**DEPARTMENT OF VETERANS AFFAIRS**

**FISCAL YEAR 2012 ACCOMPLISHMENT REPORT**

**IN SUPPORT OF THE**

**WHITE HOUSE INITIATIVE ON ASIAN AMERICANS**

**AND PACIFIC ISLANDERS**

**EXECUTIVE ORDER 13515**

**U.S. Department of Veterans Affairs**

***Mission****.* The U.S. Department of Veterans Affairs (VA) is responsible for a timeless mission: “To care for him who shall have borne the battle and for his widow, and his orphan”— by serving and honoring the men and women who are America’s Veterans.

As the second largest Cabinet level agency, as of August 31, 2012, VA employs 321,627 (permanent and temporary) individuals and provides health care, benefits, and memorial services to approximately 25 million Veterans. VA is comprised of four major components: the Veterans Health Administration (VHA), the Veterans Benefits Administration (VBA), the National Cemetery Administration (NCA), and the VA Central Office (VACO).

Per Executive Order (E.O.) 13515, VA identified High Priority Performance Goals (HPPGs), White House Initiative on Asian Americans and Pacific Islanders (WHIAAPI) Cross Cutting Goals, and Agency-Specific Goals that were relevant to helping increase the Asian Americans Pacific Islanders (AAPI) community’s participation in and access to the agency’s programs. All of the aforementioned goals were captured in VA’s Fiscal Years (FY) 2011 and 2012 WHIAAPI Plan. As a close-out to the two-year plan, below is the report on VA’s progress and accomplishments with meeting our stated goals. The report primarily focuses on FY 2012 relevant outcomes for goals that are specific to the AAPI community versus all demographic groups in general. The information is presented by VA components, under each of the goals and objectives. A separate report covering FY 2011 accomplishments was submitted to the WHIAAPI on April 4, 2012. Future reports will be based on VA’s new FY 2013 WHIAAPI plan that has been developed and is currently being coordinated for final approval.

**High Priority Performance Goals for the Asian American and Pacific Islander Community**

***Goal In conjunction with HUD, reduce the homeless Veteran population to 59,000 by June 2012 on the way to eliminating Veteran homelessness.***

According to *The 2011 Point-in-Time Estimates of Homelessness: Supplement to the Annual Homeless Assessment Report*, 67,495 Veterans were homeless in the United States on a single night in January 2011.  Homelessness among Veterans has declined by nearly **12 percent** since the January 2010 Point-in-Time count which was 76,329.  The 2012 Point-in-Time count data has not yet been released by the Department of Housing and Urban Development.

***Goal Improve the quality, access, and value of mental health care provided to Veterans by December 2011.***

While we do not have AAPI specific data, VHA has taken measures to provide minimum clinical requirements for all Veterans, through implementation of the Uniform Mental Health Services Handbook (UMHSH), which is assessed quarterly through the administration of the UMHSH Implementation Survey.  The Handbook establishes minimum clinical requirements for VHA Mental Health Services, and it delineates the essential components of the mental health programs that are to be implemented nationally, to ensure that all Veterans, wherever they obtain care in VHA, have access to quality mental health services. The UMHSH also specifies those services that must be provided at each VA Medical Center (VAMC) and at each Community-Based Outpatient Clinic (CBOC). The national policy requires achieving a minimum of 95 percent implementation of all required services at all VHA medical facilities and Health Care Systems (HCS).   Results for Quarter 3 (as of June 30, 2012) indicate that implementation for all VAMCs and HCSs is 96.18 percent.  This represents an increase from the Quarter 2 national score of 95.74 percent.

* The results of the measure from October 1, 2011 to August 21, 2012, show 96 percent of new mental health patients received a mental health evaluation within 15 days following their first mental health encounter. VA will be rewriting this metric based on VA Office of Inspector General feedback during fiscal year 2012.
* Between October 1, 2011 and August 2, 2012, 98 percent of eligible patients were screened at required intervals for PTSD; 97 percent of all eligible patients were screened at required intervals for alcohol misuse; and 97 percent of all eligible patients were screened for depression.

VA is also doing innovative work with social media to educate Veterans; provide valuable tools to build mental health skills; and to offer services in a format with which they resonate. One example is the award-winning Mobile App PTSD Coach. This was developed based on focus groups with Veterans and combines evidence-based information and tools in a format well suited to the Mobile App environment. Released in April 2011, it already has over 7,500 downloads in 68 countries and has won two prestigious awards.

