

Department of Veterans Affairs
Advisory Committee on Minority Veterans (ACMV)
April 21 - 23, 2015
Seattle/Tacoma, WA Site Visit

Tuesday, April 21, 2015

Committee Members Present:

Marvin Trujillo, Jr. (Chairman)
Many-Bears Grinder
Harold Hunt
Patricia Jackson-Kelley
Librado Rivas
Teresita Guevara Smith
Rebecca Stone
Cornell Wilson, Jr.
Gordon Burke (DOL Ex-officio)

Committee Members Absent:

Elisandro (Alex) Diaz
Anthony Woods
Sheila Mitchell (teleconference)

VA Staff Members Present:

Barbara Ward (Designated Federal Officer)
Earl Newsome
Juanita Mullen
Ronald Sagudan

Opening Remarks & Review Agenda:

- Barbara Ward (Designated Federal Officer)
- Marvin Trujillo, Chairman
 - Reviewed the agenda.
 - Reviewed the meeting housekeeping notes.
 - Addressed any concerns of the committee.
 - Introductions of both the Committee and CMV staff.

VA Puget Sound Health Care System:

- Mr. Gary Bayne, Acting Director of Nursing
 - Sharing Agreement (fee basis) – Medicare rate minus 10%.
 - Ground Breaking – new Mental Health facility.
 - Customer Service Program
 - Access – the biggest concern.
 - Women's Health Program
 - Standard – woman health provider.
 - Developed Women Veterans Work Group.
 - Women's Clinic Director – maintains contact with minority leaders.
 - OEF/OIF – 60% utilization – by word of mouth.
 - CBOC offers services of a gender specific care provider.

- Homeless
 - Reviewed the 5 year “Plan to End Veteran Homelessness.”
 - Biggest achievement – Secretary Castro (HUD) provided 122 new HUD VASH coupons for the VA Puget Sound area.
 - The minority population of homelessness in the area: 33% African American Veterans, 3% Native American, 3% Asian/Pacific Islanders, 10% Hispanic.
 - Total: estimated 40%.
 - HUD VASH vouchers: meeting their demand, wait times have been dramatically decreased, and can now get the vouchers in two weeks.
 - Most of their vouchers are used in the private market.
 - Work with non-profit organizations to get housing when there is a shortage of available housing.
 - Primary Care has an excellent homeless program.
 - Program is extended to American Lake.
- VA Learning Opportunities Residency (VALOR) Students
 - 20% to 30% are ethnic minorities; 30% to 40% are Veterans.
 - VALOR Program is funded by Congress through the New Orleans based VHA Health Talent Management.
 - Students get to work with the nursing staff.
 - Students get to stay on the campus for up to 1 year to work as a nurse (during the school year).
 - VALOR students must work 1 day a month.
 - The students, who get the Valor Scholarship, work with the campus for 3 years and then get their nursing degree.
 - Due to their budget, VA Puget Sound can keep most of their students, as federal government employees.
 - The attrition rate, within the last five years, lost 4 students (one to play soccer).
- Home Based Primary Care
 - Reached out to 120 Veterans.
 - Veterans do not come to the VA, the staff go out to the Veterans’ homes.
 - Their mission is to reduce hospital visits and admissions.
- Outreach
 - Port Angeles is one of their rural areas.
 - Rural Health Team – need to work with this team to expand their care in the rural areas.
 - Town hall meetings/stakeholders meetings: scheduled 4 town halls since October 2014.
 - Seen a higher percentage of minorities up north and in the south.
 - Planning to conduct 4-6 town hall meetings per year.
 - Conducted 20 stand downs.
 - Have a Homeless Advisory Council.

Q & A Session:

- 1) How are you working with tribal leaders in the area because their data only indicates 1, especially when there is a high number of Natives in the area?
Answer: They have a 30 mile radius, where they actually go out to the homes. They do not know where the Native population is but acknowledged the fact that they will have to work on this.

General Comments:

- 1) Reference to their data, the committee requested an update to their chart to include the Hispanic population.
- 2) A question was asked reference their broadband capabilities – if they had this in place, allows for more outreach.

