

Department of Veterans Affairs (VA)
Advisory Committee on Women Veterans Meeting Minutes
VA Central Office
810 Vermont Avenue, NW, Washington, DC
Room 230
March 20-22, 2012

VA Advisory Committee on Women Veterans (ACWV) Members Present:

COL Shirley Quarles, Chair, USAR, Retired	Sara McVicker, USA
Lt. Col. Jack P. Carter, Jr., USMC, Retired	1SG Delphine Metcalf-Foster, USA, Retired
CPT Nancy Glowacki, USA, Retired	Lt. Col. Terry F. Moore, USAF, Retired
Col. Nancy Kaczor, USAF, Retired	Robin Patrick, USNR/ANG
Lindsay Long, USMC	Col. Felipe Torres, USMC, Retired
SPC Latoya Lucas, USA, Retired	

VA Advisory Committee on Women Veterans (ACWV) Member Excused:

Sherri Brown, USCG

ACWV Ex-Officio Members Present:

Lillie Jackson, Assistant Director, Buffalo VA Regional Office (VARO), Veterans Benefits Administration (VBA)	Dr. Patricia Hayes, Chief Consultant, Women Veterans Health Strategic Health Care Group (WVHSHG), Veterans Health Administration (VHA)
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ACWV Ex-Officio Members Excused:

Nancy Hogan, Director, Strategic Outreach and Legislative Affairs, Department of Labor (DOL)	COL Ines White, Military Director, Defense Advisory Committee on Women in the Services (DACOWITS)
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ACWV Advisors Present:

Faith Walden, Program Analyst, Office of Finance and Planning, National Cemetery Administration (NCA)	CDR Michelle Braun, Nephrology Nurse Practitioner, National Institute of Health, Department of Health and Human Services
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VA Staff Present:

Anna Crenshaw, VBA	Bridget Griffin, VBA
Karen Feibus, VHA	Voncelle James, VBA
John Fickel, VBA	Jamie Sutter, VBA

Center for Women Veterans (CWV):

Dr. Irene Trowell-Harris, Director	Shannon Middleton, Program Analyst
Dr. Betty Moseley Brown, Associate Director	Michelle Terry, Program Support Assistant
Desiree Long, Senior Program Analyst	Juanita Mullen, Program Analyst

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Guests:

Shwetha Chagala, American Association of Colleges of Osteopathic Medicine	Teresa Morris, VFW
Anita Clayton-Jackson, AMVETS	Lori Perkio, The American Legion
Terrie Fuller, The American Legion	Konsha Ramdhanie, ATLAS Research
Joy Ilem, Disabled American Veterans	Rebecca Rowland, AMVETS
Dawn Jirack, Veterans of Foreign Wars (VFW)	Molly O'Toole, Huffington Post
Dominique Mattocks, Paralyzed Veterans of America	

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

Tuesday, March 20, 2012 – G.V. “Sonny” Montgomery Conference Room 230

Meeting was called to order by the Chair.

Items discussed included:

- Introduction of committee members and visitors.
- Agenda review.
- Approval of minutes from October 25-27, 2011.
- Discussed upcoming 2012 report.

Greetings and Comments, John R. Gingrich, Chief of Staff

- The Chief of Staff greeted the Committee and provided comments.
- A perfect storm is about to hit DoD and VA:
 - Budget – VA budget increased primarily in the benefits arena.
 - Troop levels – increased discharges - approximately 300,000 plus being discharged in next few years.
 - VOW Act (Veterans Opportunity to Work Act).
 - DoD/VA Task Force – Beginning November 21, 100 percent of transitioning Servicemembers must utilize the Transition Assistance Program. All combat Veterans are eligible for VA care. Goal is to get all Servicemembers signed up for eBenefits/My HealthVet before discharge.
 - Integrated Disability Evaluation System (IDES)/benefits delivery at discharge (BDD) puts VA and DoD together which is a cultural shift.
- What VA is doing to head off the perfect storm:
 - eBenefits on Lexis Nexis
 - My HealthVet
 - VA for Vets

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- Veterans benefits management system (VBMS) – electronic claims processing
- DBQs (disability benefits questionnaires).
- Veterans Relationship Management (VRM) – part of eBenefits (DoD/VA system).
 - VRM will transform Veterans' interactions with VA by using innovative 21st century technologies.
- Single electronic health record – VA moving health records/data to Defense Information System Agency (DISA).
- Implementation of ICARE (integrity, commitment, advocacy, respect and excellence), a department-wide initiative promoting attitude change in how VA staff address Veterans and each other; ICARE to be included in senior officials performance evaluations.
- What can the Advisory Committee do?
 - Review and comment on Women Veterans Task Force report.
 - Publicize Detroit small business/Vet open house and hiring fair scheduled for the last week in June.
- Presentation of certificates for new members.

Briefing on the Duties and Responsibilities of Advisory Committee Members/ Update on Task Force on Women Veterans 2012 Report Process, Dr. Irene Trowell-Harris, Director, Center for Women Veterans

- 2010 report recommendations continue to be implemented:
 - Childcare pilots established to determine the feasibility of providing this service to Veterans;
 - Efforts to usher in VA-wide cultural transformation underway, with more representation of women Veterans in media materials and discussions on enhancing training efforts to include women Veterans issues.
 - Committee will continue to receive update briefings on progress made to address issues discussed in the report.
- Preliminary 2012 ACWV report recommendations submitted to senior leaders September 1, 2011. ACWV may submit additional recommendations, based on briefings at October 2011 and March 2012 meetings.
- 2012 ACWV report process:
 - ACWV crafts recommendations and rationales, based on information acquired from meetings, forums, research, surveys, site visits, and the 2011 National Training Summit on Women Veterans (Summit), or other sources addressing a demonstrated need that will benefit the women Veterans population.
 - ACWV submits a complete draft of the report to Center for Women Veterans (CWV) for formatting; due by April 16, 2012 for 2012 report.
 - Formatted draft is sent back to ACWV for final approval.

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- CWV coordinates with Administrations (VHA, VBA, NCA and staff offices), who craft responses to recommendations.
- ACWV submits report--with VA's responses--to Secretary of VA through the Center for Women Veterans (CWV), for review and approval of VA's responses.
- Report is due to the Secretary by July 1, 2012.
- Secretary mandated to submit report, to include VA's responses to recommendations, to Congress within 60 days of receiving the report (August 30, 2012).
- CWV maintains follow up on recommendations in a matrix, to monitor the Administration's implementation of, or actions made on the issues addressed in the recommendations.
- CWV processes report for design and professional printing, after the final report has been disseminated to the Secretary and Congress.
- Report will be distributed electronically to VA Administrations and Staff Offices, Congressional Members, ACWV members, various stakeholders, and the general public, and will be posted on the Center's Web site.
- Women Veterans Task Force (WVTF):
 - The Secretary announced the establishment of a VA task force on women Veterans during his remarks at the 2011 Summit, on July 16, 2011.
 - The WVTF is charged with identifying gaps in services, opportunities to better serve women Veterans, and developing results-oriented recommendations to decisively advance VA's efforts to address women Veterans' needs.
 - On November 4, 2011, the Director and senior leaders led a roundtable discussion with VA subject matter experts from the three Administrations and Staff Offices on VA's provision of services and benefits to women Veterans.
 - The group identified VA's current knowledge on gaps and needs, what VA has done to address those gaps and needs, and projections that are relevant to women Veterans.
 - A successful mission outcome for the WVTF is a coherent, comprehensive, and facts-based action plan, which considers and integrates appropriate viewpoints from stakeholders and subject matter experts.
 - The finished draft product was delivered to the COS/Secretary on January 1, 2012.
 - WVTF work group held frequent meetings, to include a roundtable on November 4, 2011 and off site held March 5-9, 2012.
 - Goal was to develop a draft strategic plan from the work of five workgroups.

