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2019 National Minority Veterans Summit Day 1

September 27, 2019
Dallas, TX

VA Center for Minority Veterans

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U.S. Department
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<https://youtu.be/Z36l18tXjHM>



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Welcoming Remarks

Stephen B. Dillard
Executive Director
VA Center for Minority Veterans



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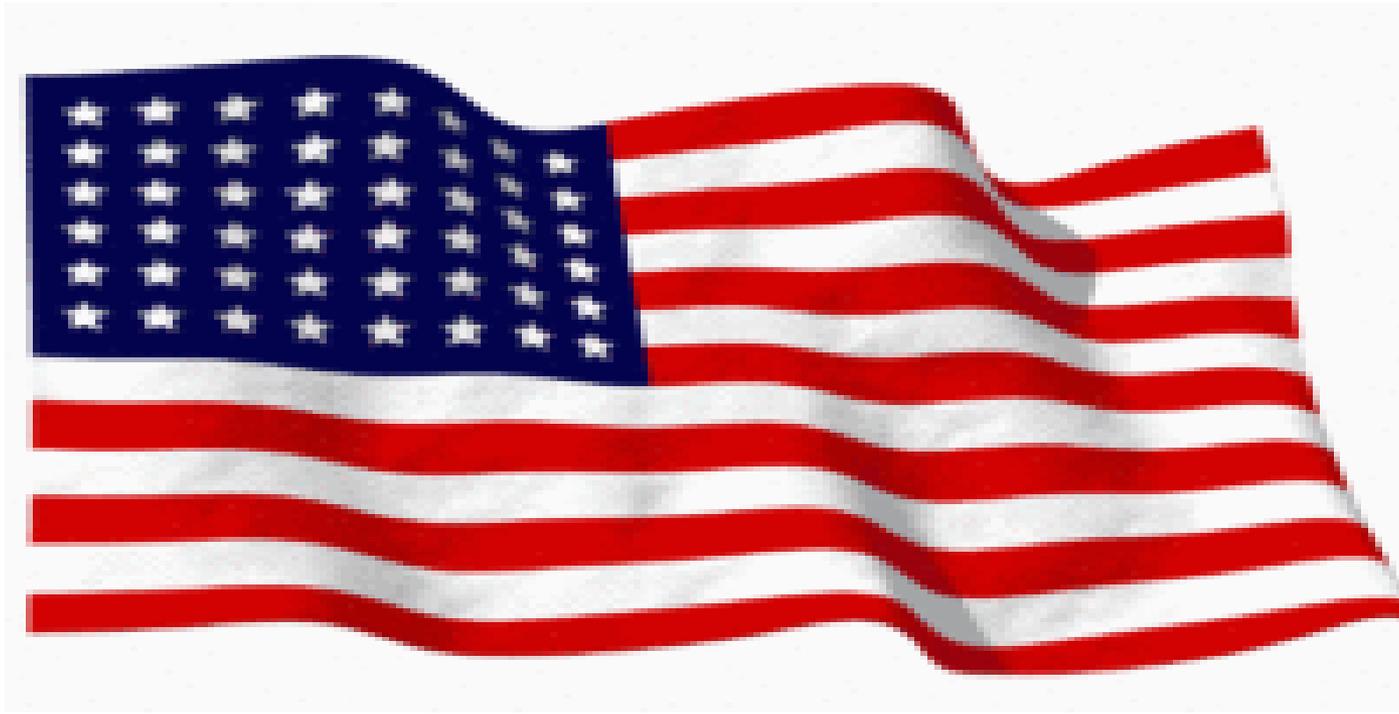


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Presentation of the Colors

Navy Color Guard

Naval Air Station Joint Reserve Base Fort Worth



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National Anthem

Wanda Frey
Volunteer Vocalist



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Native American Song

Anthony Nauni
Comanche Nation Outreach

Invocation

Chaplain Tonia J. Hatchett
Interim Chief of Chaplain Service
VA North Texas Health Care System



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Native American Prayer

John Tiddark

Former Captain, U.S. Special Forces
Vietnam Veteran Recipient of the
Purple Heart & Bronze Star of Valor



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Introduction of the VA Deputy Secretary

Stephen B. Dillard
Executive Director
VA Center for Minority Veterans



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Welcome Message

Honorable James Byrne
Deputy Secretary
U.S. Department of Veterans Affairs

Intermission

VA Deputy Secretary James Byrne
&
VA Minority Veteran Program Coordinators

Meet in Dallas Ballroom D-1



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2019 Summit Partner



Lake Nona, FL PatriotCafé



- Provides food, coffee, retail & vending services in over 200 VA Medical Centers across the county
- Also provides additional services such as optical shops, barbershops, and concessionaire stands in select locations



Aurora, CO PatriotStore



Bath, NY PatriotBrew

Who we are

Revenue generated from VCS is “given back” to VA Programs



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2019 Summit Partner VCS (cont.)

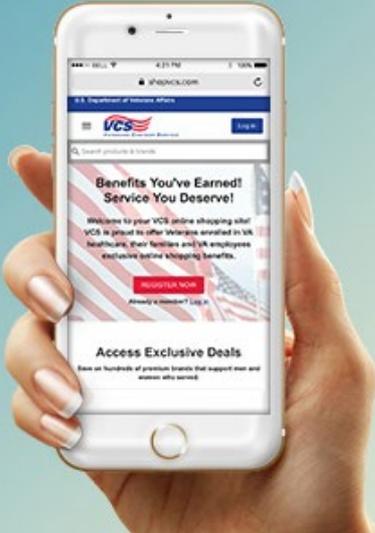
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- VETERAN OWNED BRANDS
- MILITARY PRIDE
- SPORTS
- TECH
- TRAVEL AND TICKET SERVICES

NEW BENEFITS ARE WAITING FOR YOU ON
ShopVCS.com

Veterans enrolled in VA healthcare, their families and VA employees have access to ShopVCS.com - and it's free to sign up. Start saving on thousands of products from hundreds of top brands.

[Create Free Account](#)



Revenue generated from VCS is "given back" to VA Programs



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2019 Summit Partner VCS (cont.)



Giving back to veterans

With every purchase, vcs “gives back” to veteran programs

- National rehabilitation games
- Women veterans
- Veterans suicide prevention
- VETERANS Homelessness programs
- DISASTER RELIEF
- WARRIOR TO SOUL MATE
- More...

September is Suicide Prevention Month

#BeThere
for Veterans and Service members.

Confidential crisis chat at
[VeteransCrisisLine.net](https://www.veteranscrisisline.net)

 Veterans Crisis Line
1-800-273-8255 PRESS 1

Veterans Suicide Prevention



Veterans Homelessness



Additional 2019 Summit Partners



Opening Remarks for Administration Leadership

Dennis O. May
Deputy Director
VA Center for Minority Veterans



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National Cemetery Administration

Matthew Sullivan

Deputy Under Secretary for Finance & Planning
VA National Cemetery Administration

Veterans Benefits Administration

Margarita Devlin

Principal Deputy Under Secretary for Benefits

VA Veterans Benefits Administration

OUTREACH.VBACO@VA.GOV



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VBA's Commitment to Serving Minority Veterans

Margarita Devlin

Principal Deputy Under Secretary for Benefits

September 27, 2019

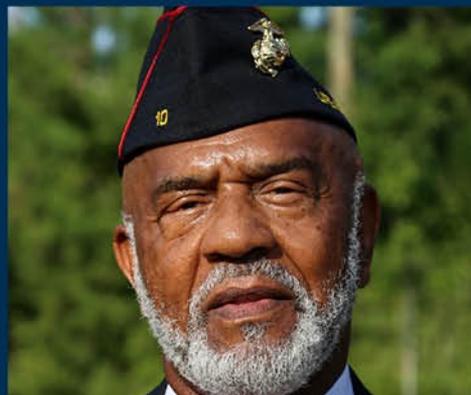
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*In our differences lie
our strengths*



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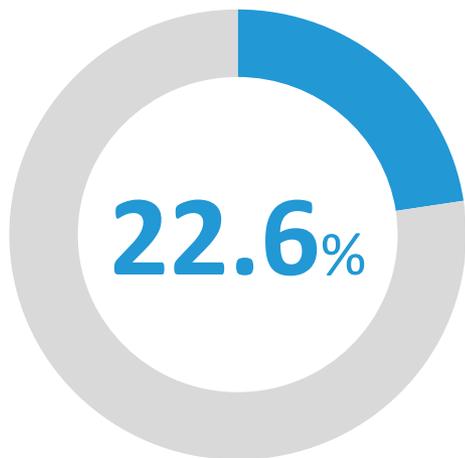


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Minorities in the Veteran Population

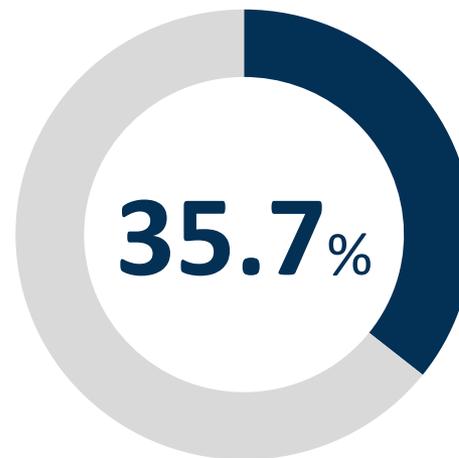
In 2014

minorities comprised 22.6 percent of the total Veteran population in the United States.



By 2040

minorities are projected to make up 35.7 percent of all living Veterans in the United States.



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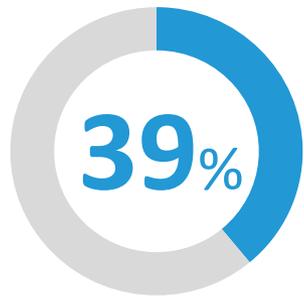
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Minority Representation at VBA

A decade ago

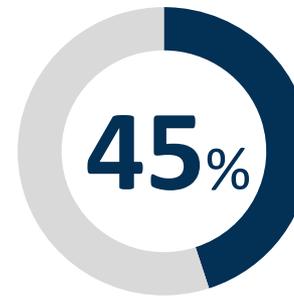


of VBA employees were minorities



Minority senior leaders at VBA

Today



of VBA employees are minorities



Minority senior leaders at VBA



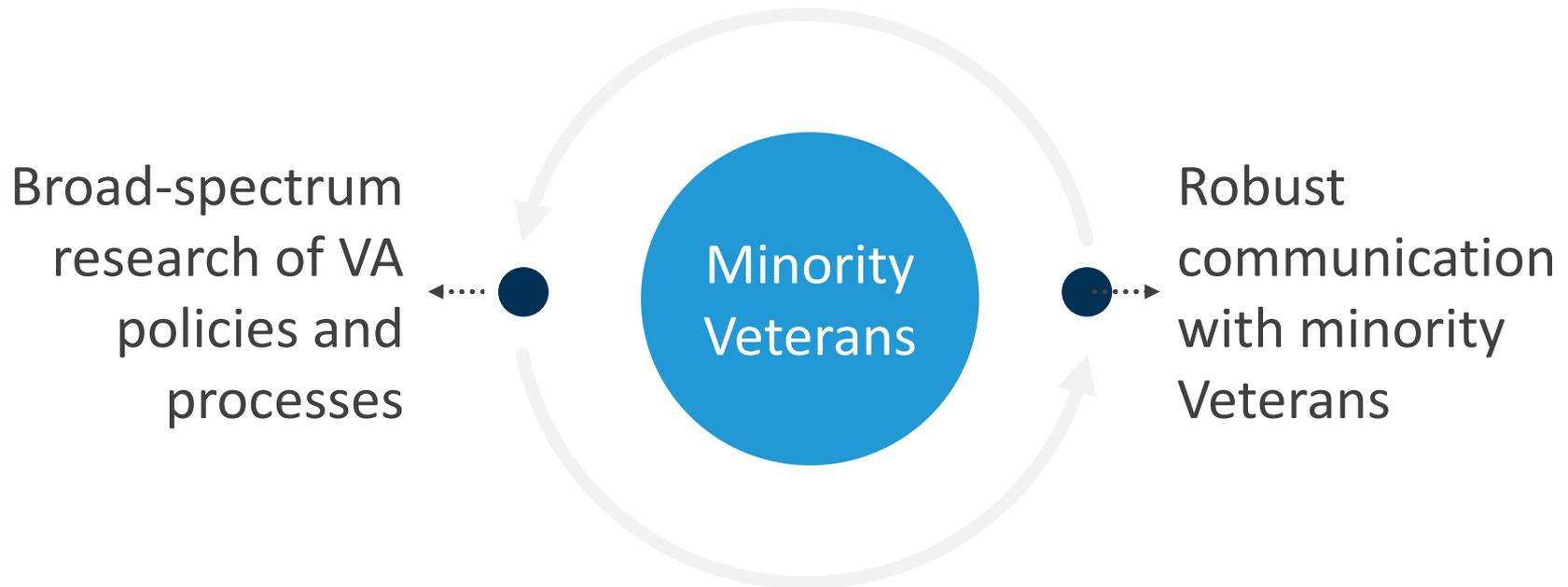
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VBA is Committed to Minority Veterans



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VBA's Minority Veterans Program

VBA employs **56 minority Veterans program coordinators** (MVPCs)

- to increase local awareness of minority Veteran-related issues
- develop strategies for increasing their participation in existing VA benefits programs

MVPCs are located at regional offices, health care facilities and cemeteries



VBA is Committed to Minority Veterans

The VBA MVPC duties include:



Connecting with local minority organizations



Raising awareness of VA benefits among minority populations



Supporting activities addressing the unique needs of minority Veterans



Distributing educational and outreach materials to targeted outreach groups.



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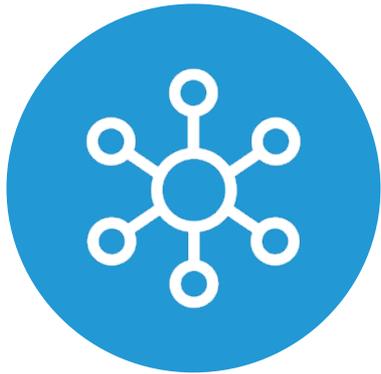
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MVPC Outreach Efforts

MVPC outreach efforts yield positive results



Coordinators **averaged over 20 hours** of outreach per month nationwide in FY 18

Targeted outreach to minority Veterans at outreach events was **27% in FY 17** and **36% FY 18**

Increased number of minority Veteran outreach activities from **7,301** in FY17 to **over 8,000** in FY18, **reaching nearly 100,000 minority Veterans**



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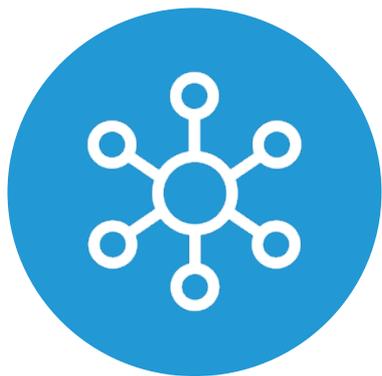
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Outreach to Native Veterans

MVPCs provided critical training to Tribal Veterans Representatives. MVPCs also worked alongside the Office of Tribal Governmental Relations at Tribal Claims Clinics



In FY18 VA **held 33 Tribal Claims events** with **24 tribes** across **12 states**. These events reached approximately **1,100 Veterans** and **yielded 730 new claims** for VA benefits

Through the **first 22 events** in FY19, VA has reached **over 730 Veterans** and received **330 claims**



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Outreach Results

Resources

**56 Minority
Veteran Program
Coordinators**

at VA Regional Offices nationwide

KPIs (Thru 2Q/FY19)

Over 8,500

Outreach Activities Conducted

Over 250,000

Veterans Contacted

Over 10,000

Contacted through Targeted
Outreach to Minority Veterans



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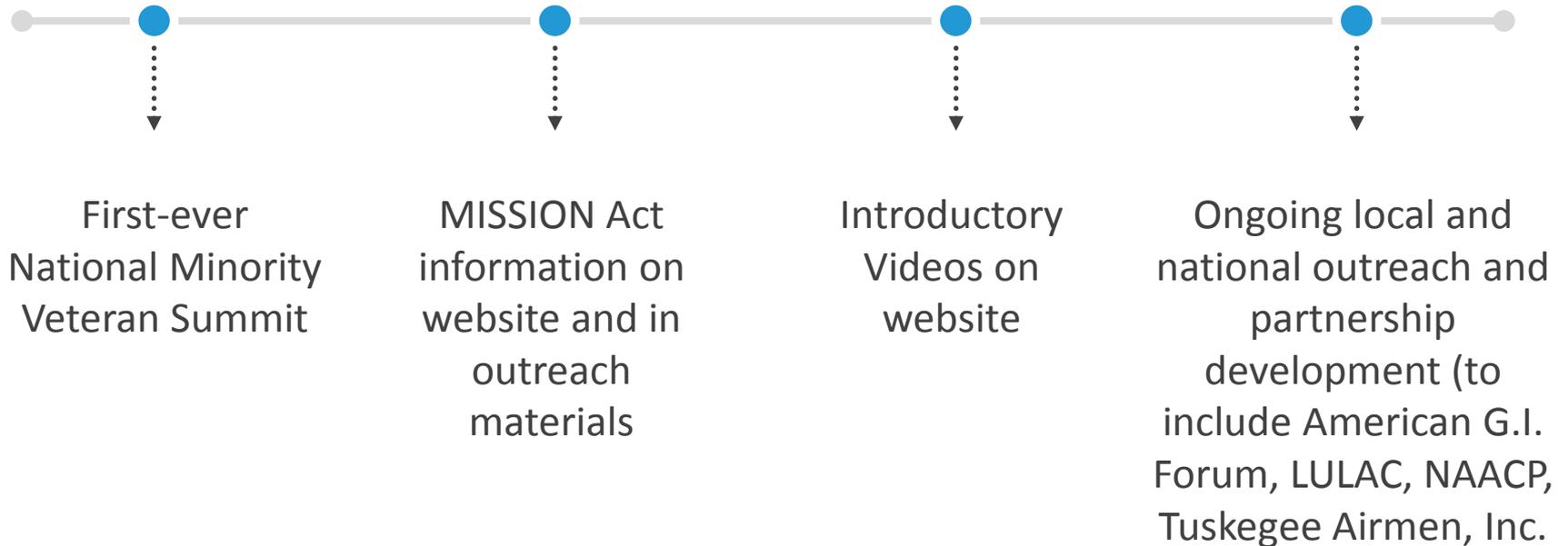
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Looking Ahead

Planned Projects (through End of FY19)





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Connect With Us!

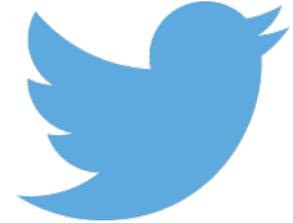
For VA customer service, call:
1-800-827-1000

To learn more about VA Benefits,
visit: benefits.va.gov

For more specific questions,
access: [Inquiry Routing &
Information System \(IRIS\)](#)



@VeteransBenefits



@VA VetBenefits

[Subscribe to the VBA
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[Regional Office
Directory](#)



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Veterans Health Administration

Lawrence Connell

Chief of Staff for the Under Secretary
VA Veterans Health Administration



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VA's Center for Minority Veterans
2019 National Minority Veteran Summit

Larry Connell
Chief of Staff, VHA
September 27, 2019



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VA Secretary Priorities

- Customer Service
- Implementing the MISSION Act
- Electronic Health Record
- Transforming our Business Systems



Robert Wilkie
Secretary of
Veterans Affairs

Minority Veterans' Unique Healthcare Challenges

- Chronic disease disparities
 - Higher rates of hypertension and diabetes among older minority Veterans, especially Blacks and Hispanics
- Access to Health Care
 - Health Care access is an important determinant of health outcomes.
 - A prostate cancer study published in JAMA Oncology showed that where access is equal, survival rates are equal between blacks and whites.



Shrinking the Disparity

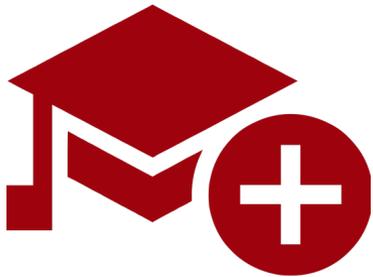
VHA is developing innovative solutions for closing the gap of health disparities



- Outreach programs designed to increase minority Veterans' use of services
 - For example, VA Heart of Texas Health Care Network (VISN 17) implementation of MOVE! Program.
- Diversity training programs aimed at increasing staff members' understanding of patients' cultural needs.
 - Cultural Competency
 - Unconscious Bias

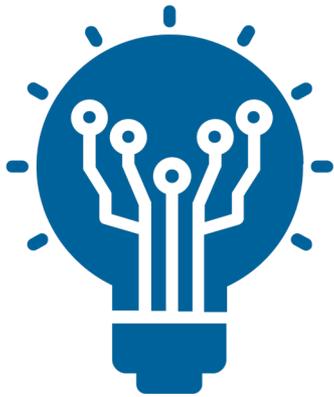


Charged with reducing disparities in healthcare and enabling all Veterans to achieve equitable health outcomes



- Partners with program offices and medical centers to increase access to equitable care.
- Working with Mental Health on Suicide Prevention
 - Requires identifying and reducing the life stressors that lead to vastly different rates of suicide among different groups of Veterans.
 - Making materials more culturally oriented.

Outreach to Minority Veterans



- Current VHA priorities such as achieving high reliability, improving access to care, supporting Whole Health for Veterans, and reducing variation depend upon reaching out to Minority Veterans.
- Suicide is the highest clinical priority for VA. Suicide is a national health concern that affects all Americans. That's why we are working with community partners across the country — including faith communities, employers, schools, and health care organizations — to prevent suicide among all Veterans, including those who may never come to VA for care.
 - The rate of suicide was 2.2 time higher among female Veterans compared with non-Veteran women.
- VA is committed to ending homelessness among Veterans. VA conducts outreach to proactively seek out Veterans in need of assistance.



MISSION Act

- Successful launch June 6th
- Streamlined community care program
- Strengthens VA's care and empowers Veterans to choose their care

Increasing Veterans' access to health care

The MISSION Act strengthens VA's ability to deliver trusted, easy to access, high quality care at VA facilities, virtually through telehealth, and in your community. That means you get the care and services you need, where and when you need them.



How to access care

Eligible Veterans can use VA health care services nationwide, including through mobile health clinics that serve rural areas and via telehealth (care through a phone or computer). Note: You need to be enrolled in VA health care to use community care benefits. For general MISSION Act health care inquiries, contact VA311 ([1-844-698-2311](tel:1-844-698-2311))



Not enrolled in VA health care yet?

