



**Department of Veterans Affairs (VA)  
Advisory Committee on Women Veterans (ACWV)  
May 8-10, 2018  
VA Central Office  
810 Vermont Avenue, NW  
Washington, DC 20420**

**Attendance:**

**VA ACWV Members Present:**

CMDCM Octavia Harris, USN, Ret., Chair	LTCOL Shannon McLaughlin, MA ARNG
Kailyn Bobb, USAF Veteran	Yareli Mendoza, USAF Veteran
LTC Lisa Kirk, MDANG, Ret.	Keronica Richardson, USA Veteran
LTC Kate Germano, USMC, Ret.	CWO Moses McIntosh, USA, Ret.
CDR Janet West, USN	COL Wanda Wright, USAF, Ret.
COL Betty Yarbrough, USA, Ret.	

**VA ACWV Members Excused:**

COL Karen O'Brien, USA, Ret.

**VA ACWV Ex-Officio Members Present:**

Dr. Nancy Glowacki, Women Veterans Program Manager, Veterans Employment and Training Service, Department of Labor (DOL)  
Lillie Nuble, Director, Newark VA Regional Office (VARO) Veterans Benefits Administration (VBA)  
Dr. Patricia Hayes, Chief Consultant, Women's Health Services, Veterans Health Administration (VHA)

**VA ACWV Ex Officio Members Excused:**

Colonel Toya Davis, Military Director, Defense Advisory Committee on Women in the Services (DACOWITS), Department of Defense (DoD)

**VA ACWV Advisors Present:**

Faith Walden, Program Analyst, Office of Finance and Planning, National Cemetery Administration (NCA)

**VA ACWV Advisors Excused:**

CAPT Michelle Braun, Nephrology Nurse Practitioner, National Institutes of Health

**Center for Women Veterans (CWV):**

Kayla M. Williams, Director

Shannon L. Middleton, Program Analyst

**Other VA Staff**

- Alohalani Bullock-Jones—VBA
- Anna Crenshaw--VBA
- Jeffrey Moragne --Advisory Committee Management Office (ACMO)
- Jelessa Burney—ACMO
- Jacob Gadd—VHA

**Other Guests/Members of the Public**

- Sharon Hodge—Vietnam Veterans of America (VVA)
- Shurhonda Love—Disabled American Veterans (DAV)
- Joy Ilem--DAV
- Aida Montanez
- Sarah Nissenson--MITRE
- Jillian Humphreys--MITRE
- Leigh Ann Gallion--MITRE
- Mallory Schwarz—American Congress of Obstetricians and Gynecologists (ACOG)
- Dr. Lynne Coslett-Charlton--ACOG
- Kerby Stracco—National Association of Black Veterans
- Cathy Wiblemo—VVA
- Jackie Garrick—Whistleblowers of America
- Cherie Fuchs—Military Officers Association of America
- Rachana Desai Martin—Center for Reproductive Rights
- Dr. JoAnn Fisher-- Women Veterans United Committee, Inc
- Victoria Elliott—Library of Congress
- Andrea Goldstein—Tufts University
- Manuela Jay—Service Women's Action Network

***The entire meeting package is located in the Center for Women Veterans, Washington, DC electronically.***

**Tuesday, May 8, 2018 – VA Central Office, Room 930**

**Meeting was called to order by Command Master Chief Petty Officer (CMDCM) Octavia Harris, Chair**

- Introduction of Committee members and visitors.
- Review of agenda.
- Approval of minutes from the September 18-22, 2017 Advisory Committee on Women Veterans Site Visit Meeting in Muskogee, OK.

**Update on Women's Health Services Initiatives, Dr. Patricia Hayes, Chief Consultant, Women's Health Services, Veterans Health Administration (VHA)**

- The number of women Veterans using VHA services has tripled since 2000, growing from 159,810 in fiscal year (FY)00 to 484,317 in FY17, representing a 203 percent increase over 17 years.
- Women Veterans using VA care:
  - Those who enroll in VA are high utilizers of care, needing providers with expertise in managing Veterans with complex health conditions.
  - Nearly one in four women Veterans has experienced military sexual trauma (MST).
  - Of VHA users, proportionately more women than men Veterans have a service connected (SC) disability (77 percent of women Veterans ages 18-44).
  - Greater than 30 percent of women Veterans use non-VA care in the community, coordinated and paid by VA.
- The ideal women Veterans experience of VA:
  - High-quality, equitable care on par with that of men.
  - Care delivered in a safe and healing environment.
  - Seamless coordination of services.
  - Recognition as Veterans.
- VA provides a full continuum of health care for enrolled women Veterans, to include:
  - Comprehensive primary care (acute care, chronic illness and gender-specific care from a single provider); routine gynecological care; mental health; disease management; prevention and screening; infertility care (newborn care up to 7 days); specialty care; hospice/palliative care; long-term care services.
- Advocating cultural transformation:
  - Women's Health Services is leading a VA-wide communication initiative to enhance the language, practice, and culture of VA, to be more inclusive of women Veterans.
- Women Veterans Call Center:
  - As of March 28, 2018, the Women Veteran Call Center received 71,408 calls and initiated 1,098,499 calls, with 564,812 of these calls being successful (spoke with Veteran or left a voice message).
  - Implemented chat feature in May 2016, to increase access for women Veterans, responded to 1,412 chats.
- The goal is for women Veterans to choose VA for all of their health care needs.
- VHA is expanding services and sites of care:
  - Increasing primary care providers trained to care for women; more than 5,500 providers trained across country.
  - Providing gynecologists on site; 196 across country.
  - There are 60 sites across country where mammography is available, and more coming.
  - Telehealth services.
- Telehealth services for women Veterans:
  - Innovative projects include: tele-primary care hub site; tele-gynecology; tele-pharmacy; tele-mental health; and tele-maternity care coordination.
  - All VA Integrated Service Networks (VISNs) have implemented at least one Women's Health Telehealth program.
- Risks of suicide for women Veterans:

- After adjusting for differences in age, risk for suicide was 2.5 times higher among women Veterans compared with U.S. civilian adult women.
- VA researchers found rates of suicide to be higher among women who report having experienced MST (specifically, sexual assault or sexual harassment) during military service, as compared to those who have not experienced MST.
- Different trends and suicide rates have been observed between women Veterans in different age groups, from 2001 through 2014.
  - Compared to other age groups, those under age 40 experienced a higher suicide rate, and a greater increase in the suicide rate over this period.
  - Although the suicide rate increased overall for women Veterans from 2001 through 2014, the suicide rate decreased by 2.6 percent for women using VHA services during this same time period.
- Suicide risk due to familiarity with firearms:
  - Veterans are comfortable owning and handling weapons.
    - Impulse acts lead to suicide death, interfering with impulse is critical.
    - It is important to ask about gun and ammunition safety, and gun locks.
  - A higher likelihood of using firearms, which are highly lethal, as the method for suicide may explain some of the difference in suicide rates between Veteran and civilian women.
    - Women Veterans who die by suicide are more likely than civilian women to use a firearm as the method for death.
    - Firearms were used by 40.5 percent of women Veterans who died by suicide, compared with 31.1 percent of non-Veteran women who died by suicide.
    - The firearm suicide rate among women Veterans has increased faster, and to a greater degree, than suicide rates among women Veterans using other methods.
- Actions taken to reduce suicide risk:
  - Initiated the “#Be There” Campaign Veterans crisis line (VCL): 1-800-273-TALK Press 1.
  - Efforts taken to know Veterans: Reach VET, in which VHA reaches out to Veterans identified as highest risk; new efforts with data and research, to identify risks for women Veterans specifically.
  - Joint efforts with Community, Veterans service organization's and states.
  - Improve contact through transition from Department of Defense (DoD) to VA, such as the Women Veterans Transition Assistance Program.
- Air Force (AF) and Veterans Affairs Women's Initiative Transition Assistance for Servicemembers:
  - DoD/VA Health Executive Committee identified transition between DoD and VA as the #1 barrier to care for women Veterans.
    - Myriad of challenges in relation to suicide.
    - Difficult to navigate VA during crisis.
    - Get those who need it into mental health support quickly.
  - AF/VA partnered to pilot a program and address health care gaps for women Veterans:

- Pilot includes: a one-day health care presentation and a tour of a VA facility; registration w/ VHA and VBA; a "hot hand off" between DoD and VA, before separation; and tracking of participants two years post service, to determine effects of health care presentation and to see if program addresses original problem set.
- There have been efforts to promote culture change in VA, to include posters and messaging explaining that certain behaviors (cat calls, whistles, and stares) are considered harassment, and reminding everyone of the responsibility to treat women Veterans with honor and respect.
- Update on 2016 Report of the Advisory Committee on Women Veterans (Recommendation 3): That VA pursue a regulatory change to remove the exclusion of in vitro fertilization (IVF) services for treatment of infertility from the medical benefits package.
  - Regulation addressing IVF for all Veterans is with the Secretary of Veterans Affairs for decision.
  - Public Law 114-223 allows VA to offer IVF to Veterans with a service connected disability that results in their inability to procreate without the use of fertility treatment.
    - Must have a service-connected condition that caused the infertility; be legally married; and have sperm/intact uterus.
  - By law, VA cannot cover cases involving donated sperm/eggs or embryos, or surrogacy.
  - Public Law 115-141 removes the expiration date for IVF services and the time limits on cryopreservation of embryos and gametes.
- Update on 2016 Report of the Advisory Committee on Women Veterans (Recommendation 4): That VA pursue a regulatory change to remove the exclusion of abortion services, in cases of threat to the life of the mother, sexual assault, and incest from the medical benefits package.
  - The medical benefits package excludes abortion--including therapeutic abortion--even if the life of the mother is in danger, or if there is a severe fetal anomaly and the fetus will not survive.
  - DoD prohibits abortion, except where the life of the mother would be endangered if the fetus were carried to term or in a case in which the pregnancy is the result of an act of rape or incest.
  - Under Title 38, U.S.C., VA could provide abortions and abortion counseling; however, by regulation, abortions and abortion counseling are expressly excluded from the medical benefits package.
    - These exclusions are currently stated in the absolute, providing no exceptions for life of the mother, severe fetal anomaly where the fetus will not survive, or sexual assault.
  - VA will consider a regulatory change regarding the abortion exclusion with respect to consistency with DoD and other Federal programs that provide comprehensive medical care to women.
- VHA Directive 1330.02, Women Veteran Program Manager (WVPM):
  - Outlines duties and responsibilities of health care professionals who perform the duties of WVPM and VISN lead WVPMs.

