

**U.S. Department of Veterans Affairs (VA)
Advisory Committee on Women Veterans (ACWV) Site Visit
Jack C. Montgomery VA Medical Center
1011 Honor Heights Drive, Muskogee, OK 74401
September 18-22, 2017**

VA ACWV Members Present:

COL Mary Westmoreland, Chair, USAR, Ret.
Kailyn Bobb, USAF Veteran
LTC Lisa Brown, MDANG, Ret.
CMDCM Octavia Harris, USN, Ret.
Keith Howard-Striecher, USA Veteran
LTC Kate Germano, USMC, Ret.
COL Edna Jones, USA, Ret.
COL Karen O'Brien, USA, Ret.
CDR Janet West, USN
LTC Shannon McLaughlin, MA ARNG
COL Betty Yarbrough, USA, Ret.

VA ACWV Members Excused:

CAPT Leslie Smith, USA, Ret.

VA ACWV Ex Officio Members Excused:

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

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

Center for Women Veterans (CWV)/Center for Minority Veterans (CMV):

Kayla M. Williams, Director/Designated Federal Officer
Shannon L. Middleton, Program Analyst, CWV
Juanita Mullen, Program Analyst, CMV

Other VA Staff

- Yevonne Bargsten (Muskogee Regional Benefit Office/MRBO)
- Jelessa Burney (Advisory Committee Management Office)

- Tim Clark (MRBO)
- Stephen Craig (Eastern Oklahoma VA Health Care System/EOVAHCS)
- Mary Culley (Office of Tribal and Government Relations)
- Amy Gorman (EOVAHCS)
- Kathy Harmon (MRBO)
- Nan Hughes (EOVAHCS)
- Keryl Jones (EOVAHCS)
- Linda LoPinto (MRBO)
- Juleena Masters (EOVAHCS)
- Jason McClellan (MRBO)
- Jacqueline McGuire (EOVAHCS)
- Mary Ann McMullen (MRBO)
- Jacob Nichols (MRBO)
- Barbara Palmer (Women's Health Services)
- Debbie Perdue (EOVAHCS)
- William Rhoades (NCA)
- Michelle Ross (EOVAHCS)
- Judy Sikes (MRBO)
- Linda Spears (EOVAHCS)
- Amy Snyder (MRBO)
- Pam Stephens (MRBO)
- Tailynn Tindall (EOVAHCS)
- Stephanie Ward (EOVAHCS)
- Debby Yott (EOVAHCS)

Other Guests/Members of the Public

- Melody Banneck
- Mary Brice
- Mark Hughes
- Joyce VanNostrand

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

Monday, September 18, 2017 Jack C. Montgomery VA Medical center, 1011 Honor Heights Drive, Muskogee, OK 74401, Downing Room, Room 2B-54

Meeting was called to order by Command Master Chief Petty Officer (CMDQM) Octavia Harris, Senior ACWV Member

- Introduction of Committee members and visitors.
- Review of agenda.
- Approval of minutes from the May 9-11, 2017 Advisory Committee on Women Veterans Meeting, in Washington, DC.

**Purpose for Site Visit, Kayla Williams, Director, Center for Women Veterans/
Designated Federal Officer (DFO), Advisory Committee on Women Veterans**

- The purpose of this site visit:
 - To provide an opportunity for Committee members to compare the information received from briefings provided by the Administrations and Program Offices at VA Central Office with the activity in the field.
 - Committee members will be able to observe, first-hand, treatment, programs, and the provision of benefits and services in place for women Veterans in VISN 19, especially the Jack C. Montgomery VA Medical Center.
 - All presentations are to specifically address how programs, services, and benefits relate to women Veterans.
 - Site visits are considered advisory in nature.
 - This visit will give the Jack C. Montgomery VA Medical Center senior leaders an opportunity to discuss any special interests they would like to share with the Secretary, or address any concerns regarding the welfare of women Veterans.

**Entrance Briefing/Welcome of Leadership and Introduction, Jonathan Plasencia
Acting Medical Center Director, Eastern Oklahoma VA Health Care System
(EOVAHCS)**

- Welcomed ACWV members and other participants.
- Conducted introductions of medical center leadership

**Overview of EOVAHCS /Programs/Demographics, Jonathan Plasencia, Acting
Medical Center Director, EOVAHCS; Dr. Nasreen Bukhari, Acting Chief of Staff,
EOVAHCS; Dr. Bonnie Pierce, Associate Director of Patient Care Services,
EOVAHCS**

- Jack C. Montgomery VA Medical Center is a level II facility, offering primary and secondary medical and surgical care to include: 89 inpatient beds, a \$300 million budget, and 1,400 plus employees.
- Locations of care:
 - Vinita Community Based Outpatient Clinic (CBOC)
 - Hartshorne CBOC
 - Tulsa CBOC
 - McCurtain County CBOC
 - Tulsa Behavioral Medicine
 - Jack C. Montgomery East
- FY 16 Veteran statistics: 46,000 Veterans enrolled; 459,367 outpatient visits; and 3,594 admissions.
- Clinical services include: dental, medicine service, mental health, nutrition, pharmacy, primary care, rehabilitation, and surgery.
- Strategic priorities are: to improve access to care, expand services in the Tulsa Community; improve the Veteran experience with implementation of whole health model; modernize systems using Lean Processes; and implement daily management system.
- Future expansion includes: McCurtain County CBOC – Grand Opening Sept. 22, Tulsa Dental Lease – May 2018, Tulsa Mental Health/Call Center Lease – June