To receive care from VA or a community provider, you must be enrolled in VA health care. Apply online, by mail, or in person.

[Enroll in VA health care](#)



Find VA medical centers or community care providers

Find a VA medical center or approved non-VA medical (called "community care") providers near you. Get wait times, addresses, and more.

[Find a VA location near you](#)



When can you use non-VA providers?

It depends on the situation. Learn about the eligibility criteria for expanded community care, under the MISSION Act.

[Learn about community care eligibility](#)



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Question & Answer



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VA MISSION Act of 2018

Dr. Jennifer E. MacDonald

Director

VA Office of Clinical Innovations & Education



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Leading the Future



Core Tenets and Approach

Delivering an excellent experience of care for Veterans, families, and caregivers is at the core of VA's approach to the MISSION Act.

VA is one integrated system with direct and community aspects of care delivery.

The MISSION Act strengthens both aspects of care delivery and empowers Veterans to find the balance in the system that is right for them.

VA is leveraging this opportunity to grow into an optimized, customer-centric network.

MISSION Act Key Elements

Strengthens VA's ability to recruit and retain clinicians

Expands eligibility for caregiver services to all eras of Veterans

Empowers Veterans with increased access to community care

Combines multiple community care programs into a unified integrated experience

Authorizes "Anywhere to Anywhere" telehealth provision across State lines

Creates ability for VA to match infrastructure to Veteran needs

Establishes a VA Center for Innovation for Care and Payment

Establishes access to urgent care in the community



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MISSION Act Timeline

Reporting Requirements

September 4:

- Sec 111 CC: Submit report on feasibility of adopting a fiscal intermediary model
- Sec 162 CG: Submit report to Congress and GAO on CG IT and expansion
- Sec 504 OM: Report to Congress on the East Bay CBOC and related construction projects

June 6:

- Sec 106 MA: Submit pilot market area analysis

February TBD:

- Sec 206 AIR: Submit VA AIR Account information as part of annual budget request

January 8:

- Sec 501 OM: Report to Congress on performance awards and bonuses

December 3:

- Sec 506 OM: Report to Congress on the peer specialist pilot

March 3:

- Sec 104 CC: Report to Congress on access standards
- Sec 104 CC: Report to Congress on quality standards

March 1:

- Sec 213 OM: Report to Congress on care in the Pacific territories

June 6:

- Sec 106 MA: Submit strategic plan
- Sec 121 UA: Report on Veteran education program for health care options
- Sec 122 CC: Report on CC training of VA and non-VA personnel
- Sec 123 REC: Report on utilization of Veteran education program for health care options
- Sec 131 CC: Report on covered health care provider opioid compliance
- Sec 151 OM: Report to Congress on telemedicine
- Sec 302 REC: Report to Congress on education debt reduction
- Sec 306 REC: Report to Congress on employees in education debt reduction program
- Sec 401 UA: Submit plan for underserved facilities
- Sec 402 UA: Report to Congress on underserved facility mobile deployment team pilot
- Sec 403 UA: Report to Congress on graduate medical education and residency pilot
- Sec 505 OM: Report to Congress on vacancies

October 1:

- Sec 162 CG: Submit report certifying CG IT system

November 28:

- Sec 101 CC: Submit review of the types and frequencies of care
- Sec 101 CC: Report to Congress on monitoring of care and services
- Sec 104 CC: Report to Congress on implementation and compliance with access standards

June 6:

- Sec 109 CC: Report to Congress on medical service line quality and remediation
- Sec 111 CC: Report on payment of overdue claims

FY2018

FY2019

FY2020

July 8:

- Sec 502 OM: Modify podiatrist and surgeon pay schedule

October 4:

- Sec 101 CC: Provide first update on CC regulations
- Sec 104 CC: Provide first update on access standards
- Sec 104 CC: Provide first update on quality standards

Statutory Requirements

November 7:

- Sec 114 CC: Process claims for reimbursement through e-interface

October 1:

- Sec 162 CG: Implement CG IT System

TIMELINE KEY:

- CG – Caregivers
- CC – Community Care
- OM – Other Matters
- MA – Market Assessments
- UA – Underserved Areas
- REC – Recruitment
- AIR – Asset Infrastructure Review
- CBOC – Community Based Outpatient Clinic
- NSC – Non-Service Connected

- ◐ - Semi-annual Report due
- ◑ - Quarterly Report due
- ① - Annual Report due
- ③ - Triennial Report due
- ④ - Quadrennial Report due

April 1:

- Sec 162 CG: Conduct assessment of CG Program using data from IT system

May 31:

- Sec 506 OM: Launch peer specialists pilot at 15 sites

March 1:

- Sec 142 OM: Allow Veterans Choice fund flexibility

December 19:

- Sec 113 CC: Improve authority to recover costs of services furnished for NSC Vets

June 6:

- Sec 101 CC: Publish regulations and begin operating new CC program
- Sec 102 CC: Develop template for new provider agreement
- Sec 103 CC: Exempt State Vet Homes from procurement procedure agreements
- Sec 105 CC: Publish regulations and begin operating urgent care program
- Sec 108 CC: End eligibility of certain community providers to furnish care
- Sec 133 OM: Establish competency standards for community providers
- Sec 143 CC: End Veterans Choice Program
- Sec 301 REC: Provide scholarship program information to educational institutions
- Sec 303 REC: Make determinations of future medical staffing needs

December 3:

- Sec 401 UA: Conduct analysis of underserved facilities

December 6:

- Sec 152 OM: Submit pilot proposal for VA Center for Innovation for Care and Payment

May 31:

- Sec 506 OM: Expand peer specialists pilot to 30 sites

September 30:

- Sec 211 OM: Implement training curriculum for construction personnel

September 30:

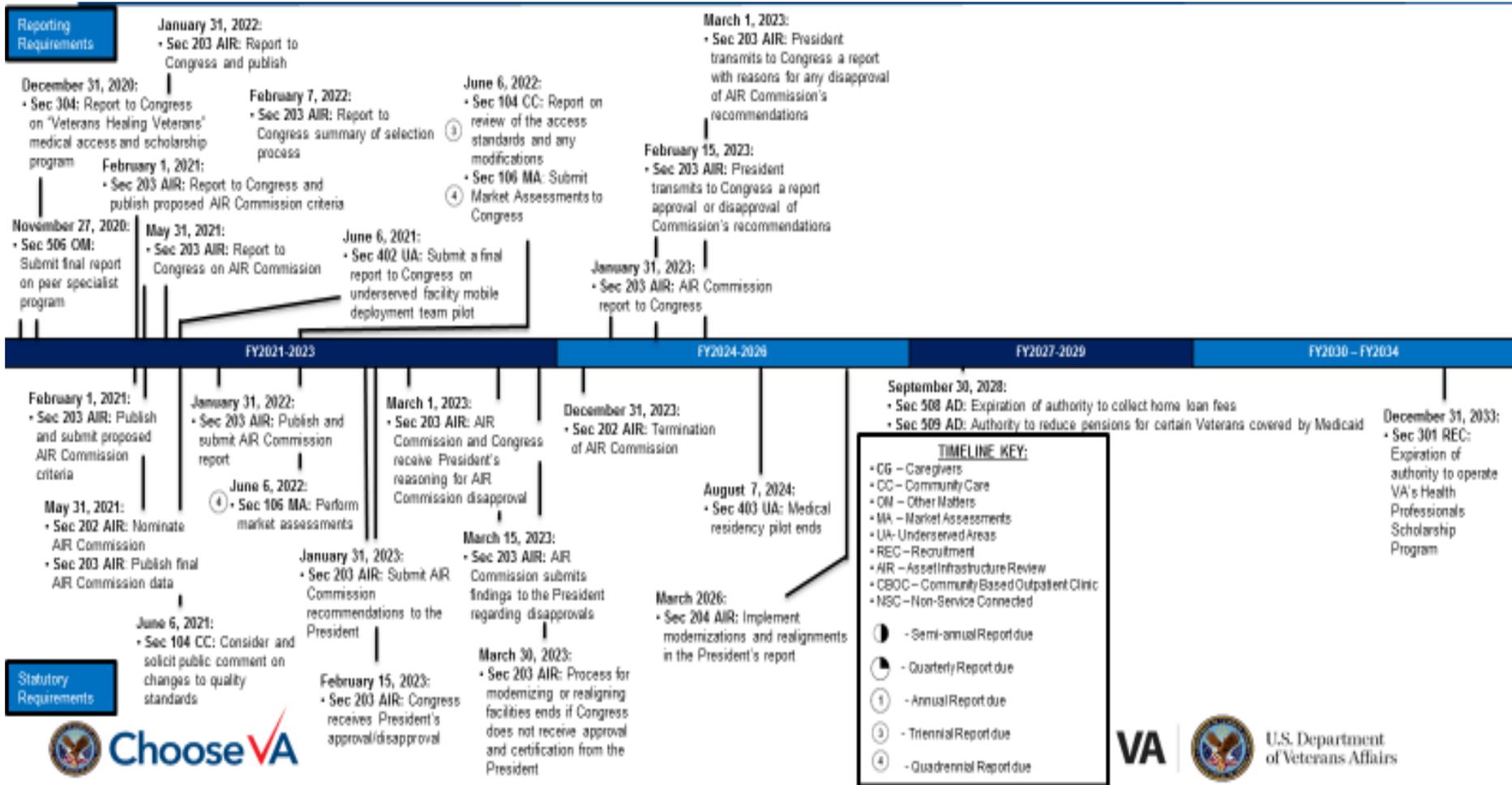
- Sec 211 OM: Complete construction employee certifications

June 6:

- Sec 101 CC: End of CC eligibility for certain Veterans grandfathered under 40 mile provision
- Sec 104 CC: Publish quality ratings on Hospital Compare
- Sec 109 CC: Report on Medical Service Line remediation



MISSION Act Timeline



Implementation Readiness



Communications



Regulations



Processes & Policies



Training



Technology



Acquisitions

Stakeholder Engagement and Cross-functional Collaboration



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June 6, 2019: Successful Launch



Veteran Engagement

VA MISSION Act

How will the MISSION Act benefit Veterans?

The MISSION Act empowers Veterans and enhances care options. VA will:

- 1 Continue to be a trusted, caring partner.
- 2 Meet Veterans where they are, with the right care at the right place and the right time.
- 3 Provide telehealth in their home, in a VA facility, or in the community.
- 4 Focus on providing an excellent experience for Veterans and their families.



For more information on the VA MISSION Act, visit www.missionact.va.gov



VA MISSION Act

How will the MISSION Act benefit VA staff members?

The MISSION Act empowers employees and strengthens VA care nationwide. The MISSION Act:

- 1 Improves ways to hire staff and keep them onboard.
- 2 Creates "Anywhere to Anywhere" telehealth that links Veterans with their care teams across state lines.
- 3 Allows VA to lead with cutting-edge technology.
- 4 Strengthens VA as a leader of U.S. health care.



Engagement Via Social Media

VA MISSION Act *Your Care is Our Mission*



Through state-of-the-art facilities, cutting-edge technology, and increased clinician recruiting and retention incentives, VA continues to enhance its coordinated care system through high-quality VA health care and community care provider networks.



Enrolled Veterans will soon receive a brochure in the mail which outline the changes to the Community Care program effective June 6.



To learn more about the MISSION Act go to www.missionact.va.gov



**Enhanced VA
Options Under
the MISSION Act:**
IMPORTANT INFORMATION FOR
VETERANS



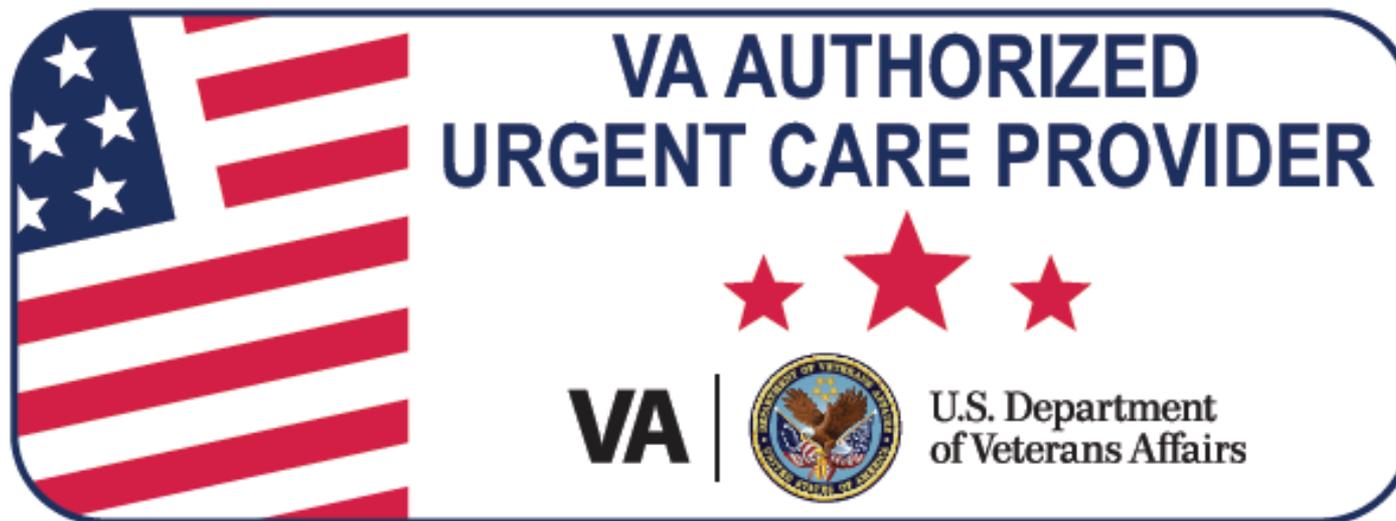
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Community Urgent Care Signage



**English and Spanish*



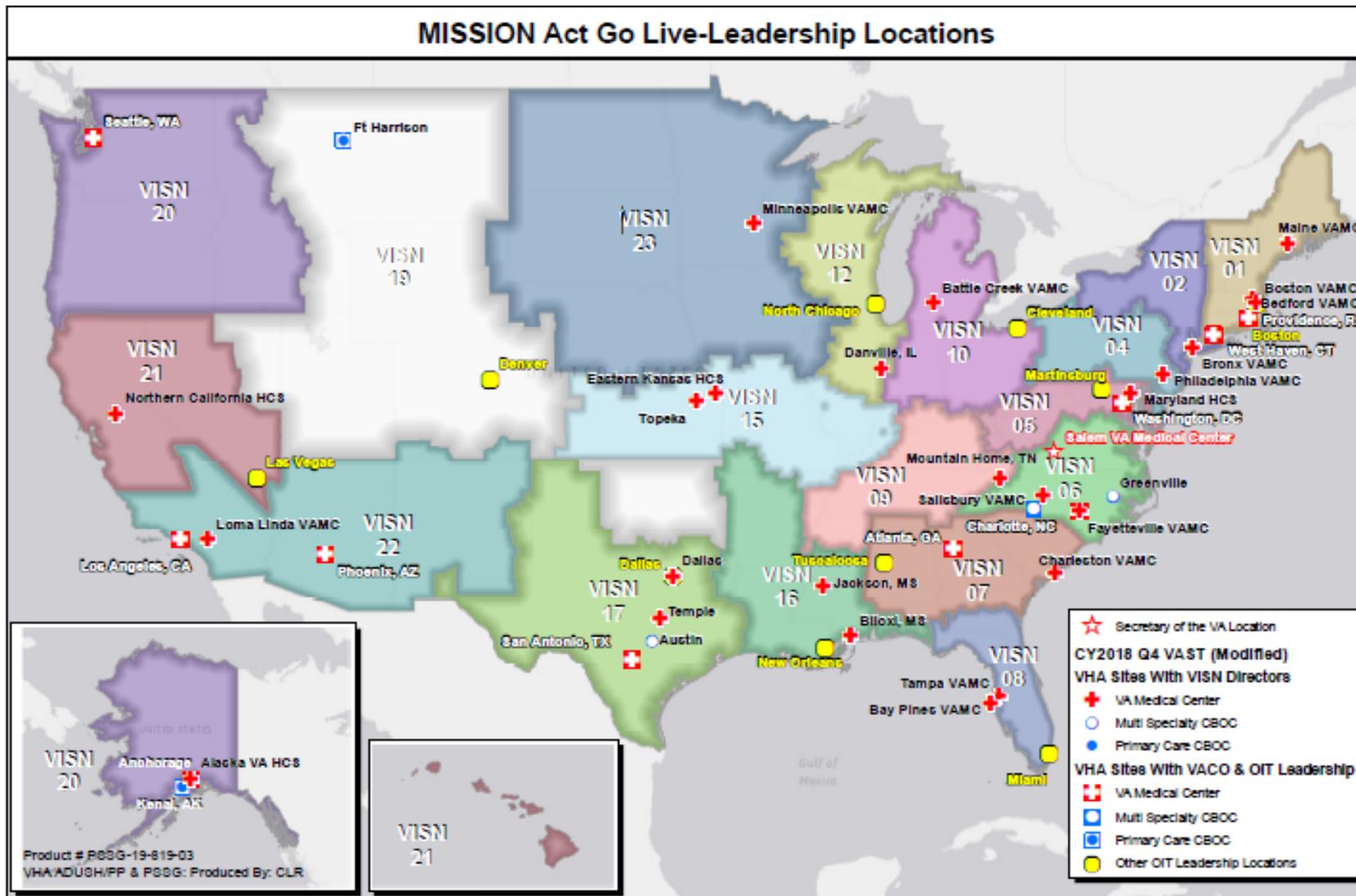
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Leadership Engagement



Community Partner Engagement

More than 7.5M engagement opportunities with Veterans, families, caregivers, and survivors

Partnerships in Action for MISSION Act outreach:

- RallyPoint **1.6M**
- Walgreens **4.2M**
- VetTix **1.2M**
- Team Red, White, and Blue **141k**
- Student Veterans of America **1,500 schools; 700k students**
- College Campuses (VBA VetSuccess on Campus Program) **104 sites; 86k students**
- DoD Military Installations (VBA Integrated Disability Evaluation System Program) **71 installations; 18k active cases**
- Community Veterans Engagement Boards (CVEBs) **152 boards**

MISSION Act links, booklets, and brochures information provided to:

- State VA/ County VA
- Consumer Financial Protection Bureau
- Administration for Community Living (HHS)
- Military OneSource
- DOL DVOPs/LVERS
- LinkedIn
- Elizabeth Dole Foundation
- Bob Woodruff Foundation
- America's Warrior Partnership
- Boulder Crest Institute
- American Legion Auxiliary
- Code of Support
- National Ass. of Veteran Serving Organizations
- TAPS
- Red Cross MVCN
- Marcus Institute for Brain Health
- Cohen Veteran Network



Social Media Modes



Vantage Point



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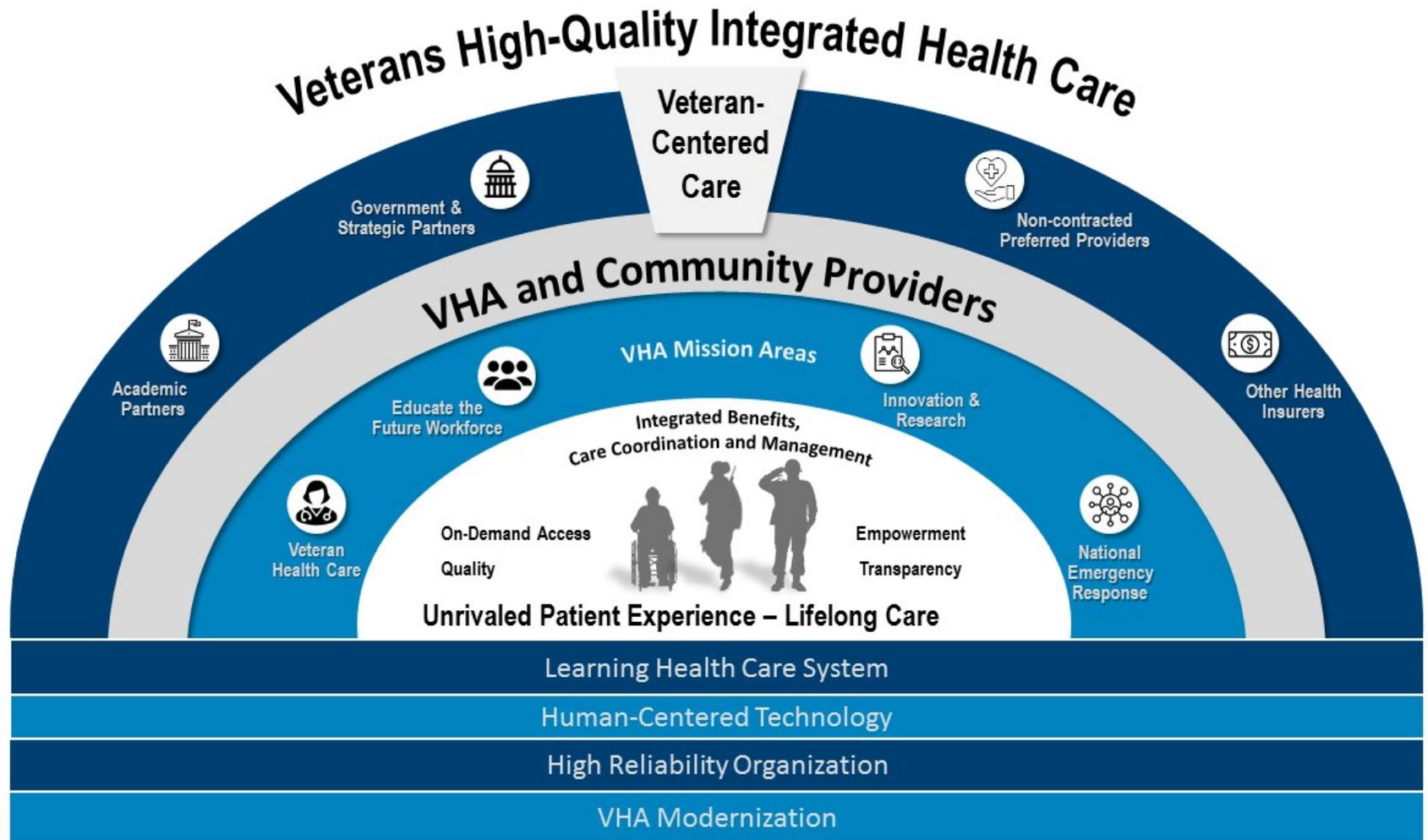
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Implementation Achievements

- ✓ Three critical regulations completed on schedule
- ✓ Eleven Congressionally Mandated Reports delivered on time
- ✓ Decision Support Tool in the cloud and enabling software pushed to 400,000+ devices on schedule; follow-on software upgrades successful and ongoing
- ✓ Veteran education brochure mailed to ~9 million enrolled Veterans
- ✓ New community urgent care network established
- ✓ VA Health Care Options handbook distributed to all facilities and shared with VSOs
- ✓ Training goals met and exceeded; follow-on focused training complete
- ✓ Training provided for National and local VSOs
- ✓ External and internal communications toolkits published and shared with stakeholders
- ✓ Field Implementation Guide published and distributed
- ✓ Community Care Guidebook published and distributed
- ✓ New Veteran feedback dashboards established: contact centers, social media, VA.gov
- ✓ Improvement achieved in the prompt payment of providers
- ✓ Completed more internal and external clinical consults on June 6th than expected at baseline
- ✓ Additional call center capacity launched, and collaboration with VSO call centers initiated
- ✓ MISSION Act landing page created on VA.gov and continually updated
- ✓ Joint Operations Center established with VHA, OIT, Communications, and key Department subject matter experts



VHA Strategic Plan Model



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Draft - Pre-Decisional Deliberative Document
Internal VA Use Only

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Toward OnDemand Access



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Care When You Need It

If you have a need for primary or mental health care right away, you can have it addressed the same day during regular business hours.