- WVPM (lead and local):
  - Lead WVPM: is dedicated to providing leadership in establishing, coordinating, and integrating accessible quality healthcare services for women Veterans within multiple healthcare delivery systems throughout the VISN and with other networks within VHA. The position reports to the Network Director or Chief Medical Officer.
  - Local WVPM: is responsible for administering, planning, monitoring, and evaluating the Women Veterans Health Program and coordinates a variety of activities, including outreach; multidisciplinary activities; psychosocial assessments; treatment and discharge planning; consultation and/or education to medical center staff and community service providers. WVPM reports directly to the facility director, or chief of staff.
- The Women's Health Dashboard is submitted twice a year, measured at VISN Level.
  - Includes: strategic planning, market penetration, implementation of women's health care, women's health performance measures, implementation of extended hours, environment of care, rural health, and women's telehealth.
- Women's Health Dashboard (December 2017):
  - Strategic plan: 91 percent of health care systems have a written strategic plan.
  - VA has at least one women's health primary care provider (WH-PCP) at all of VA's health care systems.
  - Ninety percent of community based outpatient clinics had a WH-PCP in place.
  - VA is in the process of training additional providers to ensure that every woman Veteran has the opportunity to receive her primary care from a WH-PCP.

**Gender-specific Prosthetic Care: Update on 2016 Report of the Advisory Committee on Women Veterans (Recommendation #2), Penny Nechanisky, National Director, Prosthetics and Sensory Aids Service, VHA**

- Prosthetic and Sensory Aids Services (PSAS):
  - Mission is to provide medically appropriate equipment, supplies, and services that optimize Veteran health and independence.
  - Vision is to be the premier source of prosthetic and orthotic services, sensory aids, medical equipment, and support services for Veterans.
- Provides Specialty care for medical conditions related to:
  - Amputation, spinal cord injury/disorders, polytrauma, hearing and vision, podiatric care, cardio-pulmonary disease, traumatic brain injury, speech/language deficit, geriatric impairments, neurologic dysfunction, muscular dysfunction, women's health, orthopedic care, diabetes/metabolic disease, peripheral vascular disease, and cerebral vascular disease.
- PSAS services/devices/benefits:
  - Services include orthotic and prosthetic services, restorations, home oxygen, and dog insurance.
  - Devices include durable medical equipment and supplies, wheelchairs and accessories, eyeglasses, blind aids, low vision aids, hearing aids and assistive listening devices, health monitoring equipment, artificial limbs/custom braces, surgical implants, and adapted sports and recreational equipment.

- Benefit programs include automobile adaptive Equipment (AAE), clothing allowance, and home improvements and structural alterations (HISA).
- Process for ordering prosthetic items:
  - Veteran sees a clinical provider or an interdisciplinary team; the clinician writes a prescription to prosthetics for clinically appropriate device/service, prosthetics facilitates submission of an acquisition plan.
  - Prosthetic staff makes sure the needs of Veteran are being met by serving as point of contact; conducts market research related to prosthetic devices; and provides expertise regarding sourcing and nomenclature.
    - If the order is under \$3,500, prosthetic staff will purchase the prosthetic devices; if the order is over \$3,500, then prosthetic staff compiles and assembles the acquisition plan, and uploads to eCMS for contracting action.
  - Contracting receives the acquisition plan and creates a contract award to the vendor; continues market research related to acquisition rules and regulations; completes the eCMS acquisition plan; develops eCMS purchase order action and prepares the contract (SF-1449); creates the purchase order and obligation of funds; and awards the contract and completes the eCMS process.
- Integrated product team (IPT):
  - IPT is a multidisciplinary group of people collectively responsible for delivering a defined product or process.
    - Develops specifications for national contracts for high cost/high volume prosthetic appliances; contributes input for the Veteran; and alleviates concerns about soliciting for lowest cost instead of for higher quality.
  - Collaborates with national directors and chief consultants, to solicit clinical subject matter experts.
  - The majority of IPTs will have a physician as the chair; membership representation reflects specialty expertise related to product requirements, to include gender.
- Update on 2016 Report of the Advisory Committee on Women Veterans (Recommendation #2): That VHA ensure women Veterans have access to (and receive in a timely manner) high quality, gender-specific, and individualized prosthetic care that will allow them to improve their quality of life; that VHA partner with Department of Defense, women Veterans who use prosthetics, the private sector prosthetics industry, and other key stakeholders to identify best practices/develop a plan of action to accomplish this; that VA collect measurable data to evaluate progress including patient satisfaction and timeliness of delivery; and that VA actively explore use of innovative technology such as 3-D printers to provide more customizable options for women Veterans.
  - Current status:
    - Established Prosthetic Women Emphasis Group May 2017 (interdisciplinary discussion of best practices, prosthetic items, and Women Veteran issues)
    - The workgroup working on the VA/DoD Clinical Practice Guideline Rehabilitation of Lower Limb Amputation made a "strong for" recommendation to incorporate the patient's gender in developing individualized treatment plans. The clinical practice guideline was published September 2017. <https://www.healthquality.va.gov/guidelines/Rehab/amp/>

- Awarded contracts for artificial limbs and orthotic soft goods, which includes items based on size, pigment, and mobility factors.
- DoD participation on VHA/DoD IPTs, policies, and education conferences.
- Established VHA Amputee Veterans Registry, to target care.
  - The second phase of the repository will add outcome measures, which clinicians/researchers can use to identify best practices, release anticipated by the end of 2018.
  - Presented “VA Amputee Data Registry: Applications for Program and Patient Management,” on Amputation System of Care (ASOC)/EACE Grand Rounds with digital replay available to staff.
  - Women Veterans represent 2 percent of amputee Veterans in VA/DoD
- Established Orthotic and Prosthetics (O&P) Repository:
  - Data and educational references and resources accessible to O&P field staff, which includes content related to women Veterans.
- VA Innovators Network supports 3D Printing: <https://vaww.insider.va.gov/va-innovators-gather-in-richmond/>
- 3D Printers Lend a Helping Hand to VA Occupational Therapists: <http://blog.stratasys.com/2018/01/17/3d-printers-lend-a-helping-hand-to-va-occupational-therapists/>
- VA is represented with DoD and FDA on an interagency workgroup to understand 3D printed technologies and the use of 3D printing for medical devices.
- Current resources of VA facilities within 3D printing capabilities are posted on VA’s best practices and resource site: VA Pulse, in the Digital Fabrication and Healthcare Group.
- An interactive presentation was delivered by the 3D Medical Applications Laboratory presenter from Walter Reed National Military Medical Center at the VA/DoD Federal Advanced Amputation Skill Training.
- VA prosthetics research on women Veterans:
  - Rehabilitation Research and Development Service received funding for three additional studies addressing the needs of women Veterans with limb loss.
    - Two studies address upper limb amputation, and are completing required compliance approvals before starting.
  - Funding received for research, “Improving Footwear Options for Women and Men Veterans with Amputations,” which addresses lower limb prosthetics for women; approved to start July 1, 2018.
    - Study will develop a new system to 3D print custom energy-storing prosthetic feet to fit shoes of any size and heel height--two issues that have proven problematic for women Veterans.
      - This system will incorporate a quick-disconnect system that preserves alignment; users will be able to simply remove one prosthetic foot-shoe combination and connect another.
- Partnerships with Women’s Health:
  - Prosthetics Boutique in Women’s Health Clinics.
    - Targeted to women specific prosthetic items and fittings.



- Working with Women's Health to identify sites with boutiques and utilization and satisfaction data.
- Annual briefings to Women's Health practitioners and field staff.
- Prosthetics Women Veterans Fact Sheet (<https://www.prosthetics.va.gov/factsheet/PSAS-FactSheet-WomenVets.pdf>).
  - Listing of female specific prosthetic items.
- Prosthetics Women Emphasis Workgroup.
  - Interdisciplinary group (VSO Representation) that reviews/assesses data, and addresses women Veterans prosthetic concerns.

**Eating Disorders in Women Veterans: Update on 2016 Report of the Advisory Committee on Women Veterans (Recommendation #1), Dr. Susan McCutcheon, National Mental Health (MH) Director, Family Service/Women's MH/MST**

- Update on 2016 Report of the Advisory Committee on Women Veterans (Recommendation #1): That VHA establish a comprehensive program in coordination with community partners for the identification and treatment of eating disorders in women Veterans, to include at a minimum, screening of high risk-populations, diagnosis, and treatment, with tracking of metrics (number of patients screened, number of positive screens, and the effectiveness of referral for diagnosis, placement for treatment, as well as other factors associated with quality of treatment).
  - VA Response: Priority area of focus for VA. Key efforts to enhance VA's capacity are in progress.
    - Continue national eating disorder workgroup, a multidisciplinary group of subject matter experts (clinicians, researchers, administrators) including mental health, primary care and dieticians
    - Primarily functioning as advisory group, and has regular quarterly meetings.
- Summary of findings:
  - Eating disorders were described as an important area of need for both women and men Veterans.
  - Anorexia and bulimia were encountered fairly infrequently, but very burdensome for providers.
  - Binge eating disorder was described as being encountered more often than anorexia and bulimia, but burden on providers was not as severe.
- Multidisciplinary team training:
  - Based on Subject Matter Expert interviews, results of needs assessment items and pilot training, modifications were made to FY17 training curriculum.
  - Participants learn how to provide specialized outpatient care as part of a multidisciplinary team that includes evidence-based psychotherapy for eating disorders, psychiatric medication management, primary care, dietician services and case management.
  - Consistent with the Joint Commission's 2016 standards on outpatient treatment of eating disorders.
  - Updated 8-week, 24-hour curriculum, delivered via video conferencing, and ongoing case consultation for 1 year.
  - Services provided by first 10 teams trained:

- Direct patient care: 80 percent providing direct patient care.
- Telehealth care: 60 percent providing telehealth care within their medical centers.
- Medical center consultation: 100 percent providing education within their medical centers and 80 percent accepting consults from diverse range of services.
- VISN wide consultation: 50 percent providing case consultation within VISN.
- Women's Mental Health Mini-Residency:
  - First National Women's Mental Health Mini-Residency, held April 2016 in Salt Lake City, Utah.
    - Two hundred mental health providers, representing nearly every VHA facility, and eight Vet Centers attended this three day intensive clinical training conference.
  - The new women's mental health champions were created, and they implemented action plans at their local facility.
    - They implemented postpartum depression screening; incorporated mini-residency content into local training programs; developed psychoeducation and skills groups for women Veterans on topics such as pain, parenting, and healthy relationships; and stood up multidisciplinary women's mental health advisory boards.
- VA/DoD Women's Mental Health Mini-Residency:
  - The residency will be held August 28-30, 2018 in Crystal City, Virginia.
    - There will be National subject matter experts representing both Departments.
    - Will include 75 VA participants and 75 DoD mental health providers, which will include a broad range of clinical disciplines (psychiatrists, advanced practice nurses, psychologists, social workers, and counselors).
  - Purpose to provide VA and DoD mental health providers with clinical knowledge and skills to provide gender-sensitive, foundational mental health services to active duty Servicewomen and women Veterans.
  - Will include a broad curriculum, to include evidence-based psychotherapies and psychiatric medications; highly interactive sessions with small group workshops; case-based examples; and demonstrations and role plays.
  - There will be training outcomes, where participants will create and implement action plans to advance women's mental health care and suicide prevention at their local facilities after participation in the mini-residency
  - VA participants will serve as women's mental health champions (at least one per VA medical center).
  - Core curriculum, conference structure, and training objectives are based on the highly successful VA Women's Mental Health Mini-Residency in 2016.
- Parenting STAIR (Skills Training in Affect and Interpersonal Regulation) therapist training:
  - STAIR is cognitive behavioral therapy that teaches skills for managing strong emotions and building healthy interpersonal relationships, which are areas of functioning that can be disrupted in women with histories of severe interpersonal trauma.

- VA offers STAIR training to VA clinicians and, in FY17, developed a five skill Parenting STAIR protocol that builds on the foundation of STAIR.
- Parenting STAIR is a parent-specific adaptation, for Veterans who have completed the STAIR treatment and continue to have trauma-related reactions that negatively impact their parenting and parent-child relationships.
- Parenting STAIR therapist training includes four hours of live Web-based video training, followed by biweekly clinical consultation.
- Parenting STAIR booster treatment is comprised of five foundational skills that extend the lessons of STAIR to parenting concerns.
- Treatment of post-traumatic stress disorder (PTSD) related to MST:
  - MST is an experience, not a diagnosis; PTSD is one of the conditions Veterans may develop after experiencing MST.
  - To receive a diagnosis of PTSD, Veterans must have a specific set of symptoms and meet specific criteria that are independent of the type of trauma experienced.
  - Studies have shown that evidence-based treatments for PTSD are generally effective for Veterans across type of trauma experienced.
    - For example, prolonged exposure, cognitive processing therapies are effective for sexual trauma and combat trauma; often these treatments can be used without major modifications.
  - Although there is significant overlap in the issues that Veterans who experienced MST, combat, or other forms of trauma struggle with, there are also some issues that sexual trauma survivors tend to struggle with more so than survivors of other kinds of trauma.
    - For example, MST survivors often struggle with interpersonal relationships; trust; power and control; negative view of self; self-blame; guilt and shame; and difficulty with decision-making.
    - They also struggle with safety and revictimization; both hyperattention and inattention to safety; sexuality and sexual functioning; issues related to identity (i.e., gender, sexual orientation).
  - Therefore, effective treatment of sexual trauma-related PTSD involves both applying evidence-based treatment strategies that are broadly relevant to the treatment of PTSD, and attending to treatment themes that commonly arise in working with sexual trauma survivors.

#### **Update on Choice Program, Dr. Gene Migilaccio, Executive Director, Delivery Operations, VHA**

- The Veterans Choice Program (VCP) was enacted by Congress in 2014, as a temporary program to expand Veteran's access to care.
- Eligibility for VCP is based on certain administrative criteria, such as when VA cannot provide needed medical care in a timely manner or the nearest VA medical facility with a full time primary care physician is more than 40 miles from a Veteran's residence.
- Veterans must receive prior authorization from VA, before receiving care through VCP.
- A Veteran may be referred to a community provider, either through a national contract via a third party administrator or through a VCP provider agreement, which

is a direct arrangement between a local VA medical facility and a community provider.

- VA has provided community care for over 70 years.
- Veterans are using more community care than ever before:
  - In FY17, more than 32 million appointments were scheduled in the community, which represents more than 36 percent of all VA appointments.
- Multiple programs are used to authorize Veterans community care, each has different legal authorities and processes.
- Goal of VA Community Care modernization:
  - Provide easy to understand eligibility information to Veterans, community providers, and VA staff.
  - Support accurate and timely payment of community providers.
  - Implement a network that provides access to high quality care inside and outside VA.
  - Provide quick resolution of questions and issues for Veterans, community providers, and VA staff.
  - Coordinate care through seamless health information exchange.
  - Provide Veterans timely access to a community provider of their choice.
- VA purchases care from community providers, when it does not have the internal resources or capacity to provide the care needed for Veterans. Examples include:
  - Inability for a Veteran to access a VA health care facility due to distance or travel burden.
  - Demand for care exists that exceeds a VA health care facility's capacity.
  - When VA resources are not available due to constraints (i.e. staffing, space).
  - When certain types of specialty care are not available at a VA facility.
  - When wait-times are beyond VA standards.
  - To ensure cost-effectiveness for VA (whereby outside procurement vs. maintaining and operating certain services in VA facilities is more appropriate).
- VA Community of Care includes a number of separate programs, for Veterans and family members:
  - Examples of programs for Veterans include: Patient-Centered Community Care (PC3); Veterans Choice Program (VCP); Veterans Choice Program Provider Agreements; Traditional Community Care; State Home Per Diem Program; Indian Health Service / Tribal Health Program (IHS/THP) Reimbursement Agreements Program; and Community Emergency Medical Care.
  - Examples of programs include: CHAMPVA; CHAMPVA In-house Treatment Initiative (CITI); Children of Women Vietnam Veterans; Spina Bifida Health Care Benefits; Foreign Medical Program; Camp Lejeune Family Member; and Caregiver Support Program.
- The local VA Community Care department is the 'clinic' that coordinates all services for Veterans outside the VA Healthcare System.
  - In the future state under Community Care Network (CCN), VA will be performing these services instead of the contractor.

### **Discussion on Status of 2016 Report Recommendations, ACWV**

- The ACWV discussed the status of recommendations, to determine which recommendations had been satisfied or which should remain open for additional follow-up.
  - The committee voted to close recommendations #2, #5, #7, and #8.
  - The committee voted to keep recommendations #1, #3, #4, and #6 open, for additional updates.

### **Update on Veterans Health Administration Initiatives, Dr. Carolyn Clancy, Executive in Charge, VHA**

- More women Veterans are coming to VA for care and services than ever before.
- In 2000, about 159,000 women Veterans received care and services in VA's health system; by 2017, the number had grown to more than 480,000.
- Currently, more than 700,000 women Veterans are enrolled in the VA health care system.
- VA wants women Veterans to choose VA for all of their health care needs, and is working hard to improve the care and services it provides.
- VA has made tremendous strides in expanding services and access for women Veterans.
- VA provides full services to women Veterans, including primary care, gynecology, maternity, specialty care, and mental health care.
- VA has enhanced the provision of care to women Veterans, by focusing on developing designated women's health primary care providers at every site where women access VA for care.
- By the end of FY17, VA reached the milestone of training more than 5,500 providers and nurses in the women's health mini-residency.
- To increase the number of women's health providers and nurses serving rural Veterans, VA developed mobile women's health training.
- VA has at least one women's health primary care provider at every medical center, and at 90 percent of our community-based outpatient clinics.
- To ensure every woman Veteran has the opportunity to receive care from a women's health provider, VA is training additional providers.
- VA is at the forefront of information technology for women's health; the electronic health record (EHR) is being redesigned to track breast and reproductive health care.
- Quality measures show women Veterans are more likely to receive screening for breast and cervical cancer than women in private sector health care.
- VA tracks quality by gender and, unlike other health systems, has reduced and eliminated gender disparities in key aspects of screening, prevention, and chronic disease management.
- VA published an interim final rule regarding fertility counseling and treatment available to certain Veterans and their spouses that:
  - Adds IVF authorization for a Veteran with a service-connected disability that results in the inability to procreate without fertility treatment.

- Adds authorization for fertility counseling and treatment using assisted reproductive technology, including IVF, to the spouse of a covered Veteran to the extent such services are available to enrolled Veterans.
- VA amended its regulation to reimburse qualifying adoption expenses incurred by Veterans with service-connected disabilities that result in the inability to procreate without fertility treatment.
  - Covered Veterans can request reimbursement for qualifying adoption expenses incurred for adoptions finalized after September 29, 2016.
- VA established a hotline to serve women Veterans, their families, and caregivers in 2014.
  - The Women Veterans Call Center makes outgoing calls to provide information about VA services and resources, and responds to incoming calls from women Veterans, their families, and caregivers.
  - The call center implemented a chat feature in 2016 to increase access for women Veterans, and has responded to 1,412 chats so far.
  - As of March 28, the Women Veterans Call Center has received 71,408 calls and made 1,098,499 calls, with 564,812 being successful (spoke with the Veteran or left a voice mail message).
- The FY 2019 Strategic Capital Investment Plan includes 12 minor construction projects, a total investment of more than \$138 million, to improve or expand facilities in support of women's health.
- The FY 2019 budget request includes funding requirements for the design phase of six of these 12 minor construction projects.
- VA is also working to improve standards and maintain its facilities to deliver gender-specific health care in a sensitive and safe environment.
- The FY 2019 budget request includes 8 non-recurring maintenance projects providing \$21 million in support of the women's health program.
- There are 85 non-recurring maintenance projects in the budget request providing \$340 million in support of patient environment and privacy.
- Over the years, many women Veterans have reported feeling invisible and unrecognized, not only in their communities, but in our facilities.
- We want all women who have served our country in uniform to be honored and to have access to timely, high-quality, respectful health care.
- We know that truly honoring women Veterans starts with a culture that promotes equality and recognizes their service and sacrifice.
- We still have more work to do, but we are making steady progress toward cultivating an inclusive and welcoming environment for women Veterans.

