

**Department of Veterans Affairs (VA)
Advisory Committee on Women Veterans Site Visit
Veterans Integrated Service Network (VISN) 6
VA Mid-Atlantic Health Care Network
Durham, NC
April 1-5, 2019**

Attendance:

VA ACWV Members Present:

CMDCM Octavia Harris, USN, Ret., Chair	CWO Moses McIntosh, USA, Ret.
Kailyn Bobb, USAF Veteran	CDR Janet West, USN
LTC Kate Germano, USMC, Ret.	COL Wanda Wright, USAF, Ret.
CMDCM Linda Handley, USN, Ret.	COL Betty Yarbrough, USA, Ret.

VA ACWV Members Excused:

LTC Lisa Kirk, MDANG, Ret.	Yareli Mendoza, USAF Veteran
LTCOL Shannon McLaughlin, MA ARNG	Keronica Richardson, USA Veteran

VA ACWV Ex Officio Members Excused:

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

Jacquelyn Hayes-Byrd
Anna Crenshaw
Alohalani Bullock-Jones
Shannon L. Middleton

Other VA Staff

Jelessa Burney— Advisory Committee Management Office
Carrie Kairys—Women's Health Services, VHA
Wendy Yeldell—Veterans Experience Office

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

Monday, April 1, 2019 – Durham VA Health Care System (508 Fulton Street, Durham, NC 27705), Community Living Center Auditorium/Activity Room N1071 (1st Floor)

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

- Introduction of Committee members and visitors.
- Review of agenda.
- Approval of minutes from the December 18-20, 2018 Advisory Committee on Women Veterans Meeting, in Washington, DC.
- Durham VA Health Care System Leadership welcomed the Advisory Committee on Women Veterans, Department of Veterans Affairs (VA) staff, and other attendees.
- Jacquelyn Hayes-Byrd, Executive Director, Center for Women Veterans provided greetings to the Durham VA Medical Center and thanked them for hosting the ACWV.

Purpose for Site Visit, Anna Crenshaw, Deputy 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 6.
 - 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 facilities' 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 VISN 6 Facilities/Programs/Demographics, Lisa Shear, Chief Nurse Executive, VISN 6

- VISN 6's Footprint:
 - Seven health care systems (1926 hospital beds) in North Carolina (Salem; Salisbury; Durham, Ashville, and Fayetteville) and Virginia (Richmond and Hampton).
 - Seven VA Campuses; five health care centers (Charlotte, Greenville, Wilmington, Kernersville and Fayetteville).
 - There is a total of 32 community clinics, to include two clinics offering dialysis one clinic rehabilitation.

- One domiciliary (169 beds).
- Seven community living centers (676 beds).
- Governance Structure:
 - Includes an executive leadership council (ELC) that is chaired by the network director and the deputy network director; the ELC also includes a sub-council addressing resource management and component addressing ethical issues in community practice.
 - Four committees address the areas of organizational health; quality, safety and value; health care delivery; health care operations. Some of the committees have subcommittees that focus on issues in their respective areas of responsibility.
- VISN 6 Clinical Service Line Structure:
 - VISN 6 is organized in a matrixed structure with facilities. Service leads and program officials provide oversight for: primary care; medical and specialty care; mental health and homeless coordination; surgery; geriatrics extended care and rehabilitation; imaging; pharmacy; research; women's health; care coordination; and clinical informatics operations.
 - A chief medical officer and chief nurse officer/ quality management officer have direct oversight of clinical service line leads and program officials.
 - Health system specialists provide support as needed to the clinical service leads and program officials.
 - Service line leads and program officials provide support and consultation to VISN and medical center management concerning planning, coordination, operation and evaluation of services and programs relating to their position.
 - Seek to reduce variation in program implementation and care delivery in their clinical areas; ensure implementation of new initiatives consistent with national directives.
 - Serve as subject matter experts and interface with national program offices.
- VISN 6 has many clinical programs and services, to include:
 - primary care; medical and specialty care; mental health and homeless coordination; surgery; geriatrics extended care and rehabilitation; spinal cord injury and rehabilitation center (acute and chronic); polytrauma rehabilitation center; geriatric primary care.
 - It also has a free-standing dialysis clinic, in Fayetteville and Durham VA; a free-standing cardiac cath. lab and a clin-sim lab in Salisbury VA; a chronic pain management center; heart rransplant and left ventricular assist device (LVAD) destination therapy programs, in Richmond, VA; a regional tele-ICU program; a behavioral recovery outreach program for long term care; imaging; pharmacy; women's health; care coordination; and clinical informatics operations.
- VISN 6 Research Programs:
 - Parkinson's disease research, education and clinical Center (Richmond). partnering with Virginia Commonwealth University.
 - Geriatrics research education and clinical centers (Durham).
 - Mental Illness Research, Education and Clinical Center (MIRECC).
 - Center of Innovation (Durham).
 - Polytrauma exoskeleton.
- Care in the Community Other Ongoing Efforts:

