

**Department of Veterans Affairs (VA)
Advisory Committee on Women Veterans (ACWV)
VA Central Office
810 Vermont Avenue, NW
Room 230
Washington, DC 20420
September 23-25, 2014**

VA ACWV Members Present:

- COL Shirley Quarles, Chair, USAR, Retired
- Gina Chandler, USAF Veteran
- Tia Christopher, USN Veteran
- Larri Gerson, USAF Veteran
- 1SG Delphine Metcalf-Foster, USA, Retired
- Sara McVicker, USA Veteran
- MSgt Mary Morin, USAF, Retired
- COL Felipe Torres, USMC, Retired
- COL Mary Westmoreland, USA, Retired

VA ACWV Members Excused:

- Charlotte Atso, USA Veteran
- CDR Sherri Brown, USCGR, Retired
- SPC Latoya Lucas, USA, Retired

VA ACWV Ex-Officio Members Present:

- Dr. Patricia Hayes, Chief Consultant, Women's Health Services, Veterans Health Administration (VHA)
- Dr. Nancy Glowacki, Women Veterans Program Manager, Veterans Employment and Training Service, Department of Labor (DOL)
- COL Betty Yarbrough, Military Director, Defense Advisory Committee on Women in the Services, Department of Defense (DoD)

VA ACWV Ex-Officio Member Excused:

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

VA ACWV Advisor Present:

- CDR Michelle Braun, Nephrology Nurse Practitioner, National Institutes of Health

VA ACWV Advisor Excused:

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

Center for Women Veterans (CWV):

- Elisa Basnight, Director
- Dr. Betty Moseley Brown, Associate Director
- Desiree Long, Sr. Program Analyst
- Shannon Middleton, Program Analyst
- Michelle Terry, Program Support

Other VA Staff:

- Tom Garin, Office of Policy and Planning (OPP)
- Laura Thayh, OPP
- Rhonda Bair, Benefits Assistance Service (BAS), VBA
- Anna Crenshaw, BAS, VBA

Guests:

- Patti Senft, The American Legion
- Melissa Nairne, Department of Labor
- Cathy Lewis, Military Officers Association of America
- Lisa Peruski, Veterans of Foreign Wars (VFW)
- Jordan Carney, The National Journal
- Kate Higgins Bloom, White House/Joining Forces
- Alex Hershey, American Association of Colleges of Osteopathic Medicine
- Teresa Morris, VFW
- Angela Jeansonne, American Osteopathic Association
- Heather Anshey, Vets First

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

Tuesday, September 23, 2014 – G.V. “Sonny” Montgomery Conference Center, Room 230

Meeting was called to order by the Chair.

- Introduction of ACWV members and visitors.
- Review of agenda.
- Approval of minutes from March 25-27, 2014, ACWV meeting in Washington, DC.

Update on Center for Women Veterans Activities, Elisa Basnight, Director, Center for Women Veterans/ACWV Designated Federal Official (DFO)

- Provided ACWV DFO updates:
 - Discussed the duties and responsibilities of ACWV members.
 - Reiterated the changes in the 2013 ACWV charter.
 - There will now be two meetings each fiscal year, instead of three.
 - One of the meetings may be a site visit.

- Thanked the ACWV for their work on the 2014 ACWV's Congressionally mandated report.
- Women are one of the fastest growing subpopulations of Veterans.
 - Based on active duty and recruiting numbers.
 - The percentage of female Veterans is projected to increase.
 - Women Veterans represent 2,271,222 million of the 21,972,964 million living Veterans (VetPop as of 9/30/13); 10.4 percent of the total Veterans population.
 - By 2020, they are estimated to be 12.4 percent the total Veterans populations.
 - As the women Veterans populations increases, the total Veterans population decreases.
 - Median women Veteran's age is 49; median male Veterans age is 64 (as of 9/30/12).
- Needs and challenges of women Veterans:
 - Women Veterans tell us they need and want recognition and respect, employment, suitable housing, access to and receipt of high quality health care, childcare options, opportunities for social interaction, and want to make a difference.
 - Many women Veterans do not self-identify as Veterans.
 - Many are not aware of, and do not apply for, VA's benefits and services.
 - In some areas, access to VA's gender-specific care may be limited; VA may need to use non-VA medical care and contracts.
 - Lack of child care options for women Veterans attempting to access benefits and services, employment and education.
 - Lower utilization of VA (women Veterans who live in rural areas and on American Indian Reservations, and who are low income, or elderly).
 - Lack of transportation to and from appointments.
- According to VHA's Office of Homeless Programs, women Veterans:
 - While the overall number of homeless Veterans is declining, the number of homeless women Veterans is increasing.
 - Women Veterans are the fastest growing segment of the homeless population and are at higher risk of homelessness than their male counterparts.
 - Women Veterans living in poverty are more than three times more likely to be homeless than non-Veterans women in poverty.
 - Younger Veterans (18-29 years) were at higher risk for homelessness, with young, women Veterans at the greatest risk.
 - In FY 2013, 10 percent of the 350,000 homeless, at-risk, or formerly homeless Veterans that VA served were women.
 - These women received health care, case management services, housing and employment support from VA.
- Some women Veterans are at risk of homelessness because they:
 - Have disabling psychological conditions, (such as post-traumatic stress disorder and major depressive disorder, often resulting from experiencing military sexual trauma), or are single mothers facing challenges with readjustment to civilian life.
- The Center is implementing a transformation plan in a multi-year approach:
 - FY 2013 was the year of preparation, and training to begin change.
 - FY 2014 is the year of change and full development.

- FY 2015 will be the year of stabilization.
- FY 2016 will be the year of assessment and best practices.
- Women Veterans Program (WVP):
 - CWV leads the collaboration and coordination of VA's three Administrations (VHA, VBA, NCA), and Staff Offices on the delivery of benefits and services to women, through the WVP.
 - CWV, with the WVP, is leading a VA-wide homelessness initiative to promote women Veterans competitiveness to prevent homelessness.
 - Collaborative partnerships: CWV aggressively liaisons with other Federal/state/local agencies, as well as other external partners, to build understanding of how collaboration can assist women Veterans.
- Collaborative initiatives:
 - Targeted messaging through partnership with CWV and VBA, to encourage women to get an eBenefits account, and to gain access to over 58 self-service functions, such as filing a disability claim.
 - Women's history month 2014: VA's Twitter town hall meeting.
 - White House/VA Champions of Change for Women Veterans.
 - Women @ Energy is a series of over 175 stories of women who work in science, technology, engineering, and mathematics (STEM) fields at the Department of Energy, sharing tips on starting energy careers, encouraging others, and their personal passion.
- Collaborative Concept Model for Coalition of Providers provides a framework for integrating the needs of Women Veterans within a coalition of service providers that can address those needs of focus (FY 2014 – Homelessness):
 - This model may be used at the National, State or Local level.
 - It identifies the needs for addressing and preventing homelessness and drives identification of providers for the stated needs.
 - It also identifies what phase of the "lifecycle of ending homelessness" is addressed by the service or program.
 - Can be used to identify gaps where there are no services, programs or providers for an identified need.
- Unite Us pilot:
 - Technology platform enabling a women Veterans cyber community.
 - Provides real time access to local resources and opportunities.
 - Interactive mapping platform.
 - Community management software for organizations.
 - Network case coordination.
- Ending homelessness requires identification both currently homeless Veterans and those who are at increased risk.
- Informed by prior research that identified risk factors for women Veterans' homelessness, their pathways into homelessness, and barriers to service use.
- Developed a homelessness vulnerability screening and referral tool (homelessness vulnerability screener or V-Tool) that expands VA's existing homelessness screening by:
 - Identifying Veterans predisposed to or at chronic risk for homelessness,

- Providing information, referrals and resources to reduce their homelessness vulnerability.
- **Unite Us Next Steps:**
 - September 2014: Adapt and incorporate V-Tool homelessness vulnerability screening questions into Unite Us discussions, along with VA resources, for awareness to reduce women Veterans vulnerability to homelessness.
 - October 2014: domestic violence/intimate partner violence awareness month initiative.
 - Ongoing: request receipt of any upcoming events information or resources that can be shared with Unite Us women Veterans members.
- **Women Veteran Call Center:**
 - Aimed at increasing women Veterans' knowledge, enrollment, and utilization of VA services available to women Veterans.
 - Outgoing call center provides women Veterans with information on VA health care services, benefits and eligibility.
 - Incoming call center, 1-855-VA-WOMEN (1-855-829-6636), receives and responds to questions from Veterans, their families and caregivers about the many VA services and resources available to women Veterans.
 - The hours of operation are Monday through Friday 8:00 a.m. to 10:00 p.m. ET and Saturday, 8:00 a.m. to 6:30 p.m. ET.
- **Reason to file electronically and have an eBenefits account:**
 - Claims submitted online may be processed faster, helping VA meet the 125 day at 98 percent accuracy goal by 2015.
 - Veterans filing for disability benefits can initiate their claim online and preserve their date of claim. Veterans have up to 365 days to fully complete their claim, upload any supporting documentation and submit directly to VA.
 - Request and receive official military personnel file, including DD Form-214 within hours.
 - Search for state and county benefit programs for Veterans.
 - The Career Center enables Veterans to apply for federal and civilian jobs, build a resume and translate military skills to civilian jobs.
 - Request representation and assistance from a Veterans Service Organization (VSO).
- **Road ahead: transforming the culture and embracing our values:**
 - VA core values and characteristics:
 - No organization can succeed without values to match its mission.
 - Our mission, as the Department of Veterans Affairs, is to care for those “who shall have borne the battle” and for their families and survivors.
 - Our core values focus our minds on our mission of caring and thereby guide our actions toward service to others.
- **Advocating cultural transformation:**
 - VA-wide campaign to enhance the language, practice and culture of VA to be more inclusive of women Veterans.
 - Veterans advocacy and awareness eLearning suite:
 - Military Cultural Awareness Outreach.
 - Connecting with Veterans.