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- COS was briefed on March 9, 2012. A written report on the off-site is due to the COS on April 17, 2012.
- Duties and responsibilities of ACWV new members:
 - Review charter and ethics briefing materials to understand responsibilities and limitations of membership.
 - Any questions can be submitted to the Designated Federal Official (Dr. Irene Trowell-Harris) for clarification.
 - Review previous reports and CWV website to become familiar with issues of interest to the ACWV.
 - Remember that the ACWV addresses issues that impact the women Veterans population in general, or issues that may impact subpopulations not issues that are isolated to a local area or unique to one Veteran.
 - Local and isolated issues are addressed directly by VA staff.
 - Serve on assigned subcommittee (benefits or health).
 - Make recommendations based on briefings, etc, not personal problems or individual cases.
 - Suggest recommendations and rationales for the report, based on information acquired from meetings, forums, research, surveys, site visits, and summit/conferences, or other sources on a demonstrated need that will benefit the women Veterans population.
 - News article are not strong direct references to support recommendations or rationales, since their information may not be well-founded.

Briefing on Ethics, E. Anne Kopley, Deputy Ethics Official, Office of General Counsel

- General Counsel official presented mandatory ethics briefing to ACWV members.
- Members were encouraged to seek advice from an ethics official in advance of taking action and complying with that advice will, in virtually all cases, protect a special government employee from criminal prosecution or other administrative action.

Overview of Veterans Benefits Administration (VBA) Initiatives, Michael Cardarelli, Principal Deputy Under Secretary for Benefits

- VBA transformation plan starts with an overall strategy focused on the agenda priority goals (APG).
 - Expanded Integrated Disability Evaluation System (IDES) support to sustain 100 day process performance.
 - Expanded sites for VetSuccess on campuses, to support increased graduation rates adjustment support.

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- Administrative support for vocational rehabilitation and employment (VR&E) counselors to increase time with Veterans from 17 percent to 50 percent.
- More fiduciary field examiners and admin case management to increase visits from one visit every three years to one visit every year.
- Expand call and Web service.
- More appeals processing.
- Full-time women Veterans coordinators, homeless benefit coordinators, minority outreach coordinators.
- Full-time claims liaisons at benefits delivery at discharge (BDD) sites, military treatment facilities, and National Guard/Reserve sites.
- VBA's transformation plan is based on the integration of people, process and technology to achieve APGs.
- Integration laboratory key attributes:
 - Intake Processing Centers (IPC) for quick, accurate triage (right claim, in right lane, first time).
 - Cross-functional teams (case management) of cross-trained raters co-located to increase knowledge transfer, speed, accuracy.
 - Specialized "lanes" based on complexity/priorities.
 - Express lanes: less complex work for improved overall productivity, decreased complexity, standardized workload management.
 - Core lanes: majority of workload, including all cases not in express or special operations—including cases involving diabetes and individual unemployability.
 - Special operations lanes: case management and other techniques for special missions—including cases involving Nehmer, older cases, former prisoners of war, and military sexual trauma (MST).
 - New efficient workload management tool.
 - National-level, intensive "Challenge" training.
- Design team key attributes:
 - Simplify, combine the rating and notification letters Veterans receive.
 - Standardize rating process using automated, rules-based calculators.
 - 2009 Innovation Initiative winner -- Phoenix.
 - Streamline exam process (telehealth record review, DBQs).
 - 2009 Innovation Initiative winner -- Pittsburgh.
 - Utilize Systematic Technical Accuracy Review (STAR) program trained quality review teams.
 - "In- progress" checks and regular end-of-month reviews.
 - Improve monetary and non-monetary incentives to facilitate outcomes.

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Overview of Veterans Health Administration (VHA) Initiatives, Dr. Madhulika Agarwal, Deputy Under Secretary for Health for Policy and Services

- Today, there are over 22 million living Veterans.
- More than 8 million Veterans are enrolled in the VA health care system.
- Under Secretary for Health's priorities:
 - Align the organization to meet the vision:
 - To be the benchmark of excellence and value in health care and benefits, by providing exemplary services that are both patient-centered and evidence-based.
 - To provide care delivered by engaged, collaborative teams in an integrated environment that supports learning, discovery and continuous improvement.
 - To provide care that emphasizes prevention and population health and contribute to the Nation's well-being through education, research and service in national emergencies.
 - Create health care value by reducing cost while maintaining quality.
 - Enhance the Veteran experience and access to health care.
 - Innovate new models of health care.
 - Eliminate Veteran homelessness.
 - Improve Veterans' mental health.
 - Continue to advance research and development.
 - Transform health care delivery through health informatics.
- Expectations of health care industry changing:
 - Patients participate as partners in their care.
 - Care is convenient and local.
 - Alternative care (non-institutional, homelike, complementary) available.
 - Health care information is readily available via the internet.
 - Preventive health (health clubs, nutrition, well-being) services are used.
 - Expectation that function continues beyond age and injury.
 - Public awareness of war and Veterans issues.
 - Younger Veterans often have families and jobs.
 - Younger Veterans have grown up with different expectations for service and the ability to communicate via email, text messaging, and online tools.
- VHA is an organization of excellence, continuously learning and measuring performance; empowering employees; having consistent and predictable performance; managing its employees' skills and knowledge; providing coordinated, patient-centered care.
 - New health care delivery model is patient-centered, data-driven, evidence-based, and prevention-gearred.

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- To help increase Veterans' satisfaction with their care and improve their health outcomes, VA's health care facilities are implementing the Patient Aligned Care Team (PACT) health care model.
 - PACT emphasizes teams and coordinated care.
- Medical home model (PACT):
 - Ongoing relationship with personal provider.
 - Prevention, health promotion, and chronic disease management.
 - Comprehensive "first contact" primary care model with patient and family as the hub.
 - Coordination of care across the continuum.
 - Team based approach, functioning at optimal level of competency.
 - Behaviorists.
 - Physicians manage complex diagnostic problems and more difficult clinical management issues.
 - Potentially more efficient in patient populations with chronic disease:
- Patient-centered care:
 - VA is changing the way health care is delivered by shifting from a problem-based health care system, to one that is patient-centered and healing.
 - VHA will provide Veterans with timely access to quality health care in a Veteran-centered and responsible manner, which meets or exceeds internal and community standards.
 - Expand virtual access to service through technology.
 - Improve Veteran access to information.
 - Support primary care providers with just in time consultative support.
 - Improve business processes to ensure timely access and effective communication and coordination.
- A personal My HealthVet account provides Veterans with 24/7 online access to a variety of tools to manage their health care.
- VA's technological advances have resulted in prosthetics that allow Veterans to live a more active lifestyle.
- VA focuses on providing health care services that are uniquely related to Veterans' health and special needs.
- Of the nearly 524,000 women Veterans enrolled in VA health care, 315,000 were treated in 2010.
 - VA is focused on moving to a comprehensive single-provider and gender-specific model of care for women.
- Helping homeless Veterans:
 - VA's major homeless programs constitute the largest integrated network of homeless assistance programs in the country, offering a wide array of