August 6, 2012 marked five years since the establishment of VA’s Veterans Crisis Line (1-800-273-TALK (8255), press 1), which has expanded to include a Chat Service and texting option for contacting the Crisis Line. The program continues to save lives and link Veterans with effective ongoing mental health services on a daily basis. Staffing at the Crisis Line is currently being expanded by 50 percent, as called for in the Presidential Executive Order, with most of those hires already having taken place. To date, the outreach and educational campaign related to the Crisis Line has received seven prestigious awards

**Cross-Cutting Goals (CCG) For The Asian American and Pacific Islander Community**

***Goal Increase the AAPI community’s access to federal funding -- Grants and Programs.***

Through the National Diversity Internship Program (NDIP), managed by the Office of Diversity and Inclusion (ODI), VA contracted with 7 vendors to offer internship opportunities to students from diverse backgrounds, totaling nearly 700,000.00 dollars in funding. Of these, two -- the Asian Pacific American Institute for Congressional Studies (APAICS) and the International Leadership Foundation (ILF)--were awarded nearly $20,000 or 3 percent of overall funding.

NCA provides grants to assist states, territories and federally recognized tribal governments in providing gravesites for Veterans in those areas where VA’s national cemeteries cannot fully satisfy their burial needs. Grants may be used only for the purpose of establishing, expanding or improving Veterans cemeteries that are owned and operated by a state, federally recognized tribal government or U.S. territory. Since 1988, NCA has provided grants to nine cemeteries that are located throughout Hawaii and Guam for establishment, expansion and improvement.

NCA’s Veterans Cemetery Grants Program conducts quarterly conference calls and emails program updates to state cemeteries and other organizations with pending grants. Individual conference calls have been conducted with the state of Hawaii and Guam providing guidance on their pending projects. In August of FY12, a grant of $1,293,286.00 was awarded for improvements at Kauai Veterans Cemetery in Kauai, Hawaii.

The Native American Veterans Direct Loan Program, which is administered by VBA Loan Guaranty Service, provides home financing to Veterans on trust land, which includes Hawaii and U.S. Territories in the South Pacific.

***Goal Increase the number of AAPIs with access to linguistically appropriate resources – Language Accessibility.***

The Office of Resolution Management (ORM) established and maintains the agency Limited English Proficiency (LEP) policy, which is implemented throughout the agency in accordance with E.O. 13166. In accordance with EO 13166, the Department leverages telephone and other interpreting services to further assist the LEP population in accessing our services, including the AAPI community, in accessing our services.

***Goal Foster the recruitment, career development and advancement of AAPIs in the Federal Government***

As of September 30, 2012, VA employed 22,832 (7.06 percent) AAPIs, including 22,105 (6.84 percent) Asians and 727 (0.22 percent) Native Hawaiian or Pacific Islanders (NHOPI).  These rates are above the Civilian Labor Force (CLF) rates of 3.6 percent for Asians and 0.02 percent for NHOPIs.  From FY 2012 to FY 2013, the overall growth of AAPIs in the VA workforce was 7.02 percent, which exceeded the net workforce growth of 2.55 percent.  Of the non-Wage Grade workforce, 21.43 percent of VA’s employees were in GS 13-15 or Title 38 equivalent pay grades, compared to 31.82% of AAPIs in those grades. Of VA’s total permanent workforce, 0.13% were in SES level positions.  In an ideal workforce distribution, 0.13% of each race/national origin/disability status group would have the same representation of employees in SES (0.13%).  However, of the AAPI permanent workforce (aside from Wage Grade positions), 0.03% were at the SES/equivalent level.  Asian men had a SES participation rate of 0.06%; Asian women had an SES participation rate of 0.01%; Native Hawaiian men had 0.43%; and Native Hawaiian women had none.

AAPIs’ higher than expected representation in VA’s overall workforce and leadership pipeline (GS13-15 and equivalent Title 38 pay grades) can be directly attributed to VA’s recruitment outreach efforts, student training programs, and career development initiatives.

***Recruitment Outreach***

During FY 2012, VA conducted outreach to AAPIs at the national level through participation in national conferences such as Federal Asian Pacific American Council (FAPAC), Conference on Asian Pacific American Leadership (CAPAL), International Leadership Foundation (ILF), and Asian Pacific American Institute for Congressional Studies (APAICS).

VHA participated in the National Association of Asian American Professionals annual conference held August 24-25, 2012, in New York City. A Health Retention and Recruitment Office National Recruiter attended the event in which there was an estimated attendance of 500 participants. Twenty viable interested candidates submitted resumes and 10 have been contacted for follow-up.