2018, New Tulsa Women's Primary Care Team – Date TBD, McAlester CBOC –
Date TBD, and New Tulsa Health Care Center – 2021

Overview of Rocky Mountain Network (VISN 19) Women Veterans Services, Jonna Brenton, Lead women Veterans Program Manager, VISN 19

- VISN 19 includes the following facilities:
 - Cheyenne VA Medical Center (Cheyenne, WY).
 - Sheridan VA Medical Center (Sheridan, WY).
 - VA Montana Health Care System (Ft. Harrison, MT).
 - VA Salt Lake City Health Care System (Salt Lake City, UT).
 - VA Eastern Colorado Health Care System (Denver, CO).
 - Grand Junction VA Medical Center (Grand Junction, CO).
 - Oklahoma City VA Health Care System (Oklahoma City, OK).
 - Eastern Oklahoma Health Care System (Muskogee, OK).
- Nationally, approximately 33 percent of all Veterans live in rural or highly rural areas.
 - In VISN 19, approximately 39 percent of all Veterans live in rural or highly rural areas.
- VISN 19 connects Veterans with the services they need, through face-to-face visits, referrals with VISN, telehealth within and between health care systems, home based primary care, and care in the community.
- VISN 19 is the largest VISN in terms of geographical area; it encompasses 540,000 square miles, 17 percent of the total square miles in the 48 contiguous United States.
- VISN 19's rurality reality includes: 20 outpatient clinics--includes clinics for sleep, telehealth, behavioral health, mobile clinics; 52 community based outpatient clinics; 540,000 square miles, across 10 states, subject to extreme winter weather and significant travel distances between VA facilities; and an estimated 1,000,000 Veterans reside in VISN 19 geographic boundaries.
- VISN 19 women Veterans program managers (WVPM):
 - One serving each of VISN 19's eight facilities.
 - Represent various disciplines: physician, advanced practice registered nurses (APRN), social work and nursing.
 - Collectively, this group has over 40 years of WVPM experience!
 - All share a solid commitment to the women Veterans they serve and to each other.
 - Monthly VISN 19 WVPM meetings are well attended, and all contribute to meaningful conversations and collaboration in how to improve the care provided women Veterans.
- VISN 19 Women Veterans – May 2017 Dashboard:
 - All facilities have a systematic process for coordination of mammography, maternity and outsourcing of care.
 - Ninety one percent of women Veterans in VISN 19 are assigned to a women's health primary care physician (WH PCP).
 - Only one clinic in VISN 19 did not have a WH PCP when Dashboard was completed.

- Most VISN 19 facilities are meeting the expectations for wait times for new/established patients for primary care appointments.
- Many offer extended hours and weekend access to WH PCP.
- Current or planned WH coordinator position.
- VISN 19 uses telehealth to connect women within and between health care systems through various services:
 - Tele-GYN, tele MOVE, yoga, pain program, tele-maternity, tele-social work, tele-mental health, tele-couples counseling, tele-genetic counseling, women's health eConsults, tele-endocrinology, tele-rheumatology, tele-military sexual trauma (MST) counseling, and tele-chaplaincy.
- VISN 19 projects to improve care and services in rural areas:
 - Rural and highly rural wellness retreat: yoga, sleep habits, nature walks, family group interactions.
 - Collaboration with Health Promotion Disease Prevention: living well with chronic conditions.
 - Mobile primary care clinic: up and running in Cheyenne; soon to be operational in Grand Junction.
- Outreach, observations and recognition:
 - Denver:
 - Collaboration with Red Cross and Voluntary Services to hold a "Baby Shower for Expected Mothers."
 - Grand Junction:
 - Beginning stages of new primary care space; will include separate women's health clinic, estimated completion in 2021; baby shower for Veterans.
 - Pink pumpkin decorating contest for Breast Cancer Awareness.
 - Oklahoma:
 - Collaboration with the Oklahoma Women Veterans Organization for the Annual Oklahoma Women Veterans Recognition Day, Go Red for Women, and Breast Cancer Awareness.
 - Muskogee:
 - Baby shower for women Veterans and their babies.
 - Salt Lake City:
 - Partners with Zion Bank for Annual Women Veteran Recognition and Celebration; next year will recognize women Veterans for "Perseverance and Honor."
 - Montana:
 - Collaboration with The American Legion Axillary, who provided baby shower items; the maternity care coordinator sends a box of baby gifts to each women Veteran upon delivery of her baby.
 - Heart Health – week long activities including cardiac health education by topic experts, healthy cooking demonstrations, exercise instruction, Walk for Heart Health relay, health fair and wear Red.
 - Breast Cancer Awareness integrated into annual Drive Through Flu Clinic.
 - Sheridan/Cheyenne:
 - Sixth annual "POWWOW" outreach event called "Finding Balance Piece by Peace."

