

**Department of Veterans Affairs (VA)
Advisory Committee on Women Veterans (ACWV) Meeting
VA Central Office
810 Vermont Avenue, NW
Washington, DC
May 9-11, 2017**

VA ACWV Members Present:

COL Mary Westmoreland, Chair, USAR, Ret.
Kailyn Bobb, USAF Veteran
LTC Lisa Brown, MDANG, Ret.
Keith Howard-Striecher, USA Veteran
LTC Kate Germano, USMC, Ret.
COL Edna Jones, USA, Ret.
COL Karen O'Brien, USA, Ret.
CAPT Leslie Smith, USA, Ret.
CDR Janet West, USN
COL Betty Yarbrough, USA, Ret.

VA ACWV Members Excused:

CMDCM Octavia Harris, USN, Ret.
MAJ Shannon McLaughlin, MA ARNG

VA ACWV Ex-Officio Members Present:

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

VA ACWV Ex Officio Members Excused:

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

VA ACWV Advisors Present:

Faith Walden, Program Analyst, Office of Finance and Planning, National Cemetery Administration (NCA)
CAPT Michelle Braun, Nephrology Nurse Practitioner, National Institutes of Health

Center for Women Veterans (CWV):

Kayla M. Williams, Director
Dr. Betty Moseley Brown, Assoc. Director
Shannon L. Middleton, Program Analyst

Other VA Staff

- Alohalani Bullock-Jones--VBA
- Alicia Christy --Women's Health Services
- Joseph Friddle--Veterans Experience Office
- Mandy Hartman-- Office of Congressional and Legislative Affairs (OCLA)
- Martin Martinez—OCLA
- Jeffrey Moragne --Advisory Committee Management Office
- Eric Robinson--VBA

Other Guests/Members of the Public

- Tammy Barlet
- Melissa Bryant—Iraq and Afghanistan Veterans of America
- Maureen Elias-- Vietnam Veterans of America (VVA)
- Cindy Grandquis
- Kaitlin Gray—The American Legion
- Sharon Hodge-- VVA
- Pat Jernigan--WacVets
- Beth Johnson
- Shurhonda Love—Disabled American Veterans
- Ellen Milhiser—Synopsis
- Aida Montanez
- Sarah Nissenson-MITRE
- Keronica Richardson—The American Legion
- Cathy Santos—National Alliance of Women Veterans
- Mallory Schwarz—American Congress of Obstetricians and Gynecologists
- Kerby Stracco—National Association of Black Veterans
- Cathy Wiblemo—VVA

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

Tuesday, May 9, 2017 — VACO Central Office, 810 Vermont Avenue, NW, Washington, DC 20420, Room 530

Meeting was called to order by the Chair

- Introduction of Committee members and visitors.
- Review of agenda.
- Approval of minutes from the site visit to San Diego, CA, on September 19-23, 2016.

**VA 101, Gary S. Walters, Program Manager, Performance Improvement
Office of Enterprise Integration; Marvin Cornish, Protocol Officer, DC VA Medical
Center**

- Provided an extensive overview of the Department of Veterans Affairs (VA), for a comprehensive look of the Department.
- This included: the make-up and function of VA's organizations, information on Veterans' transition from military to civilian life, and customer service tips that VA can employ to effectively assist Veterans.

**Identification and Treatment of Eating Disorders in Women Veterans: Update on
2016 Report of the Advisory Committee on Women Veterans (Recommendation
#1), Dr. Susan McCutcheon, National Mental Health (MH) Director, Family
Services/ Women's MH/Military Sexual Trauma, VHA**

- Recommendation #1: That VHA establish a comprehensive program in coordination with community partners for the identification and treatment of eating disorders in women Veterans, to include at a minimum screening of high risk-populations, diagnosis, and treatment, with tracking of metrics (number of patients screened, number of positive screens, and the effectiveness of referral for diagnosis, placement for treatment, as well as other factors associated with quality of treatment).
 - Identification and treatment of eating disorders among women Veterans is a priority area of focus for VA.
 - Key efforts to enhance VA's capacity to provide comprehensive care to women Veterans with eating disorders are in progress.
- Discussed action steps to improve eating disorder treatment:
 - Continue national eating disorder workgroup.
 - Assembled a multidisciplinary group of subject matter experts (clinicians, researchers, administrators) including mental health, primary care and dieticians.
 - Primarily functioning as advisory group, reviewing curriculum and offering suggestions for future directions.
 - Conduct needs assessment.
 - Needs assessment instrument has been developed and full implementation has been delayed due to medical emergency with program evaluator.
 - SME interviews and results of piloted needs assessment items informed initial revisions to FY2017 training activities.
 - Needs assessment results will inform future efforts to expand training beyond outpatient multidisciplinary treatment teams.
- Multidisciplinary outpatient treatment team training.
 - Participants learn how to provide specialized outpatient care as part of a multidisciplinary team that includes evidence-based psychotherapy for eating disorders, psychiatric medication management, primary care, dietician services and case management.
 - Ten week, 30-hour curriculum delivered remotely via video conferencing, and ongoing case consultation for one year.
 - The week one training included:

- Eating disorders in Veterans: Overview of the problem and intro to treating it (all providers).
- Interdisciplinary treatment approach for eating disorders & evidence-based interventions (all providers) and
- Introduction to Enhanced Cognitive Behavioral Therapy (CBT-E; all providers).
- CBT-E is an evidence-based, transdiagnostic treatment for eating disorders, including anorexia nervosa, binge eating disorder, bulimia, and eating disorder Not Elsewhere Classified (NEC).
- It is an effective treatment for patients with co-occurring disorders and considered the gold standard of care.
- Week two training included:
 - Basic screening for all disciplines (all providers)
 - Psychological assessment for DSM-5 diagnosis (therapists)
 - Phase 1 of CBT-E and interdisciplinary collaboration (therapists)
- Week three training included:
 - Multidisciplinary collaboration phases 2 and 3 CBT-E (all providers)
 - Psychotherapy techniques and interventions phases 2 and 3 CBT-E (therapists)
 - Focused cognitive restructuring (therapists)
- Week four training included:
 - Multidisciplinary collaboration phase 4 CBT-E (therapists)
 - Ending well: Phase four interventions (therapists)
 - Relapse prevention & maintenance (therapists)
- Week five training included:
 - Eating disorders from dietitian's perspective (all providers)
 - Nutrition assessment (dietitians)
- Week six training included:
 - Case study with multidisciplinary team (all providers)
 - Motivational interviewing for dietitians (dietitians)
 - Exam and medical consequences (dietitians)
- Week seven training included:
 - Eating disorders from medical perspective (all providers)
 - Medical complications and comorbidities (physicians)
 - Psychiatric treatment for eating disorder patients (physicians)
- Week eight training included:
 - Multidisciplinary collaboration phase 4 CBT-E (all providers)
 - Ending well: phase 4 interventions (therapists)
 - Relapse prevention and follow-up/maintenance (therapists)
- Week nine training included:
 - Binge eating disorder & bulimia in Veterans: Multidisciplinary collaboration (all providers)
 - Group therapy and counseling techniques for binge eating (therapists)
 - Rationale and counseling Eating Disorder recovery vs. "dieting" (therapists)
- Week ten training included:
 - Individual site case presentations (all providers)

- Final Q&A with the presenters (all providers)
- Pilot completed in 4th quarter FY16:
 - Trained three teams in Durham, Houston, and Loma Linda.
 - Based on subject matter expert interviews and results of piloted needs assessment items modifications were made to FY17 training curriculum.
 - Ten medical centers have been selected for FY17 training.
- Future direction:
 - In FY18, MH will continue multidisciplinary treatment team trainings via remote video conferencing.
 - Enhance eating disorder content on Women's Mental Health SharePoint site.
 - Develop educational resources for clinicians who are not part of multidisciplinary eating disorder treatment teams.

Overview of VA Canteen Service and Collaborative Women Veterans Initiatives, Ray Tober, Director, Veterans Canteen Service (VCS); Lori Lee, Assistant Chief Merchandising Officer, VCS, Veterans Health Administration (VHA)

- Established in 1946, Veterans Canteen Service (VCS) was created to provide articles of merchandise and services at reasonable prices to Veterans enrolled in VA healthcare system, caregivers, and visitors.
- VCS's mission is to provide Veterans enrolled in VA health care, their families, caregivers, VA employees, volunteers and visitors reasonably priced merchandise and services essential to their comfort and well-being.
- VCS is self-contained; it is not subject to funding.
- VCS provides support to various initiatives in VA, to include: the Secretary of Veterans Affairs suicide initiative; Center for Women Veterans' women Veterans Art Exhibit, 2017 National Women Veterans Summit and the previous women Veteran campaign; several homeless Veterans initiatives; and VA Voluntary Service's (VAVS) initiative to help Veterans who want to become standup comedians.
- VCS does partner with Veterans Service Organizations, through their close collaboration with VA Voluntary Service (VAVS).
- To provide support for initiatives, VCS has to be able to demonstrate how the initiatives support VCS's mission. General requirements are:
 - Support has to be used to promote initiatives for Veterans, families of Veterans, and VA employees.
 - VCS must be advertised or promoted a sponsor of the initiative.

