

*REPORT OF THE ADVISORY
COMMITTEE ON MINORITY
VETERANS*



Annual Report

2012

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Executive Summary

The 38 United States Code (U.S.C.), Section 544, is the requirement for the Department of Veterans Affairs (VA) Advisory Committee on Minority Veterans (ACMV) to submit an annual report. The 2012 Annual Report of the Advisory Committee on Minority Veterans is herein submitted to satisfy this requirement. The 2012 Annual ACMV report contains the following:

- **The 2012 ACMV Recommendations and Rationales highlighting areas involving:**
 - Access to care for Veterans in Insular Areas.
 - Office of Health Equity (OHE) monitoring the effectiveness of Cultural Competency training.
 - Clinical follow up for Veterans with long-term Post-traumatic Stress Disorder (PTSD) diagnosis.
 - Ongoing assessments of Community-Based Outpatient Clinic (CBOC) space requirements and inclusion of current design concepts in CBOCs.
 - Assessments of utilization of the Caregiver Program.
 - Providing translated caregiver information.
 - Utilizing “express lanes” concept as a Veterans Benefits Administration (VBA) best practice.
 - Utilization of Veterans’ demographics to conduct targeted outreach.
 - Targeted recruitment of diverse staff reflective of the Veteran population.
 - Monitoring of unauthorized fees by lending institutions related to VA Home Loan Guarantee Program.
 - Utilization of Veterans Integrated Service Network (VISN) 17 Veterans Advocate System as a best practice.
- Responses and action plans provided in response to the 2012 ACMV Recommendations.
- Highlights from the ACMV meeting in October 2011 in Washington, DC.
- Highlights from the ACMV site visits in April 2012 to San Antonio and Harlingen, Texas.
- Public comments provided to ACMV and departmental responses.
- Updates to the action plans provided in the 2011 ACMV Annual Report.
- Biographies of current Advisory Committee on Minority Veterans members.

Part I. ACMV 2012 Recommendations and Rationales

Recommendation #1: The Veterans of Insular Areas of the Pacific (Guam, Samoa, etc.) have the option of receiving specialty care in the Philippines rather than at the Tripler Medical Center in Hawaii.

Rationale #1: During every town hall meeting held in Guam, the following question continued to be asked; “Why can’t our Veterans use the VA Medical Facility in the Philippines?” The travel distance between Guam and Hawaii is 3,820 miles or 8 hours of flight time versus between Guam and the Philippines is 1,534 miles or 3 hours of flight time. All costs (airfare, hotel, food, etc.) associated for the Veterans and accompanying family members to the Philippines are less expensive than going to Hawaii. This option would be a tremendous cost savings for VA. Additionally, the population of aging Veterans requiring additional health care is rising in insular areas; thereby, straining Hawaii’s already over-burdened healthcare system. The situation will only worsen with the addition of new OEF/OIF Veterans residing in these areas.

In the U.S. code of Federal Regulations, Title 38, subsection 17.35 titled Hospital Care and Medical Services in Foreign Countries, it states “The Secretary may furnish hospital care and medical services to any Veteran sojourning or residing outside the United States, without regard to the Veteran’s citizenship.” It would seem logical and optimum to add a provision that Veterans of insular areas be afforded the opportunity to receive off-island referral hospital care and medical services in the Philippines and not only in Hawaii, as current policies dictate. Specifically for:

1. Outpatient medical services at the Manila Department of Veterans Affairs Clinic; and if needed,
2. Hospital care at St. Luke Medical Hospital

We are not advocating to replace the VA’s existing off-island referral system to Hawaii with ones to the Philippines. Rather, we are advocating that VA add the option for off-island referrals (both outpatient medical services and hospital care) to the Philippines, as this location has definite advantages of lesser travel time, transportation/lodging and perhaps per-diem requirements and personal costs to accompanying family members for eligible Veterans of insular areas.

VA Response: Non-concur

VA has limited authority to provide hospital care or medical services outside the United States, and special eligibility requirements apply for VA’s Manila Outpatient Clinic in the Philippines. In general, VA may provide hospital care or medical services to certain Veterans who are “sojourning or residing outside the United States.” 38 U.S.C. § 1724(b)(1); 38 C.F.R. § 17.35. Such hospital care or medical services must be necessary for treatment of a service-connected (SC) disability or a “disability associated with and held to be aggravating a” SC disability. 38 C.F.R. § 17.35(a).

Hospital care or medical services may also be furnished outside the United States to Veterans participating in a rehabilitation program under 38 U.S.C. chapter 31 who require “care for the reasons enumerated in 38 C.F.R. § 17.47(i)(2).” *Id.* at § 17.35(b). In addition, separate eligibility requirements apply to VA’s Manila Outpatient Clinic in the Philippines. The Clinic may furnish medical services to Veterans with a SC disability who are residing in, or visiting, the Philippines. 38 U.S.C. § 1724(e).

ACMV recommends that eligible Veterans who reside in Guam, or other insular islands, should be able to receive referrals to the Philippines in addition to Hawaii. Because Guam is considered to be part of the United States, care and services provided to these Veterans in Hawaii would not be subject to limitations on care furnished outside the United States. Any care provided to these Veterans in the Philippines (outside VA’s Manila Outpatient Clinic) is, however, subject to the statutory and regulatory limitations on care furnished outside the United States discussed above. If a Veteran with a SC disability were to visit or reside in the Philippines, he or she may be able to utilize the services of the Clinic.

VA’s Beneficiary Travel regulations allow VA to “make payments for travel expenses incurred in the United States” only. 38 C.F.R. § 70.1(a). The beneficiary travel regulations define the “United States” as the “States, Territories, and possessions of the United States, the District of Columbia, and the Commonwealth of Puerto Rico.” 38 C.F.R. § 70.2. Provision of beneficiary travel outside of these areas, including the Philippines, would require regulatory change.

Although the travel time between Guam and other insular islands to Hawaii is lengthy, Veterans can access the complete VA medical benefits package in Hawaii compared to limited care available at the VA Clinic in the Philippines. Consequently, we do not concur with the ACMV’s recommendation.

Recommendation #2: The Office of Health Equity (OHE) conduct ongoing monitoring of the effect cultural competence training has on patient satisfaction scores, patient compliance with clinical treatment plans, clinical outcomes, and establish best practices based on this evaluation.

Rationale #2: Patient satisfaction scores can be utilized to develop a baseline prior to conducting cultural competency training. After cultural competency training has been conducted, follow up patient satisfaction survey results and a comparison to previous clinical outcome results can be reviewed to determine if training enhanced outcomes.

VA Response: Concur-in-principle

Currently, patient satisfaction scores cannot be linked with individual providers or linked to cultural competency training. Furthermore, there are numerous confounding variables to link an improvement, maintenance, or decrease in patient satisfaction scores at a facility to any one specific intervention.

Various articles speak to the issues of cultural competency of health care providers. The September 2011 Health Services Research and Development Evidence-Based Synthesis Report “Interventions to Improve Minority Health Care and Reduce Racial and Ethnic Disparities” states, “[t]here is good evidence that cultural competence interventions can improve provider knowledge, attitude and skills, but there are few good quality studies of effects on patient outcomes.” This view was also supported by the October 16, 2012, Journal of General Internal Medicine article “Does Cultural Competency Training of Health Professional Improve Patient Outcomes? A Systematic Review and Proposed Algorithm for Future Research.”

In FY 2013, the OHE in partnership with the Center for Health Equity Research and Promotion will develop and run a pilot intervention to test the associations of cultural competency/unconscious bias training on select provider and patient outcomes. The results of this pilot will inform the feasibility and acceptability of such provider training and the impact of such training on select provider and patient outcomes. Demonstration of feasibility and preliminary associations between such trainings and more favorable provider and patient outcomes will serve as useful pilot data to develop more definitive hypothesis driven experimental studies to inform future evidence-based cultural competency/unconscious bias training interventions focused on providers.

Recommendation #3: The ACMV recommends that as part of routine clinical assessments, VA clinical providers review the treatment provided to patients with long term diagnosis (problem list item) of PTSD to ensure they have received treatment for that illness within the last two years.

Rationale #3: During the course of site visits and informal discussions with the Veterans it became apparent that some Veterans in receipt of disability compensation for PTSD are not receiving periodic assessments and treatment for their PTSD service-connected disabilities. This is especially critical for Vietnam era Veterans as they enter retirement and no longer have the structure responsibilities of a job to divert their focus. During the recent site visit in Texas, Veterans stated that they began to have more thoughts about their combat experiences once they left their jobs. Monetary compensation for their PTSD is important. However, mental health follow up is also essential.

VA Response: Concur-in-principle

Veterans with PTSD can be treated in specialized PTSD services, general Mental Health Services, or primary care. Many Veterans living with chronic but stable PTSD are treated in primary care via Patient Aligned Care Teams (PACT). PACTs perform periodic PTSD assessments to ensure that latent PTSD symptoms are detected. For PTSD exacerbations, the primary care provider can evaluate and treat within the PACT, conduct a “warm handoff” to Primary Care Mental Health Integration staff embedded within the primary care clinic, or formally refer to Mental Health Specialty services. The PACT provider determines a suitable evaluation and treatment approach meeting the needs and expectations of each Veteran. Long-term mental health follow-

up is not necessary or appropriate for all Veterans living with this syndrome. Facilities provide oversight to ensure that these assessments and ongoing evaluations are performed.

Recommendation #4: Incorporate “current design solutions” to include Planetree design, privacy, and family friendly components found in Department of Veterans Affairs, Office of Construction and Facilities Management (VA OCFM) Interior Design Manual for New Construction and Renovations of Hospital and Clinics, 2008 into the Minimum Standards for CBOC Operations, in VHA Handbook 1006.1, Paragraph 6.

Rationale #4: VHA Handbook 1006.1 does not include “current design solutions” in the Minimum Standards for CBOC Operations. However, it does reflect that “Veterans receive one standard of care at all VHA health care facilities; care at CBOCs must be consistent, safe, and of high quality, regardless of model (VA-staffed or contract)”. The VA Interior Design Manual states that “Interior Design is a major component in establishing and maintaining an environment that is professional, therapeutic, safe, aesthetically pleasing, and functionally appropriate.” During the site visit to San Antonio, Texas, it became clear to the Committee that the South Bexar CBOC had clearly outgrown its current facility. There is a plan to move the clinic as soon as space can be found. The new facility along with others in the VA system should reflect an acceptable Environment of Care (EOC) with respect to visual and auditory privacy and space needs of the current patient population seen by the CBOC, as well as projected populations of younger Veterans with small children who may need a more family-friendly facility.

VA Response: Concur-in-principle

Currently, Veterans Health Administration (VHA) Handbook 1006.1 entitled, “Planning and Activating Community-Based Outpatient Clinics” does not include “current design solutions” in the minimum standards for CBOCs. VHA supports one standard where all VHA health care facilities are safe; constructed using high quality materials; and maintain an environment that is professional, therapeutic, aesthetically pleasing, and functionally appropriate regardless of the facility. VHA is conducting ongoing discussions into the future design of various health care facilities, including CBOCs. VA is unable to state at this time how the “current design solution” will be incorporated into a directive or handbook until after the findings are reviewed, analyzed, and reported to leadership.

Recommendation #5: The Office of Health Equity (OHE) monitor the utilization of the VA Caregiver Program with the goal of ensuring that the utilization of the program by Veterans and their family members is reflective of the demographics of the Veteran population (race/ethnicity, gender, rural, highly rural, period of service, etc.).

Rationale #5: The ACMV appreciates the significant efforts and progress made in the VHA’s efforts to implement the VA Caregiver Program in accordance with Public Law 111-163, “Caregivers and Veterans Omnibus Health Services Act of 2010.” Of particular note, is the VHA’s delivery of training in Puerto Rico in Spanish with the assistance of the National Alliance for Hispanic Health (NAHH). However, given the unique cultural factors of minority Veterans and access issues for those in rural areas, it is imperative that VHA develop outcome measures to monitor use of this critical benefit by Family Caregivers of minorities, women, and rural Veterans to ensure equitable access for those Veterans eligible. Ensuring equitable access to this benefit will enable severely injured minority Veterans to have improved quality of care from their Family Caregivers, and help Family Caregivers manage the caregiver burden by accessing not only financial support but also mental health counseling, respite services, and valuable self-care information.

VA Response: Concur-in-principle

The Caregiver Support Program Office is the preferred office to take the lead to track the utilization of the program by Veterans and their family members to ensure that actual use of the program is reflective of the population served. The Caregiver Support Office will collaborate with OHE, CMV, and the Office of Health Analytics to monitor program utilization of the program.

Actions to implement:

VHA Action Plan – Recommendation #5					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
Develop a comprehensive strategy to record, document, and track specific demographics for minority Veterans population participating in the National Caregiver Support Program.	Caregiver Support Program Office (10P4C)	Care Management and Social Work Services, Office of Patient Care Services (10P4)	Develop outcome measures to monitor the use of this critical benefit by Family Caregivers of minorities, women, and rural Veterans to ensure equitable access for those eligible Veterans.	1st quarter FY 2013	Pending

Collaborate with the Office of Health Equity, the Center for Minority Veterans, and the Office of Health Analytics.	Caregiver Support Program Office (10P4C)	Care Management and Social Work Services, Office of Patient Care Services (10P4)	Track the utilization of the program by Veterans and their family members to ensure the program is reflective of the demographics of the Veteran population (race/ethnicity, gender, rural, highly rural, period of service, etc.).	1st quarter FY 2013	Pending
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Recommendation #6: The VA Caregiver Support website <http://www.caregiver.va.gov>, support materials such as fact sheets describing eligibility criteria and benefits, and Caregiver program satisfaction surveys should be translated into Spanish and other languages based on need by the end of 1st Quarter 2013 to ensure that non-English speaking Family Caregivers have access to this information and can provide feedback on the program.

Rationale #6: An organization that makes it easier for people to navigate, understands, and uses information and services to take care of their health is defined as a health literate organization. A key attribute of the health literate organization is that it designs and distributes print, audiovisual, and social media content that is easy to understand and act on include using quality translation to produce materials in languages other than English. VHA's efforts to translate the Family Caregiver training into Spanish and deliver it several times in Puerto Rico are commendable. However, given the rising number of Hispanics in the U.S. and the rising number of Hispanic Veterans, it is important to ensure that all Family Caregiver resources are translated. In a study of Hispanic caregivers, more than seven in ten think it is very or somewhat important for them personally to have any caregiver information in Spanish. Among those born in the U.S., half feel Spanish language materials would be very or somewhat important. Studies confirm that health literacy impacts health knowledge, health status, and access to health services. Low health literacy is more prevalent among minority populations and minorities typically underutilize health and social services for caregivers, including mental and behavioral health services. This occurs for several reasons including limited English proficiency which inhibits learning about caregiver resources and communication about caregiver and recipient status. Access to health information should not unnecessarily burden the severely injured Veteran who has to translate this information for the non-English speaking Family Caregiver.

VA Response: Concur

Actions to implement:

VHA Action Plan – Recommendation #6					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
The Caregiver Support Program will ensure that the education and training required for the Program of Comprehensive Assistance for Family Caregivers is made available in Spanish.	Caregiver Support Program Office (10P4C)	Care Management and Social Work Services, Office of Patient Care Services (10P4)	N/A	N/A	Completed
The Caregiver Support Program will ensure that the satisfaction survey for the education and training required for the Program of Comprehensive Assistance for Family Caregivers is made available in Spanish.	Caregiver Support Program Office (10P4C)	Care Management and Social Work Services, Office of Patient Care Services (10P4)	N/A	N/A	Completed
The Caregiver Support Program will inventory its official VA brochures and Fact Sheets and determine what materials should be made available in Spanish.	Caregiver Support Program Office (10P4C)	Care Management and Social Work Services, Office of Patient Care Services (10P4)	Inventory the Caregiver Support Program's brochures and Fact Sheets.	1st quarter FY 2013	Pending

<p>The Caregiver Support Program will work with contracting to obtain services to have sanctioned official brochures and Fact Sheets translated into Spanish. Spanish versions of the program's brochures and Fact Sheets will be made available for medical centers to print locally and distribute as needed.</p>	<p>Caregiver Support Program Office (10P4C)</p>	<p>Care Management and Social Work Services, Office of Patient Care Services (10P4)</p>	<p>Pursue contract for translation services.</p>	<p>2nd quarter FY 2013</p>	<p>Pending</p>
<p>The Caregiver Support Program will educate VA Caregiver Support Coordinators to encourage Caregivers to utilize free Web based translation services which can instantly translate text and Web pages to foreign languages of choice.</p>	<p>Caregiver Support Program Office (10P4C)</p>	<p>Care Management and Social Work Services, Office of Patient Care Services (10P4)</p>	<p>N/A</p>	<p>N/A</p>	<p>Completed</p>
<p>The Caregiver Support Program in partnership with VA's Employee Education System (EES) hosted a live satellite training on PTSD directed to a Caregiver audience on August 7, 2012, and San Juan, Puerto Rico, had a real-time translator available for this unprecedented training session.</p>	<p>Caregiver Support Program Office (10P4C)</p>	<p>Care Management and Social Work Services, Office of Patient Care Services (10P4)</p>	<p>N/A</p>	<p>N/A</p>	<p>Completed</p>

Recommendation #7: Utilize the Houston Veterans Affairs Regional Office (VARO) as the model for Claims Transformation “Express Lanes” Processing Program throughout Veterans Benefits Administration (VBA).

Rationale #7: In FY 2011, the Houston Veterans Service Center (VSC) received 38,024 disability claims, which was a significant decrease of 10% from FY 2010 (42,379) claims. To date, the total number of claims received this fiscal year is 17,752, which is a monthly average of 2,958 claims. Houston VARO has implemented the Transformation Model that utilizes the three segmented processing lanes of: Express, Core, and Special Operations. This model has allowed the Houston VARO to complete Express Lane cases in less than 125 days, as compared to approximately 300 days in the other two lanes. By comparison, the national average of processing disability claims is 238.8 days. The Houston VARO transformation initiative maximized employee potential by placing them in the lane that best suited their specific skills. Technological advances are also helping to ensure that systems support expedited, paperless claims processing. These initiatives, overall, reflect an aggressive approach by an innovative and energetic team at the Houston VARO in accordance with the goals of the Secretary.