The tools you want for the care you need!



See a member of your PACT



Get answers through secure messaging



Pharmacy access and refills online or by phone



Tele-health video conferencing



Call your PACT or Mental Health Team with questions or for information

YOUR FACILITY LOGO HERE

At the [Facility Name] you can be seen by your provider or another appropriate clinical staff member, based on availability and your care needs; via telephone, smart phone, through video care, secure messaging, or other options. For medical emergency always call 911 or report to the emergency room closest to where you are located.

Talk to your Patient Aligned Care Team (PACT) or your Mental Health Team to learn about your options and timely access to care when you need it.



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Accelerating Virtual Care Growth



2018

- **>2.2 million** episodes of care
- **>780,000** Veterans served
 - 900 VA sites of care
 - 88-90% Satisfaction
- **~13%** of Veterans received an element of their care through a telehealth modality



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Question & Answer



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VA Center for Women Veterans

Jacquelyn Hayes-Byrd

Executive Director

VA Center for Women Veterans



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Supporting Women Veterans

Center for Women Veterans



**Briefing presented to
Minority Veterans Summit**

**Presented By Jacquelyn Hayes-Byrd, Executive Director
Center for Women Veterans**



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PUBLIC LAW 103-46

Center for Women Veterans established November 2, 1994 by Congress

Our Mission:

- To monitor and coordinate VA's administration of healthcare, benefits, services and programs for Women Veterans.
- To serve as an advocate for cultural transformation (within and in the general public) in recognizing the service and contributions of women Veterans and women in the military.
- To raise awareness of the responsibility to treat women Veterans with dignity and respect.

Our Vision:

Modernize the Center to become the portal for all things women Veterans and extend its outreach to all women Veteran Champions, reaching women Veterans nationally and internationally, ensuring equity in access, eligibility, care, and service delivery.

CWV Strategic Approach and Operating Plan

- CWV's Strategic Approach and Operating Plan identifies five critical areas in accordance with Public Law 103-446:
 1. **Outreach:** Spread the good news among women Veterans
 2. **Internal and External Advocacy:** For the needs of women Veterans
 3. **Research:** Advocate for the inclusion of women in research that informs VA policy and practices
 4. **Performance Management and Compliance:** Build a culture of compliance and accountability
 5. **SECVA:** Support the Executive Director with sufficient resources
- **Modernization** and **Alignment** will ensure CWV assists with enterprise-wide performance management and compliance in order to ensure women Veterans receive equitable services and benefits.

2019-2020 Ongoing and New Initiatives

Current Outreach Initiatives Include:

1. National Baby Shower (Tool Kit)
2. Monthly Partners Breakfast
3. Women Veterans Trailblazers Initiative
4. I am NOT INVISIBLE Campaign Toolkits
5. Women Veterans Summit - 2020
6. Recognize/Assist Congressional Women Veterans Task Force
7. Women Veterans “Champions” – Non-governmental, States, and across VA enterprise

Special thanks to Veteran Canteen Service for their sponsorship of our initiatives

VCS  **PatriotStore**



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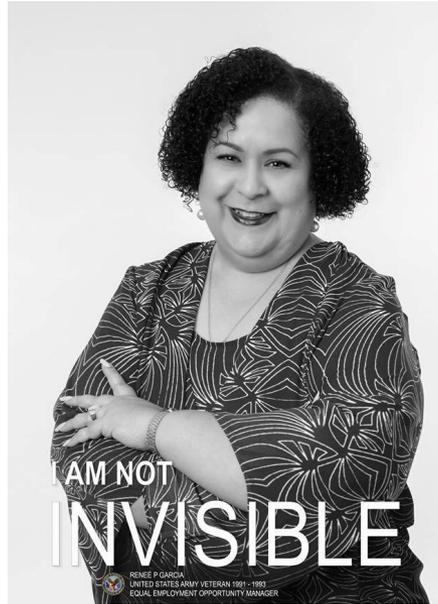
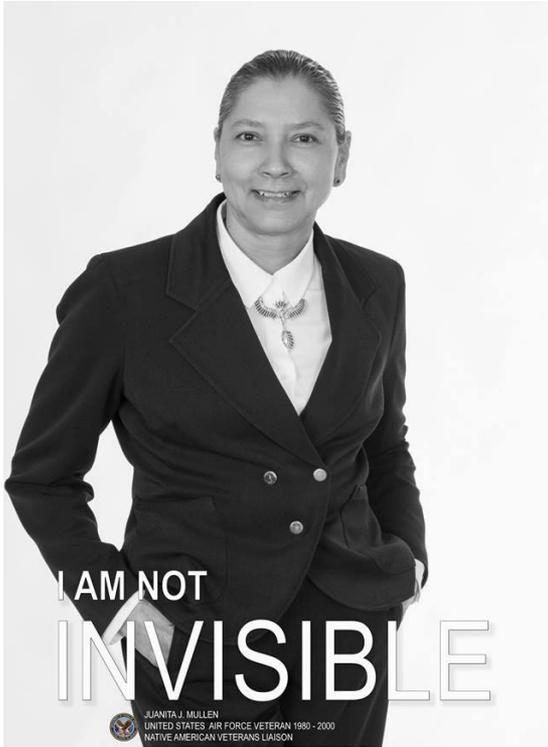
2019– Women Veterans Trailblazers

CWV's 2019 Annual Outreach Theme



Features a traveling photo and digital exhibit with auditory stories highlighting a diverse selection of women Veterans Trailblazers.

I am Not Invisible (IANI) Campaign



I AM NOT INVISIBLE

There are roughly two million women veterans, making up ten percent of the veteran population and growing. Yet they continue to face significant barriers and challenges in accessing health care and other services, while experiencing a lack of recognition. The I Am Not Invisible (IANI) project, developed in Oregon, aims to increase awareness and dialogue about women veterans, and open viewers' eyes to the myriad contributions, needs, and experiences of women who have served in the military. In support of Women's History Month 2018, this virtual IANI exhibit celebrates and honors women Veterans who are still serving - all of the participants are VA Central Office employees.

I AM NOT INVISIBLE

There are over two million women Veterans, making up over 10% of the Veteran population and growing. Yet they continue to face significant barriers and challenges in accessing necessary health care and other services, while experiencing a lack of recognition. The I Am Not Invisible (IANI) project, developed in Oregon, aims to increase awareness and dialogue about women Veterans, as well as open viewers' eyes to the myriad of contributions, needs and experiences of women who have served in the military. In support of Women's History Month 2018, this virtual IANI exhibit celebrates and honors women Veterans who are still serving - all the participants are VA employees.

VA Resources

- Browse the VA Website, become familiar.
- VHA Women Veterans Call Center: Call or Text **1-855-VA-WOMEN** or **1-855-829-6636**.
 - Chat through WV Healthcare Website: www.womenshealth.va.gov (<http://womenshealth.va.gov/>).
- VA Crisis Line: **1-800-273-8255** and press **1**.
- Chat online at www.VeteransCrisisLine.net or send a text to **838255** to receive support from specially trained professionals, 24 hours a day, 7 days a week, 365 days a year.
- White House VA Hotline: 1-855-948-2311.



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Resources

- Other Resources from www.va.gov
- eBenefits: (<https://www.ebenefits.va.gov/ebenefits-portal/ebenefits.portal>)
- Caregiver Support: (<http://www.caregiver.va.gov/>)
- Make the Connection: (<http://maketheconnection.net/>)
- Homeless Veterans (<http://www.va.gov/homeless/index.asp>)
- Burials and Memorials: (<http://www.cem.va.gov>)
- Center for Women Veterans: (<http://www.va.gov/womenvet/>)
- MyHealthEVet: (<https://www.myhealth.va.gov/>)
- Office of Survivors Assistance: www.va.gov/survivors/



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Contact Us

- 1) Phone: (202) 461-6193
- 2) Email: 00w@VA.Gov
- 3) Find us online at www.va.gov/womenvet
- 4) Facebook and Twitter using @VAWomenVets
- 5) Women Veterans Call Center

6) Crisis Hotline:



Portal for All Things Women Veterans

Question & Answer



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NETWORKING BREAK

**Please Engage Our Presenters
&
Meet Fellow Veterans**



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VA Board of Veterans' Appeals

Kimberly P. McLeod
Deputy Vice-Chairman
VA Board of Veterans' Appeals



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Overview

Mission

The Board's mission is to conduct hearings and decide appeals properly before the Board in a timely manner.
38 U.S.C. § 7101(a).

Background

The Board is the Secretary's designee to decide appeals for all three administrations (VBA, VHA, NCA).
The Board Chairman reports directly to the Secretary.
38 U.S.C. § 511(a).



Board 2.0 Priorities

Service

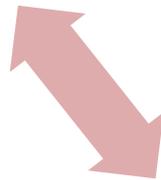


- To each other
- Across the VA enterprise
- Best service to Veterans and their families

Modernization



- Technology
- Process
- Streamline operations



Action

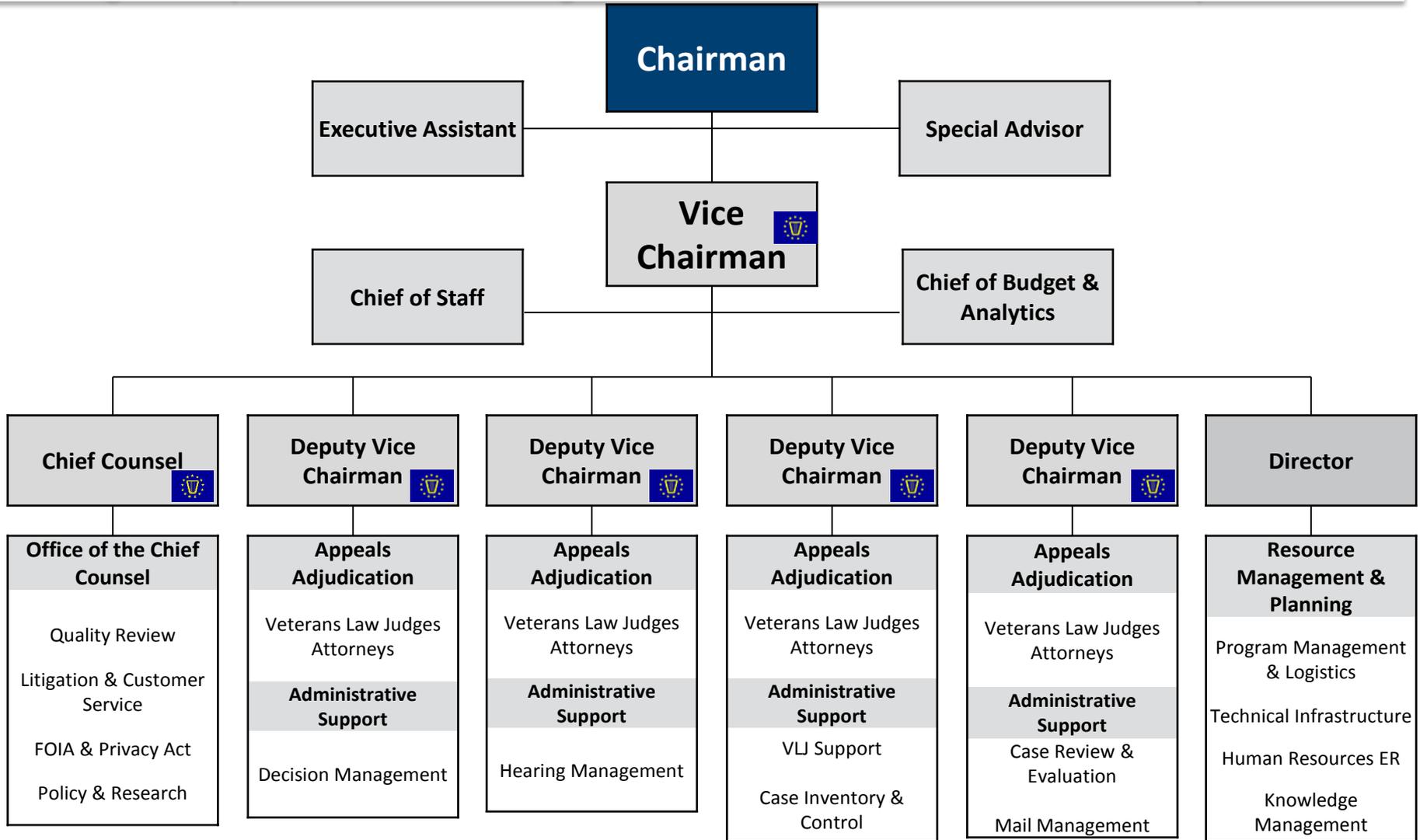


- Respond to inquires
- Hold hearings
- Decide and issue decisions



Organizational Structure

Realigned to provide Veteran-facing service and meet the mission-critical requirements.



Choose VA

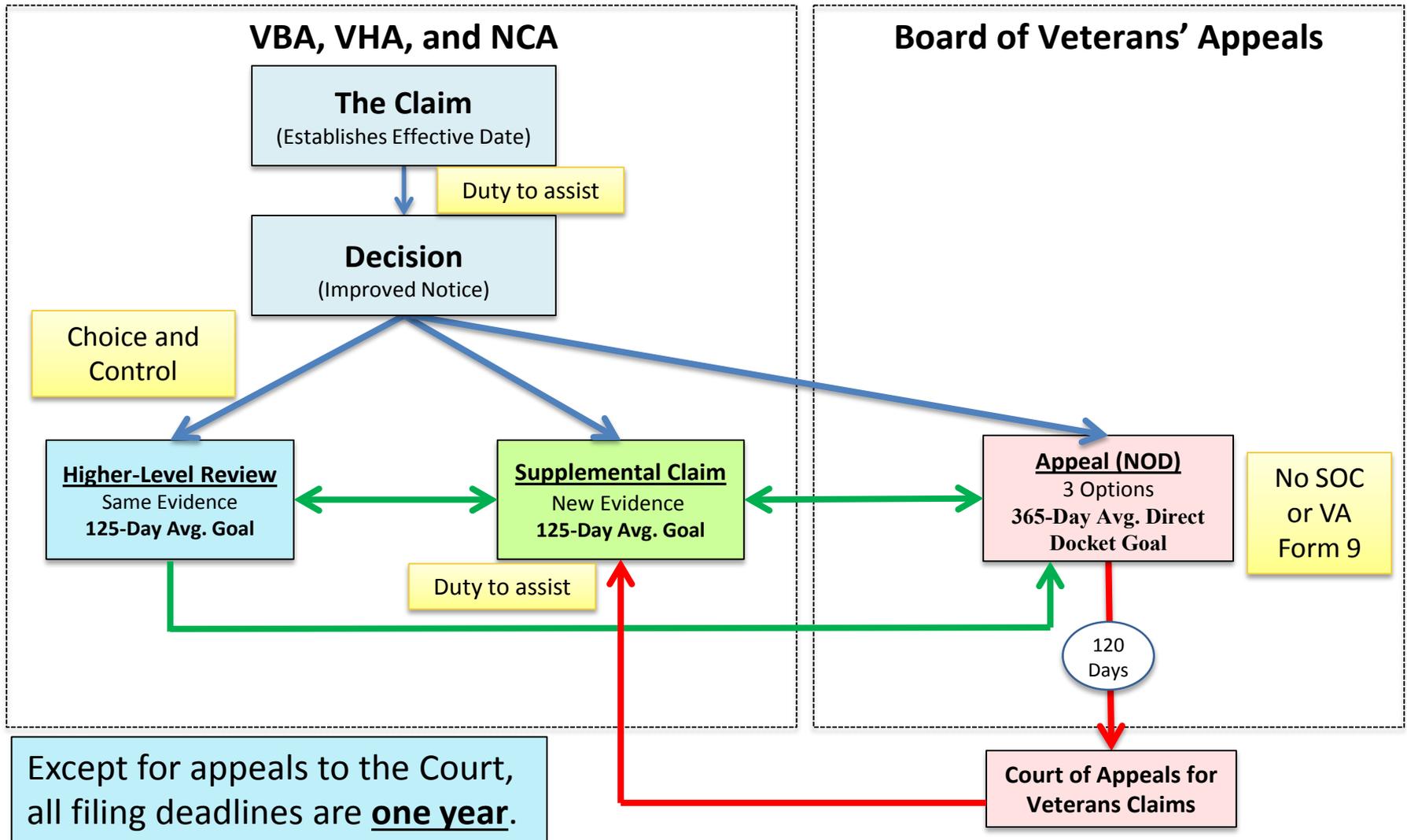
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AMA Decision Review Process

Providing Veterans with more choice and control as well as clear and understandable communication.



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VA Prioritization

Honoring a promise made by VA in March 2016.

Priorities 2016

Legacy appeals

Advancing AMA

Priorities Today

Legacy appeals

AMA Direct Lane (Board)
(365 days average processing goal)

AMA Evidence (Board)

AMA Hearings (Board)



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Which AOJ lane to choose?

	Supplemental Claim	Higher Level Review
When to choose	If your claim needs new evidence .	If you don't need new evidence, but think a mistake was made.
What will happen	The Duty to Assist applies and VA will help you gather the evidence. A new decision will be made looking at the new evidence.	A higher-trained AOJ reviewer will review your claim and make a new decision. No new evidence will be added.
How long	125 days (on average)	125 days (on average)

*AOJ= Agency of Original Jurisdiction (VBA, VHA, or NCA)



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Which Board docket to choose?

	Direct	Evidence	Hearing
When to choose	If you think a mistake was made.	If you have new evidence you want a Judge to consider.	If you want a hearing before a Judge.
What will happen	The Judge will review the same record and make a decision. No new evidence will be added.	You will have 90 days from your NOD to submit any new evidence. The Judge will make a decision considering the evidence you provided.	You will be placed on a list for a hearing before a Judge by videoconference (or in DC). After your hearing you will have 90 days to submit new evidence. The Judge will make a decision considering the hearing and the evidence you provided.
How long	365 days (on average)	Over 365 days	Based on availability. Currently the Board has 98 Judges. There are approximately 69,000 Veterans waiting for hearings.



Decision Review Form: Board Appeal

Fill out VA Form 10-182 to appeal to the Board of Veterans' Appeals.

- If you want the Board to review your case as quickly as possible, choose Direct Review.
- If you have additional evidence for the Board to review, choose Evidence Submission.
- If you want a video conference hearing with the Board, choose Hearing Request.
- If you choose the same lane for all appeals, use one form.
- If you choose separate lanes for appeals, use separate forms.

OMB Approved No. 2900-0674
Respondent Burden: 30 Minutes
Expiration Date: Feb. 26, 2022

Department of Veterans Affairs		DECISION REVIEW REQUEST: BOARD APPEAL (NOTICE OF DISAGREEMENT)	
PART I - PERSONAL INFORMATION			
1. VETERAN'S NAME (First, middle initial, last)			
2. VETERAN'S SOCIAL SECURITY NUMBER	3. VETERAN'S VA FILE NUMBER (if different than their SSN)	4. VETERAN'S DATE OF BIRTH	
CCSS -			
5. IF I AM NOT THE VETERAN, MY NAME IS (First, middle initial, last)			6. MY DATE OF BIRTH (if I am not the Veteran)
7. MY PREFERRED MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country) <input type="checkbox"/> I AM HOMELESS			
8. MY PREFERRED TELEPHONE NUMBER (Include Area Code)	9. MY PREFERRED E-MAIL ADDRESS	10. MY REPRESENTATIVE'S NAME	
PART II - BOARD REVIEW OPTION (Check only one)			
11. A Veterans Law Judge will consider your appeal in the order in which it is received, depending on which of the following review options you select. (For additional explanation of your options, please see the attached information and instructions.)			
<input type="checkbox"/> 11A. Direct Review by a Veterans Law Judge: I do not want a Board hearing, and will not submit any additional evidence in support of my appeal. (Choosing this option after results in the Board issuing its decision most quickly.)			
<input type="checkbox"/> 11B. Evidence Submission Reviewed by a Veterans Law Judge: I have additional evidence in support of my appeal that I will provide within the next 90 days, but I do not want a Board hearing. (Choosing this option may add delay to issuance of a Board decision.)			
<input type="checkbox"/> 11C. Hearing with a Veterans Law Judge: I want a Board hearing and the opportunity to submit additional evidence in support of my appeal that I will provide within 90 days after my hearing. (Choosing this option may add delay to issuance of a Board decision.)			
PART III - SPECIFIC ISSUE(S) TO BE APPEALED TO A VETERANS LAW JUDGE AT THE BOARD			
12. Please list each issue decided by VA that you would like to appeal. Please refer to your decision notice(s) for a list of adjudicated issues. For each issue, please identify the date of VA's decision and the area of disagreement.			
<input type="checkbox"/> Check here if you attached additional sheets. Include the Veteran's last name and last 4-digits of the Social Security number.			
Check the SOC/SSOC Opt in box if any issue listed below is being withdrawn from the legacy appeals process. <input type="checkbox"/> Opt in from SOC/SSOC			
A. Specific Issue(s)		B. Date of Decision	
PART IV - CERTIFICATION AND SIGNATURE			
I CERTIFY THAT THE STATEMENTS ON THIS FORM ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.			
13. SIGNATURE (Appellant or appointed representative) (ink signature)			14. DATE SIGNED
VA FORM 10182 FEB 2019		PENALTY: THE LAW PROVIDES SEVERE PENALTIES WHICH INCLUDE A FINE, IMPRISONMENT, OR BOTH, FOR THE WILLFUL SUBMISSION OF ANY STATEMENT OR EVIDENCE OF A MATERIAL FACT, KNOWING IT TO BE FALSE.	