Veteran Peer Support Specialist Pilot Program: Update on 2016 Report of the Advisory Committee on Women Veterans (Recommendation #5), Dan O'Brien-Mazza, National Director, Peer Support Services, Mental Health Services, VHA

- Recommendation #5: That VHA expand the Veteran Peer Support Specialist pilot program, to include gender-specific support for women Veterans seeking women's health services, and collect metrics on the program—including, but not limited to—utilization of and satisfaction with the program, diagnoses of those utilizing the program, and utilization of health care and other benefits, before and after interacting with a Peer Support Specialist.

- As a result of the ACWV recommendation, VA Mental Health Services' (MHS) Peer Support Services agreed to pursue making the recommendation operational.
- Peer Support Services sought VA women's clinics around the country that would be interested in conducting a pilot for the program.
 - This led to some collaboration between Women's Health Service, Peer Support Services, and Integrated Primary Care and Mental Health.
 - Peer Support Services sent e-mails to all the women's clinics, to identify women's clinics interested in having a woman peer specialist (PS) that were co-located at sites that also a woman PS who worked for a MH program that would be willing to allow the woman PS go from her MH job to work in primary care (PC) for part of the week.
- Challenges to identifying women PSs to participate in the pilots.
 - Women represent almost 18 percent of VA's peer workforce (191 out of 1083)-- which is a higher than the proportion of women Veterans to the population of total Veterans population--however, there is no control over where they are hired.
 - Some VA facilities may have several women working in different MH programs and some may have none.
 - Identifying MH programs that have women PSs working for them that would allow them to work in PC for part of their workweek.
- In March 2017, five women's clinics agreed to participate in the pilot.
 - VA Connecticut Healthcare System in West Haven, CT. A woman PS will work 15 hours per week—two days.
 - Edward Hines, Jr. VA Medical Center (VAMC) in Hines, IL. A woman PS will work 10 hours per week.
 - Wm. Jennings Bryan Dorn VAMC in Columbia, SC. A woman PS will work 15 hours per week.
 - Southern Arizona VA Health Care System in Tucson, AZ. A woman PS will work 10 hours per week.
 - San Francisco VA Health Care System in San Francisco, CA. A woman PS will work five hours per week.
- It is sometimes a challenge to get facilities to hire enough PSs when there are other competing needs at a facility.
- Data from the pilot programs should be available by next year.

Wrap up/ Adjourn

Colonel Mary Westmoreland (U.S. Army, Retired), Chair, ACWV

Wednesday, May 10, 2017 — VACO Central Office, G.V. Sonny Montgomery Veterans Conference Center, Room 230

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

- Women Veterans' Health (physical and mental):

- Women who choose military service are more likely to have had certain adverse childhood experiences; however, a baseline level of physical and mental health is required to join.
- While serving, women are disproportionately exposed to sexual harassment and assault; may also have combat and/or environmental exposure(s), and 57 percent of women Veteran VHA patients had service connected disability rating (FY12).
- The top eight domains of medical conditions in WV VHA patients are musculoskeletal, reproductive health, endocrine/metabolic/nutritional, respiratory, mental health/SUD, sense organ, cardiovascular, and gastrointestinal.
- Women use more health care than men (physical and mental).
- Women Veteran Housing Stability:
 - As of January 2015, women made up approximately 9 percent of the homeless Veteran population (4,338 people).
 - Women Veterans are 2 - 4 times as likely as their non-Veteran counterparts to experience homelessness.
 - Characteristics associated with homelessness among women include: sexual assault during military service, being unemployed, being disabled, having worse overall health, and screening positive for an anxiety disorder or post-traumatic stress disorder.
 - Protective factors were being a college graduate or married.
 - Focused collaboration between VA and Congress, governors, mayors, private sector, philanthropic, and other partners has led to tremendous progress in reducing Veteran homelessness.
 - Between January 2010 and January 2016, the number of homeless Veterans was cut nearly in half.
 - Innovations like “Housing First” have made a difference.
- Women Veterans’ Financial Status:
 - Women Veterans have slightly mixed financial status compared to men Veterans, but stronger financial status than women non-Veterans.
 - A higher percent of women Veterans work in management / professional occupations and in the public sector as well (compared to either group).
- Women Veterans’ Social Support and Functioning:
 - Women Veterans are less likely to be married than men Veterans (49.4 percent vs 64.7 percent).
 - Among Women’s Health Initiative participants (older), women Veterans are less likely to have married or given birth than women non-Veterans.
 - Women Veterans (like women and Veterans generally) have high levels of civic engagement.
 - Women Veterans often feel invisible and unrecognized.
 - Maintaining social support of military peers after serving is associated with better physical health among women Veterans with and without PTSD.
- VA Interventions and Support (health):
 - Number of women Veterans using VHA health care has more than doubled since 2000; today more than 500,000 women Veterans use VA for care.

- VA offers comprehensive health services to women Veterans including primary, specialty, hospice/palliative, mental health, infertility, gynecology, and maternity care services, including 14 days of newborn care.
- Gender-specific care exceeds that in other systems.
 - Cervical cancer screening: 88 percent VA; 74-76 percent private sector; 60 percent Medicaid.
 - Breast cancer screening: 86 percent VA; 69-74 percent private sector; 51 percent Medicaid; 69 percent Medicare.
- Each VA health facility has a women Veterans program manager, designated women's health provider, MST coordinator, and maternity care coordinator.
 - VA provides all MST-related care free of charge; all Veterans are screened.
- VA operates a Women Veterans Call Center (WVCC), created to provide women Veterans access to services for which they may be eligible;
 - As of February 2017, WVCC had received over 47,000 incoming calls and made over 395,000 successful outbound calls.
- VA Interventions and Support (housing stability):
 - Supportive Services for Veteran Families (SSVF) awards grants for private nonprofits and consumer coops to provide supportive services to promote housing stability to low-income Veterans and their families residing in / transitioning to permanent housing.
 - Housing and Urban Development–VA Supportive Housing (HUD-VASH) is an Interagency partnership to provide permanent supportive housing (through vouchers) and treatment services (coordinated through VA case management) for homeless Veterans and their families.
 - Grant and Per Diem (GPD) provides grants to community-based agencies providing transitional housing or service centers for homeless Veterans for facilities and more homeless Veteran Coordinators at each Regional Office
 - along with others who can provide specialized assistance, including Women Veteran Coordinators, Minority Veterans Coordinators, and MST coordinators.
 - The National Call Center for Homeless Veterans has 24/7 access to trained counselors: 1-877-4AID VET (877-424-3838).
- VA Interventions and Support (financial status):
 - Post 9/11 GI Bill education benefits was accessed by 247,000 women so far. Women were 20.6 percent of Veterans in Vocational Rehabilitation and Employment (VR&E) in FY15.
 - Nearly 66,000 women Veterans (10 percent of Veterans served) were guaranteed loans totaling \$16 billion in FY16; over the last 5 years, over 270,000 women Veterans received VA-backed home loans in the VBA home loan guarantee program.
 - Women are nine percent of all Veterans receiving compensation.
 - Nearly 24 percent of registered eBenefits users are women (nearly 1 million) and can access women-specific information through a dedicated women's page.
- VA Interventions and Support (social functioning):
 - Increasing number of VA systems are hosting events aimed specifically at women Veterans.

- Peer specialist program has trained and certified Veterans engaged in recovery for MH conditions hired to help peers in treatment identify and achieve specific life and recovery goals.
- Adaptive sports program for disabled men and women Veterans on the national level includes Summer Sports Clinic, Winter Sports Clinic, Wheelchair Games, and more, and on the local level it varies by facility.
- Revamped CWV Website:
 - CWV has dramatically reworked its website and outreach efforts to provide more (and more accurate) information to women Veterans and their supporters about how women Veterans are doing in those domains as well as what resources exist to assist them if needed.
 - The main page carousel includes the current WHS campaign, #VeteranOfTheDay, most recent Center blog, and one other item of interest (right now it's on entrepreneurship).
 - CWV shares news relevant to military and Veteran women, and has pages dedicated to resources, events, and you, VA's Advisory Committee on Women Veterans.
 - On the research page, there is a list of recent relevant research from PubMed, as well as special reports and opportunities for women Veterans to participate in research.
 - There have been over 100,000 views so far in FY17 and just over 66,000 by same time FY16.
 - GovDelivery: first email invited 438 people to subscribe; now there are over 9,500 subscribers, which is growth of over 2,000 percent; average open rate is 28 percent, which is high.
 - In-reach and outreach events:
 - Roughly 200 meetings with internal and external stakeholders and public speaking events (details on sheet).
 - Started hosting monthly Partners' Breakfast, to encourage collaboration among organizations that advocate for women Veterans.
 - Responding to inquiries: response time averages half of VA standard.
- The MyVA Transformation initiated by Sec McDonald was designed to:
 - Put Veterans in control of how, when, and where they wish to be served, make VA a world-class service provider, measure success by the ultimate outcome for the Veterans, integrate across programs and organizations to optimize productivity and efficiency.
 - There were 12 breakthrough priorities, organized into Veteran touchpoints and critical enablers.
 - "Equitable Services for Women Veterans" is a 2017 MyVA initiative, which provides additional senior-level oversight of our efforts to identify and reduce disparities between men and women Veterans on wait times, satisfaction, and other outcomes – with the ultimate goal of achieving full equity.
- Equitable Services for Women Veterans:
 - Overarching goal is to significantly reduce disparities in wait times, outcomes, utilization, and trust for women Veterans compared to men.