VA Response: Concur

VBA incorporated best practices developed in Indianapolis, Houston, and other ROs to design the segmented lanes methodology being implemented in all VBA locations. By the end of FY 2012, segmented lanes will be in 16 regional offices and in all 56 by December of 2013.

Actions to implement:

Action Plan – Recommendation #7					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
Implement segmented lanes 16 regional offices.	Office Strategic Planning (OSP)	Implementation Center (IC), Office Field Operations (OFO), Veterans Relationship Management (VRM), Office of Business Process Integration (OBPI), Veterans Benefits Management System (VBMS), Veterans Benefits Admin. Business Lines	Training	4th quarter FY 2012	In progress

Implement segmented lanes 40 regional offices.	Office Strategic Planning (OSP)	IC, Office Field Operations (OFO), Veterans Relationship Management (VRM), Office of Business Process Integration (OBPI), Veterans Benefits Management System (VBMS), Veterans Benefits Admin. Business Lines	Training	1st quarter FY 2014	In progress
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Recommendation #8: VA officials from the three Administrations should ensure that Veteran’s demographic data made available from local VA Minority Veterans Program Coordinators (MVPCs) is utilized by local individuals conducting outreach to conduct targeted outreach to all identified ethnic Veteran populations in their catchment areas.

Rationale #8: During the recent site visit in Texas, it was noted that additional outreach opportunities with Native American, and Asian American/Pacific Islander Veterans in the local catchment areas did exist.

VA Response: Concur

MVPCs in the 57 regional offices extract the latest census data on minority population within their catchment area to provide both focused and targeted outreach to minority Veterans identified. The MVPC also partners with local minority organization to conduct outreach to Veterans’ family members and survivors within those identified catchment area. The MVPCs at the ROs further partners with their VHA counterparts to provide more comprehensive outreach to minority populations including Native American and Asian American/Pacific Islander Veterans in their local communities. A monthly status report as well as the quarterly reports of outreach to minority Veterans would provide necessary data to RO Directors allowing the MVPC to conduct more focused outreach by concentrating on those areas identified in the report.

As a standard procedure since FY 2007, the National Cemetery Administration (NCA) has utilized the full spectrum of Veterans’ demographical data available from the both the Census Bureau and VA’s own data systems as a primary method to increase contact with minority Veterans. Since FY 2007, NCA’s Equal Employment Opportunity (EEO) Office has sponsored training on how to best extract demographical data from the VHA Service Support Center (VSSC). All NCA Cemetery Directors, MVPCs, MSN Directors, and Human Resources (HR) Liaisons are trained where the information is located and how to retrieve it and are reminded to make full utilization of the data at every opportunity. Ms. Juanita Mullen, who is the American Indian Veterans Liaison at

CMV, attends all NCA MVPC quarterly meetings to provide insight and best practices for implementing outreach and recruitment strategies for American Indian communities.

NCA continues to participate in events specifically targeting Native American and Asian American/Pacific Islander Veterans nationwide; during outreach events, participants are informed of the services and benefits provided to Veterans and their families by NCA. Some of the outreach events in the Texas area that NCA has participated in this fiscal year include: Heroes and Heritage Program/Career Fair, February 27, 2012; Fort Sam Houston, San Antonio, Texas; League of United Latin American Citizens (LULAC) National Women’s Conference, April 13-14, 2012; Hilton Houston Oak, Houston, Texas; and the Gathering of Nations Pow Wow, April 27-28, 2012. In addition, NCA has participated in other events targeting these communities including Indian Traders Market, Albuquerque, New Mexico; Federal Asian Pacific Islanders Council, April 30-May 4, 2012 Hyatt Buckhead Hotel, Atlanta, Georgia; and the Society of American Indian Government Employees (SAIGE) 7th Annual Training Conference, June 3-8, 2012, Omni Interlocken Hotels and Resorts, Denver, Colorado.

Actions to implement:

VHA Action Plan – Recommendation #8					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
10N will encourage Veterans Integrated Services Network Directors and VA Medical Center Directors to partner with VA Minority Veterans Program Coordinators (MVPC) when conducting outreach to targeted group when it is appropriate.	Deputy Under Secretary for Health and Operations Management (10N)		Memoranda, weekly cluster calls, and weekly Network Director calls will be channels used to field activities to work with MVPCs.	4 th quarter 2012	Pending
VBA Action Plan – Recommendation #8					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
Participate on the CMV	Benefits Assistance	CMV RO	Emphasize using current census and other demographic data to ensure	Quarterly	Open

quarterly conference call and the Deputy Under Secretary for Benefits DUSB monthly conference call.	Services (BAS) (27)	OFO	targeted outreach occurs in the catchment area identified that would be most beneficial.		
Partner with MVPC counterpart in VHA.	BAS (27)	VHA RO	Jointly attend outreach events that target minority Veterans, family members, and survivors.	Ongoing	Open
Monthly Outreach Status Reports.	BAS (27)	RO	Implement monthly outreach status reports.	1 st quarter FY 2013	Open

NCA Action Plan – Recommendation #8

Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
Determine the effectiveness of current outreach strategies.	Office of Diversity and ADR Programs (40A)	HR/ Communications Outreach Office	Conduct a 3-year analysis of current outreach measures to targeted communities to determine the level of effectiveness.	FY 2013	In Progress
Ensure compliance with the critical elements as defined in VA Handbook 0801.					
Revamp NCA MVPC Program.	Office of Diversity and ADR Programs (40A)		<p>Step 1 - Acquire additional information from the Veteran population to evaluate the effectiveness of outreach programs.</p> <p>Step 2 - Draft NCA MVPC Standard Operating Procedure (SOP).</p> <p>Step 3 - Develop and implement MVPC Certification Program.</p>	FY 2013	In Progress

Develop a Special Emphasis Program.	Office of Diversity and ADR Programs (40A)		Establish a nationwide special emphasis committee. NCA Special Emphasis Program Advisory Committee (SEAPAC)	FY 2013	In Progress
Develop and implement a cultural competency program at NCA.	Office of Diversity and ADR Programs (40A)		Identify and address cultural competency skill gaps in administration's workforce: Step 1 - Draft cultural competency program action plan. Step 2 - Implement Plan. Step 3 - Measure program effectiveness.	FY 2013	In Progress
Improve Veterans' awareness of burial and memorial benefits.	Management Support and Communication Services (41A)		Increase the percentage of Veterans who have heard about burial in a national and State or Tribal Government Veterans cemetery to 75 percent.	FY 2015	In Progress

Recommendation #9: VA regional administrators should monitor staff recruitment efforts with a goal of hiring staff that are diverse and reflective of the Veteran population.

Rationale #9: There are approximately 10,000 Native American Veterans and 12,000 Asian American/Pacific Islander Veterans in the Texas area, therefore special emphasis should be placed on targeting recruitment efforts to increase the employment of Veterans of these ethnicities. Few individuals of these ethnic backgrounds are currently employed by the VA in the Texas area.

VA Responses: Concur-in-principle and Concur

VBA Response: Concur-in-principle

VBA is very proactive in recruiting and monitoring the diversity of our workforce. Currently, 50.1 percent of the workforce has Veteran status, and 39.9 percent of the workforce is represented by minority demographics (i.e., African American, Asian,

Native Hawaiian/Pacific Islander, American Indian, etc). Nationwide, VBA currently employs 66 Asian/Pacific Islanders and 48 Native Americans. Of those two minority groups, the Texas VA Regional Offices (Waco and Houston) employ 30 of these employees. There are no VBA hiring authorities that specifically target the Asian/Native American/Pacific Islander population. VA does offer temporary student internships through its National Diversity Internship Program (NDIP). NDIP recruits interns through organizations that conduct targeted outreach to diverse student populations.

VBA participates in a multitude of outreach, recruitment, and hiring events that focus on Veterans' representative of the minority demographic. For example, during FY 2011, the Waco RO's Human Resource Management Liaison and a Human Resources Management Specialist participated in the National Multicultural Job Expo at Texas State University in San Marcos. Minority students throughout the Nation were invited to attend the expo. The Waco RO recruiting is conducted through the Office of Personnel Management's USAJOBS Web site, college and university career services Web sites, local Texas Workforce Commission Web sites, and VA's Vocational Rehabilitation and Employment Program.

VHA, NCA, and ODI Responses: Concur

The Healthcare Retention and Recruitment Office (HRRO), Recruitment Marketing and Advertising (RMA) division works to ensure that a comprehensive plan is in place to reach out to diverse healthcare professionals and Veterans, emphasizing outreach to underrepresented communities in our professional workforce. In addition, HRRO's National Recruitment Program (NRP) places Veteran healthcare recruiters in each VISN nationwide who collaborate with military transition groups locally and participate in Veteran career events in their regions (including the recent VA for Veterans national hiring events). The RMA and NRP work together to adjust the national marketing and outreach strategies as needed to effectively reach targeted communities.

The VHA Applicant Tracking System, an online database which allows VHA recruiters to share potential candidates and track their recruitment process, is undergoing a software update which will allow for more detailed reporting functions. As part of that update, HRRO will be able to track the number of candidates linked to specific diversity initiatives and follow up on those candidates' status in the recruitment process. By tracking leads by recruitment source, the overall marketing plan can be adjusted based on the effectiveness of specific recruitment functions and advertising at reaching diverse Veteran candidates to serve our diverse Veteran patient population.

As a part of the MVPCs normal outreach duties, they provide Veterans a copy of NCA's brochure with information on how to apply for employment opportunities at NCA. In FY 2012, NCA offices nationwide have participated in several outreach events specifically targeting Native American Veterans and Asian American/Pacific Islander Veterans. As a practice, NCA utilizes these opportunities for recruitment to further diversify the workforce as well as increasing minority participation in the services and benefits that we provide. Some of the measures NCA has taken to improve Native

American Veterans and Asian American/Pacific Islander Veterans' participation so far in FY 2012 include the Under Secretary, Mr. Muro, as well as other NCA executives serving as guest speakers at events focusing on outreach and recruitment of these targeted groups, including the White House Asian American Pacific Islander Roundtable, and the Tribal Governments Consultation in Washington, DC.

In addition, NCA has participated in outreach at events in Texas such as the Heroes and Heritage Program/Career Fair, February 27, 2012, Fort Sam Houston, San Antonio, Texas, and the LULAC National Women's Conference, April 13-14, 2012, Hilton Houston Oak, Houston, Texas. Through NDIP, NCA provides opportunities for students from the Organization of Chinese Americans (OCA), the Asian Pacific American Institute for Congressional Studies (APAICS), and the International Leadership Foundation (ILF) to gain Federal job experience for ten weeks. This program serves as a very useful long range recruiting tool. In FY 2012, several of the NDIP interns were obtained through Hispanic Association of Colleges and Universities (HACU) outreach. NCA has established partnerships with the ILF, APAICS, and OCA to sponsor students throughout the year at various cemetery locations nationwide.

The Veterans Cemetery Grants Program conducts quarterly conference calls and e-mails program updates to state cemeteries and other organizations about pending grants. Individual conference calls have been conducted with Hawaii and Guam providing guidance on their pending project; this initiative ensures funding and additional employment opportunities for Asian American/Pacific Islander communities. In FY 2012, two Tribal grants have been approved and another is pending.

Actions to implement:

VHA Action Plan – Recommendation #9					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
Continue marketing outreach to diverse Veteran healthcare professionals using online, print, social media, recruitment events, and comprehensive marketing strategy.	Health Retention and Recruitment Office (10A2A7)		Track leads for recruitment candidates in Applicant Tracking System by source, including diversity initiatives, to ensure effective outreach and adjust as needed.	1 st quarter FY 2013	Ongoing

NCA Action Plan – Action Plan – Recommendation #9					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
Develop long range recruitment programs to increase opportunities for Veterans and students with disabilities.	Office of Diversity and Alternative Dispute Resolution Programs (40A)	Human Resource	<p>Step 1 - Develop standard Memorandum of Understanding with educational institutions that have horticulture educational programs.</p> <p>Step 2 - Recruit students with disabilities from educational institutions and Veterans across the spectrum.</p> <p>Step 3 - Increase participation in the NDIP by 2 percent each year.</p> <p>Step 4 - Collaborate with the Veterans Employment Services Office (VESO) to identify partnership opportunities.</p> <p>Step 5 - Quarterly monitor Veteran hiring and separation data to determine any triggers.</p>	FY 2012/ FY 2015	In Progress
Execute FY 2012 Veterans Cemetery Grant Operating Plan.	Cemetery Grants Program		Establish 29 new State and Tribal Government Veterans cemeteries.	FY 2015	In Process
Execute FY 2012 Veterans Cemetery Grant Operating Plan.	Cemetery Grants Program		Increase the percentage of Veterans served by a burial option in a national, State, or Tribal Government Veterans cemetery to 94 percent.	FY 2015	In Process

<p>Resources Management (OHRM), Center for Women Veterans (CWV), and Veterans Employment Services Office (VESO) to develop a strategic outreach plan that focuses on recruitment and outreach initiatives.</p>			<p>recruit from a diverse, broad field of potential applicants.</p>		
<p>Conduct Technical Assistance Reviews (TAR) with field offices to ensure they are conducting targeted recruitment outreach and that their respective EEO/affirmative employment and workforce succession plans contain recruitment outreach and communication strategies to address low participation rates.</p>			<p>ODI will conduct annually a minimum of 6 TARs. Will be reported in annual MD 715 and other required EEO reports/plans.</p> <p>6 TARs were conducted in FY 2012.</p>	<p>4th quarter FY 2012</p>	<p>In Progress</p>
<p>Leverage use of Special Emphasis Program Managers (SEPM) serving on the front lines.</p>			<p>Provide continuous training to SEPMs via VA agency forums conducted at national affinity conferences. Training will provide information on data related to VA's workforce demographics; recruitment outreach best practices; special hiring authorities; diversity internship programs; and career development and leadership program opportunities. Will be</p>	<p>4th quarter FY 2012</p>	<p>In Progress</p>

			reported in annual MD 715 and other required EEO reports/plans.		
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Recommendation #10: VBA should consider dedicating regional staff to review applications for the VA Home Loan Guaranty Program to ensure that lenders are not charging Veterans unauthorized fees.

Rationale #10: The Houston VA Regional Office (VARO) covers three states (Oklahoma, Texas, and Louisiana) and utilized five employees to conduct audits of Veterans home loan transactions. This led to the RO returning more than \$103,000 in unauthorized fees back to Veterans. This process led to the VARO providing training to these companies so they do not continue to collect these un-authorized fees.

VA Response: Non-concur

VBA does not concur with this recommendation at this time because we already have a thorough oversight process in place to identify unallowable/unauthorized fees to Veterans. Currently, Regional Loan Centers (RLC) audit 10 percent of all loan files and 100 percent of early default loans by conducting full loan file reviews. During this review, HUD-1 forms are examined to ensure Veterans were not erroneously charged unallowable/unauthorized fees. Additionally, VBA’s Loan Guaranty Service has a Lender Monitoring Unit (LMU) that audits loans on-site at lenders' offices and at the LMU's office in Nashville, Tennessee. These audits ensure compliance with VA requirements, including an examination of fees.

The referenced Houston RLC pilot program differed in the current process only by formerly tracking the total fees of the files reviewed on a spreadsheet. Other RLCs do not currently capture this specific data electronically but provide a summary view of the findings for lenders to address. Loan Guaranty Service staff is developing an initiative that would capture fee information and other critical data elements electronically, which will allow staff to realize a more robust reporting capability to address identified trends with specific lenders. Therefore, VBA believes it is best to complete the data initiative and perform analysis to best determine how to further ensure that Veterans are not charged unallowable/unauthorized fees. It is also important to note that currently all RLCs offer training to lenders who are found to be deficient to ensure future compliance, and the LMU also monitors and addresses deficiencies with lenders.

Recommendation #11: The VISN 17 Network Veteran Advocate Initiative is an outstanding example of the Department of Veterans Affairs of how the VA strives to be People Centric, Results Driven, and Forward Looking. This regionally directed program should be adopted by the VA as a best practice and utilized throughout the Department.

Rationale #11: In VISN 17, Network Veteran Advocates work for the Network Director to advocate on behalf of Veterans and their families. These motivated and diverse individuals operate as a team, led by the Network PAO and Congressional/VSO liaison. They are on call around the clock to respond to Veteran's needs and spend their time on the following priorities:

- Advocacy
- Outreach
- Caregiver support
- Homeless assistance
- Veterans justice
- Social services

The team has experience in both legal and clinical areas, as well as extensive knowledge of benefits available at the federal, state, and local level for Veterans and military retirees. These individuals augment the assistance that is traditionally provided by patient advocates and social workers in the VA healthcare system. These dedicated individuals spend the majority of their time traveling to locations where Veterans and their family members reside to provide assistance, instead of working in their offices where Veterans and their family members have to come to them. The mission of these individuals and their operational alignment under a key individual on the VISN Director's staff is a perfect example of targeted outreach.

<http://www.heartoftexas.va.gov/VetAdvocate.asp>

VA Responses: Concur-in-principle

The VISN 17 Network Veteran Advocate Initiative, which advocates on behalf of Veterans and their families, is one of a number of ways VA reaches out to Veterans and their family members. VA is making a concerted effort to let Veterans know that we are here to serve them and provide outstanding health care and benefits. We are getting this message out to Veterans of the conflicts in Iraq and Afghanistan through our "Seven Touches" approach, in which we contact Veterans in seven different ways from the day they enlist to the day they are demobilized and post-deployment.

We are reaching out to rural Veterans through the Office of Rural Health. We have increased the number of our CBOCs – from 700 CBOCs 4 years ago to over 800 today. Also, we have increased the number of Vet Centers during that time. We put a large fleet of mobile Vet Centers on the road to bring VHA counselors to rural Veterans. VA is providing home-based primary care; reaching out with technology in the form of telehealth and teleradiology care; establishing telehealth activities in every VISN;

providing premiere mental health care for Veterans; and treating more patients, more effectively every year. These accomplishments demonstrate our commitment to Veterans.

VBA agrees that the Network Veteran Advocate Initiative is an outstanding example of VA's goal of being people-centric, results-driven, and forward-looking. However, VBA doubts the feasibility of a comprehensive nationwide program that integrates all three Administrations in the absence of a department operational alignment.