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- services to help Veterans recover from homelessness and live as self-sufficiently and independently as possible.
- The programs provide prevention services, housing and supportive services, treatment, employment, income and benefit assistance, outreach and education, and community partnerships.
- Supporting caregivers:
 - Over 50 percent of caregivers experience medium to high levels of stress as a result of the demands of their role as a caregiver.
 - VHA offers services such as, a caregiver support line, education and training, family support services, in-home care, respite care, aid and attendance compensation, home adaptation, stipend, CHAMPVA and other special services for Caregivers of eligible post 9/11 Veterans.

Overview of National Cemetery Administration (NCA) Initiatives, The Honorable Steve L. Muro, Under Secretary for Memorial Affairs, National Cemetery Administration (NCA)

- Discussed national cemetery history:
 - First national cemeteries were established in 1862.
 - Prior to the establishment of the cemeteries, soldiers were buried where they fell.
- The National Cemetery Administration honors Veterans and their families with final resting places in national shrines and lasting tributes that commemorate their service and sacrifice to our Nation.
- NCA's vision is to be the model of excellence for burial and memorials for our Nation's Veterans and their families.
 - 2010 American Customer Satisfaction Index: NCA achieved the highest ranking of any public or private organization...for the 4th consecutive time in 10 years!
 - U.S. Senate Productivity and Quality Award Program for Virginia: 2011 Plaque for Progress recognizing organizational commitment to excellence.
- NCA provides burial space for Veterans and eligible family members and maintain national cemeteries as national shrines; administers the Federal grants program for construction of State and Tribal Veterans cemeteries; and furnishes headstones, markers and medallions for the graves of Veterans around the world.
- NCA also administers the Presidential Memorial Certificate program, and the first notice of death program.
- Burial benefits include gravesite, opening and closing of the grave, grave liner, perpetual care of the gravesite, headstone, marker or medallion, U.S. Flag for the deceased Veteran's family, and a Presidential Memorial Certificate for honorably discharged Veterans.
- Burial eligibility criteria:

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- Any member of the U.S. Armed Forces who dies on active duty.
- Any Veteran who was discharged under conditions other than dishonorable.
- National Guard members and Reservists with 20 years of qualifying service, who are entitled to retired pay.
- Spouses and minor children.
- Certain eligible parents (Corey Shea Act).
- Women Veterans in NCA:
 - Currently, 140 women Veterans employed--up from 99 in 2008.
 - 40 percent increase in 4 years.
- Contracting with Veteran-owned businesses:
 - Increased contracting with small business by \$23 million in FY11.
 - NCA awarded 77 percent of FY11 contracts to Veteran-owned businesses.
 - Small businesses considered for 100 percent of contracts.
- Apprenticeship program for homeless Veterans:
 - Year-long, paid employment training leading to full-time employment.
 - In areas with large numbers of homeless Veterans (NY, FL, CA, TX).
 - First class commenced in 2012.
 - Will become a permanent program by 2014.
- Strategy to meet burial needs of Veterans:
 - Develop new national cemeteries.
 - Urban initiative.
 - Rural initiative.
 - Encourage states and tribes to develop cemeteries.

Update on Center for Women Veterans Activities, Dr. Betty Moseley Brown, Associate Director, Center for Women Veterans

- Provided information on outreach activities.
- Discussed VA's strategic goals and the Center's performance measures.
- Discussed the Center's recent and upcoming activities.
- Provided update on Center's web site statistics.

Subcommittee Breakout Sessions

- Health and benefits subcommittees met with assigned ACWV members and advisors, to discuss issues to be considered for the upcoming Report, and to craft recommendations.

Discussion: Wrap-up

Dr. Shirley Quarles, Chair, ACWV

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Wednesday, March 21, 2012- G. V. "Sonny" Montgomery Conference Room 230

Overview of the Benefits Assistance Service (BAS)/Discussion on Women Veterans Outreach Initiatives, Christi Greenwell, Acting Assistant Director, Client Services and Military Outreach, Benefits Assistance Service, VBA

- Mission is to serve as advocates for Servicemembers, Veterans, eligible beneficiaries and other stakeholders; to ensure they are knowledgeable and informed about accessing and receiving VA benefits and services.
- Vision is to be the premier organization for clients; to proactively provide information and knowledge about VA benefits and services, in a positive 21st century experience that is consistent, concise and relevant.
- Purpose is to strengthen the quality of VBA outreach, and promote a client-centered mission through a consolidated and coordinated process.
- Women Veterans program initiatives:
 - Web/internet services:
 - Updating and improving Web pages for women Veterans: March-September 2012.
 - Tailoring message to women Veterans through eBenefits, as needed: ongoing.
 - Creating one-stop shop for women Veterans through eBenefits (collaboration with Center for Women Veterans and Web Services): September 2012.
 - Deploying enhanced user personalization (next release of eBenefits): April 2012.
 - Creating best practices for outreach on VBA intranet: July 2012.
 - Outreach campaign targeting women Veterans to be executed June – September 2012.
 - Will use posters, postcards, E-mail messaging campaign, media toolkit (i.e. press release), and redesign pamphlet (dated March 2010).
 - Establishing a standard operating procedure for full time women Veterans coordinators (WVC).
 - Revision of OFO 201-00-19 – Core Operating Standards: July 2012.
 - Developing training curriculum for all WVCs.
 - National training conducted March 15, 2012.
 - Active Listening and Sensitivity Skills (video skits).
 - MST Clarification (questions and answers).
 - Outreach best practices.
 - Next quarterly National training scheduled for July 20, 2012.
 - Establishing women Veterans focus group to enhance outreach initiatives.

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- Updating women Veterans toolkit, collaboration with CWV: anticipated completion in September 2012.
- Filling 14 full-time WVC positions; position description is in classification status with human resources: anticipated posting by September 2012.
- Creating performance standards for the WVCs in the performance of their duties: anticipated completion by September 2012.
- Women Veterans program:
 - Conduct monthly conference calls:
 - Provide information specific to benefits and community resources/referrals for women Veterans.
 - Post minutes on the BAS Website.
 - Provide ongoing Website updates.
 - Work with internal and external organizations to obtain and share information pertaining to outreach that is beneficial to the program for dissemination to the field.