- VHA is working to reduce wait time disparities, by reducing the percent of women waiting 30 days for new primary care appointment in selected sites; enhancing patient satisfaction, by increasing the percent of women assigned to a designated women's health provider; and eliminating privacy and environment of care deficiencies in door locks and privacy curtains.
 - No disparities identified within VBA, but analysis is ongoing.
- Traditionally, women Veterans were less likely to self-identify as Veterans though that has been changing.
 - Even when women Veterans are proud to self-identify, they may not be treated with the dignity and respect they have earned.
- Ongoing VA culture transformation efforts:
 - Women often feel invisible and are not being treated as Veterans by VA providers and male patients at VA facilities.
 - This comes across as a concern both, in anecdotal reports and in survey data.
 - CWV actively supports Women's Health Services' campaigns that are working toward cultural transformation within VA, to ensure that women Veterans are recognized and treated with the dignity and respect they have earned.
 - CWV is also exploring innovative ways to expand the culture change efforts.
 - CWV, in partnership with the Veterans Art Project (VAP), established the Women Veterans Art Exhibit.
 - Storyboards of art by women Veterans featured at 10 VAMCs nationwide in March 2017, which marked Women's History Month and the 100-year anniversary of the first woman openly enlisting in the regular military—with equal rank and pay.
 - The story boards will be travelling to three more VAMCs monthly, over next year.
 - VAP is a nonprofit dedicated to fostering and promoting Veteran artists that has a proven track record; they successfully mounted a similar mixed-gender exhibit in the Pentagon in 2014.
 - The goal is to make women Veterans feel more welcome when they enter VA, by seeing their experiences represented, while also raising awareness among VA employees and male patients about women Veterans' service and sacrifice.
 - 2017 National Women Veterans Summit:
 - CWV is planning a National Women Veterans Summit to be held August 25-26 in Houston, TX.
 - It will bring together Women Veterans; public sector partners including military, federal, state, and local agencies; VSOs and other nonprofit partners; researchers; private sector; other community partners; and VA employees, including WVPMS and women Veterans coordinators.
 - There will be plenary sessions on topics such as VA care and benefits, and partner organizations, and breakout sessions focused on employment, mental health, entrepreneurship, military sexual trauma, reproductive health, culture change, minority Veterans, policy and health research, community engagement, and more.

**Overview of the Office of Academic Affiliations, Dr. Kathleen Klink, Director, Health Professions Education, VA Office of Academic Affiliations
VA's National Academic Affiliations Council, Stephen K. Trynosky, DFO, National Academic Affiliations Council**

- Office of Academic Affiliations' (OAA) mission is to ensure that VA's educational programs, support the clinical mission, enhance recruitment and retention, foster excellence and innovation, and support field education leaders.
- Benefits from affiliations are higher quality staff (shared staff models), recruitment and retention from the trainee pool, access to state of the art health care knowledge, clinical trials and interventions, higher quality care, and better outcomes for Veterans.
- Key functions and activities of OAA:
 - Leadership, advice, and subject matter expertise for VHA's health professions education programs that serve over 120,000 trainees each year.
 - Alliances with academic affiliates, accreditation and credentialing bodies, other Federal agencies, and professional and member organizations.
 - Professional development and assistance for designated education officers (DEOs) and their staff and structure/funding recommendations.
- Scope of affiliations include:
 - Allopathic medical schools: 135 of 141; osteopathic medical school sites: 36 of 40; many teaching hospitals; more than 40 health professions; more than 1,800 colleges and universities; and over 7,200 program agreements.
- Top priority initiatives:
 - Graduate medical education (GME) expansion increase 1,500 physician residency positions over ten years, as part of the Veterans Choice Act I.
 - Mental health expansion include: psychiatry, psychology and neuro-psychology, social work, pharmacy, clinical pastoral education (chaplains), licensed professional mental health counselors, marriage and family therapists, totaling 600 positions and new requests for proposals (RFPs) forthcoming.
 - New residencies program include physician assistant: primary care and mental health, occupational and physical therapy, graduate nursing programs, adult, geriatric and psychiatric mental health nurse practitioner (NP) students.
 - Quality and safety programs include fellowships, chief residencies, and quality scholars.
 - GME supports 10,500 positions and over 40,000 individual residents.
 - Each year, 22,000 medical students receive clinical training in VA, in all but 3 VA facilities; GME is sponsored by affiliate.
- The Veterans Access, Choice, & Accountability Act (VACAA) PL 113-146, section 301(b), has a provision to expand VA GME by "up to 1,500 positions" over five years (now extended to 10 years).
- VA Nursing Academy Partnership (VANAP) includes undergraduate and graduate programs, VA Post-Baccalaureate RN Program (PBNR), NP residency programs and the VANAP-GE Faculty Practice Initiative.

- VANAP: undergraduate and graduate core objectives are to enhance clinical training capacity, improve faculty competencies, re-orient curriculum-Veterans, inter-professional Team Care, and increase R & R.
- Nurse Practitioner Residency (NPR) is currently supporting 10 sites, up to six residents per site, seven psychiatric/MH, and three gerontology sites.
- Over 40 professions train in VA: approximately 25,000 annually, and 85 percent are without compensation (WOC).
 - Funding provided for 17 professions in 2017; 4,800 stipends.
 - AHE Professions stipend supported trainees: in audiology, blind rehabilitation, chiropractic care, clinical pastoral education, dietetics, licensed professional mental health counselors, marriage and family therapy, occupational therapy, optometry, pharmacy, physical therapy, physician assistant, podiatry, prosthetics/orthotics, psychology, social work, and speech therapy.
- There are seven Centers of Excellence in primary care and interprofessional education.
- Interprofessional Training Vision is training that goes beyond a simple multidisciplinary team; but includes shared curriculum, didactics, projects, and collaborative assessment and care.
 - Trainees learn about the unique contributions of their discipline, the disciplines of fellow trainees, and how to communicate effectively to provide team-based care.
- OOA provides support to the National Academic Affiliations Council (NAAC).
 - NAAC was established in 2012, to advise SECVA and USH on issues related to academic affiliations. The need for this advisory body was first recognized in the 2008 VA Blue Ribbon panel on Medical School Affiliations.

VA's Medical Legal Partnerships and Assistance for Women Veterans, Lara K. Eilhardt, Special Advisor, Veterans' Access to Legal Services, Office of the General Counsel

- VA's annual CHALENG survey of homeless Veterans:
 - VA staff, and other providers consistently reveal that five of homeless women Veterans' top ten unmet needs are assistance with: legal concerns, eviction/foreclosure issues, child support and family law, outstanding warrants/fines, and restoring driver's licenses discharge upgrades.
- Currently, VA does not have statutory authority to directly provide or fund legal services for Veterans.
 - Deborah Sampson Act (S. 681): Section 201 proposes that VA "establish a partnership with at least one nongovernmental organization to provide legal services to women Veterans."
 - Created to address the 10 highest unmet needs of women Veterans, as identified in the CHALENG survey.
- Authority for legal clinics in VA facilities:
 - VHA Directive 2011-034: VA medical centers and staff are encouraged to make space available for legal service providers to assist Veterans.
 - Currently, more than 147 pro bono legal clinics (including 16 medical legal partnerships) serve Veterans in VA facilities operate under this directive's guidance.

- VA's legal partners vary: legal aid organizations, pro bono attorneys from law firms, state and local bar associations, law school clinics, etc.
 - Full list of VA facilities' legal clinics:
<http://www.va.gov/ogc/docs/LegalServices.pdf>
- Veterans Justice Outreach (VJO) social workers often coordinate/refer for these legal services.
- VA's medical-legal partnerships (MLPs) are provide care delivery collaboration between MLPs.
 - VA medical providers work directly with on-site pro bono attorneys and are trained to detect Veterans' legal needs.
 - Health care team refers Veteran to the legal team, whose attorneys provide advice, intervention, and representation.
 - The result is improved medical and legal outcomes for Veterans.
 - New MLPs in Long Beach, CA and New York, NY will be focusing on women Veterans exclusively.