- Achievements:
 - Commitment to care coordination as a foundational service drove non-VA care coordination position description and performance measure standardization across the network.
 - All seven medical centers significantly improved community care consult performance, and supported the payment process by ensuring authorizations are entered timely.
- Challenges:
 - Roll out of the new community care tools is negatively impacting bandwidth and increasing latency.
 - Lack of a nationally classified GS-14 community care chief position description is inhibiting ability to attract and retain the most qualified candidates to lead this pivotal program.
- VISN 6 Challenges:
 - Balancing unique patient growth with resources (FTEE, space, communities).
 - Mandatory staffing requirements.
 - SAIL access.
 - Community access (Difficult to place patients; mental health is difficult to find).
 - Community care (staffing, backlog, awaiting new CCN contract).
 - Recruitment (physician salary caps; community competition).

Overview of VISN 6 Women Veterans Services, Shenekia Williams-Johnson, WVPM Lead, VISN 6

- There were 62,927 female enrollees in VISN 6, end of year fiscal year (FY)18; 53,227 women Veterans (WV) users, end of year FY18.
- There were 65,783 male Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/NOD) Veterans, and 9,904 female OEF/OIF/NOD Veterans.
- The VISN consists of seven medical centers; five health care centers; and 27 community-based outpatient clinics.
- Over a 10-year span, VISN 6 ranked number one for WV growth rate (9.5 percent).
 - FY18, VISN 6 rated number two in the Veterans Health Administration (VHA) for women Veterans (WV) growth.
 - FY08 - FY18, VISN 6 ranked number one in VHA for overall growth (all Veterans).
 - VISN 6 was only 0.2 percent behind VISN 20 for 10-year overall growth trend in WVs growth.
- With 16,095 WV enrollees and 12,102 users, Fayetteville Health Care System serves the highest number of WVs; Hampton VA Health Care System serves the second highest number of WVs, with 15,826 WV enrollees and 10500 WV users.
- Women Veterans Program Highlights:
 - Participated in the Veteran Experience Office workshop to hear the voices of women Veterans – “Moments that Matter” – at the Durham and Fayetteville facilities.

- Two-hour workshop resulted in establishment of National Journey Map for women Veterans – “Building Trust with Women Veterans.”
- Women Veterans shared their stories, compared their experiences and helped VHA understand where to focus its improvement efforts.
- Fayetteville will continue with research initiative.
- White board implemented in the women’s health center, to communicate time delays in Durham.
- Veteran/Family Advisory Board – Salem.
- I CARE Video featuring two women Veterans – Salisbury.
 - “My Life, My Story” initiative inclusive of women Veterans.
- Traditional and virtual women’s health mini residencies.
- Musculoskeletal (MSK) Grant for Women:
 - Women’s Health Services (WHS) in collaboration with the Salt Lake City women’s MSK health training team, developed a standardized MSK education program for primary care providers (PCPs) in women’s MSK health.
- Women Veterans Art Exhibit displayed at Durham, Hampton, Salisbury, and the VISN.
- Awarded MIRECC grant, to address and increase combat women Veterans’ access to the health care system – Salisbury.
- Outreach and In-Reach Activities:
 - “Women Veterans Summit and Expo” – North Carolina State.
 - “Women Veterans Summit” –Richmond, VA and Hampton, VA.
 - Health campaigns.
- Women’s Health Program Highlights:
 - Mobile mammography van and screening mammograms - Greenville and Wilmington Health Care Centers.
 - Saturday screening exams – Hampton and Salisbury.
 - Tomosynthesis (3D mammograms) – Durham, Hampton, Salisbury, and Fayetteville.
 - Breast MRIs and breast biopsies – Durham, Salisbury (Bx to Fayetteville and Hampton this fiscal year).
 - Rural health grant for Women’s Health maternity and mammography coordinator – Ashville and Durham).
 - Whole health initiatives in Women’s Health.
 - Successful in vitro fertilization (IVF) pregnancy and delivery – Fayetteville.
 - Active community outreach.
 - Annual skin cancer screening – Salem.
 - One assistant women Veterans program manager – Salem.
 - Telehealth Initiatives for Women:
 - Tele-genetic counseling;
 - Tele-gynecology;
 - Mental Health (MH) Web Skills Training in Affect and Interpersonal Regulation (STAIR);
 - Transgender Special Care Access Network-Extension for Community Healthcare Outcomes (SCAN-ECHO).