NCA personnel attended the Federal Asian Pacific American Council Annual National Leadership Training Conference in Atlanta, GA. NCA provided training on Veterans benefits, conducted outreach activities, and networked with key personnel in the organization. In collaboration with the minority serving organizations, NCA has developed partnerships to participate at various conferences and job fairs throughout the year providing vacancy announcements to increase the representation of groups that have low participation rates within NCA.

NCA established partnerships with Asian Pacific American national affinity groups such as International Leadership Foundation (ILF); Asian Pacific American Institute for Congressional Studies (APAICS); and the Organization of Chinese Americans (OCA) to sponsor students throughout the year at various cemetery locations nationwide. These partnerships will provide opportunities to AAPIs to participate in the VA workforce.

VBA established an intern program that specifically targets outreach to the AAPI community.

***Student Training Programs***

VHA, through the Office of Academic Affiliations (OAA), has clinical training affiliations with most of America’s medical schools and hundreds of associated health training programs nationwide.   Over 100,000 health care trainees perform clinical training rotations in VA medical centers each year which offer excellent exposure to employment opportunities. In Academic Year 2010-2011, OAA engaged in affiliation agreements with 16 Asian American Native American Pacific Islander Serving Institutions (AANAPISIs) for VA career and internship opportunities

The following table includes a summary of the Asian American and Pacific Islander data for the Academic Year 2010-2011 (covering the period July 1, 2010 through June 30, 2011.) A report for the Academic Year 2011-2012 will be available December 2012.

|  |  |
| --- | --- |
| **STATE** | **Total Number of Positions** |
| **CALIFORNIA** | **527** |
| **AANAPISI** | **292** |
| CAL STATE UNIVERSITY SACRAMENTO | 50 |
| CAL STATE UNIVERSITY, SAN MARCOS | 54 |
| CALIFORNIA SCHOOL OF PODIATRIC MEDICINE AT SAMUEL MERRITT UNIVERSITY | 102 |
| California State University - Long Beach | 2 |
| CALIFORNIA STATE UNIVERSITY, FRESNO | 1 |
| MERRITT COLL | 2 |
| SAN JOSE STATE UNIVERSITY | 11 |
| SANTA MONICA COMM COLL | 70 |
| **AANAPISI and HISPANIC** | **235** |
| CAL STATE UNIVERSITY FRESNO | 235 |
| **HAWAII** | **15** |
| **AANAPISI** | **15** |
| HILO COMMUNITY COLL | 6 |
| UNIVERSITY OF HAWAII-HILO | 9 |
| **ILLINOIS** | **145** |
| **AANAPISI** | **12** |
| UNIVERSITY OF CHICAGO | 12 |
| **AANAPISI and MAJOR AFFILIATE** | **133** |
| UNIVERSITY OF ILLINOIS-URBANA | 133 |
| **MASSACHUSETTS** | **144** |
| **AANAPISI** | **144** |
| UNIVERSITY OF MASSACHUSETTS-BOSTON | 144 |
| **NEW YORK** | **3** |
| **AANAPISI** | **3** |
| STATE UNIVERSITY OF NEW YORK AT STONY BROOK | 3 |
| **TEXAS** | **2** |
| **AANAPISI** | **2** |
| RICHLAND COMM COLL | 2 |
| **WASHINGTON** | **79** |
| **AANAPISI** | **79** |
| SEATTLE COMM COLL | 79 |
| **Grand Total** | **915** |

***Leadership and Career Development Programs***

The table, which follows shows the number and percentage of Native Hawaiian/Pacific Islander and Asian-American employees (based on self reported data) who participated in the following national employee development programs for VHA under the Healthcare Talent Management Program Office’s purview in FY2012:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Native Hawaiian/Pacific Islander | | | | Asian-American | | | |
|  | Male | | Female | | Male | | Female | |
|  | Number | % of Participants | Number | % of Participants | Number | % of Participants | Number | % of Participants |
| HCLDP | 0 | 0.00% | 0 | 0.00% | 1 | 1.72% | 4 | 6.90% |
| GHATP | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 1 | 2.78% |
| TCF | 1 | .36% | 1 | .36% | 16 | 5.82% | 5 | 1.82% |
| Facility LEAD | 1 | 0.10% | 5 | .49% | 13 | 1.27% | 24 | 2.34% |
| VISN LEAD | 0 | 0.00% | 0 | 0.00% | 12 | 2.92% | 10 | 2.43% |

Descriptions of the programs listed follow:

* + Health Care Leadership Development Program (HCLDP) Open to GS 13-15 and equivalent Title 38 employees. Competitive selection. Single class of 60 participants per year.
  + Graduate Health Administration Training Program (GHATP) 1-year program. Competitive selection. Several sub-programs [current students, recent graduates, high potential current employees]. Advertising/Selection/Hiring conducted locally. About 60 participants selected per year.
  + Technical Career Field Program (TCF) 2-year training program. Non-clinical occupations. Open to internal and external candidates. Advertising/Selection/Hiring conducted locally. About 280 participants selected each year. TCF hiring for the 2012 class did not begin until May 2012. TCF data is based on hiring into the 2011 class.
  + Leadership, Effectiveness, Accountability and Development (LEAD) Two levels in 2012 – Facility LEAD [typically GS 5-9 and equivalents] and VISN LEAD [typically GS 9-13 and equivalents]. Designed and conducted locally.

NCA has also implemented various employee developmental programs to provide opportunities to develop new skill sets to prepare them for leadership positions. One of these programs, the Cemetery Directors Intern course, has been a very successful tool for providing underrepresented groups opportunities to advance into leadership positions within the administration. Upon successful completion of the course, participants are assigned to cemeteries as the cemetery director, assistant director or assistant to the director. The diversity of the Cemetery Director Intern classes demonstrates NCA’s commitment to diversifying the workforce in leadership positions. The FY12/13 class includes one Asian American woman, one African American woman, one White woman, two African American males, and five White males. The FY12 graduating class included one Pacific Islander woman, one African American woman, two African American men, and three White males.

VBA also implemented the below employee developmental programs.

* Division Leadership Management Training (DLMT) - AAPI Members - 2
* Introduction to Leadership (ITL) - AAPI Members - 7
* Enhancement and Development - AAPI Members- 1
* Presidential Management Fellows (PMF) - AAPI Members - 1
* Leadership Development Program (LDP)- AAPI Members - N/A
* Assistant Director Development Program (ADDP) - AAPI Members - N/A
* Leadership Coaching Program (LCP) - AAPI Members - 1

***Goal Improve federal civil rights protections for the AAPI community.***

The Department of Veterans Affairs is committed to ensuring equal employment opportunity (EEO), promoting diversity and inclusion, and constructively resolving workplace conflict in order to maintain a high performing workforce in service to our Nation’s Veterans. To that end, the Department will vigorously enforce all applicable Federal EEO laws, regulations, executive orders, and management directives to ensure equal opportunity in the workplace for all VA employees. VA is strongly committed to reminding managers and supervisors of their obligations to maintain an environment free from discrimination, reprisal and retaliation actions.

VA will not tolerate discrimination or harassment on the basis of race, color, religion, national origin, sex, pregnancy, gender identity, parental status, marital status, sexual orientation, age, disability, genetic information, political affiliation, or retaliation for opposing discriminatory practices or participating in the discrimination complaint process. This equal opportunity policy applies to and is an integral part of every aspect of personnel policies and practices as they relate to the employment, development, advancement, and treatment of VA employees.

The Department continually conducts barrier analysis to identify any systemic barriers to EEO for all groups, including AAPI employees. During FY 2013, we will continue to provide targeted recruitment outreach and retention efforts for groups with less than expected participation rates, to include AAPIs. To address low AAPI SES participation rates, VA will continue recruitment outreach efforts to improve representation of AAPIs in our SES/equivalent ranks.

The Office of Resolution Management (ORM) gathers and analyzes EEO complaint data by Race, Ethnicity, and Gender (REG), including AAPI and other protected groups, to ensure VA identifies and takes corrective actions to address any perceived or real inequities within the Department. In addition, when discrimination is found, corrective actions are implemented to discipline those found to have discriminated, which serves as a preventive measure for any future actions.

***Goal Improve the data collected on AAPIs in each program -- Data Disaggregation.***

VA currently collects REG data on its employees, compliant with Office of Budget Management (OMB) Directive 15. This information is available via the VHA Support Service Center (VSSC) database to all VA components. This information is used in determining workforce representation based on REG.

VA, in coordination with OPM, is in the process of implementing an applicant tracking system which will allow VA to assess AAPIs application trends. This will provide VA with the capability to conduct further trigger and barrier analysis on our recruitment efforts.

VHA collects Race, Ethnicity, and Gender (REG) data for the Veterans it serves. Veterans are asked REG information when they apply for health care on the Veteran’s Application for Health Benefits, VA FORM 10-10EZ, at point of service, and/or check-in at stations with kiosks. There are approximately 300, 000 AAPI Veterans of the total population of 22 million Veterans. Approximately 87,446 Veterans who enrolled for health benefits reported they are AAPI.