Overview of the Women Veterans Health Strategic Health Care Group/Discussion on Women Veterans Health Initiatives, Dr. Patricia Hayes, Chief Consultant, Women Veterans Health Strategic Health Care Group, Veterans Health Administration (VHA)

- Women Veterans health care goals:
 - Transform health care delivery for women Veterans.
 - Develop, implement and influence VA health policy as it relates to women Veterans.
 - Develop, implement and influence VA education initiatives.
 - Drive the focus and set the agenda to increase understanding of the effects of military service on women Veterans' lives.
 - Increase Women Veterans Health Strategic Health Care Group's operational efficiency and performance.
 - Outcome: Needs of women Veterans always considered across program offices and in policy and key decisions.
- Women Veterans health care accomplishments:
 - Implemented comprehensive primary care for women Veterans.
 - Trained more than 1,200 VA providers in basic and advanced women's health care.
 - Launched Women's Health Evaluation Initiative (WHEI).
 - Revised VHA Handbook 1330.01: Health Care Services for Women Veterans.
 - Installed full-time Women Veterans Program Managers (WVPMs) at VA facilities nationwide.

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- Enhancing mental health, homeless services for women Veterans through collaboration across program offices.
- Ramped-up communications to and about women Veterans.
- Women Veterans health care initiatives:
 - Expanding enrollment and access for women Veterans.
 - Revising and creating VA policy related to women's comprehensive care, reproductive health.
 - Expanding large-scale provider/nursing education programs.
 - Improving emergency room care.
 - Enhancing privacy, security and environment of care.
 - Developing breast cancer registry and mammography tracking.
 - Researching effects of military service on women's lives.
 - Eliminating gender disparities.
- Implementing comprehensive care:
 - Complete primary care from one designated women's health primary care provider, at one site (including community based outpatient clinics).
 - Care for acute and chronic illness; gender-specific primary care; preventive services; mental health services; coordination of care
 - Model for patient aligned care teams (PACT).
 - Measured with women's health primary care evaluation tools-- Women's Assessment Tool for Comprehensive Health (WATCH).
- Women's health transformation initiative:
 - Sub-initiative of new models of care.
 - Homelessness vulnerability screening tool, planned completion in September 2012.
 - Women Veterans call center launched in June 2011.
 - Privacy and environment of care:
 - Correction of bathroom and privacy deficiencies.
 - Target for FY12: correct 90 percent of bathroom and 65 percent of privacy deficiencies identified.
 - Improved care coordination.
 - Emergency room care:
 - Assessment tool development.
 - Ongoing provider/staff education.
 - Planned completion: September 2013.
 - Breast cancer:
 - Tracking of abnormal test results.
 - Breast Cancer Clinical Case Registry.
 - Planned completion: September 2013.
 - Teratogenic identification of drugs, planned completion: September 2013.
- Revised VHA handbook 1330.01: "VHA Services for Women Veterans."

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- Outlines specific services at facilities and community based outpatient clinics.
- Defines comprehensive primary care for women Veterans.
- Requires women be seen by women's health primary care providers.
- Offers three clinic models:
 - General primary care clinics, separate but shared space, women's health center.
- Details safety and security requirements.
- Establishes systematic data collection process.
- WATCH initiative:
 - Initiative to assess the current status of health care delivery to women Veterans across VHA.
 - FY2010: "WATCH" site assessment tool was adapted for use as a web-based self-assessment for individual women's health programs.
 - Site assessments completed in FY2011: 21.
 - Number of additional site assessments planned for FY2012: 21.
 - Dashboard provides analytical, technical, and strategic support to address the goals and needs of women's health programs nationally.
 - National results for 2011 slated for release third quarter FY 2012.
- Women's health education:
 - Recruiting and retraining providers interested and proficient in women's health.
 - National women's health mini-residency program:
 - More than 1,200 primary care providers educated in basic and advanced women's health care.
 - Flagship education model for VA.
 - Simulation Learning, Education and Research Network (SimLEARN) partnership: large mini-residency.
 - Advanced fellowships in women Veterans' health.
 - VA Health Services Research Development (HSR&D) Cyber Seminar Spotlight on women's health series.
 - Co-sponsored second VA Women's Health Research Conference.
- Reproductive health:
 - Upcoming/new policies:
 - Maternity care coordination handbook.
 - Infertility handbook.
 - Emergency contraception rights of conscience (February 2012).
 - Maternity care:
 - Public Law 111-163.
 - Newborn care.
 - Childcare pilots.

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- Major goal is to understand the effects of military service on women's lives. VHA provides:
 - Women's Health Evaluation Initiative (WHEI).
 - Practice Based Research Networks (PBRNs).
 - Studies about post-deployment health, combat and trauma exposure, gender-specific, reproductive and mental health conditions:
 - More VA research on women Veterans published over 5-year period (2004-2008) than the preceding 25 years.
- Women's health gender disparity measure included in 2011 Director's performance plan/executive career field (ECF) plan.
 - Significant disparities were identified in delivery of preventive care to women Veterans, as measured by our quality chart review programs.
 - Director's performance plan (ECF Plan) communicates expectation that facilities and VISNs will work to eliminate gender-based disparities in care.
 - Focuses on gender disparity; 20 of the 21 VISNs report a narrowing of the gap.
- ECF performance measures FY2011:
 - Significant improvements seen in gender disparity for many measures:
 - Hypertension in ischemic heart disease.
 - Flu vaccines.
 - Attributed to increased reporting of disparities in VHA (national/local level) and gender disparity measure in ECF Plan.
 - Significant, concerning gaps remain:
 - LDL < 100 in ischemic heart disease.
 - Colorectal cancer screening.
- Culture change:
 - Women Veterans health care is leading development of a VA-wide communication plan to enhance the language, practice and culture of VA to be more inclusive of women Veterans.
 - National Women Veterans Communications Workgroup:
 - Broad representation across VA.
 - Tasked with developing strategies to reach women Veterans and VA employees.

Overview of VA's Office of Homeless Programs, Stacy Vasquez, Deputy Director, Homeless Veterans Initiative Office, Office of Public and Intergovernmental Affairs

- Discussed the overarching mission and strategies to reduce the number of homeless Veterans to zero:
 - VA's plan:
 - Coordinate VBA, NCA and VHA efforts at the local level.

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- Coordinate federal interagency efforts with regional, state and local community planning strategies.
- VA's plan is based on six integrated pillars:
 - Outreach/education, treatment services, prevention services, housing/supportive services, income/employment/benefits, community partnerships.
- The Department of Housing and Urban Development/VA Supportive Housing (HUD-VASH) program:
 - Provides long-term case management, supportive services and permanent housing through a cooperative partnership between the HUD and VA.
 - Over 37,594 HUD-VASH vouchers were issued from FY2008 through FY2011.
 - Currently, 11 percent of HUD-VASH recipients are women.
 - Fourteen percent of HUD-VASH vouchers were provided to homeless Veterans with children.
 - Among women, 28 percent are housed with children.
 - VA and HUD are working together to ensure appropriate data is collected on homeless women Veterans, including those with children and those with disabilities.
- Prevention supportive services for Veterans and families (SSVF):
 - VA's primary prevention program designed to help Veterans and their families rapidly exit homelessness, or avoid entering homelessness.
 - Grantees provide:
 - Case management to family members.
 - Temporary financial assistance to promote housing stability, including support for rent, utilities, moving expenses, transportation, and child care.
 - Funds for emergency rental assistance, security and utility deposits, food and other household supplies, child care, one-time car repairs, and other needs will help to keep Veterans and their families housed as intact family units.
 - For the first time in July 2011, VA awarded \$59.5 million in homeless prevention grants to serve approximately 22,000 homeless and at-risk Veterans and their families in 85 community agencies within 40 states and the District of Columbia.
 - Preliminary data of grants awarded to date:
 - Individuals served- 6,294.
 - Veterans served- 3,487.
 - Children served- 2,751.
 - OEF/OIF served- 432.
- Homeless Veterans Supported Employment Program (HVSEP):