- Military sexual trauma.
- Tele-mental health.
- Tele-dermatology.
- Women's Health Program Highlights:
 - Focus on hiring and training providers to be proficient in women Veterans' health care (WH-PCPs).
 - Women's Health (WH) retreat for WH providers.
 - WH symposiums.
 - Collaborations with local area health education center.
 - National and local mini residency (MR) trainings for WH-PCPs, nurses, MH staff.
 - Salisbury was awarded a WH Emergency Department training grant – May 2019.
 - Richmond was awarded a WH mini residency (MR) grant – August 2019.
 - Musculoskeletal training – all VISN slots full for April, July, August, September.
 - VISN 6 will fill slots for upcoming national MR trainings for July and August.
 - Women's MH MR and trainings.
- VISN 6 Women Veterans (WV) Education:
 - Focus on hiring and training providers to be proficient in Women Veterans health care (WH-PCPs).
 - Women's health retreat for WH providers.
 - WH symposiums.
 - Collaborations with North Carolina Area Health Education Centers.
- VISN 6 Women's Health Program Goals:
 - Access: ensure primary care and specialty care are equitable for all Veterans.
 - Culture: promote a safe and welcoming environment for WVs.
 - Care coordination: ensure a process is in place for tracking of gender specific care (mammography and cervical care).
 - Suicide prevention: collaborate with MH/suicide prevention program and community partners, to raise awareness and educate on services available.
 - Veterans experience: include gender data in VISN and facility reports, to address unique concerns.
- VISN 6 Women's Health Program Challenges:
 - Access to care.
 - Community care.
 - Ongoing changes.
 - Complexities increase WH staff burnout and burden.
 - Care coordination.
 - Staffing and retention.
- "Women's Health Is Everyone's Business."

Overview of Durham VA Health Care System

Facilities/Programs/Demographics/Community Partners, Marri "Nicki" Fryar, Associate Director, Patient Care Services/Chief Nurse Executive, Durham VA Health Care System

- Durham VA Health Care System's vision is to be the benchmark of excellence and value in health care.

- Its mission is to ensure that every Veteran receives care that is safe, timely, effective, efficient, equal, and patient centered.
- Durham VA Health Care System's area of service profile:
 - Serves 27 counties in North Carolina.
 - Includes 10 sites of care, two Vet Centers, and one state Veterans home.
- Delivering Quality Care Affiliations include:
 - Duke University School of Medicine and Nursing.
 - Brody School of Medicine at East Carolina University.
 - University of North Carolina School of Dentistry and Nursing.
 - North Carolina Central University School of Nursing.
 - More than 1,700 trainees, from 120 unique disciplines covering 100 affiliates/schools.
 - More than 90 associated health paid trainees.
 - One hundred seventy resident trainee positions.
 - More than 800 physician/dental resident trainees.
- Delivering Quality Care Research:
 - In FY 17, there was \$38 million in research expenditures.
 - There are 150 Investigators.
 - There are 480 active research projects.
- Measuring Success:
 - Durham's access and quality Website shows Veterans what the expected wait times are to be seen in the facility; tells them how well the facility compares to others nationwide; and allows Veterans to rate their care at the facility.
 - External inspections demonstrate favorable results:
 - Durham was recognized as top performer on key quality measures by Joint Commission.
 - First to host Office of Research Oversight with zero findings.