NCA is uniquely configured in comparison to the other Administrations at VA. NCA is relatively small, approximately 1,700 employees, and our Table of Distribution and Allowances (TDA) does not allow for the positions noted in the rationale for ACMV recommendation #11. However, NCA continues to implement strategies that are closely aligned with recommendation #11.

NCA's vision is to be the model of excellence for burial and memorials for our Nation's Veterans and their families. To achieve this vision, NCA is engaged in a comprehensive study to better understand the needs and preferences of Veterans with respect to their burial and memorial needs today and in the years to come. In November 2011, NCA and its contractor Booz Allen Hamilton completed an extensive examination of new and emerging burial and memorial practices around the world that are not currently offered by NCA, but might be appropriate to offer Veterans and their families in the future.

Currently, NCA is conducting number of activities where Veterans can share their satisfaction with current VA/NCA burial and memorial offerings and offer their opinions about which, if any, new burial and memorial options Veterans might want VA/NCA to offer at national cemeteries in the future. Understanding and meeting the burial and memorial needs of minority Veterans, especially Native American/Alaskan and Muslim American Veterans is a key to ensuring that Veterans as a whole are satisfied with the burial and memorial benefits available to them through VA. Native American/Alaskan Veterans join America's Armed Forces in the largest per capita numbers compared to any other group and Muslim American Veterans are the fastest growing group of Veterans today.

NCA and Booz Allen Hamilton plan to reach out to these groups through several upcoming meetings and conferences to obtain a better understanding of the burial needs and expectations of these important Veteran populations. Staff from NCA's Policy and Planning Service in Washington, DC, attended the recent Southwest Region Training Summit conducted by VA's Office of Tribal Government Relations (OTGR) in Norman, Oklahoma. At the summit, they conducted two "listening sessions" with American Indian Tribal leaders to hear about their burial traditions and their expectations when selecting burial at a national cemetery. Additional sessions, in collaboration with OTGR, were planned for summer and fall.

NCA MVPC's, Cemetery Directors, senior leaders, and employees alike all serve as advocates for Veterans and their families. This is demonstrated by the high levels of customer satisfaction that NCA is rated as well as the reality that NCA continues to have the highest level of Veteran employees of any agency in the Federal sector. NCA's workforce is comprised of more than 70 percent Veterans; "Veterans Serving Veterans" is an inherent contributor to its continued success in customer service. NCA has exceeded the Secretary's goal of 40 percent Veteran employment at VA as noted in a memorandum dated, July 31, 2012, for over 10 years. This commitment to our Veteran population starts with the assurance of NCA leaders and is accomplished by dedicated employees who clearly understand their duty to Veterans is to provide them with the best service possible.

In FY 2012, NCA has continued employing initiatives to uphold these standards by hiring a bilingual employee at the scheduling office to better serve limited English proficiency customers and developing partnerships with other governmental organizations such as the Department of Army Wounded Warrior Program (AW2). Veterans Cemetery Grants Program (VCGP) personnel are working closely with VA's Office of Tribal Government Relations to support listening sessions at which information about cemetery grants is shared. This outreach appears to be effective because VCGP staff are receiving follow-up inquiries from attendees regarding the application process; continuing its 5-year practice of adding family restrooms to the architectural designs of new National cemeteries; convening a work group headed by the Acting Principal Deputy Under Secretary to improve current and develop new processes and procedures for Native American and Muslim internments at National Cemeteries; and approving another Native American headstone emblem (Navajo), bringing the total Native American headstone emblems to three. The Under Secretary and other executives at NCA have served as guest speakers and participants at numerous Veteran-centric events including:

- White House Asian American Pacific Islander Roundtable;
- Tribal Governments Consultation;
- Mobile Vet Center Rollout;
- VAMC Kansas City;
- American Legion Cemetery Committee;
- American Legion Veterans Affairs and Rehab Commission;
- LULAC Veterans Summit;
- AMVETS Briefing;
- Army War College Student Visit to VA;
- National Veterans Small Business Conference; and

- Federal Women's Program.

In FY 2012, NCA has targeted its outreach to Veterans to ensure as many Veterans as possible are exposed to the benefits and services that NCA provides as well as employment opportunities. Listed below are events which NCA has conducted outreach/recruitment activities or is scheduled to do so in FY 2012:

- VA Vets for Hire, January 18, 2012;
- Winterhaven Homeless Veterans Stand Down;
- Heroes and Heritage Program/Career Fair, February 27, 2012;
- AMVETS 2012 Spring NEC, March 14-18, 2012;
- Veterans Opportunity Expo/Career Fair, March 29, 2012;
- Tribal Government Eastern Region Summit, April 3-4, 2012;
- Veterans Opportunity Expo, April 5, 2012;
- Sea, Air, and Space Navy League Expo, April 16-18, 2012;
- Boston Faith-based and Neighborhood Partnerships Veterans Roundtable Event, April 19, 2012;
- Gospel Union Church of Christ Veterans Outreach Event, April 21, 2012;
- Department of Defense Joint Service Open House, May 17-20, 2012;
- New Redeemer Baptist Church Annual Armed Forces Day, May 19, 2012;
- TAPS National Convention, May 25-27, 2012;
- San Diego Career Hiring Event, May 26, 2012;
- Survivor Services Day, June 2, 2012;
- Special Forces Association National Convention, June 11-17;
- Veterans Opportunity Expo, June 14, 2012;
- 7th Annual National Veteran Small Business Expo, June 26-29, 2012;
- Veterans Opportunity Expo in Washington, DC, June 28, 2012;
- Veterans Opportunity Expo, June 28, 2012;
- Lincoln VA Regional Office Veterans Roundtable, July 12, 2012;
- Veterans of Foreign Wars, July 21-26, 2012;

- Tuskegee Airmen, Inc., July 31-August 4, 2012;
- Disabled American Veterans, August 4-7, 2012;
- AMVETS National Convention, August 4-11, 2012;
- Vietnam Veterans of America Leadership Conference, August 7-12, 2012;
- Veterans Opportunity Expo, August 9, 2012;
- Marine Corps National Convention, August 12-18, 2012;
- The American Legion, August 24-30, 2012;
- Veterans Opportunity Expo, September 6, 2012;
- Veterans Opportunity Expo, September 20, 2012;
- Veterans Opportunity Expo, October 4, 2012;
- Army Ten-Miler, October 21-26, 2012;
- Association of Military Surgeon of the United States (AMSUS); and
- Veterans Opportunity Expo, November 15, 2012;

It is NCA's intent to continue implementing strategies which are conducive to getting VA services and products to our Veterans nationwide and ensuring they are exposed to employment opportunities whenever they are available.

Endnotes:

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U.S. Department of Veterans Affairs, Office of Construction and Facilities Management (VA OCFM). (2008, May). Interior design manual: For new construction and renovations of hospitals and clinics. Retrieved May 20, 2012 from <http://www.cfm.va.gov/tii/dManual/dmIDhnh.pdf>.

Brach, C., Dreyer, B., Schyve, P., Hernandez, L.M., Baur, C., Lemerise, A.J., & Parker, R. (2012). Attributes of a health literate organization. Institute of Medicine Discussion Paper from Participants in the Workgroup on Attributes of a Health Literature Organization of the IOM Roundtable on Health Literacy. Retrieved May 20, 2012 from http://www.iom.edu/~media/Files/Perspectives-Files/2012/Discussion-Papers/BPH_HLit_Attributes.pdf.

Ibid.

Evercare and National Alliance for Caregiving (NAC). (2008). Evercare study of Hispanic family caregiving in the U.S. Retrieved May 20, 2012 from http://www.caregiving.org/data/Hispanic_Caregiver_Study_web_ENG_FINAL_11_04_08.pdf.

American Psychological Association (APA). (2012). Variations for practice for culturally diverse groups. Retrieved May 19, 2012 from <http://www.apa.org/pi/about/publications/caregivers/practice-settings/cultural-issues/index.aspx>.

Ibid.

**Part II. Briefing Highlights – Washington, DC Briefing Highlights for
October 24-28, 2011**

Veterans Health Administration

- Deputy Under Secretary for Health introduced Veterans Health Administration (VHA) staff that would brief on the status of the action plans from the 2011 Report Recommendations. The VHA staff provided updates on the following recommendations. (Note: Status of action plans as of July 2012 can be found in Appendix C.)

Recommendation #3:

Evaluate the effectiveness of outreach methods to minority communities conducted by individuals other than Minority Veterans Program Coordinators (MVPCs) by the end of FY 2011, and develop and implement an action plan in FY 2012 to increase market penetration in targeted minority communities.

Recommendation #4:

Develop and implement an action plan to increase the utilization of Minority Veterans Program Coordinators (MVPC) in all departmental targeted outreach activities to minority communities by 1st Quarter FY 2012. That MVPCs spend an average of 25 hours per month on targeted outreach activities to minority Veteran communities with a goal of increasing the percentage of minority Veterans contacted to 60%.

Recommendation #5:

Develop and implement based upon input from minority Veteran focus groups, a culturally relevant communications strategy, by the end of FY 2011, to promote awareness of VA benefits and services to targeted communities.

Recommendation #6:

That the Veterans Health Administration Office of Rural Health perform a comprehensive needs assessment to determine the impact of transportation barriers on the health of minority Veterans residing in rural, highly rural, and frontier areas.

Recommendation #7:

Develop an action plan to increase access to VA programs and services (VHA/VBA/NCA), and facilities for Veterans living in rural and outlying territories (insular areas) by 2nd Quarter FY 2012.

Recommendation #8:

Develop a plan by the end of FY 2012 to implement where applicable the Seventeen Recommendations To Donor Agencies Resulting From the *Department of Interior Insular Area Health Summit September 2008* (pages 75 and 76 of report), and report progress on the plan to the ACMV during its annual meetings in Washington, DC beginning with the November 2011 ACMV meeting.

Recommendations #9:

Develop and implement by the end of FY 2011 strategy to enact guidelines in accordance with the Department of Health and Human Services (HHS) National Partnership for Action (NPA) Plan to End Health disparities, inclusive of holistic approaches to treating Veterans.

Recommendations #10:

Establish an Office of Health Equity (OHE) similar to the Offices of Minority Health (OMH) within the Department of Health and Human Services (HHS). The OHE would incorporate the OMH mission of improving health outcomes impacted by racial/ethnic differences, in addition to gender specific initiatives currently the responsibility of the VA Office of Women's Health (OWH), and also focus on the possible effects on clinical outcomes due to Veterans' sexual orientation.

Recommendations #11:

Develop an action plan by the end of the first quarter of FY 2012 with a goal of effecting a meaningful reduction in racial disparity among active patients enrolled in the VA healthcare system. A pilot should focus on reducing disparities in clinical outcomes such as blood pressure, glucose, and cholesterol control, at VA healthcare facilities with high concentrations of African American Veterans, as well as sites of high Hispanic/Latino, and Native American/ Alaska Native populations.

Chief of Staff Remarks to the Advisory Committee on Minority Veterans

- Chief of Staff presented Certificates of Appointment and a Photo-Op with the Advisory Committee.
- Provided an overview of VA major programs initiatives to the Advisory Committee.

Center for Minority Veterans Briefing Highlights

- The Deputy Director provided an overview the following areas:
 - Addressed the 2010 Report Recommendations
 - Identified the Hot Topics concerning Minority Veterans
 - Demographics and Background
 - Lack of Minorities in Senior Leadership
 - Need For Additional Outreach to Minority Veterans
 - A Need to Gather Data on Minority Veterans Utilization of VA Benefits and Services
 - CMV Staff-Outreach Activities FY 2011 and FY2012
 - Key Events/Activities Impacting the following groups:
 - Hispanic Veterans,
 - African American Veterans,
 - Native American Veterans,
 - Asian American Veterans, and
 - Pacific Islander Veterans

Ex-Officio's Updates and Round Table Discussion

- Department of Interior, Department of Health and Human Services, Veterans Health Administration, and Veterans Benefits Administration provided updates on their mission and services to Veterans. The topics included:
 - Wounded Warriors Program
 - Compensated Work Therapy Program
 - Department Health Disparity Plan
 - Incarcerated Veterans
 - HHS and VHA compared notes
 - Child Care Pilot Services
 - Transportation Pilot Program
 - Care Giver Program
 - Hire A Vet
 - Indian Health Services (IHS) Memorandum of Understanding (MOU)
 - Internal VA Stakeholders and
 - Outreach activities

Office of Diversity and Inclusion Briefing Highlights

- The Office of Diversity and Inclusion staff provided the status of the 2011 Report action plans. (Note: Status of action plans as of July 2012 can be found in Appendix C.)

Recommendation #1:

Establish hiring and retention strategies and increase recruitment of minorities to improve minority representation within the Senior Executive Service (SES) ranks by 2012, with a goal of attaining a significant increase in minority representation within the ranks of the SES within the Department by 2015.

- Provided an overview of the following areas:
 - Training Program
 - Outreach and Retention Program
 - Senior Executive Staff (SES) Applicant Flow System
 - Tracking Leadership
 - Demographics

National Cemetery Administration Briefing Highlights

- Highlighted actions to recognize the 150th Anniversary of the Civil War
- Undersecretary of Memorial Affairs provided the status of the recommendations from the 2011 Report Recommendations. (Note: Status of action plans as of July 2012 can be found in Appendix C.)

Recommendation #2:

Review the current diversity and inclusion training and update the training modules by the end of FY 2011, to include the topics of cultural competence and emotional

intelligence to ensure that they are relevant to address the Diversity and Inclusion challenges that are present in VA.

Recommendation #3:

Evaluate the effectiveness of outreach methods to minority communities conducted by individuals other than Minority Veterans Program Coordinators (MVPC) by the end of FY 2011, and develop and implement an action plan in FY 2012 to increase market penetration in targeted minority communities.

Recommendation #4:

Develop and implement an action plan to increase the utilization of Minority Veterans Program Coordinators (MVPC) in all departmental targeted outreach activities to minority communities by 1st Quarter FY 2012. That MVPCs spend an average of 25 hours per month on targeted outreach activities to minority Veteran communities with a goal of increasing the percentage of minority Veterans contacted to 60%.

Recommendation #5:

Develop and implement, based upon input from minority Veteran focus groups, a culturally relevant communications strategy, by the end of FY 2011, to promote awareness of VA benefits and services to targeted communities.

Recommendation #7:

Develop an action plan to increase access to VA programs and services (VHA/VBA/NCA), and facilities for Veterans living in rural and outlying territories (insular areas) by 2nd Quarter FY 2012.

- Provided an overview of the following areas:
 - Update on State and Tribal Grants
 - Percentage of Veterans Served
 - Burial of Homeless Veterans
 - National Cemetery Administration's Accountability
 - Wrap up/Q & A

Tribal Government Relations Briefing Highlights

- The Director provided an overview of the following areas:
 - Demographics and Background
 - VA Announces Three Milestones
 - Establishment of Office of Tribal Government Relations
 - Signing of the Tribal Consultation Policy
 - Signing of the Indian Health Service & VA Memorandum of Understanding
 - Roles Tribal Government Relations Specialists
 - Specialist (Southeastern Region) DC
 - Specialist (Central Region) Indianapolis
 - Specialist (Southwest Region) NM
 - Specialist (Western Region) OR
 - Regional Map
 - Overview of Goals
 - Access to Healthcare

- Economic Sustainability
- Role in VA Small Business Conference and Expo
- Overview of Tribal Consultation Policy
 - VA Tribal Consultation Policy
 - Accomplishments

Homeless Program Briefing Highlights

- The Executive Director provided an overview of the Department’s goal to end Veteran homelessness by 2015.
 - Veteran Homelessness: A Supplemental Report to the Annual Homeless Assessment Report (AHAR) to Congress published in September 2011, estimates that on any given night in 2010 there were approximately 76,329 homeless Veterans. An estimated 144,842 Veterans were homeless over the course of a year.
 - “We will provide new help for homeless Veterans because those heroes have a home – it’s the country they served, the United States of America.” President Obama (March 16, 2009)

- Provided overview of the following areas:
 - Strategy:
 - Transformed from temporary and shelter-based options to prevention, employment, and permanent housing solutions
 - HUD/VASH is the largest, most effective option
 - Engaged leadership and unprecedented public partnerships
 - Comprehensive Situational Awareness through data sources and modeling capabilities
 - Veteran Demographics - FY09/FY10 (October 2011)
 - Risk Factors for Homelessness
 - **The Strategic 5-year Plan** for preventing and eliminating Veteran homelessness focuses on prevention, permanent supportive housing, mental health and substance abuse treatment, education and employment assistance. The “no wrong door” approach to assistance is built upon these **Six Strategic Pillars**:
 - **Community Partnerships:** A network of more than 2,418 shelters, soup kitchens, and other community partners around the United States are providing the services Veterans need to stay in their homes or get back on their feet. Combined with other community organizations, there are over 4,000 community groups working to serve our homeless Veterans.
 - **Income/Employment/Benefits:** VA has put more than 370 currently or formerly homeless Veterans to work across the country as Vocational Rehabilitation Specialists who assist about 40,000 fellow Veterans annually.
 - **Housing/Supportive Services:** Through a partnership with the U.S. Department of Housing and Urban Development (HUD),

homeless Veterans are provided with Section 8 “Housing Choice Vouchers” by HUD under the HUD-VASH Program. VA provides case management services through the HUD-VASH and Grant-Per-Diem programs.

- **Outreach/Education:** VA works on the ground in communities to raise the awareness of Veterans and their support networks about services such as 1-877- 4AID-VET, VA’s 24/7 hotline to support Veterans who are homeless or at risk of becoming homeless.
- **Prevention:** VA provides grants to community groups that assist Veterans who are homeless or at risk of homelessness and their families as well in maintaining permanent housing.
- **Treatment:** VA supports Veterans who need a range of medical, psychiatric, vocational, or educational services through its Domiciliary Care for Homeless Veterans.

Veterans Benefits Administration Briefing Highlights

- Under Secretary of Veterans Benefits provided the status of the action plans from the 2011 Report Recommendations. (Note: Status of action plans as of July 2012 can be found in Appendix C)

Recommendation #2:

Review the current diversity and inclusion training and update the training modules, by the end of FY 2011, to include the topics of cultural competence and emotional intelligence to ensure that they are relevant to address the Diversity and Inclusion challenges that are present in the VA.