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- To provide vocational assistance, job development and placement, and ongoing support to improve employment outcomes among homeless Veterans and Veterans at-risk of homelessness.
 - VA established joint operation of the HVSEP with the Compensated Work Therapy (CWT) program.
 - Approximately 25 percent of the hires are women Veterans.
 - VA hired 355 homeless or formerly homeless Veterans to be vocational rehabilitation specialists (VRS) in the HVSEP (87 percent of the 407 full-time employees hired).
 - Face to face training in Supported Employment held in Boston and San Diego for newly hired VRS.
 - Monitoring system in place through the Northeast Program Evaluation Center (NEPEC) and HVSEP score card.
- Veterans Homeless Prevention Demonstration Program (VHPD):
 - A multi-site, three-year pilot project designed to provide early intervention to recently discharged Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Veterans and their families to prevent homelessness
 - Accomplishments to date:
 - Percentage of VHPD participants that are families- 58 percent.
 - Percentage of VHPD participants that are women Veterans- 27 percent.
- Outreach campaign message and results:
 - “Make a Call” National outreach media program was launched October 12, 2011 in 28 urban and rural U.S. communities, to engage or re-engage Veterans in treatment and rehabilitative programs.
 - Informed Veterans, Veterans families, Veterans service providers, law enforcement and medical professionals of VA programs and services available to assist at-risk and homeless Veterans.
 - Encouraged family, friends and citizens to “Make the Call” to 877-4AID-VET (877-424-3838) to help prevent and eliminate homelessness among Veterans.
 - Results since October 6:
 - Calls to call center more than doubled and rose to over 80 percent after outreach events.
 - There were 362 stories, including op-eds, have run in print, broadcast, and online media. The stories have earned an estimated 156,819,981 audience impressions (print and online media only).
 - Radio public service announcements (PSA):15, 30 and 60 seconds PSAs were distributed to the 28 markets holding events, with 3,475 plays as of Dec. 9, 2011, and an estimated 38,154,455 impressions. The PSA has been downloaded by 703 radio stations across the country.

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- Online/Yahoo! banner advertisements: Veterans homeless outreach banner advertisements on Yahoo! yielded 4,657 total clicks, for more than 4.2 million impressions.
- Radio advertisements were placed in the 28 markets for 1-2 week runs, yielding more than 60 million impressions.
- Radio interviews with VA officials on the subject of Veterans homelessness were played in 76 cities and 520 times, for 5,108,460 impressions.
- A total of 1,102 advertisements were placed on buses and in bus shelters in 19 markets, for 123,732,850 impressions.
- Social media: 506 on-topic posts.
- Outreach campaign way forward:
 - Phase one, planning and message development:
 - Create outreach materials.
 - Develop plans for 28 kick-off events and nationwide outreach.
 - Phase two, program launch:
 - Convene events in 28 targeted communities.
 - Purchase paid advertising in the 28 targeted communities.
 - Mobilize community partners in the 28 targeted communities in preparation for kick-off event.
 - Run PSAs on radio and TV stations across the US (TV PSA are being developed now).
 - Distribute outreach materials in all communities (materials have been provided to all of the kick-off locations and are currently being sent to all over VA entities).
 - Phase three, furthering outreach:
 - Continue outreach across U.S.
 - Focus more on rural outreach.
 - Solidify relationships with community partners.

Briefing on Claims Processing, Edna MacDonald, Deputy Director, Compensation Services, VBA

- Recent claims processing improvements:
 - Fast Letter (FL) 11-28, Revised Procedures for Telephone Contact and Development.
 - FL 12-06, Final Rule: Updated Schedule for Rating Disabilities; Evaluation of Amyotrophic Lateral Sclerosis (ALS).
 - FL 12-08, Implementation of the Simplified Notification Letter (SNL).
 - FL 12-11, Disability Benefits Questionnaires Update: March 2012.
- Quality review teams (QRT) current initiatives:
 - Standardized quality review specialist positions allows focused emphasis on station quality.

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- Each local QRT is comprised of at least one authorization quality review specialist (QRS) and one rating QRS.
- QRT shifts responsibility for reviewing quality from supervisors to dedicated quality review specialists.
- The QRT is responsible for three types of quality reviews:
 - Five cases per month, to determine individual performance.
 - In-process reviews to identify deficiencies and take corrective action.
 - Periodic end-to-end reviews that mirror the national Systematic Technical Accuracy Review (STAR) program.
- Rating schedule update:
 - Goal is to revise and update all 15 VA Schedule for Rating Disabilities (VASRD) body systems with current medical science and econometric earnings loss data.
 - Conducted open public forums for each body system, along with establishing comprehensive multi-disciplinary working groups that include:
 - Physicians, subject matter experts, and raters.
 - Collaboration with DoD, VHA, and VSOs.
 - VA has completed all forums.
 - Working groups and regulation drafting are in progress for all body systems.
 - VA will continuously reevaluate all body systems.
- Military sexual trauma (MST) issue status:
 - All Veterans service representatives (VSR), rating Veterans service representatives (RVSR), and decision review officers (DRO) are required to complete two courses on MST in FY 2012.
 - In November 2011, 155 VSRs and RVSRs were dedicated to handling MST claims across the Nation, and in San Juan, Puerto Rico and Manila, Philippines.
 - Training Letter 11-05 Adjudicating Posttraumatic Stress Disorder (PTSD) Claims Based on Military Sexual Trauma (MST) was released December 2011.
- MST training:
 - On December 13, 2011, conducted a LiveMeeting on “Military Sexual Trauma: Markers and Claims Development.”
 - Provided an overview of the training letter.
 - Focused on markers.
 - Reviewed identification of alternative sources of evidence.
 - Provided a scenario for training.
 - Updated training materials.
- MST collaboration:

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- Defense Sexual Assault Incident Database (DSAID) and DoD Safe Helpline: Sexual Assault Support for DoD Community.
- Collaborating with BAS on MST sensitivity training for WVCs in March 2012.
- VHA and VBA jointly developing training on C&P exams and rating decisions for MST-related claims; scheduled for April 2012.
- Current appeals processing analysis:
 - Total processing time = 1,249 days.
 - Total lead time, defined as notice of disagreement (NOD) thru certification to Board of Veterans Appeals= 1,014 days.
- Appeals – design team 3:
 - Mapping the full appeals process lead to identifying efficiencies.
 - Recommendations aimed at cutting VBA processing time by 50 percent:
 - Standardize NOD form.
 - Immediate DRO involvement.
 - Waiver of regional office jurisdiction.
 - Require de novo (from the beginning) review.
 - Improve training and information sharing across VA.
 - Paperless processing at certification.

