQs. This is not only a CSP effort but a VA-wide effort. CSP has been engaging with MISSION Act Tiger Teams deploying three phases of Caregiver Record Management Application

(CARMA) web application to implement a new IT system, and using Salesforce technology, which is much better at record-keeping. It also will keep caregiver data. The first Phase will roll out in October 2019 through January 2020 and stipend payments will be automated.

- Senator Dole said that it is important to weave the voice of the Caregiver into this and address those needs every step of the way.
- Dr. Kaplan went right into Recommendation 8 with that question, which helps explain to providers caregivers' needs.

Recommendation 8: That VA develop training materials and resources for VA's interdisciplinary teams to (a) identify Veteran caregivers, (b) integrate Veteran 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. Kaplan explained that the Campaign for Inclusive Care seeks to elevate the voice of the Caregiver and that partnering with the Elizabeth Dole Foundation has helped with this. Dr. Kaplan met with Dr. Stone recently to shift the narrative since some deadlines aren't being met but, ultimately, PCAFC is going from a program that services 20,000 Veterans and their caregivers to one that serves 80,000 Veterans and their caregivers, possibly more. The level of effort to undergo this task is multi-faceted. It includes training, PACT (Patient Aligned Care Team), patient centers, nurses, social workers, dietitians, pharmacies, primary care, and any insular services Veterans receive. CSP has already started training and will have a soft rollout in October 2019, having pilots in three different regions. We will also include the Voice of the Caregiver and their needs, since they know the Veteran better than anyone else on a care team. CSP has also deployed four different 15-minute training videos for medical providers, social workers, and psychologists, and that will roll out nationwide at the beginning of 2020.
- Senator Dole mentioned that it was a joy working with CSP and that she appreciates the great partnership between the program and the Elizabeth Dole Foundation. While deadlines are delayed, it is important for CSP to get it right.
- Committee Member Ms. Harriet Dominique stated that it is a challenge and the expansion is unprecedented as far as caregiver support and compensation. She asked, "What are the pilot sites that would start the rollout?"

	<ul style="list-style-type: none"> • Dr. Kaplan said that Veteran Integrated Service Networks (VISNs) that would participate in the rollout are VISNs 10, 17, and 20. CSP is very motivated to roll this out since caregivers are doing so much already. CSP is doing their due diligence to ensure general support services are also providing support to all caregivers. To address the growing numbers, CSP is hiring 680 new staff members nationally. This will help not only with the PCAFC expansion but with meeting the needs of all caregivers, whether they qualify for financial support or not. Currently, the CSP team is less than 15 people, so hiring new roles will help the understaffed program nationally. • Committee Vice Chairman Mr. Sherman Gillums Jr. asked, “Is the expansion going to meet the MISSION Act deadline?” Dr. Kaplan said they are having challenges because of the governance structure and will hire a full-time lead for CSP, which should help meet goals closer to the deadline, but it will take time. They are also awaiting regulations for the new information technology system. • Committee Member Ms. Jennifer Dorn asked, “Is there resistance from medical providers?” Dr. Kaplan stated there has been a history of resistance but there has also been a big shift in how CSP is viewed, internally and externally. Because of the MISSION Act, the relationship with the provider is also changing. • Dr. Davis also mentioned that CSP has a journey map of challenges. There are 90,000 providers that will also receive training. VA is undergoing a cultural change in everything VA does, and every VA employee will be affected by this expansion, so there does have to be training. • Dr. Leykum also mentioned VSignals can help all of these. They reinforce each other. • Committee Member Ms. Mary Buckler stated that caregivers, especially with children, will be exhausted and that it may be hard for them to take advantage of community resources. Dr. Kaplan responded that, with the expansion, CSP will assess caregivers’ needs and regulations will clearly define how this program will roll out. • Committee Member Ms. Ellyn Dunford mentioned that there also needs to be empathy training since caregivers have many distractions during the day and, depending on how the Veteran feels that day, may have to cancel appointments and reschedule. Dr. Kaplan agreed and said that there is a piece for that in the current training.
<p>Report on FAC Recommendations 9</p>	<p>Recommendation 9: That VA (a) integrate the Veteran-designated family member and/or caregiver into all relevant discussions on health</p>