- Serving Women Veterans.
- Culture change through communications:
 - Women's Health Services is leading a VA-wide communication initiative to enhance the language, practice and culture of VA to be more inclusive of women Veterans.
- Culture change through training:
 - CWV partnered with VALU to create the training module "Serving Women Veterans" for VA staff.
 - WVP and the Center are tasked with developing strategies to reach women Veterans (inside and outside VA), VA employees, and the general public.
- Outcome: needs of women Veterans are always considered across program offices and in policy and key decisions.

Update on VA's Women Veterans Program, Dr. Betty Moseley Brown, Associate Director, Center for Women Veterans

- Provided cumulative fiscal year to date performance update.
 - From January to September 24, 2014, CWV staff's engaged in 247 collaborative meetings, forums, and inreach events, which encompassed: 96 outreach events; 50 collaborative meetings; and 101 inreach meetings and events.
 - Activities included keynote speeches, presentations, as well as participation in collaborative meetings, and advisory councils and meetings.
 - CWV staff answered 351 inquiries, ranging in complexity and issues, from general information requests to personal requests regarding health care concerns, and status of claims.
 - On average, CWV staff's responded in 3.9 days; less than VA's standard of 5 days.
 - Web statistics for the period January to August 2014:
 - Number of visits to the Center's Web site (www.va.gov/womenvet): 136,659.
 - Number of media interviews: 6.
 - Percentage of meeting attendees who experienced improved awareness of VA benefits and services as a result of our briefing/presentation: 88 percent.
 - General satisfaction (with 5 being extremely satisfied): 4.5.
- Discussed CWV's upcoming 20th Anniversary event.
- Discussed CWV's strategic priorities: Culture, Collaboration and Coordination of Services.
 - Strategic goals:
 - Engage women Veterans to improve their well-being.
 - Promote trusted partnerships.
 - Organize and operate CWV, to deliver seamless and integrated support.
 - Strategic objectives:
 - Improve women Veteran wellness and economic security.
 - Increase customer satisfaction through improvements in benefits and services.
 - Deliver policies, procedures, and interfaces that meet the needs and requirements of women Veterans.

- Enhance CWV's partnerships with Federal, state, private sector, academic affiliates, and non-profit organizations.
- Amplify awareness of services and benefits available to women Veterans through improved and innovative communication and outreach.
- Improve CWV's internal process and partnerships within VA.
- Update the WVP operating plan, to align with Title 38, WVP Directive and CWV's long term objectives and enabling objectives.
- WVP's progress:
 - March 1, 2013: VA Directive 0803
 - Establishes the VA's WVP.
 - Establishes requirements and responsibilities for managing and implementing the WVP.
 - The WVP is led by CWV and is comprised of representatives (Leads) from VA's Administrations (VHA, VBA, and NCA) and Staff Offices.
 - The Leads are designated the authority to report directly to the Under Secretaries or Assistant Secretaries with regards to issues pertaining to the WVP.
 - The Leads meet regularly to collaborate on issues, policies, and programs related to women Veterans.
 - The operating plan, an updated internal, dynamic tracking plan, drives VA's operational efforts on enhancing the delivery of VA benefits and services for women Veterans; guiding VA in a collaborative approach to addressing women Veterans' access; and promoting culture transformation within VA.

Gender-specific Tele-health Services for Women Veterans, Dr. Patricia Hayes, Chief Consultant, Women's Health Services, VHA

- The vision for telehealth in VA:
 - Patient focused:
 - Home or local community the preferred site of care.
 - Helps coordinate care across the continuum.
 - Accessible, as part of patient-facing virtual services, and supports both patients and caregivers.
 - Forward looking:
 - Functions across platforms and devices, to be accessible across a wide range consumer electronic products.
 - Flexibly incorporates new modalities of care.
 - Moves beyond simple transfer of data and communication to include knowledge management.
 - Identifies VA as the national leader in the use of innovative technologies to promote patient-centered care.
 - Results oriented:
 - Demonstrates reduced utilization of health care resources.
 - Promotes VHA as health care provider of choice.
 - Focuses on patient self-management and shared decision-making.

- Uses patient-facing technologies to capture routine activity and outcomes data.
- VA's telehealth services:
 - Clinical video telehealth (CVT):
 - Real-time video consultation that covers over 44 clinical specialties including: tele-intensive care, telemental health, telecardiology, teleneurology, telesurgery, women's telehealth, tele-primary care, etc.
 - Supported the care of 202,823 Veterans in FY 2013, of which 16,712 (8 percent) were women Veterans.
 - Home telehealth (HT):
 - Care and case management of chronic conditions and provision of non-institutional care support to patients.
 - Uses in-home and mobile technologies to manage diseases, such as: diabetes, chronic heart failure, hypertension, obesity, head injury, depression, etc.
 - Supported the care of 144,520 Veterans in FY 2013, of which approximately 10,000 (7 percent) were women Veterans.
 - Store and forward telehealth (SFT):
 - Teleretinal imaging, teledermatology, telewound care, telespirometry, tele-sleep studies, telecardiology.
 - Supported the care of 311,369 Veterans in FY2013, of which approximately 15,600 (5 percent) were women Veterans.
- VA telehealth services outcomes:
 - VA telehealth is recognized as an international leader in telehealth development/implementation.
 - In FY 2013, VA specific telehealth applications (CVT, HT and SFT) provided care from 151 VAMCs and over 705 community based outpatient clinics (CBOCs) to 608,900 patients;
 - Resulted in 1,793,496 telehealth episodes of care.
 - Forty-five percent of these patients lived in rural areas, and may otherwise have had limited access to VA health care.
 - The number of Veterans receiving care via VA's telehealth services is growing; approximately 22 percent annually.
 - In FY 2013, of the 144,520 Veterans enrolled for home telehealth services in VA, 41,430 patients were supported by HT to live independently in their own homes, patients who otherwise would have needed long-term institutional care.
- VA telemental health services:
 - Since FY 2003, VA has delivered over 1,100,000 patient encounters, from 150 VA facilities to 729 CBOCs.
 - A 24-fold increase in consultations over these years.
 - In FY 2013, VA delivered over 278,000 patient encounters to over 91,000 patients, of which 9,356 (10 percent) were women Veterans, from 146 VAMCs and 685 CBOCs.
 - National Telemental Health Center:
 - Established in FY 2010.

- In FY 2013, it provided 2,893 video encounters to 1,033 unique Veteran patients, at 53 sites in 16 VISNs and 24 states.
- The scope of VA's telemental health services includes all mental health conditions with a focus on post-traumatic stress disorder, depression, compensation and pension exams, bipolar disorder, behavioral pain and evidence-based psychotherapy.
- In FY 2013, chronic disease management provided via home telehealth devices supported 7,430 patients with chronic mental health conditions to live independently in their homes and 2,284 patients had telemental health video consultations directly into their homes.
- Challenges faced in providing telemental health care to women.
 - At some care sites, there may be limited expertise to treat conditions unique to, or more prevalent in women.
 - Referrals for gynecologic and other gender-specific care may require travel to parent facilities or referrals to non-VA care, resulting in delays in treatment.
- VA faces particular challenges in meeting needs of rural women, especially those receiving care at CBOCs.
 - One in four women Veterans live in rural or highly rural areas.
 - There is a high need for care coordination (maternity, psychosocial, cancer) in medically underserved rural areas.
 - Patients may have to travel long distances to reach a designated women's health provider or gynecologist at a larger VAMC, meaning women may need to travel long distances for routine care needs.
- There have been 26 pilots funded (from 2012 to current date) for the Women's Health Services telehealth pilot program.
 - Issues include: tele-consultation for women's health primary care providers; tele-gynecology; tele-care coordination; tele-mental health; tele-pain management; tele-wellness; tele-pharmacy.
- Future opportunities to improve capacity and expand access:
 - Video telehealth, for care navigation, primary care, and education.
 - Home telehealth for move-nutrition, and pregnancy issues.
 - E-consult for pharmacy-teratogenic medication review; gynecology-contraception/menopausal and osteoporosis management; prosthetics, to identify availability of gender specific supplies; and designated women's health provider (WHP) for non-designated WHP .
- Women's health telehealth workgroup will be established to:
 - Explore opportunities in alignment with strategic goals.
 - Identification of new and expansion of existing programs.
 - Engage women's health telehealth champions.
 - Develop disease management protocols.
- Forthcoming Tele-women's Health Supplement
 - Will provide:
 - A field implementation manual that builds off of the Clinic Based Telehealth Operations Manual.
 - Guidance information on specific clinic start up, coding and documentation.
 - Clinical guidance, including technology, staffing, and training.