**Wednesday, May 9, 2018 – VA Central Office, Room 930**

**Update on Center for Women Veterans Initiatives: Kayla Williams, Director, Center for Women Veterans/ Designated Federal Officer (DFO), Advisory Committee on Women Veterans**

- Discussed the Center for Women Veterans (Center) accomplished in 2017, and 2018 goals in four focus areas: outreach, internal advocacy, research, and performance management and accountability.

- The Center is getting support from MITRE, to develop an operational plan.
  - The Law establishing the Center defines its role through 12 mandated functions, which have binned into four overarching focus areas for planning purposes:
    - Outreach – ensuring that women Veterans are aware of the benefits and services they are entitled to, and that other Veteran-facing programs are inclusive of women Veterans at the Federal, state, and local level, as well as in the nonprofit community.
    - Internal advocacy – advising (on programs, care, benefits, and legislation) within VA, for the entire Enterprise to be more inclusive of the needs of women Veterans.
    - Research – publicizing research results and advocating for the inclusion of women in research that can inform VA policy and practices.
    - Performance management and accountability – building a culture of accountability in the Center (and VA, where possible), to ensure and evaluate specific improvements for women Veterans.
- The Center dramatically increased its digital outreach efforts in 2017, through the use of blogs, GovDelivery, and enhancing its Web site.
  - Vantage Point blogs submitted by the Center in FY17 garnered 70,988 views.
  - The Center continued to see success in its use of GovDelivery's communications service.
    - The number of subscribers grew 549 percent in FY17; the number of subscribers by the end of the year represented a 32-fold increase from the first send in FY16 to 438 individuals.
    - During this fiscal year, the Center sent 89 bulletins in five topic areas: news, research, messages from the Center, events, and the advisory committee.
    - The average open rate was 27 percent, which was in the top 20 percent of Federal users of GovDelivery for that metric, and demonstrated that subscribers valued the updates they received.
- In addition, the Center's Web site received 200,000-page views in FY17, a greater than 52 percent increase over the 131,000-page views received in FY16.
- The Center dramatically deepened its collaboration with nonprofit organizations in 2017.
  - In June, the Center signed a memorandum of agreement with the National Association of State Women Veteran Coordinators, the organization that represents state employees charged with serving and advocating for women Veterans.
  - In addition, the Center partnered with the Defense Advisory Committee on Women in the Services to host an event commemorating the 100 year anniversary of women enlisting in the military, hosted at the Women in Military Service for America Memorial.
- The Center also continued hosting its popular monthly Partner meeting for representatives of Veterans service organizations, military service organizations, and other nonprofits focused on serving women Veterans.
  - The purpose of these informal meetings, which launched in November 2016, is to encourage communication and collaboration between participants, as part of a shared community of interest.

- CWV regularly invites representatives from other organizations within VA to provide updates on items of interest to the group.
- The VA Nationwide Baby Shower was held May 5-16, 2018 (weeks around Mother's Day, May 13).
  - The shower was hosted at 62 sites around the Nation, 2,400 Veteran participants.
  - Participants included VA Women's Health Services, the Center, VA Voluntary Services, VA Canteen Service, Strategic Partnerships, Veterans Experience (VE) Office, in partnership with the Elizabeth Dole Foundation, Philips, The American Legion, Veterans of Foreign Wars, Red Cross, CarryOn Project, Burt's Bees, others.
- When it comes to trust, there was no measurable reduction in the disparity on trust between men and women:
  - According to VE survey data, between Q4 FY16 and Q3 FY17, the percent of women who trust VA rose from 55.2 percent to 59.8 percent; however, men's trust increased even more, from 59.9 percent to 66.8 percent.
- Discussed 2018 internal advocacy goals, which includes a relaunch of the Women Veterans Program, Women Veteran Athletes Initiative, and I Am Not Invisible.
- Women Veteran Athletes Initiative:
  - In 2018, CWV and Team Red, White & Blue are partnering to highlight women Veteran Athletes, in order to raise awareness of the existence, diversity, and resilience of women Veterans among VA employees and male patients, by:
    - Highlighting the service and sacrifice of women Veterans, ensure they are treated with the dignity and respect they have earned.
    - Helping women Veterans feel more welcome when they enter a VA facility by seeing themselves represented.
    - Providing media opportunities at the local and national level for VA to highlight the care, services, and benefits we have for women Veterans.
    - Encouraging women Veterans of all ages and ability levels to engage in physical fitness – through VA and/or in the community – to stay active and healthy.

**Presentation of Certificates of Appointment and Comments, The Honorable Robert Wilkie, Acting Secretary of Veterans Affairs**

- Acting Secretary Wilkie presented certificates of appointment for four new ACWV members and new ACWV Chair, and participated in group photo.
- Participated in presentation of Disabled American Veterans' Special Recognition Award to Dr. Elizabeth Yano, for her research on Veterans.
- Engaged in an interactive discussion with ACWV members on various Veterans related issues, and affirmed VA's commitment to addressing the needs of women Veterans.

**Briefing on Women Veterans Research, Dr. Elizabeth Yano, Director, VA Health Services Research and Development (HSR&D), Center of Innovation, VA Greater Los Angeles Healthcare System; Dr. David Atkins, Director, VA HSR&D Service, VHA**



- The Million Veteran Program (MVP) is looking at how genes, military exposure, lifestyle and health information may help predict and prevent diseases, and lead to better treatments; 663,555 Veterans enrolled, as of April 30.
- Diverse cohort (racial/ethnic) is a key MVP strength; MVP is 8.6 percent female, and VHA is 6.9 percent female.
- MVP is committed to ensuring strong representation of women Veterans.
  - MVP collaborated with VA Women's Health Research Network.
  - MVP science includes health issues important to women.
  - MVP collaborated with Veterans Portrait Project, to feature women Veterans in outreach campaign.
- Prosthetics for women Veterans is a longstanding issue:
  - Women Veterans note that prosthetics are ill-fitting.
  - Limb cosmetics mostly designed for men.
    - Nearly all of the hundreds of commercially available prosthetic feet are male (larger and wider than female feet).
    - Grinding feet to make them fit women's shoes reduces durability and appearance; footwear choices are limited.
  - Federal legislation (2017): addressed increasing VA research, testing, development, and treatment capabilities to meet women Veterans' prosthetic needs.
- Women Veterans Prosthetics Research:
  - "Needs, Preferences, and Functional Abilities of Female Veterans and Service Members with Upper Limb Amputation" PI-Linda Resnik, Providence VA (Winter 2017).
    - Office of Research and Development/Rehabilitation Research and Development collaborated on DoD study funding expansion for inclusion of all Women Veterans with transradial amputations.
  - "Improving Footwear Options for Women and Men Veterans with Amputations" PI- Andrew Hansen, Minneapolis VAMC (Summer 2017).
    - Developed new system to 3D print custom energy-storing prosthetic feet to fit shoes of any size and heel height, 2 problematic issues for women Veterans.
    - System incorporates quick-disconnect system that preserves alignment, users simply remove one prosthetic foot-shoe combination and connect to another.
  - Two additional studies relating to upper-limb amputation completing compliance approvals (Winter 2018).
  - Almost half of studies funded focused on women, and efforts to increase women Veterans inclusion now being made by all applicants in prosthetic limb research.
- VA Cooperative Studies Program (CSP) is responsible for planning and conducting of large clinical trials and epidemiological studies in VA.
  - Such as testing of new medications, new procedures, and new treatments; comparing effectiveness of one treatment vs. another; and studying variations in risk factors for disease/outcomes.
- Like National Institutes of Health (NIH), VA seeks to ensure representation of women in manner consistent with scientific question.

- CSP network of dedicated enrollment sites (NODES) working with VA Women's Health Practice Based Research Network (WH PBRN).
- Reporting of gender by important.
  - NIH regulates and monitors inclusion of women and minorities.
    - For NIH, women enrolled more than men; for VA, the percentage of women enrolled is greater than the percentage seen in VA.
    - Problem is results are not being published.
  - VA Cooperative Studies Program funded journal supplement.
    - Papers must report sex/gender differences in VA clinical trial results.
    - The goal is to get new data on treatment effectiveness among women Veterans.
- VA HSR&D developed its own women's health services research agenda (2011).
  - Across lifespan (post-deployment, reproductive health, long term care/aging) and including key topics (access/rural health, mental health, primary care/prevention).
- VA HSR&D funded Women's Health Research Network (WHRN), to support efforts to enhance research on women Veterans and improve participation of women.
- VA Women Veterans' Health Services Research portfolio size and diversity are growing.
- Access to care:
  - Women Veterans report lower access than men.
  - A study of women Veterans examining women Veterans' reasons for leaving VA care indicates that longer drive times associated with higher odds of attrition.
  - Study of women Veterans' access to VA care demonstrated that:
    - Three-quarters (74 percent) "always-usually" get needed routine care.
    - Over two-thirds (68 percent) "always-usually" get needed urgent care; phone communication and care coordination are key drivers.
    - About 60 percent of women Veterans are "always" able to get mental health appointments as soon as needed; problems getting timely care related to medical appointments that interfere with other activities, difficulty getting questions answered between visits.
- VA HSR&D recently funded several studies addressing suicide prevention for women Veterans--as well as other issues impacting women Veterans, such as gender-based harassment of women Veterans at VA facilities, and intimate partner violence.
- VA Women Veterans' Health Care Collaborative Research to Enhance and Advance Transformation and Excellence (CREATE) Initiative (2013-18):
  - CREATE, an innovative funding initiative, was established to encourage HSR&D investigators to collaborate with VA partners in conducting research on high-priority issues that affect the health and healthcare of Veterans.
  - Goal is to use research to accelerate implementation of comprehensive care for women Veterans; the primary partner is VA Women's Health Services.
  - A CREATE initiative "capstone" event is planned for September 2018.
- Enhancing Mental and Physical Health of Women through Engagement and Retention (EMPOWER) QUERI Program (2015-20).

- The program implements innovative care models in VA women's health to improve engagement and retention in evidence based care for high priority conditions.