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Board Remands

Legacy System

- Remand for:
 - Duty to assist (DTA) errors that occurred **at any time during the pendency of the appeal**
 - Medical examinations and opinions
 - *Stegall* compliance
- Following required development, AOJ makes a new decision. Unless the AOJ can grant, the appeal is returned to the Board with the same docket number

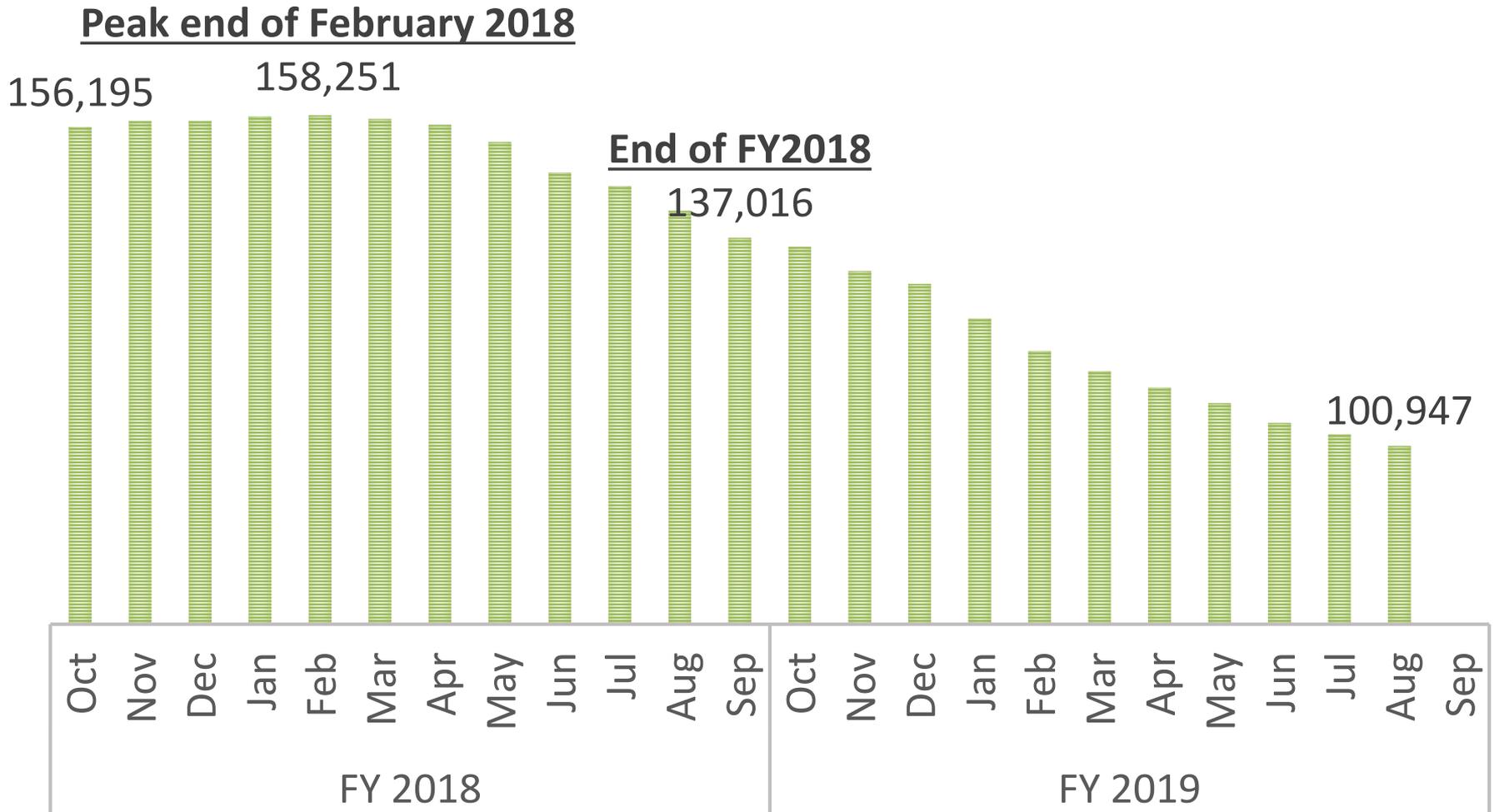
New System

- Remand for:
 - DTA errors (including related to examinations), **but only if the error occurred prior to the AOJ adjudication on appeal (pre-decisional)**
- Board cannot request VHA or independent medical opinions
- Appeals **not** automatically returned to the Board following development



Board Legacy Appeals Inventory

LEGACY APPEALS INVENTORY



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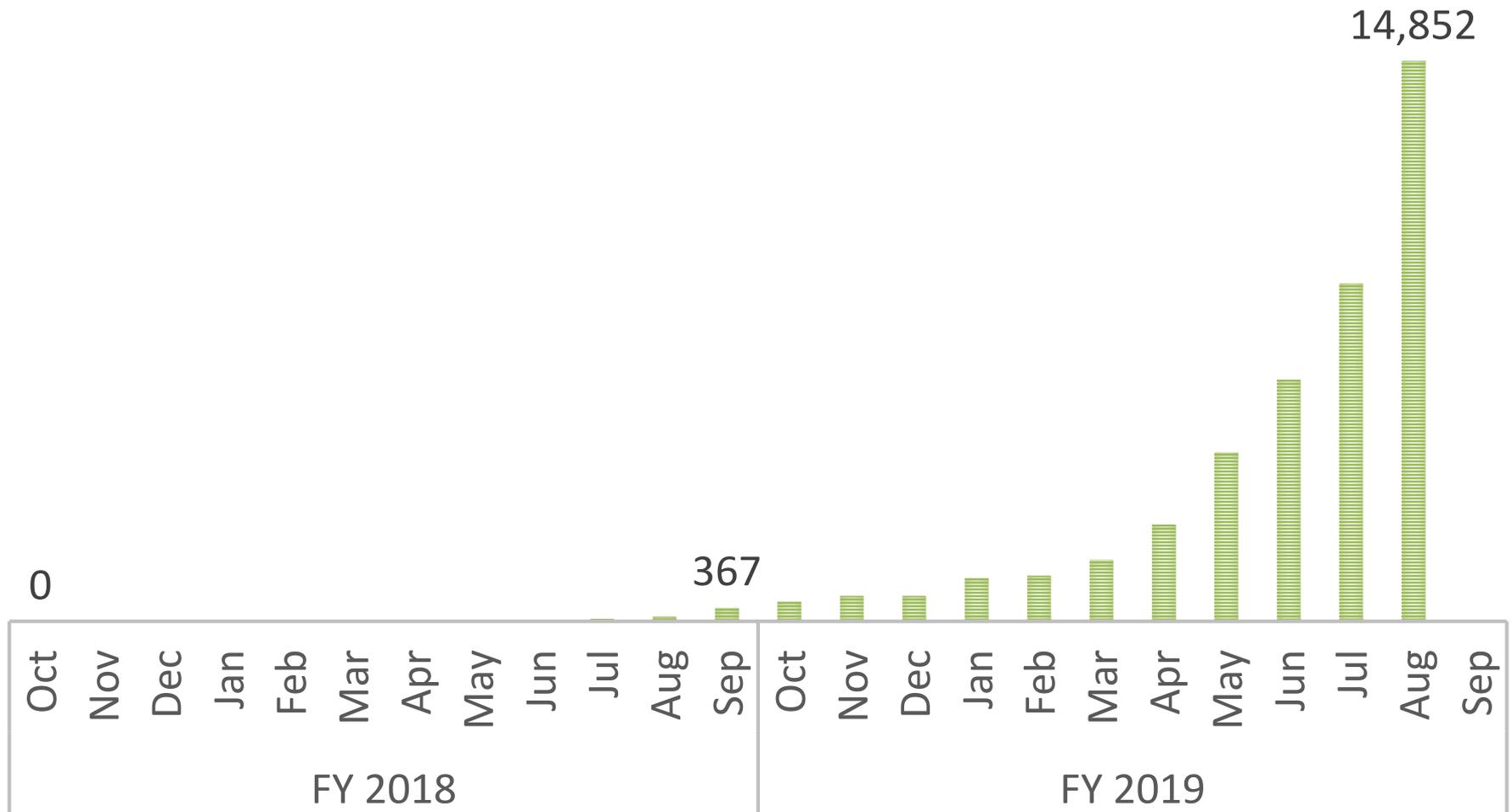
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Board AMA Appeals Inventory

AMA APPEALS INVENTORY



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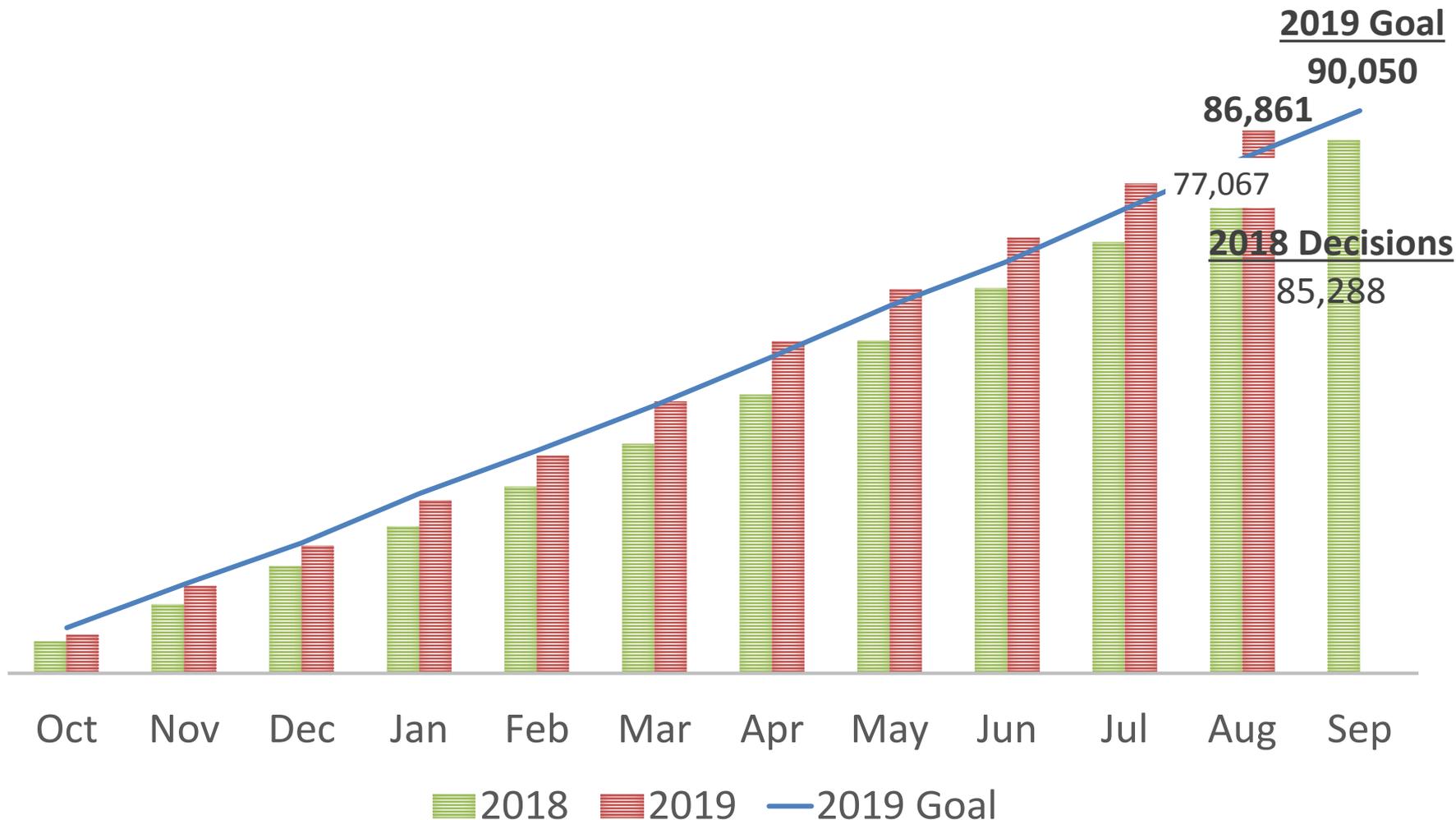
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Board of Veterans' Appeals Decisions

APPEALS DECISIONS



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FOUO, Working Draft, Pre-Decisional, Deliberative Document

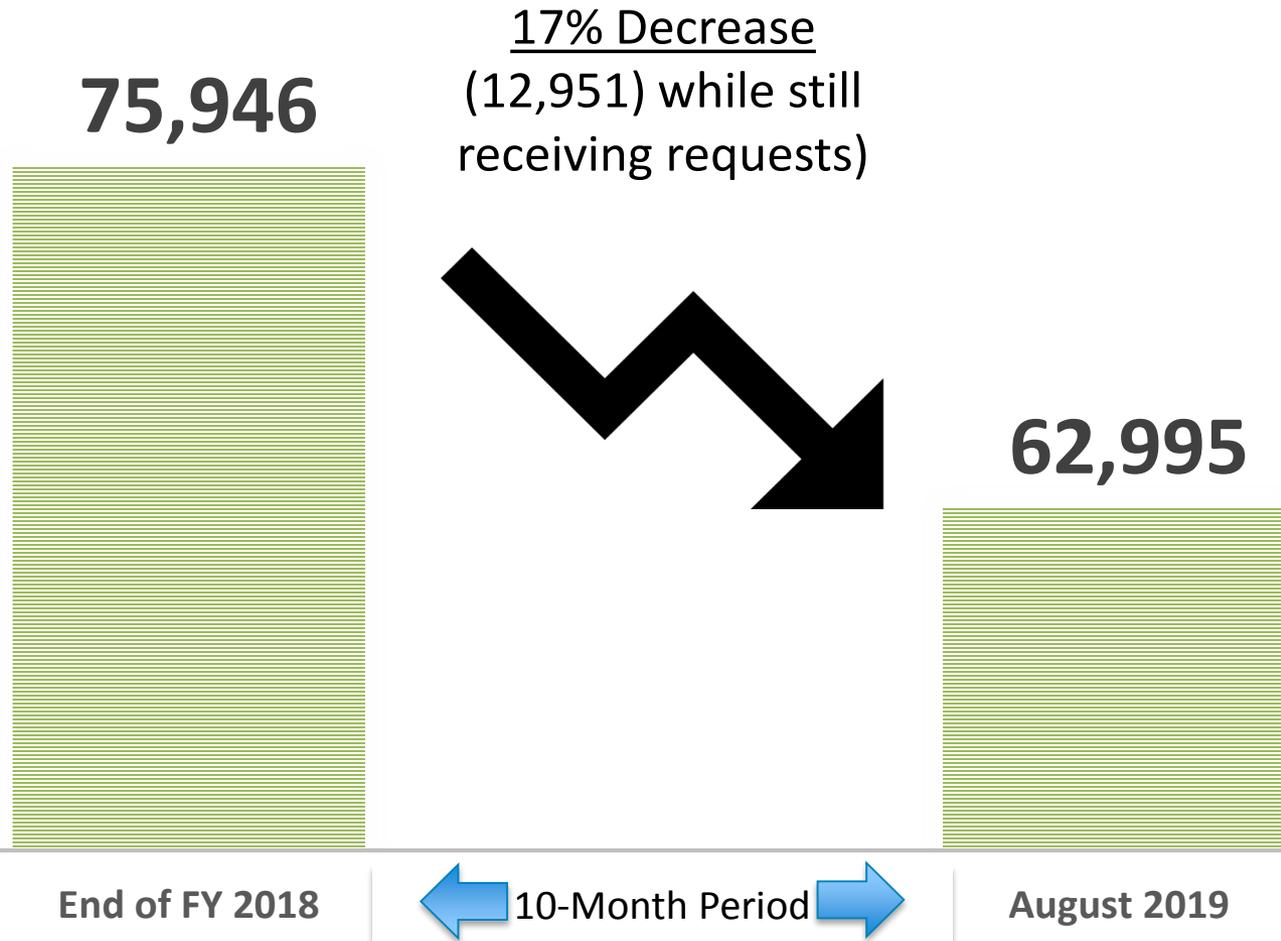
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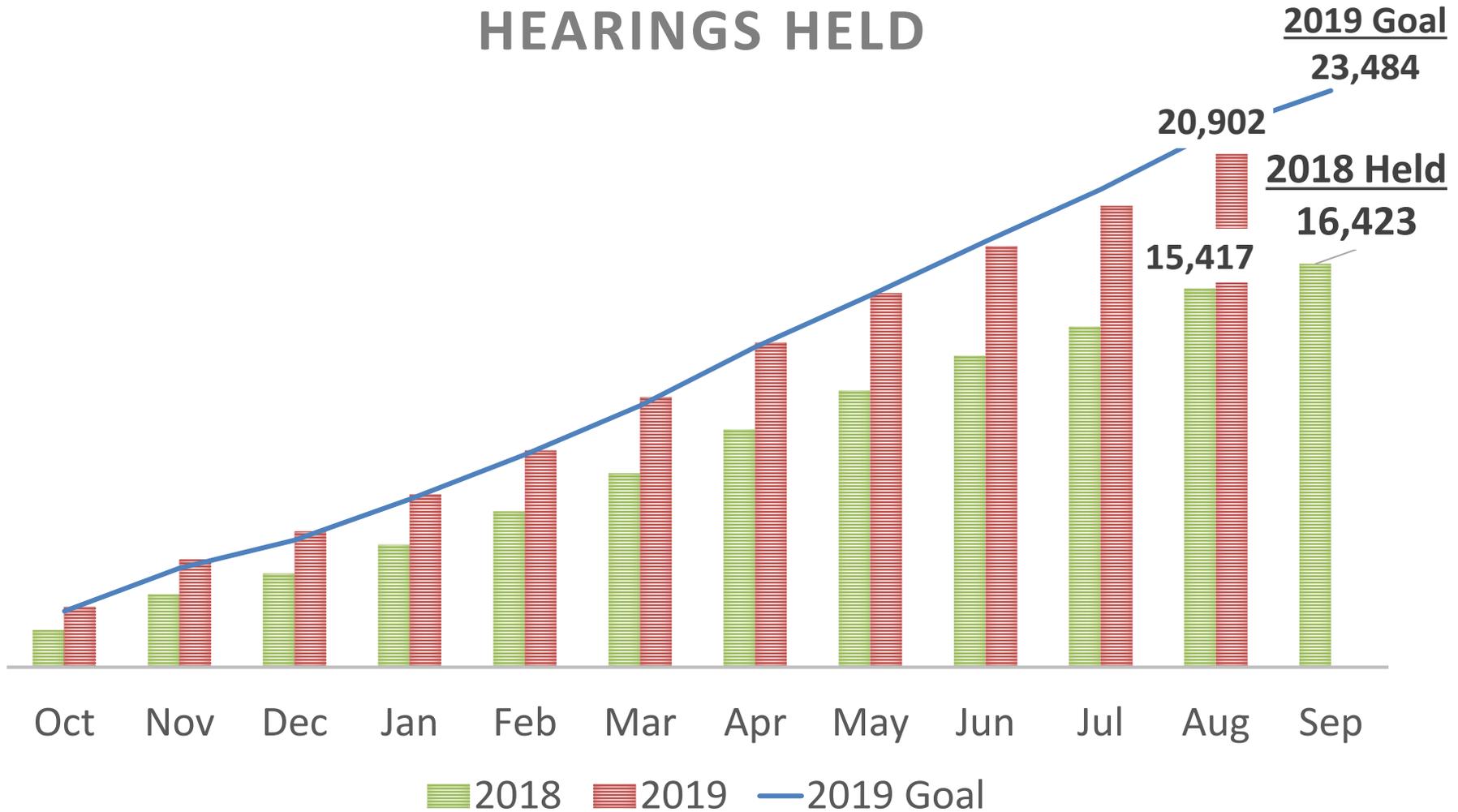
Legacy Hearings Pending

PENDING HEARING REQUESTS



Board of Veterans' Appeals Hearings

HEARINGS HELD



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FY19 Accomplishments

- Fully implemented AMA as of its effective date of February 19, 2019, in collaboration with VA colleagues.
- Judges and attorneys work all dockets in legacy and AMA to ensure VA keeps the March 2016 promise to prioritize legacy takedown and work AMA cases.
- Continued support for Advance on the Docket status for Veterans living in locations impacted by natural disasters as well as automatic ADO status for Veterans aged 75 years and older.
- Established Caseflow access for VSOs and other stakeholders.
- Expanded eFolder Express access to allow Veterans and their advocates to download the claims file.
- Initiated surveys in collaboration with VEO. These surveys query Veterans about their experiences during the appeals process at four major stages NOD, Board docketing (legacy), hearing, and decision.
- Transitioned hearing scheduling from VBA in April 2019 and implemented new processes and technologies—learning much and beginning to implement standard procedures for hearings.
- Onboarded 253 personnel.

FY20 and Beyond

- Prioritizing the drawdown of the legacy appeals inventory.
- Testing tele-hearing technology, a version of VHA's tele-health platform, to help ensure hearings are more accessible to and convenient for Veterans by allowing Veterans to attend hearings using personal devices.
- Adopting VEText to communicate with Veterans via text message to remind Veterans of upcoming hearings.
- Using feedback provided through surveys to improve the appeals experience for Veterans.
- Revising all letters and decisions to ensure Veteran-focused communication.



Useful Links

- Board's webpage:

Check it out!