Disability Benefits Questionnaires, Dr. Leslie Arwin, Medical Officer, Office of Disability and Medical Assessments, VA Ann Arbor VA Health Care System, VHA and Keith Stabler, Policy Analyst, Compensation Service, VBA

- Disability benefits questionnaires (DBQ):
 - DBQs streamline medical report of information needed in claims process.
 - They are designed to improve accuracy and consistency of rating decisions.
 - DBQs will replace the current automated medical information exchange (AMIE) worksheets for compensation and pension (C&P) examinations.
 - Veterans have the option of visiting a private health care provider instead of a VA facility to complete their disability evaluation form.
 - More than 80 DBQs are in planning.
 - Internal deployment:
 - All 81 planned DBQs will be available within VA.
 - There are 10 DBQs available for internal VA use only.
 - External deployment:
 - There are 71 DBQs currently available for public use.
- DBQ validation review:
 - Compensation Service is performing DBQ validation.
 - Sampling 100 DBQs received from outside C&P exam process per month.
 - Verify license number against National Provider Index database.

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- Direct contact with private providers to verify data.
- From April–December 2011:
 - Amount validated: 86.9 percent (718/826).
 - Amount pending provider response: 11.4 percent (94/826).
 - Amount that could not or did not validate: 1.6 percent (14/826).
 - Referred to RO and Office of Inspector General for follow-up action.
- DBQ path forward:
 - Adjusting the “input” functionality for VA clinicians to better capture the findings of the forensic exam, without adjusting the DBQ output.
 - Developing a “DBQ Service Gateway” as a common place for secure input of DBQ information, for VHA clinicians, contractors and private providers.
 - Mapping clinician input-data to foster rules-based rating applications.

Subcommittee Breakout Sessions

- Health and benefits subcommittees met with assigned ACWV members and advisors, to discuss issues to be considered for the upcoming Report, and to craft recommendations.

Discussion: Wrap-up

Dr. Shirley Quarles, Chair, ACWV

Thursday, March 22, 2012- G.V. “Sonny” Montgomery Conference Room 230

Briefing on Readjustment Counseling Service (RCS), Janice Furtado, Family Counselor, Brockton Vet Center, Readjustment Counseling Service

- Vet Center services:
 - A wide range of psycho social services and referrals offered to eligible Veterans and their families in the effort to make a successful transition from military to civilian life.
 - This includes: readjustment counseling for Veterans and their families; marital and family counseling for military related issues; bereavement counseling; military sexual trauma counseling; demobilization outreach and services; substance abuse assessment; employment assessment; screening for referral to the health care and benefits system; and Veterans’ community outreach and education.
 - In FY2011, 189,811 Veterans and families were provided 1,377,028 visits.
 - A total of 70,949 Veterans—37 percent of all Veterans receiving Vet Centers services--were not seen in any other VHA facility.
 - Vet Centers provided 8,763 women Veterans, with 77,459 in-center visits.

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- Of all women Veterans receiving Vet Center services, 46 percent served in either Iraq or Afghanistan.
- There was a 20 percent increase from FY 2010, in the number of new women Veterans seeking in-center services.
- Included within the overall total above, Vet Centers provided 3,123 women Veterans with 30,455 in-center visits, dealing with military sexual trauma.
- Meeting the needs of women Veterans:
 - Staff is sensitive to women Veterans specific issues.
 - RCS provides MST sensitivity training for all staff and specialized MST counselors.
 - National conference calls conducted to address services provided to women Veterans.
 - RCS raises awareness of women Veterans issues through outreach.
 - Other ways RCS addresses women Veterans specific needs:
 - Relaxation modalities to augment counseling.
 - National quilting project, which started in the Boston Vet Center.
 - Women Veterans events.
 - Women Veterans retreats:
 - Women Veterans retreats: pilot program consisting of three therapeutic retreats for female OEF/ OIF/ OND Veterans.
 - San Bernardino Mountains (Outside Los Angeles, CA)- June 2011.
 - Denver, CO Area- August 2011.
 - Seattle, WA Area- September 2011.
- Needs to be considered:
 - Increasing dissemination of information pertaining to homeless women Veterans and their children.
 - Child care initiatives.
 - Chronic pain in women Veterans.

Update on Legislative Issues Affecting Women Veterans, Christopher O'Connor, Associate Deputy Assistant Secretary, Office of Congressional and Legislative Affairs

- Newly enacted legislation – National Defense Authorization Act for FY 2012, Public Law 12-81:
 - Title V, Subtitle D – Military questions and legal matters. Reform of offenses related to rape and sexual assault and other sexual misconduct.
 - Title V, Subtitle H – Improved sexual assault prevention and response.
- VA implementation of Title II of P.L. 111-163, Caregivers (Women Veterans)
 - Title II of Public Law 111-163, the Caregivers and Veterans Omnibus Health Services Act of 2010, contains six provisions that impact the care

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and services the Department of Veterans Affairs (VA) provides to women Veterans:

- Conduct a study of the barriers to health care for women Veterans.
- Train and certify mental health providers on care for Veterans suffering from sexual trauma and post-traumatic stress disorder (PTSD).
- Conduct a pilot program on group counseling for women Veterans newly separated from service in the Armed Forces in retreat settings.
- Ensure the Advisory Committee on Women Veterans includes women Veterans who are recently separated from service in the Armed Forces.
- Carry out a pilot program to assess the advisability and feasibility of providing assistance to qualified Veterans to obtain child care so that such Veterans can receive health care services.
- VA has the authority to furnish health care services to a newborn child of a woman Veteran who is receiving maternity care furnished by the Department.

Update on 2010 Report of the Advisory Committee on Women Veterans (Recommendation 4)/Enhancing VA Staff's Education on Women Veterans' Issues, Alice Muellerweiss, Dean, VA Learning University (VALU)

- Raising awareness:
 - VALU believes the issues important to women Veterans are issues important to all Veterans.
 - Training and other resources provide a foundation and a safe forum to ask questions and raise awareness of women Veterans.
- VALU's partnership with the CWV aims to:
 - Increase visibility of women Veterans in VA.
 - Improve understanding of women Veterans experiences.
 - Encourage VA employees to act on behalf of women Veterans.
 - VALU and CWV are collaborating to promote training and other resources that increase VA employees' understanding of women Veterans.
- Interactive e-Learning courses bring Veterans experiences to life.
 - Military cultural awareness (MCA) e-Learning course offers:
 - A highly interactive, non-mandatory 90-minute e-Learning experience available through the talent management system (TMS).
 - An overview of common military culture and why this information is important in helping VA employees better serve the needs of Veterans and their families.
 - A common foundation for all VA employees.

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- Nearly 7,000 MCA completions since its launch in November 2010.
- Connecting with Veterans e-Learning Course (Coming Soon!).
 - Is the second in the awareness course series.
 - Introduces VA employees to recommended best customer service practices and applicable information for interacting with Veterans.
 - Will be available to all employees through the TMS.
- Next steps:
 - Rolling out promotion of the Connecting with Veterans e-Learning course in the weeks ahead.
 - Beginning work on a new e-Learning course, Serving Women Veterans, that will dive deeper into behaviors and practices that help VA staff better serve women Veterans.
 - Collaborating with training partners across VA to ensure VA employees have the right training, at the right time, the right way, meeting the diverse needs of a diverse population of employees.