### **Briefing on Suicide Prevention, Dr. Keita Franklin, Director, Suicide Prevention, VHA**

- Suicide prevention is a national issue, the tenth leading cause of death in the nation, 45,000 deaths per year nationally, and costs the nation \$69 billion annually.
- Between 2001 and 2014, the age-adjusted rates of suicide have increased up to 62.4 percent.
- Suicide rates and risks among women Veterans:
  - The age-adjusted suicide rate for all women Veterans was 19.9 per 100,000 people in 2014--about the same among women Veterans who use VHA care.
    - About 2.5 times higher than the rate for civilian women 18 and over.
  - Among women Veterans, the rate is highest in younger women Veterans, ages 18-39.
  - Veterans who use VHA services tend to possess more risk factors than Veterans who do not.
  - A large portion of women VHA users (43 percent) receive mental health services.
    - VHA users have more medical conditions (e.g., chronic pain) than non VHA-using Veterans, which also increases suicide risk.
- Trends in suicide rates:
  - The rate of suicide among women Veterans who have *not* recently received VHA care has increased dramatically since 2001 (by about 82 percent).
  - The rate of suicide among women Veterans who have recently received VHA care has been basically flat, or even decreased, since 2001.
- VA suicide prevention strategy: the Public Health approach is needed to prevent the bulk of suicides in older Veterans, as this is a lower risk population, and to prevent suicides in higher risk younger Veterans who might not interact with the VA.
  - Suicide prevention is everyone's business.
- Joint action plan:
  - Executive Order (EO) 13822 instructs VA, DoD, and Department of Homeland Security (DHS) to work together to ensure newly separated Veterans receive one year of mental health care from VA after discharge.
    - The goal is to support new Veterans in making a successful transition to a fulfilling civilian life and to have access to any needed mental health care during the critical first year period following separation from active duty.
    - Requires a DoD/VA/DHS joint action plan to support transitioning active duty Servicemembers with mental health and suicide prevention services.
    - Requires 180-day status report on joint action plan (due July 9, 2018).
  - Joint action plan has the following three goals:
    - Improve actions to ensure transitioning Servicemembers are aware of and have access to mental health services.
    - Improve actions to ensure the needs of at-risk Veterans are identified and met.
    - Improve mental health and suicide prevention services for individuals that have been identified (indicated populations) in need of care.

- Executive Order 13822 current status:
  - Joint action plan submitted on March 9, 2018; received White House revisions and made final submission on May 2, 2018. Identified task leads for each EO task and stood down larger EO Task Force meeting; initiated biweekly EO task leads meeting.
  - Next steps: task leads will provide biweekly status updates on progress towards task completion and metrics; overall project tracking of all tasks and action items to ensure implementation, progress, and/or completion by 180-day status report; and draft 180-day Status Report.
- VA is committed to improving the health and well-being of women Veterans, including by addressing suicidal behaviors.
- Suicide prevention resources and services for women Veterans:
  - Outpatient and mental health services through VA medical centers (VAMC), Vet Centers, community-based outreach clinics, and partnerships with other local treatment providers.
  - National and regional inpatient programs that provide treatment only to women or have separate tracks for women and men.
  - Specialty treatment for PTSD available at every VAMC.
  - Support for treating the effects of military sexual trauma (MST), for both men and women.
  - Gender-sensitive and reproductive mental health care.
- VA's Office of Mental Health and Suicide Prevention recently completed its initial implementation findings report on REACH VET for internal VA audiences.
  - The report presents an initial assessment of REACH VET implementation and program effects, showing that those engaged by REACH VET have more health care appointments, fewer inpatient mental health admissions, and lower all-cause mortality.
  - These early findings are positive, but this report provides only a preliminary assessment of the REACH VET program and has a number of limitations. The program will continue exploring expanded use of predictive risk, and a full evaluation of the program is expected in June 2018.
- VA is developing and executing a long-term strategy for reaching all women Veterans where they live and can thrive, at non-VHA health care facilities, the workplace, VSO's, community centers and places of worship.

**Legislative Initiatives Impacting Veterans, Chris O'Connor, Principal Deputy Assistant Secretary for Congressional Legislative Affairs, Office of Congressional and Legislative Affairs**

- VA Legislative Progress for all Veterans:
  - Enactment of landmark disability claims appeals reforms that will speed up and simplify the appeals process, while ensuring fairness for claimants.
  - GI Bill enhancements that will open up more opportunities for Veterans and dependents.
  - VA Accountability Act makes it easier and quicker to hold employees accountable, which will result in better service to Veterans.

- Eliminated the August 7, 2017 sunset date for the Veterans Choice Program, made VA the primary payer for medical care relating to non-service connected disabilities, and authorized VA to share medical information with a non-VA entity.
- Veteran Choice and Quality Employment Act authorized \$2.1 billion in additional funds for the Veterans Choice Program.
- Recent Enactment of VA MilCon Bill:
  - VA's FY 2018 appropriations bill included several provisions relevant to women Veterans:
    - An increase of \$20 million (\$512 million) for gender specific health care needs.
    - Continuation of special authority for reproductive technology treatment and adoption reimbursement for Veterans and spouses affected by a service-connected injury.
    - Funding for continuation of the pilot program to provide for child care options when receiving medical care.
- H.R 5674/the Mission Act (Sponsor: Rep. David Roe, R-TN-1):
  - Latest committee action: markup held on May 8, 2018; introduced on May 3, 2018.
  - Consolidates Veterans Community Care Programs.
  - Establishes process for paying providers and improving collections.
  - Creates education and training programs for both VA and non-VA employees who provide healthcare
  - Establishes process to ensure safe opioid prescribing practices by non VA healthcare providers; improves information sharing; establishes competency standards for non-VA healthcare providers; allows VA participation in national network of State-based prescription drug monitoring program.
  - Provides for Veterans Choice flexibility.
  - Authorizes telehealth.
  - Expands Family caregiver program to Veterans from all eras.
    - Expands eligibility for VA's Program of Comprehensive Assistance for Family Caregivers to Veterans with a serious injury incurred or aggravated in the line of duty in the active military, naval, or air service on or before May 7, 1975.
    - Eligibility would eventually be expanded to also include Veterans with a serious injury incurred or aggravated in the line of duty in the active military, naval, or air service after May 7, 1975, and before September 11, 2001.
  - Would authorize and appropriate \$5.2 billion to the Veterans Choice Fund.
  - VA Position: The President has indicated that he would sign the bill.
- S. 681, Deborah Sampson Act (Sponsor: Jon Tester, D-MT):
  - Latest Committee Action: Hearing held on May 17, 2017 before SVAC.
  - This bill seeks to improve the benefits and services provided by VA to Women Veterans in a variety of ways to include provisions such as:
    - Requiring VA to carry out a 3 year pilot program to assess the feasibility and advisability of facilitating peer-to-peer assistance for Women Veterans; expand the capabilities of the Women Veterans Call Center to include a text messaging capability; and authorize VA to furnish counseling in group retreat settings to persons eligible for Readjustment Counseling/Vet Center services from VA.

- The bill would also require VA to partner with at least one non-governmental organization to provide women Veterans with legal services and would authorize additional amounts for the Supportive Services for Veteran Families grant program to support organizations that have a focus on providing assistance to women Veterans and their families.
- The bill would extend from 7 to 14 days of coverage of newborns of a woman Veteran receiving delivery care, and would clarify amounts paid by VA for medically necessary travel in connection with health care services related to newborn care.
- The bill would require VA to retrofit existing VA medical facilities to support the provision of care to women Veterans; would require VA to ensure that each VA medical facility has at least one full-time or part-time women's health primary care provider whose duties include, to the extent possible, providing training to other VA health care providers on the needs of women Veterans; would require VA to ensure that the VA Women Veteran Program Manager (WVPM) program is supported at each VAMC with a WVPM and a Women Veteran Program Ombudsman, and that such individuals receive the proper training to carry out their duties.
- VA Position: VA generally supports but opposes some sections of the bill.
- Newborn Care Legislation
  - S. 970/ (introduced by Sen. Amy Klobuchar, D-MN):
    - Latest Committee Action: A similar provision was included in S. 681, the Deborah Sampson Act.
    - This bill would increase from 7 to 14 the number of days after the birth of a child for which VA may furnish covered health care services to the newborn child of a Woman Veteran who is receiving maternity care furnished by the Department and who delivered the child in a facility of the Department or another facility pursuant to a Department contract for services related to such delivery.
  - H.R. 907/ the Newborn Care Improvement Act: (introduced by Rep. Doug Collins, R-GA-9):
    - Latest Committee Action: This bill was forwarded by the House Subcommittee on Health (HVAC) to the full committee by voice vote on April 6, 2017. HVAC has not indicated when it plans to schedule a full committee markup on the bill.
    - The bill seeks to do the same as S. 970 except, this legislation would extend the care from 7 to 42 days.
    - VA Position: VA supports extending coverage of newborns of a woman Veteran receiving delivery care from seven to fourteen days. Extending care to 14 days would provide time for further evaluations appropriate for the standard of care, as well as sufficient time to identify other health care coverage for the newborn.
  - H.R. 95/Veterans' Access to Child Care Act (Sponsor: Rep. Julia Brownley, D-CA-26):
    - Latest Committee Action: Passed the House, as amended, by Voice vote on July 28, 2017.

- Section 2, would direct VA to provide child care assistance to an eligible Veteran for any period that the Veteran receives covered health care services at a VA facility and is required to travel to and return from such facility for the receipt of such services.
- Section 3, extends through September 30, 2026, the \$90 monthly limit on a VA pension paid to Veterans residing in nursing homes when their nursing costs are paid through title XIX (Medicaid) of the Social Security Act.
- Section 4, extends through December 31, 2024, VA authority to collect funding fees for certain VA, VA-guaranteed, or VA-insured housing loans.
- VA Position: While VA is aware of the challenges faced by Veterans with children in regard to access to medical appointments and other medical care, counseling, and care giving services, VA opposes section 2 of the bill. In a 2015 Study of Barriers to Care for Women Veterans, when queried about the possibility of on-site child care, more than three out of five women (62 percent overall) indicated that they would find on-site child care very helpful. However, this was not shown to be a significant factor in whether they chose to utilize VA care. The Department has not weighed in on the other sections of the bill.
- H.R. 91/Building Supportive Networks for Women Veterans Act (Sponsor: Rep. Julia Brownley, D-CA-26):
  - Latest Committee Action: forwarded to the House floor on June 26, 2017.
  - This bill makes permanent the requirement for the Department to carry out, through the Readjustment Counseling Service of the Veterans Health Administration, a program to provide reintegration and readjustment services in group retreat settings to women Veterans who are recently separated from service after a prolonged deployment. Currently, such program is required as a pilot program under the Caregivers and Veterans Omnibus Health Services Act of 2010.
  - VA Position: VA agrees that providing these retreats is beneficial to women Veterans; other Veteran and Service member cohorts could also benefit from this treatment modality. While VA appreciates the intent of this bill, VA requests that the bill language be amended to allow VA the ability to conduct these retreats for all Veteran or Service member cohorts eligible for Vet Center services.
- S. 804/Women Veterans Access to Quality Care Act of 2017 (Sponsor: Sen. Dean Heller, R-NV):
  - Latest Committee Action: Hearing held on May 17, 2017, before Senate Veterans Affairs Committee (SVAC).
  - Seek to improve the provision of health care for women Veterans by VA through several different provisions.
  - Section 2 would require VA to establish standards to ensure that all VA medical facilities have the structural characteristics necessary to adequately meet the gender-specific health care needs.
  - Section 3 would require VA to establish policies for environment of care inspections at VAMCs.