<https://www.bva.va.gov/>

- Vets.gov appeals status tracker:

www.va.gov



Question & Answer



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Health for Community Care

Dr. Kameron Matthews
Deputy Under Secretary
VA Health for Community Care



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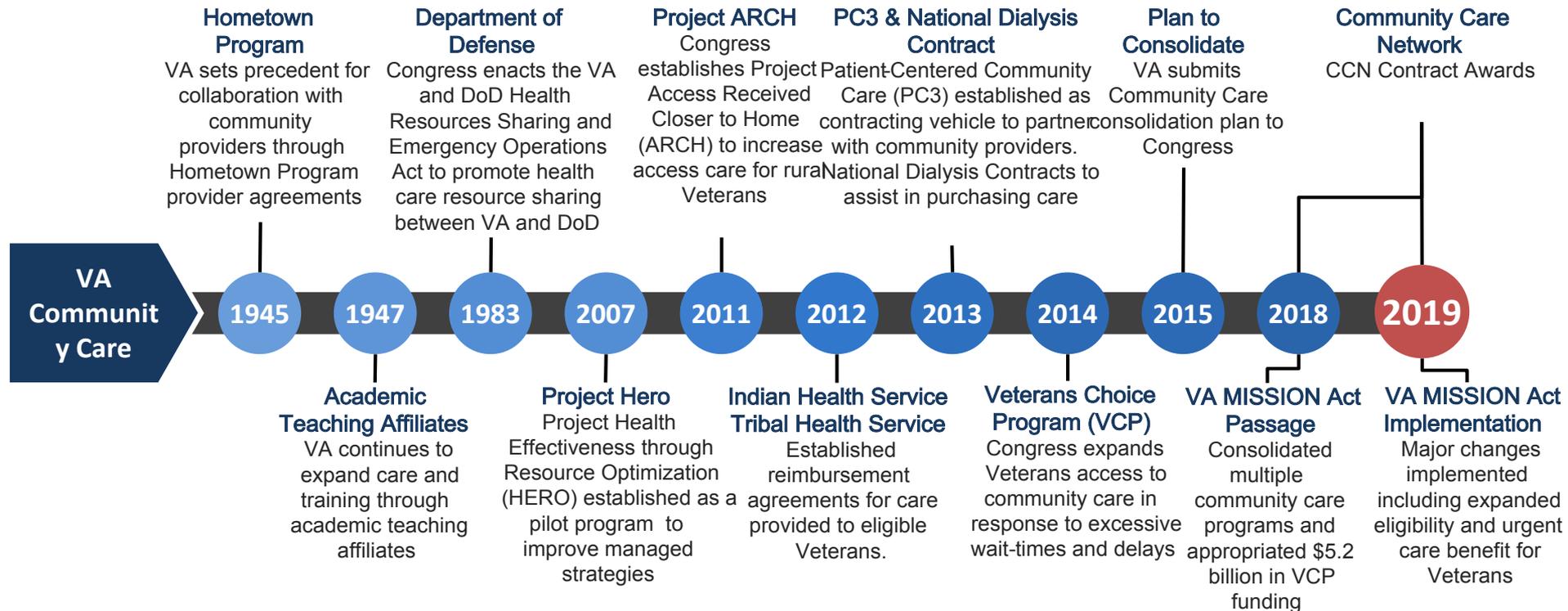
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Agenda

- History of Community Care
- VA MISSION Act
 - Overview of Key Elements
 - Community Care Changes
 - Expanded Eligibility
 - Urgent Care Benefit
 - Required Provider Training
- Community Care Network (CCN)
- Community Care Resources



History of VA Community Care



VA MISSION Act: An Overview Of Key Elements

What is the MISSION Act?

The VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018 will fundamentally transform VA's health care system. It will fulfill the president's commitment to provide Veterans with more choice in their health care providers. The Act includes four main pillars:

- 1. Consolidating VA's community care programs.**
- 2. Expansion of Caregivers Program**
- 3. Flexibility to align its asset and infrastructure**
- 4. Strengthening VA's ability to recruit and retain health care professionals.**

What is it NOT?

The MISSION Act is not a step toward privatization. It's about significantly improving Veterans' experience and enhancing their access to care.

Key Elements

Community Care - Consolidates VA's multiple community care programs into one that is easier to navigate for Veterans and their families, community providers and VA employees.

Caregivers Program - The Act expands eligibility for VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC) by including eligible Veterans from all eras of service.

Asset and Infrastructure - The Asset and Infrastructure Review (AIR) process in the Act will provide VA the necessary flexibility to align its infrastructure footprint with the needs of the nation's Veterans.

Recruit and Retain - The Act will allow for additional, improved recruitment efforts, including a new scholarship program, greater access to VA's education debt-reduction program and improved flexibility for providing bonuses for recruitment, relocation and retention.



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Community Care: Key Changes

New for Veterans

Veterans receive new benefits under the Veterans Community Care Program. These benefits include:

- Access to urgent care
- Expanded eligibility for community care
- Scheduling by the Veteran and VHA
- Technology that streamlines communication

New for Community Care Providers

Establishment of the Community Care Network and Veterans Care Agreements. Community providers must now:

- Undergo an industry standard credentialing process
- Complete mandatory training
- Be subject to an exclusionary process
- Submit claims within 180 days from date of service

New for VA Staff

Introduction of new and modernized IT systems and business processes that will result in:

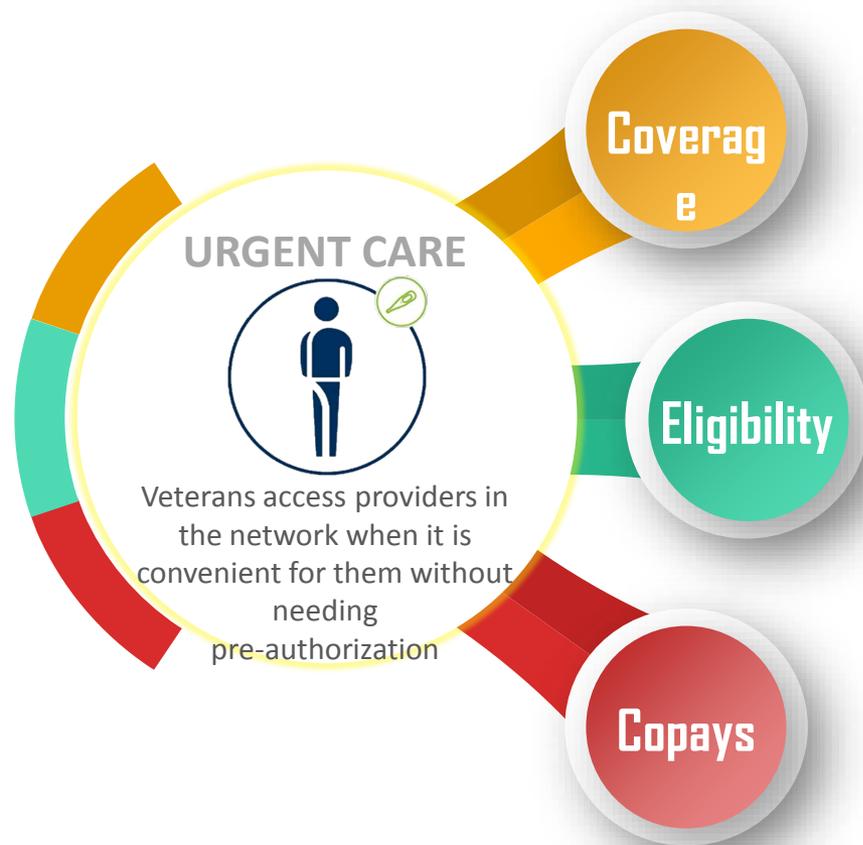
- Fewer manual process / increased automation
- Increased availability of processes metrics
- Broader options for care coordination
- Faster, easier, auditable information sharing

MISSION Act: Expanded Eligibility Overview



ACCESS STANDARDS	Primary Care, Mental Health, Non-institutional Extended Care	Specialty Care
Drive Time	30 minutes	60 minutes
Wait Time	20 days	28 days

MISSION Act: New Urgent Care Benefit



Access to urgent, non-emergency care (e.g. non-life threatening conditions) through the VA contracted network. Services such as:

- Colds
- Ear infections
- Minor injuries
- Pink eye
- Skin infections
- Strep throat

To be eligible for urgent care, Veterans must:

- Be enrolled in the VA health care system AND
- Have received care through VA from either a VA or community provider within the past 24 months

Priority Group(s) Copayments based on number of visits in a calendar year

1-5	• First three visits: \$0	• 4 th and greater visits: \$30 per visit
	If related to a condition covered by special authority or exposure:	
6	• First three visits: \$0	• 4 th and greater visits: \$30 per visit
	If not related: \$30 per visit	
7-8	\$30 per visit	



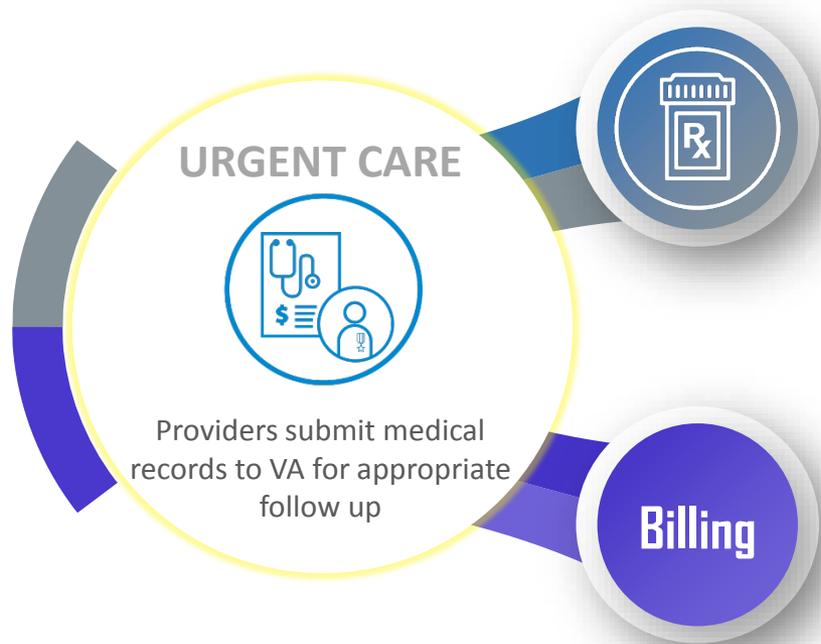
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MISSION Act: New Urgent Care Benefit (Cont'd)



Urgent Care Prescriptions: VA will pay for or fill prescriptions

- Provider may write prescriptions for up to a 14-day supply
- Prescriptions can be filled at a contracted pharmacy within the VA network, in VA, or at a non-contracted pharmacy
 - If a noncontracted pharmacy is used, Veterans must pay for the prescription and then file a claim for reimbursement with the local VA medical facility
- To find an in-network pharmacy, providers and Veterans can use the VA Facility Locator.

Billing: Urgent care provider bills VA's Third Party Administrator (TPA) and VA may bill the Veteran the applicable copayment.

MISSION Act: Required Provider Training

VA MISSION Act (Section 131 and 133) establishes new requirements for non-department providers treating Veterans.

- Ensures safe opioid prescribing practices
- Establishes new competency standards and requirements
- VA developed training courses that all licensed independent providers must complete.

Independent Licensed Providers

All providers with an NPI who treat Veterans must complete VA required training courses

- VHA TRAIN (<https://www.train.org/vha/>), an external learning management system, to host the training courses.
- Providers must create an account in VHA TRAIN and include an NPI number in their VHA TRAIN profile before registering and completing training.
- Applies to providers who work through:
 - PC3 (and TriWest)
 - CCN (and CCN TPAs (Optum and TriWest))
 - Veterans Care Agreements (and VA)



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Community Care Resources

General Information

- [MISSION ACT 101: How the law will improve VA's ability to deliver health care to Veterans](#) – Provides an overview of changes under the VA MISSION Act. (VAntage Point, 02/11/19)
- [VA MISSION Act: What is the latest on community care?](#) - Highlights VA's efforts to-date for improving community care, what to expect, and next steps. (VAntage Point, 03/19/19)
- [Fact Sheet: Veteran Community Care – General Information \(VA MISSION Act of 2018\)](#) – Provides greater detail about community care improvements, processes, expected timeframes, and FAQs. (VAntage Point, 04/09/19)

Eligibility

- [VA MISSION Act: Will you be eligible for community care?](#) Highlights general requirements surrounding community care eligibility and describes the six criteria under the VA MISSION Act (VAntage Point, 04/09/19).
- [Fact Sheet: Veteran Community Care – Eligibility \(VA MISSION Act of 2018\)](#) – Provides greater detail about community care eligibility, examples of how the six criteria would be applied, and FAQs.

Community Care Website (External):

- <https://www.va.gov/communitycare/>

Community Care YouTube Playlist

- https://www.youtube.com/playlist?list=PL3AQ_JVoBEyys0cr7PzSVvnW1_YVYFs1p

Communication Resources

General Information

- [Webpage \(Public\)](#)
- [Article/Blog](#)
- [Fact Sheet/FAQs](#)
- [Video](#)
- [Current vs. Future Information Sheet](#)
- [Top Questions Answered Article/Blog](#)

Eligibility

- [Webpage \(Public\)](#)
- [Article/Blog](#)
- [Fact Sheet/FAQs](#)
- [Video](#)

Appointments/Getting Care

- [Webpage \(Public\)](#)
- [Article/Blog](#)
- [Fact Sheet/FAQs](#)

Billing and Payments

- [Webpage \(Public\)](#)
- [Fact Sheet/FAQs](#)

Sunset of Choice Program

- [Webpage \(Public – Providers\)](#)
- [Webpage \(Public – Veterans\)](#)
- [Article/Blog](#)
- [Fact Sheet/FAQs](#)

Urgent Care

- [Webpage \(Public\)](#)
- [Article/Blog](#)
- [Fact Sheet/FAQs](#)
- [Video](#)

Emergency Care

- [Webpage \(Public\)](#)
- [Fact Sheet/FAQs](#)
- [Video](#)

Veteran Care Agreements

- [Webpage \(Public\)](#)
- [Fact Sheet/FAQs](#)

LUNCH BREAK

Please Return by 12:45PM



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Suicide Prevention

Dr. Lisa Kearney
Acting Deputy Director
VA Suicide Prevention Program



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Introductions

Lisa K. Kearney, Ph.D., ABPP

Acting Deputy Director, Suicide Prevention
Department of Veterans Affairs

Acknowledgements

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Nathanial Mohatt, Ph.D.

Nancy K. Dailey, MSN

Byron D. Blair, MD

Jay H. Shore, MD, MPH

Carol E. Kaufman, Ph.D.

Andrew Moon, Ph.D.

Taunya Jones

Theresa Welch

Emily Howell

Hannah Hunt

Lillie Thurman



The Public Health Approach

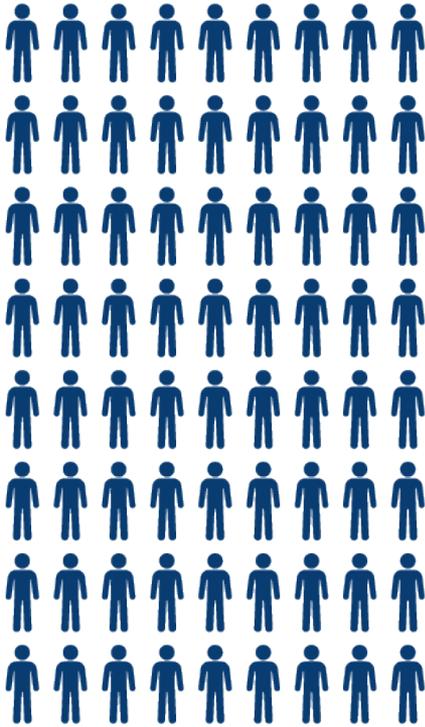
VA Suicide Prevention Strategy



Suicide Prevention is Everyone's Business

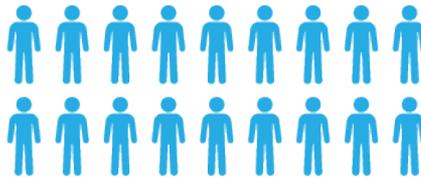


National Academy of Medicine (NAM) Classification



Universal (all)

Universal prevention strategies are designed to reach the entire Veteran population.



Selective (some)

Selective prevention strategies are designed to reach subgroups of the Veteran population that may be at increased risk.



Indicated (few)

Indicated prevention strategies are designed to reach individual Veterans identified as having a high risk for suicidal behaviors.



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Public Health Video



Public health is about working within communities



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Public Health Video Link

<https://www.youtube.com/watch?v=5woA7SLj4u0>



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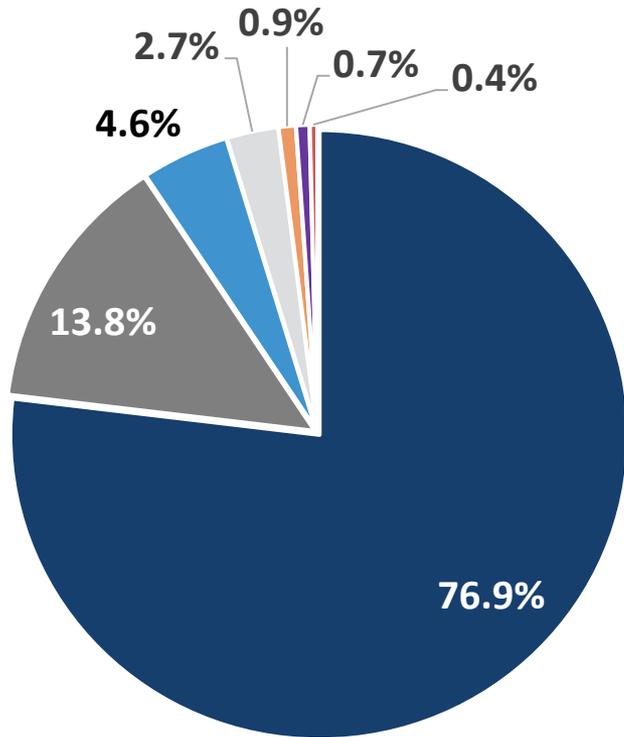
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Suicide Data for Minority Veterans

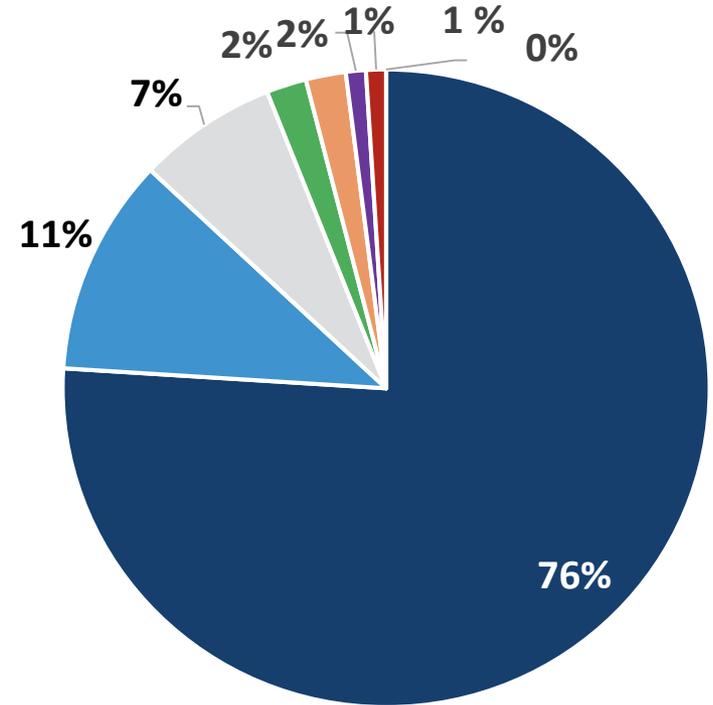


Veteran Population

Distribution of Veteran Suicides by Race/Ethnicity (2001-2016)



Veteran Population by Race/ Ethnicity (2016)



- White
- African-American
- Hispanic or Latino
- 2+ Races
- Asian
- Other
- American Indian or Alaskan Native
- Native Hawaiian and Pacific Islander
- Unknown



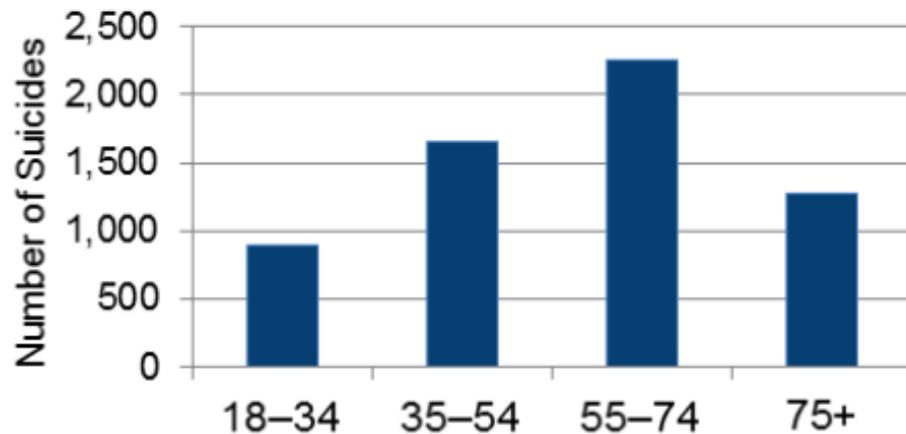
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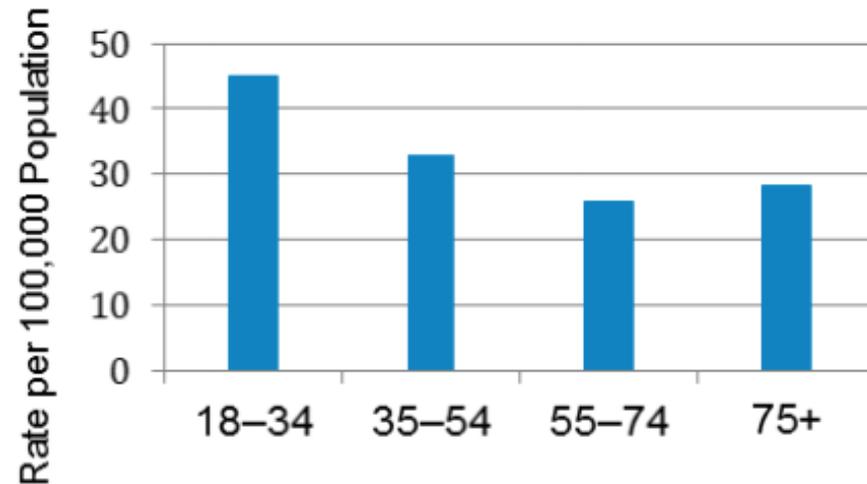


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Veteran Suicide Deaths: Count vs. Rate (2011)



Older Veteran population accounts for the bulk of suicide deaths due to population size.