<p>Speakers: Mr. John Windom, Executive Director, Electronic Health Record Modernization (EHRM) 9a. & 9b. Ms. Laura Prietula, Veterans Relationship Management Deputy Director, Customer Information Services, Veterans Experience Office</p>	<p>record modernization and (b) include an official designation identifying a Veteran-designated family member and/or caregiver as part of a Veteran’s health record.</p> <ul style="list-style-type: none"> • Mr. Windom thanked the committee for the work they were doing and also pointed to the significance of electronic health records and what it means for Veterans and caregivers. Many Veterans suffer from dementia. He posed the question, “If a Veteran forgets their Social Security number, how can they access their information?” He said it is important that they have access to their own records. The burden shouldn’t always be on the Veteran. • Senator Dole asked if the electronic health records would also include the caregiver. Dr. Laura Prietula explained that they had put together a team, 9a and 9b, and one was to facilitate listening sessions with caregivers. They reached out to caregivers of all backgrounds, created eight personas, identified what type of populations they should be focusing on, and reviewed the results. Then, they conducted a real-life illustration of what a caregiver record would look like. It also displayed what the clinical team can see. They also used caregivers to test the usability of the portal and can do a real-time demonstration showing what the caregiver team and the clinical team will see in the health record. There are many insights to be gained, but there has been overwhelmingly positive feedback. • Main takeaways include that more Veteran caregivers need information on the electronic health records and more clear communication of what is available to them. VA is also partnering with DoD to get data all in one place. This way, Veterans and caregivers don’t have to go back and forth. Some of the terminology was also too formal. Some of the lingo needs to be written in plain language so it’s easy to understand. Caregivers may never interact with the Caregiver Support Program, so it is important we check all the boxes within the system to reach out to them. • Mr. Windom mentioned that VA Modernization, education, and training will help. This program is leading the way to produce a provision for Veterans and their families, especially as 70% of all doctors train within VA. His team is hoping these modernized health records will help society as a whole. • Senator Dole asked if these records are accessible to private providers. Mr. Windom said that upgrades are automatic with CERNER technology. There is a training component, and appropriate private community providers can have access.
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	<ul style="list-style-type: none"> • Committee Member Ms. Harriet Dominique asked, “Are there any lessons learned?” Dr. Windom said that training at all levels vary. There are super users, and there are some that are not. The program seeks to make it as simple as possible. Ms. Prietula also mentioned this is a partnership and DoD is learning with VA, jointly making well-coordinated decisions. Dr. Windom also mentioned the importance of privacy and security. • Dr. Davis mentioned that caregiver programs and policies can be slow to implement and that is why journey maps can be so helpful to Veterans and caregivers in navigating these new systems.
<p>Report on FAC Recommendations 10-12</p> <p>Speakers: Dr. Lucille Beck, Deputy Under Secretary for Health Policy Services Dr. Elyse Kaplan, Deputy Director, Caregiver Support Program</p>	<p>Recommendation 10: That VA review and standardize the VHA clinical appeals process to be more transparent and better integrate Veteran caregiver and family input as a means of processing appeals.</p> <ul style="list-style-type: none"> • Dr. Beck mentioned that VHA Directive 1041 was being revised. There is no firm deadline on when it will be completed, although the aim is 60 days for it to be processed and finalized. It is a consensus process that also pulls in expertise from the field. It will make the standards for PCAFC qualifications clearer. • Dr. Beck also mentioned that VA is doing a lot of training and modernization will also affect the appeals process. • Committee Vice Chairman Mr. Sherman Gillums Jr. asked what Veterans can expect when contesting a clinical decision. Dr. Kaplan said that it will be determined by the General Counsel. Having a clearer and more streamlined appeals process will help highlight the process of the Caregiver Support Program and employ a multidisciplinary team that determines appeals. Dr. Kaplan also clarified that clinical appeals are different from benefit appeals and that those guidelines need to be clear as well. • Committee Vice Chairman Mr. Sherman Gillums Jr. then asked about wrong decisions and if there will be a re-appeals process. Dr. Kaplan said that due process is going to be a much bigger part of the clinical process going forward. • Dr. Davis also mentioned that they are preparing Veteran Benefits Administration (VBA) and CSP to work through standardized training of the appeals process. Committee Vice Chairman Mr. Sherman Gillums Jr. then mentioned it is hard for Veterans to determine the difference between a clinical or benefit appeal. Dr. Kaplan said the clinical appeals process needs to look different from the benefit appeals process and CSP is doing their due diligence to make these easier on

Veterans. Dr. Beck mentioned the importance of Veteran feedback, even if it is negative, so the system can improve.

- Committee Member Dr. Robert Koffman asked what the trust percentage score was for the appeals process. Dr. Davis said that they do not have data for just the appeals process, but they are conducting focus groups.
- Committee Member Melissa Comeau asked, “How is CSP is doing this at a national level?” Dr. Kaplan said CSP is thinking of all the factors of both CSP and PCAFC expansion. The first step is hiring a new National Director for CSP. Dr. Beck also mentioned that CSP is working with each VISN to hire additional support staff. There will be 680 new staff members nationally, which is more than double the current staff.

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.

- Dr. Kaplan said that CSP has heard the concerns on how to best support caregivers in transition, whether for tier reduction or for discharge. This also relates to Recommendation 11. All the work has been included in our regulatory process and these regulations are in concurrence. It goes to Office of Management and Budget (OMB) next month. CSP looks forward to posting those in the next month and accepting public comments. A program that currently supports 20,000 needs to be different than a program that supports 80,000, not only for PCAFC but also for those receiving general CSP services. CSP is coordinating with care services to have a permanent level within the regulatory process. CSP also has a press release and has given copies to the committee for feedback.
- Committee Member Melissa Comeau asked Dr. Kaplan, “Is the 80,000 number for new caregivers coming into the PCAFC program low?” Dr. Kaplan answered that actuaries have spent a tremendous amount of time to come up with that number and that it is the best estimate possible. The count of 80,000 is for the first phase of expansion in September 2021. There may be more after.
- Committee Member Melissa Comeau asked, “Will the Board of Appeals be multidisciplinary?” Dr. Kaplan said that the first directive to amend Clinical Appeals 1152 must be operationalized by the field. CSP is in the process of updating that directive now. They are also training and expanding the