- Section 4 would require the Secretary to use health outcomes for Women Veterans furnished hospital care, medical services, and other health care by VA in evaluating the performance of VAMC directors.
- Section 5 would seek to increase the number of obstetricians and gynecologists employed by VA.
- Section 6 would require VA to develop procedures to share electronically certain information with State Veterans agencies to facilitate the furnishing of assistance and benefits to Veterans.
- Section 7 would direct VA to carry out an examination of whether VAMCs are able to meet the health care needs of Women Veterans.
- VA Position: VA generally supports the intent of the legislation.
- Other pending women Veterans related legislation:
  - H.R. 927 (Sponsor: Rep. Jackie Walorski , R-IN-2):
    - Latest Committee Action: March 3, 2017, referred to Subcommittee on Health.
    - Seeks to amend title 38, United States Code, to provide for the eligibility for beneficiary travel for Veterans seeking treatment or care for MST in specialized outpatient or residential programs at VA facilities, and for other purposes.
    - This bill provides eligibility for beneficiary travel through the VA to a Veteran whose travel to a specialized outpatient or residential program at a VA facility is in connection with treatment or care for military sexual trauma.
  - S. 2565 / H.R. 5486, Veteran Employment and Child Care Access Act of 2018 (Sponsor: Sen. Tammy Duckworth (D-IL)/Rep. Lou Correa, D-CA-46)
    - Latest Committee Action: S. 2565 referred to the Senate Committee on Veterans' Affairs on March 15, 2018; H.R. 5486 referred to the House Committee on Veterans' Affairs on April 12, 2018.
    - This bill directs VA to provide child care assistance for Veterans who are the primary caretaker for a child or children and are receiving full-time training or voc rehab (or would except for a lack of child care services), and whose income is below a defined threshold.
    - The bill limits the benefit to be paid once for a child and for less than six months, but these limitations may be waived by Secretary of VA, when considered appropriate.
  - S. 2131/VA Newborn Emergency Treatment Act (Sponsor: Sen. Patty Murray, D-WA):
    - Latest Committee Action: introduced on November 15, 2017 and referred to the Senate Committee on Veterans Affairs. Similar provision included in Section 302, of S. 681 the Deborah Sampson Act.
    - This bill directs VA to provide child care assistance for Veterans who are the primary caretaker for a child or children, and are receiving full-time training or voc rehab (or would except for a lack of child care services), and whose income is below a defined threshold.
    - The bill limits the benefit to be paid once for a child and for less than six months, but these limitations may be waived by SecVA when considered appropriate.



- VA Position: VA supports much of the intent, but believes that further clarification in this bill's language as per technical assistance VA has provided is needed before supporting the bill.
- The President submitted the following proposals in the FY 19 budget submission that could specifically help women Veterans:
  - Legal Services for Homeless Veterans: this proposal would help Veterans with a lack of access to legal representation to address outstanding warrants or fines, child support matters, driver's license revocation, and other legal matters continues to contribute to their risk of becoming and remaining homeless.
  - Amend Military Sexual Trauma Treatment Authority to Improve Access and Ensure Continuity of Care: this proposal brings the MST authority into alignment with VA's other treatment authorities, resolve the ambiguity that hinders implementation, and permit VA to focus on Veterans' overall recovery.

**Thursday, May 10, 2018 – VA Central Office, Room 930**

**Briefing on New Web Tool Tracking Appeals, The Honorable Cheryl Mason, Chairman, Board of Veterans Appeals**

- The mission of the Board of Veterans Appeals (Board) is to conduct hearings and decide appeals properly before the Board in a timely manner.
  - See 38 United States Code (U.S.C.) § 7101(a).
- Key functions and activities:
  - The Board is the final appellate body within the Department and is responsible for resolving appeals on behalf the Secretary arising out of the Veterans Benefits Administrations (VBA), Veterans Health Administration (VHA), National Cemetery Administration (NCA), and the Office of General Counsel (OGC).
  - The Board resolves appeals and remands issues for further development, conducts hearings for Veterans, and ensures appeals modernization is ready for implementation in February 2019.
  - All questions in a matter under which 38 U.S.C. § 511(a) is subject to decision by the Secretary shall be subject to one review on appeal to the Secretary.
    - Final decisions on such appeals are made by the Board.
- The Board reports directly to the Office of the Secretary.
- Top priorities:
  - Implement the Veterans Appeals Improvement and Modernization Act of 2017.
    - Collaborate and assist VBA, VHA, NCA, and OGC.
    - Develop new training modules for Veterans Service Organizations and other external stakeholders, as well as VA staff.
    - Update standard operating procedures at the Board and streamline, to make processes as efficient as possible.
    - Collaborate with Digital Service and IT, to rollout Caseflow to replace VACOLS (40 yr. old case management system).
  - Adjudicate appeals under the current legal system (legacy).
    - Toward FY18 goal of 81,033 decisions, 46,675 decisions were decided to date.

- New interactive decision template, including Veteran-friendly language, and providing a more efficient tool for decision drafting.
- Specialty case team initiative providing additional efficiencies.
- VA program management support to include change management.
- Next 100 days:
  - Maintain pace to deliver over 81,000 decisions using technology improvements and efficiency processes.
  - Recommend eight new Veterans Law Judges for SecVA approval and Presidential appointment.
  - Launch Board implementation test programs allowing VA to make predictions regarding Veteran behavior, resource allocation, and timeliness in appeals modernization.
  - Continue Board 2.0 – remaking the Board through a Change Management program, to help Board staff quickly adapt to organizational change and practice new techniques by focusing on effective communication, efficiency, and engagement.
- FY17 appellant representation:
  - Veterans Service Organizations (VSOs) represent approximately 75 percent of appellants before the Board,
    - Disabled American Veterans – 31 percent; The American Legion – 18 percent; State Service Organizations – 15 percent; and Veterans of Foreign Wars – 6 percent.
  - Attorneys represent approximately 15 percent of appellants before the Board.
  - Approximately 8 percent of appellants before the Board elect to represent themselves.
  - Approximately 2 percent of appellants before the Board are represented by other types of agents.
- Key changes:
  - Choice of one of three lanes to request review of VA's decision.
  - Improved notification with all VA decisions.
  - Duty to assist (DTA) does not apply after regional office (RO) adjudication, but DTA errors may be identified during de novo review by Agency of Original Jurisdiction (AOJ) or the Board.
  - Closed or limited record in some lanes.
  - Effective dates protected, if claim continuously pursued.
  - Favorable findings binding on VA.
- New Appeals Process – VBA:
  - Three lanes:
    - Higher level review: new review of the claim by experience adjudicator.
    - Supplemental claim: readjudicate in RD if new and relevant evidence is submitted.
    - Appeal: Board of Veterans' Appeals (Notice of Disagreement).
  - Veterans may elect a different review option for each issue within a claim.
- New process overview:
  - Multiple options for Veterans/representatives:
    - Use one lane at a time for a claimed issue.

- Choosing one lane does not prevent the Veteran/representative from later choosing a different lane.
- No limits to the number of times a Veteran may pursue a claimed issue in any of the lanes.
- Protected effective date for benefits:
  - For Veterans pursuing the same claimed issue in any of the lanes within one year.
- Duty to assist and open record:
  - In the Supplemental Claim lane only, not the higher-level review or appeal lanes.
- Higher-level review:
  - De novo review with full difference of opinion authority; replaces current decision review officer (DRO) review process.
- New process provides:
  - Understandable decision review system, multiple review options instead of one, improved notice about the reasons for VA's decision and available decision review options, early resolution of disagreements, and each lane with a clearly defined start/end point.
  - Higher-level review and appeal lanes provide quality feedback to the AOJ as claims agency, and Board as appeals agency.
  - Efficient use of VA's and representatives' resources, for long-term savings and improved service for Veterans.
- Evidentiary record:
  - Legacy system:
    - Record does not close, until board decision is issued.
    - Claimants may submit evidence at almost any point during an appeal.
  - New system:
    - Record closes when notice of decision on initial claim issued.
    - Supplemental Claim – new and relevant evidence, then open until notice of decision is issued.
    - Higher-level review – remains closed, argument submitted during informal conference.
    - Appeal – closed, with exceptions:
      - Direct docket – remains closed.
      - Evidence docket – open for 90 days following NOD.
      - Hearing docket – open for 90 days following hearing.
- Favorable findings:
  - Legacy system:
    - DRO and Board conduct purely de nova review of evidence.
    - General practice not to disturb favorable findings.
  - New system:
    - Higher level review and board conduct primarily de novo review of evidence.
    - Bound by favorable findings made in prior VA decisions,
    - Favorable findings identified in notice of decision.
    - Rebuttable by clear and convincing evidence.