Recommendation #3:

Evaluate the effectiveness of outreach methods to minority communities conducted by individuals other than Minority Veterans Program Coordinators (MVPCs) by the end of FY 2011, and develop and implement an action plan in FY 2012 to increase market penetration in targeted minority communities.

Recommendation #4:

Develop and implement an action plan to increase the utilization of Minority Veterans Program Coordinators (MVPCs) in all departmental targeted outreach activities to minority communities by 1st Quarter FY 2012. That MVPCs spend an average of 25 hours per month on targeted outreach activities to minority Veteran communities with a goal of increasing the percentage of minority Veterans contacted to 60%.

Recommendation #5:

Develop and implement, based upon input from minority Veteran focus groups, a culturally relevant communications strategy, by the end of FY 2011, to promote awareness of VA benefits and services to targeted communities.

Recommendation #7:

Develop an action plan to increase access to VA programs and services (VHA/VBA/NCA), and facilities for Veterans living in rural and outlying territories (Insular Areas) by 2nd Quarter FY 2012.

- Questions for Discussion
- Provided an overview of the following areas:
 - Overview of Mission, Vision, and Integrated Objectives
 - Provided a Quick Snapshot of VBA
 - VBA Transformational Strategy: People-Centric, Results Driven, Forward-Looking
 - Discussed **Veterans Benefits Administration's Transformation Plan**

VBA Transformation Plan: People

Integration Laboratory

Key Attributes:

- Intake Processing Centers (IPC) for quick, accurate triage (right claim, in right lane, first time)
- Cross-functional teams (case management) of cross-trained raters co-located to increase knowledge transfer, speed, accuracy
- Specialized “lanes” based on complexity/priorities
- Express: Less complex work for improved overall productivity, decreased complexity, standardized workload management
- Core: majority of workload including all cases not in Express or Special Operations as well as diabetes and individual unemployability
- Special Operations: Case management and other techniques for special missions (Nehmer, old cases, FPOWs, and MST)
- New efficient workload management tool (VBMS-W)
- National-level, intensive “Challenge” training (Compensation)

VBA Transformation Plan: Processes

Design Team

Key Attributes:

- Simply combine the rating and notification letters Veterans receive
- Standardize rating process using automated, rules-based calculators [2009 Innovation Initiative winner -- Phoenix]
- Streamline exam process (telehealth record review, DBQs) [2009 Innovation Initiative winner -- Pittsburgh]
- Utilize STAR-trained Quality Review Teams; “in- progress” checks and regular end-of-month reviews
- Improve monetary and non-monetary employee incentives to facilitate outcomes

VBA Transformation Plan: Technology VRM

Veterans Relationship Management (VRM)

Key Attributes

- Create National Call Center — one queue
- Adopt best-practice call center technology (e.g., unified desktop, metrics, call back, chat, recording for training, virtual hold)
- Augment My eBenefits portal for self service

- Launch standardized e-forms to facilitate electronic interviews (VONAPP Direct Connect)
- Create My eBenefits stakeholder portal for VSOs
- Expand online Transition Assistance Program to increase Veterans' knowledge of benefits earlier in their military careers
- Validate customer satisfaction by soliciting feedback (e.g., J.D. Powers, VoV, BAS, call centers)
- My-eBenefits: Critical to Connecting Veterans and Family Members with VA

Change Cuts Across The Areas VBA Is Integrating During Transformation

Integration Best Practices

Key Attributes:

- Effective Communications
 - Detailed Implementation Plan
 - National Standards
 - Effective, Measurable Training
 - Effective Leadership Succession Plan
 - Wellness Initiatives
 - Employer of Choice
- Provided an overview of the following areas:
 - Timeline for VBA Transformation
 - Reviewed Questions on:
 - Hiring Minority Employees
 - Improve Telephone Access, Improve Service to Pacific Islanders
 - Status of Filipino Veterans Equity Compensation (FVEC) Claims
 - Other Issues
 - Workforce Report (VBA)
 - Education

Office of Small and Disadvantaged Business Utilization Briefing Highlights

- The Director provided an overview of the following areas:
 - Office of Small and Disadvantaged Business Utilization
 - Verification Process
 - FY2012 Activities
 - Discussed plans for a Veterans Entrepreneurial Portal

Part III. Briefing Highlights – San Antonio, TX Site Visit

South Texas Veterans Health Care System (STVHCS) Director

Veterans Integrated Service Network (VISN) 17 Network Director

- Three Promises:
 - Provide care second to none
 - Maintain and expand services
 - Every Veteran will be personally satisfied based on outcome
- 13 Veteran Advocates unique to VISN17 - Network Veteran Advocates work for the Network Director to advocate on behalf of Veterans or their families. Veteran Advocates has experience in both legal and clinical areas, as well as extensive knowledge of benefits available at the federal, state, and local level for Veterans and military retirees.

South Texas Veterans Health Care System (STVHCS) Overview

- Audie L. Murphy campus
- Kerrville campus
- Community Based Outpatient Clinic (CBOCs)
- Four VA staffed clinics
- Nine Contract clinics
- 114,850 Enrolled Veterans
- 426 new minority Veterans enrolled
- Fiscal Year 2012 Operating Budget \$593.4 million
- New Polytrauma Center
- Sharing agreements with the Department of Defense

Leadership Development Programs: Leadership, Effectiveness, Accountability, Development (LEAD)

- Established to develop high-potential employees
- Applicants must be permanent employees
- 15 to 20 applicants are admitted per class
- LEAD is open to all grades but recommended to grades below 11

Key Program Requirements for LEAD

- Mentoring component
- Curriculum based on all eight High Performance Development Model Core Competencies
- Completion of Personal Development Plan
- Welcome opportunities for learning

- Must be recommended by immediate supervisor and concurred by Service Chief

Leadership Development Program (LDI)

- VISN 17 modeled after national leadership program
- Provides leadership training in eight core competencies
- Requires attendance at three one-week programs
- Targets:
 - Chiefs of Service, Assistant Chiefs, Product or Service Managers and Co-Managers,
 - Division Managers and Chief Medical Officers as well as Administrative Officers

Graduate Healthcare Administration Training Program

- Administrative Resident/ Fellow
 - 2010-2011: One Locally and One Centrally Funded
 - 2011-2012: One Locally and One Centrally Funded
 - 2012-2013: One Centrally Funded
- Health System Management Trainee (HSM)
 - 2012-2013: One Centrally Funded

STVHCS Federal Resource Sharing Agreements

- 59th Medical Wing
- U.S. Air Force School of Aerospace Medicine
- Brooke Army Medical Center

STVHCS Affiliations- University of Texas Health Science Center at San Antonio

- 55 residency and fellowship programs
- 36/55 programs provide direct care to
 - Calendar Year 12: 213.27 approved House staff positions (Rotating at any one time in VAMC)
 - Calendar Year 13: 218.02 approved House staff positions
- 115 Affiliation Agreements between the STVHCS and Allied & Associated Health Educational Institutions

Enrollment Campaign

- Number of Minority Veterans applying for VA Health Care Enrollment is consistently increasing for Fiscal Year 2012

Community Outreach

- Goals
 - Educate Veterans concerning available VA benefits and resources
 - Dispel common misconceptions
 - Continually working as a cooperative with various community organizations, we are getting the message out

Customer Service Initiatives

- Patient Centered Care
 - Improving Communication
- Patient Care
 - Daily Plan
 - Shared Decision Making
 - Construction Projects
- Metrics
 - Survey of Healthcare Experiences for Patients
 - Patient Advocate Tracking System
 - All Employee Survey

Future Initiatives

- Veteran Tell Us – Outpatient Clinics
 - Providing Veterans & families at surrounding clinics opportunity to provide comments and compliments
- CREW– Civility, Respect, and Engagement in the Workplace
 - National program to improve workforce cohesion
- Fresh Eyes on Service (Mystery Shopper)
 - Surveying Outpatient Clinics experiences, appearances, and outlook

Survey of Healthcare Experiences for Patients (SHEP)

STVHCS Minority Veterans Program Coordinator (MVPC)

Minority Veterans Program:

- Bexar County Minority Population
 - Hispanic – 1,006,958
 - African American – 128,892
 - Native American/Alaska Natives – 14,475
 - Asian/Pacific Islanders – 2,350
- Outreach Activity Data

Homeless Veterans Program (Healthcare for Homeless Veterans (HCHV), Director)

HCHV Demographics:

- Mean Age - 50
- Gender
 - Female - 4.4%
 - Male - 95.6%
- Race/ethnicity
 - African-American - 24.7%
 - Hispanic - 26.0%
 - American Indian/Alaskan - 1.3%
 - Asian/Pacific Islander - 0.4%
 - Other - 0.4%
 - White - 47.1%

HCHV Programs:

- Veterans Affairs Supportive Housing (VASH)
 - Women housed - 51
- Grant and Per Diem (GPD)
 - Women housed since January 2011 - 14
 - Transitional beds AGIF - 80
 - AGIF beds for women - 12
- Contract
 - Transitional beds for men/women - 10
 - Veterans Justice Outreach (VJO)
- Women Served - 7

Women Veterans Health Program (Women Veterans Program Manager)

Mission:

- Ensure all eligible women Veterans requesting VA health care have access to:
 - Highest-quality Preventive and Clinical Care
 - Comprehensive Primary Care
 - Privacy, Security, Dignity, and Sensitivity to Gender-specific needs

Available Health Services:

- Comprehensive Primary Care
- Gender-specific health care
- Gynecological Care
- Maternity Care thru Postpartum Follow-Up
- Neonatal Care (1st 7 days of life)
- Mental Health Services (PTSD & Military Sexual Trauma)

- Urgent & Emergent Health Care

Women Veterans Enrollee Projections

- Fiscal Year 2015: 13,285
- Fiscal Year 2020: 15,111
- Fiscal Year 2030: 17,852

Program Initiatives

- Provide at least 1 Comprehensive Health Care Provider at each site
- All Female Inpatient Psychiatric Unit
- Gender-specific Health Care for Spinal Cord Injury (SCI) Patients
- VA/DoD GYN Surgical Resource Sharing Agreement
- Mobile Mammography Unit
- Health Education Material
- Procurement of Equipment (e.g., Hi-lo, ADA-compliant Exam Tables)

Wounded Warrior Program - WWP (WWP Program Manager)

Vision- Wounded Warriors and their Families/Caregivers are self sufficient, contributing members of our communities; living and espousing the Warrior Ethos knowing our Army and Nation remembers.

Mission- We assist and advocate for our severely wounded, ill and injured Soldiers, Veterans, and their Families/Caregivers; support and advise during medical treatment, rehabilitation and beyond to facilitate a Soldier's return to duty or their transition to a civilian community as a Veteran.

South Texas VA

- Nine Advocates/Soldier Family Management Specialists/ Recovery Care Coordinators
- Three Advocates work directly with BAMC/SAMC
- Six Advocates take care of 99% or approximately 342 Veterans in STVHCS

Telehealth, MyHealthVet, Secure Messaging (Director)

Types of Telehealth:

- *Clinical Video Telehealth (CVT)* – Clinical appointment using video technology.
- *Home Telehealth (HT)* – Patients use messaging devices to submit information (e.g. blood pressure or glucose readings) to providers. A care coordinator (nurse or social worker) is point of contact.
- *Store and Forward Telehealth (SFT)* - Clinical information (e.g. data, image, sound, and video) forwarded to or retrieved by another site for clinical evaluation.

What is Secure Messaging?

- Secure Messaging is an eHealth clinical service.
- Online tool for secure electronic communication between VA patients and their health care teams.

Patient–Aligned Care Teams (PACT) (Director)

- Patient Centered Medical Home VA Model
- Focus: Team-based Medical Care
- Goal:
 - Enhance veteran’s care experience and improve his or her health and wellness

State of STVHCS PACT Accomplishments

- PACT Teamlets established and providing care to all Primary Care enrollees
- 17 PACT Teamlets received formal Center of Excellence Training
- Overall PACT Staffing Ratio of 2.9 achieved
- South Texas recognized as a best practice for Post Discharge Care Coordination and PACT implementation

State of STVHCS PACT Future Direction

- All Primary Care sites and teamlets participating in weekly PACT Collaborative and rapid cycle improvement
- All primary care teams will seek formal PACT recognition/certification
- Increased emphasis on care coordination and high risk patient management.

Geriatric and extended Care services Home Based Primary Care Program (HBPC) (Director, STVHCS)

HBPC Mission

- Provide comprehensive, interdisciplinary, primary care in the home of Veterans with complex medical, social, and behavioral conditions for whom routine clinic-based care is no longer effective.

STVHCS HBPC Program Initiatives

- Reduce Hospitalization
 - FY 12 through December 2012 STVHCS HBPC reduced 34.7% hospitalization
- Reduce Hospitalization Days of Stay

- FY 12 through December 2012 STVHCS HBPC reduced 74% in patient care days

Polytrauma System of Care (Director, STVHCS)

Polytrauma Rehabilitation Center

- \$66 million: 84,000 Square Feet
- 12 Acute Care Beds
- 12 Transitional Apartments
- Physical Medicine and Rehabilitation
- One of Five Centers in the U.S.

Polytrauma Rehabilitation Center Population:

- 1,443 Veterans and Service Members with severe injuries treated at Polytrauma Rehabilitation Centers (FY2003 through FY2009):
 - Admissions 621 (Veterans) / 822 (Active Duty)
 - OEF/OIF Deployment Injury Yes/No – 669 – yes 774 – no

South Texas VA Fisher House (Director, STVHCS)

- Donated to VA
- Groundbreaking Ceremony: March 5, 2012
- Expected Completion Date: December 31, 2012
- \$6 million
- 16 guest rooms
- 15,000 square feet

Houston VA Regional Office (Houston VARO)

Houston VARO Overview (Assistant Director)

- Houston VA Regional Office
- Texas Population & Veterans Demographics
- Programs for Veterans in Rural Areas
- Home Loans
- Incarcerated Veterans Programs
- Women Veterans Initiatives
- Homeless Veterans Initiatives
- Outreach for Minority Veterans
- Transformation Initiatives

Employee Demographics (Assistant Director)

- 538 FTEs
- 67.4% employees are minorities, 58.5% employees are Veterans
- Male 47.1%, Female 52.9%

Veterans Population

- Gulf War 233,966
- Vietnam Era 252,961
- Korean Conflict 68,824
- WWII 53,021
- Other Peacetime 184,018

Home Loans Overview (Assistant Director)

- Performed 17 outreach events FYTD reaching over 1,000 Veterans
- Performed 2 Native American Outreach Events providing information on the Native American Direct Loan Program
- More than 1,675 alternatives to foreclosure successfully performed FYTD (More than \$855K in incentives paid to Servicers)
- In collaboration with HUD, Federal Reserve and VA approved lenders helped Veterans save their homes from foreclosure through events like HOPE NOW and VA Home Affordable Modification Plan (HAMP)
- Discovered and recovered unauthorized loan fees

Outreach initiatives (Assistant Director)

- Hispanic Veteran outreach on Univision of Houston
- Houston VARO took part in the 15h Annual United San Antonio Pow Wow
- Rural

Women's Veterans Initiatives

- Women's Inpatient Specialty Environment of Recovery (WISER)
- Monthly outreach to Houston Vet Center
- Monthly outreach with DeBakey VAMC Women Veterans Coordinator

Homeless Veterans Initiatives

- Monthly visits to shelters
- SEARCH Homeless services quarterly visits
- American GI Forum outreach events
- Texas Veterans Commission & WWP Bi-annual outreach events

Incarcerated Veterans

- Fugitive Felon match
- Bureau of Prison match
- Social Security Administration prison match
- 39 adjustments have been completed due to incarceration related actions

Transformation Initiatives (Assistant Veterans Service Center Manager)

- Selected 40 high impact initiatives across people, process, and technology through a systematic and repeatable gap analysis process

Other Programs and Initiatives (Assistant Veterans Service Center Manager)

- Houston H-Lab (Segmented Lanes)
- Simplified Notification Letter (SNL)
- Appeals Pilot Program
- Integrated Disability Evaluation System (IDES)

Simplified Notification Letter (SNL)

- Claims more consistent in results, format, and substance
- Decisions and reasons are standardized and simplified
- Notice is easier to understand, using less medical terminology and legal jargon
- Allows VBA more time to serve Veterans

Appeals Pilot Program

- Standardize Notice of Disagreement form
- Immediate DRO involvement
- Waiver of RO jurisdiction
- Requires DeNovo review
- Revise director's performance standards
- Improve training and information sharing across VA
 - Appeals Express lane

Integrated Disability Evaluation System (IDES)

- Established a working group for the entire San Antonio area to explore the possibility of centralizing all IDES programs at one location (to include DOD, VHA and VBA entities)
- IDES Military Service Coordinators (MSCs) are currently co-located at three military treatment facilities (MTFs), supporting five military installations as well as National Guard and Reserve personnel from around the country. So far, in Fiscal Year 2012, we have received 397 IDES claims for processing.

Public Comments

- Member of American GI Forum

VSO Panel Discussion (Key Points Relayed by VSOs)

American GI Forum:

- Veterans still desire a full service hospital in the Harlingen area.

Veterans of Foreign Wars:

- Stated that the PACT Teams is a great program.

Bexar County Service:

- Distribution of some of VA services in minority and low-income communities need to be reviewed.

AMVETS:

- Identified that he was informed that female Veterans with Military Sexual Trauma (MST) are treated for MST and are encouraged to file a claim for both MST and Post Traumatic Stress Disorder (PTSD), found that PTSD claims are being denied.

Vietnam Veterans of America:

- Communication and trust is very important to the Veterans-this is a hard issue to get minorities to come in.

Fort Sam Houston National Cemetery (FSHNC) (Director)

Texas Demographics (US Census 2010)

- San Antonio Demographics:
 - White - 72.6%
 - Black - 6.9%
 - American Indian/Alaska Native - 0.9%
 - Asian - 2.4%
 - Native Hawaiian/Pacific Islanders - 0.1%
- Persons reporting two or more races - 3.4%
- Persons of Hispanic or Latino origin - 63.2%
- White not Hispanic - 26.6%

Historical Overview of Fort Sam Houston National Cemetery

- Twenty-seven Buffalo soldiers from the 9th and 10th Cavalry who served during the Indian Wars are interred in Section PE.
- Their remains were initially buried in the frontier forts where they were assigned, such as Fort Clark, Fort McIntosh, and Fort Ringgold.