	<p>employee workforce in the field as well as the national office. CSP will centralize this program; instead of having 142 medical centers operating different programs, CSP will have one VISN Point of Contact.</p> <ul style="list-style-type: none"> • Committee Vice Chairman Mr. Sherman Gillums Jr. asked, “Will financial status affects the caregiver stipend, and will employment disqualify the stipend?” Dr. Kaplan said financial status is not a piece of any regulatory changes. • Dr. Davis asked Dr. Kaplan to address the definitions. Dr. Kaplan said that every definition will be encumbered with regulations. The definitions of severely injured, etc., will all be regulated. • Committee Member Ms. Mary Buckler asked, “Will the regulations included mental health as well as physical injury?” Dr. Kaplan answered “yes.”
<p>Updates to the MISSION Act</p> <p>Speakers: Dr. Jennifer MacDonald, Director of Clinical Innovation and Education Dr. Kameron Matthews, Deputy Under Secretary for Health for Community Care</p>	<ul style="list-style-type: none"> • Dr. MacDonald stated that the MISSION Act has given VA the opportunity to integrate all medical services especially with community care. She mentioned that MISSION Act is unprecedented in the way it delivers health care and it’s just the beginning. The MISSION Act defines who VA is and who it wants to be. There was this notion at first of privatization or that VA may change, but after the MISSION Act was passed, Veterans and VA started to see it as growth. Community Care has been around since 1945, it is positive for direct care and community care delivery methods. MISSION Act strengthens health care delivery and is focused on Veteran and caregiver empowerment. It allows VA to meet people where they are. VA has the tools, the most convenient, efficient and productive models of care. VA has centered its health care delivery on Veteran and caregiver empowerment. It has been a great opportunity to listen to Veterans and frontline employees. Frontline employees are the ones serving the Veterans. MISSION Act is delivering a report to Congress on the Community Care Program. The MISSION Act team also needs to recruit and retain employees in underserved areas. VA is working with Health and Human Services to identify areas that are medically challenged and need the most help with resources. There are populations that do not have transportation, and access to health insurance. VA must meet Veterans where they are. With the help of VEO, VA MISSION Act is listening to Veterans and caregivers’ concerns, whether through VSignals or social media. Whether it is pharmacy issues, access to urgent care or so many other issues VHA can pick up on these obstacles and improve operations based on the feedback from social media and VSignals.

- Committee Member Ms. Ellyn Dunford asked, “how is VA retaining employees? Most people love working with Veterans so retaining employees shouldn’t be difficult.” Dr. MacDonald said that VA has lower turnover rates than the private sector. Clinicians make up a large portion of the workforce in VA. While they do have a lower salary with complex patient populations, they work hard, especially in geographic areas that are understaffed. MISSION Act will now have more retention and recruitment options such as loan repayment, telehealth, and exploring work from home options on days when no surgery is happening. It may help recruitment and retention if clinicians have a better work-life balance.
- Dr. Matthews mentioned that recruitment in rural areas is a problem across the board in the medical field, not just a problem within VA. The partnerships VA has in rural areas are critical.
- Committee Member Dr. Koffman mentioned that navigation of the VA system is one of the challenges for Veterans at VA. He asked, “How does someone assess whether or not they can receive urgent care?” Dr. Matthews said that VA has authorized urgent care and for referral, it has a wide range of options. There is a website where Veterans can enter their zip code and see what urgent care centers are closest to them. Urgent care is meant to be a supplement. There are 6,200 urgent care centers in the VA network.
- Dr. Matthews also mentioned MISSION Act gives VA an opportunity to address a more holistic view of Veteran health. They still need networks and market assessments to strengthen accessibility of holistic methods. Committee Member Dr. Koffman asked about acupuncture care and Dr. Matthews said that PACT teams are evaluating the benefits of acupuncture and have found many, so covering acupuncture is something that will be addressed in the future.
- Committee Vice Chairman Mr. Sherman Gillums Jr. asked, “How will this address billing and reimbursement consistency? How many payments go through TriWest?” Dr. MacDonald said that about 98% of payments are issued through TriWest. The legacy issue is backlogged. Committee Vice Chairman Mr. Sherman Gillums Jr. also asked, “What about ER reimbursement? Dr. MacDonald said that we need more messaging on this front for Veterans to understand how to get reimbursed, but they are trying to make reimbursements more streamlined.
- Committee Member Ms. Ellyn Dunford made the point that many Veterans don’t know about resources, such as acute care, walk-in medical clinics and what kind of care they can receive