Outreach to Minority Veterans:

- Cathy Davidson, Minority Veterans Program Coordinator (MVPC)

- MVPC started with the VA in 1982 in pharmacy for 18 years which led into working with minority Veterans.
- Is a full-time MVPC – came to VA Puget Sound in 2003.
- Use the census data to identify their minority population and where they are located.
- Had to learn the various cultures within the minority groups to conduct better outreach.
- Their first VA-IHS Reimbursement Agreement is with the Nooksack Indian Tribe.
 - Makah Tribe and Lummi Nation are in their final stages of signing their reimbursement agreements.
- MVPC conducts and attends various Veterans Summits throughout the area.
 - Reviewed their various Veterans community partnerships.
 - African American PTSD Association (www.aaptsdassn.org).
 - NABVET Chapters.
 - Therapeutic Health Services.
 - Asian American Chemical Dependency Treatment.
 - Wing Luke Asian Museum in Seattle.
 - Bainbridge Filipino and Japanese American Communities.
 - Mesa Redondo de Kitsap.
 - El Centro de la Raza – Seattle.
 - Centro Latina – Tacoma.
 - Joint American Indian Veterans Advisory Council.
 - ↓ Made up of Tribal Veterans Representatives (TVRs).
 - ↓ 29 federally recognized tribes in Washington.
 - ↓ 4 tribes fall under the purview of VA Puget Sound.
 - VAPSHCS and UW School of Medicine “Indian Health Pathways.”
 - ↓ Members are Native American students.
 - The Sweat Lodge at American Lake.
 - Work with community colleges – looking at working more with the minority population.
 - Will work more on outreaching at churches.

- Peer to Peer Program - is a Veteran who has been trained to help Veterans. This program has been around for a while.
- VA Rural Outreach – conducts quarterly visits with the Mobile Medical Unit (MMU).
 - Grants are provided through the Office of Rural Health for 3-5 day visits.
 - Services are provided for “ALL” Veterans.
- Reference sensitivity training in the VA – the VA is not conducting sensitivity training on an ongoing basis. VA also has a Cultural Competency module.
- Recognize all special emphasis months.
- Sensitivity training/awareness includes Management.
- MVPC directly reports to the Director of Public Affairs, who reports to the Director of the VA Medical Center.
- Reports are done via the MVPC Program, managed by the Center for Minority Veterans.
- Suicide Prevention – have a very robust suicide prevention program.
 - Last year, crisis team handled 1400 calls.
 - Committee requested the latest Suicide Prevention Report.

Committee members were provided a tour of the VA Medical Center.

Q & A Session:

- 1) Within the minority Veteran communities, are the VSO’s being updated on benefits? Are these organizations given the opportunity to be accredited?
 Answer: Accreditation processes falls under the State Department of Veterans Affairs. Identified Tribal Veterans Representatives (TVRs), are not Veterans Service Officers.

General Comments:

- 1) Kudos to the MVPC referencing the MVPC knowing her minority population.
- 2) Reference the list of their Veteran and community partnerships of the Asian American/Pacific Islanders organizations, the ones listed are all Asian American events. There are Pacific Islanders organizations in the area also.

Seattle Regional Benefit Office:

- Pritz Navaratasingam, Director
- Robert Hard, Minority Veterans Program Coordinator (MVPC)
 - Seattle Regional Office Overview
 - Have 2 missions: Veterans in Washington State & SEATAC (international).
 - There are 300 employees in each.
 - 600,000 Veterans in the Washington, rank 6 in the nation.
 - 7th largest regional office.
 - Working with 3 medical centers in the state.
 - Minority Veterans in Washington State
 - Went over the census demographics in Washington State (based on a 3 year average).

- There are 57 different languages spoken in their catchment area.
- Seattle Outreach
 - Just recently attended a Veterans Summit outreach in Anacortes.
 - Seattle RO has active Homeless, Women, VSI/SI, and Minority Outreach Coordinators.
- Challenges and Strategies (based on Census and local data)
 - Education.
 - 1/3 of Asian and Hispanic Veterans are non-citizens; 40% have less than a high school diploma.
 - 20% are between the ages of 17 – 34.
 - Strategy: Promote the use of GI Bill for English proficiency and GED programs through social media and mobile services.
 - VA Utilization.
 - Asian Veterans have the lowest utilization % for VA healthcare services and with service connected disability rating.
 - 1/3 of Asians are over age 65.
 - Strategy: Increase outreach, investigate cultural norms and institutional biases which may reinforce barriers.
 - Health Care Coverage/Poverty.
 - AI/AN Veterans have the highest uninsured rates in 2011.
 - AI/AN less likely to trust or endorse VA healthcare.
 - AI/AN had the highest poverty rate in 2011.
 - Reservation lands tend to be highly rural.
 - Strategy: Continue VISN 20 efforts to implement MOU's with IHS and tribal clinics to bill VHA for medical services (cost sharing agreements).
 - ✚ Strengthen referrals from Seattle Indian Health Board.
 - ✚ Lessen geographic variances through video-conferencing and E-benefits enrollment.
 - ✚ Endorse family bonds as central to solutions.
- Increased Focus
 - Highly rural counties: Pacific, Klickitat, Lincoln, Stevens, and Pen Oreille.
 - 29 federally recognized tribes in the state of Washington.
 - LGBT Outreach.
 - The Voices of Veterans Act (H.R. 915).
 - Identified the metropolitan areas with the highest rates of LGBT residents: Seattle at 4.8%.
 - LGBT and black young adults (ages 18 – 25) are four times more likely to be homeless and eight times more likely to attempt suicide.
 - Less likely to access healthcare and benefits due to history of unfavorable treatment by the military.
- Camp Chapparral
 - Is supported by the VISN 20.
 - Program started in 1991.
 - Week long program in Yakama Nation, conducted on sacred grounds.