Update on Choice Program and Veterans Health Administration Initiatives, Kristin Cunningham, Executive Officer to the Deputy Under Secretary for Health for Community Care, VHA

- The Choice program has 90 days to fully implement a nationwide program.
- VA Community Care coordinates and synchronizes over 1,700 medical facilities, and educates millions of Veterans, and thousands staff members nationwide.
- VA Community Care offers numerous services that are delivered to Veterans through multiple programs throughout the country.
- Some of the services VA Community Care offers are dental care, eye care maternity care, telehealth, specialty care, primary care, women's health care, inpatient care, outpatient care, emergency room care, nursing home care and home health care.
- VA Community Care includes a number of separate programs that have become a part of the broader community care tapestry over time.
- VA made sure to incorporate feedback from key stakeholders representing diverse groups and backgrounds to plan the way forward.
- The goal is to deliver a program that is easy to understand, simple to administer, and meets the needs of Veterans and their families, community providers, and VA staff.
- VA Community Care teams have conducted interviews, site visits, and data-gathering exercises with VISN and VA medical center staff across the country to inform the future state design.
- Community Care appointments have increased by 61 percent overall and by 41 percent as a percentage of all VA appointments since FY14.
- VA Community Care's future health care network will:
 - Evolve from fee-for-service reimbursement to preferred providers with value-based reimbursement.
 - Develop processes to monitor healthcare quality, utilization, patient satisfaction, and value.
 - Transform the care model to support more personalized and coordinated Veteran care.
 - Transition to more seamless electronic exchange of healthcare information.

- Five principles lay the foundation for how VA will implement improvements:
 - Each initiative must have a clear benefit to Veterans, community providers that serve Veterans, or VA staff that support Veterans.
 - Projects and initiatives with the greatest impact to Veterans will be prioritized.
 - VA will act as an integrated system and create a sustainable community care program.
 - Using a capability-driven model will prevent siloes and enable VA to solve program-wide challenges.
 - VA project teams will be built from the field and include medical center and Veterans Integrated Service Network (VISN) staff to ensure the solutions are feasible, scalable, and ultimately meet the Veteran's needs.
 - Industry and VA best practices will inform the future state of VA Community Care.
 - VA will keep a pulse on emerging practices and continually evolve the community care operating model to best serve our Veterans.
 - VA must be timely in the delivery of improvements to the Veteran journey.
 - VA will implement rapid cycle improvements that deliver short term benefits and also build upon each other to mature clinical and business capabilities.
- Transformative change can best be accomplished through team work and collaboration.
- VA Community Care is evolving to become an efficiency-driven organization that is focused on improving health outcomes for Veterans.

Presentation of Certificates of Appreciation and Comments, Scott R. Blackburn, Interim Deputy Secretary of Veterans Affairs

- The Secretary's five priorities to modernize the Department for the remainder of the 21st Century are: greater choice for Veterans, modernize VA systems, focus resources, improve timeliness, and suicide prevention.
- VA is committed to ensuring that women Veterans are considered at every step forward in our bold modernization of our department.
- The goal is to have all Veterans to Choose VA for care and benefits—and that includes all women Veterans.
- VA is committed to educating VA employees to improve cultural sensitivity and awareness of the roles of women in the military, to include combat and non-combat experiences.
- VA is working to ensure that the Department is more representative of the Veterans it serves—using more images of women Veterans in receipt of VA's services and in uniform, and more ethnic diversity in our pamphlets and videos.
- Some of VA's accomplishments in the "First 100 Days" include: Choice Program extension; accountability bill passes the House; wait time transparency tool released; public private partnership announced in Omaha; mental health care for other than honorable discharges; Veterans Crisis Line reduces rollover rate from 35 percent to <1 percent; Reachvet rollout to 6,000 Veterans; VBA goes paperless in six sites; NCA strengthens community relationships in land swap; new Family and Caregiver Taskforce; VA partnership with Health and Human Service, to allow

assignment of medical professionals from the U.S. Public Health Service to provide direct patient care to Veterans in VA hospitals and clinics in underserved communities; and a new fraud, waste and abuse taskforce to detect and prevent waste of resources, potentially saving tens of millions of taxpayer dollars currently.

- Thanked the ACWV for all of its accomplishments, to include a Site Visit in San Diego in 2016; Advisory Committee Report on Women Veterans, with VA's responses, submitted to Congress on November 2016;
- Noted VA accomplishments to promote cultural transformation: CWV's traveling Women Veterans Art Exhibit initiative, which helps VA staff and Veterans understand the military experience of women Veterans; CWV-hosted 2017 National Summit on Women Veterans in Houston, TX August 25-26; Women's Health Services' / CWV' I'm One Campaign, which encourages women Veterans to self-identify and promotes recognition of women Veterans; and CWV's partnerships with AcademyWomen & Lean In, to promote professional development and mentorship for women Veterans.
- Discussed where we need to improve as a department, where do we need to invest resources on behalf of women Veterans.

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

- PSAS's mission is to provide medically appropriate equipment, supplies, and services that optimize Veteran health and independence.
- PSAS's vision is to be the premier source of prosthetic and orthotic services, sensory aids, medical equipment, and support services for Veterans.
- Types of specialty care/ medical conditions served by PSAS include: amputation; spinal cord injury/disorders; polytrauma; hearing and vision; podiatric care; cardio-pulmonary disease; traumatic brain injury; speech/language deficit; geriatric impairments; neurologic dysfunction; muscular dysfunction; women's health; orthopedic care; diabetes/metabolic disease; peripheral vascular disease; and cerebral vascular disease.
- Process for ordering prosthetic Items:
 - Veteran sees a clinical provider or an interdisciplinary team and clinician writes a prescription to prosthetics for clinically appropriate device /service.
 - Prosthetics facilitates submission of an acquisition plan.
 - Prosthetic staff makes sure the needs of Veteran are being met by serving as point of contact and conducts market research related to prosthetic devices and provides expertise regarding sourcing and nomenclature.
 - If the order is under \$3,500 Prosthetic staff will purchase the prosthetic devices.
 - If the order is over \$3,500, Prosthetic staff compiles and assembles the acquisition plan and uploads to eCMS for contracting action.
 - Contracting receives the acquisition plan and creates a contract award to the vendor, continues market research related to acquisition rules and regulations.

- Completes the eCMS acquisition plan, develops eCMS purchase order action and prepares the contract (SF-1449), creates the purchase order and obligation of funds, and awards the contract and completes the eCMS process.
- Integrated Product Team (IPT) is a multidisciplinary group of people collectively responsible for delivering a defined product or process.
 - Develops specifications for national contracts for high cost/high volume Prosthetic appliances, contribute input representing our primary stakeholder, the Veteran, and alleviates concerns about soliciting for lowest cost instead of for higher quality.
- Prosthetics Gender Specific Care for Veterans Action Plan #1:
 - VHA to partner with DoD, women Veterans consumers, and industry to identify best practices.
 - Will engage DOD, industry and women Veterans users of prostheses and identify unique considerations for this population and define best practices.
 - Currently established multidisciplinary IPT for artificial limbs and orthotic soft goods, which includes discussion of custom women Veteran items.
 - DoD participates on VHA/DoD IPTs, policies, and education conferences.
 - Establishing Field Advisory Council for Prosthetics and Women Veterans - May 2017.
 - The Extremity Trauma and Amputation Center of Excellence (EACE) Staff published a literature review, "A Review of Unique Considerations for Female Veterans with Amputations," which highlights VA efforts.
 - EACE Deputy Director, Dr. Billie Randolph, presented, "Unique Considerations of Females with Amputations," at the 2016 Amputee Coalition National Conference and "Women are not little Men," on the national VA Orthotic and Prosthetics Educational Webinar in 2016.
 - Participation in the 2016 Federal Advanced Amputation Skills Training:
 - Half of the patient models were female and their perspective was shared with the attendees during the breakout sessions.
 - Manufacturer presentations addressed current and future efforts regarding the needs of females with amputations.
 - The workgroup working on the VA/DoD Clinical Practice Guideline Rehabilitation of Lower Limb Amputation made a "strong for" recommendation to incorporate the patient's gender in developing individualized treatment plans.
 - The clinical practice guideline is anticipated to be published (Q1, FY18).
- Prosthetics Gender Specific Care for Veterans Action Plan #2:
 - Collect measurable data to assess current status of female Veterans receiving care at VA.
 - Identify method to collect measurable data.
 - Established VHA Amputee Veterans Registry, which helps target care.
 - Presented "VA Amputee Data Registry: Applications for Program and Patient Management," on Amputation System of Care (ASOC)/EACE Grand Rounds with digital replay available to staff.
 - Women Veterans represent two percent of amputee Veterans in VA /DoD.
 - Established Orthotic and Prosthetics Repository.