	<p>from these facilities. She asked, “For example, if they go for a broken arm, should they go to urgent care or ER?” Dr. Matthews said that there is a directory with everything listed online under Facility Locators which tells you what an urgent care provides, so if Veterans want to go to urgent care for a broken arm, they can find that information online. It is also very detailed for rural searches.</p>
<p>Next Steps on Recommendations Dr. Lynda Davis, Chief Veterans Experience Officer</p>	<ul style="list-style-type: none"> • Dr. Davis said backup information will be distributed and what is outstanding will be addressed for the Recommendations 10-12. We will be moving with a new slate of recommendations, when the next committee meeting date will be, and we will work with and communicate with the committee. • Dr. Betty Moseley Brown told the committee there was an update to the charter about the wording of care, benefits, and memorial services. The new fiscal year will start October 2019 when this committee submits a new report. She also opened the floor for public comment.
<p>Public Comment</p> <p>Speakers: Lauren Price, USN (Ret.), Founder of Veteran Warriors</p>	<p>First, let me introduce myself to the few left in the room that don't know me. My name is Lauren Price, I am Navy Retired and medically retired after 10 years of service for injuries sustained while serving in Iraq in combat in Public Affairs. My entire family, going back to the Revolutionary War, has served. We believe in the red, white and blue. So, based on that, after I got out of the military, my husband and I started Veteran Warriors. We did so because at the time Claims Act was the big issue, that giant monster in VA, millions of claims and we found that there is a big disconnect. And that is changing because as we heard today, there is a big push for better communication and better customer service. Before I move on, I want to say, Senator Dole, your husband and you are heroes and my husband, and I admire you both.</p> <p>I am a passionate individual and because of my upbringing and because of my background as a Veteran and my family, we are incredibly passionate about Veterans and their families and we take care of our own. We took part of our company's slogan off the Army's "One team, One fight" We are, "One Family, One Fight," so we stick together. I want this committee to know that I have a deep respect for all the Veterans in this room and those that are pushing the agenda of taking care of Veterans and their families. We greatly appreciate it. We work from a different side of things, we are not a VSO, we do not handle claims – we get involved when a Veteran and caregiver have a very egregious issue, they need assistance with. We have been working on the Caregiver Program for three years now and we did so because I am a disabled Veteran that has a terminal illness and now have discovered I have a brain injury. So, we did so because I “graduated” from the program. They said, “Congratulations, you’ve recovered. You are now no longer eligible for the program.” And I discovered that</p>

there were hundred and hundred and then thousands of people who got those same responses – people who were in far worse condition than I was and still had eligible injuries but weren't getting any assistance – so we took this on. In the last three, we worked with Secretary's Office, we've met with Dr. Davis, we've met directly with Mr. Beardsley, we've met with VSOs, had roundtables, and numerous members of Congress over numerous issues which are now being addressed like standardization of programs, the appeals issue –an absolute must—however, there are still issues we are trying to get responses on and we trying to get super transparent on. One of which is **Directive 1152**. The verbiage in Directive 1152 is directly contradictory to the verbiage in the confederated issued government program. The final rule specifically states that the primary care provider or the primary care team are responsible to conduct initial and ongoing eligibility into the program. It is explicit and is stated there a couple of times. The existence of ACET to determine any eligibility at any point directly contradicts this. We got confirmation last year by the Acting Director of OGC that the directive did not go through OGC for approval. We know this for a fact. She doesn't know us from Adam and had no reason to lie to us, but it did not get approved by OGC to be disseminated. I am still waiting to hear back from Mr. Beardsley because we met with him in June and he ensured us he would find out where our question is in the book. Today, we do not have an answer.

We want to make it clear that communication is important to Veterans and caregivers, my teammate, Holly works with the caregivers and I work with Veterans and the verbiage that is used is very important. When a Veteran is revoked from the program across the board, we are finding out that there is no communication—zero, shut off! Even though it says very clearly at the bottom of the revocation letter that the Veteran remains eligible for the general Caregiver Program. They can't get a phone call return, they cannot get any assistance – I mean, there supposed to still be eligible, but they are now in Siberia. It's very important as this transition program goes forward that we have to remind the staff that if the person is no longer eligible for the stipend program, they still have to be eligible and helped with the services they asked for like In-Home health care program and things like that. We have to reach out to them because they don't know. Educating them is the most important thing we can do. One of the key things we've discussed in this program is that the Department of Veterans Affairs does not have the lawful authority to alter the criteria of eligibility. It is very succinctly stated what is eligible and that is in the law. To change that, we would have to change the law and that is something that only Congress gets to do. Congress has reminded the VA on 3 formal occasions that VA does not get to change the eligibility criteria and one of those things they have talked about is Veterans that are catastrophically wounded – that designation goes to eligibility. The

	<p>other one is the discussion that Committee Vice Chairman Mr. Sherman Gillums Jr. brought up today about working. I am going to be very plain and say we know for a fact that it was disseminated on the 13th of this month that there is already a list in place and that all Veterans that were working in the program are being revoked beginning this Friday, the 27th. All – it's very clearly stated, and these are screenshots that came out of Central Office, I won't say specifically where it came from, but it came out of Central Office. Whether or not a Veteran is working or in school or any of those things are a part of eligibility. And once again, only Congress can determine what is eligible is or is not for this program. The policy and how to enforce those things are 100% VA. When we're talking about eligibility and what that criteria are, we have to go back to Congress and ask them to amend the law or give VA permission to do so.</p> <p>It needs to be included in the minutes where I called the name of members of the public who asked to provide public comments (but, they were absent).</p> <ul style="list-style-type: none"> • Dr. Davis wanted a verbatim copy of this public comment and allowed Ms. Lauren Price to finish even though her comment exceeded 5 minutes.
Wrap up & Adjourn	Senator Elizabeth Dole called the meeting at 3:01pm

Day 2 - September 26, 2019

<p>Call to Order, Welcome, Opening Remarks</p> <p>Speakers:</p> <p>Senator Elizabeth Dole</p>	<ul style="list-style-type: none"> • Senator Elizabeth Dole called the meeting at 9:01am • She thanked the committee and told them they would hear some excellent speakers. • Dr. Davis introduced Dr. Van Dahlen and Dr. Matthew Miller.
<p>Topic: Veteran Suicide Prevention</p> <p>Speakers:</p>	<ul style="list-style-type: none"> • Dr. Van Dahlen said that the PREVENTS Task Force is a huge opportunity to address the national tragedy of suicide. VA has never seen this type of executive leadership for Veteran suicide. It is an inspirational plan that takes on suicide head-on for our nation. The roadmap will take a public health approach, helping all people at a broad level, even though it is specific to Veterans. The program will touch Veterans, caregivers, and families. She introduced Dr. Miller as leading these lines of effort. PREVENTS Task Force is under their own FAC now.