- As these frontier posts were closed, the remains were disinterred and brought to Fort Sam Houston National Cemetery.

World War II Prisoners of War (POW)

- German - 132
- Japanese - 3
- Italian - 5
- Austrian - 1
- Total number of buried POWs - 141

Area of responsibility of FSHNC

- Fort Sam Houston National Cemetery
- Kerrville National Cemetery
- San Antonio National Cemetery

Tour of South Bexar Community Based Outpatient Clinic (CBOC)

ACMV Observations

- Waiting area is crowded
- Lack of privacy
- STVHCS is currently in the process of looking for another site

Part IV. Town Hall Meeting – San Antonio

Background

Town Hall Meeting was conducted at the Veterans of Foreign Wars, Harlandale Memorial Post 4815 on April 24, 2012. The VA senior leadership included: the Chief of Staff- Audie Murphy VAMC, Assistant Director, Houston VA Regional Office, and the Deputy Director, Fort Sam Houston National Cemetery.

Town Hall Meeting Observations

- The common themes addressed during this session were as follows:
 - Veterans were not clear as to the current status of their claims.
 - Veterans did not have a clear understanding of the appeals process and the evidence required to grant an increase in benefits.
 - Clarification on the VA's individual unemployability.
 - Available assistance lacking in helping Veterans filling a claim and find out more about VA benefits.
 - Concerned that the VA does not accept TRICARE, Medicaid, or Medicare
 - Burial benefits for spouses were not generally known.

Part V. Exit Brief with Under Secretary for Health, Audie Murphy VAMC Leadership, Houston VARO Leadership, & Fort Sam Houston National Cemetery

Background

- The exit briefing with the Under Secretary for Health, Director, Audie Murphy VAMC, Assistant Director Houston VA Regional Office, Deputy Director Fort Sam Houston National Cemetery, and other VAMC/RO senior leaders was held on April 25, 2012 to review the site visit, discussions with the VAMC and RO staffs, and results of the Town Hall meeting regarding the effectiveness of VA's health care and benefits services delivery to Veterans and families. The purpose of this session was to discuss the issues and concerns raised by the Veterans and recommendations to the VAMC and VA Regional Office, and National Cemetery Affairs staffs on improving delivery of health care, benefits, and outreach services with regards to minority Veterans.

Under Secretary for Health

- Polytrauma Center is the most up-to-date facility.
- In the process of getting a new signed MOU with his reference healthcare between the VA and IHS.
- Setting up an Office of Health Equity and will be tasked to:
 - Setting up an action plan
 - Setting up a communication plan
 - Develop metrics in measuring these equities
 - Developing programs to develop cultural competency (referenced a program in South Dakota-camping in rustic environments)
- In the forefront of importance, timely access to mental health programs, provide good access to health care.
- Getting the appropriate level of productivity
- Patient Centered Care: Trying to create a healthcare delivery system: Patient centered care-are the patients in control of their healthcare (need access to medical records, well-vetted information on their healthcare).
- All services will be centered around the patient (Veteran): physical arrangement of the healthcare facility, and the way the patient visits the healthcare system- the way we are treating the whole patient.
- Need to personalize the patient.
- Team Care (not with just one doctor)
- Have to provide the value. (The PACT Teams).
- Pacific Islanders (Highly Rural Areas): Guam was a topic of discussion; Under Secretary for Health is aware of the issue and trying to work with the Navy.

Assistant Director, Houston VA Regional Office

- Provided additional demographic data

Assistant Veterans Service Center Manager

- Noted that Regional Office staff took 15 claims during Town Hall meeting

Assistant Director, Fort Sam Houston National Cemetery

- Stated that Veterans were reluctant to speak to him during the Town Hall meeting. He stated that this was normal.

Committee Members (Comments for Houston VARO)

- Over 58% of Houston VARO employees are Veterans.
- Meeting with local Congressional representatives – outreaching in reference to VA.
- Very interested in the backlog, claims processing time, e-benefits, processing lanes in VBA.
- Encourage VBA look at the overcharged fees from lenders (Predatory Lenders)- need to do some evaluations of those loans.
- Encourage in recruiting and building relations with Pacific Islanders and Native Americans due to the percentage rating, 0.4%.
- The different generations (Vietnam era, etc) and the OIF/OEF generation, older generations prefer looking at hard copies, etc. – need to look at training family members on the computers, etc. The younger generation is more computer savvy- need education in locating/applying for their benefits.
- Need to conduct more outreach to the Native Americans within their areas.
- Minority Veterans businesses/contractors.

Committee Members (Comments for STVHCS)

- Impressed with the Veterans Advocate Program, doing amazing outreach to Veterans who are in crisis.
- Looking at two areas: Education to providers and Cultural Sensitivity.
 - Under Secretary for Health, there are two training programs coming up in 2012.
 - Encourage that VHA will make these two areas a priority
 - Cultural Sensitivity is very important at the initial first encounter.
 - There are space constraints South Bexar County CBOC: Waiting room is facing the door, do Veterans feel safe, etc.
 - When Nurses are talking to the Veterans, no privacy
 - Patient was not mentioned, Veterans stand back because they do not feel safe.

Committee Members (Comments for FSHNC)

- Many Veterans are not aware that spouses are entitled to burial benefits.

Part VI. Briefing Highlights – Harlingen, TX

Note: Selected ACMV Members and Acting CMV Director traveled to Harlingen, Texas to conduct a follow up to the 2003 ACMV site visit and Annual Report. The 2003 ACMV Annual Report contained the following two issues related to the Lower Rio Grande Valley area:

Issue 1: Transportation to the Audie L. Murphy Memorial Veterans Hospital located in San Antonio, Texas and to community based outpatient clinics in the Lower Rio Grande Valley area.

Issue 2: A desire for future planning by VHA to incorporate increased access to healthcare services using commercially available healthcare providers in the Lower Rio Grande Valley in lieu of referral to the Audie L. Murphy Memorial Veterans Hospital.

Texas Valley Coastal Bend Health Care System (TVCBHCS Acting Director)

TVCBHCS Overview

- TVCBHCS Veterans Demographic:
 - Veteran population - 104,710
 - Enrollees - 40,207
- Overview of health care system's budget and staffing
 - Budget \$180,621,688
 - FTEE 507
 - 125 FTEE with Veterans Preference – White (28), Black (9), Hispanic (82), Asian (6), Native American (0), and Other (0)

TVCBHCS Milestones

- April 2009: The VA Texas Valley Coastal Bend Health Care System (VATVCBHCS) awarded two inpatient contracts addressing the inpatient (medical, surgical and mental health) and emergency care needs of Valley Veterans through two local community health care systems.
- October 2010: VATVCBHCS officially activated as an independent VA Health Care System.
- January 2011: The VA Health Care Center (HCC) at Harlingen began seeing patients for outpatient specialty services.
- June 2011: The transfer of patient electronic medical records from the South Texas Veterans Health Care System (STVHCS) for the activation of the VATVCBHCS Computerized Patient Record System (CPRS) successfully occurred.
- September 2011: VATVCBHCS achieved accredited status after its first survey by the Joint Commission for health care quality and safety in ambulatory care, behavioral health care, and home care.
- January 2012: Ambulatory surgery procedures began at the VA HCC.

TVCBHCS Facilities

- VA Health Care Center at Harlingen
- Harlingen VA Outpatient Clinic
- Laredo VA Outpatient Clinic
- McAllen VA Outpatient Clinic
- Corpus Christi VA Outpatient Clinic

Rural Mobile Medical Unit (MMU)

- Operational: September 2009
- Primary Care and Tele-Mental Health Services
- Twice a month, the MMU visit the following rural sites of Care:
- Rio Grande City, Roma, Zapata, Hebbronville, Falfurrias, and Port Isabel

Current VA Outpatient Clinic Services at McAllen

- Primary care, laboratory, radiology, mental health, nutrition, podiatry, social work, women's health, pharmacy and telemedicine available to eligible Veterans. This site also houses the Rural Mobile Medical Unit.
- Expanded services at new clinic:
 - The new clinic will be 55,782 square feet and will replace the current 27,700 square foot facility.
 - Expected to open in 4th Quarter of FY13, the facility will provide extended primary care services and some outpatient specialty care.

Expanded Services/Enhanced Access at McAllen Construction Site

- FY12 Construction Update:
- McAllen VA Outpatient Clinic:
 - June 2012: Ground Breaking Event tentative pending response from Congressmen's offices.
 - April 20: Development Design Submission
 - April 24 & 25: Partnering sessions
 - July 2013: Anticipated building acceptance date

Current Services at Harlingen Outpatient Clinic

- Primary care, mental health, nutrition, social work, dental, physical therapy, spinal cord primary care clinic, women's health, audiology, pharmacy, telemedicine, radiology, and MRI/CT services.
 - Health Care Center (HCC) at Harlingen: This facility began a phased activation on January 18, 2011.

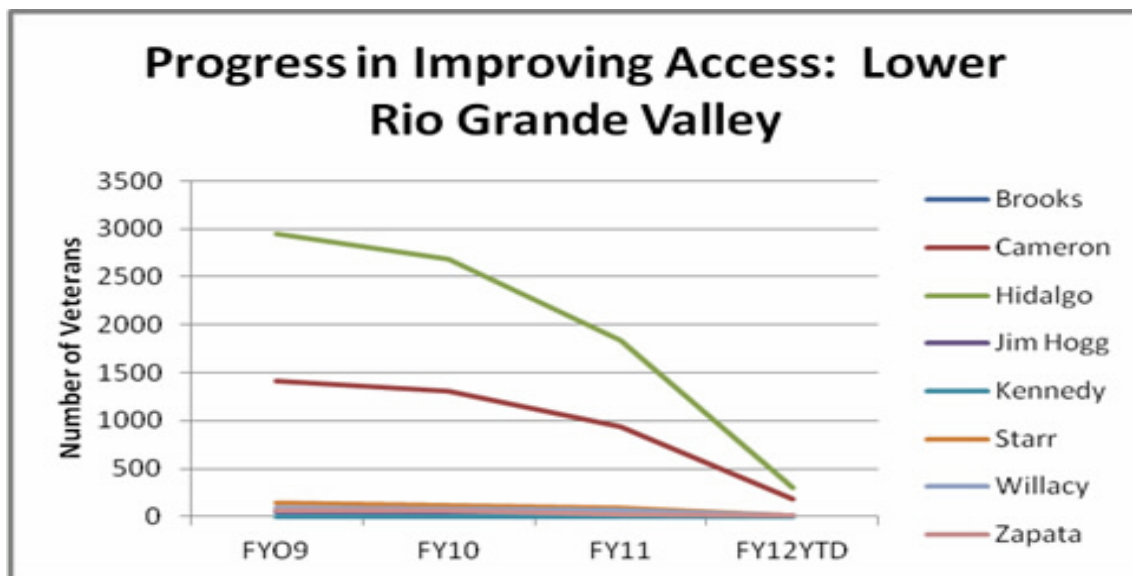
Current Services at the Health Care Center at Harlingen

- Pathology and laboratory, mental health, amputee clinic, dermatology, minor procedures, rheumatology, infectious disease, pulmonary, orthopedics, neurology, gastroenterology, urology, oncology, optometry, ophthalmology, podiatry, physical medicine and rehabilitation, geriatrics, extended care, home and community based care.

Contracts for the Rio Grande Valley

- VA contracted for inpatient medical, surgical, mental health and emergency with two high quality local health care systems - Valley Baptist Health System and South Texas Health System.
- Since April 2009, eligible Veterans have access to Valley Baptist Health System facilities in Harlingen and Brownsville and South Texas Health System facilities in McAllen and Edinburg for inpatient and emergency room services.
- As such, the contract provides seven points of access for Rio Grande Valley Veterans.
- Valley Baptist Health System provides the following services:
 - Harlingen Campus – Emergency medicine and acute inpatient care
 - Brownsville Campus – Emergency medicine and acute inpatient care, and inpatient behavioral health
- South Texas Health System provides the following services:
 - McAllen Campus - Emergency medicine and acute inpatient care
 - Edinburg Campus - Emergency medicine and acute inpatient care

TVCBHCS Improving Access – Number of Traveling to San Antonio



Committee Observations Based on Briefing and Tour

- **The briefings received during the 2012 ACMV site visit to the Lower Rio Grande Valley reflects that VISN 17 has addressed the two ACMV 2003 Annual Report issues.**
- On Oct 2010, TVCBHCS officially activated as an independent VA Health Care System. Originally, TVCBHCS was a sub-facility of South Texas Veterans Health Care System (STVHCS). A Senior Executive Service (SES) is authorized to lead this Health Care System.
- VISN 17 has dramatically improved access to healthcare for Veterans in the Lower Rio Grande Valley since the 2003 ACMV site visit.
- Local VHA management officials are aware that Veterans feel that they were promised a standalone VA medical center, and still desire such a facility.
- Local VHA management officials are constantly adjusting local assets to provide high quality care, and are conducting ongoing assessment including reviewing the option of recommending the establishment of a standalone VA medical center to meet local healthcare demands.
- Local Veterans are aware of the initiatives that were being put in place.
- However, they still feel that the best option to meet their healthcare needs is a standalone VA medical center in the Lower Rio Grande Valley.
- The TVCBHCS is a “Super “CBOC” with beyond Primary Care.
- TVCBHCS new facilities are constructed in accordance with Planetree principles of a healing environment.
- The TVCBHCS has in-patient contracts for the Rio Grande Valley Sector with two university health systems (Valley Baptist Health System and South Texas Health System) to deliver care and also does fee-basis to contract for Non-VA care in the local community.
- The TVCBHCS has meetings with VSOs to hear their concerns and also conducts focus groups with Veterans to assess needs.
- The TVCBHCS implemented a “Blue Bag” concept that encouraged Veterans to bring in all medications, whether prescribed through VA or Non-VA providers or taken by the Veterans Over-the-Counter (OTC).
- The TVCBHCS uses a Rural Mobile Medical Unit (MMU) to deliver health care services to communities in the lower Rio Grande Valley - the quality of care delivered through the MMU was not identified.
- Forty-five employees have been hired to manage the fee-basis claims backlog from non-VA providers.
- The TVCBHCS is now analyzing the transportation needs of Veterans in the South Texas area to start a VA shuttle from Laredo.
- High turnover in providers at the TVCBHCS CBOCs. TVCBHCS is working with the VISN 17 physician recruiter to address the physician vacancies.
- There is a need within the TVCBHCS to conduct targeted outreach to Veterans including elderly, OEF/OIF, women, and in particularly to Native Americans.

Part VII. Veterans Service Organization Panel - Harlingen, TX

Veterans Service Organization (VSO) Panel Discussion Points

- Veterans feel they were promised a VA Hospital in Harlingen.
- Fee for service doctors in the TVCBHCS catchment area are not being paid for rendering services to Veterans in a timely manner. (Note: VISN 17 is setting up and staffing within VISN a section to process fee-based claims)
- There are not enough doctors or nurses who can speak Spanish.
- VA need to increase outreach efforts to include younger Veterans, outreach by the Houston Regional Office is non-existing.
- Claims backlog, it is taking at least two years or more to process claims.
- Veterans are not being informed when their claims are sent to other RO's.
- Staff shortage at all clinics and lack of specialty care, in particular the Podiatry and Eye Clinics.
- Long waits, Veterans are not being seen within the VA's standard twenty minutes or less.
- CBOCs lack specialized mental health treatment and services.
- Elderly Veterans prefer to be communicated to in Spanish.
- Veterans over 60 may need additional training and information on how to access benefits information.
- Quality issues at the Veterans Nursing Home run by the State of Texas – VA is aware of the issues.
- Laredo Veterans do not want to belong to Coastal Bend Health Care System. They prefer to fall under STVHCS. (Note: Director clarified that Laredo Veterans could utilize the Audie Murphy VA Medical Center if they desired)
- Lack of transportation between Laredo and Harlingen.
- www.VA.gov website is hard to navigate and important benefit information is hard to find.

Part VIII. Exit Brief with Texas Valley Coastal Bend Healthcare System Leadership

Background

The exit briefing with the Acting Director, Texas Valley Coastal Bend Healthcare System and her senior leadership was held on April 26, 2012 to review the site visit and discuss the results of the VSO panel meeting regarding the effectiveness of VA's health care and benefits services delivery to Veterans and families.

ACMV Observations

- Challenges of recruiting providers to the area may continue due to the rural infrastructure.
- The Veteran/provider relationship has been impacted by the current contracts and fee-basis system, which VISN 17 is working to rectify.
- TVCBHCS has to refer higher level of care and surgical services including neurology, cardiovascular, and spinal cord care/Polytrauma to San Antonio even with a contractual relationship in place with two university health systems.
- The fee-basis process and transportation issues are being addressed.
- The provider turnover issue is not unique to this System as most rural areas have trouble attracting and retaining providers.
- The ACMV recommended that cultural competency training and outreach needs to be implemented in the System, particularly among senior-level staff so that they understand the importance of listening, nonverbal communications, and targeted outreach.

Appendix A: Public Comments

Public Comment- October 24, 2011

Statement was sent by Veteran and representative from the Filipino-American Veterans and Families of America - Nevada was read during the public comment section:

Points Presented:

- Filipino World War II Veterans were denied compensation under the “American Recovery and Reinvestment Act of 2009” - Filipino Veterans Equity Compensation (FVEC) Fund because the National Personnel Records Center (NPRC) could not verify if they served in the war with the Commonwealth Army of the Philippines or United States forces.
- Stated he has seen some records that these individual have in their possession that are not at the NPRC.

Departmental Response:

Individuals with Philippine service as a recognized member of one of the following may be eligible for Veterans Affairs benefits:

- Regular Philippine Scouts
- Special Philippine Scouts
- Commonwealth Army of the Philippines inducted into the United States Armed Forces, or
- United States Armed Forces in the Far East (USAFFE) guerrillas.

The United States Armed Forces provided Philippine Scouts discharge certificates similar to those issued to members of regular components of the United States Armed Forces. In the absence of an original or certified copy of DD Form 214, verification of service is obtained through NPRC.