- The Veterans and VA employees from VHA, VBA, and NCA are exposed to traditional healings – especially for Veterans suffering from PTSD.
- Tribal Veterans Representatives
 - Explained how VBA collaborates with TVRs.
 - RO get calls from TVR's reference PTSD.
- Electronic Claims
 - E-benefits, another way for Veterans to communicate with the Regional Office.
 - Is one more tool in the tool box, need to do more face to face with the Veterans.
 - Have a large number of military bases and retirees.
 - See 1000 people a month.
 - Reference broadband, lack of or out of reach is Colville and Yakima Nation.
 - In these unreachable areas, need to conduct face to face outreach.
- Homeless
 - One person working full time.
 - Go where Veterans congregate: VA Medical Centers.
 - Look at demographics for minority Veterans and go where they are at.
 - Seattle is a very affluent city but the homeless population is growing south of the city.
 - Take a look at Veterans with disabilities, grant benefits, so they can have income to get into housing, using the HUD VASH Program.
- Native American Direct Home Loan Program
 - Do not handle this program, program is centralized and handled out of Denver.
- Claims
 - Gathering of the information to support the claim takes the longest, not adjudicating the claim.
 - Average times to process claims: 145 days, 75% improvement.
- Regional Office Staff
 - Over half of their staff is Veterans.
- Demographics
 - OIF/OEF Veterans impact the RO the most.
 - RO can identify Veterans by age.
 - RO Goal: no claims over 125 days regardless of the Era of the Veteran.
- Gay Marriages
 - Gay couples are recognized reference dependencies – RO is paying for dependencies.
 - There is marriage equality in Washington State.

General Comment:

- 1) Pacific Islanders needs to be addressed – keep leaving them out reference the stats – not properly being identified.

Seattle Vet Center:

- Ronald Boxmeyer, Team Leader

- See 200 clients a month.
- Have a short chain of command – boss is in Denver Colorado, and his boss is in Washington DC.
- Have a contract program – have 80 clients.
- Clients that come in are seen that day.
- Population by ethnicity: Hispanic 5.3%, African American 6-4%, Asian/Pacific Islander 1.9%, Native American 1.4%, White 78%, females 33, and male 321 for FY 15.
- Vietnam Vets: over 66 years old and coming down with cancer.
- Individual therapists look at the Veteran & family as a whole.
- Have an issue with manpower.
- GWOT Representative is the outreach specialist (go out to colleges, bases, small companies who hire Veterans, etc.)
 - Asian population is underserved due to cultural aspects.
 - Families do not hire baby sitters; grandparents are the ones who babysit the kids.
 - Koreans work to buy their homes – when the kids get married, their wedding gifts is a home – paid for so the couple is not burden with a mortgage.
 - Mental illness is taboo in the Asian culture.
- Have a diverse staff, have 2 Native Americans on their staff.
- Reference suicides, haven't had any cases but dealt with crisis situations.
- Can spend 2 to 2 ½ hours with a Veteran.
- Respond to disasters (Guam, plane crashes, conduct disaster relief, etc.).
- There is a lot of history behind Vet Centers.
- Now allowed to see active personnel – reality is the military will cut people for anything, so military personnel will not admit to having mental issues.
- Never in 43 years have they breached confidentiality.

Q & A Session:

- 1) Reference the confidentiality of information; if a member is suicidal, what do you do with the information? Answer: Veterans sign a confidentiality form and if suicidal, then there will be release of information – the Veteran knows this. To release information, the Veteran has to sign a release form.

Wednesday, April 22, 2015

Tahoma National Cemetery:

- Thomas Yokes, Director

- Overall, NCA has the highest customer service rating.
- Do not track the number of burials in reference to what the minority groups are.
- Do track and give a breakdown of the War Era of Veterans buried.
- National Cemetery opened in October of 1997 and will be open until 2035.