- Examples of types of visits including resources.
- Appendixes specific to women's primary care, gynecology, telecare coordination, pharmacy, mental health, pain management, and wellness.
- Project is awaiting final signature.
- New alpha code developed to measure utilization:
 - Available now; target date for implementation October 1.
 - Purpose is to track women's health telehealth utilization in clinics that are *not* using an "obvious" women's health stop code in the primary position.
 - For clinics that have been designed to treat women only.
 - Instructions piloted on the Managerial Cost Accounting (MCA) national call, in August (formerly DSS).
 - Further information coming soon.

Overview of Non-VA Care and Patient-Centered Community Care (PC3) Available for Women Veterans, Cyndi Kindred, Deputy Chief Business Officer for Purchased Care, VHA

- Patient-Centered Community Care (PC3) contracts provide eligible Veterans coordinated and timely access to care, through a comprehensive network of non-VA providers who meet VA quality standards, when VA cannot readily provide the services in-house, ensuring Veterans receive the care they need.
 - VAMCs may have a lack of available specialists, have long wait times, or be an extraordinary distance from the Veteran's home.
 - PC3 contracts include primary care; inpatient specialty care; outpatient specialty care; mental health care; limited emergency care; and limited newborn care for enrolled women Veterans after delivery.
 - PC3 contracts do not include dental care; nursing home care; long term acute care hospitals; homemaker and home health aide services; chronic dialysis treatments; and compensation and pension examinations.
 - The contracts are options for VAMCs to use, when a Veteran needs medical care that is not available in house, at other VAMCs, through sharing agreements, or with academic affiliates.
- For mammography care:
 - Facilities providing mammography must meet Food and Drug Administration (FDA) requirements, per the Mammography Quality Standards Reauthorization Act (MQSA) of 1998, as amended by H.R. 4382.
 - Mammograms must be accessible within 50 mile distance or 60 minutes maximum commute time (whichever is lesser commute).
- For obstetrics:
 - The contractor advises providers in their network on VA/DoD Clinical Practice Guideline for Pregnancy Management found at <http://www.healthquality.va.gov/>.
 - These are baseline criteria, but do not replace clinical judgment.
 - Women Veterans are to receive care from a provider of the gender of their choice.
 - Maternity care must be accessible within 50 mile distance or 60 minute.

- Contract requirements ensure the care Veterans receive meets VA-established quality requirements.
 - VA has two committees per contract to ensure clinical quality: one for oversight and one that conducts peer reviews.
 - VA physicians participate in the peer review committee.
- Benefits of PC3 contracts:
 - Ensure clinical quality:
 - Meet Medicare Conditions of Participation and Conditions for Coverage.
 - Two clinical quality committees (oversight and peer review).
 - Meet Federal and state regulatory requirements; may not participate in on Centers for Medicare and Medicaid Services (CMS) exclusionary list.
 - Services, facilities and providers must have compliance program in alignment with the Department of Health and Human Services (HHS) Office of the Inspector General's (OIG) Compliance Program for Hospitals and the U.S.Sentencing Commission's sentencing guidelines.
 - Additional requirements for specialties, such as radiation oncology and rehabilitation medicine.
 - All critical events reported to contracting officer (CO) or /CO representative within 24 hours.
 - Are efficient:
 - Option to manage high volumes of one type of care.
 - Health Net schedules appointment.
 - Allows for authorization without additional contracting review.
 - Convenient for Veterans:
 - Appointments scheduled within five days (48 hours for urgent care) after authorization receipt, and are held within 30 days; Veteran seen within 20 minutes of arrival.
 - Establishes commute times requirements for rural Veterans.
 - Veterans receive personal contact confirming appointment and reminding of appointment
 - Veterans can give preference of provider gender, if needed.
 - Decrease improper payments; payment rates are defined by contract.

Overview of VA's Maternity Care Services: Prenatal Care through Post-partum Care, Dr. Patricia Hayes, Chief Consultant, Women's Health Services, VHA

- VA's reproductive health services:
 - Services include prevention, health screenings, contraceptives including: intrauterine devices (IUDs), hormone methods (implant, injection, pills, ring, patch), barriers, infertility care, excluding in vitro fertilization (IVF), specialty gynecologic care, newborn care for first seven days of life and maternity care.
 - High-quality maternity and newborn care are vital to the health of women, infants, and families.
- Continuity of care from conception through the postpartum period is of crucial importance for women Veterans.

- The demand for VA maternity care is increasing. The number of deliveries paid for by VA increased by 44 percent, between 2008 and 2012.
- Each medical center is required to designate a maternity care coordinator.
- Accomplishments between Fiscal Year 2012 – 2014 (1st and 2nd Quarters of 2014):
 - Decreased fragmentation of maternity care through policy: VHA Handbook 1330.03 Maternity Health Care and Care Coordination.
 - Disseminated tools and evidence-based practice guidelines: VA-DoD Pregnancy Broadcast, VA-DOD Evidence-Based Guidelines, Goal Oriented Guide to Childbirth and Pregnancy Passport.
 - Identified practices and the implementation of VHA Handbook 1330.03, through a questionnaire for women Veterans program managers (WVPM).
 - Partnered with VHA Support Service Center (VSSC) to develop VA *Maternity Care Database* to establish regular reporting mechanisms for tracking VA Maternity Care utilization and outcomes.
 - The database and quarterly reports will be made accessible in FY 2015.
 - Undergoing development of a VA Center for Innovation (VACI) pilot (Maternity Tracker) to enhance non-VA maternity care coordination.
 - Greater Los Angeles Maternity Care Coordination: Series of interventions by RN at specific points in pregnancy; spread to 11 health care systems.
 - Serving over 500 pregnant Veterans.
 - Phone scripts and curriculum.
- VHA Handbook 1330.03 was released on October 5, 2012 that establishes procedures for providing and coordinating maternity care for pregnant women Veterans enrolled in the VA health care system.
- Telehealth:
 - In collaboration with the Office of Rural Health, Women's Health Services has funded 26 Women's Health telehealth projects to improve access for women Veterans.
 - Innovative projects have included Tele-gynecology, Tele-pharmacy, Tele-mental health and tele-maternity care coordination among others.
 - VA Greater Los Angeles Health Care System:
 - Maternity care coordination pilot.
 - There are 223 women receiving care.
- Reproductive health electronic medical record enhancements:
 - Decreasing fragmentation of maternity care through policy efforts (Handbook 1330.03), innovation, and standardized processes.
 - A suite of new Computerized Patient Record System (CPRS) elements to support maternity care coordination.
 - Clinical care documents to communicate maternity data between VA and non-VA providers.
 - A maternity tracker dashboard for maternity care coordinators.
 - Online education resources for patients via MyHealthVet.
 - Notification of Teratogenic Drugs Electronic Record enhancements developed and will launch in 2015.
 - Pregnancy and lactation status, last menstrual period, contraceptive method, and pregnancy plans will be displayed.

- Order checks and alerts to inform providers about medications with reproductive risk.
- VA Preconception Care Workgroup.
- Mobile application for prescribing in development.

Health Care for Rural Women Veterans, Gina Capra, Director, Office of Rural Health, VHA

- There are approximately 22 million Veterans nationwide; 5.3 million (26 percent) live in rural areas.
 - Of 8.9 million VHA-enrolled Veterans, 3.2 million (36 percent) Veterans live in rural or highly rural areas.
 - Close to one-third (30 percent) of Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) Veterans using the VA health care system reside in rural or highly rural areas (FY 2013).
 - The largest rural VHA enrollment is in the South East, South Central and Upper Midwest regions of the United States.
 - Twenty-one percent (31 of 150) of VAMCs are designated as rural or highly rural facilities; 41 percent (406 of 985) of CBOCs are considered rural or highly rural.
- Of 630,000 VHA-enrolled women Veterans, 173,000 (27 percent) live in rural areas.
 - Top five states with highest numbers of enrolled rural women Veterans are: Texas, North Carolina, Florida, Georgia and New York.
 - Top five states with highest proportion of enrolled rural women Veterans are: Vermont, Maine, Montana, South Dakota and West Virginia.
- The challenge for rural communities and rural Veterans:
 - Rural Veterans are usually older, sicker and poorer than the general Veterans population.
 - There are fewer options for integrated health care and coordination available.
 - Barriers to care include longer travel distances to receive care, lack of public transportation, limited internet/broadband connectivity, employment and family/caregiver obligations.
- VA currently utilizes the U.S. Census Bureau's definition of urban, rural and highly rural:
 - Urbanized areas (UAs) are areas of 50,000 or more people; urban clusters (UCs) are areas of at least 2,500 and less than 50,000 people.
 - "Rural" encompasses all population, housing, and territory not included within an urban area.
 - "Highly rural" is defined as having less than 7 individuals per square mile.
- For FY 2015, VA is transitioning to the rural-urban commuting area (RUCA) classification system, to improve specificity and align with U.S. Departments of Health & Human Services and Agriculture.
- VHA's Office of Rural Health (ORH) was created by Congress in 2007 under Public Law 109-461, Sec 212, to improve access and quality of care for enrolled rural and highly rural Veterans.
- ORH works across VA and with external partners, to develop policies, best practices and lessons learned to improve care and services for rural and highly rural Veterans.