Only original affidavits, other than those on standard government forms, are accepted as evidence in support of Philippine claims. Evidence not accepted in support of Philippine claims includes mimeographed, photocopied, or printed forms of affidavits, other than those on stand government forms.

VA has paid 18,698 FVEC grants totaling \$223,211,204 since February 17, 2009, when the President signed the American Recovery and Reinvestment act of 2009, Public Law 111-5, Section 1002, authorizing payments to eligible Filipino Veterans. Eligible Filipino Veterans were entitled to one-time payments of \$9,000 for non-United States citizens and \$15,000 for Filipino Veterans with U.S. citizenship.

Public Comment- April 24, 2012

Statement was sent by Veteran and member of American GI Forum. It was read during the public comment section:

Points Presented:

- He felt that Veterans had an unreasonable burden of securing medical evidence regarding military service illnesses or injuries, which happened decades ago. He especially felt this was a burden for World War II and Korean War Veterans.
- He stated that the delay in processing claims and the burden of providing documentation caused many Veterans to drop their claims.
- Veterans need a full-service VA Hospital in The McAllen-Harlingen area. The fact that the Veteran population with war returnees, will continue to grow requires the establishment of a full service VA hospital in the area.

Departmental Response: VHA, VBA

The Department of Veterans Affairs has a duty to assist claimants in obtaining evidence. Upon receipt of a substantially complete application for benefits, VA will make reasonable efforts to help a claimant obtain evidence necessary to substantiate the claim. The claimant must cooperate fully with VA's reasonable efforts to obtain relevant records from Federal agency or department custodians. If requested by VA, the claimant must provide enough information to identify and locate the existing records, including the custodian or agency holding the records; the approximate time frame covered by the records. If necessary, the claimant must authorize the release of existing records in form acceptable to the custodian or agency holding the records.

Obtaining records not in the custody of a Federal department or agency. VA will make reasonable efforts to obtain relevant records not in the custody of a Federal department or agency, to include records from State or local governments, private medical care providers, current or former employers, and other non-Federal governmental sources. Such reasonable efforts will generally consist of an initial request for the records and, if the records are not received, at least one follow-up request. A follow up request is not required if a response to the initial request indicates that the records sought do not exist or that a follow-up request for records would be futile. If VA receives information showing that subsequent requests to this or another custodian could result in obtaining the records sought, then reasonable efforts will include an initial request in obtaining the records sought, then reasonable efforts will include an initial request and, if the records are not received, at least one follow up request to the new source or an additional request to the original source.

Obtaining records in custody of a Federal department of agency. VA will make as many requests as are necessary to obtain relevant records from a Federal department or

agency. These records include but are not limited to military records, including service medical records; medical and other records from VA medical facilities; records from non-VA facilities providing examination or treatment at VA expense; and records from other Federal agencies, such as the Social Security Administration. VA will end its efforts to obtain records from a Federal department or agency only if VA concludes that the records sought do not exist or that further efforts to obtain those records would be futile. Cases in which VA may conclude that no further efforts are required include those in which the Federal department or agency advises VA that the requested records do not exist or the custodian does not have them.

The Department of Veterans Affairs (VA) commissioned a study, "VA Health Care Study for Inpatient and Specialty Outpatient Services in the South Texas Valley Coastal Bend Market," to analyze the viability of a VA hospital in the Lower Rio Grande Valley (LRGV) to serve Veterans in a 20-county area from Laredo to Corpus Christi and areas south. The study recommended the implementation of full service inpatient contracts and emergency department services with local community hospitals in the LRGV.

In April 2009 VA contracted for emergency room and inpatient services for Veterans with two high quality private hospital systems which provide Veterans with health care services in Harlingen, Brownsville, Mc Allen and Edinburg. Since April 2009 the Rio Grande Valley sector Veterans have had access to inpatient acute medical surgical care, emergency care, and mental health inpatient care through inpatient contracts with two local private sector hospital systems. Combined, these two community hospital systems provide Rio Grand Valley Veterans with seven points of access to inpatient care across the entire Valley market sector. This action has resulted in the highest level of inpatient and emergency room access within the VA heart of Texas Health Care Network.

VA leadership recognizes that the potential for growth of the Veteran population in this market and requires a continual reassessment of our future expansion plan. VA will continue to monitor closely the actual demand for VA services in the market to ensure Veterans continue to have access to quality health care.

Appendix B: Agendas

Washington D.C. Meeting Admin Briefing –October 2011

San Antonio & Harlingen, TX Site Visit –April 2012

Agenda: Washington DC Site Visit Agenda, October 24-28, 2011

Monday, October 24, 2011 (Travel Day)

Tuesday, October 25, 2011 – C-7

8:00 a.m. - 9:00 a.m.	Opening Remarks & Review Agenda	Lucretia McClenney, Designated Federal Officer (DFO), J.T. McLawhorn, Chairman
9:00 a.m. - 10:45 a.m.	Veterans Health Administration	William Schoenhard, Deputy Under Secretary for Health, Operations & Management
10:45 a.m. - 11:00 a.m.	Break	
11:00 a.m. - 11:30 a.m.	Remarks & Photo Op With	The Hon. John R. Gingrich, VA Chief of Staff
12:00 p.m. - 1:00 p.m.	Lunch on Your Own	
1:00 p.m. - 2:00 p.m.	Center for Minority Veterans Update & Review of Annual Report Past Recommendations	Earl Newsome, III, Deputy Director, CMV
2:00 p.m. - 3:00 p.m.	Ex-Officios Update & Round Table Discussion	HHS, DOC, DOL, DOI, VHA
3:00 p.m. – 3:15 p.m.	Break	
3:15 p.m. - 4:15 p.m.	Office of Diversity & Inclusion Strategic Plan Update	John Fuller, Diversity Program Manager Carolyn Wong, Director, Training & Communications David Williams, Director Work Force Analysis, Tinisha Agramonte, Director, Outreach & Retention
4:15 p.m.	Adjourn	

Wednesday, October 26, 2011 – (Room C-7/VACO)

8:00 a.m. - 8:30 a.m.	Opening Remarks & Review Agenda	Lucretia McClenney, DFO & J.T. McLawhorn, Chairman
8:30 a.m. - 9:30 a.m.	Committee After Action Review & Sub-committee notes	J.T. McLawhorn, Chairman
9:30 a.m. - 10:30 a.m.	National Cemetery Administration Update and Status of 2011 & 2010 Annual Report Recommendations	Steve Muro, Under Secretary for Memorial Affairs
10:30 a.m. - 10:45 a.m.	Break	
10:45 a.m. - 12:00 p.m.	Office of Public & Intergovernmental Affairs Programmatic Panel (Tribal, Homeless, & Outreach)	Stephanie Birdwell, Director, Office of Tribal Government Susan Angell, Homeless Veterans Program Charles Selby, National Veterans Outreach Program
12:00 p.m. - 1:00 p.m.	Lunch on Your Own	
1:00 p.m. - 3:00 p.m.	Veterans Benefits Administration Update and Status of 2011 & 2010 Annual Report Recommendations	Allison A. Hickey, Under Secretary for Benefits
3:00 p.m. – 3:15 p.m.	Break	
3:15 p.m. – 4:15 p.m.	Office of Small and Disadvantaged Business Utilization Update	Tom Leney, Director, Small & Veterans Business Programs
4:15 p.m. - 5:15 p.m.	Committee After Action Review & Sub-committee Notes	J.T. McLawhorn, Chairman
5:15 p.m.	Adjourn	

Thursday, October 27, 2011 – (Room C-7/VACO)

8:00 a.m. - 8:30 a.m.	Opening Remarks & Review Agenda	Lucretia M. McClenney, Designated Federal Officer & J.T. McLawhorn, Chairman
8:30 a.m. - 9:00 a.m.	Committee Members Administrative Paperwork (Travel Vouchers & Honorariums)	Dwayne E. Campbell, CMV
9:00 a.m. - 9:45 a.m.	Public Comments	Open to General Public

Thursday, October 27, 2011 – (Room C-7/VACO)- cont

10:00 a.m. - 11:00 a.m.	Travel to Congressional Office Building	VA Van
11:00 a.m. - 12:00 p.m.	Congressional Tri-Caucus Round Table Discussion Chairman, Rep. Charles	Moderator- J.T. McLawhorn, A. Gonzalez, Chair, Congressional Hispanic Caucus (Invited), Rep. Emanuel Cleaver, II, Chair, Congressional Black Caucus (Invited), Rep. Judy Chu, Chair, Congressional Asian Pacific American Caucus (Invited)
12:00 a.m. -12:30 a.m.	Travel to VACO	VA Van
12:30 p.m. - 1:30 p.m.	Lunch on Your Own	
1:30 p.m. - 5:00 p.m.	Committee After Action Report & Wrap Up	J.T. McLawhorn, Chairman
5:00 p.m.	Adjourn	

Friday, October 28, 2011 (Travel Day)

Agenda: San Antonio & Harlingen, TX Site Visit –April 2012

Monday, April 23, 2012

7:30 A.M. – 8:00 A.M.	Assembly & Board Bus	Meet in Hotel Front Lobby
8:00 A.M. - 8:30 A.M.	Travel to Audie L. Murphy VAMC Depart: Hotel Arrive: Audie L. Murphy VAMC 7400 Merton Minter Boulevard San Antonio, TX 78229	
8:30 A.M. - 8:45 A.M	Assemble/ Meet & Greet VAMC	PRC Lobby
9:15 A.M. - 12:00 P.M.	Veterans Health Administration Briefing (Room J114) Outreach to Minority Veterans (MVPC),	Marie L. Weldon, Director

	Women & Homeless Veterans; Leadership Training Programs Priority Group 5 & 8 Enrollment, Wounded Warrior Program, Home Based Primary Care Program, & Tour of Polytrauma Center	Herman Montalvo, MVPC, TBD
12:00 P.M. - 1:00 P.M.	Lunch in VA Canteen (on your own)	
1:00 P.M. - 3:00 P.M.	Veterans Benefits Administration Briefing (Room J114) Outreach to Minority Veterans (MVPC), Women & Homeless/Incarcerated Veterans; Office Leadership Training Programs, Intake Site, Catchment Area discussion, Claims Processing, Home Loan Program & Transformation Initiatives	James Hedge, Assistant Director Houston RO, Kenneth Little, Assistant Veterans Service Center Manager, Houston RO Ann Alvarez, Military Service Coordinator, Houston RO Pedro Rivera-Batista, Analyst, Houston RO
3:00 P.M. – 3:30 P.M	Public Comments (Room J114)	Earl Newsome, Designated Federal Official & J.T. McLawhorn, Chairman
3:30 P.M. - 4:30 P.M.	VSO Panel Discussion (Room J114)	Earl Newsome, Designated Federal Official, & J.T. McLawhorn, Chairman & TBD VSO
<u>Monday, April 23, 2012</u>		
4:30 P.M. - 5:30 P.M.	Day 1 After Action Review (Room J114)	Earl Newsome, Designated Federal Official, & J.T. McLawhorn, Chairman
5:30 P.M.	Adjourn	
<u>Monday, April 23, 2012</u>		
5:30 P.M. - 6:00 P.M.	Travel to Hotel	
<u>Tuesday, April 24, 2012</u>		
7:30 A.M. – 8:00 A.M.	Assembly & Board Bus	Meet in Hotel Front Lobby
8:00 A.M. - 9:00 A.M.	Travel to Fort Sam Houston Cemetery Depart: Hotel Arrive: Fort Sam Houston Cemetery 1520 Harry Wurzbach Road San Antonio, TX 78209	
9:00 A.M. - 9:30 A.M	Assemble/ Meet & Greet Leadership Leadership	Cemetery Office

9:30 A.M. - 11:30 A.M	National Cemetery Administration Briefing	Gill Gallo, Director, Peter Young, Assistant Director
11:30 A.M. - 12:30 P.M.	Lunch on Place TBD	
12:30 P.M. – 1:30 P.M.	Assembly & Board Bus	Meet in Lobby -CBOC
1:30 P.M. - 2:30 P.M.	Travel to VA South Bexar County CBOC Depart: Fort Sam Houston National Cemetery 1520 Harry Wurzbach Road San Antonio, TX 78209 Arrive: VA South Bexar County CBOC 4610 South Cross San Antonio, TX 78209	
2:30 P.M. - 2:45 A.M	Assemble/ Meet & Greet Leadership	
<u>Tuesday, April 24, 2012</u>		
2:45 P.M. - 3:30 P.M.	South Bexar County CBOC Briefing	J.T. McLawhorn, Chairman Clinic Director Assistant Director
3:30 P.M. – 3:45 P.M.	Assembly & Board Bus	
3:45 P.M. - 4:30 P.M.	Travel to Restaurant for Dinner Depart: South Bexar County CBOC 4610 South Cross San Antonio, TX 78209	
<u>Tuesday, April 24, 2012</u>		
	Arrive: Restaurant San Antonio, TX	
4:30 P.M. – 5:30 P.M.	Dinner on Your Own	
5:30 P.M. – 5:40 P.M.	Assembly & Board Bus	
5:40 P.M. - 6:00 P.M.	Travel to Town Hall Meeting Depart: Restaurant San Antonio, TX Arrive: Veterans of Foreign Wars Post 4815 3111 Commercial Avenue San Antonio, TX 78221	
6:30 P.M. - 8:30 P.M.	Town Hall Meeting	Earl Newsome, Designated Federal Official & J.T. McLawhorn, Chairman

8:30 P.M. Adjourn
 8:30 P.M. – 9:30 P.M. Travel to Hotel

Wednesday, April 25, 2012

7:45 A.M. – 8:00 A.M. Assembly & Board Bus
 8:00 A.M. - 8:30 A.M. Travel to Audie L. Murphy VAMC
 8:30 A.M. - 9:00 A.M. Opening Remarks & Review Agenda (Room PRC) Earl Newsome, Designated Federal Official & J.T. McLawhorn, Chairman
 9:00 A.M. - 11:00 A.M. Committee After Action Review & Sub-committee Notes and prepare for Exit Briefing (Room PRC) J.T. McLawhorn, Chairman
 11:00 A.M. - 12:00 P.M. Conduct Exit Briefing (Room J114)
 12:00 P.M. – 1:00 P.M. Working Lunch (Room Y101.10) J.T. McLawhorn, Chairman
 Robert A. Petzel, M.D., Under Secretary for Health
 1:00 P.M. – 5:30 P.M. Work on First Draft of ACMV 2012 Report (Room Y101.10) J.T. McLawhorn, Chairman
 5:30 P.M. Adjourn
 5:30 P.M. - 6:00 P.M. Travel to Hotel

Thursday, April 26, 2012

Harlingen Team: Earl Newsome, Dwayne E. Campbell, J.T. McLawhorn, Lupe Saldana, and Celia R. Szelwach
 8:00 A.M. Check out Hotel and depart for Harlingen Harlingen Team
 12:00 P.M. Check out Hotel All Non Harlingen Team
Depart: San Antonio Intl. Airport
 Note: the latest you can checkout is 12 noon
 1:00 P.M. **Arrive:** Harlingen Clinic

Thursday, April 26, 2012

1:30 P.M. to 3:00 P.M. Receive Briefing and Tour Facility Danna Malone, Acting Director
 2701 77 South Sunshine Strip Froylan Garza, Public Affairs
 Harlingen, TX78550 Officer

3:00 P.M. to 4:00 P.M.	VSO Panel Discussion UT Health Science Center 2102 Treasure Hills Boulevard Harlingen, TX 78550	J.T. McLawhorn, Chairman Danna Malone, Acting Director
4:00 P.M. to 4:30 P.M.	Exit Brief with Clinic Leadership 2701 S.77 South Sunshine Strip	Danna Malone, Acting Director Froylan Garza, Public Officer Affairs Harlingen, TX 78850
4 :30 P.M.	Adjourn	

Appendix C: Action Plans Follow Up:

**2011 Action Plan Update Spreadsheet
ACMV 2011 Report Action Plan**

2011 Action Plan Update Spreadsheet

Report Year	Recommendations	Program Office	Page	Current Status as of 1 Sept 2011	Current Status as of 1 July 2012	Projected Completed Date (Date/NA)
2011	Recommendation #1	NA		NA		
2011	Recommendation #2	VHA	68	Pending	Complete	
		VBA	70	Pending	Complete	
		NCA	70	Pending	In Progress	FY15
		ODI	69	Pending	Complete	
2011	Recommendation #3	VHA	71	Pending	In Progress	FY13 1Q
		VBA	73	Pending	Complete	
		NCA	72	Pending	In Progress	FY13
		NVO	71	Pending	In Progress	Ongoing
		VECS	72	Pending	In Progress	3/1/2013
2011	Recommendation #4	VHA	73	Pending	In Progress	FY13 1Q
		VBA	75	Pending	In Progress	In Progress
		NCA	74	Pending	In Progress	FY13
		VECS	74	Pending	Complete	
2011	Recommendation #5	VHA	75	Pending	In Progress	FY13 1Q
		VBA	76	Pending	Complete	
		NCA	76	Pending	In Progress	FY13
2011	Recommendation #6	VHA	77	Complete	Complete	
2011	Recommendation #7	VHA	77	4Complete 1Pending	5 Complete	
		VBA	78	Pending	Complete	
		NCA	78	Pending	In Progress	FY15
2011	Recommendation #8	VHA	79	Pending	Complete	
2011	Recommendation #9	VHA	80	Pending	Complete	
2011	Recommendation #10	VHA	80	Pending	Complete	
2011	Recommendation #11	VHA	81	Pending	Complete	
2011	Recommendation #12	VHA	81	Complete	Complete	
2011	Recommendation #13	CMV	82	Pending	Complete	*See Note below

*** Follow Up Remarks by Center for Minority Veterans: 2011 ACMV Report - Recommendation 13**

The Center for Minority Veterans (CMV) submitted a request to the VA Legislative Review Panel (LRP) to have the Advisory Committee on Minority Veterans (ACMV) Report changed from an annual to a biennial report. The proposal was identified in this review cycle by a designation of: 00M-2, NEW, Requirement for Biennial Report on Advisory Committee on Minority Veterans. The Departmental LRP approved the recommendation. Therefore, the proposal will be transmitted for consideration by the First Session of the 113th Congress, so that the potential costs of approved legislative proposals can be incorporated into the Department of Veteran Affairs (VA) Congressional Budget Request for FY 2014. The potential outcome of a favorable outcome of this request for a biennial report would result in the ACMV submitting its final annual report in FY 13, no annual report being submitted in FY 14, and the first biennial report being submitted in Fiscal Year 2015.