**Update on Veterans Benefits Administration Initiatives/Update on Women Veterans Initiatives and Outreach, Margarita Devlin, Executive Director, Benefits Assistance Service, Veterans Benefits Administration**

- VBA's goal is to ensure that women Veterans are aware and receive the VA benefits and services to which they are entitled.
- FY17 women Veteran rating related data:
  - Rating related claims completed for women Veterans: 193,587
  - Women Veterans in receipt of compensation benefits (a 7 per cent increase from FY16): 446,317.
  - Women Veterans in receipt of pension benefits: 11,569 (a seven per cent decrease from FY16).
  - The most prevalent top five claimed conditions by women Veterans were: lumbosacral or cervical strain; scars; tinnitus; post-traumatic stress disorder; and hearing loss.
  - Women Veterans between the age ranges of 35 to 54 and 55 to 75 had the largest number of completed claims.
- Targeted outreach to women Veterans:
  - VBA's women Veterans coordinators continued to conduct outreach, via events, workshops, counseling, and partnerships with community providers and women Veteran organizations.
  - In FY17, VBA's outreach efforts to women Veterans included conducting 18,612 hours of outreach with 121,326 interactions.
  - VBA and VHA participated in a VA sponsored Women Veterans Facebook Live event held on the Disabled American Veterans Facebook page.
    - The event focused on healthcare and VBA provided answers to questions related to benefits and services.
    - The Facebook Live video had 18,521 views, 17,019 unique viewers, and 322 total comments from both participants and hosts.
- Way forward in FY18:
  - VBA's annual reporting of gender-specific demographic data will expand from providing compensation and pension data, to include data related to insurance, loan guaranty, education, and vocational rehabilitation and employment benefit programs.
  - Enhance VBA women's outreach toolkit to include homeless shelter contact lists, internal and external stakeholder lists, and resources for women Veterans within their area of jurisdiction.
  - Address the unique health needs of transitioning Air Force Servicewomen through piloting curriculum related to women's health needs, with the goal to enroll Servicewomen into VA healthcare after separation from service.
- As the women Veterans population continues to increase, VBA is committed to providing women Veterans avenues of access to VA benefits, ensuring they receive the benefits they have earned and deserve.

**Overview of Strategic Capital Investment Planning (SCIP) Process, Mike Greenan, Director, Capital Asset Policy, Planning and Strategy Service, Office of Asset Enterprise Management (OAEM), Vinay Gupta, Management Analyst, Capital**

**Asset Policy, Planning and Strategy Service, Ed Litvin, Director, Office of Capital Asset Management Engineering and Support, VHA**

- **SCIP purpose and goals:**
  - Improve the quality, access, and cost efficiency of the delivery of VA benefits and services through modern and relevant infrastructure that matches the location of current and future demand.
  - Adopt a future-oriented view of our capital needs within a long range planning horizon which forms the basis of annual budget requests.
  - Significantly reduce gaps in access, space, utilization, safety, security, and other performance gaps over the planning horizon.
  - Provide an integrated, comprehensive planning process for capital programs across the Department (all Administrations and Staff Offices).
  - Produce a data-driven, rational, and defensible strategic plan to support VA's annual capital budget request to Office of Management and Budget and Congress.
- **Main SCIP Components with Definitions:**
  - Gaps: data-driven measurements of deficiencies in VA Infrastructure.
    - Major gaps in SCIP include: access, utilization /workload, space, condition, energy, safety (includes seismic), and security.
  - Strategic capital assessment (SCA): a narrative produced by Administrations / Staff Offices describing infrastructure deficiencies/gaps within the organization and the strategic approach behind closing gaps over the long range SCIP planning horizon, while ensuring all investments are aligned with future Veteran needs.
  - Long-range action plan: a single, annual integrated capital project list for each Administration /VISN/ Staff Office over the long-range planning horizon which demonstrates the execution of the SCA.
  - Business cases: projects contained in the current budget year cycle of the long-range action plan are used to develop the VA Construction / Capital budget.
    - Business cases contain the necessary project specific justifications which are used for scoring each project.
  - Decision criteria and weights: "criteria" are the standards by which measured gaps in infrastructure are judged.
    - These criteria and their respective weightings are used to rank submitted business cases for projects under consideration for current budget year cycle by relative importance to VA's strategic goals.
- **Output from SCIP:**
  - Long-range action plan: an annually updated listing that consists of project-specific investments that implement the strategic capital plan for VA over the long range investment horizon.
    - The action plan also includes long-range magnitude costs estimates for all of VA based on strategic goals, and a roadmap, with prioritized projects, demonstrating how each Staff Office and Administration will manage its infrastructure and when it plans to eliminate gaps.
  - Annual budget request: SCIP forms the basis for the annual capital investment budget request for each Staff Office / Administration.

- The request consists of a list of "current year" projects, each with SCIP-defined action plans that are designed to eliminate tangible gaps in VA's infrastructure.
- Current year projects are ranked according to highest priority for funding purposes. Projects that do not receive funding are generally rolled over to the following year.
- Budget development and execution:
  - Budget allocation: funding levels for capital accounts are determined as part of the overall VA budget formulation process, then applied to the prioritized list.
    - The prioritized list determines overall need, not funding levels.
  - Budget execution: projects from SCIP prioritized list selected and added to operating plans for each Administration for execution, based on funding availability by capital program (major construction, minor construction, etc.) and ability to obligate /execute, which is determined based on current inventory of previously funded in-process projects for each capital program.
- SCIP performance gaps:
  - Condition - correcting facility condition deficiencies (FCA):
    - VA has currently-identified FCA deficiencies of \$10B.
    - Poor facility conditions pose safety hazards and increase operating costs.
    - Full implementation of the SCIP plan will correct more than 95 percent of these currently-identified deficiencies within the long range action plan's time horizon.
  - Workload - ensuring sufficient infrastructure capacity:
    - VHA: workload defined by bed days of care (inpatient) and clinic stops (outpatient).
    - NCA: number of projected burials. Full implementation of the SCIP action plan will ensure that VA has the infrastructure capacity to match the location and demand for VA services.
  - Space - right-sizing space inventory:
    - Implementation of the SCIP plan will ensure that VA's space inventory supports the current and future demand for VA services.
  - Energy management:
    - Federal energy efficiency and sustainable building standards are incorporated into the SCIP long-range action plan.
  - Safety and security:
    - The SCIP plan incorporates seismic and personal security standards to ensure clients (Veterans) and customers (employees) can operate in a safe and secure environment.
- Women Veteran projects in SCIP:
  - SCIP is managed using centralized performance gap data with decentralized planning (at VISN/facility level) and execution of projects.
  - Local planners determine portfolio of projects necessary to resolve SCIP gaps, based on VHA policy which is aligned with VA's Strategic Plan.
  - Headquarters Staff approve projects for inclusion in SCIP plans.
  - Common projects in SCIP that address women Veterans concerns include: renovation to convert three and four-person rooms into private or semi-private rooms with bathrooms; renovations of facilities, which results in updates to

spaces to current design standards; and construction of new primary care spaces to address utilization gaps.

- SCIP summary definitions:
  - Modernize infrastructure: VA is committed to managing its buildings in order minimize the extent to which deficiencies in infrastructure (including IT infrastructure) and other areas impact the delivery of benefits and services to Veterans.
    - For infrastructure deficiencies (critical and non-critical building sub-systems), facility condition assessments (FCA) evaluate the condition of VA buildings using scores A through F.
    - Mitigating other deficiencies, not defined in existing gap data, such as impending cemetery depletion dates, also has a positive impact on the delivery of benefits and services.
  - Increasing access: serving Veterans is at the core of VA's mission.
    - VA strives to increase access for Veterans (our Clients), by providing virtual access to benefits; providing adequate supporting structures at VA facilities, such as parking facilities and gravesite locators; by increasing our ability to handle workload; and by enabling VA staff (our Customers) to work more efficiently.
  - Ensure value of investment: VA is responsible for making capital investments in the most cost-effective way possible by ensuring new capital investments optimize operating and maintenance costs by employing cost saving strategies, in order to create the best value.
  - Streamline capital assets: To provide the highest quality service to Veterans at the right time and in the right place, VA is managing its space inventory by reducing excess space, building new space, collocating (VHA, VBA, NCA, and Staff Offices, using the vacant or underutilized space of another office), leasing new space, and converting underutilized space of one type to another type, to better suit its mission.
  - Strategic plan alignment:
    - For improved management and performance across the Department, capital projects should contribute to the performance goals from the Department's strategic plan, including DoD collaboration and complying with energy standards established in law and Executive Orders.

**Update on National Cemetery Administration Initiatives, Kimberly Wright, Executive Director, Field Programs, National Cemetery Administration (NCA)**

- The National Cemetery Administration's history dates back to the Civil War when, in 1862, Congress authorized President Lincoln to purchase grounds for use as national cemeteries.
  - Previously soldiers were buried where they fell.
  - Today, NCA manages 135 national cemeteries; one national Veterans' burial ground; 33 soldiers' lots and monument sites in 40 states and Puerto Rico; and the state and tribal Veterans cemetery program.

- Our mission--to honor Veterans and their families with final resting places in national shrines and lasting tributes that commemorate their service and sacrifice to our Nation.
- Our vision--to be the model of excellence for burial and memorial benefits for our Nation's Veterans and their families.
- The Honorable Randy C. Reeves was confirmed by the United States Senate as the 6th Under Secretary for Memorial Affairs effective, November 8, 2017.
- NCA manages 135 National Cemeteries within five Districts and provides perpetual care provided for 4.5 million Veterans, Servicemembers, Reservists and family members in 3.6 million gravesites.
- NCA team members include 1800 employees: 75 percent are Veterans; 33 percent are disabled Veterans; 421 are female employees (22 percent); and 177 are women Veterans.
- Budget:
  - President's FY 2017 enacted budget includes: \$525.1 million for NCA, \$95 million for compensation and pension, \$620.1 million total.
  - Breakdown of Budget includes: \$286 million in the Operations and Maintenance Budget \$158M for payroll, \$193.9 million for Construction programs (Major and Minor), \$45.0 million for Veterans Cemetery Grants. These funds will allow NCA to sustain a record of excellent service to Veterans and their families, and expand burial access to Veterans.
  - Some specifics in the budget include: \$4.7 million for continued implementation of the Geographic Information System (GIS); \$1.9 million in additional funding to maintain our national cemeteries as national shrines; \$1 million for development of a Veterans Legacy Program; \$722,000 to increase quality and timeliness of scheduling operations; and \$250,000 to provide pre-need burial eligibility determinations.
  - NCA's construction budget request includes two new cemeteries at western New York and southern Colorado which will serve almost 200,000 Veterans.
- Workload in FY17 included 133,798 interments, 361,892 headstones, markers, and medallions, over 670,000 Presidential Memorial Certificates, and 37,762 interments by states and tribal Veterans cemeteries.
- Eligibility criteria and scheduling includes any member of the U.S. Armed Forces who dies on active duty, any Veteran who was discharged under qualifying conditions (other than dishonorable), National Guard members and Reservists with 20 years of qualifying service, who are entitled to retired pay, Spouses, minor children and certain parents.
- Eligibility:
  - The National Scheduling Office in St. Louis supports all VA cemeteries, including providing bilingual representatives to support requests for interment at Puerto Rico National Cemetery.
  - Establishing eligibility for burial in a national cemetery or other burial benefits begins when a Veteran, family member, next of kin or a funeral director contacts our National Cemetery Scheduling Office.
  - VA offers pre-need eligibility for burial.
    - This office is open seven days a week, 362 days a year.