- ORH vision is to collaborate with other VA and non VA entities to improve health care for all rural Veterans.
- ORH has supported more than 1,870 projects and/or programs to improve access to quality care for rural Veterans (FY 2008-2014):
 - Technology: telemedicine/telehealth, updated clinical facilities.
 - Services: rural transportation, health literacy, expansion of home-based primary care and mental health into rural areas.
 - Providers: training and education of the health care workforce.
- Targeted efforts involve rural workforce development, recruitment, retention, Veterans transportation program and care coordination, and health information exchange.
- Impact of ORH investments:
 - There were 1.8 million rural Veterans served by ORH-funded projects between October 2009 - June 2014.
 - Since FY 2012, ORH funded 53 pilot projects to specifically improve access and quality of care for rural women Veterans.
 - Focus on rural provider training and new models of care using telehealth technologies.
 - Approximately 29,000 rural women Veterans have been impacted.
 - Data Source: Office of Rural Health Management Analysis Tool.
- *The Journal of Rural Health* published (2014) an ORH-funded study: "Rural Women Veterans Demographics Report: Defining VA users' Health and Health Care Access in Rural Areas."
 - There were 327,785 unique female VA patients studied; data set contained women Veterans who had at least one tour in Iraq or Afghanistan.
 - Information was extracted for those women who visited VA in FY 2011.
 - Reviewed clinic locations to ascertain differences between rural, highly rural and urban women Veterans in utilization of VA primary care, mental health care, and women 's specific services.
 - Rural women Veterans utilizing VA services tend to be older and more likely to be married than their urban counterparts.
 - This suggests an increased need for medical care in the near future, as well as caregiver support options consistent with an aging population.
 - Rural and highly rural women Veteran used more VA primary care visits than their urban counterparts, suggesting that rural dwellers are more reliant on such services through the VA.
 - Utilization data indicate that additional service options for mental health and women's specific care are needed in rural areas.
 - Increasing availability of VA telemental and tele-womens' health services is one potential solution for more local care delivery.
- Tele-pharmacy projects for women Veterans care to increase access to specialty pharmacy services:
 - Clinical pharmacy specialist (CPS): provides medication counseling to rural women Veterans via e-consults to rural VA CBOCs.
 - The CPS identifies and works to decrease gender disparities in lipid and blood pressure management in rural women Veterans.

- The CPS works with University of Maryland School of Pharmacy (UMSoP) to develop and produce training modules and online resources for providers that are doing conception counseling; will develop the first training experience available for telehealth for UMSoP students and residents.
- Telemental Health program: increases rural providers capacity to care for women Veterans with mental health needs:
 - Rural VA primary care providers participate in specialist presentations on mental health and behavioral health issues pertinent to women Veterans .
 - VA “hub” medical center psychiatrist/psychologist collaborates with rural VA primary care providers to develop recommendations and a more integrated and holistic treatment plan for women Veterans.
 - Links VA rural providers with mental health emergency consultative services provided by the University of New Mexico.
 - This service, known as the Physician Access Service Line (PALs) is available 24 hours a day/7days a week/ 365 days a year.
- Women’s Health Diabetic Group Telehealth Clinic program: promotes patient wellness and chronic disease management.
 - Bi-weekly tele-health clinic for rural women Veterans who have, or at risk for, diabetes.
 - Uses tele-health technology at rural VA CBOCs to link rural patients with their women’s health primary care team located at VAMC.
 - The women Veterans gain knowledge of the disease process and learn the skills to self- manage their diabetes through shared medical group appointments.

Training and Utilization of Peer Support Staff, Dan O’Brien-Mazza, National Director for Peer Support Services, Office of Mental Health, VHA

- In June 2012, the peer specialists series 102 Social Science Aid and Tech was established.
- Proportion of women Veterans in peer specialist (PS) workforce exceeds the proportion of women Veterans in total Veterans population.
 - Percentage of current PSs that are women Veterans: 16.5 percent.
 - According to the Office of the Actuary, the projected percent of women Veterans in the total Veteran population is projected to reach 16.5 percent in 2035.
 - The current percentage of women in the total Veteran population in FY 2014 indicates women Veteran PSs are well represented in VA’s workforce.
- Implementation issues include perspective – stigma-resistance to change, incorporating new position into new team, understanding new PS role and supervision.
- Understanding the new PS role: Studies showed that PS providers are often better able to empathize; access social services; respond to clients’ strengths and desire; and be tolerant, flexible, patient, and persistent.
- Understanding the PS supervisor’s role is to work to develop a sense of mutuality in the relationship with the PS; the aim is for both the PS and the supervisor to be open and curious.

- Research on mental health providers' perspective on individuals with mental health problems indicates that:
 - Compared with the American public, mental health professionals had significantly more positive attitudes toward people with mental health problems.
 - However, some providers' conceptions about the dangerousness of people with schizophrenia and provider desire for social distance from clients in work and personal situations were concerning. (Conceptions of Mental Illness: Attitudes of Mental Health Professionals and the General Public, Jennifer P. Stuber, Ph.D., Anita Rocha, Ann Christian, Bruce G. Link, Ph.D.; PSYCHIATRIC SERVICES ' ps.psychiatryonline.org ' April 2014 Vol. 65 No. 4).
 - Distancing may occur by mental health professionals who may not be as comfortable working with PSs who have certain diagnoses.
- The next steps are to operationalize the memorandum of understanding with DoD; evaluate ongoing certification requirements; expand peer support to non-mental health settings in primary care; and to expand delivery models to tele-primary care-smart phone apps.

Wrap up/ Adjourn, Dr. Shirley Quarles, Chair, ACWV

Wednesday, September 24, 2014 – Room C-7

The meeting was called to order by the Chair.

Update on Recommendations 6, and 7 of the 2014 Report of the Advisory Committee on Women Veterans/ Identifying Best Practice in Claims Processing, Stephanie Li, Chief, Policy Staff, Compensation Service, VBA and Gabrielle Mancuso, Chief, Quality Staff, Compensation Service, VBA

- VBA informed VA regional office (VARO) personnel of the issues related to military sexual trauma (MST) and provided training in proper claims development and adjudication.
 - VBA issued Training Letter 11-05, Adjudicating Posttraumatic Stress Disorder (PTSD) Claims Based on Military Sexual Trauma (MST), in December 2011 (revised June 2013).
 - VBA conducted a nationwide broadcast on MST claims adjudication, which described the range of potential markers that could indicate occurrence of an MST stressor and the importance of a thorough and open-minded approach to seeking such markers in the evidentiary record.
 - The VBA Challenge Training Program, which all newly hired claims processors are required to attend, now includes a module on MST within the PTSD claims processing course.
 - VBA also provided its designated women Veterans coordinators (WVC), located in every VARO, with updated specialized training. These employees are available to assist Veterans—male and female—with their MST claims.

- VBA worked closely with VHA's Office of Disability Examination and Medical Assessment, to ensure that specific training was developed for clinicians conducting PTSD compensation examinations for MST-related claims.
- In May 2013, VBA initiated a letter outreach to Veterans whose MST-related PTSD claims were denied prior to April 2013, encouraging them to resubmit their claim to VBA for review and readjudication.
 - Approximately 2,600 Veterans whose claims were denied between September 2010 and April 2013 received letters.
 - In addition to contacting Veterans, VBA notified Veterans service organizations (VSOs) of the review initiative and provided each VSO with a list of Veterans within its organization who were sent a letter.
 - Although VBA was initially unable to identify individuals whose MST-related PTSD claims had been denied prior to September 2010, Veterans who did not receive a letter were encouraged to refile.
- As a result of additional data mining efforts by VBA personnel, VBA was able to identify 2,700 Veterans whose MST-related PTSD claims were denied prior to September 2010.
 - A second outreach letter was sent to those individuals in July 2014.
- Update on recommendations from the 2014 ACWV report:
 - Recommendation #6: That the Department of Veterans Affairs conduct and disseminate an assessment of outcomes of the second review of previously denied MST-related post-traumatic stress disorder claims, to ascertain if new policies regarding stressor/marker verification were accurately and consistently applied; to see how many decisions were amended, as a result of the second review; and to conduct gender-specific comparisons of the initial claims decisions and the final claims decisions rendered under the second review.
 - VBA continues to gather data regarding MST-related claims, including gender-specific information.
 - It is currently exploring ways to systematically collect additional MST-related data with continued reviews every six months.
 - VBA is committed to using this data to further its MST/PTSD nationwide training goals.
 - VBA did not place an expiration date on when Veterans seeking review must resubmit their claim.
 - VBA continues to receive claims which must be reviewed, adjudicated, and analyzed.
 - Data collection and analysis remains an ongoing process.
 - VBA continues to inform external stakeholders and VSO partners of this outreach initiative and encourage them to assist Veterans in resubmitting their claims.
 - VBA presented a webinar on MST hosted by the Benefits Assistance Service in May 2014.
 - VBA also met with VSO representatives on August 7 and August 19, 2014, to inform them of the second mailing and explain the re-evaluation process.