Dr. Barbara Van Dahlen,
Executive Director, PREVENTS
Task Force

Dr. Matthew Miller, Acting
Director, Office of Suicide
Prevention

- While the task force is focused on Veterans, it also researches all at-risk populations. The lines of effort for areas of focus are states, communities, and agencies inside and outside government. These parts have an overall roadmap based on best practices to ensure it is safe and effective.
- Research shows that 65–70% of Veterans use active firearms. We are looking at partnerships that can help drive this asking the question, “How can corporations help and what does that technology look like?” The second year of the PREVENTS plan is implementation. The plan has a massive mandate to form a new research strategy for state and local action. All of this work happens at the community level to assess what models are working and how PREVENTS task force can make sure communities and all stakeholders are talking to each other. It also needs to make sure VA employers are taking mental health issues seriously. Hiring Our Heroes is a great resource and sometimes the program touches Veterans not touched by VA.
- Dr. Van Dahlen asked, “How do you train employers to take mental health seriously?” She stated the task force is looking at our own workforce and there are over 400,000 Veterans in government. “Do we know how many of them are in high-risk groups?” she asked. It is something the task force need to take seriously. There is data on heart disease, and it should be no different for mental health. She stated, “We need to think of mental health as we think of physical health.”
- Committee Member Ms. Ellyn Dunford asked, “How do you go about pushing out information and communication to Veterans, so people know of the resources coming out of PREVENTS?” Dr. Van Dahlen answered saying that there are Veteran listening sessions, social media posts, and other focus groups. They are collecting information and listening. She also wants the task force to be an umbrella since they are approaching this crisis from a public health angle since suicide is a global and national epidemic. There are risks factors and health factors and communicating is a top priority for the task force within the next year. They are working with faith-based communities as well to develop campaigns and push out this information. They are also developing good data points that have made a difference from a public health perspective.
- Committee Member Dr. Robert Koffman noted that individuals with mental illness are often the victims of violence instead of the perpetrators. He asked, “How can we make sure they are safe and not encroach on their privacy rights?” He mentioned the firearm statistic mentioned above. Dr. Van Dahlen said that society needs to change how they collectively talk about mental health and well-being, so it stops being us vs. them. The

	<p>kind of language people use, especially when it comes to firearm use, can be destructive.</p> <ul style="list-style-type: none">• Senator Dole mentioned that she sees suicide prevention as a top priority for the committee and seeks to use the committee as advocates, allies and ambassadors.• Dr. Miller mentioned that suicide prevention requires a national discussion since it is estimated that there are 45,000 Veteran deaths per year by suicide. He strongly believes in family caregivers. Data from 2017 has been released, indicating a suicide rate 1.8 times higher among female Veterans. Veterans 55 and older have the highest numbers of suicide. Suicide rates are increasing overall, but there’s also an 18% decrease in Veteran population. He mentioned the need to touch all these Veteran populations.• Dr. Miller went into his lecture about Veterans and opioid use and a relationship between opioid use and suicide. He has worked with DoD to get data.• Committee Member Ms. Loree Sutton asked if family data is included with DoD. Dr. Miller answered that it is and that they match their data with DoD and Center for Disease Control (CDC) data.• Committee Member Ms. Mary Buckler asked, “What about opioid prescriptions in primary care?” Dr. Miller answered by saying there was a PACT team for prescribed opioid use that monitors daily dose levels and collaborates to bring pain down. PACT teams help for a patient-driven approach, but they also look for risks like addiction behaviors and prior prescriptions.• Committee Member Ms. Ellyn Dunford mentioned that Talkspace with Michael Phelps is a great campaign she sees advertised everywhere and that it would be great to have something similar for this VA campaign. Dr. Van Dahlen mentioned that they are partnering with technology industries to have solutions similar and also to advertise.• Committee Member Ms. Loree Sutton asked about the Guardian App and IT screens. She asked what the role of social media is. Dr. Van Dahlen stated that big technology giants recognize their role in reaching Veterans and can deploy toolkits and draw attention in unique ways.• Committee Member Ms. Bonnie Carroll talked about online bullying and sleep deprivation for young adult survivors. She told the panel there should be an in-depth analysis of those concepts. Dr. Van Dahlen agreed.• Committee Member Ms. Elaine Rogers said that it is important for VA to work together with non-profits that also work in
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	<p>suicide prevention to share data, best practices, and gain knowledge. Dr. Van Dahlen agreed.</p> <ul style="list-style-type: none"> • Committee Member Ms. Melissa Comeau asked, “Many caregivers also have a higher rate of suicide because of isolation and hopelessness. What is the task force doing to prevent that as well?” Dr. Van Dahlen said that they are looking at the data on caregivers along with DoD data. Some of the prevention measures are the same, and some are very different. • Dr. Van Dahlen said that the Own the Moment initiative can be helpful to push out Caregiver stories. She also said that expanding resources for Caregivers will help, as will tapping into the Hiring Our Heroes program.
<p>Topic: Veteran Family Services</p> <p>Speakers: Dr. Tracy L. Weistreich, Acting Director, Office of Community Engagement</p> <p>Mr. Nathan Williamson, Deputy Director, Office of Transition and Economic Development</p>	<ul style="list-style-type: none"> • Mr. Williamson shared a personal story of his mother, who was a caregiver, and how difficult it was. Transitioning VA to be focused on customer service has also reached the Transition Assistance Program (TAP) and its curriculum. The program has provided over 6,000 briefings per year. The curriculum does not turn anyone away, meaning that military spouses looking for transition services, Veterans, and others can participate in this program. He stated, “When a service member leaves the military, that does not end the transition process. It’s the beginning.” • Committee Member Ms. Ellyn Dunford asked, “How does this program work in State’s Veteran Administrations and how will they get this out into communities?” Mr. Williamson stated that there are one-hour training videos that they push out to states. • Dr. Davis said that some people don’t need it until their 60s. They are also pushing this program in faith-based communities. • Dr. Weistreich added that the question has been, “How does VA develop a package that considers the caregiver, to prevent a crisis in the future?” She mentioned VA needs to have a good transition from the private sector to VA care. • Committee Member Ms. Mary Buckler said that engaging VSOs is important. She asked, “Are they equipped to handle an assistance program?” Mr. Williamson answered that they are making it more accessible. • Committee Vice Chairman Mr. Sherman Gillums Jr. asked, “Are families invited to the TAP curriculum and how can get this information before it’s too late? Sometimes, VA programs put the burden on service members and their families to find out this information.” Mr. Williamson said it was open to families