ACMV 2011 Report Action Plan- As of September 2011

Recommendations

A. Diversity

- 1. Establish hiring and retention strategies and increase recruitment of minorities to improve minority representation within the Senior Executive Service (SES) ranks by 2012, with a goal of attaining a significant increase in minority representation within the ranks of the SES within the Department by 2015.**

VA Response: Non-concur

- 2. Review the current diversity and inclusion training and update the training modules, by the end of FY 2011, to include the topics of cultural competence and emotional intelligence to ensure that they are relevant to address the Diversity and Inclusion challenges that are present in the VA.**

VA Response: Concur-in-principle

Actions to Implement

** Pending = suspense date established and being monitored*

VHA Action Plan – Recommendation #2					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	*Current Status
Develop a comprehensive program to train VHA employees in the areas of cultural competency and	Employee Education System (10A2B)	Assistant Deputy Under Secretary for Health (ADUSH) for Workforce Services	Conduct experiential training on cultural competency and unconscious bias at the Fall Cluster meetings.	1 st quarter FY 2012	Pending

unconscious bias.			Results from this training will be used to establish a comprehensive plan for training VHA employees, in the areas of cultural competency and unconscious bias.		
Distribute findings from Nuts and Bolts of Supervision (NABOS), New Supervisor Training, and the DOI Module to the field.	Employee Education System (10A2B)	ADUSH for Workforce Services	Upload findings to the NABOS coordinators in the field. Specific changes to the curriculum include the addition of content and experiential learning in the areas of cultural competency, sexual orientation, generational diversity, and an introduction to unconscious bias.	4 th quarter FY 2011	Pending

ODI Action Plan – Recommendation #2

Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	*Current Status
Review and modify ODI diversity and inclusion training resources.	Office of Diversity and Inclusion (06)		Teleconference in August 2011 to discuss Committee's expectations and definitional terms. Appropriate adaptations in ODI educational resources.	4 th quarter FY 2011	Pending
				4 th quarter FY 2011	Pending

NCA Action Plan – Recommendation #2					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	*Current Status
Develop a culturally competent workforce.	Office of Diversity Management and ADR Programs (40A)	Human Resources/ Labor Relations	Identify and address cultural competency skill gaps in the administration's workforce.	4 th quarter FY 2012	Pending
Develop a Special Emphasis Program.	Office of Diversity Management and ADR Programs (40A)		Establish a nationwide special emphasis committee.	4 th quarter FY 2012	Pending
Develop strategies to create an overarching Human Capital Plan that will include a culturally competent work environment.	Office of Diversity Management and ADR Programs (40A)	Human Resources/ Labor Relations	Create an overarching Human Capital investment architecture for NCA.	4 th quarter FY 2012	Pending
VBA Action Plan – Recommendation #2					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	*Current Status
Review diversity training courses.	Benefits Assistance Services (27)	Office of Diversity and Inclusion	Determine the diversity training modules. Promote training for field staff.	1 st quarter FY 2012	Pending

B. Outreach

- Evaluate the effectiveness of outreach methods to minority communities conducted by individuals other than Minority Veterans Program Coordinators (MVPCs) by the end of FY 2011, and develop and implement an action plan in FY 2012 to increase market penetration in targeted minority communities.**

VA Response: Concur-in-principle

Actions to Implement

** Pending = suspense date established and being monitored*

VHA Action Plan – Recommendation #3

Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	*Current Status
Identify VHA program offices outreach efforts to minority Veterans.	Office of Communications (10B2)		Survey VISNs, VAMCs and program offices to identify outreach efforts to minority Veterans.	1 st quarter FY 2012	Pending
	Office of Communications (10B2)		Analyze data to determine most effective method of outreach.	1 st quarter FY 2012	Pending
	Office of Communications (10B2)		Use findings to develop comprehensive plan to be distributed VHA-wide to increase market penetration to minority Veterans.	1 st quarter FY 2012	Pending

NVO Action Plan – Recommendation #3

Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	*Current Status
Evaluate the effectiveness of outreach methods to minority communities conducted by individuals other than MVPCs by the end of FY 2011, and develop and implement an action plan in FY 2012 to increase market penetration in targeted minority communities.	National Veterans Outreach (075E)		Develop outreach plans, web resources, and training to assist VA administrations and program offices in unifying outreach communications through clear, accurate, consistent and targeted messaging.	4 th quarter FY 2011	Pending
			Provide project management of significant marketing and advertising contracts to ensure all Veterans and their families are aware of benefits and services. Advertising and marketing includes minority audiences as well as special emphasis areas.	4 th quarter FY 2011	Pending

VECS Action Plan – Recommendation #3

Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	*Current Status
Veterans Employment Coordination Service and ODI will provide CMV with annual data pertaining to its employment-related/recruitment outreach activities. If the recommendation is for other VA offices to evaluate their own effectiveness, we already do this through various affirmative employment reports, including MD 715 and the Federal Equal Opportunity Recruitment Plan/Report.	Veterans Employment Coordination Service (057)		Provide the Advisory Committee on Minority Veterans (ACMV) an update and status report during their 1st quarter FY 2012 meeting being held at VA Central Office.	1st quarter FY 2012	Pending

NCA Action Plan – Recommendation #3

Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	*Current Status
Determine the effectiveness of current outreach strategies.	Office of Diversity and ADR Programs (40A)	HR Communications Outreach Office	Conduct a three year analysis of current outreach measures to targeted communities to determine the level of effectiveness.	4 th quarter FY 2012	Pending
Determine the skill level of MVPCs and other employees who participate in outreach events.	Office of Diversity and ADR Programs (40A)		Develop a training module that teaches outreach methodologies and techniques. Design and distribute new MVPC materials to assist coordinators in developing their local programs.	4 th quarter FY 2012	Pending

VBA Action Plan – Recommendation #3					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	*Current Status
VBA will meet with OPIA and CMV to create an action plan to increase outreach to minority communities.	Benefits Assistance Services (27)	Center for Minority Veterans	VBA will gather materials from past and present marketing strategies to facilitate collaboration with CMV and OPIA.	1 st quarter FY 2012	Pending
VBA will review current outreach initiatives to identify areas requiring increased outreach.	Benefits Assistance Services (27)	Office of Public and Intergovernmental Affairs	VBA will review quarterly reports to identify areas where outreach should be increased and make recommendations.	2 nd quarter FY 2012	Pending
VBA will expand methods for targeted messaging to Veterans.	Benefits Assistance Services (27)	Center for Minority Veterans Office of Public and Intergovernmental Affairs	VBA will evaluate current messaging and devise a strategy to expand targeted outreach.	2 nd quarter FY 2012	Pending

4. Develop and implement an action plan to increase the utilization of Minority Veterans Program Coordinators (MVPCs) in all departmental targeted outreach activities to minority communities by 1st Quarter FY 2012. That MVPCs spend an average of 25 hours per month on targeted outreach activities to minority Veteran communities with a goal of increasing the percentage of minority Veterans contacted to 60%.

VA Response: Concur-in-principle

Actions to Implement

** Pending = suspense date established and being monitored*

VHA Action Plan – Recommendation #4					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	*Current Status
VHA will form a task group composed of representatives from the VISNs, VAMCs and program offices.	Office of Communications (10B2)		Conduct surveys and interviews with VISN and VAMC leadership regarding the role, and expectations of how MVPCs could be used more effectively.	1 st quarter FY 2012	Pending

VHA MVPC meets with VISN leadership.	Office of Communications (10B2)		Conduct surveys and interviews with MVPC to determine what assistance MVPCs need from VHA leadership.	1 st quarter FY 2012	Pending
	Office of Communications (10B2)		Collect and analyze data to develop an action plan to increase MVPC utilization in targeted outreach efforts to minority Veterans.	1 st quarter FY 2012	Pending
	Deputy Under Secretary for Health for Operations and Management (10N)		Review VISN outreach efforts to minority Veterans and develop a plan to increase the number of outreach efforts at the field level.	4 th quarter FY 2011	Pending

VECS Action Plan – Recommendation #4

Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	*Current Status
Although ODI and VECS do not specifically target minority Veterans, we will inform CMV of affinity group events that target minority populations to ensure MVPCs have an opportunity to participate in events where they may reach Veterans and/or their family members.	Veterans Employment Coordination Service (057)		VECS will provide ACMV with an update during their 1 st quarter FY 2012 meeting at VA Central Office meeting.	1st quarter FY 2012	Pending

NCA Action Plan

Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	*Current Status
Ensure compliance with the critical elements as defined in VA	Office of Diversity and ADR Programs (40A)	Human Resources/ Labor Relations	Redesign the MVPC program by developing on-site training and on-the-	4 th quarter FY 2013	Pending

Handbook 0801.			job instructions as well as a standard operations procedure guide for new MVPCs.		
Realign MVPC duties	Office of Diversity and ADR Programs (40A)	Office of the Under Secretary for Memorial Affairs	Revise the appointment criteria for field MVPCs.	4 th quarter FY 2011	Pending
VBA Action Plan – Recommendation #4					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	*Current Status
MVPC will contact minority organizations to increase participation in outreach events.	Benefits Assistance Services (27)	CMV, VHA and NCA	Solicit minority organizations for outreach opportunities for the upcoming FY.	1 st quarter FY 2012	Pending
VBA will ensure that MVPCs conduct a town forum at least twice a year.	Benefits Assistance Services (27)		VBA will ensure VBA facilities meet outreach requirements of VA Handbook 0801.	1 st quarter FY 2012	Pending

5. Develop and implement, based upon input from minority Veteran focus groups, a culturally relevant communications strategy, by the end of FY 2011, to promote awareness of VA benefits and services to targeted communities.

VA Response: Concur-in-principle

Actions to Implement

** Pending = suspense date established and being monitored*

VHA Action Plan – Recommendation #5					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	*Current Status
Form VHA communication work group.	Office of Communications (10B2)		Identify existing VHA culturally communication strategies.	1 st quarter FY 2012	Pending
	Office of Communications (10B2)		Review and analyze strategies to determine effectiveness.	1 st quarter FY 2012	Pending

	Office of Communications (10B2)		Use findings to develop comprehensive culturally relevant communication strategy for dissemination VHA side.	1 st quarter FY 2012	Pending
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NCA Action Plan – Recommendation #5

Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	*Current Status
Identify and address areas of performance improvement.	NCA Outreach Office (41C2)		Continue working with VSOs, affinity associations, minority institution of higher education, etc. to identify areas to enrich the partnership between the organization and NCA.	4th quarter FY 2011	Pending
Improve Veterans' awareness of burial and memorial benefits.	Management. Support and Communication Services (41A)		Increase the percentage of Veterans who have heard about burial in a national and State or Tribal Government Veterans cemetery to 75 percent.	1 st quarter FY 2015	Pending
Expand the use of innovative methods for outreach to Veterans, their families, and the public.	Office of Diversity & ADR Programs (40A)	NCA Outreach Office	Acquire additional information from the Veteran population in order to evaluate the effectiveness of outreach programs.	1 st quarter FY 2013	Pending

VBA Action Plan – Recommendation #5

Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	*Current Status
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VBA will increase use of communications tools to reach Minority Veterans.	Benefits Assistance Services (27)	Center for Minority Veterans Office of Public and Intergovernmental Affairs	Create additional messages targeted to Minority Veterans.	1st quarter FY 2012	Pending
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C. Access

6. That the Veterans Health Administration Office of Rural Health perform a comprehensive needs assessment to determine the impact of transportation barriers on the health of minority Veterans residing in rural, highly rural, and frontier areas.

VA Response: Concur

Actions to Implement

** Pending = suspense date established and being monitored*

VHA Action Plan – Recommendation #6					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	*Current Status
Complete	ADUSH for Health Policy and Planning (10P1)		Conducted comprehensive geographic and health care needs assessments in all VISNs.		Complete

7. Develop an action plan to increase access to VA programs and services (VHA/VBA/NCA), and facilities for Veterans living in rural and outlying territories (insular areas) by 2nd Quarter FY 2012.

VA Response: Concur

Actions to Implement

** Pending = suspense date established and being monitored*

VHA Action Plan – Recommendation #7					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	*Current Status
Complete	ADUSH for Health Policy and Planning (10P1)		Conducted geographic and health care needs assessments in all VISNs. Conduct town hall meetings and focus		Complete

			groups with rural and highly rural Veterans.		
NCA Action Plan – Recommendation #7					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	*Current Status
Execute FY 2011 Veterans Cemetery Grant Operating Plan.	NCA Veterans Cemetery Grant Service (40)		Award grants for all projects on the FY 2011 operating plan.	4th quarter FY 2011	Pending
Expand burial access for rural Veterans.	NCA Finance and Planning (41B)		Develop new rural policy for the Secretary's consideration.	4 th quarter FY 2011	Pending
Improve Veterans' awareness of burial and memorial benefits.	NCA Memorial Program Services (41A1)		Increase the percentage of Veterans who have heard about VA's headstones and burial markers in private cemeteries to 60 percent.	1 st quarter FY 2015	Pending
VBA Action Plan – Recommendation #7					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	*Current Status
VBA will collaborate with the VHA Vet Center Program to use mobile vans to conduct eBenefits in-person proofing.	Benefits Assistance Services (27)	Office of Field Operations VHA Vet Center	VBA will develop a formal training and access plan to promote the tools for granting premium eBenefits accounts.	2nd quarter FY2012	Pending

8. Develop a plan by the end of FY 2012 to implement where applicable the Seventeen Recommendations To Donor Agencies Resulting From the *Department of Interior Insular Area Health Summit September 2008*¹ (pages 75 and 76 of report), and report progress on the plan to the ACMV during its annual meetings in Washington, DC beginning with the November 2011 ACMV meeting.

VA Response: Concur

Actions to Implement

* Pending = suspense date established and being monitored

VHA Action Plan – Recommendation # 8					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	*Current Status
Form work group.	Deputy Under Secretary for Health and Operations Management (10N)		Review 17 recommendations to donor agencies.	1 st quarter FY 2012	Pending
			Based on finding, develop a plan by the end of FY 2012 to implement where applicable to the 17 recommendations.	1 st quarter FY 2012	Pending

D. Disparities

9. Develop and implement by the end of FY 2011 strategy to enact guidelines in accordance with the Department of Health and Human Services (HHS) National Partnership for Action (NPA) Plan to End Health disparities, inclusive of holistic approaches to treating Veterans.

10. Establish an Office of Health Equity (OHE) similar to the Offices of Minority Health (OMH) within the Department of Health and Human Services (HHS). The OHE would incorporate the OMH mission of improving health outcomes impacted by racial/ethnic differences, in addition to gender specific initiatives currently the responsibility of the VA Office of Women’s Health (OWH), and also focus on the possible effects on clinical outcomes due to Veterans’ sexual orientation.

11. Develop an action plan by the end of the first quarter of FY 2012 with a goal of effecting a meaningful reduction in racial disparity among active patients enrolled in the VA healthcare system. A pilot should focus on

¹ U.S. Department of the Interior (DOI). Future of healthcare in the insular areas summit. Retrieved May 12, 2011. http://www.doi.gov/oia/Firstpginfo/health_summit/documents/Entire%20Report_Insular%20Area%20Health%20Summit%20Report.pdf.

reducing disparities in clinical outcomes such as blood pressure, glucose, and cholesterol control, at VA healthcare facilities with high concentrations of African American Veterans, as well as sites of high Hispanic/Latino, and Native American/ Alaska Native populations.

VA Response: Concur-in-principle.

Actions to Implement

** Pending = suspense date established and being monitored*

VHA Action Plan – Recommendation #9, 10, 11					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	*Current Status
Complete	Principal Deputy Under Secretary for Health (PDUSH)(10A)		#9 – Recognizing the importance of a unified national effort to solve inequalities, VA joined Department of Health and Human Services as an active member of the National Partnership for Action to End Health Disparities.		Complete
Complete	Deputy Under Secretary for Health and Management (10N)		Established a designated office to develop strategies for a program of personal, patient-centered models of care for Veterans who receive health care services at more than 1,000 VA points of care across the Nation.		Complete
Complete	Deputy Under Secretary for Health Policy (10P)		VHA PDUSH established by charter a multidisciplinary team of subject matter experts in health care disparity and equality in June 2011.		Complete
The Office of Research and Development performs a literature review.	Deputy Under Secretary for Health (10A)		Work Group will develop guidelines, strategy, and policies as may be required by the recommendations.	1 st quarter FY 2012	Pending
Complete			The Evidence-based Synthesis Program is conducting a review of interventions that can reduce disparities and will publish results. #10 - Work Group will conduct		Complete

To be determined by the Health Care Equality Work Group.			research to examine potential for establishing an Office of Health Equity in addition to other current initiatives and make recommendations to VHA leadership.	1 st Quarter FY 2012	Pending
To be determined by the Health Care Equality Work Group.			#11 - Work Group will develop an action plan with the goal of effecting a meaningful reduction in racial disparity and other inequalities among patients enrolled in the VA health care system.	1 st Quarter FY 2012	Pending

E. Homeless

12. Increase funding to collaborative partnerships, with Community Based Organizations (CBOs) and Non-Government Organizations (NGOs) that provide assistance to homeless Veterans. This funding should enable more mental health programs and supportive services for low income targeted minority Veterans, regardless of gender in order to reduce minority Veteran homelessness by 25% by the end of FY 2012.

VA Response: Concur

Actions to Implement

** Pending = suspense date established and being monitored*

VA Action Plan – Recommendation #12					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	*Current Status
Complete	Homeless (10NC1)		Develop a new Supportive Services for Veterans Families Program (SSVF), as authorized by Public Law 110-387. Award grants totaling \$50 million dollars to not-for-profits organizations that provide housing stability programs.		Complete

F. Legislative Change

13. Propose legislation that will change the requirement for an annual report from the ACMV to a biennial report.

VA Response: Concur

CMV will submit a proposal to change the requirement for the ACMV Annual Report to a biennial requirement subsequent to receiving concurrence from appropriate staff offices and approval by VA leadership. The request will be submitted in the spring of 2012 with the FY 2014 legislative proposals.