Briefing on the Sexual Assault Prevention Response Office (SAPRO), Major General Mary Kay Hertog, Director, SAPRO, Department of Defense

Defining the Problem

- Defining the problem:
 - The Department of Defense (DoD) uses the term “sexual assault,” which encompasses everything from rape (which includes forcible penetration via threats of death or grievous harm) to wrongful sexual contact (touching of the genitalia, buttocks, breast or inner thigh – through clothing or otherwise – without consent).
 - VA uses the term “military sexual trauma,” a term used for patient screening and treatment purposes.
- DoD safe helpline:
 - Anonymous worldwide 24/7 confidential crisis support:
 - Administered by Rape Abuse and Incest National Network (RAINN), under contract with SAPRO.
 - RAINN also operates national civilian hotline.
 - Members of DoD community can use the Safe Helpline in 3 ways:
 - Online hotline with anonymous chat capability, which enables victims to reach out to receive help via instant-messaging type format (www.safehelpline.org).
 - Telephone hotline to provide support, advice, reporting information and referrals.
 - Texting service to provide automated referrals to Sexual Assault Response Coordinators (SARCs).
 - Had 32,200 unique visitors to Web site and 2,200 visitors were helped through live session, through February 2012.

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- SAPRO was established in 2005.
 - Serves as the single point of authority, system accountability, and oversight for the sexual assault prevention and response program.
 - Does not exercise oversight or influence over investigative or legal processes:
 - Like other military criminal investigations, these remain under the purview of each service through their military criminal investigative organizations (NCIS, CID, OSI) and Offices of the Judge Advocates General.
 - Three-pronged approach:
 - Victim Care: develops robust support resources and cadre of victim-focused professionals.
 - Prevention: formulates and educate on policy that reinforces a culture of prevention.
 - System accountability: ensures all program elements are accountable for policy compliance, legislative requirements and program effectiveness.
- Recently completed initiatives:
 - October 2011:
 - Policy approved to provide additional legal assistance to victims.
 - Revised DoD Sexual Assault Forensic Examination (SAFE) Kit to improve response to victims and standardize key component of evidence collection.
 - December 2011:
 - Policy approved for expedited transfer option.
 - Policy approved to retain documents of Unrestricted Reports for 50 years.
 - President signed an executive order creating “Victims Advocate Privilege.”
 - January 2012:
 - Secretary of Defense (SecDef) held a press conference announcing additional initiatives.
 - DoD Directive 6495.01, signed by Deputy SecDef:
 - Military dependents 18 years of age and older can now file restricted report and receive SARC/VA services.
 - DoD citizens outside the continental United States (OCONUS) and DoD US-citizen contractors in combat areas receive emergency care and help of SARC/VA during emergency treatment.
- Victim care certification program:
 - Underway since 2010 and required by FY 2012 National Defense Authorization Act.

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- Will standardize sexual assault response to victims and professionalize victim advocacy roles.
- Contracted with National Advocacy Certification Program, a nationally recognized victim advocacy credentialing body.
- Certification program will have three prongs:
 - Credentialing infrastructure for SARCs and SAPR VAs.
 - Competencies framework:
 - Identifies and organizes the core competencies for performing sexual assault victim advocacy.
 - Plan for evaluation and oversight of SARC and SAPR VA training.
- Continuum of care:
 - Program with Departments of Labor and VA:
 - Collaboration to ensure all current and transitioning Veterans know where to get assistance and fight homelessness.
 - Transitioning service member (TSM) will be offered help through DoD Safe Helpline.
 - Offers anonymous, confidential service to discuss best options.
 - Leverages existing infrastructure to present clear information on how to get help at VA.
 - Enhanced resources for TSMs, including specially trained staff, tailored assistance, and hand-off to VA MST coordinators.
- Prevention – ongoing:
 - Will focus on command climate: commanders and senior enlisted leaders set the tone.
 - Victims must:
 - Believe their allegations will be taken seriously.
 - Know they will be cared for throughout the process.
 - Feel confident those committing sexual assault will be held appropriately accountable.
 - New questions in commander climate assessment from the Defense Equal Opportunity Management Institute will provide commanders real time feedback from their troops on unit climate.
 - Survivor meetings held.
 - SARC meeting scheduled March 29-30, 2012.
- Accountability – ongoing:
 - Assess commander training and senior noncommissioned officer leader training.
 - Defense Sexual Assault Incident Database (DSAID):
 - By March 31, 2012, the National Guard Bureau and United States Air Force will be using DSAID.
 - Updated DoD Instruction 6495.02 is pending:
 - Addresses SAPR programs and procedures/

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- DoD IG Violent Crime Division was created to:
 - Conduct review of DoD sexual assault investigative training.
 - Conduct review of DoD closed sexual assault investigations starting with FY2010.
 - Conduct review peer review of Military Criminal Investigative Organization's sexual assault investigative procedures.

Mental Health Care for Women Veterans/Treatment for Military Sexual Trauma, Dr. Sonja Batten, Deputy Chief Consultant for Specialty Mental Health, Office of Mental Health Services, VHA

- Gender-specific care:
 - VA policy requires that mental health services be provided in a manner that recognizes that gender-specific issues can be important components of care.
 - All VA facilities must ensure that outpatient and residential programs have environments that can accommodate and support women with safety, privacy, dignity, and respect.
 - All inpatient and residential care facilities must provide separate and secured sleeping and bathroom arrangements including, but not limited to, door locks and proximity to staff for women Veterans.
 - Facilities are strongly encouraged to:
 - Give Veterans the option of a consultation from a same-sex provider regarding gender-specific issues.
 - Offer Veterans the option of a consultation or treatment from an opposite-sex provider.
 - Offer Veterans being treated for conditions related to MST the option of being assigned a same-sex mental health provider or an opposite-sex provider, if the MST involved a same-sex perpetrator.
- Single gender versus mixed-gender programs:
 - VA recognizes that some Veterans will benefit from treatment in an environment where all of the Veterans are of one gender:
 - May help address a Veteran's concerns about safety.
 - May improve a Veteran's ability to disclose, address gender-specific concerns, and engage fully in treatment.
 - VA also recognizes that mixed-gender programs have advantages:
 - May help Veterans challenge assumptions and confront fears about the opposite sex.
 - May provide an emotionally corrective experience.
 - Also promotes efficient use of resources: accepting both men and women helps prevent treatment or admissions slots from going unused.