	<p>and there is an effort to push this program out to states and local communities.</p> <ul style="list-style-type: none"> • Committee Member Dr. Robert Koffman stated that in his county, Montgomery County in Maryland, there are over 45,000 Veterans and he has never talked about community engagement boards (CVEBS) or the TAPs program. He thinks VA and the community should do a better job of spreading the word, creating community partnerships, and having a community and safe space for Veterans, all of which may help to reduce suicide rates. He said, “Social isolation is a huge component of Veteran suicide and making sure these resources are front and center for Veterans is important.” Committee Member Ms. Ellyn Dunford also mentioned to follow VA on Facebook because they showcase a lot of what they’re doing through video and other social media. • Dr. Weistreich said VA is using social media to reach out to Veterans while still protecting their privacy. Social media is a great mechanism by which to hear the voice of customers, which is Veterans at the VA.
<p>Topic: Veteran Survivor Services</p> <p>Speakers:</p> <p>Ms. Gina Farrisee, Executive Director, National Cemetery Administration Strategy and Analysis</p> <p>RDML Ann Duff, Director, Office of Survivor Assistance</p>	<ul style="list-style-type: none"> • Ms. Farrisee spoke on the burial benefits and eligibility for Veterans. She mentioned that there are 9,000 acres of land to use for Veteran burials. The burial services also have a 93.2% satisfaction rate in surveys, the highest in history. The program is focused on taking care of Veterans. The Legacy program is to ensure that no Veteran’s story is left behind. The legacy program better memorializes the Veteran story. We have also announced the digital platform, which showcases 1,000 biographies of Veterans. • Committee Member Ms. Harriet Dominique mentioned that all the Veteran plaques are magnificent and honor their legacy. • Ms. Duff mentioned that her piece of the Veteran story is how to take care of information as a hub for Veteran benefits. She talks daily with Veteran survivors who ask about information. The office is creating a survivor journey map; the office had one that ended when the Veteran passed, so we are going to extend that map. The plan is to get the new map out by April 2020. • Dr. Davis added that when VEO develops journey maps, they speak with Veterans and their families, so the information reflects first-hand their journeys. • Committee Member Ms. Shirley White asked about working with DoD, who takes care of international Secretary of State (SOS) offices (which provide a network of qualified providers in all overseas area) throughout the country. They have a monthly

	<p>newsletter; it may be good to leverage DoD, as well. Ms. Duff agreed.</p> <ul style="list-style-type: none"> • Senator Dole thanked the panel for being there and commended their dedication to making Veterans’ stories come to life.
<p>Topic: Outreach and Communication</p> <p>Speakers:</p> <p>Mr. Brooks Tucker, Assistant Secretary, Office of Congressional and Legislative Affairs</p> <p>Mr. John Wagner, Principal Deputy Assistant Secretary, Public and Intergovernmental Affairs</p> <p>Ms. Joy White, Outreach Working Group Lead</p>	<ul style="list-style-type: none"> • Mr. Tucker discussed Caregiving provisions in Congress, mentioning the VA MISSION Act and the mandate to expand the Program of Comprehensive Assistance for Family Caregivers (PCAFC) from post-9/11 Veterans to all service eras. This new legislation has complexity on all sides. VA is working with Congress to create a system by which it can track and maintain support for Veterans and Caregivers. Congress also knows that this mandate will be dealing with an older population. These will be completely different populations with different sets of challenges for Veterans and Caregivers. The launch of the information technology piece is something that does not exist in the public health space. They are using Salesforce to the fullest capacity. • Dr. Davis mentioned that the EHRM panel yesterday endorsed the commitment to adding family and Caregivers to Salesforce as a customer management tool and that their outreach included Veterans, family caregivers, and survivors. • Mr. Wagner talked about public affairs initiatives within VA to reach out to family caregivers and survivors. They are strategically targeting all populations from tribal to faith-based groups for public affairs and outreach, making campaigns tailored to those populations. The Choose VA ads on buses and billboards are a part of this campaign to advertise VA more. The next step is to use broadcast and other tools. It also will be important to have targeted campaigns in rural areas additionally to urban areas. • Dr. Davis mentioned that communication needs to be at the state and local levels, especially when it comes to suicide prevention and using the public affairs team to work closely with them. She also mentioned promoting the Quick Start guide and meeting Veterans where they are. • Mr. Tucker said that addressing mental health among Veterans and reaching them where they are is a top priority and working with Congress to address the mental health crisis will help with communication in time. He also mentioned the importance of privacy for Veterans and their families. • Ms. White also mentioned that there are working groups for Veterans, families, and caregivers. Dr. Davis mentioned that the outreach working groups help with communicating between offices. Many separate program offices have no connection and