- Data and educational references and resources accessible to O&P field staff, which includes content related to female Veterans.
- Prosthetics Gender Specific Care for Veterans Action Plan #3:
 - Actively explore use of innovative technology, such as 3-D printers to provide more customizable options for women Veterans.
 - Engage DoD and FDA on 3D printing and additive manufacturing, determine resources within VA, DoD, and Industry, and educate field on 3D printing.
 - Currently, VA is represented with DoD and FDA on an interagency workgroup to understand 3D printed technologies and the use of 3D printing for medical devices.
 - Current resources of VA facilities within 3D printing capabilities is posted on VA's best practices and resource site, VA Pulse, in the Digital Fabrication and Healthcare Group.
 - "Digital Designing and Additive Manufacturing" was presented on ASoC/EACE Grand Rounds (2016) and the digital replay is available to staff.
- An interactive presentation was delivered by the 3D Medical Applications Laboratory presenter from Walter Reed National Military Medical Center at the VA/DoD Federal Advanced Amputation Skill Training.
- In FY 16, VA provided roughly \$3.5 million for prosthetic research.
 - Includes the advanced prosthetic upper limb research, where Women Veterans participated to assist researchers to understand how to optimize limb function, use and the cosmetic appearance of the DEKA arm.
- VA has ongoing efforts with the Office of Research and Development, through the Rehabilitation Research and Development Service in collaboration with DoD, to fund an expansion for the study "Needs, Preferences and Functional Abilities of Female Veterans and Service members with Upper Limb Amputation."

In Vitro Fertilization: Update on 2016 Report of the Advisory Committee on Women Veterans (Recommendation #3); Women's Health Initiatives, Dr. Patricia Hayes, Chief Consultant, Women's Health Services, VHA

- VA published its interim final rule on January 19, 2017, as corrected on February 21, 2017.
 - The public comment period for the interim final rule has ended, and VA's final rule is going through internal development and concurrence.
 - This interim final rulemaking adds a new section authorizing in vitro fertilization (IVF) for a Veteran with a service-connected disability that results in the inability of the Veteran to procreate without the use of fertility treatment.
- Services covered under these rules are already being provided to eligible Veterans and their lawful spouses.
 - Infertility providers that wish to provide care for Veterans must be enrolled in PC3 (TriWest or HealthNet).
 - Additional information may be found on the VHA Office of Community Care website at www.va.gov/communitycare.
- In 2017, the Secretary of VA management initiatives were to reduce number of women Veterans waiting more than 30 days for a primary care appointment, analyze Veterans Benefit Administration data to identify disparities, hold a Women Veterans

Summit- August 24-25, 2017, increase percentage of women assigned to a Designated Women's Health Primary Care Provider (WH-PCP), and eliminate privacy and environment of care concerns.

- Factors impacting women Veterans' access health care utilization:
 - Women Veterans use more primary care and mental health visits than male Veterans.
 - A higher percentage of women than men have high number of visits (>6 per year) across all age groups.
 - Women require one hour visits for comprehensive exam that includes pap and pelvic exams.
 - Women's clinics have high missed opportunity rates compared to men
 - Women have high care coordination needs (e.g., maternity, breast, cervical).
- SecVA Management Initiative Metric: Decrease percentage of women Veterans waiting 30 days for a primary care:
 - Using Veterans Support Service Center (VSSC), completed appointment data cube, identified hotspots for women's primary care appointments from fiscal year (FY) 2017, Q1 wait time data.
 - A facility considered a "hotspot," if 100 women were waiting 30 days for an established appointment, or 30 women were waiting 30 days for a new patient appointment.
 - Strategy is to meet with "hotspot" facility leaders to discuss their wait time data, goal of initiative, and designate a POC.
 - Women's Health Services (WHS) staff meets with site point of contact (POC) to discuss best practice strategies, to reduce wait time issues for women, and to develop a plan.
 - Site implements plan, and WHS staff monitor site wait times.
 - Goal is to listen and understand facility perspective: Challenges and Barriers in Women's Access.
 - Target Reduction in the percentage of women Veterans waiting more than 30 days for a primary appointment across all sites by 50 percent at the end of FY 17.
 - WHS leadership has met with leadership of all "hotspot" sites, all sites have developed and implemented plans to improve wait times for women Veteran patients, and number of women waiting more than 30 days for a primary care appointment decreased 6.5 percent across all hotspots sites from FY17 Q1 to FY17, 2nd quarter.
- Women's Health Care Workforce:
 - Gaps in availability of designated women's health primary care providers (WH-PCP) in VHA, especially in rural community based outpatient clinics (CBOCs); about 10 percent of CBOCs still do not have even one WH-PCP and some large VA medical centers have only one.
- Increase percentage of women assigned to a designated women's health primary care provider:
 - Will identify sites with the lowest percentage of women Veterans assigned to a WH-PCP (WH-1 score). Data evaluated, Veterans Integrated Service Network's (VISN) with clusters of lowest performing facilities identified.

- Meet with VISN/ facility leaders to discuss WH-PCP data, goal of initiative, and to designate a POC.
- WHS staff meets with site POC to discuss challenges and barriers, best practice strategies to increase the number of women assigned to a WH-PCP and to develop a plan for implementation.
- Site implements plan and WHS staff monitors outcome data.
- Goal is to understand the challenges.
 - Increase the percentage of women assigned to a WH-PCP nationally to 75 percent at the end of FY17.
- WHS leadership has met with leadership of all VISNs with low WH-1 score.
 - All sites have developed and implemented plans to improve WH-1 score. WH-1 national score has improved from 72.5 percent FY17 Q1 to 73.2 percent in FY17 Q2.
- WHS's telehealth pilot programs include: 26 pilots funded in collaboration with Office of Rural Health (ORH), Office of Strategic Integration, & Telehealth Services.
 - Collaborating with ORH and Office of Connected Care to develop Women's Telehealth HUB Site.
 - Pilot areas include: tele-consultation for women's health primary care providers; tele-gynecology; tele-care coordination; tele-mental health; tele-pain management; tele-wellness; and tele-pharmacy.

Wrap up/Adjourn

Colonel Mary Westmoreland (U.S. Army, Retired), Chair, ACWW

Thursday, May 11, 2017 — VACO Central Office, 810 Vermont Avenue, NW, Washington, DC 20420, G.V. Sonny Montgomery Veterans Conference Center, Room 230

Overview of the VA Voluntary Service (VAVS) National Advisory Committee, Sabrina Clark, Director, VAVS, VHA

- VA Voluntary Service (VAVS) has 73,334 volunteers, who have performed 9.6 million volunteer hours.
- VAVS has 7,400 community partnerships.
- VAVS strategic direction:
 - Identify leadership/management competency gaps and facilitate continuous training and development.
 - Sustain and build internal and external strategic partnerships
 - Development of programs and partnerships that focus on support of VA and VHA strategic goals.
 - Result is a VA culture that values the strategic engagement of volunteers/ community partners, and the professionals who facilitate their involvement.
 - VAVS is responsible for managing the activities of the VA Voluntary Service National Advisory Committee, which is comprised of representatives of multiple organizations that advocate and serve Veterans.

Pre-need Determination of Eligibility Program, Eric Powell, Director, Memorial Products Service, Office of Cemetery Operations and Field Programs, National Cemetery Administration (NCA); Veterans Legacy Program, Bryce Carpenter, Educational Outreach Programs Officer, Office of Management, NCA Women Veterans Monuments; Jessica Tozer, Transformation, Technology and Data Management, NCA

- The NCA's history dates back to the Civil War, when in 1862 Congress authorized President Lincoln to purchase grounds for use as national cemeteries. Fourteen were established that year.
- Previously soldiers were buried where they fell.
- Today, NCA manages 135 national cemeteries, one national Veterans' burial ground, 33 soldiers' lots and monument sites in 40 states and Puerto Rico; and the state and tribal Veterans cemetery program.
- NCA's mission is to honor Veterans and their families with final resting places in national shrines and lasting tributes that commemorate their service and sacrifice to our Nation.
- NCA's vision is to be the model of excellence for burial and memorial benefits for our Nation's Veterans and their families.
- NCA's responsibility is to provide burial space for Veterans and eligible family members, maintain national cemeteries as national shrines, administer the Federal grants program for construction of state and tribal Veterans cemeteries, furnish headstones, markers and medallions for the graves of Veterans around the world, administer the Presidential Memorial Certificate (PMC) Program, and administer the First Notice of Death (FNOD) program.
- The U. S. Army manages two national cemeteries—Arlington National Cemetery and the one at the Soldiers' Home in D.C.—as well as another 39 post cemeteries.
 - The Navy and Air Force both manage five each.
- Fourteen more national cemeteries are run by the National Park Service, which is part of the Department of the Interior.
- The American Battle Monuments Commission oversees another 25 burial grounds for fallen members of the U.S. military; they are all overseas in places like Normandy.
 - The Commission is a separate agency within the Executive Branch.
- States, territories, and tribes also manage 105 Veterans cemeteries.
- In FY16, 131,620 Veterans or family members were interred, which was a one percent increase from FY15.
 - Over 365,000 headstones, markers and medallions and almost 700,000 PMCs were provided, which are signed by the sitting President.
 - NCA projects its workload to continue to trend upward, over the next few years.
- The number of NCA employees fluctuates between 1,750-1,850.
 - About 87 percent of our employees work outside of DC, in both wage-grade and general-schedule positions.
 - NCA has a huge percentage of Veterans in its workforce.
 - Nearly three-quarters (74.25 percent) of our employees are Veterans.
 - That's one of the highest percentages in any Federal agency.
 - Also 28.09 percent of employees are disabled Veterans.