- Since 1997, conducted 42,000 burials.
- 70% of their burials are cremations.
- On Phase II Expansion, 9000 new gravesites.
- Phase I, overturned over 1000 gravesites.
- There is an increase of Korean War Veterans being buried.
- Reference cremation burials – they are culturally related.
- Reference over site/IG Assessment Team - Oakland MSN:
 - Last assessment was conducted in 2014.
 - During the assessment, the service uniform was worn during the communal services, which was not the official uniform – the cemetery is working on getting the right uniforms.
 - The assessment team also looked at the realignments of the headstones, to include the proper heights, etc.
 - There are no waiting times reference burials – their scheduling office is in St. Louis.
 - Mondays and Fridays are their busiest days – conduct 20 burials a day.
 - The Cemetery Director does provide presentations at the Funeral Directors' meetings.
 - Break down of 16 member cemetery staff: 15 males, 1 female, 2 Native American males, and 1 African American female.
 - NCA has one training program – The Cemetery Directors Program.
 - The Cemetery does allow same sex couple burials but to date, no same sex couple burials yet.
- Director provided a tour of the Tahoma National Cemetery
 - The Committee was shown the difference between a Medal of Honor burial headstone versus a non-Medal of Honor headstone.
 - The Committee was shown the millennial project that started in September 2014.
 - The newly built Ossuary was also shown to the committee members.

VA Puget Sound HCS – American Lake:

- The Committee and CMV Staff were provided a tour of the American Lake Campus:

- Community Living Center
 - Staff provided a tour of the facility.
- Blind Rehabilitation
 - Is an 11 bed facility – the facility is currently under renovation and serves vision impaired Veterans.
 - Work with the MVPC to do outreach to the minority population.
 - A lot of their patients are from the states of Washington and Oregon.
 - Inpatients – are majority white elderly males.
 - For outpatients who are going progressively blind – will first see low vision specialists.
 - Supports family members – since there are no overnight facilities – training for family members are for families in the local area or conducted on telephones.

- The hospital providers do go to the Veterans homes to teach them how to adapt to the equipment provided.
- Domiciliary
 - Have 64 beds, facility is co-ed.
 - 20 beds for PTSD, 24 beds for Substance Abuse, and 20 beds for Compensated Work Therapy – the 3 residential programs.
 - Separate rooms are available for women Veterans.
 - Do have national resources but the focus is in their VISN 20.
 - There are two residential programs in VISN 20.
 - Do get Veterans from Alaska and get Veterans from DOD for PTSD.
 - Do provide services for Military Sexual Trauma (MST).
 - Substance Abuse and Veterans Court – do have a robust Veterans Court Program.

Sweat Lodge – American Lake Hospital:

- Received a briefing from the Elders Council.
 - Very traditional – focus on the mind & body.
 - This is a purification sweat lodge at American Lake.
 - The sweat lodge is not just for Native people.
 - Women Veterans are taught and in turn, teach their families.
 - The Committee was provided a tour of an actual sweat lodge.

The Committee proceeded to the town hall meeting.

Town Hall Meeting/VA Puget Sound HCS – American Lake:

- Attendance was high with approximately 75 attendees.
- Audience was very diverse with all minority groups represented, including local VSO Representation and Staffers from several Congressional Offices.
- The Town Hall meeting concerns raised:
 - The lack of adequate health care services for Veterans in Guam.
 - Veteran reimbursement for emergency care sought outside of the VA Healthcare System. The criteria to approve payment are not understood by Veterans.
 - Travel claim payments and mileage reimbursement should be via the Veterans bank account or personal check mailing process.
 - Many frustrated with the WWII Filipino Compensation Fund - family member concerned that WWII Filipino Veteran will die prior to obtaining approval of benefits earned through the Compensation Fund.
 - For homeless Veterans, need coordination of services including single male parents with children.
 - Lack of awareness of available VA benefits and the need for more targeted outreach.
 - An interest in more research on Mental Health issues on minority Veterans.
 - Spouses of Veterans are not aware of their eligibility for burial in national cemeteries.

Thursday, April 23, 2015

Opening Remarks & Review Agenda:

- Barbara Ward, Designated Federal Officer

- Marvin Trujillo, Chairman

- Chairman provided opening remarks, went over the agenda, and the annual report reference recommendations.
- Chairman conducted an After Action Review of the site visit.
- DFO provided remarks reference the site visit and the professionalism of the ACMV members.
- ACMV After Action Review
 - Talked about the issues in Guam that was heard at the town hall meeting.
 - DFO will inform VHA and the White House Work Group.
 - VHA Sub-Work Group Notes.
 - Well organized MVPC, 1 of 3 full-time MVPCs.
 - The minority groups in the Seattle-Tacoma area are very high.
 - MVPC has good relations with the Native American population, and needs to do more work with the Asian/Pacific Islanders and Hispanics.
 - Targeted outreach, where is the critical mass location of the population in need.
 - Need a coordinated team for outreach.
 - The organizational structure reference supervising the MVPC is inconsistent.
 - Observations.
 - ✚ Safety and Accountability factor – reference Vet Centers.
 - ✚ Office of Health Equity – need more clarification.
 - ✚ What are the healthcare challenges for minorities?
 - ✚ Need to have more help for the homeless single parents.
 - ✚ Reference MVPCs at the CBOCs to expand outreach – recommended to the committee to look at past recommendations reference MVPCs.
 - VBA Sub-Work Group Notes.
 - Need to do more work on Tribal Government Relations.
 - No data on backlog of claims or data on minorities.
 - Broad band issue wasn't explained very clearly.
 - Outreach an issue – especially as collateral position.
 - Need to keep an eye on broad band capabilities, going to sites once a quarter will not put a dent in outreach – need to improve RO's media output.
 - Observations
 - ✚ Would like to know the caseload reference the backlog.
 - NCA Sub-Work Group Notes.
 - MVPC very engaged – willingness to work with other agencies – teamwork.

- Beautiful cemetery – IG assessments - identified the deficiencies and Director is working to correct them.
- Observations
 - ↓ Only NCA MVPC for the state of Washington.
 - ↓ Rural Veterans are not aware of their benefits.
 - ↓ Remarkable reference the diversity in the NCA staff-no Hispanics or Asian/Pacific Islanders.
 - ↓ Would like to expand the Ossuary to the Pacific Islands.
 - ↓ Spouse awareness of burial eligibility is lacking.

Public Comments:

- Chairman opened the floor for Public Comments.
 - A comment was made regarding VA having better access to interpreters who are available to do face to face communications.
 - There were no written comments.

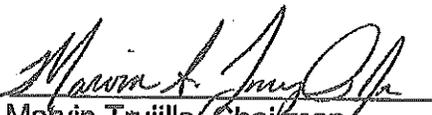
Leadership Exit Briefing:

- Pritz Navaratasingam, Director, Seattle Regional Office.
 - Chair provided the Sub-Work Group notes.
 - Follow-up question – reference their strategy for outreach.
 - Director will look at coming up with an Action Plan reference outreach.
 - Commends the MVPC – reference MVPC as a collateral duty.
 - Must be a total team effort, working with the other admins to meet the needs of their minority Veterans.
 - Will start quarterly meetings with tribal representatives.
 - Work with community partners - strategy for targeted outreach – fostering those working relationships – Director’s personal commitment.
 - Data/Metrics – will look at key metrics reference processing claims.
 - Backlog of claims is now below 200,000 – for Seattle area, around 5000 claims.
 - 3,300 appeals pending and working to reduce these appeals.
 - Repeals/Claims need to be filed with standardized forms-recent mandate in March.
 - Going to track their successes in outreaching to minority Veterans.
 - Sub-Group Remarks
 - Reducing their backlog on claims.
 - % of broker claims – Director will get the information reference “workload distribution.”
 - Claims 95% electronic – any chance in future, algorithms will be part of VBA. Director reference electronic system – enhancing the process – people are their most valuable asset.
- Gary Bayne, Acting Director of Nursing, VA Puget Sound HCS.
 - Accolades to MVPC.
 - Reference employment for homeless – do not have the process to take all the services to the streets.

- Reference collaboration with other agencies because VHA cannot do everything. VHA does include other agencies during their outreach events.
 - Reference strategy in reducing wait times – In primary care, have 75,000 patients, an issue can be keeping their doctors (Primary Care doctors) on staff – competing for doctors with the whole nation. Allowing float positions – having doctors help in other positions.
 - Reference Choice Cards to reduce those wait times – utilization of the Choice Cards has not met VHA's expectations. Success is at 21% - Choice Card is working for a lot of Veterans but there is a lot of Veterans who are not using the Choice Card – the process does take long. Have a Choice Card Call Center which is a local initiative – need to make the Choice Card Call Center a national initiative.
 - Receive 20 – 40 calls per day.
- Thomas Yokes, Director, Tahoma National Cemetery.
- MVPC very engaged.
 - Outreach to rural Veterans was low – MVPC collateral duty.
 - Reference employees working with the loss on a daily basis; is there any counseling for the employees? Director – Chaplain Services are provided, rotate the services provided among the employees.

Committee Comments:

- The Admins do partner.
- Committee recommended continuing their work with their stakeholders.

Signature: 
 Marvin Trujillo, Chairman

Date: 5/29/15