	<p>poor communication between each other. VA needs to get clear messaging across all offices and programs.</p> <ul style="list-style-type: none"> • Mr. Wagner mentioned the weekly Wednesday emails, which are increasing their reach with Veterans. The emails are sent out to 10 million email messages every week for both Veteran Benefits Administration (VBA) and VHA. There is consistency for Veterans and their families in receiving the latest information on VA every Wednesday. The last email went out to over 9 million Veterans, and over 20,000 have opened it. We are working on how to improve VA emails with usable, tangible information, including key messages on the MISSION Act, suicide prevention efforts, and more. • Committee Member Ms. Jennifer Dorn said that being able to target marketing metrics like open rates and click rates would help to indicate which emails are more helpful and which ones are not being opened. • Mr. Wagner said that expanding reach and finding out who uses the emails and who doesn't to inform development of targeted campaigns and to change messaging and style of writing is something his team is constantly working on.
<p>Topic: Lessons Learned and Proven Resources: Committee</p>	<ul style="list-style-type: none"> • Vice Chairman Mr. Sherman Gillums Jr. said he went into this committee not knowing what to expect but it is a group of people who talks the talk. He thanked Senator Elizabeth Dole for her leadership and thanked the committee members. His only recommendation was to set goals for the future of the committee on tangible things that will have a lasting influence on families, Caregivers and their survivors. He also thanked the committee for the opportunity to serve. • Committee Member Ms. Jennifer Dorn also thanked Senator Dole for her leadership and passion as well as Dr. Davis for her strength and relentless advocacy. She also complimented the committee members saying they are knowledgeable representatives. She mentioned the struggle of the first year of the committee because so much was unknown, and she didn't know how they were going to put things in buckets and didn't know how much progress the committee was making until they got to the messiness of it. For recommendations, she wants the committee to help with the holistic approach to Veteran suicide prevention and thinks it is a model to be emulated and that it will have an impact that will affect the whole nation. The committee needs to make sure they help with that effort. • Committee Member Ms. Ellyn Dunford said that no one was more shocked than her of the progress the committee has made because of the complexity. The first year the committee was in the weeds, semantics and rules but because of strong

leadership, the committee was able to find their niche yet still have a huge span of responsibility. She mentioned that government moves incredibly slow so being able to accomplish as much as the committee has in two years is a huge accomplishment. She mentioned she has a great appreciation for VA and when they put together a focused team that is dedicated to the cause, it accomplishes something in two years that would normally take ten. She mentioned those defined goals need to be in place in the future.

- Committee Member Ms. Elaine Rogers said this committee has made her realize how much she doesn't know. She has learned so much about VA and its amazing research. She also stated she was impressed at how much the committee had accomplished in two years. She now understands much better and what was presented today. She said she would take this knowledge she gained in the past two days and brief her staff and ask how they can fit it in and how they can apply that with active duty military and their families. She also thanked Dr. Davis and Senator Dole for their knowledge and leadership. She had no recommendations.
- Committee Member Ms. Mary Buckler said that she was impressed with the focus of the committee as well as the progress and results. She has served on blue ribbon panels and asked, "Is this going to matter?" and she can undoubtedly say the things this committee does matter. She also thanked Dr. Davis and Senator Dole, saying that their impact has made such a difference. She is also grateful for the creation of the Veteran Experience Office and the establishment of that office is doing great things alone. She complimented the committee for their bond and their willingness to keep their egos and agendas out of it. She also mentioned that trust builds success and this committee trusts each other. She asked the question, "What would this committee like to do going forward? And what makes an effective organization?" She also mentioned how important it is to not get caught up in jargon and to make sure access to information and the programs VA is doing is on the forefront of this committee. People need to understand it and the committee needs to be the first to get this information out and communicate.
- Committee Member Dr. Robert Koffman mentioned it has been a pleasure working with the committee. He said he is a provider and has a different perspective. He agreed that being able to put family members into the electronic health records will save lives. He stated he has been a caregiver as well and that was the most daunting and challenging time of his life. He has recognized the importance of partnership. He also wants to