- Every three years, NCA participates in the American Customer Satisfaction Index (ACSI).
 - ACSI is the only national cross-industry measure of customer satisfaction in the United States.
 - It's an important customer satisfaction indicator.
- In addition to external validation of its commitment to excellence through instruments such as ACSI, NCA conducts an annual survey of our primary customers – Veterans, their families and funeral directors.
 - The survey is administered by an independent research contractor. 24,000 surveys were mailed to NOK and 8,000 to funeral directors.
- All Veterans with qualifying discharges are offered the dignity of committal or memorial services in a national cemetery.
 - At no cost to the family, burial at a national cemetery includes use of a committal shelter for services, the gravesite, grave liner, opening and closing of the grave, a headstone or marker, and perpetual care within a national shrine.
- Public Law 114-273 amends 38 USC 2306(f) and extends VA's authority to furnish a casket or urn for an eligible Veteran who is buried in a State or tribal cemetery that has received funding from VA for the establishment, expansion, and improvement of the State or tribal cemetery.
 - Previously VA's authority was limited to providing the casket or urn if the Veteran were buried in a National Cemetery only.
- In addition to providing burial space, NCA also offers other ways to commemorate Veterans—through its Memorial Programs Service.
 - A government-furnished headstone or marker is available for Veterans who are interred in private cemeteries.
 - Approximately 2/3 of the 365,000 government-furnished headstones and markers provided each year are placed on Veterans' gravesites in private, state, or DOD cemeteries.
- NCA provides bronze medallions to affix to headstones of Veterans who were buried in private cemeteries.
 - Currently, bronze medallions are limited to Veterans who died after November 1, 1990.
 - VA has testified before Congress supporting legislation that it will move that date back to April 6, 1917.
- Families can also receive a PMC signed by the sitting President, expressing the Nation's gratitude and honoring the deceased's memory.
- U.S. burial flags can be obtained from U. S. post offices.
 - The VA regional offices can help identify local issuing points.
 - Military funeral honors are provided by DOD, or Veterans Service Organizations.
 - Cemetery directors or staff will assist.
- NCA's national scheduling office in St. Louis supports all VA cemeteries, including providing bilingual representatives to support requests for interment at Puerto Rico National Cemetery.
 - Establishing eligibility for burial in a national cemetery or other burial benefits begins when a Veteran, family member, next of kin or a funeral director contacts the National Cemetery Scheduling Office.

- The new Pre-need program was officially launched on December 8, 2016, as part of VA's effort to transform the Veteran experience.
 - This program assists in determining eligibility for burial in a national cemetery; eliminates delays and reduces stress at a difficult time.
 - Over 23,700 applications received through April 30; nearly 10,000 approval letters issued; nearly 490 denial letters issued; and seven appeals received.

Definition of Homelessness: Update on 2016 Report of the Advisory Committee on Women Veterans (Recommendation #7), Mary O'Malley, Senior Project Manager, Office of Homeless Programs, VHA; Project Community Homelessness Assessment, Local Education and Networking Groups (CHALENG): Mary O'Malley, Senior Project Manager, Office of Homeless Programs, VHA

- Discussed 2016 ACWV recommendation #7: Expansion of the Definition of Homelessness
 - Recommendation: That VA seek a legislative update of 38 United States Code (U.S.C.) 2002 to include language from 42 U.S.C. 11302 (b) of the McKinney-Vento Homeless Assistance Act, which expands the definition of "homeless" to include any individual or family who is fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions in the individual's or family's current housing situation, including where the health and safety of children are jeopardized, and who have no other residence and lack the resources or support networks to obtain other permanent housing.
 - Public Law 114-315, Section 701 expanded the definition of "homeless" to include "any individual or family who is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions in the individual's or family's current housing situation, including where the health and safety of children are jeopardized, and who have no other residence and lack the resources or support networks to obtain other permanent housing."
 - Amended 38 USC 2002, to expand the definition of homeless to include both 11302(a) and (b) of title 42; previously, the definition of homeless only included 11302(a).
 - Expands the definition of homeless Veteran in 38 U.S.C. § 2002, to include those Veterans fleeing domestic violence and interpersonal violence, aligning VA's definition with that of the Department of Housing and Urban Development: sec. 701(1)-(2).
 - Deputy Under Secretary for Health for Operations and Management informed VHA of this change via Memorandum on March 15, 2017.
- State of homelessness:
 - In 2010, VA launched an ambitious and unprecedented initiative to end homelessness among Veterans that heralded new policies and practices.
 - Efforts to end Veteran homelessness have greatly expanded the services available to permanently house homeless Veterans and implemented new programs aimed at prevention, treatment, low-threshold care/engagement strategies and the capacity to track and monitor homeless outcomes.

- VA is the largest single provider of homeless services in the nation.
- VA offers a wide array of interventions designed to find homeless Veterans, engage them in services, find pathways to permanent housing, and prevent homelessness from occurring.
- Significant progress has been made to prevent and end Veteran homelessness.
 - The number of Veterans experiencing homelessness in the United States has declined by nearly half since 2010.
 - The unsheltered homeless population—those Veterans living on the streets, in cars, abandoned buildings or other places not meant for human habitation—declined by 57 percent, since 2010.
- State of homelessness by the numbers:
 - The number of Veterans experiencing homelessness has declined by nearly 50 percent since 2010 (HUD).
 - Nearly all (97 percent) were homeless in households without children (as individuals).
 - Nine in ten Veterans experiencing homelessness were men (92 percent or 35,055 Veterans), while eight percent (3,828 Veterans) were women.
 - Less than 1 percent (188 Veterans) were transgender.
 - Of the Veterans served in VHA homeless programs, 11 percent are women.
 - Veterans experiencing homelessness in families with children accounted for three percent of all Veterans experiencing homelessness in 2016.
 - Homelessness among Veterans in families declined by 27 percent between 2015 and 2016.
 - In FY 2016, more than 123,000 Veterans and their family members were housed or prevented from becoming homeless.
 - Nearly 32,000 children in over 16,500 households.
 - Since 2010, over 480,000 Veterans and their family members have been permanently housed or prevented from becoming homeless.
- Department of Housing and Urban Development-VA Supportive Housing (HUD-VASH) Program:
 - A collaborative program between VA and HUD 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.
 - Program goals include: housing stability while promoting maximum Veteran recovery and independence in the community for the Veteran and the Veteran's family.
 - This program is targeted towards the most vulnerable populations.
 - Priority populations include, but are not limited to: women, those with children, those who served in Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND), aging Veterans, those with a debilitating clinical condition that does not meet formal disability criteria, and those with an extensive homeless history.
 - Twelve percent of Veterans served in HUD-VASH are women.
- Supportive Services for Veteran Families (SSVF) Program:

- The SSVF program provides supportive services to very low-income Veteran families that are currently in or transitioning to permanent housing.
- SSVF 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 awarded \$300M to 275 organization in all 50 states, Puerto Rico, District of Columbia, Guam and the U.S. Virgin Islands.
- In FY 2016, SSVF assisted over 148,000 individuals.
 - Thirteen percent of Veterans served in SSVF were women Veterans.
- **Homeless Providers Grant and Per Diem Program (GPD) Program:** The GPD program allows VA to award grants to community-based agencies to create transitional housing programs and offer per diem payments. The purpose is to promote the development and provision of supportive housing and/or supportive services with the goal of helping homeless Veterans achieve residential stability, increase their skill levels and/or income, and obtain greater self-determination. GPD-funded projects offer communities a way to help homeless Veterans with housing and services while assisting VA medical centers (VAMC) by augmenting or supplementing care.
 - Seven percent of Veterans served in GPD are women. In FY 2014, more than 200 GPD projects served women Veterans in some capacity. Of those projects, approximately 40 were women-specific and 38 also had the capacity to serve women with dependent children.
- **Community Resource and Referral Centers (CRRCs):**
 - CRRCs are a collaborative effort of VA, communities, service providers, and agency partners.
 - Centers are located in strategically selected areas to provide both a refuge from the streets and a central location to engage homeless Veterans in services. When Veterans enter these centers, they are referred to physical and mental health care resources, job development programs, housing options, and other VA and non-VA benefits.
- **Domiciliary Care for Homeless Veterans (DCHV):**
 - The DCHV program provides time- limited residential treatment to homeless Veterans with mental health and substance use disorders, co-occurring medical concerns, and psychosocial needs such as homelessness and unemployment.
- **Health Care for Homeless Veterans (HCHV):**
 - The central goal of the HCHV program is to reduce homelessness among Veterans by connecting homeless Veterans with health care and other needed services.
 - This program provides outreach, case management, and HCHV Contract Residential Services, ensuring that chronically homeless Veterans — especially those with serious mental health diagnoses and/or substance use disorders — can be placed in VA or community-based programs that provide quality housing and services that meet their specialized needs.
- **Health Care for Reentry Veterans (HCRV):**