- What is needed to process the burial:
  - Ideally a copy of the Veteran's DD 214 discharge papers.
  - If that document is not available, the National Scheduling Office can assist-- with a full name and social security number.
- National Cemetery Scheduling office:
  - Accepts over 250,000/year and schedules over 130,000 burial requests.
  - Hours are 7 a.m. to 6:30 p.m. 7 days a week, except for Thanksgiving, Christmas, and New Year's Days.
- On December 8, 2016, NCA launched pre-need eligibility, to assist Veterans with funeral decisions in advance of need.
  - All determinations are subject to final eligibility verification at time of need and does not guarantee burial in a specific cemetery or reserve a gravesite until time of need.
  - If Veteran is not eligible during the pre-need determination, the Veteran will be entitled to VA Appeals Rights.
  - Assists Veteran with funeral decisions in advance of need; subject to a final eligibility verification at time of need.
    - Does not guarantee burial in a specific cemetery or reserve a gravesite until time of need.
  - Currently processing an unprecedented number of applications, which has delayed the amount of time anticipated to make a determination.
    - There were 70,300 applications received through February 2018.
- The National Training Center was created out of the realization that only a highly skilled and motivated workforce could deliver the world class service that our veterans deserve.
  - Established in 2004, the National Training Center trains leaders and technical experts in operational standards and measures to ensure our Nation's Veterans and their families are honored with dignity and respect.
    - Training delivered to 4,200+ personnel since 2004.
    - Operational and administrative employees from NCA, Army, National Park Service, VA-funded state and tribal cemeteries.
    - Low-cost, central location in Midwest maximizes travel/training dollars while delivering high-quality, face-to-face instruction. Co-location with Jefferson Barracks NC promotes hands-on application of skills.
    - Specialized course offerings for director interns, caretakers, cemetery representatives, foremen, supervisors, admin and budget/finance personnel; additional training in customer service, safety, legacy IT systems, turf maintenance, tree care.
- Every three years NCA participates in the American Customer Satisfaction Index (ACSI), the only national cross-industry measure of customer satisfaction in the United States.
- Veterans Legacy Program (VLP) launched on May 30, 2016 at Riverside National Cemetery in California.
  - Legacy creates partnerships that engage students, educators, and the American public with their local history through the diversity of the Veteran experience

enshrined in our 135 national cemeteries through educational outreach, strategic partnerships, and modernizing how VA memorializes.

- The primary purpose of the contracted partnerships is to build a learning network at the local level.
- Increasing access to burial benefits for Veterans and eligible family members is part of greater choice and access, and a key goal in NCA's long range plan.
- The Veterans Cemetery Grants Program began in 1978, and is a key to providing greater choice and access for Veterans and their families.
  - VA provides 100 percent of the development costs.
  - There 109 operational state and tribal cemeteries in 47 states, Guam and Saipan. Ten of them are tribal Veterans cemeteries. States and Tribes accounted for 37,000 burials in FY17.
- NCA began Phase I of the weekend burial initiative in November 2017.
  - Six cemeteries are offering cremation-only (in-ground and niche) burials one Saturday per month, using existing staff (overtime only).
  - Participating cemeteries have completed 295 weekend burials.
  - Contingent upon the results of Phase I, NCA may execute four additional phases through 2021, to expand the practice.
- Update on 2016 Report (Recommendation #6): That VA (VHA, VBA, the Board of Veterans' Appeals (Board), and NCA) collect and report gender-specific demographic information about programs and services in all regular reports, program evaluations, current and future research, and other types of analyses (including demonstration projects and pilot studies)—to better understand and respond to the unique needs of women Veterans, and to identify opportunities and challenges in programming for women Veterans.
  - Update:
    - NCA has the capability to extract gender-specific demographic information from its BOSS (burial) and AMAS (headstone, marker and medallion) customer databases.
    - NCA also has the capability to collect gender-specific data regarding pre-need burial eligibility determinations.

**Telehealth Program for Rural Veterans with Post Traumatic Stress Disorder, Dr. John Fortney, Principal Investigator, Virtual Specialty Care QUERI/CORE Investigator, HSR&D Center of Innovation for Veteran-Centered and Value-Driven Care, VA Puget South Health Care System, VHA; Dr. Leslie Morland, Director of San Diego TMH Center, San Diego VA Healthcare System, National Center for PTSD - Pacific Island Division**

- PTSD among VHA enrollees: 9.2 percent of all VHA enrollees and 23.6 percent of all Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) VHA enrollees.
- Trauma-focused psychotherapies are proven efficacious in randomized clinical trials (RCTs) and have been disseminated widely by VHA.
  - Multiple barriers often prevent rural Veterans from engaging in these evidence-based psychotherapies.

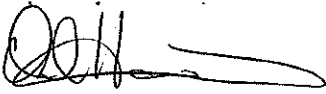
- Six percent of Veterans with PTSD in specialty mental health receive an evidence-based psychotherapy.
- PTSD in rural areas: 38 percent of VA enrollees diagnosed with PTSD live in rural areas and two thirds of VA enrollees diagnosed with PTSD live closer to a CBOC than to a VAMC.
- CBOCs typically not feasible to hire on-site psychiatrists or psychologists with PTSD expertise at many CBOCs.
  - Stigma and travel impede access to specialty PTSD treatment at VAMCs.
- PTSD among female VHA enrollees: 25 percent experienced MST; 22.8 percent of OEF/OIF/OND cohort is diagnosed with PTSD; and 19 percent with VA-covered birth are diagnosed with PTSD.
- Gender-specific barriers to PTSD treatment: male dominated care environment; 53 percent of facilities have some form of gender sensitive mental health care.
- PTSD psychotherapy for women Veterans:
  - Trauma-focused psychotherapy equally as effective for men and women (prolonged exposure/PE, Cognitive Processing Therapy/CPT).
  - Trauma-focused psychotherapy (CPT) delivered via interactive video to women Veterans is non-inferior to therapy delivered in person.
  - PTSD Rural women face multiple barriers to mental health care to include unaware of services, stigma, and unwelcoming environment in CBOCs and Vet Centers.
- Women Veterans in rural areas:
  - Specific Aim 1 – compare the effectiveness of a standard vs enhanced implementation strategy.
    - Primary outcome: number enrolled in care management and percentage receiving evidenced-based psychotherapy (PE or CPT).
  - Specific Aim 2 – determine if implementation of TOP in routine care improves PTSD outcomes for rural Veterans.
    - Primary Outcomes: PTSD symptoms and perceived access to care.
    - Inclusion Criteria: Primary or Secondary Diagnosis of PTSD at any outpatient encounter in FY15-16, any encounter at study CBOC in FY15-FY16, and most current PC-PTSD screen.
    - Exclusion Criteria: specialty mental health encounter at VAMC. Telepsychology encounter. Not excluding patients with telepsychiatry medication management encounters.
- Use of clinical video teleconferencing (CVT) technology is to increase access, lower cost without lower quality, reduce Veteran burden, and reduce travel time.
  - Reduces transportation costs, missed employment time, Veteran-centered model, reduce shame/stigma barriers and current cohort trends.
- Clinical video teleconferencing into the home/VA Video Connect (VVC) increases access to same-gender care and providers with specialized gender-sensitive training, addresses barrier of childcare, eldercare, and spousal care that disproportionately affect women.
  - It also addresses geographical barriers, particularly for rural women, and provides alternative for those who will not or prefer not to go to VA facilities.

- Anywhere-to-Anywhere Healthcare Initiative enables providers to treat Veterans in their home no matter where provider or patient are located
- Telemedicine health (TMH) technology has the potential to increase access and ease of access to MH care for Veterans.
  - TMH may have unique benefits for women Veterans seeking MH care, and possibly more preferred by women Veterans.

**Homelessness Among Women Veterans, Dr. Ann Elizabeth Montgomery, Researcher, VA National Center on Homelessness Among Veterans/Health Science Specialist, Birmingham VA Medical Center, HSR&D, VHA**

- The number of women Veterans has nearly doubled in the past decade; fastest growing segment of Veterans population.
- There has been significant growth in the size of the women Veteran homeless population.
  - One to two percent of all women Veterans, 13 to 15 percent of women Veterans living in poverty will experience homelessness over the course of a year.
  - There were 3,571 (8.9 percent) Veterans who were homeless at one point-in-time in January 2015 were female; 58.0 percent were sheltered, 42.0 percent were unsheltered.
- Risk factors:
  - Women Veterans are 2.1–3.4 times as likely as their non-Veteran counterparts to experience homelessness, mental health, and substance abuse.
  - Experience of trauma and post-traumatic stress disorder (PTSD) include Intimate partner violence (IPV), MST, combat, and other sources of trauma.
- Pathways to homelessness include childhood adversity, trauma, substance abuse during military service, post-military abuse, adversity, relationship termination, post-military mental health, substance abuse, medical problems, and unemployment.
- Among 482,191 women Veterans who accessed VHA care during FY 2013–2016, 16.4 percent had some indicator of housing instability in their VA medical records.
  - Statistically significant differences in demographics, experience of trauma, health-related conditions, health service use by housing status.
- Needs:
  - Build on strengths of women Veterans experiencing homelessness, and tailor interventions accordingly, address specific needs of younger women. Assistance reentering civilian life, reproductive care, childcare, education.
  - Address experience of trauma.
    - Ensure access to mental healthcare, especially related to MST, PTSD, carefully assess for trauma, and use trauma-informed models of care.

**Meeting Adjourned**



**Command Master Chief Octavia Harris, U.S. Navy, Retired  
Chair, Advisory Committee on Women Veterans**



**Anna Crenshaw  
Acting Designated Federal Officer, Advisory Committee on Women Veterans**