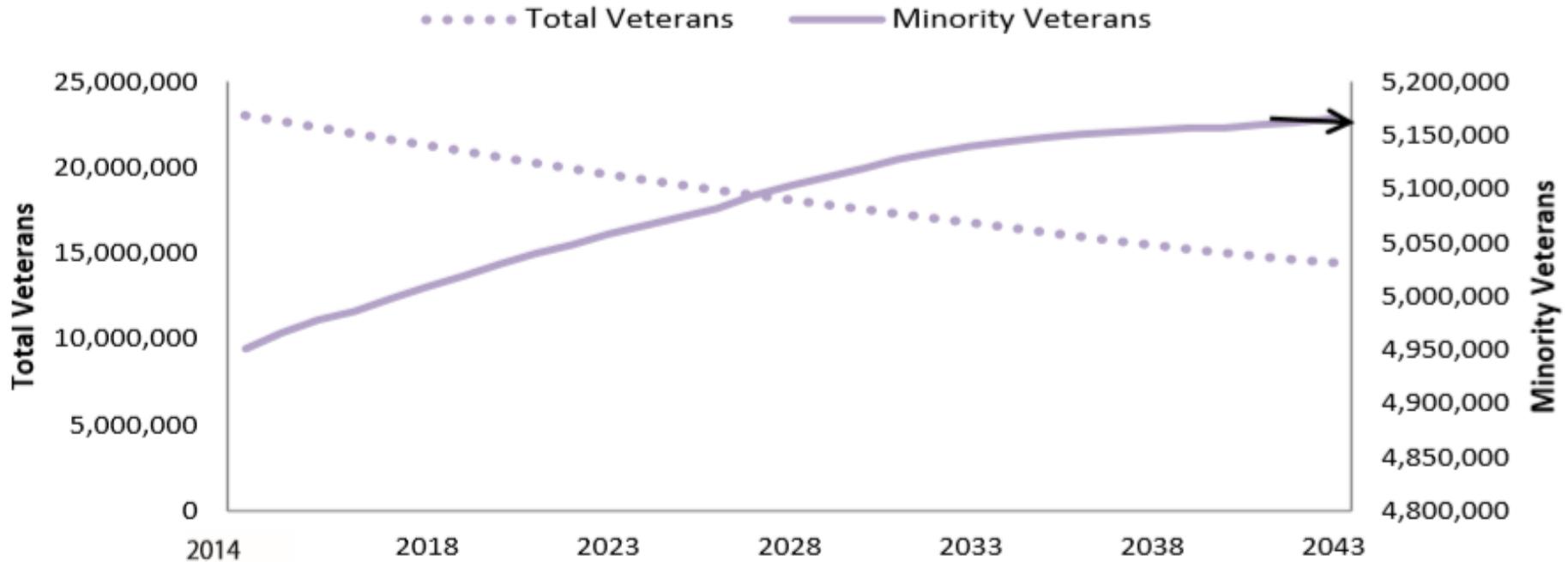


Younger Veteran population includes more recently transitioned Veterans and has a higher rate of suicide.



Veteran Population Projection

Veteran Population Projections by Minority Status, 2014-2043



Source: Department of Veterans Affairs, Office of Policy and Planning, Veterans population Projection Model, 2014
Prepared by the National Center for Veterans Analysis and Statistics

American Indian and Alaskan Native Veterans

- Relative to Veterans of other races and ethnicities, American Indian (AI) and Alaskan Native (AN) Veterans are more likely to have PTSD and other mental health disorders, including depression and substance use disorders.
- AI/AN Veterans face significant barriers in access to care:
 - Less likely to be insured than non-Hispanic white Veterans.
 - More likely to delay care than non-Hispanic white Veterans because of transportation problems, not getting through on the phone, and not obtaining a timely appointment.
 - Report difficulty coordinating care across VA and Indian Health Service systems.
 - More likely to live in rural and highly rural areas. AI/AN populations in general report unmet needs for mental health care.



Protective Factors for African American Women (Dorsey-Holliman et al., 2018)

- **Resilience**
 - Experiencing and overcoming adversity
 - Family and community teaching resilience through upbringing
- **Social Support**
 - Family and friends
 - Impact that suicide would have on others, especially children and grandchildren
- **Religion**
 - Faith in God
 - Personal practices, such as daily prayers
 - Religious beliefs leading to negative perceptions of suicide
- It is possible that what is found to be protective for African American Women Veterans may buffer against suicide risk in other populations as well, irrespective of race or gender.

Hispanic Veterans: Suicide Risk and Population Data

- In 2015, 3.7% of all Veteran suicide decedents were identified as Hispanic.
 - The percent of Hispanic Veteran suicides was similar for those with and without recent VHA care.
- In 2015, 7.1 percent of the Veteran population was estimated to be Hispanic and over the next 10 years, the Hispanic Veteran population is expected to increase by 23 percent to almost 9 percent, or to 1.5 million Veterans.
- The states with the largest populations of Hispanic Veteran populations are Texas, California, Florida, Puerto Rico, and New York.



Utilization of Mental Health Services in Minority Populations



Factors Associated With Lower Mental Health Service Utilization

Racial and Ethnic Minorities

- A review of more than 130 studies found that the following factors may be associated with lower service utilization by racial and ethnic minorities diagnosed with severe mental health conditions:
 - Poverty (individual and community level)
 - Stigma
 - Mistrust of healthcare system
 - Lack of familial involvement
 - Religion/spirituality
 - Cultural beliefs (Maura & de Mamani, 2017)



Increasing Mental Health Service Utilization by Racial and Ethnic Minorities

Factor	Community Level	Provider Level	Patient Level
Poverty	Increase access to services in underserved areas, including expanding the number of organizations that offer services locally	Train more primary care and community providers to recognize mental health conditions and offer an integrated approach to care for mental health	Educate patients about various mental health resources available to them through community centers or other organizations
Stigma	Anti-stigma and outreach campaigns can promote awareness and educate the public about mental health services	Promote contact between patients and providers, which helps destigmatize mental health services and improve clinical interactions	Engage in peer support groups or treatments that discuss issues related specifically to minorities and overcoming stigma

(Maura & de Mamani, 2017; Alegria et al., 2016)



Increasing Mental Health Service Utilization by Racial and Ethnic Minorities

Factor	Community Level	Provider Level	Patient Level
Mistrust of the healthcare system	Increase the diversity of providers available to the community	Encourage collaborative care and shared decision-making, and offer education to patients in a culturally sensitive manner	Enhance ability of patients to engage in treatment decisions, including weighing the benefits and side effects of various treatments
Lack of familial involvement	Implement family-focused programs and treatments	Strive to engage families in the patient's treatment plan when appropriate	Encourage patients to ask for family involvement in their treatment plans where desired

(Maura & de Mamani, 2017)

Increasing Mental Health Service Utilization by Racial and Ethnic Minorities

Factor	Community Level	Provider Level	Patient Level
Religion/ spirituality	Encourage religious organizations to offer evidence-based mental health services or provide referrals to other organizations for mental treatment	Obtaining information about patients' religious orientations and beliefs may help inform treatment protocols	Incorporate positive aspects of religious beliefs and coping mechanisms, including exploring mental health services that may be offered through religious institutions
Culture	Involve the community in dialogues and the development of programs that target cultural awareness in mental health treatment	Offer training in cultural competence and creating a culturally sensitive patient-provider rapport	Patients can convey their diverse values and preferences to engage in and adhere to culturally appropriate treatments

(Maura & de Mamani, 2017)



Utilization of Mental Health Services by Racial and Ethnic Minority Veterans

Racial and ethnic disparities in Veteran's healthcare utilization require additional research.

- African American and Hispanic Veterans use inpatient mental health services less than white Veterans. However, Hispanic, African American, Asian, and American Indian Veterans use outpatient, primary care, and emergency services significantly more than white Veterans (Koo et al., 2015).
- African American Veterans with schizophrenia or bipolar disorder are more likely than white Veterans with either condition to disengage from treatment at the 12-month follow-up (Fischer et al., 2008).
- African American and Hispanic Veterans are over three times more likely to utilize mental health services than their civilian counterparts. Prior military service increases the odds of seeking care (De Luca et al., 2016).



VA Work to Address Healthcare Disparities

- VA's Center for Minority Veterans (CMV) serves as an advocate for minority Veterans by conducting outreach activities to promote the awareness and use of VA benefits and services.
- CMV identifies barriers to service and health care access and increases awareness of minority Veteran related issues by developing strategies for improving minority participation in existing VA benefit programs.
- Three primary initiatives include:
 - Minority Veterans Program Coordinator
 - Advisory Committee on Minority Veterans
 - Veteran Business and Economic Development Outreach
- CMV collaborates with 265 Minority Veterans Program Coordinators across the country.



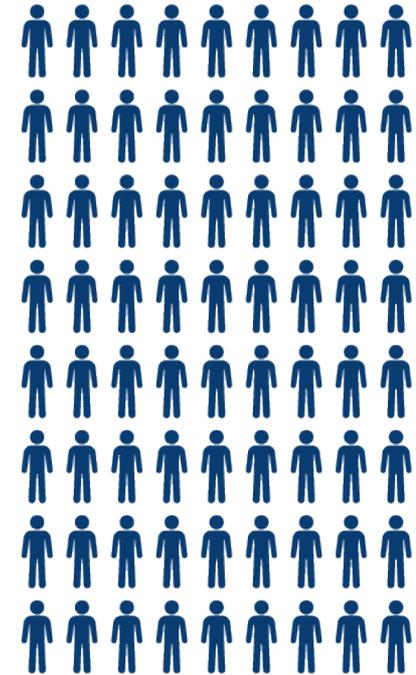
VA Innovative Practices in Suicide Prevention

VA Suicide Prevention Strategy



Innovative Practices in Suicide Prevention: Universal (All)

- The **#BeThere** suicide prevention initiative teaches members of the community how simple actions can help save the life of a Veteran in crisis.
www.veteranscrisisline.net/bethere.aspx
- Make the Connection connects Veterans, their family members and friends, and other supporters with information on issues that affect Veterans.
www.maketheconnection.net
- Coaching Into Care (1-888-823-7458) is a national telephone service from VA that aims to educate, support, and empower family members and friends who are seeking care or services for a Veteran.
www.mirecc.va.gov/coaching



Universal (all)

Universal prevention strategies are designed to reach the entire Veteran population.



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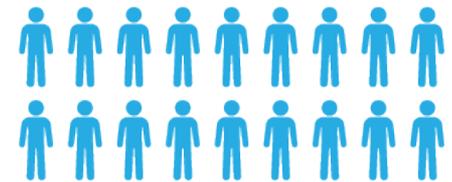
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Innovative Practices in Suicide Prevention: Selective (Some)

- The Rocky Mountain MIRECC TBI Toolkit gives mental health clinicians information for addressing the needs of military personnel and Veterans with co-occurring TBI and mental health conditions.
www.mirecc.va.gov/visn19/tbi_toolkit
- CRISTAL is the national expansion of REACH VET predictive models, summarizing key information from Veterans' health records and calculating their National REACH VET suicide risk tier.
- To improve lethal means safety, VA is training providers in lethal means safety counseling and educating Veterans and their families about how safe storage of lethal means can save lives.



Selective (some)

Selective prevention strategies are designed to reach subgroups of the Veteran population that may be at increased risk.



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Innovative Practices in Suicide Prevention: Indicated (Few)

- REACH VET uses data to identify Veterans at high risk for suicide, notifies VA providers of Veterans' risk assessment, and enables providers to re-evaluate and enhance Veterans' care.
- The VA Suicide Risk Management Consultation Program provides a free, one-on-one consultation for any community or VA provider who works with Veterans.
www.mirecc.va.gov/visn19/consult
- The Toolkit for Therapeutic Risk Management of the Suicidal Patient uses clinical, medical, and legal best practices to inform a model for the assessment and management of suicide risk.
www.mirecc.va.gov/visn19/trm



Indicated (few)

Indicated prevention strategies are designed to reach individual Veterans identified as having a high risk for suicidal behaviors.



VA Suicide Risk Assessment Three Stage Process

Primary Screen
(PHQ-9 Item 9)



Secondary
Screen (C-SSRS
Screen)



VA
Comprehensive
Suicide Risk
Evaluation

Item #9 will be added to existing clinical reminders for Depression and PTSD

Identifies those who may be at risk

Questions specifically query about suicidal thoughts and behavior

Improves specificity of screening

Conducted via new template designed to inform clinical impressions about acute and chronic risk and associated disposition



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VA Suicide Prevention Resources for Veterans, Family Members, and Caregivers

VA Suicide Prevention Strategy



Free, Confidential Support 24/7/365



1-800-273-8255 PRESS 1

• • • • Confidential chat at **VeteransCrisisLine.net** or text to **838255** • • • •

- Veterans
- Family members
- Service members
- Friends



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S.A.V.E. Training

- Suicide prevention training video that's available to everyone, 24/7
- Less than 25 minutes long
- Offered in collaboration with the PsychArmor Institute



Available online for free:
psycharmor.org/courses/s-a-v-e/



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Make The Connection

Online resource featuring hundreds of Veterans telling their stories about overcoming mental health challenges.

MAKE THE
CONNECTION



Hundreds of videos at maketheconnection.net

Coaching into Care



National VA telephone service which aims to educate, support, and empower family members and friends who are seeking care or services for a Veteran.

CALL 888-823-7458



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September is Suicide Prevention Month

- Use this opportunity to show your support for Veterans in your community by:
 - Challenging your organization and extended networks to watch and share the [S.A.V.E. training video](#)
 - Sharing campaign materials and graphics in your newsletters and on social media (all resources are available on our new website, www.BeThereForVeterans.com)
 - Posting a short video message on your social media channels to encourage your followers to **Be There for Veterans**.
 - Don't forget to use **#BeThere** and **#SPM2019** in your posts!
 - Reminding your networks about the importance of safe messaging around suicide and sharing [VA's Safe Messaging Fact Sheet](#).



Suicide Prevention Month (SPM) 2019

September is
Suicide Prevention
Month

#SPM19

#BeThere
for service members and Veterans.

Veterans
Crisis Line



1-800-273-8255
PRESS 1

We encourage you to use the hashtags **#BeThere** and **#SPM19** for all posts during SPM.

www.BeThereForVeterans.com



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Social Media Safety Toolkit

- As discussed in the [National Strategy for Preventing Veteran Suicide](#), social media is an important intervention channel and a key piece of VA's comprehensive, community-based suicide prevention strategy.
- The Social Media Safety Toolkit for Veterans, Their Families, and Friends equips everyone with the knowledge needed to respond to social media posts that indicate a Veteran may be having thoughts of suicide.
- The toolkit includes best practices, resources, and sample responses.



#BeThere



Download at

https://www.mentalhealth.va.gov/suicide_prevention/resources.asp



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Veteran Service Organizations

Jason Beardsley

Liaison

VA Veteran Service Organizations

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Veteran Homelessness

Anthony Love

Senior Advisor & Director of Community Engagement
VHA Homeless Program Office



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NETWORKING BREAK

**Please Engage Our Presenters
&
Meet Fellow Veterans**



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Health Equity

Ernest Moy, M.D., M.P.H.

Executive Director

VHA Office of Health Equity

– and –

Dr. Donna L. Washington, M.D., M.P.H.

VHA Greater Los Angeles Healthcare System



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VHA OFFICE OF HEALTH EQUITY

<https://www.va.gov/HEALTHEQUITY>

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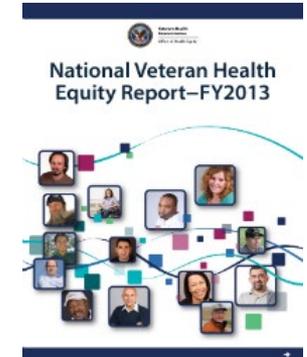
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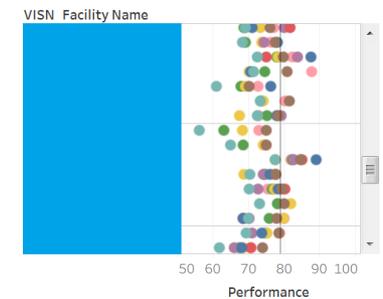
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VHA OFFICE OF HEALTH EQUITY AND PRODUCTS

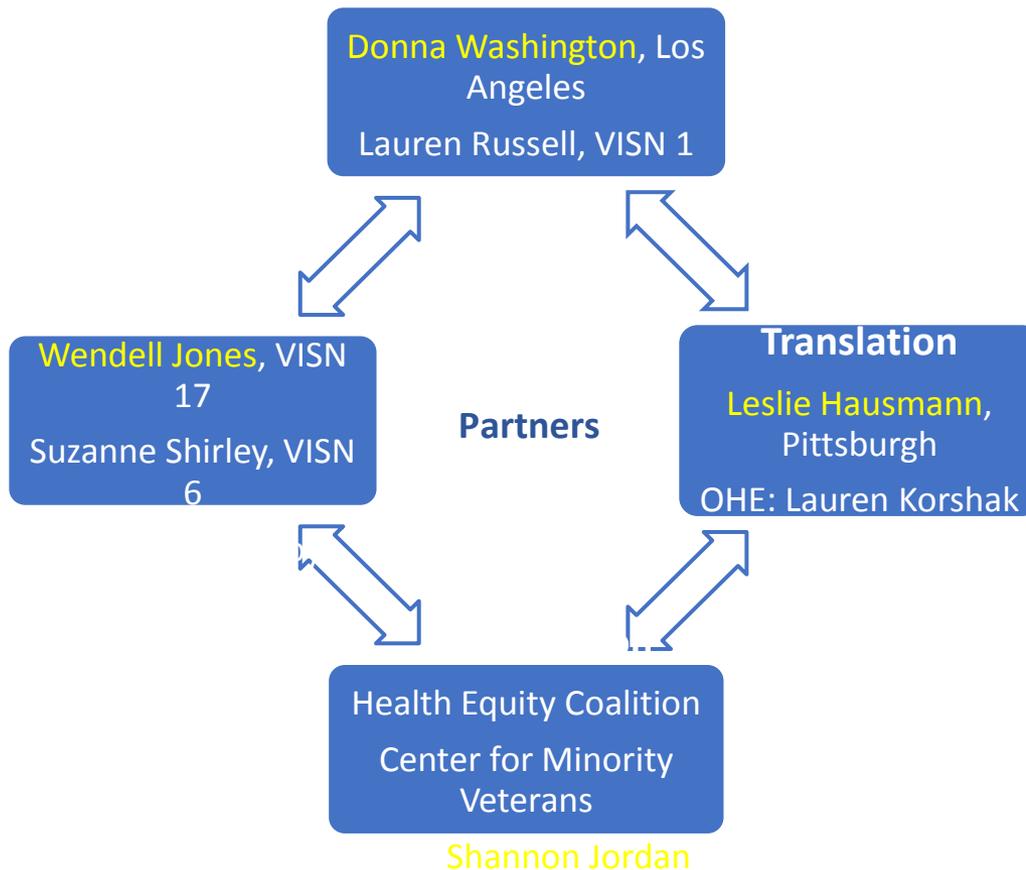
- Office of Health Equity: Created in 2012 to ensure that VHA provides appropriate individualized health care to each Veteran in a way that
 - Eliminates disparate health outcomes and
 - Assures health equity
- Products
 - National Veterans Health Equity Report (<https://www.va.gov/HEALTHEQUITY/NVHER.asp>)
Update expected Winter 2020.
 - Data visualizations on disparities among Veterans (<https://www.va.gov/HEALTHEQUITY/Data.asp>)
 - Equity Guided Improvement Strategy tool



Controlling HTN by Race/
Ethnicity



VHA OFFICE OF HEALTH EQUITY PARTNERS



OHE works with VAMC partners including:

- VHA Office of Health Equity / Quality Enhancement Research Initiative National Partnered Evaluation Center, Los Angeles, to analyze health equity data on Veteran groups
- VA New England Healthcare System (VISN 1) to analyze data on health-related social risks among Veterans
- Center for Health Equity Research and Promotion, Pittsburgh, to translate performance metrics into operational equity tools
- VA Heart of Texas Health Care Network (VISN 17) to implement MOVE programs to reduce disparities faced by Hispanic Veterans
- VA Mid-Atlantic Health Care Network (VISN 6) and Innovations Ecosystem to implement programs to prevent diabetic foot ulcers, which disproportionately affect rural residents



Health Equity in VHA for Racial/Ethnic Minority Veterans

- **Donna L. Washington, MD, MPH**

- Director, VHA Office of Health Equity Quality Enhancement Research Initiative
National Partnered Evaluation Center
- Women's Health Focused Research Area Lead,
VA HSR&D Center for the Study of Healthcare Innovation, Implementation & Policy
VA Greater Los Angeles Healthcare System
- Professor of Medicine, UCLA Geffen School of Medicine



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Disclosures

- No competing conflicts of interest
- The views expressed are my own, and do not necessarily represent the position or policy of the Department of Veterans Affairs or of the U.S. government