- Denver:
 - Conducted local WH mini residency: 60 WH-PCP trained.
 - Conducted WH patient aligned care team (PACT) education for 140 nursing staff.
- Salt Lake City (SLC):
 - Three-day WH musculoskeletal training: developed by SLC in 2016, expanded nationally in 2017 and 2018.
 - Primary care opioid education and monitoring for women: 6 months of classes integrated with whole health interventions (mindfulness, cognitive behavioral therapy, aqua therapy, yoga, qigong, “Living will with Chronic Pain”, “Walk with Ease”, take home yoga, qigong, tai chi videos, pain kit workbook.
 - WH PCP Mini Residency –August 2017.
- VISN 19 sponsors an annual WH nursing mini residency for VISNs 19, 20, 21, 22; 57 nurses attended the 2.5 day training in August 2017.
- New/emerging issues in women’s health:
 - In-vitro fertilization (IVF)/assisted reproductive technology (ART):
 - Legislation passed in January 2017 to include IVF in the medical benefits package for Veterans with a service-connected condition causing the inability of the Veteran to procreate without the use of fertility treatment.
 - WVPMs and WVPMS leads have been identified as resources for Veterans inquiring about IVF/ART.
 - Best practice: review requests with topic experts (urology, GYN, COS) to determine best course of action.
 - Recently, VISN 19 partnered with Denise Koutrouba, Hawaii APRN, who has expertise in this area to review cases as they occur.
 - Women Veteran Health Care Environment Survey:
 - Areas evaluated: inpatient bedrooms, resident sleeping rooms, restrooms, exam rooms, procedure/treatment rooms, and diagnostic rooms.
 - All VISN 19 WVPMs collaborated with their capital asset managers (CAM) to complete the survey, identify gaps and develop action plans for completion.
 - WVPM will continue to monitor areas for compliance with action plans and work with the CAMs to resolve any issues.
- End Harassment Campaign:
 - August 2017 memo from the Acting Under Secretary for Health:
 - It discussed a 2016 workgroup to address the issue of gender harassment at Veterans Health Administration (VHA) sites of care.
 - One in four women Veteran primary care patients reported harassment.
 - Harassment is “unwanted physical and/or verbal behavior that interferes with a Veteran’s access to, and sustained engagement with VHA health care, and/or creates an intimidating, hostile or offensive environment.”
 - Action: create an environment where harassment is not tolerated, through visual reminders, education of staff, and no tolerance policy.
 - WVPM are part of facility-wide teams to roll out this campaign.
- Women’s Assessment Tool for Comprehensive Health (WATCH) and Designated Women’s Health Primary Care Providers:

- Annual assessment of workforce capacity (DAWC) is open in October and due in November.
- WVPM: system-wide assessment requires multidisciplinary review of services to meet the needs of women Veterans.
- Great tool to identify gaps and update facility level strategic plan and develop goals for the next year.
- Looking forward:
 - Mammogram workgroup is forming, to identify best practices and develop a standardize process.
 - Share Salt Lake City's Women Veteran Opioid Management Program across the VISN as part of whole health initiative.
 - Continue to provide staff gender specific education to improve access and the care experience; and
 - Continue to share resources and work together to give women Veterans "The Best Care Anywhere."

EOVAHCS Women's Health Program, Susan Hartsell, Women Veterans Program Manager, EOVAHCS, Dr. Tuana Diep, ACOS/ Co-Chief Primary Care, Women's Health Clinical Champion, EOVAHCS

- Facility models of care:
 - Jack C. Montgomery VAMC (JCMVAMC) has a model 3 women's health clinic.
 - Earnest Childers Outpatient Clinic also has a model 3 women's health clinic, and Vinita Community Based Outpatient Clinic (CBOC).
 - Hartshorne CBOC and McCurtain CBOC are model 1 health clinics
 - All women's clinics have WH-PCPs.
- Performance improvement foci:
 - Cervical screening.
 - Breast screening.
 - Access.
 - Maternity care.
 - Informing women Veterans of provider changes.
- A total of 28 employees in the Women's Health program:
- MD WH champion for primary care: 1; MD WH champion for Emergency Department: 1; Physicians WH-PCPs: 3; nurse practitioner WH-PCPs: 2; nurses (RN's/LPN's): 10; support/ ancillary staff: 5; WH liaisons: 6.
- Women Veterans program services:
 - Primary and preventive health care include acute and chronic conditions, annual exams to include pelvic and pap smears, breast exams, mammograms, and vaccinations.
 - Mammograms referred to other VA facilities or the private sector.
 - Gynecology includes contraception/hormones, consultation and treatment of gynecological related cases, abnormal pap smears, contraceptive counseling, and gynecology surgery.
 - Mental health counseling (individual and group) includes alcohol and substance abuse, anxiety/depression, medication management, post-traumatic stress disorder, and sexual trauma.

- Nutrition counseling includes dietary management and weight control.
- Patient education programs include healthy eating habits, smoking cessation, diabetic education, and stress management.
- Key accomplishments are Women Veteran Population from inception of program 2007 to present has grown 65 percent, women's Health shared tracking spreadsheets and mammogram and Pap clinical reminder quarterly reports.
- Challenges are increasing WV population may overwhelm available resources, difficulties recruiting physicians, and delays in securing community care.
- Outreach for FY 15 included 18 events and of these events the attendance total was 873.
 - Outreach for FY 16 included 6 events and of these events the attendance total was 570.
 - Special events were Veteran's Day Parade, Medal of Honor Day, OKWV Recognition Day, Guest Speaking Engagements, and Domestic Violence Summit.
- In-reach for FY 15 included 11 events and the attendance total was 154.
 - In-reach for FY 16 included 6 events and the attendance total was 98.
 - Special events were February Heart Health activities, Breast Awareness Month, New Employee Orientation, Annual Baby Shower, Summer of Service Event, MST Clothes Line Event, and EOVAHCS Internet.
- Special Populations Reached as of end-of-year FY16, 2,742 women Veterans were enrolled.
 - This constitutes a market penetration of 27.96 percent for women Veterans enrolled.
 - FY17, thru June 30 there are 2,857 women Veterans enrolled, constituting a market penetration of 28.93 percent.
- There are more women Veterans located in the rural areas than highly rural areas.
 - American Indian or Alaskan Native: 155 enrollees (FY 16); 169 enrollees (FY 17, through June 30).
 - African American or Black: 331 enrollees; 345 enrollees (FY 17, through June 30).
 - Asian: 19 enrollees; 18 enrollees (FY 17, through June 30).
 - Native Hawaiian/Pacific Islander: 25 enrollees; 27 enrollees (FY 17, through June 30).
 - Homeless Women Veterans: 151 enrollees; 131 enrollees (FY 17, through June 30).

Dr. Doug Raymer, Women's Health Medical Champion, Emergency Department (ED), EOVAHCS; Ms. Lottie Goff, Women's Health Liaison, Nurse Manager Muskogee PACT, EOVAHCS

- The ED is open 24/7, 365 days a year.
- In 2016, 459 women Veterans were seen; 455 women Veterans were seen in 2017.
- The top five frequent encounters for women Veterans in FY 17 (through September 5, 2017) were for: urinary tract infection; acute bronchitis; hypertension; suicidal ideation; and lower back pain.

- Women Veterans were also seen for: tobacco use; chest pain; lower abdominal pain; cough; nausea with vomiting.
- VA uses the tracking software EDIS DATA in all VA EDs, to track ED wait times.
- For non-emergent conditions occurring during regular business hour, Veterans are referred to their primary care physician (PCP); if PCP is not available, Veterans are seen in the ED.
- ED offers privacy for women needing urgent/emergent services; all rooms have locks for privacy needs.
- The ED provides non-VA care consults for all gynecology/obstetrics services for women Veterans.
 - Women Veterans can acknowledge any provider preference, which will be placed in the consults.
 - Since VHA Women's Health Directive 1330.01 supersedes hierarchy of care transfers, the ED proceeds directly to non-VA care in our transfers on all women Veterans gender-specific needs not provided on campus.
- Gender specific supplies and pharmaceuticals are provided for women Veterans.
- Triaging age appropriate gender-specific specialty care for women:
 - An ED assessment template specific to women; the ED does problem-focused care as appropriate and use general templates.
 - For a woman Veteran of child bearing age and/or with a specific female complaint (i.e. vaginal bleeding or discharge), the ED will incorporate in the medical record the use of such template located in the shared templates access in CPRS for all providers.
- The ED offers 24/7 mental health availability (via Call schedule).
- All Veteran communication between providers of any discipline is done via a hand-off process with documentation in the medical record.
- Whatever service is not readily available in the facility at the time of care will be taken care of via processes in place for transfer to non-VA care and with relationships with local private facility (MOU/transfer agreement), and other facilities in Tulsa as needed.
 - Veterans are and will always receive the care needed.

Chaplain Nancy McCoy, Women's Health Chaplain, EOVAHCS

- Conducts six women Veteran-specific support groups:
 - Third Mondays: "Widow To Widow"; Tulsa, OK at 1:00p.m.
 - Tuesdays: "Lady Bunker Day"; the Coffee Bunker, 6365 East 41st Street, Tulsa, Ok. 74135, from 11:00 a.m.–3:00 p.m.
 - Wednesdays: Muskogee East Clinic, 2414 East Shawnee Bypass, Muskogee, OK, 74403.
 - Coming soon--a MST support group.
 - Thursdays: at Vinita: V-Tel; 2:00pm– 3:00pm.
 - Fridays: "Grief & Loss"; Jack C. Montgomery VA Medical Center, Room 2B29, Muskogee, OK, 10:30 a.m.—11:30 a.m.
 - Monday-Friday: "Personal/Spiritual Counseling"; Hartshorne V-Tel, 9:00 a.m.--10:00 a.m.
- There were 840 Chaplain visits, from September 1, 2016 to September 1, 2017.

- There was an average of 106 visits per month.
- Types of chaplain visits include: individual counseling, family counseling, small group informal, large group informal, and sacrament.
- Planning a spring spiritual retreat for women Veterans in April 14, 2018.

Overview of Care in the Community (CITC), Gene Richison, Acting Chief, CITC

- Veteran Choice Program (VCP) was created to increase Veterans' access to timely and high-quality health care.
 - Covers hospital care and medical services under the medical benefits package, includes pharmacy and other benefits, such as beneficiary travel.
 - Programs requiring specific eligibility criteria, such as dental care, still require the specific eligibility.
 - VCP does not cover nursing home care or unscheduled (emergent) non-VA care.
 - All care under the VCP must be pre-authorized prior to scheduling Veterans' appointment.
 - Veterans are eligible for VCP when services are needed but not available at VA, due to timeliness or mileage:
 - Veteran must be enrolled in VA health system;
 - Attempt scheduling within 30 days; or
 - Live more than 40 miles from the closest VA facility, which must have at least one full-time primary care doctor (the facility does not have to provide the service required).

Overview of the Transition Care Management (TCM) Program, Padgettte Beatty, OEF/OIF/OND Program Manager, EOVAHCS

- Eligibility:
 - Veterans, including activated members of the National Guard and Reserves who served on active duty in a theater of combat operations after November 11, 1998, and discharged under honorable conditions.
 - Military service documentation used to determine service in a theater of combat operations are documentation reflecting service in a combat theater, receipts of combat service medals, or receipt of imminent danger or hostile pay.
- Benefits:
 - VA provides enhanced enrollment opportunity and five years of cost-free health care medications for any injury or illness associated with this service to Veterans who served in a theater of combat operations.
 - For non-service related illness/injuries post-deployment (i.e. flu, colds, auto accident), Veterans may be charged a co-pay at VA for treatment of these conditions.
- Dental:
 - Cost free, one time treatment of dental conditions for recently separated Veterans who served for 90 days or more; apply within 180 days of separation; and whose DD214 does not indicate necessary dental care was provided within 90 days of release or discharge.

- Confidentiality: no information can be released without the Veterans' written permission except disclosures related to abuse/neglect of a minor or disclosures about self-harm/harm to others.
- Will ensure that women Veterans are enrolled and scheduled with post deployment or Women's Clinic provider.
 - Enrollment provides new patient orientation and information packet; assists with changes of information such as address changes and updating telephone numbers; and connects them to the TCM lead coordinator.
- Post deployment clinic:
 - Screenings for: depression, substance abuse, PTSD, Women's Health Clinic, traumatic brain injury (TBI), infectious, diseases/embedded fragments.
 - Primary care/preventive care services, consults/referrals to specialty clinics (Women's Clinic, Mental Health, Audiology, Vision, Orthopedics, etc.).
 - Medications.
 - Fasting lab (to be done at least one hour before exam).
 - X-Rays.
- Combat care team:
 - Lead coordinators screen for case management (CM); provide mandated CM for seriously ill or injured (SI), and not seriously ill or injured (NSI) Veterans; assist with other VA Benefits/special needs; ensure smooth transition from military treatment facility to VA; advocate/remove barriers to care plan; and conduct OEF/OIF/OND focus groups and host annual Veteran Appreciation Night.
- Services available:
 - TCM case management services; post deployment team; Women's Clinic; in- and out-patient surgery; in-patient care medical/surgical care; primary care mental health; vision/hearing; and dental.
 - In and out rehabilitation: includes physical therapy; occupational therapy; speech therapy; spinal cord injury; polytrauma; TBI clinic.
 - Behavioral medicine: PTSD; intensive outpatient substance use; anger management; suicide prevention; mental health intensive case management; inpatient psychology unit.
 - Crisis Call Center 1-800-273-8255 (press 1).
 - Pharmacy, lab, x-ray.
 - Home based primary care/caregiver support/telehealth.
 - Homeless and HUD/VASH programs.
 - MOVE (nutrition and wellness).
 - MyHealthyVet.

Tele-Health Services, Lynette Gunn, Nurse Manager, Tele-Health

- Store and Forward Telehealth (SFT) is an asynchronous telehealth modality that connects Veterans with specialty services, such as teledermatology with Denver facility and teleretinal imaging with Salt Lake City facility.
- Clinical video telehealth (CVT):
 - CVT is a synchronous (face to face) telehealth modality that connects Veterans with specialty providers via secure computer link.

- CVT services offered at Jack C. Montgomery VA Medical Center include:
 - Mental health, PTSD, substance use disorder (SUD), PTSD/SUD, grief counseling, general mental health with Salt Lake City.
 - Rehabilitation: SCI with Houston, Memphis, Dallas; podiatry.
 - Surgery: bariatric with Jackson.
 - Medicine: genomics with Salt Lake City; teleICU with Cincinnati; and teleStroke with Loma Linda.
- Telehealth expansion plans include major medical with state Veterans homes and telehealth services with new clinic in McCurtain County.

Wrap up/Adjourn

CMDCM Octavia Harris (U.S. Navy, Retired), Senior Member, ACWV

Tuesday, September 19, 2017, JCMVAMC, 1011 Honor Heights Drive, Muskogee, OK 74401, Downing Room, Room 2B-54

Meeting was called to order by COL Mary Westmoreland (U.S. Army, Retired) Chair, ACWV

Overview of Eastern Oklahoma VA Health Care System Primary Care/Mental Health Integration (PC-MHI), Tom Potter, Social Worker, JCMVAMC

- Services provided at JCMVAMC in Muskogee and the Ernest Childers VA Outpatient Clinic in Tulsa.
 - The JCMVAMC team includes 2 licensed clinical social workers, one registered nurse, and a physician's assistant.
 - The Ernest Childers VA Outpatient Clinic team includes 2 licensed clinical social workers, and an opening for a psychiatrist.
- Primary care-mental health integration (PC-MHI):
 - Both active-duty and Veteran women are at increased risk for post deployment mental health problems, mental health issues (including military sexual trauma), suicide, and post-traumatic stress disorder.
 - VA policy requires that mental health services be provided in a manner that recognizes that gender-specific issues can be important components of care.
 - VA health care providers receive training about military culture, ethnic issues and gender differences, in order to better understand and serve each Veteran.
 - Behavioral and mental health care services are provided to Veterans, in collaboration with primary care providers.
 - Services are integrated into the primary care setting and support primary care based treatment of mental health issues and behavioral components of chronic medical conditions.
 - PC-MHI combines co-located collaborative care components with evidence-based care management.
- Goal is to provide high quality, collaborative mental and behavioral health care, to improve the health of both individual Veterans and the Veterans population as a whole.
- Objectives:

- Provide same-day access to clinical assessment and collaborative care and treatment for those experiencing mental health symptoms including patients who present requesting help/reporting symptoms and those who are identified in response to screening.
- Practice collaborative, stepped and measurement-based care--including appropriate longitudinal follow-up--to address common mental health conditions for the primary care population.
- Enable optimal functioning of primary care teams through collaborative decisions, support, and interdisciplinary consultation with co-located mental health providers.
- Prevent the development of more severe symptoms, through early recognition and intervention.
- PC-MHI is integral to the My VA Access Initiative and suicide prevention efforts, promoting early identification of mental health concerns, and suicidal ideation, and facilitating same-day access.
 - Empirical evidence supports its effectiveness for access, early identification of concerns, and increased treatment:
 - Reduces wait time for mental health services (Pomerantz et al., 2008, 2010).
 - Reduces no-show rates (Pomerantz et al., 2010).
 - Improves identification of psychiatric co-morbidities, substance misuse, and depression in primary care (Nutting et al., 2005; Oslin et al., 2006; Pomerantz et al., 2008; Watts et al., 2007).
 - Increases treatment rates (Alexopoulos et al., 2009; Bartels et al, 2005; Hedrick et al., 2003; Watts et al., 2007; Wray et al., 2012).
- PC-MHI promotes better engagement in care:
 - Empirical evidence supports its effectiveness for improved engagement in care:
 - For Veterans needing mental health services, utilization of same day PC-MHI services is associated with increased probability of attending future mental health appointments and engaging in treatment (Brawer et al., 2010; Wells et al., 1999; Wray et al., 2012; Zanjani et al., 2008).
 - Veterans who screen positive for depression and are seen same day in PC-MHI are more likely to engage in antidepressant medication treatment (Szymanski et al., 2013).
 - Veterans with positive PTSD screens who received same-day PC-MHI services had greater likelihood of initiating PTSD treatment (Bohnert et al., 2016).
- VA is committed to making evidence-based treatments available to all Veterans and to tailor services to Veteran's needs and preferences, based on culture, ethnicity, religion, and gender.
- PC-MHI provides Veterans with same day, often immediate access to quality mental health services within the primary care setting as a routine part of their health care.
- PC-MHI strives to identify and address the broad spectrum of behavioral health needs and mental health issues among primary care patients, with the aim of early identification, quick resolution of identified problems, long-term problem prevention, and support for health lifestyle.

- PC-MHI aims to identify and meet Veteran's mental health care and behavioral health needs in the primary care setting, to prevent crisis and more complicated issues.
- Providing mental health care and behavioral health services within the primary care setting strives to remove stigma from mental health services, by providing a collaborative approach serving Veterans' whole health in a comfortable setting.
- Access to PC-MHI Services:
 - When a mental health concern is identified in the primary care clinic, the LCSW is contacted and asked to assess the Veteran.
 - Same day, and when possible immediate access to PC-MHI services is provided to Veterans, either by "curbside service" in the exam room or, if preferred, in the PC-MHI clinician's office.
 - PC-MHI providers offer short-term, solution focused, supportive counseling through follow-up appointments.
 - If it is determined that specialized care is needed during the initial PC-MHI intake or at any point during the PC-MHI services, the Veteran is referred for specialized treatment and care.
- In fiscal year (FY) 2017, through September 8, 2017, 374 male Veterans and 71 women Veterans received PC-MHI care at JCMVAMC; 630 male Veterans and 115 women Veterans received PC-MHI care at Ernest Childers VA Outpatient Clinic.
 - In fiscal year (FY) 2016, 552 male Veterans and 76 women Veterans received PC-MHI care at JCMVAMC; 850 male Veterans and 105 women Veterans received PC-MHI care at Ernest Childers VA Outpatient Clinic.
- Behavior Health Laboratory Care Management Program (BHL):
 - Telephone clinic that provides services to those Veterans with mild to moderate depression, anxiety, alcohol misuse or mild PTSD.
 - The PC-MHI care manager is a registered nurse that uses assessment, education and support to assist the primary care provider in treating Veterans with mild to moderate depression, anxiety, alcohol misuse or mild PTSD.
 - Veterans receive a call each month, to see how they are feeling and to monitor their condition.
 - Assessment tools provide primary care providers information on how the Veteran is progressing with treatment is used.
 - Recommendations are given in areas where the Veteran is having difficulties including sleep hygiene, medication adherence, and problem solving.
 - Veterans usually participate in the program for about six months or less.
 - Veterans who participate in BHL show an 80 percent greater probability that they will continue their treatment and ultimately have more positive results.
- Serving women Veterans:
 - VA makes every effort to arrange gender-specific care, and provide the Veteran the option of being assigned same-sex provider for gender-specific issues and MST related mental health services (or opposite-sex provider if the MST involved a same-sex perpetrator).
 - VA is committed to making evidence-based treatments available to all Veterans and to tailor services to Veteran's needs and preferences, based on culture, ethnicity, religion, and gender.

- PC-MHI providers work closely with women's primary care teams to enhance specialized services for women Veterans.
 - Offering services within the comfort of the women's primary care clinic setting.
 - Delivering one-on-one supportive services with a provider trained in gender specific Veteran issues.
 - Providing linkage to MHC specialty, MST, substance use disorder (SUD), PTSD, and homeless programs.
 - Identifying women's lifecycle challenges and offering applicable therapeutic and supportive interventions.
- Primary care moving forward:
 - Increase awareness of PC-MHI services for women within in the EOVAHCS.
 - Increase training opportunities related to gender specific issues for all providers and staff throughout primary care, to improve collaborative approach to early identification of concerns and sensitive and appropriate management of gender-specific issues.
 - Increase number of patients seen in PC-MHI, to reduce more complicated mental health concerns and reduce suicide risk.
 - Improve identification of depression, psychiatric co-morbidities, MST, substance misuse, and other mental health concerns in women Veterans population in primary care setting.
 - Improve services for women, by tracking outcomes and ensuring women Veterans are reaching identified treatment goals and are satisfied with care received.

Overview of JCMVAMC's Suicide Prevention Program, Patty Parmeter, Muskogee-Suicide Prevention Coordinator; Daphne Hillhouse, Tulsa- Suicide Prevention Coordinator; Audrey Stone, Suicide Prevention Case Manager; Rose Trevino-Olvera, Administrative Program Support Staff, JCMVAMC

- Programming and processes include: recovery engagement and coordination for Health Veterans Enhanced Treatment (REACH VET); daily text reminders to female high risk (HR) flagged Veterans; enhanced care for women Veterans identified as HR; tracking and monitoring of appointments for HR women Veterans; monthly newsletter for women Veterans; female specific handouts; and birthday cards for women Veterans.
- Suicide prevention partnerships:
 - JCMVAMC has community partnerships with: the Mental Health Association of Oklahoma, Disabled American Veterans, American Airlines, Oklahoma State University Tulsa, Coweta Indian Health, the Tulsa Coffee Bunker, Northeastern Tribal Health System, Blue Star Mothers, Veterans of Foreign Wars, Tulsa Community College, and Warrior Partnerships of Eastern OK.
 - JCMVAMC conducts outreach in the community at events such as: Out of the Darkness Walk (annually), Veteran Homeless Stand Down (annually), VA Mental Health Summit – Tulsa (annually), VA Town Hall Meetings (as scheduled), Congressional Office Veteran Resource Fairs (as scheduled), Tulsa Mayor Veteran Advisory Council (monthly), Warrior Partnership of Eastern Oklahoma (monthly), Community Care College – Operation SAVE, Shawnee Tribe Veteran's

Day Celebration, Cherokee Nation Veteran's Resource Benefit/Enrollment Fair, and Department of Human Services Child Welfare (quarterly).

Overview of Mental Health Intensive Case Management (MHICM) Program, Jackie Chambliss, MHICM Program Manager, JCMVAMC

- Community based treatment for chronic mental illness:
 - Mobile multidisciplinary teams are based in Muskogee, Vinita, and Tulsa:
 - Muskogee: two social workers, one registered nurse, and program support.
 - Vinita – two social workers, one registered nurse, and program support.
 - Tulsa – two social workers, two registered nurses, a peer support specialist, a psychiatrist (shared) and program support.
 - Work closely with supportive employment, compensated work therapy, behavioral medicine services, PTSD, SUD, homeless programs, homebased primary care, primary care provider team, hospital, VA regional office/VBA.
 - Because MHICM is community based, most connections come from outside the hospital wall: landlords, family, payees, guardians, caregivers, store owners, local hospital, law enforcement, and educational institutions.
- MHICM community treatment:
 - MHICM goes to the Veteran: home, work, family, park, shopping, and appointments.
 - MHICM focuses on recovery and independence, assisting Veterans in obtaining and maintaining their preferred environment.
 - MHICM's goals are to improve Veterans' access to VA and community resources, increase independence, and decrease hospitalization and other consequences that might be associated with chronic mental illness.
 - In-vivo, frequent, intensive, team, flexible recovery base case management services – individual, family, groups, crisis management, medications, transportation to appointments, referrals.

Overview of Homeless Program, Melanie Goldman, Homeless Program Manager, Eastern Oklahoma VA Homeless Programs, JCMVAMC

- History of homelessness and supported housing:
 - Increase in prevalence of homelessness in 70s and 80s, due to economic downturn, deinstitutionalization of psychiatric patients and reduction in affordable housing.
 - Collaborative efforts amongst nonprofit, faith-based, state and federal agencies as well as private investors began developing housing programs with social service support.
 - HUD-VASH initially started in 1992 and started expanded in 2008; VA grant and per diem programs were established in 1994.
- Incidence and timing of homelessness among Post 9/11 Era Veterans:
 - VA National Center on Homelessness among Veterans study followed more than 1.5 million Veterans, in 11 annual successive cohorts of those who separated between 2002 and 2012.
 - Used data from VA Defense Information Repository (VADIR), VA electronic record and VA homeless registry.

- Identified who and when became homeless during five years post discharge.
- Characteristics related to homelessness post-discharge:
 - Veterans with general discharge had highest incidence of homelessness (9.7 percent), followed by dishonorable (6.3 percent), and three remaining discharge dispositions (honorable, other than honorable and bad conduct; each had rates around 4 percent).
 - Veterans who served in the U.S. Army represent about half of Veterans in the study and had highest homelessness incidence (4.6 percent), followed by the U.S. Navy (3.3 percent), and U.S. Marines (3.1 percent).
 - About 35 percent of Vets in study experienced combat and had about twice the rate of homelessness compared to non-combat Veterans.
- Evidence based practice:
 - Housing First is a homeless assistance approach that prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life.
 - This approach is guided by the belief that people need basic necessities like food and a place to live before attending to anything less critical, such as getting a job, budgeting properly, or attending to substance use issues.
 - Additionally, Housing First is based on the theory that client choice is valuable in housing selection and supportive service participation, and that exercising that choice is likely to make a client more successful in remaining housed and improving their life.
- Community collaboration:
 - VA Central Office (VACO) mandated participation in local homeless continuum of care.
 - VACO support of participation in national/local initiatives, such as, Zero: 2016 (www.zero2016tulsa.com) stand down initiative.
 - VACO encouragement to participate and contribute in community By-Name-List collaborations (recent VACO publication regarding privacy).
 - VA support of Memorandum of Agreement (MoA) development with community partners to provide support to HUD-VASH participants.
 - Availability of VA grants include: Supportive Services for Veteran Families (SSVF, locally known as BRRX and KiBois) and Grant and Per Diem (locally known as Bryce House).
 - Yale Apartments in Tulsa provides transitional housing for Veterans with a mental health diagnosis; Veterans can stay for 30-90 days.
 - 12&12, Inc. in Tulsa is one of the largest and most comprehensive substance use disorder treatment centers in northeastern Oklahoma.
 - Thirty to 90 days of housing and support are offered to women Veterans, and to men if beds are available.
- For FY16, 13.5 percent of Veterans served in HUD-VASH were female.
- HUD-VASH eligibility includes:
 - VA health care eligible
 - Homeless, according to Vento-McKinney Act/HEARTH Act

- Prioritization for consideration: chronically homeless; Veterans with dependent children in the household; OEF/OIF/OND Veterans; women Veterans; disabled Veterans; and substantiated “imminent homelessness.”
- Not counted as homeless are individuals staying with family/friends.
- Financially eligible is based on household.
- Successfully pass criminal background check.
- For purposes of HUD-VASH, no LT registered sex offenders.
 - HUD-VASH staff has to have a reasonable expectation of safety offering services in clients’ homes for them to be considered clinically appropriate for participation in the program.
- For purposes of regular community vouchers, no felony histories or pattern of drug related misdemeanor histories within look back period.
- Have case management need and be willing to participate in case management.
- Be within accessible distance of case manager.
 - Typically a 50 mile radius of Tulsa/Muskogee, but cases can be reviewed on an individual basis.
- Continue to participate in case management for duration of utilization of HUD-VASH voucher; voucher will be rescinded, based on lack of participation.
- EOVHCS offers 241 HUD-VASH vouchers and 80 Tribal HUD-VASH vouchers (20 per tribe) to Cherokee Nation, Muscogee Creek Nation, Osage Nation and Choctaw Nation.
- How the voucher work:
 - Housing Authorities have payment standards (rent and utilities costs) in the respective counties for each bedroom size authorized.
 - At the most basic level, participants will pay 30 percent of their gross monthly household income toward their rent and utilities (according to charts), and the Housing Authority will pay the difference.
 - Assumes that the unit found was at or below the payment standard or \$50 per month, whichever is greater.
 - Not all Housing Authorities have a minimum contribution standard; \$0 income Veterans may still apply.
- Tulsa Stand Down 2016:
 - Of the 155 Veterans who self-identified as homeless, 133 are already receiving case management services for housing.

Overview of Military Sexual Trauma (MST) Program, Dr. Patty Byrd, MST Coordinator/Staff Psychologist, MST Program, JCMVAMC

- In FY 16, 665 women Veterans with a history of MST received any type of MST related health care services and 403 women Veterans with a history of MST received mental health MST-related services.
- Participation in current MST program:
 - Thirty six women Veterans in the weekly evidence based psychotherapy (EBP) group therapy,
 - Fifteen women Veterans in the weekly EBP individual therapy,
 - Six women Veterans in the biweekly peer support group,

- Twelve women Veterans in the weekly support groups led by Chaplain at the Coffee Bunker.
- Recent changes and future services:
 - JCMVAMC now has a women's mental health team working along with MST Services.
 - Currently expanding core skills group, to be available to all women; trauma history not a requirement.
 - Starting a cognitive behavioral therapy for binge eating disorder group.
 - Starting a MST Warrior Renew Program.
 - Women's yoga/mindfulness group.
 - Women's cycling group.
 - Women's art therapy group.
 - Regular treatment team meetings with the women Veterans.

In the afternoon, the Committee convened a closed session to tour the Jack C. Montgomery VA Medical Center due to patient privacy, in accordance with 5 U.S.C. 55b(c)(6).

Wrap up/Adjourn

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

Wednesday, September 20, 2017, Muskogee Regional Benefit Office, 125 South Main Street, Muskogee, OK 74401; Fort Gibson National Cemetery, 1423 Cemetery Road, Ft. Gibson, OK 74434

- The Committee convened a closed session and tour at the Muskogee Regional Benefit Office, in accordance with 5 U.S.C. 55b(c)(6).
- The Committee convened a closed session and tour of Fort Gibson National Cemetery, in accordance with 5 U.S.C. 55b(c)(6).

Thursday, September 21, 2017, Ernest Childers VA Outpatient Clinic, 9322 E. 41st St., Tulsa, OK 74145; Tulsa Vet Center, 14002 E. 21st Street, Tulsa, OK 74134-1412

- The Committee convened a closed session and tour at the Ernest Childers VA Outpatient Clinic, in accordance with 5 U.S.C. 55b(c)(6).
- The Committee convened a closed session and tour at the Tulsa Vet Center, in accordance with 5 U.S.C. 55b(c)(6).

Friday, September 22, 2017— Muskogee Civic Center, 425 Boston St, Muskogee, OK 74401

Meeting was called to order by the Chair

- The Committee conducted out-briefing with the Eastern Oklahoma VA Health Care System executive leadership team and women Veterans program manager; Muskogee Regional Benefit Office leadership; and Fort Gibson Cemetery leadership.
- The Committee conducted a town hall meeting with local women Veterans and other stakeholders. Approximately 5 individuals attended.
- Discussion: Wrap Up

Meeting Adjourned

/s/

Mary Westmoreland
Chair, Advisory Committee on Women Veterans

/s/

Kayla M. Williams
Designated Federal Officer, Advisory Committee on Women Veterans