- The HCRV program is designed to address the needs of incarcerated Veterans when it comes to re-entering their community.
- The goals of HCRV are to prevent homelessness; reduce the impact of medical, psychiatric, and substance use problems on community readjustment; and decrease the likelihood of re-incarceration for those leaving prison.
- Homeless Patient Aligned Care Teams (H-PACTs):
 - H-PACTs provide a coordinated “medical home” tailored to homeless Veterans’ needs.
 - At selected VA facilities, Veterans are assigned to an H-PACT that includes a primary care provider, nurse, social worker, homeless program staff, and others who offer medical care, case management, housing assistance, and social services.
 - The H-PACT provides and coordinates the health care that Veterans may need while helping them obtain and stay in permanent housing.
- Homeless Providers Grant and Per Diem (GPD):
 - The GPD program allows VA to award grants to community-based agencies to create transitional housing programs and offer per diem payments.
 - The purpose of the program is to promote the development and provision of supportive housing and/or related services — with the goal of helping homeless Veterans achieve residential stability, increase their skill levels and/or income, and obtain greater self-determination.
 - GPD-funded projects offer communities a way to help homeless Veterans by providing housing and other services and at the same time assist VA medical centers by augmenting or supplementing care.
- Homeless Veterans Dental Program (HVDP):
 - HVDP helps increase the accessibility of quality dental care to homeless and certain other Veteran patients enrolled in VA-sponsored and VA partnership homeless rehabilitation programs.
- Homeless Veterans Community Employment Services (HVCES):
 - To help improve employment outcomes and connect with homeless Veterans who are the most difficult to reach, VA continued to support the vocational development specialists (VDSs) who serve as employment specialists and community employment coordinators (CECs) within HVCES.
 - Employment Specialists provide direct assistance to Veterans, and the CECs work closely with community partners and employers to connect Veterans with the most appropriate and least restrictive VA and/or community-based services, leading to competitive employment.
- Housing and Urban Development – Veterans Affairs Supportive Housing (HUD-VASH):
 - Through this collaborative program between the HUD and VA, HUD provides eligible homeless Veterans with a Housing Choice rental voucher, and VA provides case management and supportive services so that Veterans can gain housing stability and recover from physical and mental health problems, substance use disorders, and other issues contributing to or resulting from homelessness.
 - HUD-VASH subscribes to the principles of the Housing First model of care.

- Housing First is an evidence-based practice model demonstrating that rapidly moving individuals into housing, and then wrapping supportive services around them as needed, helps homeless individuals exit homelessness and achieve housing stability, improving their ability and motivation to engage in treatment.
- The program goals are to help Veterans and their families gain stable housing while promoting full recovery and independence in their community.
- Project CHALENG (Community Homelessness Assessment, Local Education and Networking Groups):
 - This project brings together consumers, providers, advocates, local officials, and other concerned citizens to identify the needs of homeless Veterans and work to meet those needs through planning and cooperative action.
 - Local CHALENG meetings represent important opportunities for VA and public and private agency representatives to meet and develop meaningful partnerships to better serve homeless Veterans.
- Supportive Services for Veteran Families (SSVF):
 - This program, authorized by Public Law 110-387, provides supportive services to very low-income Veteran families living in or transitioning to permanent housing.
 - SSVF is designed to rapidly rehouse homeless Veteran families and prevent homelessness for those at imminent risk of becoming homeless due to a housing crisis.
 - Funds are granted to private nonprofit organizations and consumer cooperatives, which then provide very low-income Veteran families with a range of supportive services designed to promote housing stability.
- Veterans Justice Outreach (VJO):
 - The purpose of the VJO program is to prevent homelessness and avoid the unnecessary criminalization of mental illness and 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 use, and homeless services when clinically indicated, and other VA services and benefits as appropriate.
- VA's national homeless program efforts began in 1987, with the HCMI program standing up in 43 communities.
- CHALENG started in 1993 in response to Public Law 102-405 (additional guidance in PL 103-446 and 105-114). Requires an assessment of the needs of homeless Veterans at every VA medical center. Facilitates interactions between VA and stakeholders. Annual CHALENG meetings at every homeless program site.
- OMB approved the CHALENG needs assessment (through March 2019). This assessment asks Veterans, and VA, other government, and community providers to rate 63 needs along a continuum of 1=never met to 4=met. The assessment is distributed on paper to Veterans and community providers by VAMC Homeless Programs, and is available online 24/7/365 for anyone with computer access.
- Overview of 2015 respondents. Number of participants were 6,161, Veterans: 3,765, (11 percent) Female Veterans, (89 percent) Male Veterans, Community Partners: 1,347, other Federal Agency: 3 percent, State or local government, or

community based agency: 68 percent, interested member of the community: 29 percent, and VA Staff: 1,049.

- Child care has remained as a top unmet need for over a decade.
 - Housing for registered sex offenders has been the number one highest unmet need since it was added to the survey in 2011, for both female and male Veterans.
- Legal assistance has remained as a top unmet need for over a decade.
- Since the Veteran Survey was identified by gender in 2012, child care; credit counseling; dental care; family reconciliation; housing for registered sex offenders; legal assistance for driver's license restoration, child support issues, outstanding warrants and fines, and prevention of eviction and foreclosure have emerged in the top 10 unmet needs each year.

Update on Benefit Assistance Service's Women Veterans Initiatives and Outreach, Anna Crenshaw, Director, Benefit Assistance Service, Veterans Benefits Administration

- VBA is committed to ensuring Women Veterans are knowledgeable and have access to the VA benefits they've earned and deserve.
 - VBA's Outreach to Women Veterans continues to demonstrate VA's commitment to all Veterans.
 - In FY 2016 VBA conducted 11,870 hours of outreach and interacted with 114,921 women Veterans.
- Data show compensation benefits increased by six percent and pension benefits decreased by three percent, from 2015.
 - VBA attributes the increase to awareness and accessibility.
 - While the decrease in pension is due to women Veterans being in receipt compensation benefits, no longer applying for or in need pension benefits.
 - If a Veteran is eligible for dual benefits, VA will pay the higher benefit to the Veteran which may also account for a decrease in pension benefit.
- VBA continues to improve the Veteran experience, by engaging women Veterans via social media platforms, hosting women Veterans Twitter Town Hall meetings, and conducting social media campaigns.
- Women Veterans serve on MyVA Community Veteran Engagement Boards (CVEB) ensuring women Veteran issues are addressed.
- The Transition Assistance Program (TAP) provides active duty women Servicemembers training on VA Benefits to include:
 - VA claim processing and gender-specific VA healthcare services.
 - VBA also reaches women Veterans online via www.benefits.va.gov and My Explore VA, providing women Veterans with videos, fact sheets, and "the Veteran Experience" of navigating VA Benefits.
- Women Veterans coordinators are assigned in each of the 58 regional offices, including the national call centers, and Pension Maintenance Centers.
 - WVCs receive monthly, quarterly, and annual training on women Veteran benefits, women Veteran engagement opportunities, and gender-specific issues.

- WVCs conduct local outreach and VA benefit briefs to women Veterans within their jurisdiction and, upon request available to provide individual benefit assistance.
- MyVA Management Initiatives' goal is to significantly reduce disparities in wait times, outcomes, utilization, and trust for women Veterans compared to men by the end of FY17.
- VBA performance metrics identify and reduce/eliminate any disparities in the timely provision of equitable and respectful benefits to Women Veterans in terms of satisfaction, proportionality in use, equity of compensation on the same conditions, and equality in length of time to issue decisions.
- VBA's Annual Benefits Report (ABR) and Voice of the Veteran survey do not show disparities between male and female Veterans in regards to compensation and pension benefits.
 - Inclusion of gender-specific data into the ABR for all VBA business lines identify if gender disparities exist and determine solutions to women Veterans receiving equitable, high quality, respectful care and benefits from VA.
- VBA continually looks to improve ways to reach women Veterans, to include social media engagement via social media platforms (Facebook, Twitter, VA blogs).
 - In FY 16, VBA conducted a WV Twitter Town Hall meeting which.
- According to ACS data, women Veterans are significantly different than male Veterans.
 - Following legislative changes, women Veterans started entering the military branches in greater numbers during more recent periods of service.
 - A higher percent of women Veterans are minorities. Fewer Veterans are women.
 - As of 09/30/2016, VetPop2014 estimates 2.1 million of the 21.4 million living Veterans are women, or about 9.8 percent of living Veterans are women.
- Women Veterans make up 9.8 percent of the Veterans population and data show this number to increase as more women enter and exit the armed forces.
 - VA is committed to ensuring women Veterans receive the benefits they have earned and deserve.