- Recommendation #7: That all previously denied MST-related PTSD claims that were in the appeals process upon VA's decision to offer a second review be allowed to continue in the appeals process, while simultaneously undergoing the second review.
 - VBA's review initiative targeted all Veterans whose MST-related PTSD claims were denied prior to April 2013 without regard for the current status of those previously denied claims.
 - It is possible that some Veterans contacted were awaiting a decision on an appeal of their previously-denied claims.
 - For those appeals pending at the Board of Veterans' Appeals (Board), VBA no longer has jurisdiction and may not interfere with the appellate process.
 - This includes initiating a reopened claim for the same issue pending before the Board.
 - VBA must wait until the pending appeal has been resolved.
 - If the claim for MST/PTSD remains denied following Board review, and provided the Veteran does not appeal to a higher court, VBA may conduct re-evaluation in accordance with its current initiative.

Update on Recommendation 1 of the 2012 Report of the Advisory Committee on Women Veterans, Theresa Shepard, Deputy Director, Finance and Logistics, Consolidated Patient Account Center (CPAC) Program, VHA

- Update on the 2012 ACWV report Recommendation #1: That the Department of Veterans Affairs (VA) conducts an audit of charges for preventive screenings provided to women Veterans to ascertain if they were improperly billed for preventive screenings, and reimburses women Veterans who were inappropriately charged for such services.
 - The 38 CFR 17.108(e)(11) specifically states that an outpatient visit solely consisting of preventive screening are services that are not subject to copayment requirements for outpatient medical care.
 - CPAC quality assurance departments completed a review of copay charges applied to women Veterans for services performed during FY 2012, to determine the appropriateness of these copay charges for the medical care provided to women Veterans.
 - The Chief Business Office Business' Information Office extracted a data file that initially included one million copays charged to Women Veterans for services in FY12.
 - An initial review of data, which was presented to the Women Veterans Advisory Committee in the April of 2013, indicated a nearly 32% error rate.
 - After further review, this volume included more than screening visits on the original list.
 - After conducting multiple sorting activities, there were 57 copay charges to be reviewed nationwide.
 - Following a collaborative review with Health Information Management Service (HIMS) who reviewed clinical documentation, it was determined that only two of the 57 encounters warranted refunds, for a combined total of \$30.00.

- Findings:
 - The initial data pull was inflated and misrepresented the impact of screening visits and associated copayments.
 - Providers did not include all codes representative of the level of care provided, which led to initial conclusions of preventive care being the only encounter charged when in fact other services had been performed; this made the audit much more difficult to conduct.
 - Some encounters were never seen by Coding, due to the Veteran not having third party insurance.
 - The two services which were inappropriately charged copays were provided outside of a “screening” clinic and auto generated copay charges.
- Conclusions:
 - Of the 57 encounters that were reviewed, two copayment charges were determined to be eligible for refund, in the amount of \$30.00 total.
 - System generated copayments charged were appropriate based on the clinic set up/stop code assignment.
 - In regards to the two copayments that were erroneously charged, preventive screenings were scheduled in clinics that are billable for first party copayments based.
 - The definition of these clinic stop codes includes comprehensive services which does not meet the regulatory requirement of only delivering the screening service.
 - If these services were screenings only, the appointments need to be scheduled in a clinic designed specifically for screening services only, with a non-billable clinic stop code.
- The National Health Information Management Service (HIM) Office:
 - Educated the field on the National HIM call on 8/21/13
 - Appropriate application of codes reflective of the level of care provided.
 - Needs to provide education to providers, to include all codes representative of the level of care provided, and communicate to facilities the need to utilize screening clinics only with appropriate clinic stop codes to prevent automated copays.

The Advisory Committee on Women Veterans attended a women Veterans’ event, hosted by Disabled American Veterans on Capitol Hill.

Women Veterans Employment Initiatives and Partnerships, Lawrence Wark, Director, Veterans Employment Service Office (VESO)

- VESO was created in 2011, in support of Executive Order 13518, to develop and implement innovative and comprehensive programs, procedures, and services to support VA and Federal Veteran recruitment and VA retention and reintegration.
- VESO supports the Veteran Employment Council, which was created by the Executive Order, by reporting on Veteran hiring and retention statistics for VA.
- VESO employs a team of regional Veteran employment coordinators (RVECs) that focus on recruiting Veterans to increase the supply of applicants to fill VA positions,

and a team of human resources (HR) professionals that work with VA selecting officials to hire Veterans under non-competitive hiring authorities.

- VESO's Regional Veteran Employment Coordinators Services (RVEC) increases the supply of employable Vets for VA's mission critical occupations, conducts outreach at hiring events, and assists Veterans and HR professionals with high level services.
 - Services include customized resume support, job skills matching, career readiness support, follow up support, and advocacy for job placement and retention.
- To date, in FY 2014 RVEC has contacted and assisted 131,065 Veterans and participated in 259 career events (82,546 Veterans); 819 Veterans were hired at VA.
- General data:
 - Veterans are nine percent of the U.S. population, and seven percent of the U.S. labor force:
 - Women Veterans are 10 percent the Veterans population, and 13 percent of Veteran labor force.
 - Women are 52 percent of the U.S. population, and 47 percent of the labor force:
 - Women Veterans represent 64 percent of the U.S. labor force; non-Veteran women represent 58 percent of the U.S. labor force.
 - The greatest density of women Veterans are 45-54 years old (26 percent); greatest density of male Veterans are 65 and older (47 percent).
 - Women Veterans have 6.9 percent unemployment rate; male Veterans have 6.5 percent.
 - Non-Veterans males had highest rate of unemployment (7.5 percent).
 - Of the women Veterans in the labor force, 39 percent are college grads (highest percent).
 - Of Gulf War II Veterans, 51 percent women use post-9/11 GI Bill; 37 percent men use post-9/11 GI Bill.
- How are we doing?:
 - Women Veterans are 19 percent of Veterans in Federal workforce (FY 2014). Women Veterans were 23 percent of Veteran new hires (FY 2013).
 - Women Veterans are 27 percent of VA's Veteran workforce.
 - Women Veterans were 28 percent of VA's Veteran new hires.
- The Council on Veterans Employment, Women Veterans Work Group was stood up at request of Director, OPM; Hon Katherine Archuleta and Secretary of Homeland Security.
 - It includes the Department of Homeland Security, Office of Personnel Management, the Department of Labor, the Department of Defense, VA, Social Security Administration, Health and Human Services, and the U.S. Department of Agriculture.
 - They were tasked with assessing the hiring of women Veterans, including diversity within, throughout Federal government, and providing recommendations to enhance results, as needed.

