

Department of Veterans Affairs (VA)
Advisory Committee on Women Veterans Meeting Minutes
VA Central Office
810 Vermont Avenue, NW, Washington, DC
October 25-27, 2011

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

COL Shirley Quarles, USAR, Chair	CPT Nancy Glowacki, USA, Retired
COL Matrice W. Browne, USA, Retired	Valerie Cortazzo, USN
Col Nancy Kaczor, USAF, Retired	Karen Etzler, USAF
Lindsay Long, USMC	SFC Gundel Metz, USA, Retired
Kayla Williams, USA	Barbara Ward, USAF
Lt. Col. Terry F. Moore, USAF, Retired	Lt. Col. Jack Phillip Carter, Jr., USMC, Retired

ACWV Ex-Officio Members Present:

Lillie Jackson, Assistant Director, Buffalo Regional Office (VARO), Veterans Benefits Administration (VBA)

Dr. Patricia Hayes, Chief Consultant, Women Veterans Health Strategic Health Care Group (WVHSHG), Veterans Health Administration (VHA)

COL Ines White, Military Director, Defense Advisory Committee on Women in the Services (DACOWITS)

ACWV Advisor Present:

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

VA Staff Present:

Chanel Bankston-Carter, Veterans Employment Service Office (VESO)
Dr. Stacy Garrett-Ray, WVHSHG
Dr. Jennifer Lee, White House Fellow
Cathy Manga, VESO

Center for Women Veterans (CWV):

Dr. Irene Trowell-Harris, Director
Dr. Betty Moseley Brown, Associate Director
Desiree Long, Senior Program Analyst

ACWV Ex-Officio Member Excused:

Nancy Hogan, Director, Strategic Outreach and Legislative Affairs, Department of Labor (DOL)

ACWV Advisor Excused:

CDR Michelle Braun, Nephrology Nurse Practitioner, National Institute of Health

Andree M. Sutton, VESO
Mageli Talastas, WVHSHG
Anupama Torgal, WVHSHG
Allison Whitehead, WVHSHG

Shannon Middleton, Program Analyst
Michelle Terry, Program Support Assistant
Juanita Mullen, Program Analyst

Advisory Committee on Women Veterans Meeting Minutes October 25-27, 2011

Guests:

Sharon Hodge, Vietnam Veterans of America	Teresa Morris, VFW
Dawn Jirak, Veterans of Foreign Wars (VFW)	Oriana Parker, Senate Veterans Affairs Committee Staffer
Amanda Leigh, The American Legion	Christina M. Roof, AMVETS
	Tonya Thompson, DOL

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

Tuesday, October 25, 2011-Room 930 ***Meeting was called to order by the Chair.***

Items discussed included:

- Introduction of committee members and visitors.
- Agenda review.
- Approval of minutes from July 14, 2011 meeting.
- Discussed upcoming 2012 report.
- Next meeting scheduled for March 20-22, 2012.

Update on ACWV Reports and Task Force on Women Veterans, Dr. Irene Trowell-Harris, Director, Center for Women Veterans

- Discussed status of 2010 and 2012 ACWV reports:
 - Several 2010 report recommendations in progress: Child care and newborn care pilot programs being implemented. Committee will continue to receive update briefings.
 - Preliminary 2012 recommendations submitted to senior leaders September 1, 2011 for review by the newly established Task Force on Women Veterans. ACWV may submit additional recommendations based on upcoming meeting briefings.
- The 2012 report process:
 - ACWV constructs recommendations and rationales for the report, based on information acquired from meetings, forums, site visits, and summit or other sources, on a demonstrated need that will benefit the women Veterans population.
 - A draft is submitted to Center for Women Veterans (CWV) for formatting.
 - Formatted draft is sent to ACWV for final approval.
 - 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 CWV, for review and approval of VA's responses.
 - Report is due to the Secretary by July 1, 2012.
 - Secretary mandated to submit report and VA's responses to recommendations to Congress, within 60 days of receiving the report (August 30, 2012).
 - CWV maintains a tracking matrix to monitor progress on VA's response to recommendations.

Advisory Committee on Women Veterans Meeting Minutes October 25-27, 2011

- CWV processes report for design and professional printing, after the final report has been disseminated to the Secretary and Congress.
- Task Force on Women Veterans:
 - The Secretary announced a call to action and the establishment of a VA Task Force on Women Veterans during his remarks at the 2011 National Training Summit on Women Veterans on July 16, 2011. The task force 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 will lead 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 will represent women Veterans' perspective (those who have information to inform and those who have resources to effect outcomes), and will identify what we know and what we think we know, identify what we have done, identify projections that are relevant to women Veterans, and identify needs and gaps.
 - A successful mission outcome for the task force is a coherent, comprehensive, and facts-based action plan, which considers and integrates appropriate viewpoints from stakeholders and subject matter experts. The finished product is due to the Secretary on January 1, 2012.

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

- Center's internal performance measures, fourth quarter FY11:
 - Center staff engaged in 25 collaborative meetings and forums during the fourth quarter, to include a National Training Summit on Women Veterans, keynote speeches and presentations, as well as participated in collaborative meetings, and advisory councils and committees.
 - Center staff answered 191 inquiries from internal and external stakeholders via email, telephone, letters, and through VA's Inquiry Routing and Information System (IRIS). Inquiries ranged in complexity, from general information requests to personal requests regarding health care concerns and status of claims. On average, Center staff responded in less than 1 day, which is significantly less than VA's standard of 5 days.
- Discussed the Center's recent and upcoming activities.
- Provided update on Center's web site statistics.

Update on Prosthetics Services for Women Veterans, Dr. Billie Randolph, Deputy Chief Consultant, Prosthetic and Sensory Aids Service, Veterans Health Administration (VHA)

- Prosthetic and sensory aids service (PSAS) provides a variety of services to include:
 - Home oxygen, medical equipment and supplies, restorations, service dogs, surgical implants, wheelchairs and accessories, adapted sports and recreational equipment, artificial limbs/custom bracing, automobile adaptive equipment (AAE), blind aids, assistive listening devices, clothing allowance, home improvements and structural alterations (HISA).

Advisory Committee on Women Veterans Meeting Minutes October 25-27, 2011

- Prosthetic Women's Workgroup:
 - In 2008, PSAS established the Prosthetics Women's Workgroup (PWW), an interdisciplinary collaboration of VA's subject matter experts on women's health.
 - The purpose of the PWW is to enhance the care of women Veterans by focusing on their unique needs and assessing how those needs can best be met by the range of devices provided by PSAS.
- PWW goals:
 - Ensure uniformity in the provision of prosthetic appliances across VA.
 - Eliminate availability concerns.
 - Provide medically necessary prosthetic devices and medical aids to women Veterans, in accordance with federal rules and regulations governing PSAS programs.
 - Advocate for new legislation and changes to existing legislations.
 - Eliminate barriers to prosthetics care experienced by women Veterans.
 - Explore contracting and procurement actions that make gender-specific devices available for women. Awarding new contract with clause stating they must have women shoes.
 - Identify emerging technology for women, and propose ideas for research and development.
 - Change VA's culture and perception of women Veterans, through education and information dissemination.
- Specialized orthotics and prosthetics services (O&P):
 - One hundred percent accreditation of all O&P clinical services, and 156 certified practitioners.
 - Certified post-mastectomy fitters.
 - Customized O&P devices.
- Prosthetic challenges for women Veterans:
 - Issue: Limb cosmetics are mostly designed for men.
 - Hundreds of prosthetic feet are commercially available.
 - Nearly all are male (most are larger and wider than female feet).
 - Modifying prosthetic feet to make them fit women's shoes reduces their durability and appearance.
 - Solutions: understand female perspective on the appearance of limb cosmetics (cosmeses); encourage development of cosmeses; develop scanning and replication technology to mirror the intact limb.
 - Issue: Prosthetic constraints on footwear versatility.
 - Female amputees often prefer greater versatility for footwear choices than males.
 - Prosthetic heel heights are typically 3/8" to 3/4". Few commercially made feet allow user adjustments.
 - User maladjustments can cause alignment problems and discomfort.
 - Solutions: develop automatic heel height and alignment systems that adjust to amputee footwear.
- Research plan, past and future:
 - Defense Advanced Research Projects Agency's (DARPA) "Revolutionizing Prosthetics 2007/2009" Programs began in 2005.

Advisory Committee on Women Veterans Meeting Minutes October 25-27, 2011

- VA Prosthetic Arm Optimization Study, 2008-2011 (three VA and one DoD site).
- VA follow-on studies in upper extremity prosthetics (plan to include VA and DoD sites).
- Johns Hopkins University/Applied Physics Lab Arm, in early planning stage for future VA study.
- Other PSAS initiatives:
 - Transition of purchases over \$3,000 to Acquisition.
 - Three VISN pilots starts December 1, 2011.
 - Surrendering of warrants over this threshold begins July 2012.
 - Development of regulations:
 - General.
 - Service dog.
 - Home improvement / structural alteration.
 - Automobile adaptive equipment.
 - Revision of handbooks.

Update on VA's Veterans Employment Initiatives, Mary M. Santiago, Director, Veterans Employment Services Office

- Discussed model for Federal Veterans Employment Services.
 - Veterans career center offers:
 - Military skills translator.
 - Resume builder.
 - Job search assistance.
 - Skills assessment.
 - Job matches.
 - Integration with USAJOBS.
 - Service support includes:
 - Coaching.
 - Training.
 - Retention.
 - Communications.
 - Case management developed using business process management technology.
 - Avatar based software is a Virtual Collaboration Tool that provides the opportunity to stay connected.
 - Audience segmented Web site to provide the right tools at the right time.
- Career coaches
 - Provide job search coaching to Veterans seeking employment at VA.
 - Offer resume building and career guidance to Veterans.
 - Educate Veterans on Career Center tools.
- Reintegration coaches
 - Facilitate smooth transition during deployment and reintegration processes.
 - Educate service members and supervisors about deployment and reintegration tools.
 - Provide transition assistance and collaboration coaching to the work unit.
- Help desk technical support
 - Serve as a single contact for all customer technical assistance.

Advisory Committee on Women Veterans Meeting Minutes October 25-27, 2011

- Will offer multiple points of access – phone, email, and instant messaging.
- VA for Vets public launch day will be Veterans Day, November 11, 2011.

Overview of Veterans Benefits Administration (VBA) Initiatives, The Honorable Allison A. Hickey, Under Secretary for Benefits

- VBA outreach to women Veterans:
 - The number of women Veterans assisted through VBA outreach efforts increased 48 percent from FY 2010 to FY 2011 (from 8,851 to 13,103).
 - Claim intake from women Veterans at outreach events increased 69 percent from FY 2010 to FY 2011 (from 125 to 211).
 - VBA is establishing 14 full-time women Veterans coordinators.
 - Regions based on highest women Veteran populations.
 - Transformation plan includes one Women Veterans Coordinator (WVC) at every regional office.
 - Regional offices have visible posters in their public contact areas to alert women Veterans to specific services available.
 - VBA and VHA partnered to expand outreach efforts to women Veterans and increase utilization of VA health care and benefits entitlement, through the women Veterans call center.
- Improving VBA employee training and awareness:
 - The Benefits Assistance Service (BAS) conducted monthly conference calls for 57 WVCs.
 - WVCs received training at the 2011 National Training Summit on Women Veterans to increase their awareness of women Veterans' issues. VBA also assisted women Veterans with accessing their benefits by enrolling them in eBenefits on-site, and recognized their unique needs.
 - VBA collaborates with the Center for Women Veterans, the Veterans Health Administration, and community partners to ensure services and benefits are coordinated for women Veterans.
 - Development of benefits pamphlet exclusively for Women Veterans:
 - Gender specific disabilities, personal trauma, women's health care.
- VBA transformation strategy:
 - People-centric, results-driven, forward-looking.
 - Integrated objectives:
 - Make it easier for Veterans and their families to receive the right benefits, meeting their expectations for quality, timeliness and responsiveness.
 - Educate and empower Veterans and their families through proactive outreach and effective advocacy.
 - Build our internal capacity to serve Veterans, their families and other stakeholders efficiently and effectively.
- VBA transformation plan: people.
 - Integration key attributes:
 - Intake processing centers (IPC) for quick, accurate triage (right claim, in right lane, first time).

Advisory Committee on Women Veterans Meeting Minutes October 25-27, 2011

- Cross-functional teams (case management) of cross-trained raters, co-located to increase knowledge transfer, speed, accuracy.
- Specialized “lanes” based on complexity/priorities.
 - Express: less complex work for improved overall productivity, decreased complexity, standardized workload management.
 - Core: majority of workload, including all cases not in Express or Special Operations, as well as diabetes and individual unemployability.
 - Special Operations: case management and other techniques for special missions (Nehmer, old cases, Former Prisoners of War, and military sexual trauma).
 - New efficient workload management tool (VBMS-W).
 - National-level, intensive “Challenge” training (compensation).
- VBA transformation plan: processes.
 - Design team key functions:
 - 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, disability benefits questionnaires—(2009 Innovation Initiative winner – Pittsburgh).
 - Utilize Systematic Technical Accuracy Review (STAR) trained quality review teams; “in- progress” checks and regular end-of-month reviews.
 - Improve monetary and non-monetary employee incentives to facilitate outcomes.
- Veterans relationship management (VRM) key attributes:
 - Create national call center — one queue.
 - Adopt best-practice call center technology (e.g., unified desktop, metrics, call back, chat, recording for training, virtual hold).
 - Augment My-eBenefits portal for self-service.
 - Launch standardized e-forms to facilitate electronic interviews (VONAPP Direct Connect).
 - Create My-eBenefits stakeholder portal for VSOs.
 - Expand online transition assistance program to increase Veterans’ knowledge of benefits earlier in their military careers.
 - Validate customer satisfaction by soliciting feedback (e.g., J.D. Powers, VoV, BAS, call centers).
- My-eBenefits: critical to connecting Veterans and family members with VA.
 - Value of establishing an My eBenefits account:
 - Provides a customer service portal for life-long engagement.
 - Enables Veterans to submit electronic forms to initiate claims and receive status updates.
 - Standardizes claim intake through an electronic 526 form creating searchable/readable data.
 - Enables collaboration with VSOs to assist Veterans with all interactions with VA.
 - Provides Veteran benefits of constantly updated tools and services of My-eBenefits.

**Advisory Committee on Women Veterans Meeting Minutes
October 25-27, 2011**

Status on Women Veterans Coordinator (WVCs) Position Description/Update on the Veterans Benefits Administration’s (VBA) Outreach Strategic Plan/Informing Women Veterans about Changes in Benefits Regulations/Allotted Time for WVCs for outreach and Women Veterans-specific Collateral Duties/VBA Pamphlet for Women Veterans/ Update on 2010 Report of the Advisory Committee on Women Veterans (Recommendation 6, Recommendation 7, and Recommendation 8), Janice Jacobs, Deputy Under Secretary for Disability Assistance, Veterans Benefits Administration (VBA)

- Benefit Usage by Women Veterans, Fiscal Year 2010.

Compensation benefits:	Over 265,000
Pension benefit:	11,683
Vocational Rehabilitation & Employment:	22,135
Post 9/11 GI Bill enrollment:	61,537
Home Loan Guaranty:	37,289, with \$2.7 billion in loans

- Unique programs and initiatives:
 - WVCs for all regional offices.
 - Women Veterans awareness training programs.
 - VA employee sensitivity and military sexual trauma training.
 - Developing electronic tracking and reporting system for personal assault PTSD claims.
 - Homeless women Veterans pilot project.
 - Targeted outreach.
 - ASPIRE, VA’s initiative to promote public transparency, by sharing performance and productivity data; www.vba.va.gov/reports .
 - eBenefits: www.ebenefits.va.gov.
- Advisory Committee on Women Veterans report updates:
 - **Recommendation #6-** That the Veterans Benefits Administration (VBA) establishes permanent, full time Women Veterans Coordinator (WVC) positions in the VA regional offices (RO) that serve a catchment area that has greater than 40,000 women Veterans – to direct assistance to women Veterans accessing benefits and services through VA.
 - **Current Status:**
 - The position description has been approved by VBA’s Deputy Under Secretary for Field Operations.
 - Classification for the position is being coordinated with the Office of Human Resources.
 - Full-time WVC positions are expected to be posted during the first quarter of FY 2012.
 - **Recommendation #7-** That the duties and functions of the WVCs be standardized for consistency of services provided to women Veterans and that these duties be evaluated in each VA regional office (VARO) during the scheduled internal Compensation and Pension Services site visit to ensure compliance and efficiency.
 - **Current Status:**

Advisory Committee on Women Veterans Meeting Minutes October 25-27, 2011

- BAS and Office of Field Operations (OFO) will collaborate to form a focus group, comprised of WVCs who will work with the WV program manager in the BAS, to develop standard operating procedures (SOP) for all WVCs.
- The SOP will specifically address outreach goals for the WVC program, collaboration with the Veterans Health Administration (VHA) women Veterans program managers (WVPM) and other advocates, program expectations, and training requirements.
- **Recommendation #8**-That the VBA conduct Area conferences every 2 years for WVCs and others who provide women Veterans-specific services. In an effort to build greater communication, collaboration of functions, and awareness of issues, concerns, policies and programs for women Veterans in their respective areas.
 - **Current Status:**
 - A National Summit on Women Issues was held in July 2011, which included a one-day training designed for WVCs and WVPMs. During the summit, various training and working sessions were conducted, which precluded the necessity for a separate training conference for VBA WVCs.
- VBA outreach to women Veterans:
 - VBA has increased use of social media (i.e. Facebook, Tweeter, etc.) for all Veterans, including Women Veterans.
 - VBA is scheduled for a special emphasis Outreach Product Design and Messaging Campaign, to include women Veterans, which begins with drafting content on November 18, 2011 and culminates in new outreach products. This includes printed materials, video and web design scheduled for delivery to the field by March 3, 2012.

Department of Labor Initiatives for Women Veterans, Sara Manzano-Diaz, Director, Women's Bureau, Department of Labor

- The Women's Bureau is one of the oldest agencies within the Department of Labor — created in 1920 through congressional enactment.
- It is the only Federal agency mandated by Congress to serve as the public policy advocate for America's working-women.
- Today, the Women's Bureau's vision is to empower all working women to achieve economic security, by preparing them for high paying jobs, ensuring fair compensation, promoting workplace flexibility & helping homeless women veterans.
- Helping women Veterans who are homeless includes assisting them in reintegrating into family, community and the workforce, with the goal of finding a good path to good jobs and financial security.
- From August 2009 through September 2010, the Women's Bureau conducted a series of 32 sessions to gain further insight into the causes of homelessness for female Veterans as well as the issues, challenges and solutions to recovery.
- The Women's Bureau interviewed homeless women Veterans in shelters and service providers.
 - The sessions were held in (nine states):
 - New York, Pennsylvania, Texas, Kansas, California, Oregon, Washington, Florida, Louisiana.
 - The sessions focused on obtaining information related to the following:

Advisory Committee on Women Veterans Meeting Minutes October 25-27, 2011

- Factors that lead to homelessness for women Veterans.
- Improving services/resources for homeless women Veterans.
- Increasing participation and engagement in programs/services.
- The sessions revealed that the experience of multiple traumas increases the risk of homelessness and severely impacts women Veterans' ability to readjust to civilian life.
- Listening sessions with homeless female Veterans revealed a unique set of challenges compounded by their military roles. These sessions revealed:
 - Female Veterans who are homeless have significant histories of trauma.
 - Exposure to trauma impacts all aspects of daily functioning.
 - Female Veterans do not always self-identify as Veterans.
 - Female Veterans often find themselves without a support network.
 - Services that are trauma-informed and tailored to female Veterans are minimal.
- Recognizing and acknowledging the unique experiences of women Veterans, the Women's Bureau released its new online publication *Trauma-Informed Care for Women Veterans Experiencing Homelessness: A Guide for Service Providers*.
 - It was developed to equip service providers with a deeper understanding of the unique experiences and needs of women Veterans, as well as to provide organizational self-assessment tools to service providers on how to appropriately treat this population.
 - It can be used by community-based service agencies that work with homeless female Veterans in a variety of settings (education or employment services, shelter and housing services, medical or mental health care).
- The Women's Bureau hosted three, National Stand Downs for women Veterans:
 - Long Beach, California (July 15, 2011).
 - San Antonio, Texas (August 27, 2011).
 - Tampa, Florida (September 10, 2011).
 - The Stand Downs brought together women Veterans, government agencies and nongovernmental organizations that can provide assistance to women Veterans who are at risk of/or homeless as a result of experiencing some type of trauma or abuse.
- The Stand Downs provide access to resources, such as health and legal services, financial literacy education, counseling organizations that address drug and sexual abuse, and organizations that provide free work clothing, and other services.
- The Stand Down event is designed to encourage women veterans to take action to enhance their lives by accessing information and resources from organizations that engage in the event in a manner that is sensitive to the distinct needs of women Veterans.
- The woman-to-woman Stand Down underscores how vital it is to conduct special outreach to women Veterans who are experiencing homelessness, and to empower them with knowledge about services and resources available to them in their own communities.
- The Women's Bureau's goal is to help women Veterans who are homeless reintegrate into family, community, find gainful employment, and restoring them to financial stability.

Advisory Committee on Women Veterans Meeting Minutes October 25-27, 2011

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

Wednesday, October 26, 2011-Room 930

Update on 2010 Report of the Advisory Committee on Women Veterans (Recommendation 9), Dr. Mary Beth Skupien, Director, Office of Rural Health (ORH), VHA

- Goals of ORH areas of focus:
 - Improving access and quality of care through measurement, evaluation, and documenting impact of best practices in rural health.
 - Optimizing use of available and emerging health information technologies.
 - Maximizing use of existing and emerging studies and analyses to improve care delivered to rural Veterans.
 - Improving availability of education and training for VA and non-VA providers, by increasing distance learning and developing new education resources for health care professionals.
 - Enhancing existing and implement new strategies to improve and begin new collaborations, and increasing service options for rural Veterans.
 - Developing innovative methods to identify, recruit and retain health care professionals and expertise in rural communities.
- ORH Strategic Plan “Refresh” process in FY 2011:
 - ORH stakeholders (~ 40 internal/external partners) part of working group to refresh ORH Strategic Plan.
 - Reviewed pertinent documents.
 - Summarized accomplishments for each goal and initiatives/demonstration projects underway.
 - Assessed gaps and needs identified in the needs assessments.
 - Made recommendations for revising, eliminating or creating new objectives associated with goal.
 - Wrote new narrative for each revised or new objective.
 - Recommended new initiatives and performance measures for each new or revised objective.
 - ORH staff assembled goal updates from each workgroup, wrote executive summary, and realigned projects with new objectives.
 - ORH strategic planning group drafted final document, which is in the process of obtaining final clearance.
- Over 500 ORH projects and programs:
 - VA National Programs:

Advisory Committee on Women Veterans Meeting Minutes October 25-27, 2011

- Rural community based outpatient clinics (CBOCs), telehealth, mental health, women Veterans health, homeless, home based primary care (HBPC), outreach clinics, behavioral health, patient aligned care team (PACT), and transportation.
- VISN/VISN rural consultant projects:
 - Telehealth, optometry, podiatry, diabetes, case management, mental health, women's health, homeless, transportation, communications improvement, substance abuse treatment, social services, and mobile clinics.
- Veterans rural health resource center:
 - Examples of projects include: HIV/AIDS, rural health provider training, neuro-rehab consultation, telerehab, VA outreach clinic evaluation, Veterans' health care and needs survey, and geographic access assessment.
 - Examples of studies include: tobacco cessation, suicide-related mortality analysis, rural surgery needs and strategies, and transportation needs assessment.
- Rural mobile clinics:
 - Healthcare Empowerment Respect VA (HERVA): Jackson, MS:
 - Mobile medical unit that provides primary care screening for acute care, mental health, and cardiovascular emergencies. Is staffed with nurses. Women's coordinator also often present.
 - Services 54 counties in MS and 6 parishes in LA.
 - Collaborates with community partners and other VA departments.
 - Performs outreach and education to women Veterans, and disseminates women specific items (e.g., shower hangers for breast exams, DVDs on female health promotion and osteoporosis).
 - Rural mobile health clinic pilot in Bingham, ME:
 - Full-time women nurse practitioner trained to provide comprehensive primary care according to VHA standardized protocols for women Veterans.
 - Provide women specific primary care (e.g., pap smears, breast cancer screenings).
 - In FY11, 44 women Veterans received services.
 - Rural mobile clinic (RMC) – Clarksburg, WV:
 - Preventive health care screenings, mental health outreach, vaccines, routine primary care.
 - Starting in FY12, each woman seen will be offered a clinical video telehealth consult with the women health coordinator at Clarksburg VA Medical Center (VAMC) to discuss what women health services are available at the Clarksburg VAMC and four CBOCs (Morgantown, Parsons, Flatwoods, and Parkersburg).
 - RMC travels to six sites (visits five of the six sites twice a month and the remaining site once a month) and remains at each site for six hours (will expand to eight hours).
- Other mobile programs:
 - Mobile medical unit (MMU) in the South Texas Veterans Health Care System (Kerrville Division) provides screening and education services for the detection of breast cancer.
 - Mobile mini-residency training program (VISN 5):
 - Conducts a training program on gender-specific topics, including contraception, cervical cancer screening, breast and pelvic exam, pap smears, abnormal uterine bleeding, sexually transmitted diseases, and readjustment to post-deployment.

Advisory Committee on Women Veterans Meeting Minutes October 25-27, 2011

- In FY11, there have been 127 attendees (89 percent were female).
- Other rural women initiatives:
 - VISN 5 – Women Veterans Health Program conducted women-specific needs assessment; hired four nurse practitioners to provide clinical, training, education, and outreach services to rural women Veterans; and have served 350 women Veterans in FY11.
 - VISN 6 – Rural Women Veterans Health Care Program conducted women-specific needs assessment; trained 67 physicians and nurses to provide services to rural women Veterans; performed outreach; purchased specialized OB/GYN equipment for CBOCs.
 - VISN 10 – a nurse serves as the Women’s Diagnostic Coordinator to coordinate mammography and PAP tests for all women Veterans utilizing the Chillicothe VAMC and its five CBOCs; and order, track, and follow-up with the community providers. In FY11, the Chillicothe VAMC has served 1,197 women Veterans.
- New women Veterans initiatives:
 - Will partner with the Women Veterans Health Strategic Health Care Group to develop new programs for the:
 - Enhancement of care to women Veterans through women’s health education initiatives, implementing women’s mini-residency programs in 5-10 VISNs.
 - Enhancement of care to women Veterans through women’s health telehealth initiatives, providing tele-consultation for women’s primary care and basic gynecology for providers, tele-gynecology, care coordination for gender specific issues (i.e., maternity care/high risk patients); and tele-pharmacy.
- Future and ongoing women collaborations:
 - Will collaborate with the Women Veterans Health Strategic Health Care Group to develop a video on proper etiquette when transporting women Veterans. This will be produced with the assistance of EES and distributed to Volunteer services to show to volunteer drivers.
 - Continue to participate in regular conference calls with the Rural Women Veterans Steering Committee.
 - Focus on education activities:
 - Collaborate with the Women Veterans Health Strategic Health Care Group to provide Rural Women’s Health programs (e.g., presentation at Women Veterans Program Manager Conferences).

Inpatient Mental Health Care for Women Veterans, Update on Mental Health Strategic Health Plan and an Update on 2010 Report of the Advisory Committee on Women Veterans (Recommendation 1 and Recommendation 3)

Dr. Sonja Batten, Deputy Chief Consultant for Specialty Mental Health, Office of Mental Health Services, VHA and Dr. Susan McCutcheon, Director of Family Services, MST, and Women’s Mental Health, Office of Mental Health Services, VHA

- Update on the Improve Veterans Mental Health (IVMH) Initiative:
 - Sixteen major transformation initiatives identified by VA Secretary Shinseki to transform VA for the 21st century, to include the IVMH.

Advisory Committee on Women Veterans Meeting Minutes October 25-27, 2011

- Intended to represent what VA will achieve over the next five years to strengthen its ability to meet the evolving needs of Veterans and their families.
- VHA efforts are focused on transforming care to be more Veterans centered, more coordinated, more accessible, and more efficient.
- IVMH is one of the Secretary's 16 transformation initiatives and one of VHA's 7 transformation initiatives.
 - Oversight and coordination provided by the VHA Office of Health Care Transformation.
 - The Office of the Assistant Deputy Under Secretary for Health for Policy and Planning has disseminated the FY11-13 operating plans for the seven VHA initiatives.
- Update on the Mental Health Strategic Health Plan/IVMH Initiative:
 - Goal is to continue the transformation of mental health that began with the publication of the Uniform Mental Health Services Handbook through:
 - Building an infrastructure to sustain the transformation.
 - Expanding programs and resources to reach and support Veterans in communities in which they live.
 - Implementing the VA/Department of Defense (DoD) Integrated Mental Health Strategy approved November 2010.
 - VA/DoD Integrated Mental Health Strategy (IMHS):
 - DoD and VA identified the need for an integrated strategy for the provision of mental health care to Servicemembers, Veterans, and their families.
 - VA/DoD IMHS resulted from the recommendations of the 2009 VA-DoD Mental Health Summit.
 - It consists of 28 strategic actions (SA), focused on establishing continuity between episodes of care, treatment settings, and transitions between the two Departments.
 - Each SA has been assigned a work group, to include members with clinical and research backgrounds from both DoD and VA.
 - Update on the Mental Health Strategic Health Plan/Improve Veterans Mental Health (IVMH) Initiative.
 - VA/DoD IMHS Strategic Action #28 addresses gender differences.
 - Supports mental health services and research for female Servicemembers and Veterans, and for those who have experienced military sexual trauma (MST; both men and women).
 - Ensures ongoing surveillance, program evaluation, and research.
 - Identifies disparities, specific needs, and opportunities for improving both treatment and preventive services
 - Status:
 - VA /DoD work group developed a summary report of existing VA and DoD research efforts, based on an extensive review of the literature and identified gaps in prevention and treatment research.
 - Summary report is currently being reviewed by VA/DoD leadership.
 - Next project will identify needs in VA and DoD treatment and prevention services for women (both men and women for MST).
 - Deliverables related to Strategic Action (SA) #28:

Advisory Committee on Women Veterans Meeting Minutes October 25-27, 2011

- Hired Women's Mental Health Program Manager within OMHS.
- Established a SA work group composed of VA and DoD representatives.
- Identified and reviewed literature on mental health needs of military females and female Veterans, and MST in both genders.
- Summarized the current status of research on prevalence, treatment, prevention, and access to mental health services for female Servicemembers and Veterans, and those who have experienced MST (both genders).
 - Identified women's research portfolio from VA (e.g., Health Services Research and Development) and DoD (e.g., Medical Research and Materiel Command).
 - Identified research on men and women who have experienced MST, in the VA and DoD portfolios.
 - Identifying needs in VA and DoD research on treatment and prevention in women.
- Inpatient and residential mental health care for women Veterans:
 - Is available for Veterans who need more intense treatment; many VHA facilities offer mental health residential rehabilitation and treatment programming (MH RRTP), a resource which is rare to non-existent in the private sector.
 - Addresses goals of rehabilitation, recovery, health maintenance, improved quality of life, and community reintegration, in addition to specific treatment of medical conditions, mental illnesses, addictive disorders, and homelessness.
 - VA also has inpatient programs available for acute care needs (e.g., psychiatric emergencies and stabilization, medication adjustment).
 - Women Veterans can receive services through most of VA's inpatient/residential treatment programs.
- Privacy and Safety of Female Veterans in MH RRTPs:
 - MH RRTPs are required to ensure adequate staffing to provide safe, effective, and appropriate care.
 - All MH RRTPs require 24/7 on site supervision.
 - There was \$11.9 million of funding awarded to the field to enhance 24/7 staffing, in July 2007, for 227 full time employees.
 - All programs report conformance with 24/7 on-site supervision.
 - MH RRTPs will have secure points of entrance and exit, and monitored single points of entrance.
 - All MH RRTPs now report conformance with keyless entry and locks on women's bedrooms and bathrooms.
 - Mental Health Environment of Care Checklist (MHEOCC)
 - Facilities having inpatient psychiatric units treating currently suicidal patients shall perform systematic environmental assessments using the MHEOCC for the purpose of eliminating environmental factors that could contribute to the attempted suicide or suicide of a patient, or harm to staff members.
 - Environment of care rounds on all acute and chronic inpatient psychiatric units should use the MHEOCC at least every 6 months.
- Specialized Programs for Substance Use Disorders (SUDS) Treatment:

Advisory Committee on Women Veterans Meeting Minutes October 25-27, 2011

- New “Dashboard and Report Card” are parts of a larger mental health information system.
- The Dashboard and Report Card are being designed primarily for internal use by Mental Health Operations and will provide:
 - A summary of information on specific Report Card elements.
 - A summary of the status of mental health services in ~ 20 domains.
- SUD is one domain with 14 separate measures, to include:
- It will be possible to run any of the SUD metrics for women Veterans.
- Capacity to do gender specific reports will help target technical assistance efforts and identification of best practices.
- Update on Recommendation #1 (2010 Report of the ACWV):
 - All facilities are required to have off-hour clinics for mental health care, including substance use disorder care to allow for more flexibility in appointment times if/when child care is an issue
 - The MH RRTPs have reported developing relationships with local community-based housing programs for women and children where the Veteran participates in treatment services during the day at VA and returns to the community program in the evening. Currently, data are not collected on these partnerships.
 - For FY12, programs will be asked to expand on information currently provided about services to women Veterans with specific questions about women Veterans with children.
- Update on Recommendation #3 (2010 Report of the ACWV):
 - OMHS 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.
 - In FY09, 27,092 women Veterans had 296,121 MST-related mental health encounters.
 - There were 84.7 percent who received care from a female provider for at least one MST-related mental health encounter.
- Update on Recommendation #3 (2010 Report of the ACWV):
 - VA has 19 programs (serving both women and men) able to provide specialized MST-related mental health care in a VA residential or inpatient setting.

Advisory Committee on Women Veterans Meeting Minutes October 25-27, 2011

- One additional VA program provides specialized care in a non-VA residential setting in conjunction with a local non-profit program for homeless and at risk Veterans.
 - These programs are considered regional and/or national resources, not just a resource for the local facility.
 - When clinically indicated, Veterans may benefit from receiving residential MST-related treatment in women-only environments.
- VA has 11 residential or inpatient programs that provide this 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.
- 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 maximizes efficient use of resources, preventing usable beds from going empty by last minute cancelled admissions.
- Given these considerations, VA does not promote one model as universally appropriate for all Veterans. The needs of a specific Veteran dictates which model is clinically most appropriate.
- More than half of VA's residential and inpatient programs providing specialized MST-related care focus specifically on sexual trauma.
- Others serve sexual trauma survivors in a "mixed-trauma" setting:
 - Some programming with Veterans who have experienced other types of traumatic events (e.g., combat).
 - Some individual or group-based programming specific to MST.
- There are benefits to each type of program.
 - Some Veterans prefer being treated with other Veterans who have shared similar experiences.
 - Other Veterans prefer "mixed trauma" treatment – validates that their sexual traumatic experiences are as "legitimate" as other traumatic experiences, such as combat.
 - Mixed-trauma settings are an important way to address the shame often experienced by MST.
 - These programs can also be a good fit for Veterans who have experienced multiple types of traumatic events, which is often the case for MST survivors.

Advisory Committee on Women Veterans Meeting Minutes October 25-27, 2011

- VA data show that when Veterans are asked about the quality of care they have received from VA, overall quality ratings are high.
 - Approximately three-quarters of women (72.3 percent) and men (78.5 percent) rated their satisfaction with VHA care as very good or excellent.
- Overall satisfaction ratings did not significantly differ among Veterans who did and did not report MST, after adjusting for patient characteristics.
 - There were 33,455 women who received treatment with a diagnosis of Post Traumatic Stress Disorder (PTSD) anywhere in VA FY10.
 - These women represent 10.89 percent of all women VA users and 31.83 percent of all women in VA being treated for a mental health condition.
 - Of them, 96.4 percent of them received specialty mental health care in the year.
 - There were 24.67 percent who served in Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND).
 - These women represent 49.3 percent of all female OEF/OIF/OND Veterans being treated for a mental health condition.
 - Of the OEF/OIF/OND women with a diagnosis of PTSD, 96 percent of them received specialty mental health care in FY10.

Update on 2010 Report of the Advisory Committee on Women Veterans (Recommendation 10), Nathan Naylor, Deputy Assistant Secretary for Public and Intergovernmental Affairs, Office of Public and Intergovernmental Affairs

- VA's communications have increased its stories on women Veterans.
 - VA is committed to enhancing its media products to be more representative of the Veterans we serve. We continue to include more images of women Veterans in receipt of VA's services, and more women in uniforms representing the various branches of service in our pamphlets and videos.
 - "The American Veteran" segments reported on women Veterans-specific topics, such as women's clinic follow-up, and the women's clinic in Menlo Park.
 - There were several news releases highlighting VA's initiatives targeting women Veterans in 2011, to include announcements of VA's women Veterans call center, expanded outreach to women Veterans, VA's women Veterans research, and new public service announcements.
 - Vanguard magazine articles also addressed women Veterans issues.

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

- VA's communications have increased its stories on women Veterans.
- Cultural transformation:
 - VA is committed to addressing the needs of women Veterans by continuing to enhance educational efforts for all employees, in order to improve cultural sensitivity and awareness of the roles of women within the military, to include their combat- and non-combat related experiences.
 - VA's goal is to transform its messaging to reflect the value it places on the contributions of women who served in the armed and uniformed forces.
- Importance of ACWV's work:
 - VA values the input provided by the ACWV. The recommendations provided assist VA in addressing gaps and help to prepare for the future needs of women Veterans.

Advisory Committee on Women Veterans Meeting Minutes October 25-27, 2011

- ACWV's recommendations will be instrumental in guiding the Task Force on Women Veterans in its effort to identify and address gaps in services for women Veterans.
- Committee Accomplishments:
 - Draft recommendations for the 2012 Report of the Advisory Committee on Women Veterans submitted to the Special Advisor to the Secretary of VA (SECVA), the Chief of Staff, the Deputy Chief of Staff, and the SECVA Senior Advisor on September 1, 2011.
 - 2010 Report of the Advisory Committee on Women Veterans submitted to Congress on September 16, 2010.
- Other VA Accomplishments:
 - Attendees gave a high satisfaction rating for the 2011 National Training Summit on Women Veterans (Summit), held in Washington, DC on July 15-17, 2011.
 - SECVA announced the establishment of the Task Force on Women Veterans during his opening remarks at the Summit. The Advisory Committee on Women Veterans will be helpful in pinpointing areas where VA can improve service to women Veterans. VA staff is working diligently to create the framework for the task force's structure and mission.
 - SECVA also announced the launch of a free, drop-in child care pilot program at three VA medical centers: Northport, NY; Tacoma, WA; Buffalo, NY during the Summit. VA remains hopeful that the childcare pilot program will increase women Veterans' access to VA's quality benefits and services.

Discussion on Women Veterans Health Issues and Initiatives/Standardization of Outreach Requirements for Women Veterans Program Managers (WVPMs) Dr. Patricia Hayes, Chief Consultant, Women Veterans Health Strategic Health Care Group, VHA

- Lesbian health issues:
 - Identified as a training need by VA providers.
 - Subsequent trainings include:
 - August 2011: two provider audio conferences on "Lesbian Health Care Issues."
 - October 2011: two National conferences held on "Care of Transgender Veterans."
 - Participation from primary care providers, nurses, and pharmacists.
- Transgender care:
 - VHA Directive 2011-024: Providing Health Care for Transgender and Intersex Veterans, issued June 2011.
 - Established VHA policy that medically necessary care is provided to enrolled and eligible intersex and transgender Veterans.
 - VHA does NOT provide sex reassignment surgery.
- Outreach and culture change:
 - WVHSHG provides tools and resources (e.g., videos, brochures, images) for the field and the public.
 - WVHSHG highlights best practices that increase awareness, understanding, and use of VA services.
 - System wide goal is to have highly developed capabilities in outreach.

Advisory Committee on Women Veterans Meeting Minutes October 25-27, 2011

- Outreach is measured during Booz Allen Hamilton site visits. Twenty-five women's health programs evaluated in FY11 consistently scored highly-developed or developed.
- Leading development of a VA-wide initiative to enhance language, practice and culture of VA to be more inclusive of women Veterans
- National Women Veterans Communications Workgroup:
 - Broad representation across VA.
 - Developing strategies to reach women Veterans and VA employees.
 - PSA released 10/13/11: www.womenshealth.va.gov .
- Women Veterans Call Center (WVCC):
 - Goal is to reach every woman Veteran, especially those who have never used VA care.
 - Aim: is to increase knowledge of VA services and benefits and expand women Veterans' enrollment and utilization.
 - Outgoing call center launched June 1, 2011.
 - VHA Health Resource Center on the Topeka, KS VA grounds.
 - 40,000 calls per quarter.
 - Follow-up (30-day) to ensure needs are met.
- Child care pilots:
 - Congress authorized VA to implement a pilot in 3 Veterans Integrated Service Networks (VISNs) under the 'Caregivers Act'.
 - Sites selected were Buffalo, Northport and Puget Sound:
 - Buffalo opened October 3, 2011.
 - Northport scheduled to open mid-November 2011.
 - Puget Sound scheduled to open summer 2012.
- Lactation areas:
 - Guidance developed to ensure VA medical centers provide high-quality, appropriate services for women who are breastfeeding.
 - VA funded 15 facilities to create employee lactation rooms and provide amenities in the rooms for breastfeeding.
 - At least 40 VHA facilities provide employee lactation rooms.
 - New space planning criteria and design guide include lactation rooms for Veterans, visitors.
 - Guides will be used in all remodels and new construction.
 - Breastfeeding "Quick Series" offers tips, information.

Discussion on Standardization of Access to WVPMs Contact Information on VA Websites, John Hale, Chief Communications Officer, Web Communications, VHA

- It is possible for the VAMCs to place contact information on their Web sites, identifying the appropriate office and/or names.
- It is possible that a message could be broadcast on all VAMC Web sites for a short time, calling attention to the above and/or other key information.
- The ACWV would need to deliberate and arrive at its conclusion, as to whether this would include individual names or just the office contact.

Advisory Committee on Women Veterans Meeting Minutes October 25-27, 2011

Update on Legislative Issues Affecting Women Veterans, The Honorable Joan M. Mooney, Assistant Secretary for Congressional and Legislative Affairs

- VA authorized to now provide newborn care for up to 7 days, if a child is delivered at a VA facility, or at another facility if the care is under a VA contract.
- VA is under a pilot program set up under the new law free drop-in child care services at three VA facilities – by offering safe, secure childcare we can make VA healthcare more accessible for Veterans with children.
- VA also proposed legislation this year that would make significant improvements to homelessness programs, including a grant program for homeless Veterans with special needs, especially those who have care of minor dependents.
- In June 2011, the Government Accountability Office (GAO) issued a report that was critical of VA's monitoring and reporting of alleged sexual assaults in its facilities, and also offered suggestions for improving VHA's measures to prevent sexual assaults. VA generally agreed with GAO's recommendations and is proceeding with an action plan to carry those out. There is legislation in the House that would reflect some of these policies in statute.
- Members of Congress (Senator Jon Tester, Congresswoman Chellie Pingree) have introduced legislation this year on how MST is considered in the disability claims process.
 - Under Secretary Hickey has been very active on that issue, making sure VBA's field staff is fully trained to understand MST and handle disability claims based on MST fairly and sensitively.

Discussion of 2012 report/ Subcommittees

Wrap-up/Meeting Adjourned

Dr. Shirley Quarles, Chair, ACWV

Thursday, October 27, 2011-Room 930

Overview of Veterans Health Administration (VHA) Initiatives, Mr. William Schoenhard, Deputy Under Secretary for Health for Operations and Management, VHA

- Discussed VA's I CARE initiative.
- New health care delivery model.
 - Patient centered.
 - Team care.
 - Continuous improvement.
 - Data driven, evidence based.
 - Value.
 - Prevention / population health.
- Team care:
 - Work is done in teams and members regard each other as peers.
 - They have data about cost, quality, satisfaction and access and use a continuous improvement process.
 - They use a corporate operating principle.

Advisory Committee on Women Veterans Meeting Minutes October 25-27, 2011

- The increase of women Veterans means increased demand for VA health care services specific to women.
 - Influx of younger women means a greater need for access to:
 - Maternity care.
 - Mental health.
 - Service-connected disabilities.
 - Privacy, safety, convenience.
 - Older women, the largest sub population of female VA users, need:
 - Menopausal care.
 - Geriatric care.
 - Access to inpatient/extended stays.
- Enhancing women's health:
 - VHA recently created and staffed the Women Veterans Call Center.
 - This national outbound call center outreach initiative was launched on June 1, 2011, at the VHA Health Resource Center in Topeka, KS.
 - As of October 5, 2011, the center already reached more than 2,800 women Veterans.
 - As of Oct. 5, VHA completed 21 scheduled site visits for the assessment of comprehensive women's health.
 - There will be one site visit completed in each VISN by the end of this fiscal year.
 - To date, the Women's Health Mega-Mini-Residency trained and educated more than 1,100 providers on women's health.
 - VHA is committed to correcting privacy and security deficiencies, and have made a large investment in this in terms of both effort and money to address this issue.
 - VHA has fixed security in areas ranging from bathrooms to alarm systems, and addressed privacy issues as well.
 - Our goal is to increase the security and sense of safety for all Veterans.
 - Childcare pilots:
 - A free, drop-in childcare service center at the Buffalo VA Medical Center opened in October.
 - This pilot facility —the first of three Congress has authorized VA to open — will have the capacity to accept up to 22 children ages six months to 12 years.
 - Another pilot will open in North Port next month.
 - The child care pilots are part of VA's continuing effort to improve access to health care for eligible Veterans, particularly the growing number of women Veterans.
 - The pilot childcare centers will be operated onsite by licensed childcare providers.
 - In a survey, VA found that nearly a third of Veterans were interested in childcare services and more than 10 percent had to cancel or reschedule VA appointments due to lack of childcare.

Update on VA's Veterans' Homeless Prevention Demonstration Program, Dr. Susan Angell, Executive Director, Veterans Homeless Initiatives

- Discussed FY 2009-FY 2010 typical homeless Veterans demographics:
 - Served in the post-Vietnam era (1975-1990).

Advisory Committee on Women Veterans Meeting Minutes October 25-27, 2011

- Is 51 years of age, male, single, equally likely to be either African- American or Caucasian.
- Is unemployed with an income of less than \$125 per week.
- Lives either outdoors or in a shelter, suffers from medical and mental health/substance use disorders and is equally likely to be disabled.
- Minority Veterans are overrepresented (48 percent total) in the homeless population.
- Female Veterans are the fastest growing segment of the homeless Veteran population (8 percent).
- Risk factors for homelessness:
 - Poverty.
 - Lack of health and supportive service.
 - Lack of public assistance.
 - Under employment or unemployment (low wages, job loss).
 - Lack of child support.
 - Domestic violence.
 - Drug/alcohol abuse.
 - Physical and mental illness.
- Women Veterans are the fastest growing segment of the homeless population and are at much higher risk of homelessness than male counterparts.
- Women comprise roughly 6 percent of the 116,000 Veterans that were provided VA homeless services in FY2010.
- Currently, 12 percent of HUD-VASH recipient Veterans are women.
- Female Veterans are almost three times more likely to be in the homeless population than non-Veterans female population.
- Programs for homeless women Veterans:
 - Seven programs provide specific enhanced services for homeless women and women with dependent children.
 - Vietnam Veterans of San Diego – San Diego, CA.
 - Vietnam Veterans of California, Inc. – Sacramento, CA.
 - United Veterans of America, Inc. – Leeds, MA.
 - United States Veterans Initiative, Inc. – Long Beach, CA.
 - Salvation Army, a California Corporation – Los Angeles, VA.
 - West Side Catholic Center – Cleveland, OH.
 - Mary Walker House - Coatesville, PA.
- More than 200 grant per diem (GPD) programs have the capacity to serve women:
 - Five percent of Veterans in GPD are women.
- VA homeless program initiatives:
 - PILLAR 1: National outreach program.
 - “Make a Call” National outreach media program launched October 12, 2011 in 28 urban and rural communities, to engage or re-engage Veterans in treatment and rehabilitative programs.
 - Informs Veterans, Veterans families, Veterans service providers, law enforcement and medical professionals of VA programs and services available to assist at-risk and homeless Veterans.

Advisory Committee on Women Veterans Meeting Minutes October 25-27, 2011

- Encourages family, friends and citizens to “Make the Call” to 877-4AID-VET (877-424-3838) to help prevent and eliminate homelessness among Veterans.
- Marketing strategy includes special outreach to minority Veterans with the objective of increasing program participation.
- While too early to determine demographic impact, to date, center calls increased since outreach effort began. Calls to call center have more than doubled and expected to rise. First week, were calls up 147.8 percent.
- PILLAR 2: Treatment.
 - Domiciliary care for homeless Veterans (DCHV). Time-limited residential treatment to homeless Veterans with health care and social-vocational deficits and access to medical, psychiatric, and substance use disorder treatment in addition to social and vocational rehabilitation programs
 - Five new domiciliary programs underway in Atlanta, Denver, Philadelphia, Miami, San Diego; all are in the process of securing contracted/permanent space.
 - Health care for homeless Veterans primary goal is to provide a mechanism to contract with service providers for community-based residential treatment for homeless Veterans to provide capacity for emergency housing and same-day placement of homeless Veterans identified through outreach efforts.
 - Accomplishments to Date:
 - Successfully introduced low demand/Safe Haven demonstration program at four sites (metro-Boston, Bronx, Philadelphia, Tampa).
 - Expanded emergency and transitional operational bed capacity by 31 percent from FY 2010.
 - Provided training conferences for 200 participants, including contract officers to ensure expedited contracting processes are used.
 - Increased the number of homeless Veterans stand downs by 20 percent from 2010.
- PILLAR 3: Prevention.
 - Supportive services for Veterans and families (SSVF) is 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 that 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 that will serve approximately 22,000 homeless, and at-risk Veterans and their families in 85 community agencies within 40 states and the District of Columbia.
 - Veterans Homeless Prevention Demonstration (VHPD) Program is a collaborative program between VA, the Department of Housing and Urban Development and the Department of Labor. This project is a multi-site, three-year pilot project, designed to provide early intervention to recently discharged Operation Enduring

Advisory Committee on Women Veterans Meeting Minutes October 25-27, 2011

Freedom/Operation Iraqi Freedom (OEF/OIF) Veterans and their families to prevent homelessness.

- Forty-five percent of VHPD participants are families.
- Twenty-two percent are women Veterans.
- Accomplishments to Date:
- VHPD conference was held May 10-11, 2011, to discuss program implementation and development.
- VHPD sites began serving Veterans on March 31, 2011. All five sites are operational and are providing homeless prevention services.
 - As of June 30, 2011:
- VA staff has screened over 632 Veterans.
- Veterans accepted-- 216.
- Participants that are families-- 44 percent.
- Participants that are OIF/OEF Veterans-- 29 percent.
- Participants considered at risk of homelessness-- 77 percent.
- PILLAR 4: Housing and supportive services.
 - HUD-VASH's primary goal is to provide long-term case management, supportive services and permanent housing through a cooperative partnership between the Department of Housing and Urban Development and VA supported housing (HUD-VASH) program.
 - Accomplishments to date:
- Total vouchers: 37,441.
- Active vouchers currently available-- 29,950; 90 percent FTEs hired.
- Additional 2011 vouchers to be activated for use in August 2011-- 7,491.
- Over 300 new HUD-VASH staff is in the process of being hired or contracted to support the Veterans in this program.
- As of July 27, 2011, 24,733 currently Veterans housed.
- PILLAR 5: Income, benefits and employment.
 - Homeless Veterans Supported Employment Program (HVSEP) provides vocational assistance, job development and placement, and ongoing supports to improve employment outcomes among homeless Veterans and Veterans at-risk of homelessness.
 - Accomplishments to date:
- Established joint operation of the HVSEP with the Compensated Work Therapy (CWT) program.
- Operational in March 2011.
- Number of homeless or formerly homeless Veterans hired as vocational rehabilitation specialists (VRS's) in the HVSEP-- 355 (87 percent of the 407 FTEs hired).
- Face to face trainings in supported employment held in Boston and San Diego for newly hired VRS's.
- Monitoring system in place through Northeast Program Evaluation Center (NEPEC) and HVSEP Score Card.
 - Post 9-11 GI Bill
- Students on active duty will now receive a books and supplies stipend.
- Expedited claims processing.

Advisory Committee on Women Veterans Meeting Minutes October 25-27, 2011

- National Cemetery Administration apprenticeship/training program.
- PILLAR 6: Community partnerships.
 - Homelessness is a National issue that will be solved at the local level. As a result, VA is committed to partnering with community organizations that share in its dedication to serving those who served the Nation.
 - An initial \$59.5 million in preventive grants were awarded to community partners.
 - Community public and non-profit organizations received \$10.3 million to provide VA special need grants to serve women Veterans, terminally ill, and elderly.
 - VA awarded more than 700 grants to faith and community-based service providers, and state or local agencies in 50 states, the District of Columbia, Puerto Rico, and three American Indian tribal lands to assist with transitional housing.

Briefing on Readjustment Counseling Service, Tamia Barnes, Counselor, Silver Spring Vet Center, Readjustment Counseling Service (RCS) and Greg Harms, Program Analyst, RCS

- Vet Center staff:
 - Over 72 percent of Vet Center staff members are Veterans, a majority of which served in a combat theater.
 - Over a third of all Vet Center staff served in Afghanistan, Iraq, or both.
 - Over 60 percent of Vet Center direct service staff are VHA qualified mental health professionals (licensed psychologists, social workers, and nurses)
 - Over 42 percent of all Vet Center staff members are women.
- 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.
- FY 2011 Vet Center services for women Veterans:
 - Vet Centers provided 8,763 women Veterans, with 77,459 in-center visits.
 - 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.
- 24/7 Vet Center Combat Veterans Call Center:
 - A national call for combat Veterans or family members to talk to another combat Veteran, regarding any readjustment issues related to the Veterans' military service.
 - The person on the other side of the call will be a Veteran, who understands and values the military experience of serving in a combat zone, is trained as a Vet Center

Advisory Committee on Women Veterans Meeting Minutes October 25-27, 2011

- counselor, and has knowledge of VA and other resources that may assist the Veteran, or his family in obtaining needed services.
- Mobile Vet Centers:
 - Fifty mobile Vet Centers utilized to provide access to VA for returning Veterans, via outreach to demobilization active military bases, National Guard, and Reserve locations nationally.
 - The vehicles provide essential homeless Veterans services, including participation in stand down events, and also support Vet Center services to rural areas geographically distant from VA services.
 - Each mobile Vet Center is equipped with a state of the art satellite communications package that includes fully encrypted tele-conferencing equipment, access to all VA systems (computerized patient record system, MyHealthVet) and connectivity to emergency response systems (Emergency Management Strategic Healthcare Group).

Briefing on Pain Management, Dr. Robert D. Kerns, National Program Director for Pain Management, VHA

- Pain management is a priority:
 - As many as 50 percent of male patients in primary care report chronic pain (Kerns et al., 2003; Clark, 2002).
 - The prevalence may be as high as 75 percent in female Veterans (Haskell et al., 2006).
 - Pain is among the most costly disorders treated in VHA settings; total estimated costs attributable to low back pain was \$2.2 billion in FY 99 (Yu et al., 2003).
 - Number of Veterans with chronic lower back pain is growing steadily (Sinnott & Wagner, 2009).
- Concomitants of persistent pain is associated with:
 - Poorer self-rating of health status, greater use of health care resources, more tobacco use, alcohol use, diet/weight concerns, decreased social and physical activities, lower social support, higher levels of emotional distress.
 - Among women Veterans, high rates of military sexual trauma (Haskell et al, 2008; Kerns et al., 2003; Mantyselka et al., 2003).
- National pain management strategy :
 - Objective is to develop a comprehensive, multicultural, integrated, system-wide approach to pain management that reduces pain and suffering for Veterans experiencing acute and chronic pain associated with a wide range of illnesses, including terminal illness.
- VHA pain management directive:
 - Objectives of National Pain Management Strategy.
 - Pain management infrastructure:
 - Describes roles and responsibilities.
 - Stepped pain care model.
 - Pain management standards:
 - Pain assessment and treatment.
 - Evaluation of outcomes and quality.

Advisory Committee on Women Veterans Meeting Minutes October 25-27, 2011

- Clinician competence and expertise.
- Building capacity for behavioral interventions:
 - Patient Aligned Care Team (PACT) care:
 - Expansion of evidence based psychotherapy program to include chronic pain.
 - Expanded scope/roles of primary care – mental health integration teams (PCMHI) and health behavior coordinator (HBC) to include pain management.
 - Health Service Research and Development's (HSR&D) CREATE, focused on building capacity for pain care in PACTs.
 - Specialty care:
 - Continued growth of behavioral pain management services,
 - Telebehavioral pain management.
 - Home telebehavioral pain management.
 - Tertiary interdisciplinary pain centers:
 - Under Secretary for Health chartered work group.
- Health Analysis & Information Group (HAIG) pain management survey:
 - Completed in October 2009.
 - One hundred percent facility response rate.
 - Components include adherence to Directive requirements, clinical care characteristics, implementation of stepped care model, and focused review (e.g., opioid safety practices).
- HAIG survey results:
 - One hundred percent of facilities have pain management policies.
 - One hundred percent of VISNs and 95 percent of facilities have identified pain points of contact (POCs).
 - All but five facilities have multidisciplinary pain committees.
 - Fifty-four percent of facilities identified a primary care pain champion.
- Partnership with the Department of Defense:
 - Army Pain Management Task Force Report
 - Health Executive Committee's chartered Pain Management Work Group (PMWG)
 - Co-Chaired by Rollin Gallagher, MD, MPH, Deputy National Program Director for Pain Management
 - Charge: The PMWG will actively collaborate in supporting the development of a model system of integrated, timely, continuous, and expert pain management for Servicemembers and Veterans.
- Pilot initiative:
 - National Pain Management Program Office and Women Veteran's Health Strategic Healthcare Group, Patient Care Services, and VHA collaborating to encourage research to understand pain in women Veterans.
 - Launching pilot project at VA Boston Health Care System (HCS) in FY 2012.
 - Specific aims:
 - To ascertain experiences and preferences (what services would they like to be available) of women Veterans utilizing VA Boston HCS for pain treatment.
 - To gain an understanding of providers' challenges and attitudes in treating these patients.

**Advisory Committee on Women Veterans Meeting Minutes
October 25-27, 2011**

- To provide qualitative and quantitative pilot data that will aid in developing an intervention for women's health clinics (WHC)/PACT settings.
- Women Veterans who use VA have a high prevalence of pain.
- With rising numbers of female military service members and women Veterans coming to VA for care, it will be important for VHA to develop prevention and treatment programs that focus on issues of particular importance to women--including patient-provider communication and prevention of functional disability.

Screening of documentary, "Service: When Women Come Marching Home," Patricia Stotter, and Marcia Rock, Producers of the Film

Discussion of 2012 report/Subcommittees

Wrap-up/Meeting Adjourned
Dr. Shirley Quarles, Chair, ACWV



Shirley A. Quarles, Ed.D., R.N., F.A.A.N.
Chair, Advisory Committee on Women Veterans



Irene Trowell-Harris, Ed.D., R.N.
Designated Federal Officer