Actions to Implement

** Pending = suspense date established and being monitored*

VA Action Plan – Recommendation #13					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	*Current Status
Submit proposal to change ACMV Annual Report to become a biennial report beginning in FY 2013.	Center for Minority Veterans (00M)	Office of General Counsel Advisory Committee Management Office	Secure concurrence from OCLA, ACMO,OGC	4th quarter FY 2011	Pending
			Submit proposal for change to in reporting requirement by end of 1 st Quarter FY 2012	1st quarter FY 2012	Pending

Appendix D: Committee Biographies

Clara L. Adams-Ender, Brigadier General (Retired), USA African American

Brigadier General Clara L. Adams-Ender is President and Chief Executive Officer of Caring About People with Enthusiasm (CAPE) Associates, Inc., a management consulting and inspirational speaking firm. She received her baccalaureate degree in nursing from North Carolina Agricultural and Technical State University, Greensboro, North Carolina; a Master of Science Degree in Nursing from the University of Minnesota, Minneapolis, Minnesota, and a Master of Military Art and Science degree from the Command and General Staff College, Fort Leavenworth, Kansas. She has also been awarded twelve honorary doctorate degrees in law, public service, humane letters and science. General Adams-Ender rose from a staff nurse in the Army Nurse Corps to become chief executive officer for 22,000 nurses, a Brigadier General and Director of Personnel for the Army Surgeon General. She was Vice President for Nursing at the prestigious Walter Reed Army Medical Center, and was the first female in the Army to be awarded the Expert Field Medical Badge. She also commanded an army post, a position equivalent to city manager, magistrate and mayor of a city. General Adams-Ender is a past Chair, Board of Directors, Andrews Federal Credit Union, and a former member of the Defense Advisory Committee on Women in the Services (DACOWITS). She was recently selected as Chair, Board of Directors, THE ROCKS, INC., and appointed to the Board of Medicine of the Commonwealth of Virginia. She has received many awards for her community service, including the Roy Wilkins Meritorious Service Award of the NAACP, the Regents Distinguished Graduate Award of the University of Minnesota and the Lifetime Achievement Award of the National Black Nurses Association.

Allie Braswell, USMC African American

Mr. Allie Braswell, Jr. served 13 years in the United States Marine Corps. He holds a Bachelor of Science degree in Information Technology from American Intercontinental University. Prior to his current role as President and CEO of the Central Florida Urban League, Allie held the position of Senior Manager of Global Strategies for Diversity and Inclusion at Walt Disney Parks and Resorts.

Mr. Braswell is the past Chairman of Leadership Orlando Alumni and a member of the Board of Governors for the Orlando Regional Chamber of Commerce. Most recently, he was appointed as an Army Reserve Ambassador by the Chief of the Army Reserve. Allie also serves on the Board for Quest, Inc., and MyRegion.org. In May 2009, he was honored by the General Daniel "Chappie" James Chapter of the Tuskegee Airmen, Inc. in recognition for his service to the community. In his spare time, Allie enjoys spending time with his wife, Rosemary, and their five children.

**Amanda Heidenreiter, Captain (Retired), USA
Asian American**

Ms. Amanda Heidenreiter was commissioned as a Second Lieutenant into the United States Army Chemical Corps, May 2006. She attended all mandatory training prior to arriving at her first duty station. Ms. Heidenreiter deployed with 1st Brigade, 82nd Airborne Division, Fort Bragg, North Carolina. She joined the military because she had a great family lineage of Army, Air force, Navy and Marines. Ms. Heidenreiter felt it was her patriotic duty and it has been the only lifestyle she has known; the military life. While deployed in support of OIF, she suffered injuries to her back, neck, knees and head. Ms. Heidenreiter was sent to Landstuhl Army Medical Center where the determination was made that her injuries required further treatment and care and was sent to Walter Reed Army Medical Center in Washington DC. There she was a Wounded Warrior from March 2008 to December 2009. On December 15, 2009, Ms. Heidenreiter retired from the Army as a Captain. While she was a Wounded Warrior, she participated in a program called Paws for Purple Hearts. Ms. Heidenreiter learned how to train Service Dogs that would eventually be placed with fellow Veterans if they met all the requirements for a Service Dog. Presently, she still helps them out, but now more as a networking assistant and attends college. Ms. Heidenreiter is working towards becoming a Physician Assistant. Ms. Heidenreiter resides in Maryland.

**Oscar B. Hilman, Brigadier General (Retired), USA
Asian American**

Brigadier General Oscar Bautista Hilman was born in Libmanan, Camarines Sur, Republic of Philippines. He graduated from Central Washington University with a Bachelor of Science in Law and Justice and he received his Masters of Science Degree in Strategic Science from the United States Army War College.

He received his commission through the Officer Candidate School in 1977. He was an enlisted man and attained the rank of Sergeant First Class (E-7) before commissioning as Second Lieutenant. His military education includes Armor Basic and Advanced Courses, Tank Commander Course, Combined Arms Services Staff Course, United States Army Command and General Staff College, United States Army War College. While assigned as United States for Property and Fiscal Officer for State of Washington (USC Title 10), he attended numerous courses in finance and resource management, procurement and contracting, audit and internal review, facilities and base management, supply and logistics management, and human resource management courses.

General Hilman served as Commander of the 81st Brigade Combat Team in support of Iraqi Freedom II (2004-2005) where his brigade received two combat streamers. His brigade secured seven forward operating bases (Scania, Camp Bucca, Tallil and Cedar, Kalsu, Baghdad, Green Zone, LSA Anaconda/Balad Air Base). While at Anaconda, the 81st Brigade set up a Joint Defense Operating Base to protect the air base

and major logistic base. Soldiers of Task Force Tacoma conducted combat operations to protect thousands of military and civilians at LSA Anaconda and Joint Balad Air Base. Additionally, the 81st Brigade also assisted the Iraqis at their first national election and transfer of sovereignty. He retired as Deputy Commanding General, I Corps and Fort Lewis.

His awards and decorations include: Legion of Merit with Oak Leaf Cluster, Bronze Star Medal with Oak Leaf Cluster, the Meritorious Service Medal with 4 Oak Leaf Clusters, Army Commendation Medal with 2 Oak Leaf Clusters, Global War on Terrorism Expeditionary Medal, Global War on Terrorism Service Medal, Humanitarian Service Medal, and the Combat Action Badge. General Hilman resides in Tacoma, Washington with his wife Patty.

**James T. McLawhorn, Jr.
African American**

Mr. James McLawhorn has developed innovative programs to improve the quality of life for thousands of disadvantaged persons in the Midlands of South Carolina. He also serves as a catalyst to improve race relations and diversity in the community. He spearheaded the establishment of the South Carolina Race Relations Commission. He has provided more than twenty years of leadership in social policy planning and human service development. Mr. McLawhorn was Housing and Transportation Planner and an Assistant Director for Employment and Training for the city of Charlotte, North Carolina. He also taught social planning as an Adjunct Instructor at the University of North Carolina. Mr. McLawhorn is presently the President and Chief Executive Officer of the Columbia Urban League in Columbia, South Carolina. He has held this position since 1979. Mr. McLawhorn has been extensively recognized for his social activism. Awards received include: United Black Fund Chairman's Award, 2005; Wil Lou Gray Award for Youth Leadership, 2003; Trailblazer Award, Alpha Kappa Alpha South Atlantic Region, 2000; National Urban League President of the Decade, 1999; National Urban League Whitney M. Young, Jr. Leadership Award in Race Relations, 1996. Mr. McLawhorn resides in Columbia, South Carolina.

**Pedro "Pete" Molina, USA
Native American**

Mr. Pedro "Pete" Molina is the first in the nation Assistant Secretary for Native American Veterans in the California Department of Veterans Affairs (CalVet), he was appointed by California Governor Arnold Schwarzenegger. In his tenure as Assistant Secretary Molina has worked on various initiatives including the 2010 Native American Day held at the State Capital to reach out to the Native American population. Other outreach efforts include the collection of reintegration forms from Native American Veterans, establishing a database filled with Native American contacts, creating the Native American Veterans Newsletter called the "Drum Beat," and Memorandums of Understanding with Native American Health Care systems.

Prior to being appointed to Assistant Secretary, Mr. Molina worked at the U.S. Department of Veterans Affairs where he served in many positions. He has served as American Indian Program Manager, Marketing & Community Relations Representative, Minority Veterans Program Coordinator (MVPC), and Hispanic Veterans Program Manager. Mr. Molina served in the U.S. Army from 1970 to 1973. He is a member of the Yaqui Nation from Tucson, Arizona. Mr. Molina resides in Fresno, California.

**Wayne Nickens, M.D.
Native American**

Dr. Wayne Nickens received a Bachelors of Science from Howard University in 1968 and an M.D. from George Washington University in 1972. In his 37 years of practice, Dr. Nickens has directed family practice clinics, served as Clinical Director and Medical Director of various hospitals, wellness centers, and chemical dependency treatment centers. Dr. Nickens is certified by the American Society of Addiction Medicine (ASAM) as an addiction medicine specialist. He is the author of *“Not Guilty, Not Crazy”, Alcoholism is an Inherited Disease* (1986) and wrote and developed the continuum of care program for chemical dependency treatment for the State of Nebraska, the Cherokee Nation, and Charter Hospital.

From 2007 to 2010, Dr. Nickens has taught Military Chaplains and Chaplain’s Assistants, soldiers, military commanders, Veterans, and families from his new book *“Eat Me, the Ultimate Diet”* at Tripler Army Hospital, AMR, and Schofield Barracks in Hawaii, and Fort Sill in Oklahoma, courses on the physical basis of stress related illness and a holistic model for healing. He was the consulting researcher in a DoD research paper titled PTSD AND THE NATIVE SOLDIER published 2009. He is present chairman of the Hawaii chapter of the Blue Star Families. Dr. Nickens was also named Principal Investigator of a Congressional Medical Research Project to test Advanced Technology for measuring brain stress and effectiveness of interventions to promote healing in brain injury.

Dr. Nickens is serving on the board of the Veterans Engagement Research Center of Pittsburg, PA and has served the interests of homeless Veterans and their families nationally for 37 years. He is founder and Chief Overseer of the Healing Community, consultant to Native Hawaiian Veterans, LLC in Hawaii, the NANAINA Nurses, the Comanche Nation, and the Cherokee elders.

**Benjamin C. Palacios, Command Sergeant Major, USA (Retired)
Pacific Islander**

Mr. Benjamin Palacios retired from the United State Army in May 2003 after serving for 32 years; Mr. Palacios worked as the Vice President for Green Millennium Industries, Ltd., in Seoul, Korea. In November 2004, Ben joined the Anteon Corporations as a Business Development Manager for the Pacific region which covers the Republic of Korea, Guam, Japan, and Okinawa. In August 2007, Ben relocated back to Guam and opened his own consulting company. He assisted several companies to include

COMARK, HNTB, CH2MHILL, and Kellogg Brown and Root and established their businesses on the island. He is an Associate Partner for Doran Capital Partners and opened and managed their office on Guam. He also served as an Advisor for POONGSAN Corporations and HK Industry, Ltd. In December 2009, Mr. Palacios started working for Science Application International Corporation (SAIC) as an Assistant Vice President, Regional Account Manager for Guam and CNMI region.

He is a member of numerous professional organizations to include the Association of the United States Army (AUSA), the Noncommissioned Officer Association (NCOA), the AFCEA, and the Pan Pacific American Leaders and Mentors (PPALM).

**Lupe G. Saldana, USMC
Hispanic**

Mr. Lupe Saldana was born in Corpus Christi, Texas. He attended the University of Corpus Christi on a boxing scholarship. After graduation, he began his public service career as a Commissioned Officer in the U.S. Marine Corps from 1965 to 1971. He rose to the rank of Captain while serving a tour of duty in Vietnam in 1968.

Mr. Saldana resigned his commission as a Regular Marine Corps Officer in 1971, while stationed at Headquarters Marine Corps in Washington, DC, to become a public servant and an advocate for Veterans' issues. He joined the American GI Forum in 1972 and was elected National Commander in 1979. As National Commander, he represented the American GI Forum before the Administration, Congress and Federal government. In March 1980, Mr. Saldana was named a member of the Vietnam Veterans Memorial Committee (The Wall) and addressed the first National Vietnam Veterans Memorial Service on March 26, 1980. In October 2005, Secretary of Veterans Affairs, James Nicholson, appointed him to serve as a Secretarial Appointee on the Advisory Committee on Women Veterans. In December 2010, he was re-elected to the Executive Committee of the Veterans' Entrepreneurship Task Force (VET-Force).

Mr. Saldana has a bachelor's degree in Business Administration and Economics and a Graduate Certificate in Urban Affairs from American University. In 1984, he completed the Contemporary Executive Development Program for Senior Executives at George Washington University and the Washington Executive Seminar at the USDA Graduate School in June 1986. In May 2006, Mr. Saldana retired after 41 years of Public Service. He resides in Fairfax Station, Virginia.

**Celia Renteria Szelwach, DBA, USA
Hispanic**

Dr. Celia Renteria Szelwach provides project management and technical leadership of public health projects focused on rural, women, and minority Veterans as program manager for Atlas Research. She has over 21 years of experience as an internal and external consultant guiding large-scale change, business partnerships, client and community relations, and organizational communications in industries such as Fortune

100 defense, Fortune 100 food and beverage, durable manufacturing, pharmaceutical, healthcare, professional services, federal government, education, and non-profit.

As an officer and senior-rated parachutist in the U.S. Army Transportation Corps at Fort Bragg, NC, she coordinated logistics requirements for the 18th Airborne Corps Emergency Operations Center (EOC) during Desert Storm and managed logistical operations for two humanitarian service deployments in support of Hurricane Andrew disaster relief in Homestead, Florida and Haitian relief in Guantanamo Bay, Cuba. From 2006 to 2009, Dr. Szelwach was appointed by the VA Secretary to serve on the 14-member VA Advisory Committee on Women Veterans. She also completed a three-year term on the Bay Pines VA Medical Center's Women Veterans Health Committee in St. Petersburg, FL. Since 2007, she has served as founder and director of WOVEN Women Veterans Network, a global online community committed to helping women Veterans successfully transition from military service.

Dr. Szelwach is a Certified Compliance and Ethics Professional (CCEP) and teaches ethics, leadership, and managing change for several universities. She holds a Bachelors of Science from the United States Military Academy at West Point, a Master of Business Administration in International Trade from the University of Sarasota, and a Doctor of Business Administration (DBA) in Management from Argosy University. Her research interests include: Veterans' and women's health, ethics, leadership and culture change, emotional intelligence, and cultural competence/disparities in healthcare. She resides in Asheville, North Carolina.

Marvin Trujillo, Jr., USMC Native American

Mr. Trujillo is a Laguna Tribal Member who belongs to the Road Runner, Little Parrot, and Turkey Clans. He serves as the Tribal Veterans Service Officer for the Pueblo of Laguna and the Co-Chair of the All Indian Pueblo Council Veterans Committee. Mr. Trujillo entered the United States Navy in 1993, and served four years as an Aviation Electronics Technician, Aviation Warfare Specialist 2nd Class Petty Officer. He specialized in the F-14 Tomcat Avionic and Radar Weapons Systems. Mr. Trujillo served multiple tours to the Persian Gulf with Fighter Squadron Eleven (VF-11) on board the USS Independence, USS Carl Vinson, and the USS John C. Stennis. He later entered the Hampton Roads Naval ROTC Unit and went to college at Old Dominion University in Norfolk, Virginia. In 2001, Mr. Trujillo graduated with his Bachelors of Science in Communication, and was commissioned as a 2nd Lieutenant in the United States Marine Corps. He later attended Flight Training at Naval Air Station Pensacola and Aviation Maintenance Officer School at Naval Air Station Whiting Field in Florida. He served with Marine Air Wing Group 13 at Marine Corps Air Station in Yuma, Arizona. Mr. Trujillo was elected and served as the 2nd Lt Governor for the Pueblo of Laguna in 2009-2010. He served as a member of the Pueblo's Energy Core Team for PNM, Continental Divide Electric Cooperative, and New Mexico Gas Company. Mr. Trujillo also served as the Ex-Officio to the Laguna Development Corporation, the Mid-Region Council of Government-Metropolitan Transportation Board, the New Mexico

State–Tribal Collaboration and Communication Work Group for a Safer New Mexico, and was a member of the All Indian Pueblo Council.

**Joe Wynn, USAF
African American**

Mr. Joe Wynn, Executive Director of the National Association for Black Veterans (NABVETS) National Capital Area, serves as their Legislative Liaison on Capitol Hill. NABVETS, a certified Veteran service organization, headquartered in Milwaukee, Wisconsin, since 1978, has over 35 Chapters and thousands of members in cities around the country. In 2004, he founded the Veterans Enterprise Training & Services Group, Inc. (VETS Group), a non-profit organization that provides entrepreneurial education, federal procurement training, employment assistance and other supportive services primarily for Veterans, people with disabilities and persons of limited means.

Mr. Wynn received an honorable discharge from the U.S. Air Force at the end of the Vietnam War and has been an advocate for Veterans for more than 19 years. Through the VETS Group, Joe is helping to develop an initiative to increase the number of capable and qualified Veteran and service-disabled Veteran owned businesses. Partnerships are being formed with large corporate enterprises to offer Veterans employment opportunities, business education, mentoring, technical assistance, growth capital, and access to international markets. In recent years, while also serving as a Senior Advisor to the Director of Government Relations for the Vietnam Veterans of America, Joe has provided testimony to Congress on matters pertaining to federal procurement and Veterans' employment; served on the Veterans Disability Benefits Commission; and is on the Executive Committee of the Veterans Entrepreneurship Task Force (VET-Force), which is composed of over 200 organizations and affiliates representing thousands of Veterans throughout the U.S. that monitor the impact of legislation on Veterans procurement programs.

Mr. Wynn is the current Chairman of the Armed Services and Veterans Affairs Committee for the NAACP-DC Branch; member of the Veterans Health Council and the Mayor's Veterans Advisory Board for the District of Columbia. In 2005, Joe was appointed by the Honorable Nancy Pelosi to serve as a Commissioner on the Veterans Disability Benefits Commission that completed its work in early 2008.