Overview of Veterans Relationship Management, Maureen Ellenberger, Executive Director, Veterans Relationship Management, VBA

- Veteran Relationship Management's (VRM) mission is to engage, empower and serve Veterans and other clients with seamless, secure and on-demand access to benefits information and services.
- VRM services enables our clients to find uniform information about VA's benefits and services, regardless of access channel.
 - Clients can also complete self-service transactions with VA, and be quickly identified by VA, without having to repeat information and seamlessly access to multiple VA service lines.
- The VRM Program is a multi-year, enterprise-wide "joint" initiative and the vehicle by which VA will transform into a Veteran-Centric organization, offering superior customer service to its clients, to include decreased wait times, fewer blocked calls, increased self-service access to VA, accurate, consistent answers to inquiries and single sign-on capability.
- Benefits for VA gives access to Veteran contact history, user-friendly technology, the ability to transfer calls across multiple service lines, increased consistency of accurate information to provide to clients, and improved call quality through call recording capability.
- The eBenefits and Electronic Claims Submission allows an interview like process that makes it easier for Veterans to apply for benefits.
 - Integrated forms reduce redundancy.
 - Veterans can electronically request representation (power of attorney, or POA) and check status of claims, payment history and upload documentation.
- The Stakeholder Enterprise Portal (SEP) allows Veterans service organization (VSO) representatives to assist Veterans in preparing and submitting electronic claims.
 - VSOs can manage POA requests, upload documentation, check status of claim and payment status/history.
 - It expanded access to attorneys and claim agents in September 2014.
- VRM continuously is bringing more access channels to Veterans and Partners for submitting claims and electronically checking status and obtaining information.
 - Digits-to-Digits (D2D), a direct machine-to-machine interaction, for a VSOs claims management systems to submit claims directly into the Veterans Benefits Management System (VBMS).
 - It eliminates the need to print and mail hard copies to VA to submit claims.
 - Allows partners to leverage their investments in claims management systems.
 - Two Veteran-facing mobile app pilots to evaluate potential mobile technologies to provide Veterans with an additional access point, support the channels our Veterans use, reduce the burden on call centers and leverages mobile phone and smartphone capabilities for 24/7 access to information.
- Improving communication and service delivery to Veterans, Servicemembers and VA stakeholders, when they contact VA call center public contact representatives, or others whose role is to assist the Veteran and other beneficiaries.
 - Customer Relationship Management (CRM) Unified Desktop (UD) unifies business processes by integrating desktop applications providing VA staff with a single consolidated view of the Veteran and access to authoritative information to resolve the Veterans' issues.

- CRM now utilized by Health Administration Center (HAC) and being piloted at Education Call Center (ECC). Fiduciary Beneficiary System Replacement (FBSR) utilizes CRM to provide robust tracking of fiduciaries delivering significant improvements in case management.
- Knowledge Management (KM) is an enterprise solution to disseminate accurate general benefit information to VA staff, Veterans, beneficiaries, and the public in an easy-to-use format.
 - Ensures that all public contact representatives (PCRs) and KM users are providing consistent information regardless of location.
 - Encourages a culture of information sharing.
- The chat feature will be available to users on the VBA Website, eBenefits portal, and the Stakeholder Enterprise Portal (SEP).
 - Provides customers with real-time responses to questions and enables Veterans and VSOs to ask general benefits-related questions in web pages where a user is not logged in to their personal account.
 - These questions will be answered by a PCR at a National Call Center.
 - The chat feature is scheduled to become available to Veterans and VSOs in early September 2015.

Wrap up/ Adjourn, Dr. Shirley Quarles, Chair, ACWV

Thursday, September 25, 2014--G. V. "Sonny" Montgomery Conference Center, Room 230

The meeting was called to order by the Chair.

Overview of eBenefits/eBenefits National Resource Directory/Update on 2012 Report of the Advisory Committee on Women Veterans (recommendations 9, and 10) and the 2014 Report of the Advisory Committee on Women Veterans (recommendation 5), Nancy Lansing, Policy, Deputy Director, Benefits Assistance Service, VBA

- eBenefits (www.ebenefits.va.gov) is a joint VA/DoD Web portal that provides self-service capabilities to Veterans, Service members, their families and caregivers.
 - Development was initiated in March of 2007, at the recommendation of the President's Commission on Care for America's Returning Wounded Warriors.
 - With quarterly releases, eBenefits continues to evolve as a "one-stop shop" for Veterans, Servicemembers and eligible dependents.
 - Provides a secure, single, personalized online point of entry for accessing numerous VA and DoD applications and services.
 - Offers access to over 55 self-service tools (through online transactions, without needing to call or visit VA).
 - Facilitates improved customer service and access for Veterans to VA information and services 24/7.
 - Helps Veterans manage their claims.
- Reasons to file electronically and have an eBenefits account:

- Claims submitted online may be processed faster, helping VA meet the 125 day at 98 percent accuracy goal by 2015.
- Claims for disability benefits initiated online preserve their date of claim; Veterans have up to 365 days to fully complete their claim, upload any supporting documentation and submit directly to VA.
- Veterans can request and receive official military personnel files and VA documents within hours, including DD Form-214, preference letters, service/benefits verification, and home loan certificate of eligibility.
- System allows for search for state and county benefit programs for Veterans.
- The Career Center enables Veterans to apply for federal and civilian jobs, build a resume and translate military skills to civilian jobs.
- It can also be used to request representation and assistance from a Veterans service organizations.
- Other features include:
 - National resource directory.
 - Review claims and appeal status, check education benefits status, and transfer education benefits.
 - Order medical equipment, such as prosthetic socks and hearing aid batteries.
 - Edit profile, to customize the content seen on the eBenefits portal.
 - SGLI Life Insurance - Service members may view the amounts of coverage and coverage dates for their Group Life Insurance (SGLI).
 - Benefits explorer - Allows users to interact with a display that presents benefit information at different stages in their career or personal lifecycle.
 - Search for and print detailed information on accredited attorneys, claims agents, and Veterans service organizations.
 - Learn about VA Federal benefits in the transition assistance program (TAP) and complete benefit courses electronically.
 - Locate VA and DOD facilities; provides users with the option to map directions or call a facility.
 - Assess whether Veterans qualify for VA health care benefits.
 - Apply online for a specialty adapted housing (SAH) grant and check the status of SAH claims.
 - View TRICARE medical, dental, and pharmacy information.
 - Offers single sign-on to access MyHealthe Vet and My Pay, to order prescriptions, secure message physician, change Thrifty Savings Plan allotments.
- Update to 2012 ACWV report recommendations:
 - Recommendation #9: That the Veterans Benefits Administration (VBA) develop a system-wide outreach strategic action plan that includes regional office-level measurable goals for both full-time and collateral-duty women Veterans coordinators (WVCs), to include required annual VA Central Office-level reporting requirements.
 - Status: As part of the system-wide outreach strategic action plan:
 - A standard operation procedure (SOP) and toolkit for outreach has been implemented.

- A suite of outreach materials including videos and brochures which appeals to all Veteran populations, are displayed in the public contact area, distributed at outreach events and posted on the VA internet site at:
<http://benefits.va.gov/benefits/media-publications.asp>
- The WVCs contact information is displayed in the public contact area in all regional offices and pension management centers.
- Women Veterans can request to speak to a WVC, by calling VBAs national call center at: 1-800-827-1000.
- VBA's increased collaboration with VHA, National Cemetery Administration, and the Women Veterans Program resulted in national quarterly training for WVCs and women Veterans program managers.
- Women Veterans outreach activities are working and show a positive trend:
 - Compensation: 281,145 (1st Quarter FY 2012); 306,366 (1st Quarter FY2013); 336,186 (1st Quarter FY2014); 9.7 percent.
 - Pension: 12,451 (1st Quarter FY 2012); 12,631 (1st Quarter FY2013); 12,817 (1st Quarter FY2014); 1.5 percent.
 - Education: 71,905 (1st Quarter FY 2012); 82,809 (1st Quarter FY2013); 86,697 (1st Quarter FY2014); 4.7 percent.
 - Note: In FY 2013, 38,200 women Veterans were service connected for PTSD, which is a 27 percent increase from FY 2012; of that number 13,548 were service connected for PTSD due to MST, which is a 30 percent increase from FY 2012.
- Vocational Rehabilitation and Employment (VR&E):
 - There are 23,365 women currently using the VR&E service, which is a 62 percent increased enrollment from 6,144 enrolled in FY 2013.
 - There were 1,830 women successfully rehabilitated to employment or independent living services in FY 2014.
 - In FY 2014, 25,152 women Veterans and Servicemembers received services, which equates to a 10 percent increase from FY 2012, and 18 percent increase from FY 2013.
- Recommendation #10: That the VBA enhances its annual benefits report to include gender specific demographic information on women Veterans who receive VA benefits to identify opportunities for targeted outreach to women Veterans.
 - Status: the Annual Benefits Report (ABR) currently contains gender-specific data, including a summary of recipients of compensation and pension.
 - The implementation plan to enhance the ABR with information from the Office of Performance Analysis and Integrity (PA&I) and other VA business lines is currently in concurrence.
- Update to 2014 ACWV report recommendations:
 - Recommendation #5: That VHA and the Veterans Benefits Administration (VBA), in order to improve women Veterans access to VA programs and services, ensure that women Veterans receive user-friendly instructions, tutorials, and/or hands-on assistance as needed, in order to enhance their understanding of new technologies such as MyHealthVet and eBenefits.

- Status: VBA has a multipronged approach to reaching and communicating with Veterans on how to access their benefits through eBenefits, to include a suite of “how to” videos that will be available 24/7 and self-pace; step by step eClaims filing printed materials; and radio and TV public service announcements.