Update on Legislative Initiatives Impacting Women Veterans, Christopher O'Connor, Acting Assistant Secretary, Congressional and Legislative Affairs

- S. 681, Deborah Sampson Act, Sponsor: Jon Tester (D-MT), Latest Committee Action: An SVAC hearing is scheduled for May 17 to discuss the legislation and for the Committee to receive the Department's views.
 - This bill seeks to improve the benefits and services provided by VA to Women Veterans in a variety of ways to include provisions such as:
 - Requires VA to carry out a three year pilot program, to assess the feasibility and advisability of facilitating peer-to-peer assistance for women Veterans; expands the capabilities of the women Veterans call center to include a text messaging capability; and authorizes VA to furnish counseling in group retreat settings to persons eligible for readjustment counseling services from VA.
 - Requires VA to partner with at least one non-governmental organization, to provide women Veterans with legal services, and would authorize additional amounts for the Supportive Services for Veteran Families grant program to

- support organizations that have a focus on providing assistance to women Veterans and their families.
- Extends from 7 to 14 days of coverage of newborns of a woman Veteran receiving delivery care and would clarify amounts paid by VA for medically necessary travel in connection with health care services related to newborn care.
 - Requires VA to retrofit existing VA medical facilities to support the provision of care to women Veterans at such facilities; would require VA to ensure that each VA medical facility has at least one full-time or part-time women's health primary care provider whose duties include, to the extent possible, providing training to other VA health care providers on the needs of Women Veterans; would require VA to ensure that the women Veterans program manager (WVPM) program is supported at each VAMC with a WVPM and a women Veterans program ombudsman, and that such individuals receive the proper training to carry out their duties.
 - Newborn Care Legislation:
 - Sen. Amy Klobuchar (D-MN) introduced S. 970, Newborn Care Improvement Act on April 27, 2017.
 - This bill would increase from 7 to 14 the number of days after the birth of a child for which VA may furnish covered health care services to the newborn child of a Woman Veteran who is receiving maternity care furnished by the Department and who delivered the child in a facility of the Department or another facility pursuant to a Department contract for services related to such delivery.
 - Rep. Doug Collins (R-GA-9) introduced H.R. 907, the Newborn Care Improvement Act, which seeks to do the same as S. 970 except, this legislation would extend the care from 7 to 42 days.
 - This bill was forwarded by the Subcommittee on Health to the Full Committee by Voice vote on April 6, 2017.
 - HVAC has not indicated when it plans to schedule a full committee markup on the bill.
 - VA supports extending from seven to fourteen days, coverage of newborns of a woman Veteran receiving delivery care.
 - A newborn needing care for a medical condition may require treatment extending beyond the current 7 days that are authorized by law.
 - Additionally, the standard of care is to have further evaluations during the first two weeks of life to check infant weight, feeding, and newborn screening results.
 - Pending these results, there may be a need for additional testing and follow-up.
 - There are also important psychosocial needs that may apply, including monitoring stability of the home environment or providing clinical and other support if the newborn requires monitoring for a medical condition.
 - Extending care to 14 days would provide time for further evaluations appropriate for the standard of care, as well as sufficient time to identify other health care coverage for the newborn.

- H.R. 95, Veterans' Access to Child Care Act, Sponsor: Rep. Julia Brownley (D-CA-26) Latest Committee Action: April 6, 2017, forwarded by Subcommittee to Full Committee by Voice vote. VA testified on March 29, 2017 before HVAC Health.
 - Directs VA to provide child care assistance to an eligible Veteran for any period that the Veteran receives covered health care services at a VA facility and is required to travel to and return from such facility for the receipt of such services.
 - While VA is aware of the challenges faced by Veterans with children in regard to access to medical appointments and other medical care, counseling, and care giving services, VA does not support this bill as written.
 - In a 2015 Study of Barriers to Care for Women Veterans, when queried about the possibility of on-site child care, more than three out of five women (62 percent overall) indicated that they would find on-site child care very helpful.
 - However, this was not shown to be a significant factor in whether they chose to utilize VA care.
- H.R. 91, Building Supportive Networks for Women Veterans Act, Sponsor: Rep. Julia Brownley (D-CA-26), Latest Committee Action: Forwarded by Subcommittee to Full Committee by Voice Vote on April 6, 2017. VA testified before HVAC Health on March 29, 2017.
 - Makes permanent the requirement for the Department of Veterans Affairs to carry out, through the Readjustment Counseling Service, a program to provide reintegration and readjustment services in group retreat settings to women Veterans who are recently separated from service after a prolonged deployment.
 - Currently, such program is required as a pilot program under the Caregivers and Veterans Omnibus Health Services Act of 2010.
 - VA agrees that providing these retreats is beneficial to women Veterans, other Veteran and Service member cohorts could also benefit from this treatment modality.
 - While VA appreciates the intent of this bill, VA requests that the bill language be amended to allow VA the ability to conduct these retreats for all Veteran or Service member cohorts eligible for Vet Center services.
 - Examples include those who have experienced military sexual trauma, Veterans and their families, and families that experience the death of a loved one while on active duty.
- S. 804, Women Veterans Access to Quality Care Act of 2017, Sponsor: Sen. Dean Heller (R-NV), Latest Committee Action: An SVAC hearing is scheduled for May 17 to discuss the legislation and for the Committee to receive the Department's views.
 - Seeks to improve the provision of health care for women Veterans by VA through several different provisions.
 - Section 2 would require VA to establish standards to ensure that all VA medical facilities have the structural characteristics necessary to adequately meet the gender-specific health care needs.
 - Section 3 would require VA to establish policies for environment of care inspections at VAMCs.
 - Section 4 would require the Secretary to use health outcomes for Women Veterans furnished hospital care, medical services, and other health care by VA in evaluating the performance of VAMC directors.

- Section 5 would seek to increase the number of obstetricians and gynecologists employed by VA.
- Section 6 would require VA to develop procedures to share electronically certain information with State Veterans agencies to facilitate the furnishing of assistance and benefits to Veterans.
- Section 7 would direct VA to carry out an examination of whether VAMCs are able to meet the health care needs of Women Veterans.
- Other Pending Women's Veterans-Related Legislation:
 - S. 700/H.R. 1681, Women Veterans and Families Health Services Act of 2017, Sponsor: Sen. Patty Murray (D-WA)/ Rep. Rick Larsen (D-WA-2) Latest Committee Action: Referred to SVAC on March 22, 2017 and the House version was referred to HASC Subcommittee on Military Personnel on April 5, 2017.
 - No additional action on this bill has taken place and the Committee has not indicated if a hearing will occur to discuss the bill or that the legislation will be marked up.
 - Seeks to improve reproductive assistance provided by the Department of Defense and VA to severely wounded, ill, or injured members of the Armed Forces, Veterans, and their spouses or partners.
 - S. 410/H.R. 1112, Shawna Hill Post 9/11 Education Benefits Transferability Act, Sponsor: Sen. Mike Crapo (R-ID)/ Rep. Raul Labrador (R-ID-1), Latest Committee Action: There has been no action on either bills.
 - HVAC EO was scheduled to have a hearing on this and a number of other Veterans benefits-related legislation on April 26, 2017, but that hearing has been postponed for the time being.
 - The Subcommittee has not given an indication as to when the hearing will be rescheduled.
 - Authorizes the transfer of unused Post-9/11 Educational Assistance benefits to additional dependents upon the death of the originally designated dependent.
 - H.R. 93, To amend title 38, United States Code, to provide for increased access to Department of Veterans Affairs medical care for Women Veterans. Sponsor: Rep. Julia Brownley (D-CA-26), Latest Committee Action: January 19, 2017, referred to Subcommittee on Health.
 - Directs the VA to ensure that gender specific services are continuously available at every VA medical center and community based outpatient clinic.
 - The bill would authorize VA to employ such personnel and enter into such contract as may be necessary to provide such services based on the standards of the VA and the demand for such services.
 - H.R. 927, To amend title 38, United States Code, to provide for the eligibility for beneficiary travel for Veterans seeking treatment or care for military sexual trauma in specialized outpatient or residential programs at facilities of the Department of Veterans Affairs, and for other purposes. Sponsor: Rep. Jackie Walorski (R-IN-2), Latest Committee Action: March 3, 2017, referred to Subcommittee on Health.

- Provides eligibility for beneficiary travel through the VA to a Veteran whose travel to a specialized outpatient or residential program at a VA facility is in connection with treatment or care for military sexual trauma.

Wrap up/ adjourn

COL Mary Westmoreland (U.S. Army, Retired), Chair, ACWV

Meeting adjourned.

/s/

Mary Westmoreland

Chair, Advisory Committee on Women Veterans

/s/

Kayla M. Williams

Designated Federal Officer, Advisory Committee on Women Veterans