Overview of Durham VA Health Care System's Women's Health Program, Jamie Upchurch, Women Veterans Program Manager, Durham VA Health Care System

- Women Veterans (WV) using Durham's services increased from 1,795 in FY06 to 6,404 in FY18.
- The projected enrollment for unique WV in 2028 is 10,813.
- Women Veterans who use VA:
 - Largest group of WV using VA are ages 45-65.
 - Racially diverse population.
 - High rates of service connected disability, mental health conditions, sexual trauma, and musculoskeletal injuries.
- VISN 6 is the fastest growing VISN in the country:
 - Durham is the second fastest growing VA health care system (HCS) in the country.
 - Throughout the HCS, Durham averages about 3,000 WV uniques/month. (As compared to 30,000 male Veteran uniques/month).
- Primary Care for Women:

- Model 3 (Comprehensive Women's Health Care) available at the Durham VA HCS (main medical center), Greenville Health Care Center (HCC), and the Raleigh HCC (targeted for 2024).
- Model 2 clinic (separate but shared space) located at the Raleigh III Community based out-patient clinic (CBOC).
- Model 1 clinics (primary care clinics) located at the Durham VA HCS, Hillandale CBOC, Raleigh I CBOC, and Morehead City CBOC.
- Gynecological Care for Women:
 - Provided at the Durham Women's Health Clinic (Monday-Friday), and the Greenville Women's Health Clinic (Friday mornings).
 - Includes management and treatment for, but not limited to: abnormal uterine bleeding; painful/heavy menses; contraception; fibroids; sexually transmitted infections; pelvic pain; menopause; infertility; incontinence; urogynecology; maternal fetal medicine counseling; and preconception counseling.
 - Offers initial screening and referrals for subspecialty services (pelvic floor therapy, gynecology oncology, in vitro fertilization, etc.).
- Maternity Care:
 - WH care coordinator funded by a 2018 rural health grant.
 - Care coordination between the Veteran, VA, and community providers.
 - Durham VA HCS averages approximately 100 pregnancies each year.
 - Services include: classes for child birth, parenting, and lactation; genetic testing; labor, delivery, and postpartum exam (up to six weeks); post-partum contraception; newborn care for seven days, starting at birth; breast pump and nursing bras; and prescriptions filled at a VA pharmacy.
 - There is a lactation room, on fifth floor of the facility.
- Women's Health Mental Health Services Offered:
 - Psychiatry/psychology/social work: individual and group therapy offered.
 - WH MH groups: evidence-based therapies.
 - Primary Care Mental Health Integration (PC-MHI): available for same-day evaluations or via consult; provides MH evaluation, consultation, assessment; triage Veterans needing specialty MH care; and provides short-term treatment (maximum nine months) after which Veteran is discharged to PCP or transferred to MHC for ongoing treatment.
 - Same day access.
 - Psychiatric emergency care, available 24/7 via the emergency department.
 - Intimate private violence and military sexual trauma coordinators available.
- Lesbian/Gay/Bi-sexual/Transgender/Queer (LGBTQ) Veterans:
 - Staff is encouraged to use Veterans' preferred name and pronoun (she/her; he/him; they/their).
 - Privacy officer assists with documentation/record changes.
 - Facility has an interdisciplinary transgender care team and a LGBT Veterans care coordinator.
 - Services provided include: wellness groups; hormone therapy; psychiatry/psychotherapy; and prosthetics (wigs, Stand-to-Pee devices, chest binders, etc.).
- Emergency Services for Women:

- Management of: cardiac symptoms; mental health crisis; acute sexual assault; acute pelvic pain; and vaginal bleeding.
- Emergency contraception (Plan B/Ella).
- POC pregnancy testing.
- Screening for IPV.
- Pelvic stretcher, for emergent gynecological exam.
- Transvaginal ultrasound.
- North Carolina Vet Centers:
 - Located in Raleigh, Greenville, Greensboro, Jacksonville, Fayetteville, and Charlotte.
 - Vet Center Call Center 24/7; 1-877-WAR-VETS (927-8387).
 - Veterans with service in combat or area of hostility, or who experienced MST are eligible for service.
 - Vet Centers guide Veterans and their families through major life adjustments.
 - All services are free, and are strictly confidential.
 - Individual and group counseling are available for family, bereavement, MST, education, substance abuse, employment, benefits, traumatic brain injury (TBI), depression, and other issues.
- Prosthetic equipment is available to Veterans who are enrolled in VA health care, and have a medical need for a prosthetic service/item.
 - Women-specific prosthetic items include, but are not limited to: breast pumps; nursing bras; post-mastectomy items; wigs for alopecia; long-acting reversible contraception (e.g., intrauterine devices); maternity support belts items; and vaginal dilators.
- Whole Health System:
 - Helps Veterans focus on self-management and health via tools such as: battlefield acupuncture; mindfulness; mind-body techniques; meditation; yoga; Tai-chi; massage; art therapy; and music therapy.
 - Their individualized personal health plan encompasses elements that empower Veterans to define their purpose and aspirations; treat their ailments; and equip them with self-care techniques, skill building and support.
- Examples of Activities Employed to Outreach to Women Veterans:
 - Monthly campaign events (breast cancer, heart health, MST, etc.).
 - Military Appreciation Day at State Fair.
 - Yellow Ribbon Stand Down Events.
 - Women Veterans Town Hall, in conjunction with exhibiting the Center for Women Veterans' Women Veterans Athletes Initiative and Women Veterans Art Program.
 - North Carolina Women Veteran Summit and Expo.
 - North Carolina Student Transition Resource Initiative for Veterans Education (STRIVE) events.
 - North Carolina Central University's Women's Health Awareness Day.
 - "Adopt a table" at Nurses Week event.
 - Breast Cancer Awareness "Sharing Your Journey" event, in collaboration with the Chaplain Service.

Breast Cancer Program, Dr. Oluwadamilola Fayanju, Attending Physician, Durham VA Health Care System

- Breast Cancer Among Veterans:
 - There are 40,000 Veterans diagnosed/year with cancer.
 - Women Veterans – fast growing demographic.
 - Breast cancer is number one cancer among women Veterans (30 percent of all new cancers).
 - There are 400 new breast cancers/year; Durham has one of the highest volumes.
 - There have been 8,000 patients treated nationally since 1995
 - There are 60 cases of male breast cancers at VAMCs each year.
 - May represent large proportion of national total.
 - Diagnosed at later stage vs female cases.
 - Outcomes vs civilian population unclear.
- Breast Clinic at Durham treats:
 - Benign disease (low risk) to include: breast masses: fibroadenoma; cyst; papilloma; and phyllodes (can be malignant); mastitis; mastodynia; and nipple discharge.
 - Benign disease (high risk) to include: atypical ductal hyperplasia (ADH); atypical lobular hyperplasia (ALH); and lobular carcinoma in situ (LCIS).
 - Would require confirmatory surgical excision after core needle biopsy; referral to medical oncology for chemoprevention; and high-risk surveillance.
- High-risk Surveillance:
 - Risk assessment.
 - Referral to genetics (as appropriate).
 - Annual exam in breast clinic.
 - High-risk radiographic screening: 3D mammogram annually and breast MRI annually.
- Breast Cancer Diagnosis and Treatment:
 - Care coordination between several departments, to include medical oncology, radiation oncology, plastic surgery, genetics, social work/mental health, and the Multi-D Tumor Board.
- Breast cancer surveillance includes an annual visit with mammogram in the Breast Clinic for five years.
- Volume seen in clinic (9/1/16 to present):
 - Number of new consults: 158.
 - Number of operative benign patients: 13.
 - Number of new/recurrent cancer patients: 47 (45 operative and two non-operative).
 - Number of cancer survivors in surveillance: 28.
 - Number of high-risk patients in surveillance: five.
 - Number of unique patients:
 - FY 17: 109.
 - FY 18: 166.
 - FY 19: 108 (to date).
- Breast Cancer Support Group:

- