

**U.S. Department of Veterans Affairs (VA)
Advisory Committee on Women Veterans (ACWV) Site Visit
VISN 12: VA Great Lakes Health Care System
Chicago, IL
September 10-12, 2018**

Attendance:

VA ACWV Members Present:

CMDCM Octavia Harris, USN, Ret., Chair	LTCOL Shannon McLaughlin, MA ARNG
Kailyn Bobb, USAF Veteran	Yareli Mendoza, USAF Veteran
LTC Lisa Kirk, MDANG, Ret.	Keronica Richardson, USA Veteran
LTC Kate Germano, USMC, Ret.	CWO Moses McIntosh, USA, Ret.
CDR Janet West, USN	COL Wanda Wright, USAF, Ret.
COL Betty Yarbrough, USA, Ret.	

VA ACWV Ex-Officio Members Present:

Laurine Carson, Compensation Service, Veterans Benefits Administration (VBA)

VA ACWV Ex Officio Members Excused:

Colonel Toya Davis, Defense Advisory Committee on Women in the Services (DACOWITS), Department of Defense (DoD)
Dr. Nancy Glowacki, Veterans Employment and Training Service, Department of Labor (DOL)
Dr. Patricia Hayes, Women's Health Services, Veterans Health Administration (VHA)

VA ACWV Advisors Present:

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

VA ACWV Advisors Excused:

CAPT Michelle Braun, Nephrology Nurse Practitioner, National Institutes of Health

Center for Women Veterans (CWV):

Anna Crenshaw
Shannon L. Middleton
Michelle Terry

Other VA Staff

Jelessa Burney— Advisory Committee Management Office (ACMO)
Janet Potter—Women's Health Services, VHA

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

Monday, September 10, 2018 – Edward Hines Jr. VA Hospital, Room E471; 5000 5th Avenue; Hines, IL 60141

Meeting was called to order by Command Master Chief Petty Officer (CMD CM) Octavia Harris, Chair, ACWV Member

- Introduction of Committee members and visitors.
- Review of agenda.
- Approval of minutes from the May 8-10, 2018 Advisory Committee on Women Veterans Meeting, in Washington, DC.

Purpose for Site Visit, Anna Crenshaw, Acting Director, Center for Women Veterans/ Acting 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 12, especially the Edward Hines Jr. VA Hospital.
 - 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 Edward Hines Jr. VA Hospital's 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.

Overview of Edward Hines Jr. Hospital Facilities/Programs/Demographics, Dr. Elaine Adams, Chief of Staff, Edward Hines Jr. VA Hospital

- Edward Hines Jr. Hospital's leadership:
 - Dr. Steven Braverman, Hospital Director.
 - Dr. Elaine Adams, Chief of Staff.
 - Michelle Schlup, Assistant Director.
 - Marianne Locke, Associate Director for Patient Care Services/Nurse Executive.
 - Candace Ifabiyi, Associate Director.
- Facility's vision is to be trusted as the premier Veterans health care system, with groundbreaking research, education and a valued, diverse workforce.
- Its mission is to proudly serve Veterans, by providing compassionate, comprehensive care of the highest quality supported by education and research.
- Lines of effort include:
 - Increasing Veteran and customer satisfaction.
 - Ensuring workforce development and just culture.
 - Maximizing Veteran-centered health care delivery.
 - Optimizing resources and processes through effective governance.
- Offers primary, extended and specialty care, and serves as a tertiary care referral center for VISN 12.

- Serves as the VISN 12 southern tier hub for pathology, radiology, radiation therapy, human resource management and fiscal services.
- Currently operates 483 beds and six community based outpatient clinics in Community out-based clinics in Elgin, Aurora, La Salle, Manteno, Joliet, and Oak Lawn.
- Services provided at the facility include: dental; medicine – all subspecialties; mental health; primary care; radiation oncology; rehabilitation; spinal cord injury; surgery; and women’s health.
- Mental health services:
 - A network of about 30 programs that provide in-patient care for acute stabilization, 24/7 emergency care, inpatient consultation, and a thriving outpatient clinic.
 - Unlike most non-VA systems, Hines also offers:
 - Primary care-mental health integration teams.
 - Same day new patient access.
 - Telehealth technology, including clinical video telehealth to home for Veterans.
 - Cutting edge evidence-based programs for treatment of post -traumatic stress disorder (PTSD).
 - Substance use disorder services, including a 21-day residential program, an opioid treatment program, and an outpatient program.
 - Suicide prevention programs.
 - Housing program with more than 200 community partners.
 - Progressive compensated work-therapy program.
 - A broad network of supportive services including Fisher House; caregiver support; home health aide program; respite program; Veteran foster home; and food pantry.
 - System of care for the chronically mentally ill, including case management services, a psychosocial recovery program, and an acute care program.
- Specialty services include:
 - Women’s health service;
 - Hospice and palliative care program;
 - Preservation, amputation, care and treatment;
 - Interventional cardiology and cardiovascular surgery;
 - Substance abuse programs, including residential;
 - Homeless programs;
 - Trauma services program;
 - Blind rehabilitation center;
 - Polytrauma center for severely injured Veterans;
 - Home-based primary care;
 - Spinal cord injury acute care;
 - Optometry and ophthalmology services;
 - Pharmacy;
 - Audiology and speech pathology.

- Dental Service;
- Extended Care Center;
- Physical therapy, occupational therapy, physical medicine and rehabilitation;
- Recreational therapy and kinesiotherapy service;
- MOVE Program for weight loss;
- Medical Foster Home program;
- No Veteran Dies Alone program;
- Former POW advocate;
- Health promotion and disease prevention;
- Community outreach team; and
- Transition and care management for Veterans returning from deployment.
- Surgical services highlights: complex cardiovascular procedures; laparoscopic pulmonary resections; trans carotid artery revascularization; wireless pacemaker; surgical oncology; and interventional pain procedures.
- The facility has affiliations and sharing agreements with 70 colleges and universities and 40 associated health professions.
 - Main medical school affiliation is with Stritch School of Medicine, Loyola University of Chicago.
- There are 1,300 students educated annually at Hines:
 - Medical, Surgical, Podiatry, Ophthalmology residents.
 - Nurses and many other medical specialties and health professions.
- Research:
 - Hines has a \$20 million research budget; 175 investigators, with 550 active studies.
 - Cooperative Studies Program
 - CINCCH Program
 - VIREC
 - NAVIGATE
- Community outreach:
 - Hines works with Veterans Service Organizations, county Veterans assistance commissions, local colleges and universities, not-for-profits and other organizations, to develop a calendar of regularly scheduled visits to communities.
 - Hines also participates in annual health and jobs fairs, and other Veterans-focused events.

Overview of VISN 12 Women Veterans Services, Dr. Chasitie Levesque, Lead Women Veterans Program Manager, VISN 12

- Demographics:
 - In Fiscal year (FY) 18, there were 25,763 enrollees, year to date (YTD); there were 18,639 uniques (FY18 YTD).
 - Enrollment is anticipated to grow 35,000, by FY 29.
 - VISN 12 encompasses eight facilities in Illinois, Wisconsin, and Michigan:
 - Jesse Brown VA Medical Center (Chicago, IL): 4,242 enrollees.
 - VA Illiana Health Care (Danville, IL): 2,439 enrollees.
 - Captain James A. Lovell Federal Health Care Center (North Chicago, IL): 3,407 enrollees.

- Edward Hines, Jr. VA Hospital (Hines, IL): 4,375 enrollees.
- Oscar G. Johnson VA Medical Center (Iron Mountain, MI): 1,385 enrollees.
- Tomah VA Medical Center (Tomah, WI): 1,889 enrollees.
- Clement J. Zablocki VA Medical Center (Milwaukee, WI): 5,023 enrollees.
- William S. Middleton Memorial Veterans Hospital (Madison, WI): 3,023 enrollees.
- The number of women Veterans using VA health care has tripled since 2000, growing from 159,810 in FY00 to 484,317 in FY17 (a 203 percent increase in 17 years).
- Number of VISN 12 women Veteran (WV) enrollees by age in FY18:
 - Fifty four percent (13,479) were younger than 25 to 49 years old.
 - Thirty six percent (9,037) were between the ages of 50 to 69.
 - Ten percent (2,402) were between the ages of 70 to 85 or more.
- VISN 12 Women Veterans top 10 conditions FY18:
 - Post-traumatic stress disorder (PTSD), chronic
 - Other specified counseling
 - PTSD, unspecified
 - Essential (Primary) hypertension
 - Major depressive disorder, recurrent/moderate
 - Low back pain
 - Anxiety disorder, unspecified
 - Type 2 diabetes mellitus, without complications
 - Major depressive disorder, recurrent/unspecified
 - Alcohol dependence, uncomplicated
- VISN 12 women Veterans program managers (WVPM):
 - VISN 12 Lead WVPM: Dr. Chasitie Levesque
 - Jesse Brown VA Medical Center (VAMC): Jenny Sitzer
 - VA Illiana Health Care: Eburn Croom-Osaze
 - Captain James A. Lovell Federal Health Care Center: Regina Norman-Walker.
 - Edward Hines, Jr. VA Hospital: Joseph Ader (Acting)
 - Oscar G. Johnson VAMC: Barbara Robinson
 - Tomah VAMC: Clelia Taylor
 - Clement J. Zablocki VAMC: Dr. Jill Feldman
 - William S. Middleton Memorial Veterans Hospital: Dr. Sandra Schumacher.
- Some of the current National and VISN partnerships include, but are not limited to: mental health; quality management; pharmacy; education; patient safety; community care; engineering; telehealth; and military sexual trauma (MST).
- VISN 12 Women's Health (WH) Dashboard measures for FY18, and second quarters:
 - Strategic plan in place approved: 88 percent.
 - Sites with gynecology onsite: 75 percent.
 - Rural sites, prefer to outsource gynecology for patient convenience.
 - Process for outsourced care: 88 percent.
 - Number of sites with WH-primary care physician (PCP): 100 percent.
 - Diabetes control: 82 percent.
 - Sites with rural health initiatives: 63 percent.

- Sites with telehealth: 100 percent.
- VISN 12 WH short term priorities:
 - Care coordination: ensure updated process in place for tracking of gender specific care
 - Access: ensure primary care and specialty care are equitable for male and women Veterans.
 - Culture: promote a safe and welcoming environment for women Veterans.
 - In-reach: collaborate with other VA program offices to enhance the WH program.
 - Chronic disease: identify chronic diseases impacting women Veterans quality of care.
- VISN 12 WH long-term priorities:
 - Care coordination: ensure that 0 percent of VISN 12 facilities have WVPMS serving in collateral role(s).
 - Out-reach: engage new community partnerships and promote new resources for Women Veterans.
 - Suicide prevention: collaborate with mental health to develop provider and patient education opportunities for suicide prevention in women Veterans.
 - Provider burn out: promote pay incentive to obtain/maintain dedicated WH PCPs.
- VISN 12 women Veterans education:
 - Women's Health education and training:
 - Focus on hiring and training providers to be proficient in women Veterans health care (WH-PCPs).
 - VISN 12 SCAN ECHO WH training (Case-based learning; 4 sessions per year).
 - National and local mini residency (MR) trainings for WH-PCPs and nurses:
 - VISN 12 will host a nursing MR in FY18 for over 60 nurses in VISNs 12, 10, and 23.
 - VISN 12 hosted a nursing MR in FY17, training 24 nurses.
- Percent of WVs assigned to a WH-PCP:
 - In FY16, 86 percent of WV's in the VISN were assigned to a WH-PCP.
 - In FY17, 88 percent of WV's in the VISN were assigned to a WH-PCP.
 - In FY18, 89 percent of WV's in the VISN were assigned to a WH-PCP.
- Women's Musculoskeletal (MSK) Health training program:
 - MSK conditions are the most highly prevalent conditions among women Veterans.
 - In FY16, Women's Health Services (WHS), in collaboration with the Salt Lake City (SLC) Women's MSK Health Training Team, developed a standardized MSK education program for primary PCPs in Women's MSK Health.
 - The curriculum includes didactics with slides, handouts, videos, checklists, and instructions for implementation of hands-on physical exam training.
 - Each site locally implements this training program for PCPs, which focuses on history and physical exam skills, and how they guide diagnostic reasoning.
 - PCPs are trained to perform brief exam sequences and understand how to integrate these exams into clinical care.
 - The three-day training program includes curriculum on evaluating and treating musculoskeletal conditions common in women, arthrocentesis/trigger point and

- joint injections, rheumatology, myofascial pain, complimentary and integrative health, and education to increase screening and treatment rates for osteoporosis.
- The program is approved for continuing medical education /continuing education units, and can be used toward continuing education to maintain WH-PCP designation.
- The SLC Women’s MSK Health Training team also travels to each site for their first local training.
- Training objectives:
 - To improve access to care for women Veterans with musculoskeletal conditions.
 - To increase the number of PCPs with knowledge of musculoskeletal conditions, including physical exam assessment skills, diagnostic reasoning, and ability to choose appropriate treatments for common musculoskeletal conditions in women Veterans.
 - To increase rates of osteoporosis screening and fracture prevention.
- VISN 12 Women’s Health Program Highlights:
 - VISN 12 Women’s Health telehealth programs include: tele-genetic counseling; tele-gynecology; tele-pharmacy; tele-prenatal; tele-transgender care; tele-mental health; and tele-maternity care coordination (pending, at the William S. Middleton facility).
 - Whole Health (Example Captain James A. Lovell FHCC):
 - Goals and objectives:
 - Modernization alignment (emphasizing Veterans’ and their families’ whole health (WHH) and wellness) for the Department of Veterans Affairs’ 2018-2024 Strategic Plan.
 - Focus on what really matters to the patient, providing them “mission ready life skills.”
 - Provide care to improved well-being and independence for Veterans.
 - Promising practice key elements:
 - Incorporating complementary and integrative health care.
 - Establish a WHH committee.
 - Perform environmental scan to identify current WHH offerings.
 - Resources:
 - VISN 12 Whole Health Team.
 - Tomah VA Medical Center (VISN 12 Lead).
 - National Whole Health training modules.
- VHA does not tolerate harassment:
 - VHA Directive 1330.01 states that each VA medical facility must ensure that female patients have access to medical care in an environment that provides privacy, dignity, and security.
 - VISN 12 End Harassment campaign:
 - Leadership training and support.
 - Develop facility workgroups to focus on facility needs and initiate training.
 - Focus on front line staff.
 - WVPs share best practices on VISN 12 WH Board calls.
 - Best Practices:

- Hines VA: Workshop training by Dr. Laura Miller (Director of Women's Health Mental Health).
- Jesse Brown VA: "Hey Baby", employee driven culture campaigns, leadership support.
- Milwaukee VA: videos developed for training.
- Other: Sister Assister diffusions at Madison, Tomah, and Hines (pending).
 - The Women's Ambassador Program and toolkit--National effort underway by Voluntary Service Office; modeled after existing local programs.
- National Baby Shower:
 - Hines VA participated in the first VA National Baby Shower, in May 2018.
 - Great opportunity for VA and Community partnership.
 - Well received; Veterans and families enjoyed opportunity to meet other Veteran mothers and fathers.
- Program challenges:
 - Changes in purchase care:
 - Streamlined care process (ongoing changes).
 - Loss of historical contracts (e.g. mammography).
- Care coordination:
 - Complexities in Community Care, and increased staff burden and burn out.
- Future/Next Steps:
 - Align strategic goals with VISN and facility plans.
 - Plan for anticipated growth--staffing, space, and modernization.
 - Explore new opportunities for outreach for women Veterans.
 - Enhancing Community Care network/coordination.
 - Decrease burnout and retain WH-PCPs.

Overview of Edward Hines Junior Hospital Women's Health Program, Corinne Steimer, SARRTP Program Manager; Dr. Hepsi Kalapala, Medical Director, Women's Health; Latha Panicker, Mammography Coordinator, Women's Health; Marisa Riis, Maternity Coordinator, Women's Health; Dr. Freager Williams, Gynecologist, Women's Health, Edward Hines Jr. VA Hospital

- Model 3 clinic at Hines main campus.
 - Separate area, with its own entrance and waiting room on the 12th floor of Bldg. 200.
 - Specialty services are co-located in this space.
- Each CBOC has a minimum of two Women's Health primary care physicians (WH-PCP).
- There were 4,375 women Veterans enrolled, as of June 2018.
- Hines' growth in women Veterans' enrollment:
 - Increase of 17 percent, from FY12- FY17.
 - An increase in the increase of Veterans of reproductive age, and the age group involving menopause/aging.
- Top 10 diagnosis in women Veterans seen at Hines:
 - Post-traumatic stress disorder, chronic.
 - Encounter for screening, unspecified.
 - Essential (primary) hypertension.

- Other specified counseling.
- Major Depressive disorder, recurrent/moderate.
- Low back pain.
- Counseling, unspecified.
- Major depressive disorder, recurrent/unspecified.
- Legal blindness.
- Hines VA Women's Health Services:
 - Hines Women's Health offers co-located services: gynecologist/urogynecologist; dietician; psychiatrists/psychologists; social work; primary care behavioral health; pharmacist; peer support specialist; MOVE! programming; and lactation room.
 - Maternity care and mammography coordination.
 - WH- PCPs:
 - Specially trained to take care of the complex medical problems of women.
 - Receive ongoing women's health specific education.
 - There are fifteen WH-PCPs in Hines's main campus.
 - There are 21 WH-PCPs in the six CBOCs around Chicagoland area.
- Primary care for women includes:
 - Care for acute and chronic illness.
 - Preventive services to promote health for life.
 - Breast and cervical cancer screens;
 - Heart health, diabetes, cholesterol management;
 - Lungs health, addressing smoking cessation, pulmonary disease, and asthma; and
 - Movement and weight management.
 - Large exam rooms, with attached bathrooms.
- Reproductive health services available include: contraception; preconception care; maternity care coordination; newborn care for up to the first 7 days of life; menopause management; gynecologic surgery; healthy aging through the life cycle; general infertility services; and in vitro fertilization (IVF) referrals for service connected-related infertility.
- Function of nurse practitioner (NP)/cervical and breast cancer coordinator:
 - Reviews mammography results for Hines and the CBOCs.
 - Charts audit for reporting of results to patients.
 - Tracks patients with Birads 0, 3, 4 and above.
 - Reviews coordination of care with multidisciplinary team, for cancer patients.
 - Follow-ups on breast clinic consults.
 - Assures test results have been sent in timely manner.
 - Reviews and track External Peer Review Program (EPRP) reports and track them.
 - Reviews pap reports.
 - Audits pap report; assure patients have been notified in a timely manner.
 - Tracks abnormal paps, and gynecology consults for abnormal paps.
 - Attends performance measure meetings.
 - Updates the WH director on findings and process improvements, like standardized reporting for paps and mammograms.

- Chairs patient aligned care team (PACT) performance improvement projects annually.
- Gynecological services provided at Hines:
 - All general gynecologic services, emergency room (ER) consults, inpatient consults, and serves as backup to VISN 12 CBOCs and part-time providers with ER transfer;
 - Comprehensive gynecologic surgical service and contraceptive management; and immunizations (HPV vaccine); abnormal uterine bleeding management (medical and surgical);
 - Treatment for infertility, menopause, sexual dysfunction, vulvar disease, incontinence, and prolapse.
- Gynecology procedures offered include: minimally invasive and open gynecologic surgery; colposcopy; hysteroscopy; LEEP procedure; IUD and Nexplanon placement and removal; Essure (now discontinued); pelvic injections; and cystoscopy.
- Basic infertility care includes: basic lab work-up; hysterosalpingogram (coordinated care with radiology); laparoscopy; and first line medical management.
- Urogynecology services offered include: pessary fitting for incontinence; sling procedure; fistula repair; gastrointestinal /urogyne multidisciplinary clinic for pelvic pain issues; and pelvic floor therapy.
- Maternity care program:
 - Nationwide, the use of maternity care has increased by 44 percent in the past five years.
 - Growth of maternity care program:
 - In FY12, there 35 total pregnancies; in
 - In FY18 (year to date), there were 70 pregnancies.
 - Maternity benefits provided to pregnant women Veterans:
 - Prenatal care, labor and delivery, postpartum care;
 - Laboratory and diagnostic tests;
 - Manual and electric breast pumps and supplies, maternity bras, support belt;
 - Prescriptions are filled at the VA pharmacy;
 - Pregnancy related education;
 - Medical care for the baby during the first week of life; and
 - Contraception.
 - Maternity care coordinator (MCC):
 - The MCC functions as a liaison between the patient, the community provider, and the VA medical facility.
 - The MCC is responsible for monitoring the delivery of care, coordinating such care and tracking outcomes of services that have been purchased through maternity purchased care.
 - Tools for maternity coordination:
 - MCC telephone care program;
 - Maternity care database, which is in development to become standardized maternity care tracker.
 - Maternity care coordination note title dialog.
- Women Veterans program manager (WVPM):

- Assists women with any coordination of care issues, and advocates for women Veterans services.
- Works closely with the women Veterans medical director, to monitor and improve program performance.
- Participates in weekly environment of care rounds, to assure all areas of the hospital adhere to VHA Directive 1330.01 (Health Care Services for Women Veterans) and provide an environment that ensures privacy, dignity, and security.
 - Every six months, the entire Hines facility and each CBOC are inspected.
- Presents at each new employee orientation, to educate all new staff about women Veterans and to introduce them to the WVPM.
- Employees are encouraged to reach out to the WVPM to assist with any issues that may arise in their respective areas, with regard to women Veterans care.
- Women Veterans Health Committee:
 - A multi-disciplinary group focused on the needs of women Veterans.
 - Seeks to improve the quality of care provided to women Veterans.
 - Assists in the development of the women Veterans program strategic plan.
 - Meets with workgroups, monthly or more often as needed.
- Hines End Harassment Campaign:
 - Findings from a VHA study demonstrated that 24 percent of women Veterans reported negative interactions with male Veterans when at a VHA facility.
 - Survey was conducted at 12 sites with a diverse urban/rural mix, across nine states.
 - A total of 1,395 women who used VHA primary care three or more times in the past year were interviewed.
 - Visuals (posters, flyers, buttons, Marlins)
 - Staff awareness/intervention training
 - End Harassment Committee:
 - Discusses numbers of reports and trends.
 - Identifies areas to target for trainings and/or additional visuals.
 - Currently developing a women Veterans workshop and additional tools, to assist Veterans.
 - Sister Assister used to make women Veterans more comfortable and provide support.
- Outreach:
 - The WVPM attends multiple outreach events in the community and hosts events at Hines.
 - So far for FY18, the WVPM participated in 20 outreach/inreach events, in an effort to engage/register women Veterans and raise awareness:
 - Stand downs;
 - College events;
 - Resource fairs;
 - (October) Breast Cancer Awareness;
 - Hines Goes Red for Heart Health;
 - Women Veterans Art Exhibit/Resource Expo;
 - Hines National Veterans Baby Shower; and
 - Tiny Boots.

Briefing on Community Care, Carolina Mosley, VISN 12 Community Care Program Manager

- Criteria for Community Care: eligibility (Veteran status); timeliness (care rendered within 30 days of clinically indicated date); distance (travel over 40 miles for service); and availability.
- Community Care can be used for gender specific services, such as:
 - Gynecology (if not offered or/and cannot be completed timely at the local VA medical facility);
 - Maternity;
 - Infertility;
 - Mammogram (contract with Loyola Medical Center);
- Community Care—maternity care:
 - The Non-VA Care (Fee) Office is responsible for:
 - Taking appropriate and timely action once a non-VA Referral consult is received consistent with VHA consult policies.
 - Streamlining the process for non-VA obstetric care approval to allow payment for a list of standard obstetric services based on relevant current procedural terminology codes.
 - Provide payment based on current prescribed payment processes.
 - Ensuring that all purchased care authorizations or contracts include, as appropriate, the following:
 - Tests and procedures within the standard of care in monitoring the pregnancy;
 - Routine labor and delivery services; and
 - Postpartum services, including home visitation, if needed.
 - Providing specific services included in the list of approved maternity services.
 - Providing guidance regarding filling fee basis or contract provider prescriptions.
 - Providing instructions regarding how prosthetic services are ordered for all necessary maternity related items.
 - Maternity belt, breast pumps and nursing bras may be obtained through a prosthetics consult.
 - Providing the requirements for a non-VA provider to coordinate care and update the VA provider with any change in the Veteran's condition(s) that may require separate authorization for services.
 - Providing instructions for all non-VA providers to notify the VA Fee office of an emergency admission or transfer, within 48 hours of the admission or transfer.
 - Providing payment process requirements, which include how:
 - Appropriate billing form(s) are completed;
 - Daily progress and physician notes are completed;
 - Discharge Summary is completed;
 - Admitting history and physical are completed;
 - Operating reports are completed, if applicable; and
 - Emergency room treatment notes are completed, if applicable.

- Providing VA contact instructions for an amendment of the authorization for necessary medical care not otherwise specified.
- Providing a letter to the Veteran and non-VA provider explaining Fee Basis authorizations.
- Ensuring that if the VA facility has a contract or sharing agreement with a specific non-VA maternity care provider.
- Community care—infertility treatment:
 - The Veterans' Health Care Eligibility Reform Act authorizes the Secretary of Veterans Affairs to provide health care to women Veterans, as determined to be medically needed.
 - Expanded to include IVF for certain Veterans with a service-connected disability that results in the inability of the Veteran to procreate without the use of fertility treatment.
 - VA may provide fertility counseling and treatment using assisted reproductive technologies (ART), including IVF, to a spouse of a Veteran with a service-connected disability that results in the inability of the Veteran to procreate without the use of fertility treatment.
 - Eligibility is determined by a service-connected disability and clinical judgment of the health care provider.
 - Benefit expires September 30, 2018, unless extended by Congress.
- Hines data FY18:
 - Hines authorized 95 orders for the following consults:
 - Choice-First mammogram (7);
 - Community Care-gynecology (12);
 - Community Care-infertility basic (8); and
 - Community Care-maternity (68).

Healthcare for Homeless Veteran (HCHV) Program; Kristy Bassett, Social Worker, HCHV; Kerry Thomas, Social Worker, Edward Hines Jr. VA Hospital

- The purpose of the HCHV Program is to help homeless and at-risk Veterans obtain:
 - Housing stability- access stable housing;
 - Financial stability- obtain a regular source of income; and
 - Clinical stability- establish medical, mental health, and addiction services.
- There were 811 unique Veterans served between October 2018 – April 2018:
 - Male Veterans: 729 (89.9 percent);
 - Female Veterans: 82 (10.1 percent);
 - Transgender Veterans (female to male): 0;
 - Transgender Veterans (male to female): 1;
 - Veterans between the ages 41-65: 69.5 percent;
 - Veterans between the 66-85: 9.4 percent; and
 - Veterans between the >=85: 0.1 percent.
- Specialty programs:
 - Resource and Referral Office:
 - Located in Building 228- 4 North, Room 4101;
 - Walk-in hours: Monday-Friday 9:00 am-3:00 pm;

- Immediate referrals to community agencies, shelters, and transitional housing; and
- Same-day assistance and practical supports.
- Outreach case management program:
 - Veterans requiring additional services may be referred for:
 - Intensive short-term case management;
 - Further assistance with housing and income; and
 - Clinical support to maintain stable living.
- Contracted emergency residential services (CERS):
 - Short-term emergency and transitional housing in the community; and
 - Prioritizes literally homeless Veterans, Veterans at-risk of becoming homeless, and Veterans being discharged from an inpatient medical unit.
- Low demand safe haven:
 - Transition housing and case management services for Veterans who have not been able to maintain stability in more traditional short-term housing programs.
 - Volunteers of America Hope Hall.
- Grant and Per Diem Program:
 - Transitional housing and case management services;
 - Provided by community agencies receiving oversight by HCHV program;
 - Short-term housing while Veterans work to transition into permanent housing; and
 - Fifteen bed program in Joliet; five bed program in Wheaton.
- Rural outreach:
 - Assist Veterans in accessing all available resources, services, and supports in rural communities (15 counties).
 - Outreach to Veterans through rural community providers, and assist in accessing VA benefits.
- Veterans Justice Outreach:
 - Ensures eligible justice involved Veterans get timely access to VA services, while helping to avoid unnecessary criminalization and incarceration of Veterans.
 - Outreaches to twelve area county jails.
 - Child Support Pilot Program.
 - Law enforcement training and education on Veteran specific issues.
- HUD-VASH Program:
 - Partnership between the Department of Housing and Urban Development (HUD) and VA Supported Housing (VASH).
 - Provides permanent housing and case management services to chronically homeless Veterans.
 - Receives 550 tenant based vouchers and 99 project based vouchers
 - Vouchers are located in Suburban Cook County, Aurora, Joliet, DuPage, and DeKalb Counties.
- Community employment coordinator:
 - Coordinates with VA and community employment services.

- This service supports Veterans and the employment outcomes for the Homeless Program.
- Other Supports
 - Homeless Veterans Dental Program
 - Peer Support
 - On-site supports: SNAP, SSVF, Employment, VBA
 - Hines VA Food Pantry:
 - Veteran-only food pantry
 - Second in all VA hospitals nationwide
 - Veterans can utilize the pantry one a calendar month
 - Serves 130 Veterans on average weekly
- Outreach:
 - Community outreach:
 - Targeted outreach to community shelters;
 - Coordination and consultation with community homeless providers, to ensure continuity of care;
 - Participation in continuums of care for seven counties; and
 - Manage community Veteran by-name lists, to ensure effective and appropriate housing placements of homeless Veterans.
 - National Call Center for Homeless Veterans:
 - 1-877-4AID VET or 1-877-424-3838
 - VA founded the hotline to ensure that homeless and at-risk Veterans have free, 24/7 access to trained counselors.
 - Assists Veterans and their families in accessing VA medical centers, Federal, state and local partners, community agencies, service providers, and others in the community.
 - Hines HCHV staff are notified via email when a Veteran contacts the hotline, and then starts outreaching to meet the needs of the Veteran.

Overview of Mental Health Services, Dr. Lisette Rodriguez-Cabezas, Staff Psychiatrist, Women's Mental Health Champion, Edward Hines Jr. VA Hospital

- Mental health services available at Hines for all Veterans:
 - Inpatient and outpatient treatment for severe mental illness, such as: psychosocial recovery, suicide prevention, and intensive case management.
 - Additional programs/services available: Health Care for Homeless Veterans, Justice Outreach, and Strength at Home.
 - Inpatient and outpatient addiction treatment.
 - General mental health care: general outpatient, psychotherapy, telehealth, and secure email.
 - Neuromodulation: transcranial stimulation and electroconvulsive therapy.
 - Treatment for trauma: trauma services program, and military sexual trauma.
 - Wellness: total health and resiliency, and compensated work therapy.
 - Engagement: peer support.
 - Medically complex treatment: consult/ liaison with psychiatry, primary care. behavioral health/primary care mental health integration, and home-based care.
 - Gender: women's mental health, and the Service and Pride program.

- Compared to civilian women, Women veterans have higher rates of...
 - Trauma (pre-military sexual trauma, MST, and intimate partner violence);
 - Psychiatric disorder;
 - Medical comorbidity;
 - Gynecologic comorbidity;
 - Multiple psychiatric disorders, including complex PTSD; and
 - Psychosocial stressors (homelessness, divorce).
- How VA modifies treatment for women Veterans:
 - Treatment acknowledges differences based on gender (gender roles, MST/trauma); sex (comorbidities in women/gynecological diseases pharmacokinetic differences); and reproductive stage (premenstrual, perinatal, perimenopausal).
- Previous treatment model included:
 - Women's Health Clinic (WHC) staffed by primary care women's health physicians and nurses; gynecologists; clinical pharmacist; nutritionist; social worker (primarily case management); and co-located psychiatrist (two half-days per week).
 - Communication consisted of a shared electronic medical record; occasional warm handoffs; and no huddles, multidisciplinary meetings, or shared case conferences.
- Adaptations to the model:
 - Mental health staffing was increased and diversified, with increased proportion of psychiatrists to account for clinical severity, complexity and comorbidities.
 - Initial psychiatric evaluations were moved to WHC from general mental health setting.
 - Follow-up options were enhanced in a "hybrid" model:
 - Patients with mild to moderate mental health problems, responsive to treatment, are followed by a primary care physician, with psychiatric consultation and care management as needed.
 - Patients with severe, complex and/or treatment refractory mental health problems are followed by WHC psychiatrist, with close coordination with other disciplines.
 - Interdisciplinary communication was enhanced via regular meetings, increased curbside consultation, warm handoffs, shared educational forums.
 - A woman Veteran trained as a peer support specialist joined the team to foster trust and treatment engagement.
- How VA modifies treatment for women Veterans:
 - Medications:
 - Adjust doses of some medications, based on the unique metabolism of women;
 - Be able to have a risk/benefit discussion with women about continuing/initiating medication before/during/after pregnancy;
 - Be familiar with common interactions between psychotropic medication and other gynecologic/obstetric medications prescribed to women; and
 - Appropriately prescribe and time medications for premenstrual dysphoric disorder.

- Psychotherapy:
 - Adapt cognitive behavioral therapy/interpersonal psychotherapy for heavy caregiver responsibilities;
 - Adapt psychotherapy to treat women's life stressors; and
 - Procedure support team for women undergoing pelvic exams who have experienced prior sexual trauma.
- Women Veteran mental health services include, but are not limited to:
 - Reproductive psychiatry (e-consults/in-person);
 - Women's Mental Health Psychosocial Habilitation Recovery Center (engagement clinic);
 - Anti-harassment initiative;
 - Skills Training in Affective and Interpersonal Regulation (STAIR);
 - Parenting STAIR;
 - Assertiveness training;
 - Women's mental health evaluations;
 - CVT to Home;
 - Women's Interdisciplinary Team;
 - Sister Assister;
 - Eating disorder team;
 - Team based phone message system/Myhealthvet;
 - Women's Trauma Services Program (TSP) provider;
 - Preconception planning consultation (psychiatry and pharmacology);
 - Integrated WHC and WMH clinics; and
 - Women's Mental Health Advisory Board.
- STAIR:
 - Available in women only group format, individual STAIR, (in person, via telehealth to Community Based Outpatient Clinic (CBOC) or CVT to home) and WebSTAIR.
 - Uniquely designed for individuals with trauma.
 - Identify emotions.
 - Develop coping skills.
 - Be aware of unhealthy relationship patterns and work toward change.
 - After completion of STAIR, patients can elect to participate in Parenting STAIR.
- Women's interdisciplinary team:
 - Team of psychiatrists, psychologists, social workers, peer support, and trainees collaborate to:
 - Discuss shared cases;
 - Refer patients to appropriate services;
 - Coordinate care;
 - Reduce barriers to treatment; and
 - Get input on challenging cases.
- Women's Mental Health Psychosocial Rehabilitation and Recovery Clinic (PRRC) is embedded in PRRC clinic; serves as the engagement clinic.
- Sister Assister:
 - Peers escort Veterans to their appointments.

- Trained women volunteers will also escort patients to providers for warm handoffs.
- Supports engagement.
- Reduces barriers.
- Women's Trauma Services Program (TSP) provider:
 - Trauma specialist trained in evidence-based treatment for PTSD.
 - Promotes trust/engagement especially for women Veterans that are ambivalent, or require skills acquisition prior to cognitive processing therapy and prolonged exposure therapy.
 - Provide continuity of care.
 - Meets the Veteran where she is, in regards to readiness for trauma work.
 - Helps enforce coping skills necessary for trauma work.
 - Is sensitive to women's needs/demands (caretaker role, perinatal issues, etc.).
 - Facilitates collaboration between the Veteran and trauma specialist for, continuity of care.
- Eating disorders team:
 - Provides consult service:
 - Psychiatrist;
 - Psychologist; and
 - Social worker.
 - Appropriately triage patients.
 - Curbsides for medication management.
 - Groups.
 - Evidence-based psychotherapy.
- Looking forward:
 - Yearly Women's mini-residency conference/training; this year, it is combined VA/DOD.
 - Needs assessments;
 - Women's mental health champions;
 - Monthly prescriber teleconferences;
 - Monthly clinician teleconferences; and
 - Quarterly women's mental health champion teleconferences.
 - Women's Mental Health Advisory Board:
 - Consists of women Veterans who have received VA mental health care.
 - They volunteer to help identify gaps, set priorities, give feedback about proposed initiatives, assist with strategic planning.
 - Women's Mental Health team:
 - Representatives from other relevant mental health services who meet regularly to coordinate and improve care for women Veterans.
 - Women's Mental Health Data Repository:
 - Promotes population management.
 - Supports quality improvement projects.

Briefing on Suicide Prevention, Lauren Johnson, Suicide Prevention Coordinator, Edward Hines Jr. VA Hospital

- Centers for Disease Control and Prevention (CDC) data:

- In 2016, nearly 45,000 suicides occurred in the U.S. among persons aged 10 and older.
 - Women accounted for approximately 23 percent of these deaths.
- Suicide is the 10th leading cause of death in the United States.
- During 1999-2016, suicide rates increased in nearly every state.
 - Suicide rates increased significantly in 44 states, with 25 states experiencing increases of more than 30 percent.
- From 2005-2015, the age-adjusted suicide rate for women increased by 34 percent, compared to a 13 percent increase for men.
 - During this period, the suicide rate for women in the U.S. increased in all age groups under 75.
- Data (2015) from 27 states indicate that 54 percent of suicide decedents were not known to have mental health conditions.
 - There is not one cause for suicide.
 - Various circumstances, including relationship issues, substance use, health and job or financial problems are among the other circumstances contributing to suicide.
- VA data:
 - VA has undertaken the most comprehensive analysis of Veteran suicide rates in the U.S., examining over 55 million Veteran records from 1979 to 2015, from every state in the nation, including Puerto Rico and the District of Columbia.
 - From 2005-2015, the age-adjusted suicide rate among women Veterans increased by 45.2 percent, compared to an increase of 35.3 percent for male Veterans.
 - In 2015 in Illinois, there were 154 Veteran suicides; approximately 10 of those were women Veterans.
 - In 2015, an average of 20 active-duty Servicemembers, non-activated Guard or Reserve Members, and other Veterans died by suicide each day.
 - Fourteen were not engaged in VA health care.
 - Six were Veterans engaged in VA health care; of those six, three had recent involvement with VA mental health services.
 - Sixty seven percent of all Veteran deaths from suicide were the result of firearm injuries.
 - Women Veterans are more likely to utilize a firearm than their civilian counterparts.
 - In 2015, firearms were used by 39.9 percent of women Veterans, compared with 30.7 percent of non-Veteran women.
- Many of our Veterans, especially women Veterans, are at increased risk; every interaction VA has with Veterans counts.
- VA needs to form partnerships with organizations that serve Veterans.
- What is the VA doing?
 - Recovery Engagement & Coordination for Health-Veterans Enhanced Treatment (REACH-VET)
 - A statistical approach to help identify Veterans utilizing VA health care services who are calculated to be at increased risk for suicide and other

- adverse events, and who may require increased access to services as well as enhancements to their care.
- With the current model, only 21 percent of those in the top 0.1 percent had been identified as at high risk for suicide, based on clinical signs.
- Program was rolled out in November of 2016.
 - In its first year, REACH VET identified approximately 30,000 Veterans at highest risk for suicide.
- Initial assessment shows that Veteran engaged by REACH VET resulted in more health care appointments; fewer inpatient admission related to mental health; and lower all-cause mortality rate.
- VA's suicide prevention program:
 - There are suicide prevention coordinators (SPC) at every VA facility and super CBOC.
 - SPCs educate and train all their facility mental health and medical staff.
 - SPCs report locally and nationally all Veteran suicide attempts and completions in their catchment area.
 - SPCs identify and track all patients who are identified as high risk for suicide.
 - These Veterans are placed on the high risk list (HRL) and are followed by the SPCs.
 - SPCs follow up with calls made to Veterans Crisis Line.
 - Patients on the HRL are followed closely for a minimum of 90 days and provided with an enhanced level of care:
 - High risk case management by SPCs;
 - Missed appointment follow-ups;
 - Safety planning;
 - Weekly mental health follow-up; and
 - Treatment planning that specifically addresses their suicidality.
- Hines VA' suicide prevention program:
 - Has five fulltime SPCs and five program support assistants.
 - Provides appointment reminder calls; clinical consultation for MHSL; and crisis intervention throughout entire medical center.
 - Closely collaborates with the Women's Mental Health Medical Director.
 - Providers and Mental Health Consumer Advocacy Counsel can provide gun locks.
 - Participates in several outreach events:
 - Women Veteran's Art Event & Resource Expo, in March 2018.
 - Staffed booth to raise awareness for suicide prevention, and to promote the Veterans Crisis Line.
 - Over 270 attendees.
 - Veteran Baby Shower, in March 2018.
 - Veterans Crisis Line bags and materials provided for 30 Veterans and their family members.
 - Fourth Annual Suicide Prevention Art Event.
- Hines VA hospital resources:
 - Mental Health Intake Center;
 - Suicide Prevention Team;

- Emergency Department – Main Hospital;
- Primary Care Behavioral Health, co-located in PACT clinics; and
- CBOC mental health social workers, at each clinic.
- Suicide survivor resources:
 - National Suicide Prevention Lifeline: 1-800-273-TALK (8255)
www.suicidepreventionlifeline.org.
 - Tragedy Assistance Program for Survivors (T.A.P.S.)
 - The 24/7 tragedy assistance resource for anyone who suffered the loss of a military loved one, regardless of the relationship to the deceased or the circumstance of the death. 1-800-959-TAPS (8277); www.taps.org.
 - American Foundation for Suicide Prevention (AFSP):
 - AFSP reaches out to survivors of suicide loss, to offer the support to the newly bereaved and to provide opportunities for survivors to get involved, through a wide variety of educational, outreach, awareness, advocacy and fundraising programs.
 - State by State directory of Support groups: www.afsp.org.
 - Survivors of Suicide: www.survivorsofsuicide.com.
 - Catholic Charities Loving Outreach to Survivors of Suicide (LOSS): (312) 655-7283; www.catholiccharities.net/loss.
 - A non-denominational program offered by Catholic Charities of the Archdiocese of Chicago in collaboration with the Diocese of Joliet.
 - Offers a support group for those who are grieving a death by suicide of a family member or close friend; LOSS also offers programs for children and youth.
 - The Dougy Center: The National Center for Grieving Children and Families: www.dougy.org.
 - National directory of general bereavement groups for children and teens, plus other helpful resources for helping children.
 - Suicide Awareness Voices of Education (SAVE): www.save.org.
 - Survivor Outreach Services (SOS):
 - Financial Counselors available;
 - Found at: www.MYARMYOneSource.com (Family Programs & Services).

Overview of Transition and Care Management, Ivy Lloyd, Transition and Care Management Clinical Manager, Edward Hines Jr. VA Hospital

- Services offered through Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) care management:
 - Coordination of transition into VA care for Veterans and active duty military personnel.
 - Initial screening assessments, to identify any current service needs.
 - Linkage to appropriate VA/community resources.
 - Coordination of VA services with families, and execution of support.
 - Ongoing care management, as clinically indicated.
 - Determination of need for referral to Caregiver Support Program.
- Provides a program of comprehensive assistance for family caregivers:

- To be eligible, the Veteran for whom the caregiver is providing care must have been discharged on, or after September 11, 2001; be enrolled in VA health care; have sustained a serious injury, including traumatic brain injury, psychological trauma, or other mental disorder that was incurred or aggravated in the line of duty; and be in need of personal care services.
- Family caregiver benefits include stipend, health care insurance, counseling, and travel and lodging.
- For more information, visit www.caregiver.va.gov or call the Caregiver Support Line at 1-855-260-3274.
- Outreach efforts:
 - Extensive outreach events conducted at least monthly in collaboration with local agencies and military personnel, to attract OEF/OIF/OND Veterans who have not registered for care.
 - In 2010, Hines VA hired a staff person who assists with coordinating outreach efforts.
 - Examples of outreach activities: meetings where the post deployment health reassessments (PDHRAs) are conducted; Yellow Ribbon events; local community colleges events; local job fairs; and the annual Welcome Home event.
- Common service needs of returning OEF/OIF/OND Veterans:
 - Treatment for complex and multi-faceted medical issues:
 - Traumatic brain injury treatment;
 - Musculoskeletal concerns;
 - Headaches;
 - Gastrointestinal concerns; and
 - Pain management.
 - Treatment for mental and behavioral health issues:
 - PTSD;
 - Depression;
 - Substance abuse/dependence; and
 - Suicidal Ideation/attempts.
 - Accessing state/Federal benefits.
 - Vocational-related assistance and economical support:
 - Family support;
 - Housing-related needs; and
 - Financial needs.
- Hines offers OEF/OIF/OND Veterans:
 - Dental services (contingent on specific eligibility criteria);
 - Medical services: primary and specialty care available; enhanced Women's health services; and six CBOCs.
 - Behavioral health services, to include psychotherapy and psychiatry services.
 - Expertise in spinal cord injury, blind rehabilitation, and polytrauma services.
 - Hines has been named a Polytrauma Network Site, since 2006.
- Referral sources:
 - Local VHA staff who are assigned to military treatment facilities (MTFs) across the country.
 - Post-deployment military events.

- Inpatient/outpatient Hines VA clinics and the CBOCs.
- Walk-ins.
- Admissions/Benefits Department, and other VA hospitals across the country.

Skills-Based, Trauma-Informed, Recovery Programming for Women Veterans, Dr. Marilyn Garcia, Psychologist, Edward Hines Jr. VA Hospital

- History of Hines VA's psychosocial rehabilitation and women's bridge programming:
 - Hines VA's Psychosocial Rehabilitation and Recovery Center (PRRC) established by Dr. Garcia, who served as program manager, from 2009-2017.
 - An intensive, outpatient, specialty mental health program.
 - Supports recovery and community integration of Veterans with serious mental illness (SMI) and significant functional impairment.
 - Admission requires primary diagnosis of SMI, which includes severe Posttraumatic Stress Disorder (PTSD).
 - Mental Health Recovery Model
 - Ten essential mental health recovery components: hope, person-driven, many pathways, holistic, peer support, relational, culture, addresses trauma, strengths/responsibility, and respect.
 - Trauma history common among SMI population:
 - PTSD is the second most common diagnosis among PRRC participants at local, VISN, and national levels.
 - Types of interpersonal trauma include: child abuse/neglect, bullying, military sexual trauma (MST), non-military sexual assault, intimate partner violence, combat trauma, and neighborhood/gang violence.
 - Poor social/interpersonal skills and emotional difficulties, due to persistent symptoms (i.e., complex trauma).
 - Observed trends in SMI population:
 - Increase in women Veterans accessing mental health care;
 - Requests for female-specific programming;
 - Veterans' preference for skills-based treatment;
 - Difficulty tolerating intense trauma treatment, or residual emotional/interpersonal difficulties following past therapies; and
 - Trust issues and low frustration tolerance impacting participation in mixed-gender services.
 - Special trauma-related rehabilitation and gender-specific needs:
 - Present-centered, skills-based learning;
 - Assertiveness training;
 - Emotional awareness and management;
 - Restructuring of maladaptive social/relationship beliefs;
 - Importance of building rapport, meeting Veteran at current stage of recovery, and reducing barriers to treatment engagement; and
 - PRRC classes addressed some of these needs (e.g., Social Skills Training, Anger Management) but missing trauma-informed component.
 - Pilot of Courage Group for female PRRC Veterans (2015):
 - Skills-based, 12-session, cognitive-behavioral group protocol;
 - Designed for survivors of sexual trauma;

- Cohort of four women with history of child and/or adult sexual trauma.
- Positive response to treatment:
 - High attendance;
 - Three out of four women subsequently enrolled in trauma-focused therapy; two engaged in peer support services;
 - Request for additional women's programming; and
 - Led to start of women's Skill Training in Affect Regulation (STAIR) class and other STAIR-related services.
- STAIR:
 - Developed for individuals who have experienced trauma, such as multiple and sustained forms of interpersonal violence.
 - Evidence-based and present-focused (not exposure to trauma).
 - Skills target two main areas—emotion regulation and relationships.
 - Treatment goals:
 - To decrease problems with mood (i.e. PTSD and depressive symptoms, anger, anxiety).
 - To increase emotional engagement and social/interpersonal effectiveness.
 - Individual and group/class formats for women Veterans enrolled in mental health service line (MHSL) services.
 - It includes: 10-12 weekly sessions; face-to-face sessions at Hines; telehealth to CBOC; and VA video to home.
 - Sessions cover emotional awareness and focus on body, thoughts, behavior; distress tolerance; understanding and changing your relationship patterns; healthy boundaries and increasing assertiveness; power balances in relationships and increasing flexibility; increasing intimacy and closeness; and self-compassion.
- webSTAIR:
 - Web-based therapy initiative funded by VA Office of Rural Health, and directed by the National Center for PTSD, Dissemination and Training.
 - Hines VA selected as one of three pilot sites for a 3-year project, in FY17.
 - Reduces barriers to care for women Veterans with MST living in rural areas (e.g., time, distance, child care, physical health).
 - Self-guided, web-based version of STAIR:
 - Ten weekly modules completed independently and securely online.
 - Supplemented by coaching sessions via VA video to home.
- Parenting STAIR:
 - Parenting-specific extension of STAIR that serves as booster treatment.
 - Designed for STAIR graduates who continue to struggle with trauma-related reactions in their parent-child relationships.
 - Appropriate for individuals who have successfully completed individual, group, or web-based STAIR.
 - Builds on key concepts learned through STAIR treatment.
- Assertiveness training:
 - Follows evidence-based, VA Social Skills Training (SST) model.
 - Trauma-informed and modified for women Veterans:
 - Curriculum based on feedback from female STAIR/SST class graduates.

- Exploration of factors influencing communication styles (i.e., trauma, military, family, gender-based norms).
- Review of STAIR handout on Basic Personal Rights.
- Utilizes role-plays, for hands-on skill acquisition.
- Former SST graduates serve as “role-play buddies.”
- Class format for women Veterans enrolled in MHSL services. It includes 13 weekly sessions; face-to-face at Hines; and telehealth to CBOC.
- Collaborative efforts for engagement of women Veterans:
 - Bridge sessions and invited guests incorporated into STAIR cohorts, for education/linkage to other recovery-oriented services.
 - Coordination of care between Women’s Mental Health (WMH) and Psychosocial Rehabilitation:
 - Tuesday clinics for on-site WMH psychiatry and multi-directional “warm handoffs” to PRRC, STAIR, and WMH providers;
 - Recovery-oriented treatment environment in building 13;
 - Expansion of women’s services, for increased female presence in waiting areas (e.g., STAIR, Assertiveness Training, WMH clinics); and
 - Sister Assister and female PRRC alumni availability.
- STAIR-Related Services for Women (FY16-18 to date)
 - In FY16:
 - Of 16 STAIR class enrollees, five began services with PRRC; three attended an optional bridge session with PTSD specialty clinic; three started women’s peer support group; one received services from Compensated Work Therapy (CWT) program.
 - In FY17:
 - There were 103 referrals; 99 unique Veterans (96 females, three males).
 - Twenty nine percent of women were seen via Tuesday WMH/bridge clinic efforts.
 - Of those women Veterans enrolled in PRRC at end of year, 44 percent had been linked through STAIR/bridge work.
 - In FY18:
 - There were 95 referrals/Veterans served to date (84 females, 11 males).
 - Services provided via individual, class, web-based, face-to-face, telehealth to CBOC, and video to home.
 - Fourteen of 18 women from this year’s cohorts of STAIR class have received bridge session education.
 - Sixty percent of the STAIR class completers have enrolled in another service (e.g., PRRC, Assertiveness Training), following completion of class.
 - Approximately 10 cohorts of skills-based classes have been offered for women Veterans with a history of trauma, since 2015.

In the afternoon, the Committee convened a closed session, to tour Edward Hines Jr. VA Hospital due to patient privacy, in accordance with 5 U.S.C. 55b(c)(6).

Wrap up/Adjourn

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

Tuesday, September 11, 2018 – Captain James A. Lovell Federal Health Care Center; 30001 Green Bay Road, North Chicago, IL 60064; Room 134-C108

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

- Introduction of Committee members and visitors.

Purpose for Site Visit, Anna Crenshaw, Acting Director, Center for Women Veterans/ Acting 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 12, especially the Captain James A. Lovell Federal Health Care 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 Captain James A. Lovell Federal Health Care Center's 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.

Homeless Veteran Program, Jennifer King LCSW, Grant and Per Diem Liaison, FHCC; Jennifer Olden, Program Manager, Domiciliary Care for Homeless Veterans, FHCC; Emily Nelson, Program Manager, Homeless Program, FHCC

- Homeless programs:
 - Healthcare for Homeless Veterans (HCHV): serves as an entry point for Veterans and their families who are either currently homeless or at-risk of becoming homeless.
 - Services provided through the HCHV:
 - Outreach and education to homeless Veterans and community partners;
 - Response to Veterans who contact the National Call Center for Homeless;
 - Follow-up, referrals, homeless case management; and
 - Walk-In Center for Homeless Veterans.
 - Mental Health Residential Rehabilitation Treatment Program (MH RRTP) Homeless Program:
 - MH RRTP Homeless Program is a 60 bed homeless residential program located at Lovell Federal Health Care Center.
 - To be eligible, Veterans:
 - Must be homeless or at risk of becoming homeless;
 - Must not pose a significant risk of harm to self or others;
 - Be capable of self-care;

- Have goals of achieving self-sufficiency, through employment or saving current income;
- Be willing to engage in treatment plan;
- Attend groups and participate in community activities;
- Must be able to ambulate up and down stairs independently;
- Must agree to 90 days length of stay; and
- The domiciliary does NOT serve as emergency housing.
- Grant and Per Diem (GPD):
 - GPD is a 20 bed transitional housing program for homeless Veterans, located in Hebron, IL.
 - Veterans must be willing to engage in case management services
 - Maximum length of stay is two years.
 - Must have a goal of gainful employment, or be able and willing to pay rent.
 - Rent is 30 percent of income.
- HUD VASH Program:
 - Utilizes a housing first model that emphasizes housing chronically homeless Veterans first, and then arranging access to health care and other supportive services.
 - Lovell has employed the housing first model in HUD VASH, from the time the program started at the facility in December 2008.
 - Provides permanent Section 8 Housing Vouchers to chronically homeless Veterans.
 - Veterans must be willing to engage in case management services.
 - Veterans cannot be listed on the National Offender Lifetime Registry for serious sexual offense.
 - Must meet the definition of chronically homeless:
 - One year continuously in a shelter or on the streets, or have four episodes of homelessness on the streets or in a shelter within the past three years.
- Veterans Justice Outreach (VJO):
 - The VJO program aims to avoid unnecessary criminalization of mental illness and extended incarceration among Veterans, by ensuring that eligible, justice-involved Veterans have timely access to VA health care services, as clinically indicated.
 - VJO provides outreach, assessment and case management for justice-involved Veterans.
 - Liaisons work with local justice system partners in Lake, McHenry and Cook Counties.
 - Veteran may be referred through the Court System, by Law Enforcement Agencies, Treatment Providers, by self-referral or identified through outreach efforts at county jails.
 - VJO social workers provide and coordinate training for law enforcement personnel on Veteran-specific mental health needs.
 - Legal charges must be deemed a probational offense.
- Compensated Work Therapy/Transitional Residence Program (CWT/TR):
 - The CWT/TR program is an 18 bed community-based residential program for homeless and unemployed Veterans.

- Eligibility criteria:
 - Veteran must be unemployed, with a goal of securing permanent employment.
 - Veteran must be employable.
 - Veteran should be capable of self-care to include independent medication administration.
 - Veteran must be willing to engage in treatment planning and case management services.

**Overview of Captain James A. Lovell Federal Health Care Center Facilities/
Programs/Demographics, CAPT Andrew Archila, Executive Officer**

- The Captain James A. Lovell Federal Health Care Center (FHCC) consists of the North Chicago VA Medical Center and Naval Health Clinic Great Lakes.
- It is the first fully integrated VA – DoD medical facility in the U.S.:
 - Since October 1, 2010.
 - One fully integrated staff; one funding stream; one command structure.
 - Serves Veterans, active duty military. U. S. Navy recruits, and family members.
- FHCC patient populations breakdown:
 - Assigned Veterans: 19,678.
 - Active duty military: 4,088.
 - Active duty family members: 4,890.
 - Retirees and retiree family members: 4,764.
 - Non-enrolled recruits/students currently on board: 10,418.
 - Total non-enrolled recruits/students year to date: 57,730 (Oct 2016 through March, 2017).
- Women Veterans at FHCC:
 - Women Veterans comprise 23 percent of the total Veteran patient population, or 4,526 of the total 19,678 Veteran patients served.
 - There are about 35,000 women Veterans in the catchment area who are eligible for services at the FHCC, but do not get their health care services at Lovell.
 - The FHCC's market penetration for women Veterans is about 13 percent
 - The total market penetration is currently 15 percent for all Veterans in the catchment area.
- FHCC's mission and vision are to ensure world class quality of care and to be the employer of choice.
- Its goals are to improve outpatient transition of care; enhance patient flow; meet patient satisfaction benchmarks; improve communication and visibility; and enhance employee development and engagement.

Mental Health/Suicide Prevention, Kristina Lecce, Social Work Executive, Suicide Prevention Coordinator/Transition Care Management Program Manager, FHCC

- Suicide among Veterans:
 - A 2016 comprehensive suicide study was released.
 - There were 20 Veteran deaths by suicide, per day.
 - Fourteen out of 20 Veterans do not get their care at a VA facility.
 - Veterans account for 18 percent of all deaths by suicide in the United States.

- The risk of death from suicide among Veterans is 21 percent higher than the general population.
- Suicide among women Veterans:
 - Women Veterans have 2.4 times the risk of dying by suicide than the civilian population.
 - Women Veterans are 18 percent more likely than civilian women to use a firearm as a method for death by suicide.
 - The firearm suicide rate among women Veterans has increased faster, and to a greater degree, than suicide rates among Women Veterans using other methods,
- Mental health of women Veterans:
 - Women Veterans are more likely to have a mental health diagnosis.
 - Women Veterans have higher rates of depression and anxiety.
 - Women Veterans have higher rates of mental health and medical comorbidities.
 - These patterns are similar to gender differences observed in the general population
 - Similar rates of PTSD among male and female OEF/OIF/OND Veterans
 - Women Veterans who received care at a VA facility were 75 percent less likely to die from suicide than women Veterans who do not receive VA care.
- Suicide prevention and women Veterans:
 - Maintain close working relationships with staff: MST social workers; Transition Care Management Program; WVPM; and military suicide prevention coordinators.
 - Best practices:
 - Having a high risk review committee;
 - Suicide Prevention Coordinators participating in weekly review of Transition Care Management patients;
 - Suicide Prevention co-facilitation of women's groups;
 - Suicide Prevention participating in planning for women Veterans programming;
 - Participating on community suicide coalitions;
 - VISN 12 Coordinated Suicide Prevention Outreach; and
 - VISN 12 Coordinated gun lock distribution.

Transition and Care Management (TMC), Kristina Lecce, Social Work Executive, Suicide Prevention Coordinator/Transition Care Management Program Manager, FHCC

- Women Veterans:
 - Female Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Veterans and Persian Gulf War Veterans had less severe psychopathology and more social supports than did Vietnam War women Veterans.
 - Female OEF/OIF Veterans had less severe psychopathology, and were exposed to less sexual and noncombat trauma than were Persian Gulf War women Veterans.
 - Women Veterans have fewer interpersonal and economic supports; greater exposure to different types of trauma; and more diverse mental health diagnoses compared to male Veterans.

- Women have higher rates of depression, musculoskeletal disorders, adjustment disorders and skin conditions.
- Mental health of women Veterans:
 - Women Veterans have 2.4 times the risk of dying by suicide than the civilian population.
 - Women have different standards about when and how to present mental health issues.
 - They have differing concerns about the career impact of reporting a mental health issue.
 - They have differences in early life trauma.
 - They have differing experiences of prejudice and discrimination.
 - They experience service isolation.
- Transition care management (TCM):
 - Maintain close working relationships with staff:
 - Traumatic brain injury team;
 - Mental health/homeless;
 - Women's health;
 - WVPM;
 - Local colleges;
 - Community resources; and
 - FHCC Outpatient and Inpatient Programs.
- Best practices:
 - Having a female transition patient advocate on the TCM team.
 - Conducting monthly steering committee meeting.
 - Weekly review of hospitalized mental health TCM patients.

**Integrated Women's Health Program (Primary Care, Gynecology, Mammography)
Dr. Tahira Juiris, Medical Director, Women's Health, FHCC; Dr. Amanda Hill,
Attending Physician, Surgical Service, FHCC; Dr. Ahmad Taheri, Attending
Physician, Gynecology, FHCC; Dr. Piyush Vyas Acting Associate Director,
Clinical Support Service, FHCC**

- Mammography services:
 - Current services include: screening mammography; diagnostic mammography; and focused breast ultrasound; ultrasound guided biopsies; stereotactic biopsies; and preoperative stereotactic needle localizations.
 - More than 2500 breast studies were performed in 2017.
 - All cases of newly diagnosed breast cancer are presented and thoroughly discussed at the multidisciplinary tumor board.
 - Equipment available:
 - Two GE mammography units (one unit with 3-D tomosynthesis capability).
 - Two additional units have been ordered (both with 3-D capability).
 - One Toshiba ultrasound unit.
 - Recently replaced; state-of-the-art technology.
 - One Hologic prone stereotactic biopsy table.
 - Currently offline, due to network security concerns. Being replaced by one of the ordered 3-D units.

- Looking forward:
 - Self-referral mammography program will be launched within the next few weeks allowing for improved, prompt access to mammography services.
 - Newest MRI scanner has capability of breast imaging.
 - While additional training is required before launching this service, it is on the horizon.
- FHCC offers a full scope of general gynecologic services:
 - Menstrual disorders;
 - Fibroids, polyps;
 - Pelvic pain, endometriosis;
 - Cervical dysplasia;
 - Vulvar conditions;
 - Ovarian/adnexal cysts/masses;
 - Family planning;
 - Infertility;
 - Pelvic organ prolapse and urinary incontinence;
 - Menopause; and
 - Early pregnancy conditions.
- FHCC treats menstrual disorders, such as heavy periods and irregular cycles.
- Provides a complete workup (labs, hysteroscopy, biopsy, etc.).
 - Treatment options: medical and surgical referral for malignancy.
- Fibroids treatment:
 - Diagnosis using various technologies, such as saline infusion sonohysterography, hysteroscopy, MRI.
 - Treatment options:
 - Hormonal suppression (pills, Lupron, Depo, IUD);
 - Hysteroscopy – resection;
 - Myomectomy – open or laparoscopic;
 - Hysterectomy – vaginal, laparoscopic, open; and
 - Referral needed for uterine artery embolization.
- Pelvic pain, endometriosis:
 - Diagnosis with skilled exam;
 - Careful evaluation of all possible etiologies;
 - Treatment tailored to the individual;
 - Pelvic floor physical therapy;
 - Hormonal suppression;
 - Transcutaneous electrical nerve stimulation (TENS);
 - Medical management of neuropathic pain;
 - Collaboration with GI; and
 - Laparoscopic treatment of endometriosis.
- Cervical dysplasia:
 - Screening and management of abnormal Pap/HPV;
 - Colposcopy;
 - Loop electrosurgical excision procedure (LEEP) – in office or the operating room;
 - Pap tracker; and
 - Referral for malignancy.

- Vulvar conditions:
 - Vulvar cysts;
 - Abscess;
 - Lichen sclerosis;
 - Atrophic vaginitis; and
 - Abnormal lesions.
- Ovarian/adnexal cysts/masses:
 - Diagnosis and counseling;
 - Surveillance;
 - Surgical treatment – mostly laparoscopic; and
 - Referral for known or suspected malignancy.
- Family planning:
 - Preconception counseling:
 - Full range of contraceptive options;
 - Pill, patch, ring;
 - Depo Provera;
 - Nexplanon, IUDs; and
 - Sterilization.
 - Counseling and referral for unintended pregnancy.
- Pelvic organ prolapse, urinary incontinence:
 - Evaluation of prolapse and incontinence.
 - Treatment options:
 - Pelvic floor physical therapy;
 - Medical management for over active bladder;
 - Pessary; and
 - Surgical management (referral for advanced cases):
 - TVT;
 - Uterosacral suspension (laparoscopic); and
 - Vaginal repair.
- Menopause:
 - Evaluation of postmenopausal bleeding;
 - Treatment of hot flashes and vaginal dryness; and
 - Hormone replacement.
- Early pregnancy conditions:
 - Evaluation of bleeding/pain in early pregnancy;
 - Medical and surgical management of miscarriage; and
 - Medical and surgical management of ectopic pregnancy.
- Minimally invasive gynecologic surgery:
 - Hysteroscopy:
 - Resection of fibroids and polyps;
 - Septum resection;
 - Asherman's syndrome;
 - Foreign bodies; and
 - Endometrial ablation.
 - Laparoscopy:
 - Hysterectomy, including large uteri;

- Endometriosis, adhesions;
- Myomectomy;
- Pelvic masses/cysts; and
- Essure removal.

Key Issues Impacting the Care of Women Veterans at the FHCC, Women Veterans Coordinator and Team/ Regina Norman-Walker, Acting Women Veterans Program Manager, FHCC

- Collaborative efforts:
 - Formulating a monthly newsletter;
 - Developing a postpartum depression support group;
 - Collaborative events with minority Veteran committee; and
 - End harassment/sexual harassment supervisor training collaboration.
- Upcoming events:
 - September 2018—Women Veterans Program Committee Meeting (Washington, D.C.);
 - October 2018— Breast Cancer Screening;
 - November 2018— The American Legion’s Women Veteran Luncheon in (Gurnee, IL).
 - January 2019— Baby Shower (Volunteer Services)
- Current events:
 - Whole Health rollout;
 - Alternative Pain Group – Rachelamma Antony, RN;
 - Pelvic Floor Exercise – Dr. Alayu-Nichols;
 - Word of Power – Dr. Sharp & Mary Bellomo; and
 - Bridging to Health – Life After Cancer – Anna Bonney, RN.

In the afternoon, the Committee convened a closed session to tour Captain James A. Lovell Federal Health Care Center, due to patient privacy, in accordance with 5 U.S.C. 55b(c)(6).

Wrap up/Adjourn

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

Wednesday, September 12, 2018 –Chicago Regional Benefits Office; 2122 West Taylor Street, Chicago, IL/ Abraham Lincoln National Cemetery; 20953 West Hoff Road, Elwood, IL 60421

- The Committee convened a closed session and tour at the Chicago Regional Benefits Office, in accordance with 5 U.S.C. 55b(c)(6).
- The Committee convened a closed session and tour of Abraham Lincoln National Cemetery, in accordance with 5 U.S.C. 55b(c)(6).

Meeting Adjourned

/s/

CMDCM Octavia Harris, USN, Ret.
Chair, Advisory Committee on Women Veterans

/s/

Anna Crenshaw
Acting Designated Federal Officer, Advisory Committee on Women Veterans