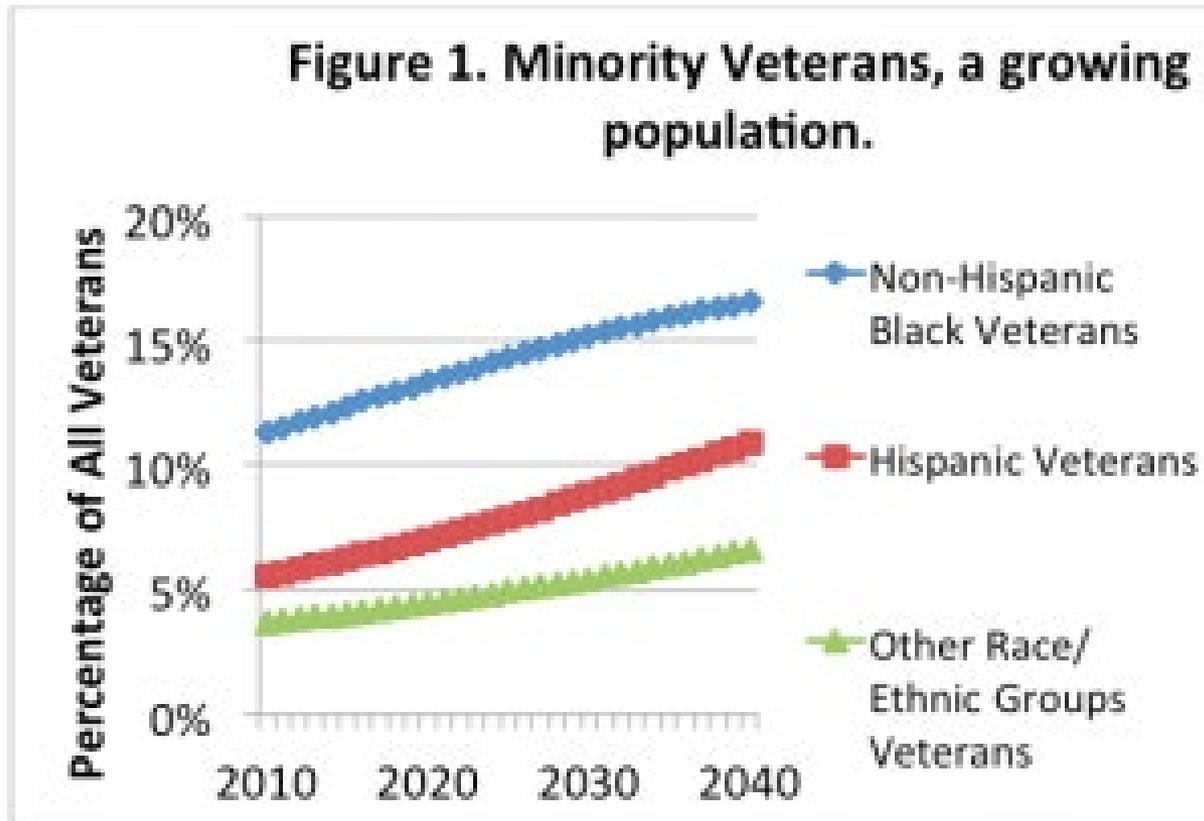
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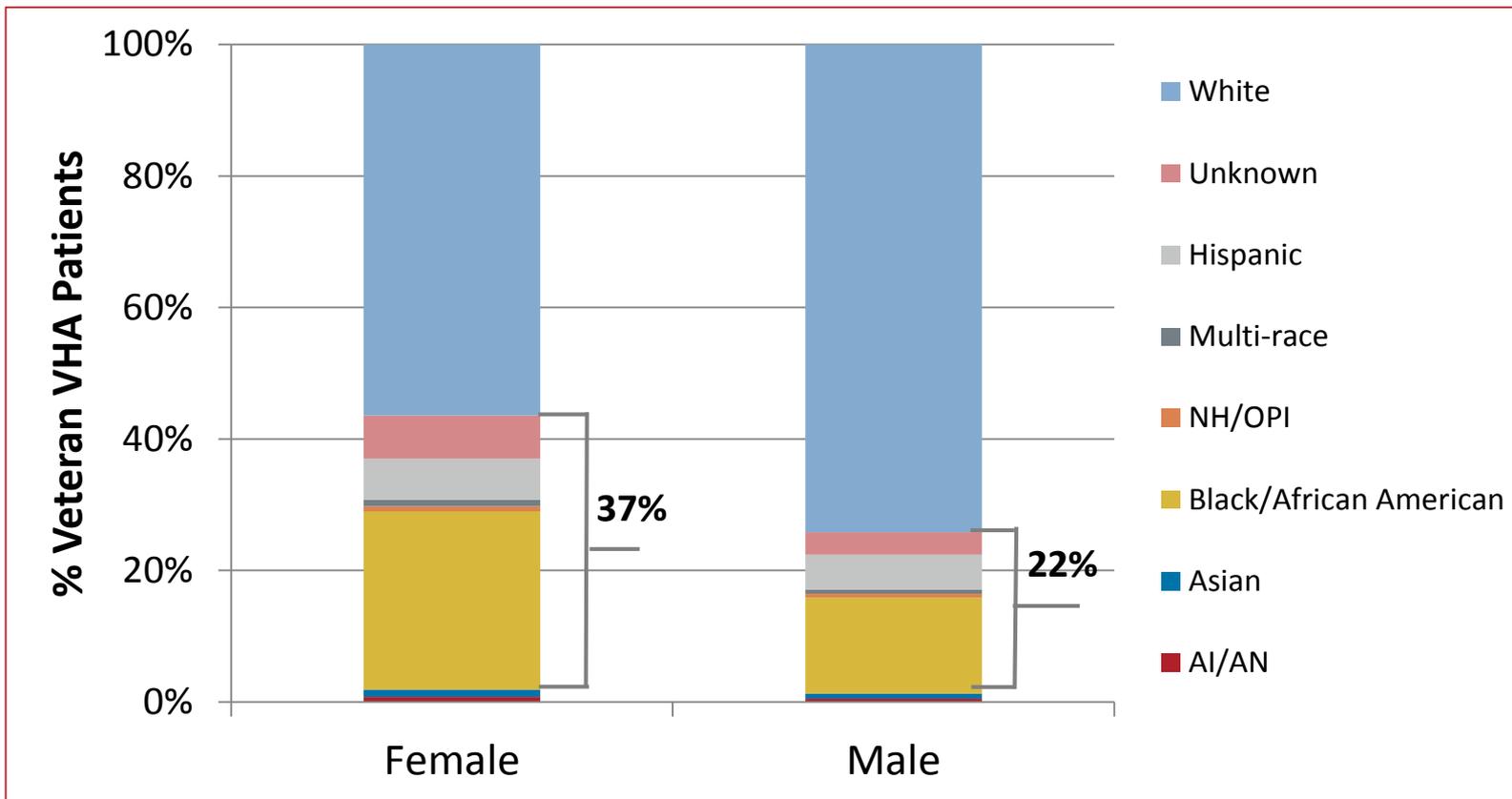
Projected Growth in Racial/Ethnic Minority Veteran Population



- Currently 24% of Veteran population

Sheehan C. Duty, *Honor, Country, Disparity: Race/Ethnic Differences in Health Among Veterans*. 2016 Apr. [internet]

% Distribution of Race/Ethnicity by Sex among Veteran VHA Patients



Washington DL, Yano EM (eds) for VHA Office of Health Equity. National Veteran Health Equity Report – FY2013.



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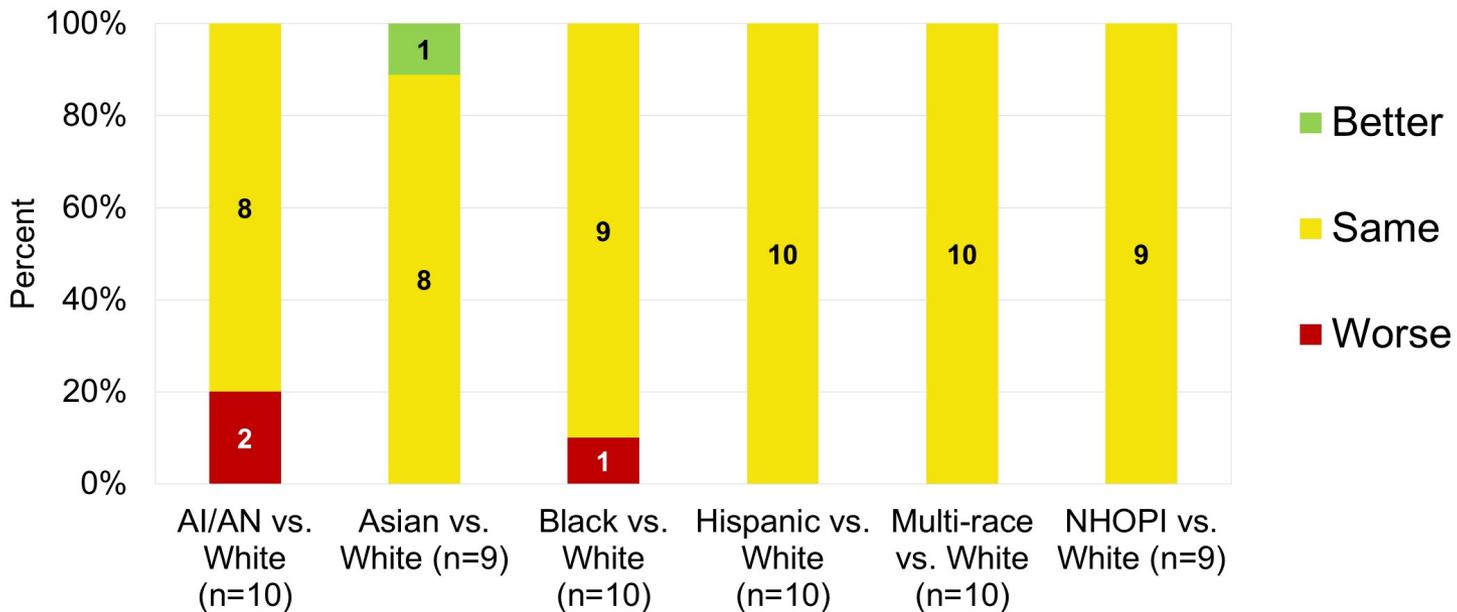
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Disparities in Preventive Care Measures by Race/Ethnicity in VHA

Number and percentage of prevention measures for which members of selected groups experienced better, same, or worse quality compared with reference group, 2014 VHA Users

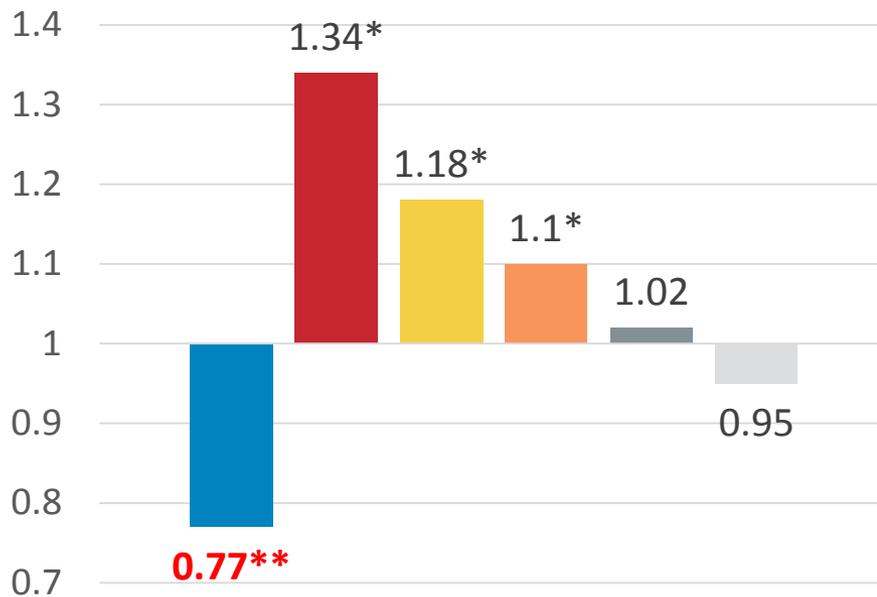


Key: n = number of measures; AI/AN = American Indian or Alaska Native; NHOPI = Native Hawaiian or Other Pacific Islander.



American Indian/Alaska Native Disparities in Colo-rectal Cancer Screening

Colorectal Cancer Screening –
adjusted odds ratio vs. White non-Hispanic



* Higher screening rates
 ** Lower screening rates

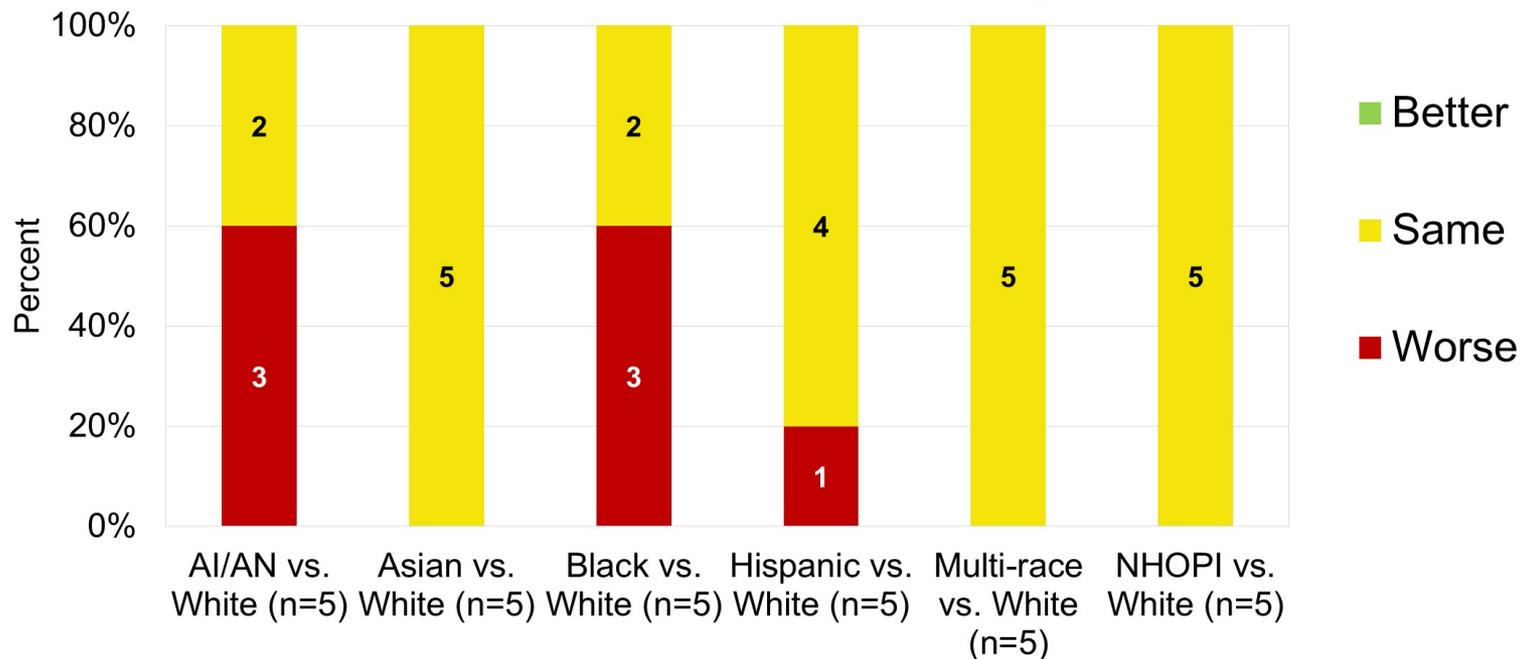
■ AI/AN ■ Asian ■ Black ■ Hispanic ■ Multirace ■ NHOPI

AI/AN = American Indian/Alaska Native; NHOPI = Native Hawaiian / other Pacific Islander

Source: Analysis of External Peer Review Program data from VHA Office of Reporting, Analytics, Performance, Improvement & Deployment (RAPID)

Disparities in Preventable Outcome Measures by Race/Ethnicity in VHA

Number and percentage of prevention measures for which members of selected groups experienced better, same, or worse intermediate clinical outcomes compared with reference group, 2014

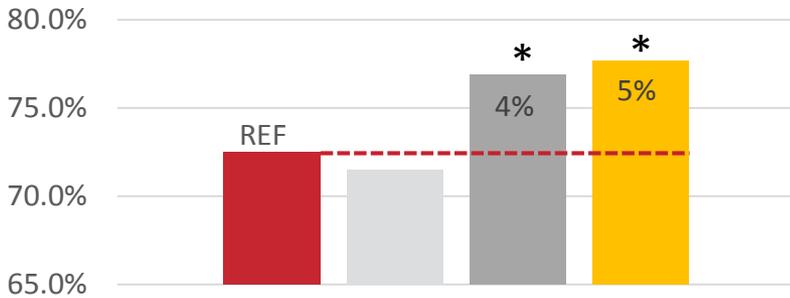


Key: n = number of measures; AI/AN = American Indian or Alaska Native; NHOPI = Native Hawaiian or Other Pacific Islander.

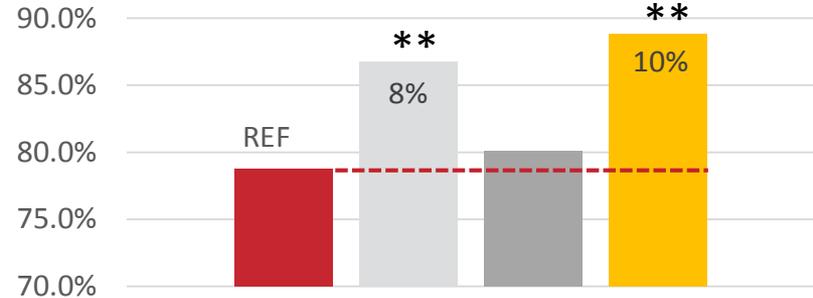
Race* & Gender** Disparities in Control of Cardiovascular Disease Risk Factors



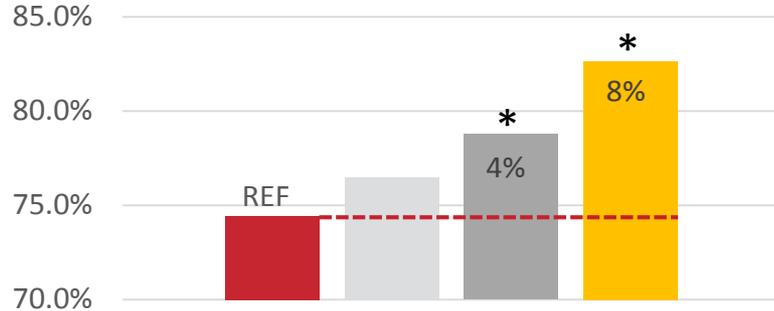
Hypertension Control



Lipid Control in Heart Disease



Diabetes Control



VA race and gender disparities present for African-American women Veterans, but commercial plans have worse CVD risk factor control (e.g., hypertension control 62% in HEDIS 2016) and greater disparities

Source: Analysis of External Peer Review Program data from VHA Office of Reporting, Analytics, Performance, Improvement & Deployment (RAPID)

Racial/Ethnic Mortality Disparities

Within VHA, racial/ethnic disparities for some groups

- AI/ANs have higher all-cause mortality vs. Whites
- Blacks have higher cancer and heart disease mortality

Between VHA and U.S. general population, patterns of mortality disparities differ

- AI/AN disparities in male VHA users, but not in U.S. population
- Black disparities in both male VHA and U.S. populations, but smaller in VHA
- No disparities in VHA for Black women, whereas disparities present in U.S. population

AI/AN = American Indian/Alaska Native;
Black = Black non-Hispanic ; White = White non-Hispanic

Wong MS, et.al. Health Equity 2019;3(1).



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Implications

- Identify underlying determinants of persistent disparities in preventable outcomes, such as determinants of the mortality disparities for AI/AN and Black Veterans
- Conduct ongoing monitoring of Veterans health and healthcare equity, including care delivered through VA and in the community
- Integrate strategies tailored to social determinants of health into quality improvement programs, involving community stakeholders in program design and evaluation
- Reach beyond health care system to community for help supporting life-long behavior change



Acknowledgements

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 - VA San Francisco HCS: Katherine J. Hoggatt, PhD, MPH
- OHE-QUERI National Partnered Evaluation Initiative Funding: VHA Office of Health Equity and Quality Enhancement Research Initiative
- Data:
 - Women's Health Evaluation Initiative (WHEI) data: Women's Health Services, Office of Patient Care Services, VHA
 - VA quality data (External Peer Review Program): VHA Office of Reporting, Analytics, Performance, Improvement & Deployment
 - National Death Index mortality data: VA Center of Excellence for Suicide Prevention, Joint VA and DoD Suicide Data Repository



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https://www.queri.research.va.gov/national_partnered_evaluations/equity.cfm



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Million Veteran Program

Mary Kelleher

Director – Program Integration

VA Million Veteran Program



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Mary Kelleher

*Director, Program
Integration*



Debra
Karambellas

*National Outreach &
Communications Lead*



Nancy Steward

*National Event Outreach
Lead*



Million Veteran Program National Outreach and Communications Team

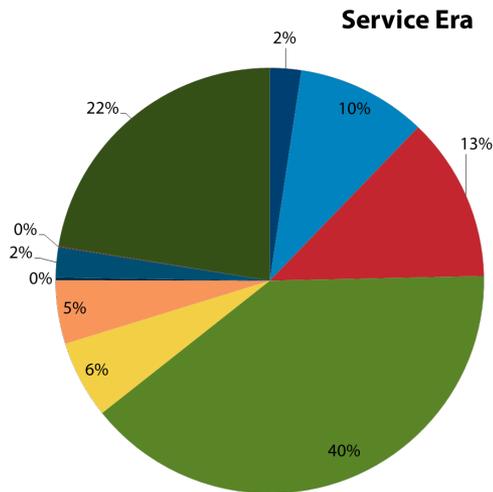
What is the Million Veteran Program?

- The Million Veteran Program (MVP) is a national research program to learn how genes, lifestyle, and military exposures affect health and illness. Since launching in 2011, over 780,000 Veteran partners have joined one of the world's largest programs on genetics and health.
- Veterans who partner with MVP contribute to improving the lives of fellow Veterans and ultimately, everyone. Scientific discoveries from MVP are already underway, helping us reach our goal of transforming health now and for future generations. [MVP Video](#)

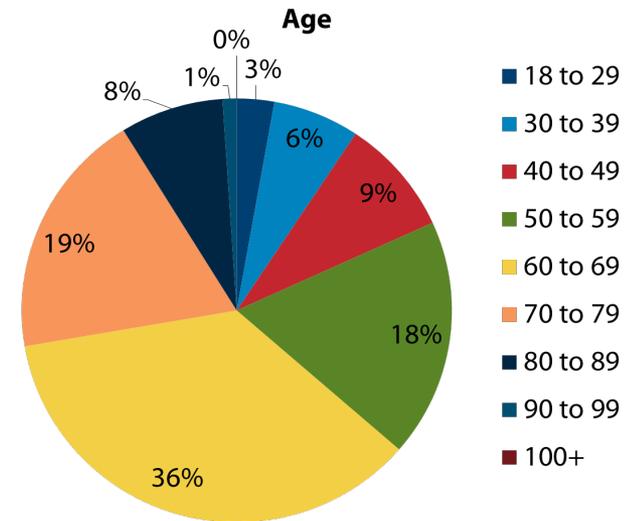


Diversity In MVP Recruitment

National Enrollee Characteristics

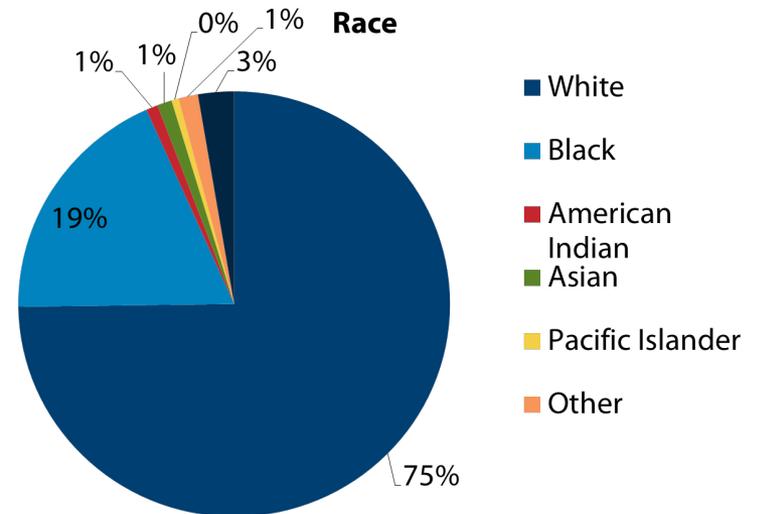
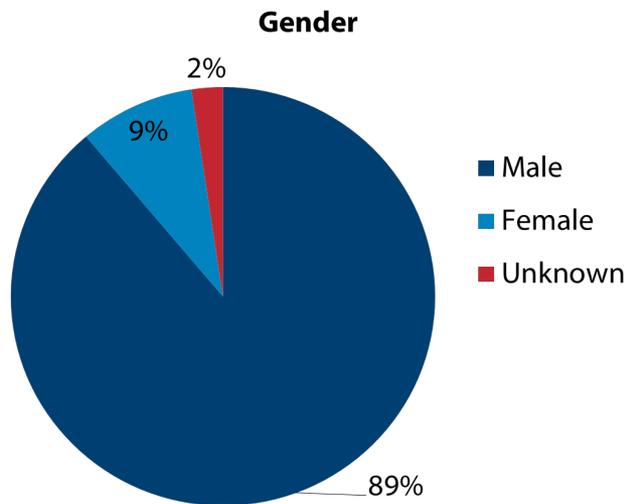


- September 2001 or Later
- August 1990 to August 2001 (Including Gulf War)
- May 1975 to July 1990
- August 1964 to April 1975 (Vietnam Era)
- February 1955 to July 1964
- July 1950 to January 1955 (Korean War)
- January 1947 to June 1950
- December 1941 to December 1946 (WWII)
- November 1941 or Earlier
- Multiple Service Eras



Diversity In MVP Recruitment

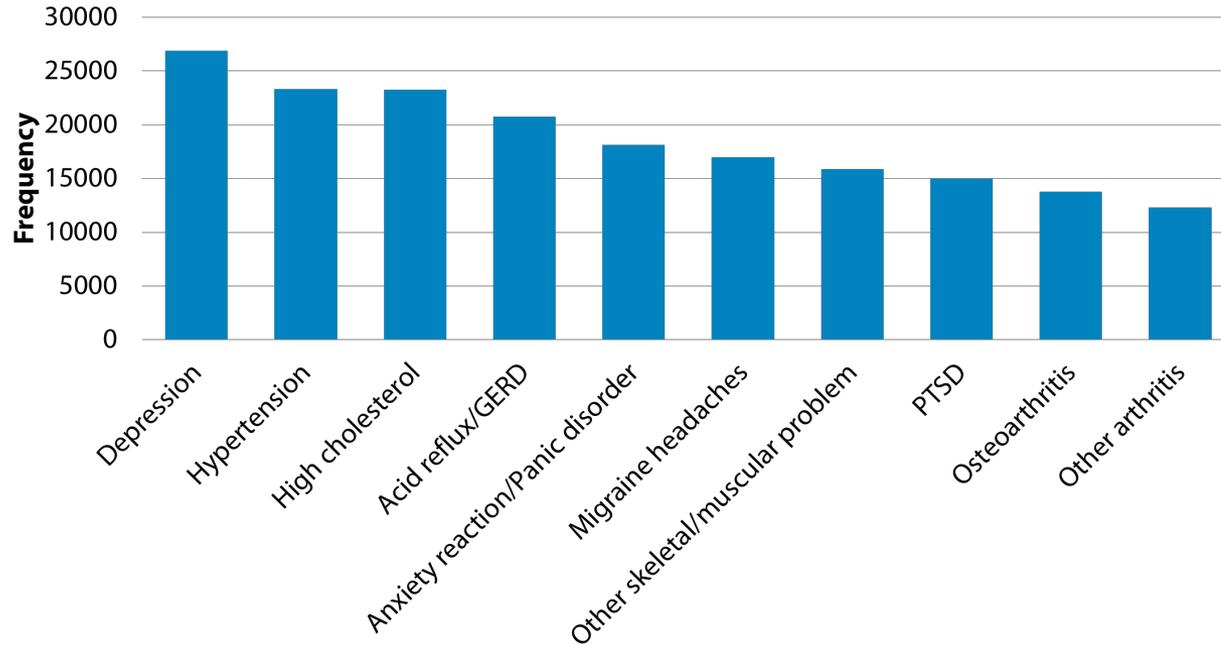
National Enrollee Characteristics



Diversity In MVP Recruitment

National Enrollee Characteristics

Top Ten Reported Diseases for Females



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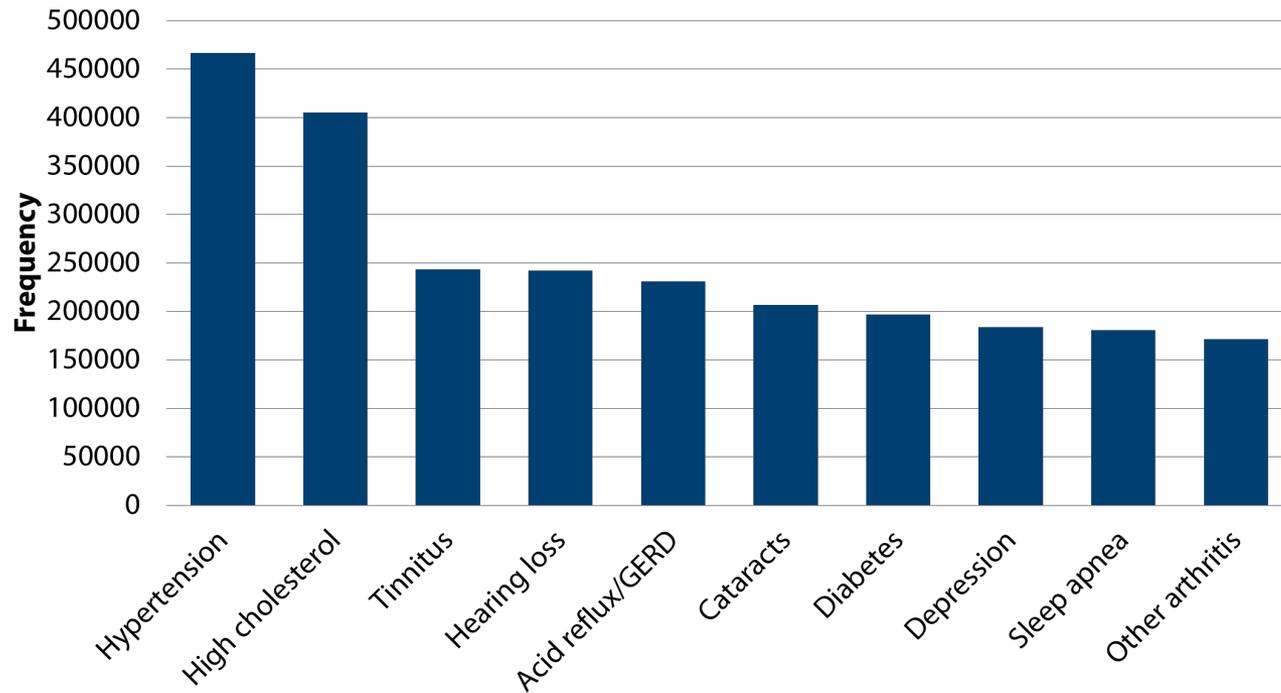


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Diversity In MVP Recruitment

National Enrollee Characteristics

Top Ten Reported Diseases for Males



How Can I Help My Fellow Veterans?

Enrollment into the Program-Your Legacy!

- Enroll right here at the Summit
- Enroll at a local MVP Site near you
- Enroll online through the new MVP Online



Resources For Additional Information:

Online: To learn more or join, visit [MVP Online](https://mvp.va.gov) at mvp.va.gov today.

Visit the [Frequently Asked Questions \(FAQ\)](#) section of MVP Online to search or browse common questions about the program, participation, privacy, and more.

Phone: Call the MVP Info Center toll-free 1-866-441-6075 (Mon-Fri, 8:00 AM. -6:00 PM. ET)

Email: askmvp@va.gov



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MVP Sites



What Does MVP Enrollment Involve?

What Does MVP Enrollment Involve?

- Filling out surveys at your home about your service/era information, Lifestyle habits, environmental exposures, health information
- If enrolled through VHA access to your records
- Small vial of blood for your DNA



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VA Center for Minority Veterans

Dennis O. May

Deputy Director

VA Center for Minority Veterans



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Center for Minority Veterans (CMV)



Background

- November 1994, Public Law 103-446 required SECVA to create Center for Minority Veterans (CMV) and established the Advisory Committee on Minority Veterans (ACMV).
- CMV serves as principal advisor to SECVA on adoption and implementation of policies and programs affecting minority Veterans.
- CMV serves: African Americans, Asian Americans, Hispanic Americans, Native Americans (American Indians, Alaska Natives, Native Hawaiians), Pacific Islanders, and women Veterans who are minority group members.



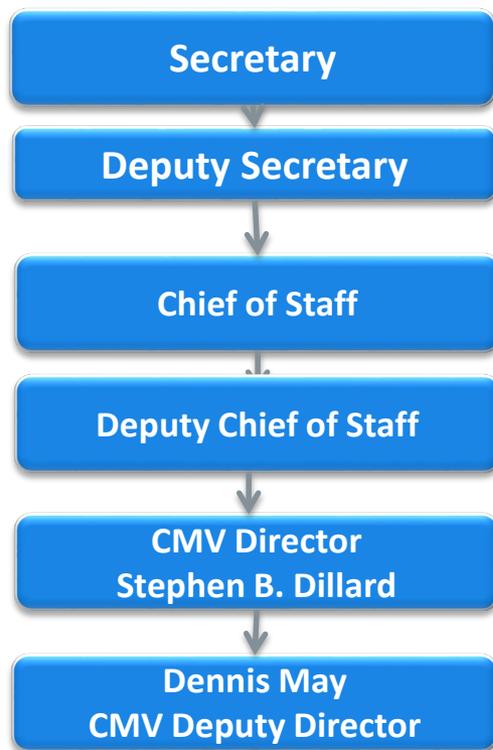
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Organization Chart



Denise Wright,
Sr. Program Analyst,
African American Veterans
Liaison Minority Veterans
Program Manager

Juanita J. Mullen
Program Analyst
American Indian
Veterans Liaison

Dwayne E. Campbell
Program Analyst
Hispanic Veterans
Liaison

Ron M. Sagudan,
Program Analyst, Native
Hawaiian, Asian
American, Pacific
Islander, Veterans
Liaison

D'Andrea Jacobs
Program Analyst
Hispanic Veterans
Liaison

Carl McPherson
Program Assistant



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What We Do



- Educate Veterans, their families and survivors through targeted outreach and effective advocacy.



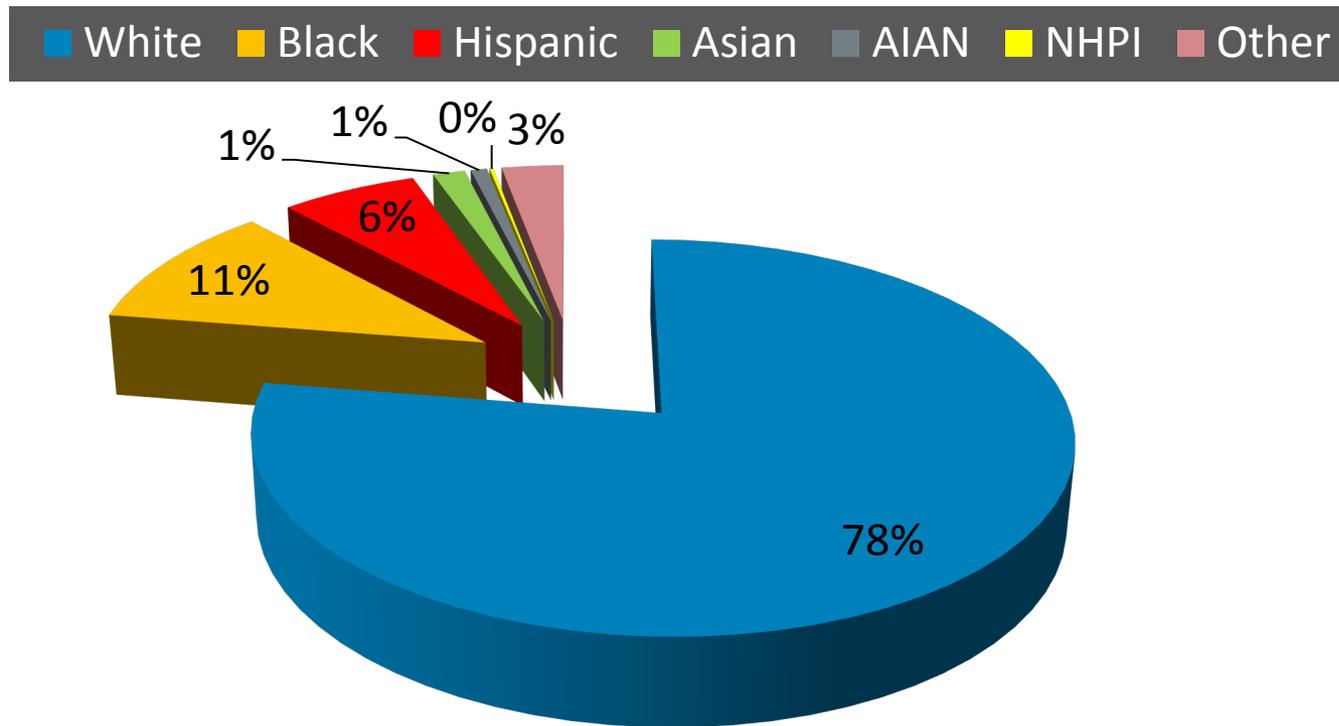
- Promote the use of VA programs, benefits, and services for minority Veterans.



- Disseminate information and provide culturally relevant programs that enhance Veteran-centric services to minority Veterans (*men & women).



Veteran Demographics 2016



Note: Categories are mutually exclusive. 'Black' and 'All other races' are not Hispanic.

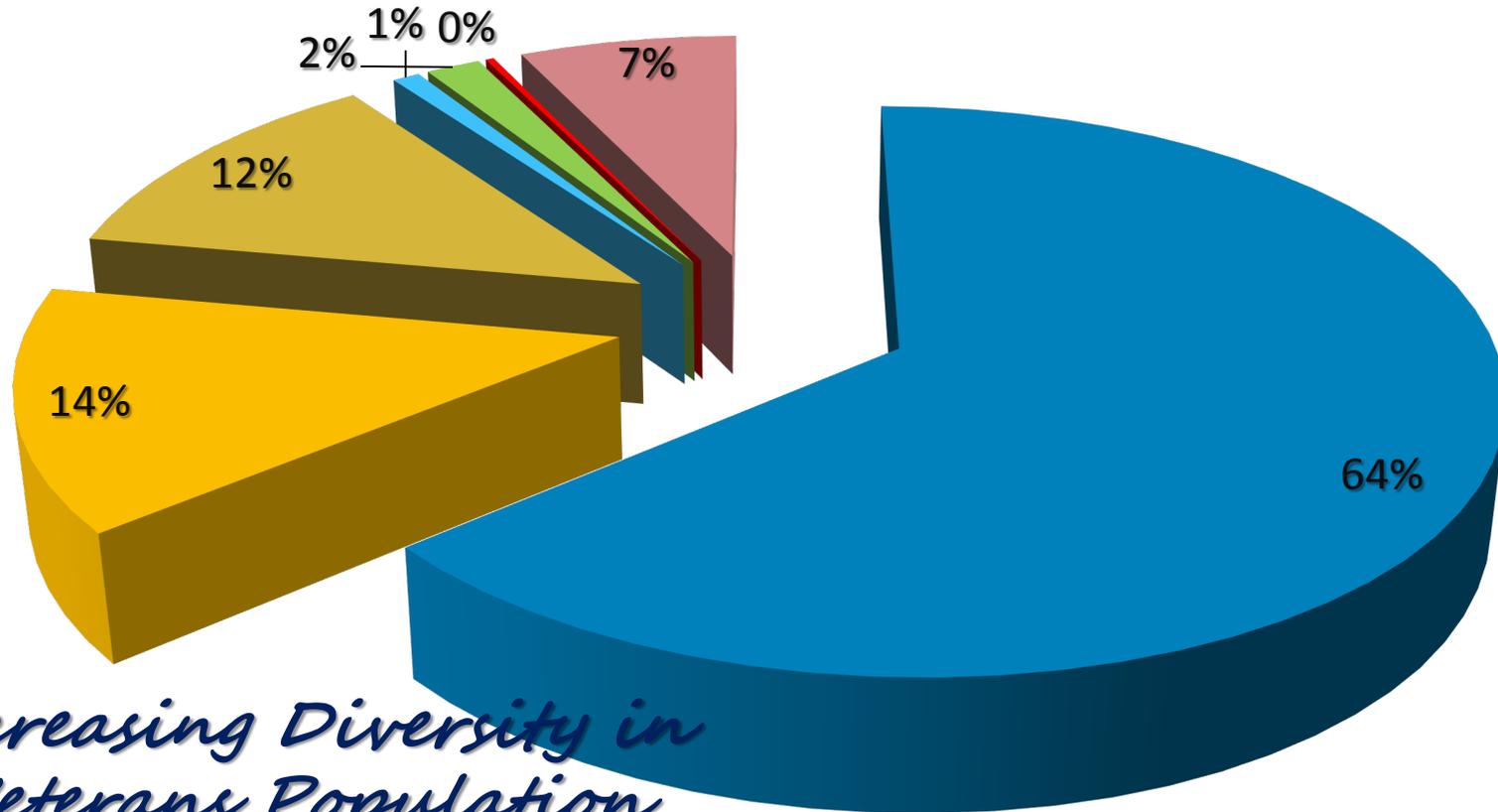
'All other races' includes American Indian/Alaskan Native, Asian, Pacific Islander, and Other (Some other Race and Two or more Races).

Source: U.S. Census Bureau, American Community Survey , 2016

Projected Veteran Population

2043

■ White ■ Black ■ Hispanic ■ AIAN ■ Asian ■ NHPI ■ Other



Increasing Diversity in Veterans Population

Note: Categories are mutually exclusive. 'Black' and 'All other races' are not Hispanic.

'All other races' includes American Indian/Alaskan Native, Asian, Pacific Islander, and Other (Some other Race and Two or more Races).



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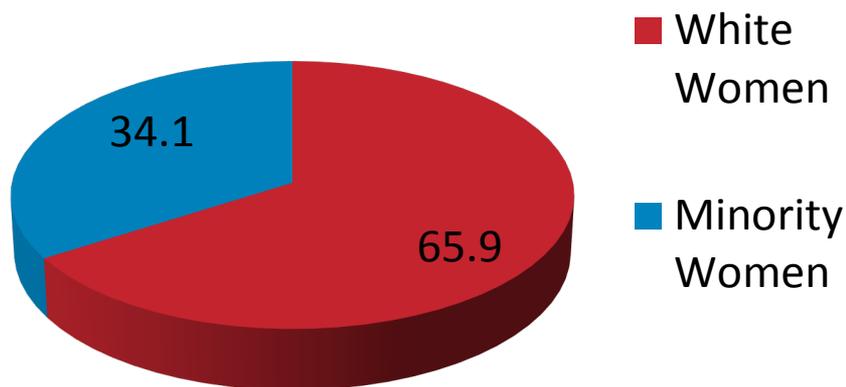
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Women Veterans Diversity

2016 Women Veterans



- Minority women Veterans comprise 34% of the total women veterans population compared to 21.9 percent minority men Veterans



CMV Strategies

1. National Minority Veterans Summit
2. Initiatives/ Campaigns- Million Veteran Program/Crisis Line
3. Collaborate on Research Projects with Office of Health Equity, Center for Health Equity, and Research Promotions
4. Host Lunch and Learn Sessions – Federal Agencies
5. Collaborate with Veteran Service Organizations and partners to reach more minority Veterans
6. Develop MOUs with national organizations (i.e. NAACP, Women Veterans Interactive, Veterans Employment Service Office etc.)



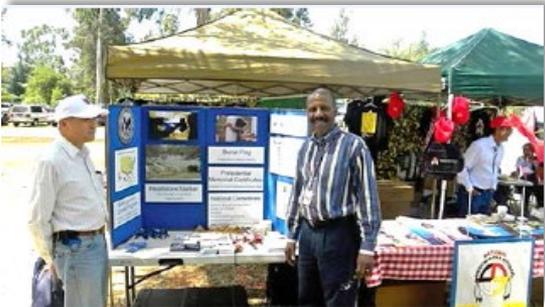
Outreach to Minority Veterans



- Staff/Minority Veteran Liaisons collaboration with internal/external organizations and other closely aligned non-government minority organizations (CMV)



- Secretary's Advisory Committee on Minority Veterans (ACMV)



- Minority Veterans Program Coordinators (MVPC)

Secretary of Veterans Affairs' Advisory Committee on Minority Veterans (ACMV)



*Secretary's Advisory Committee on Minority Veterans
December 11, 2018*

- Advise the Secretary on VA's administration of benefits and provision of health care benefits and services to minority Veterans
- Provide annual report to the Secretary outlining recommendations, concerns, and observations on VA's delivery of services to minority Veterans
- Meet with VA officials, Veteran Service Organizations and stakeholders to assess the VA's efforts in providing benefits and services to minority Veterans
- Make periodic site visits and hold Veterans Town Hall meetings



Minority Veterans Program Coordinators (MVPC)



- Interdepartmental program 265 coordinators collaterally assigned within VHA, VBA, and NCA)
- Support and initiate activities that educate and sensitize internal staff to the unique needs of minority veterans
- Target and participate in outreach activities and educational forums utilizing community networks
- Assist the CMV in disseminating information



MVPC Outreach Statistics FY18

Administrations	Number of Reports Submitted	Number of Activities	Number of Veterans Seen	Number Minority Veterans Seen	Percentage of Minority Veterans Seen	Average hours of Outreach Per Month
NCA	285	8,407	198,245	85,575	43%	12
VHA	530	14,931	296,442	118,693	40%	18
VBA	224	22,680	277,196	98,898	36%	22
Total	1039	46,018	771,883	303,166	39%	17



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U.S. Department of Veterans Affairs



U.S. Department of Veterans Affairs
Center for Minority Veterans

202-461-6191

<https://www.va.gov/centerforminorityveterans/>

<tp://www1.va.gov/CENTERFORMINORITYVETERANS/index.asp>



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Please Transition to Breakout Sessions & Visit Vendors in Our Exhibit Hall



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