Overview of VA Center for Innovation and Women Veterans Initiatives, Emily Tavoulareas, Portfolio Lead, Strategic Engagement and Open Data, VA Center for Innovation

- The VA Center for Innovation identifies, tests, and evaluates new approaches to efficiently and effectively meet the current and future needs of Veterans, through innovations rooted in data, design-thinking, and agile development.
- Discussed VA’s pilot program with UniteUs.
- The Center for Innovation seeks opportunities to improve the quality of VA care and services, increase access to those services, reduce or control costs, and improve customer satisfaction.
 - Portfolio of work includes:
 - Competitions to surface and source innovations that have potential for transformational impact.
 - Special projects that provide VA with innovative, helpful solutions to its problems.
 - Human-centered design to building a Veteran-centered agency.
 - Innovators network, a community of VA employees who are actively engaged in work that facilitates collaboration, and enables colleagues—no matter the distance—to share ideas, challenges, opportunities, and to test and validate best practices.
 - Open innovation.
 - Transformative fellowships.

Update on Recommendation 7 of the 2012 Report of the Advisory Committee on Women Veterans, Jennifer Heiland-Luedtke, Program Manager, Office of Communications, Media Management, VHA

- VHA’s Media Management’s purpose/mission/role are to:
 - Coordinate internet, intranet, and social media content development and user experience management, for Veterans integrated service networks (VISNs), VA medical centers (VAMC), and VHA’s program offices.
 - Represent VHA online communications for VHA, VAMC and internal program offices.
 - Amplify communications through public venues.
 - Approve creation of and provide ongoing oversight for VHA Web sites and blogs.
 - Represent and coordinate policy and Web governance for VHA (in working with other Administrations and program offices).

- Recommendation 7: That VA establishes a policy that requires each VA medical facility to consistently display WVPMS' contact information on their respective Web sites.
 - Status: VAMC Web sites are required to have consistent naming convention, consistent link in left navigation on every site, and a combination of local and national content, including local contact information.
- VAMCs' women Veterans Web sites had 68,000 unique page views, from September 1, 2013 to August 31, 2014.
 - Additional methods to promote women Veterans health included social media, inside Veteran health where Veteran centered stories could be told, and GovDelivery which allowed Veterans to amplify messages using an email subscription service.
- VHA engages women Veterans through social media tools, such as Facebook, Twitter, and Google+.
- Social media demographics:
 - Facebook: (www.facebook.com/VeteransHealth), 44 percent of fans are women; 56 percent of the people VA reaches are women; and 57 percent of the people who engage with VA are women.
 - Twitter: (twitter.com/VeteransHealth), 31 percent of followers are women.
 - Google+: (plus.google.com/+VeteransHealthAdmin), 23 percent of followers are women.
- Inside Veterans Health (IVH) is coordinated by VHA Media Management and offers Veteran-focused stories, twice per week (Mondays and Thursdays).
 - IVH is linked from VHA's homepage at www.va.gov/health/, as well as the VAMCs' homepages, which can be found on VA's homepage under locations, at www.va.gov.

Overview of Vocational Rehabilitation and Employment Services (VR&E), Theresa Boyd, Assistant Director for Rehabilitation Services and Bettye Hodge, Outreach Vocational Rehabilitation Counselor, VR&E, VBA

- VR&E's mission is to help Veterans with service-connected disabilities and an employment handicap prepare for, find, and maintain suitable careers.
- For Veterans with service-connected disabilities so severe that they cannot immediately consider work, VR&E provides services to improve their ability to live as independently as possible.
- VR&E employs nearly 1,000 professional vocational rehabilitation counselors and delivers services through a network of over 400 office locations.
- VR&E's service delivery model works to support Veterans where they are located, and includes operations at 56 regional offices; the National Capital Region Benefits Office; 198 out-based offices; 71 Integrated Disability Evaluation System (IDES) military installations, offering expanded early intervention counseling and other available services for over 28,000 transitioning; and 94 VetSuccess on Campus (VSOC) schools/sites, to provide educational and vocational counseling and other on-site services to over 80,000 students.
- Other key services includes:

- Helping Veterans with service-related disabilities gain independence in daily living; vocational counseling and planning; education or vocational training; monthly living allowance in addition to disability compensation.
- Tools to accommodate program (e.g. auto mechanic tools, computers for technology/professional fields). Job-seeking skills and assistance in finding employment.
- Independent living skills, to include training in activities of daily living and personal adjustment counseling and support services.
- Under Chapter 31, the program offers 48 months of training entitlement, plus employment services.
 - May be utilized within 12 years from the date of initial VA disability rating notification. Exception for those with a serious employment handicap.
 - Active duty Servicemembers are eligible if they expect to receive a honorable discharge upon separation from active duty, apply for VR&E services, and obtain a memorandum rating or proposed IDES rating of 20 percent or more from VA.
 - Entitlement based on establishment of employment handicap resulting from a service-connected disability.
 - Veterans are eligible if they have a honorable or other than dishonorable discharge, VA service-connected disability rating or memo rating of 10 percent or more, apply for VR&E services.
 - Entitlement based on establishment of employment handicap resulting from a service-connected disability; serious employment handicap needed to establish entitlement for Veterans rated 10 percent.
 - A self-employment track is available for individuals with limited access to traditional employment, or who need flexible work schedules or a more accommodating work environment due to their disabilities.
 - Veterans must be assigned to one of two categories of services when the self-employment track is elected.
 - Category I (training, license and fees, startup supplies, etc.) and Category II (training, personal tools, fees, etc.).
 - Services include analysis of viability of business concept, development of a business plan, training in small business operations, marketing assistance and guidance on obtaining resources.
 - An independent living track is for individuals not able to work who need rehabilitation services to live more independently.
 - Services include comprehensive in-home assessment, assistive technologies, independent living skills training, connection to community-based support services, case management services and coordination with VA's specially adapted housing program, when eligible.
- Chapter 35 offers educational counseling for children/widows/spouses eligible for the Dependents Educational Assistance Program.
 - For dependents of Veterans with a permanent and total service-connected disability, or who die on active duty or as the result of a service-connected disability.

- Chapter 36 offers personalized educational and career counseling for Servicemembers and Veterans, as well as support to help guide their career paths, ensure most effective use of their VA benefits, and achieve their goals.
 - Services are now available on campus at training facilities that are participating in the VSOC program.
- Chapter 18 provides vocational training and rehabilitation benefits for children with Spina Bifida born of certain Veterans who served in Vietnam or Korea.
- In FY 2013:
 - There was a 14 percent increase in VR&E applicants, from over 72,000 in FY 2012 to almost 83,000 in FY 2013.
 - VR&E successfully rehabilitated over 10,000 Veterans.
 - Over 8,500 were rehabilitated into suitable employment, and the remaining were Veterans who completed a plan of independent living services.
 - Women Veterans comprise 19 percent (25,486) of VR&E participants, and 19 percent (1,666) of the 8,689 Veterans who were placed in suitable jobs.
 - Almost 85 percent of these women Veterans were placed in professional, technical, and managerial occupations.

Women Veterans Research, Dr. Elizabeth Yano, Director, VA Health Services Research and Development (HSR&D), Center for the Study of Healthcare Innovation, Implementation and Policy, Center of Excellence, Greater Los Angeles Healthcare System - Sepulveda Campus, VHA

- VA women's health research update:
 - PTSD risk and mental health engagement in women Veterans (WV).
 - Two-thirds of women with post traumatic stress disorder (PTSD) who use VA utilized VA mental health (MH) care.
 - Women with post traumatic stress disorder (PTSD) who are non- VA users, without a regular provider, and with low incomes are unlikely to get MH care.
 - VA emergency department (ED) readiness to care for women Veterans varies.
 - Gaps in resources and processes exist nationally.
- One in five WVs report delayed health care or unmet need.
 - Barriers reported as unaffordable health care, inability to take time off work, and transportation difficulties.
 - Predictors of delay include knowledge gaps about VA care, perception that VA providers are not gender-sensitive, and history of military sexual trauma (MST).
- Women's primary care models offer higher care coordination, comprehensiveness ratings, as well as higher ratings of gender appropriateness (i.e., perceptions of quality, experience, skills, continuity, gender sensitivity).
- Escalation of WV use of VA maternity benefits:
 - One third have one or more mental health diagnoses and two times more likely to have depression, anxiety, PTSD, bipolar, schizophrenia.
 - WVs have variable reproductive health experiences in VA, knowledge gaps, and perceived gender discrimination.
- Onsite reproductive health services available vary:

- Ninety four percent offer hormonal contraception, 50 percent offer intrauterine device (IUD) placement, 30 percent offer infertility evaluation, 6 percent offer prenatal care (mostly large VAMCs).
- Lesbian, gay, bisexual and transgender care among Veterans needs more attention.
 - Lesbian and bisexual Veterans had high rates of military and childhood sexual assault, were more likely to be hazardous drinkers, and MH was worse post-deployment.
- Ongoing VA HSR&D funded studies focus on contraceptive use and unmet need among women Veterans; screening and management of alcohol misuse in women; intimate partner violence among women Veterans; women Veterans' overall MH needs; insomnia treatment for women Veteran; long term health outcomes of Vietnam Era Veterans.
- Studies adding or oversampling WVs:
 - Staying positive: An intervention to reduce osteoarthritis pain disparities.
 - Collaborative care management for complex, recurrent substance use disorders.
 - Impact of sexual assault and combat-related trauma on fertility in Veterans.
 - Improving VA weight management outcomes: Role of the residential environment.
 - Development and validation of a perceived access measure.
- Recently funded studies:
 - Patterns and experiences of VA maternity care coordination.
 - Technology assisted cardiovascular disease intervention for women Veterans.
 - Implementing tools to facilitate cardiovascular risk screening in women Veterans.
- VA Women's Health Partnered Research Conference Goals (2014):
 - Promote and disseminate new knowledge on VA women's health research and the implementation of research into practice.
 - Provide training and demonstration of best practices in research with women Veterans.
 - Foster effective partnerships among VA researchers and leaders in policy, operations and clinical care to increase impact of VA research on system performance and women Veterans' experiences with VA care.
 - Enhance the effectiveness/impact of VA research through the VA Women's Health Research Network.
 - WHRN has an increased focus on innovative methods to accelerate implementation of research evidence into practice and policy through partnerships and multilevel engagement.
- Goals of VA Women's Health Research Network 2.0 (2014-2016):
 - Increase equitable benefit of VA research through greater inclusion of WVs and support of Consortium
 - Accelerate development, conduct of Interventions, Implementation and high-Impact (I3) research
 - Leveraged by PBRN capabilities and multilevel engagement
 - Advance PBRN capabilities for multisite research.
 - Technical support, further expansion, site engagement
 - Identify and address barriers to effective engagement of local, regional and/or national stakeholders

- VA HSR&D launched Collaborative Research to Enhance & Advance Transformation & Excellence (CREATE) initiative, to increase partnered research to increase research impacts.
 - Ten CREATEs funded in 2013, including Women’s Health.
 - Partnered with Women’s Health Service, Mental Health Service, Office of Specialty Care Services, Purchased Care, and others.
 - Goal is to use research to accelerate implementation of comprehensive care for women Veterans.

VA Services for Homeless Women Veterans, Danielle Latimore, Executive Assistant, Office of Homeless Programs, VHA

- The 2014 point in time count (PIT) estimates there were 49,933 homeless Veterans on a single night in January 2014.
 - A 33 percent decrease in the number of Veterans who were homeless at any point in time since 2010; includes a nearly 40 percent drop in the number Veterans sleeping on the street.
- The Federal response includes:
 - Using a “housing first” approach, which removes barriers to help Veterans obtain permanent housing as quickly as possible, without unnecessary prerequisites.
 - Prioritizing the most vulnerable Veterans—especially those experiencing chronic homelessness—for permanent supportive housing opportunities, including those created through the Department of Housing and Urban Development-VA Supportive Housing (HUD-VASH) program.
 - Coordinating outreach efforts to identify and engage Veterans experiencing homelessness and focusing outreach efforts on achieving housing outcomes.
 - Leveraging other housing and services resources that may help Veterans who are ineligible for some of VA’s programs obtain stable housing.
 - Increasing early detection and access to preventive services so at-risk Veterans remain stably housed.
 - Closely monitoring progress toward the goal, including the success of programs achieving permanent housing outcomes.
 - Aligning local goals and strategies with *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*.
- Factors associated with women Veterans’ homelessness, include unemployment, disability, positive screens for posttraumatic stress disorder(s), anxiety disorder(s), as well as sexual assault during military service (Washington, Yano, McGuire, Hines, Lee, & Gelberg, 2010).
- Women Veterans are the fastest growing segment of the homeless population and are at higher risk of homelessness than their male counterparts (Gamache, Rosenheck, & Tessler, 2003).
- Among women, military service is associated with a three to four times increased likelihood of experiencing homelessness (Gamache, Rosenheck, & Tessler, 2003).
- According to data from HUD’s 2013 PIT count, just under 8 percent of homeless Veterans were female (2013 Annual Homeless Assessment Report to Congress. Part 1 Point in Time Estimates of Homelessness).

- Possible barriers to employment are economy, job market, assessable and affordable child care, transportation, benefits, difficulty in obtaining basic documentation (drivers license, or mailing address; skills that translate, and legal issues (i.e. child support or evictions).
- Homeless women Veterans may face barriers when accessing and using Veterans' housing, to include lack of awareness of available programs, limited access to services, limited housing for women with children, and concerns about personal safety.
- The HUD-VASH program is a joint effort between HUD and VA to move Veterans and their families out of homelessness and into permanent housing.
 - HUD provides housing assistance through its Housing Choice Voucher Program (Section 8) that allows homeless Veterans to rent privately owned housing.
 - VA offers eligible homeless Veterans clinical and supportive services through its health care system across the 50 states, the District of Columbia, Puerto Rico and Guam.
 - Historically, approximately 12 percent of Veterans served in HUD-VASH have been women Veterans.
 - In FY 2014 (3rd Quarter), 12,368 homeless women Veteran were served by the program.
- The Supportive Services for Veteran Families (SSVF) program is designed to rapidly re-house homeless Veteran families and prevent homelessness for those at imminent risk due to a housing crisis.
 - Funds are granted to private non-profit organizations and consumer cooperatives that will assist very low-income Veteran families by providing a range of supportive services designed to promote housing stability.
 - SSVF providers focus on increasing income through employment and benefits, while addressing issues that can interfere with a Veteran's housing stability.
 - Time limited case management, legal assistance, credit counseling, needed health care and other supports often play critical roles in sustaining permanent housing and improving quality of life.
 - In FY 2013, 15 percent (5,865 of 39,649) of Veterans served by SSVF were female. One-quarter (15,948 of 65,303) of all participants served in FY 2013 were dependent children. In FY 2014 (3rd Quarter), the SSVF Program served 5,577 homeless women Veterans.
- The Health Care for Reentry Veterans (HCRV) Services program addresses the community re-entry needs of incarcerated Veterans.
 - HCRV's goals are to prevent homelessness, to reduce the impact of medical, psychiatric, and substance abuse problems upon community re-adjustment, and to decrease the likelihood of re-incarceration for those leaving prison.
 - In FY 2014 (3rd Quarter), the HCRV program provided service to 292 homeless women Veterans.
- The Veterans Justice Outreach (VJO) program prevents homelessness, and helps to avoid the unnecessary criminalization of mental illness and the extended incarceration among Veterans.
 - This is accomplished by ensuring that eligible justice-involved Veterans encountered by police, and in jails or courts, have timely access to VHA mental

- health, substance abuse, and homeless services when clinically indicated, as well as other VA services and benefits as appropriate.
- In FY 2014 (3rd Quarter), VJO provided service to 1,813 homeless women Veterans.
 - CHALENG (Community, Homelessness Assessment, Local Education and Networking Groups) is an ongoing assessment process that describes the needs of homeless Veterans and identifies the barriers they face to successful community reentry.
 - The results of the CHALENG survey are used each year to identify unmet needs and encourage new partnership development to meet those needs.
 - For the 2013 CHALENG survey, there were 13,260 CHALENG survey participants.
 - There were 7,023 homeless Veteran males, 718 homeless Veteran women, and 5,519 were from a non-homeless Veteran population.
 - Mayors' challenge to end homelessness seeks to solidify partnerships and secure commitments to end Veteran homelessness from Mayors across the country.
 - HUD, VA and USICH leadership made a "call to action," asking mayors to make a commitment to ending Veteran homelessness in their cities by 2015.
 - As of August 15, 2014, there are 181 Mayors, 6 Governors and 13 County Officials who have signed on to the challenge.
 - VA has launched a strategic effort to enlist organizations to promote VA services for Veterans who are homeless or at risk of becoming homeless.
 - These groups include Veterans service organizations, law enforcement agencies, homeless shelters, faith-based groups, community-based organizations, and other groups that interact with Veterans or the homeless.
 - VA partners with over 500 grant providers, and thousands more have fully committed resources and time with VA to meet the commitment to ending homelessness among Veterans.
 - Access to legal assistance is a significant need among Veterans experiencing homelessness or at risk of homelessness.
 - In over 50 locations throughout the nation, VA has partnered with law firms and law schools to allow them to provide pro bono legal assistance on site at select VA medical centers.
 - VA has partnered with the American Bar Association to promote this concept as a best practice and to encourage the creation of these partnerships in many more locations throughout the country.
 - Three major gaps are employment, affordable housing and community partnerships.
 - Challenges include:
 - Finding free civil legal assistance, including eviction and foreclosure prevention, resolution of warrants and fines, and driver's license restoration.
 - Deploying new technologies to make real-time survey data and results available.
 - Linking Veterans ineligible for VA benefits and services to community-based housing and health care resources instead.
 - Locating emergency, transitional, or permanent housing for homeless Veterans who are registered sex offenders.
 - Connecting Veterans with accessible and available transportation options.

- Ensuring homeless Veterans have access to available training and employment services.

Meeting adjourned.

/s/

**Shirley A. Quarles, EdD, RN, FAAN
Chair, Advisory Committee on Women Veterans**

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Designated Federal Officer**