	<p>communicate more effectively to Veterans about the program's VA offers since it can be so hard to navigate the VA system. He said, "The Holy Grail is the quality of life," while also mentioning the importance of suicide prevention, policy and programs to help prevent Veteran suicide because everyone is failing at that right now. He said this committee is in a position to make a huge impact in that area and would recommend some goals around suicide prevention going forward.</p> <ul style="list-style-type: none">• Committee Member Ms. Loree Sutton thanked both Dr. Davis and Senator Dole for their leadership. She said that the relationships on this committee are part of the knowledge and nexus of support. She mentioned that it has been such a heartening journey and to keep focused. She then thanked the committee.• Committee Member Mr. Francisco Urena said that there is so much positive transformation happening on the team, it has been great that the committee has maintained its direction while being flexible. He thanked each committee member for their work and dedication while also having the availability to meet Veterans where they are. He mentioned he had traveled to the Fisher House to listen to military families and empower them to share their stories. He mentioned the importance of getting services out to the Veterans where they are. He thanked Dr. Davis and Senator Dole for their leadership and thanked the committee for their relationships and their ability to listen.• Committee Member Ms. Yvonne Riley said that she had sat in many corporate board meetings with people who were incredibly well-versed in their topics and this committee is one of the most impressive. She said that she has learned so much about the quality of care at VA and how the committee has a huge opportunity to spread the good word instead of focusing on the negative reporting the media does. She mentioned moving forward that the committee has a responsibility to customer service and taking care of Veterans.• Committee Member Ms. Mary Keller said she was impressed with the amount of change this committee has done and it is incredible to be a part of. She then thanked the committee and said she had no recommendations.• Committee Member Ms. Harriet Dominique said that she was so grateful for and to be on the committee. She has worked with USAA for years and is so excited to be a part of the committee. She thanked Dr. Davis and Senator Dole for their leadership and example. She listed three points. The first being:
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- This committee has been a catalyst for the military-civilian bridge. She mentioned that of the two years the committee has been present, she has seen the interconnection of community partnership that focus on military-civilian life.
- She mentioned the national to community partnership has also broadened. She sees the impact at the national level and the local chapter in San Antonio.
- She also mentioned that going forward, the committee needs to spread what they have learned these past two days around to Veterans and their Caregivers. The 12 Recommendations has shaped her work at (relisten to this on the tape – she works at USAA) USAA and her peer group.

She also mentioned three opportunities:

- As the committee moves forward, what is the holistic north star? How does the committee know where it's going and how does it make progress?
 - The committee needs to address community awareness hurdles.
 - The committee needs to rethink corporate business opportunities.
- Committee Member Ms. Melissa Comeau mentioned that this is both personal and professional for her and the weight of caring for caregivers is something that is never forgotten. Her recommendation was the mindful expansion of the program and how to expand it. She said that both Dr. Davis and Senator Dole have changed her life not just professionally but personally.
 - Senator Dole closed the meeting saying that everyone has touched her heart and she is grateful to be leading such a highly intelligence and passionate team. She mentioned that she wants to send out a national survey to reach all populations that serve to get their thoughts on where the committee should go in the future. She mentioned that the Elizabeth Dole Foundation put out a survey to Caregivers and one of the biggest concerns was employment and underemployment. That is a powerful message the committee can focus on in the future. She asked Dr. Davis if a survey would be appropriate.
 - Dr. Davis said she is always impressed with Senator Dole's leadership and this committee is a powerful opportunity. She commended the VA for rising above the noise and getting to the key critical problem-solving opportunities. She said she is mindful of mental health and suicide prevention and caregiver support. Both of these have national task forces already in

place. VA can use those for us to change dialogue. She mentioned this isn't just about supporting the 5.5 million Veteran caregivers, but the lessons learned will help all caregivers. She mentioned that her bottom line is customer service and that the VA Secretary supports this. She mentioned the next year will be groundbreaking.

- Committee Member Ms. Mary Buckler concurred saying the next year is highly charged. She supported the idea of a national survey by the Elizabeth Dole Foundation.
- Dr. Davis said that there are multi-channels being used to collect data because VA constituents are diverse. There are also different ways of reaching out since not all Veteran populations have access to digital surveys or internet connection.
- Committee Member Ms. Ellyn Dunford said that military and civilian life are not separate. Many Veterans live in civilian community and their spouses work in civilian communities. Communication is important.
- Committee Member Ms. Mary Buckler said that many people don't think of themselves as caregivers even though they are, so it is hard to reach every caregiver
- Committee Member Dr. Robert Koffman mentioned that the suicide rate is the highest it has been in 50 years and it is coupled by alcohol abuse and opioid abuse. There needs to be a call to action of what is going on. He mentioned, "Don't take the temperature if you're not going to treat the fever."
- Dr. Davis said that there needs to be a strategic plan of what the committee does with the data. She does not want to give people false hope and expectations. Changing the system is a big step in how the public views caregivers and how it views mental health. She mentioned that this is also a public health opportunity. The committee needs to find what makes a tangible difference. The voice of the customer is what should be brought forward, like the RAND report. That voice was for patient advocacy and the public listened.
- Committee Member Ms. Melissa Comeau said that adding a Caregiver checkbox to the census would help with data. The RAISE task force will push to make that possible.
- Senator Dole thanked Dr. Davis and Dr. Betty Moseley Brown for a great meeting. She thanked the committee for their passionate involvement. The meeting was adjourned at **1:57pm.**

Betty Moseley Brown

Approved

Dr. Betty Moseley Brown, DFO

Elizabeth Dole

Approved

Sen. Elizabeth Dole, Chair