**Agency-Specific Goals for the Asian American and Pacific Islander Community**

***Goal Increase awareness and access to health services for AAPI Veterans in rural areas.***

Between Fiscal Year (FY) 2008 and FY2012, VHA’s Office of Rural Health (ORH) provided the Pacific Islands in the Sierra Pacific Network (Veterans Integrated Service Network 21) $22,657,484 to support projects serving Veterans who reside in rural, highly rural, and remote areas of the Pacific.  In FY2013, ORH will provide an additional $7,398,388 for new rural health projects and sustainment efforts.  These projects are detailed below, and include travel support from neighboring and Western Insular islands. The projects are creating a rural health infrastructure; expanding access to primary and specialty care; expanding community based outpatient clinic (CBOC) services and Outreach clinics; providing telehealth modalities of video and home telehealth; expanding geriatrics and non-institutional care; increasing Veteran outreach; enhancing education; and promoting cultural sensitivity.

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|  |  |  |
| --- | --- | --- |
| **FY13 PROJECTS** | TOTAL |  |
| Anticoagulation Clinical Pharmacist Services | $222,510 |  |
| Treatment for Veterans and Family Members | $106,766 |  |
| VAPIHCS Rural Health Coordinator | $140,550 |  |
| Extension of Kona CBOC PC and MH Services to North and South Areas of the Big Island | $197,800 |  |
| Extension of Kauai CBOC Mental Health Services to North/West Kauai | $207,187 |  |
| Expand Access of Geriatric Evaluation and Consultation to Veterans Residing on Rural Pacific Islands | $267,952 |  |
|  |
| Combined Call Center With Pacific Islands CBOCs | $292,384 |  |
| Home-Based Tele-Mental Health (HBTMH) for Pacific Region Rural Veterans Requiring PTSD Follow-up | $282,382 |  |
| Transportation for Hawaiian Neighbor Island Veterans | $2,200,000 |  |
| HBPC Expansion to Guam | $601,453 |  |
| Pacific Western Insular Area Veteran Travel | $2,497,000 |  |
| Enhancing Patient Health Education at Rural Sites | $32,000 |  |
| Spinal Cord Injury & Disorders Rural Outreach Program | $350,404 |  |
| ***Fiscal Year 2013 ORH Funding (VAPIHCS)*** | **$7,398,388** |  |

***Goal Institutionalize VA’s implementation of this initiative.***

In FY 2012, ODI partnered with the Center for Minority Veterans to present a round table on AAPI Veterans’ issues. The round table was hosted by the Secretary of VA on January 31, 2012, in response to a request by the WHIAAPI. The event took place in VA’s Omar Bradley Conference room and was attended by over 50 AAPI stakeholder/community leaders and senior VA leaders. Participants included the Honorable Chris Lu, Assistant to the President and Cabinet Secretary for United States President Barack Obama; Dr. Robert Petzel, Under Secretary for Health; Mr. Steve Muro, Under Secretary for Memorial Affairs; Mr. Michael Carderelli, Principal Deputy Under Secretary for Benefits; Mr. Will Gunn, VA’s General Counsel; and other senior executive staff from VA Staff Offices. The discussion focused on four primary areas: 1) access to VA healthcare, 2) access to VA benefits, 3) data collection, and 4) VA outreach.  The Secretary committed to on-going discussions with this community on the issues raised.

The Under Secretary of Memorial Affairs (USMA) also served as a VIP guest at a wreath laying ceremony commemorating the 68th anniversary of the Liberation of Guam and the Battle for the Northern Marianas Islands, held July 17, 2012 at the Tomb of the Unknowns at Arlington National Cemetery.

In FY 2012, ODI assigned a new Special Emphasis Program Manager (SEPM) to serve full time as the VA National AAPI Employment Program Manager. In this capacity, the SEPM will conduct quarterly calls and monitor VA’s activities to ensure WHIAAPI and EEO goals and objectives are met.

VHA ODI has begun efforts to establish an AAPI workgroup, which will be implemented in FY 2013, and will meet at least quarterly to discuss AAPI concerns and initiatives.

NCA, during the 1st Quarter of FY12 (October 2012), will implement its own Executive Diversity Council and a Sub-Committee, the Special Emphasis Program Advisory Committee (SEPAC), to develop and implement a recruitment plan and Special Emphasis Programs as a solution to less than expected participation rates of identified groups, including the AAPI community.

VA actively participated in WHIAAPI Interagency Working Group meetings and other WHIAAPI events throughout the year, ensuring VA is making headway in ensuring AAPIs are well represented throughout the Department, at all levels.