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- Given these considerations, VA does not promote one model as universally appropriate for all Veterans. The needs of a specific Veteran dictate which model is most clinically appropriate.
- Women-only programs:
 - Women Veterans can receive services through most of VA's treatment programs.
 - Some facilities have established formal outpatient mental health treatment teams specializing in working with women Veterans.
 - Specific offerings vary from facility to facility, based on local demand and resources.
 - VA has 11 residential or inpatient programs that provide treatment to women only, or that have separate tracks for men and women. One additional VA program provides women-only treatment in a non-VA residential setting, in conjunction with a local non-profit program for homeless and at-risk Veterans.
 - Some of these women-only programs focus on MST specifically, while others focus on specialized women's care in general (including MST).
 - These programs are considered regional and/or national resources, not just a resource for the local facility.
- Women Veterans mental health: Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND):
 - Between 2002 - 4th Quarter 2011:
 - Number of discharged female OEF/OIF/OND Veterans that have accessed VA care: 55.0 percent (vs. 52.9 percent of males).
 - Number of female OEF/OIF/OND Veterans seen at VA that received a mental health diagnosis: 50.1 percent (vs. 52.2 percent of males).
 - Adjustment Reactions (including PTSD) and Depressive Disorders among most frequent diagnoses for men and women.
 - Adjustment Reactions: 30.8 percent of women vs. 34.9 percent of men.
 - Depressive Disorders: 26.3 percent of women vs. 20.3 percent of men.
 - PTSD: 22.9 percent of women vs. 28.6 percent of men.
 - Research on PTSD among OEF/OIF/OND Veterans suggests women are as resilient to effects of combat stress as men in the year following return from deployment.
- Changing patterns of women Veterans' use of VA mental health services between 2005-2010:
 - Number of women who received VA inpatient mental health care increased 19.7 percent.

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- Number of women who received care at a VA Mental Health Residential Rehabilitation Treatment Program (MHR RTP) increased 47.4 percent.
- Number of women who received VA outpatient mental health care increased 69.8 percent.
- Overall, proportion of women Veterans who received VA specialty mental health care increased 24.1 percent between 2005-2010.
- VA/DoD integrated mental health strategy (IMHS): gender differences:
 - DoD and VA identified the need for an integrated strategy for the provision of mental health care to Servicemembers, Veterans, and their families.
 - IMHS resulted from recommendations of the 2009 VA-DoD Mental Health Summit.
 - There were 28 Strategic Actions (SA) focused on establishing continuity between episodes of care, treatment settings, and transitions between the two Departments.
 - Workgroup assigned to each SA, includes VA and DoD clinicians, researchers, and policy experts.
 - IMHS SA #28 addresses gender differences.
 - Explores gender differences in delivery and effectiveness of prevention and mental health care for women and for those with MST (both genders).
 - Identifies disparities, specific needs, and opportunities for improving treatment and preventive services.
- VA/DoD IMHS #28 status update:
 - Fall 2011: summarized the current status of research on prevalence, treatment, prevention, and access mental health services for female Servicemembers and Veterans, and those who have experienced MST (both genders).
 - Key evidence gaps identified by this effort:
 - Gender differences/disparities for treatment of non-PTSD anxiety disorders, depression, eating disorders, personality disorders, severe mental illness, and comorbid physical health conditions (e.g., TBI and pain).
 - Barriers and access to care show significant gaps, including the role of gender sensitivity and gender-specific care options.
 - Spring 2012: review of clinical/administrative data, including national VA survey to assess existing services/challenges/best practices for gender-sensitive mental health care and care for Veterans with MST.
 - Future benchmarks: consolidate findings and recommendations to VA/DoD leadership.
- MST:

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- VA is committed to ensuring that Veterans who experienced MST have access to health care services and benefits that can facilitate recovery.
- National policy specifies that all VA medical centers (VAMC) must:
 - Screen all Veterans for experiences of MST.
 - Provide free treatment for mental and physical health conditions related to MST.
 - Have a designated MST coordinator to serve as a point person for MST issues at the facility.
 - Ensure staff receives training on issues related to MST.
- VA also engages outreach to ensure Veterans are aware of services available.
- The VHA's Office of Mental Health Services has funded a national MST support team to perform national monitoring, coordinate MST-related education and training, and promote best practices in the field.
- National monitoring efforts:
 - VHA's national MST Support Team produces annual reports on MST screening and MST-related care at each VAMC and at community-based outpatient clinics (CBOC).
 - All annual reports include results broken down by gender.
 - The MST support team follows up with facilities whose screening and treatment rates depart significantly from national rates, in order to identify any potential monitoring issues, promote compliance with national screening policy, and improve access to care throughout VHA.
 - In addition to annual reports, the MST support team also performs special analyses as needed to inform VA policy.
 - In response to Public Law 111-163, Section 202 the team completed an evaluation of VHA's capacity to provide MST-related mental health care; this report is currently in the concurrence process.
- MST screening:
 - Recognizing that many survivors of sexual trauma do not disclose their experiences unless asked directly, it is VA policy that all Veterans seen for health care are screened for MST.
 - Screening is conducted in a private setting, by qualified providers.
 - Providers receive training in how to screen sensitively and respond to disclosures.
 - Veterans who report having experienced MST are offered a referral to mental health for further assessment and/or treatment.
 - VHA providers are prompted to screen all Veterans for MST via a reminder in VA's electronic medical record.

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- Screen consists of two items--one assessing sexual harassment and one assessing sexual assault--designed to match the definition of MST provided in Title 38 U.S. Code 1720D:
 - When you were in the military, did you receive uninvited or unwanted sexual attention (i.e., touching, cornering, pressure for sexual favors or inappropriate verbal remarks, etc...)?
 - When you were in the military, did anyone ever use force or the threat of force to have sex against your will?
- Veterans who respond positively to either item are considered to have screened positive for MST.
- A positive screen does not speak to the Veteran's current distress, diagnosis or interest in or need for treatment.
- Since VA began mandatory universal screening for MST, the number of VHA outpatient users who have experienced MST has increased as the total number of Veterans using VHA care has increased.
- The rates of female and male VHA outpatient users who have experienced MST, however, have stayed relatively stable because of corresponding growth in the total number of VHA users.
- There have been no trends that suggest significant increases or decreases in the percent of Veterans with positive MST screens.
- Eligibility for health care:
 - Veterans do not need to have reported their experiences of MST at the time or have other documentation that MST occurred to receive free MST-related health care.
 - Service connection or disability compensation is also not required.
 - This benefit extends to some Reservists and members of the National Guard.
 - Veterans may be able to receive free MST-related care even if they are not eligible for other VA care:
 - There are no lengths of service or income requirements to receive MST-related care.
 - Veterans with other than honorable discharges may be able to receive MST-related care with VBA RO approval.
 - Pre-military trauma and pre-existing conditions do not impact eligibility for MST-related care.
- Health care services available:
 - VA offers a full continuum of mental health services for Veterans who experienced MST.
 - Every VAMC has providers knowledgeable about MST.
 - Every VAMC provides MST-related mental health outpatient services.
 - Many VA facilities have specialized outpatient treatment teams or clinics focusing specifically on sexual trauma.

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- Vet Centers have specially trained counselors.
- Nationwide, there are almost two dozen programs that offer specialized MST treatment in residential or inpatient settings.

Subcommittee Breakout Sessions

- Health and benefits subcommittees met with assigned ACWV members and advisors, to discuss issues to be considered for the upcoming Report, and to craft recommendations.

Discussion: Wrap-up/Meeting Adjourn

Dr. Shirley Quarles, Chair, ACWV



Shirley A. Quarles, Ed.D., R.N., F.A.A.N.
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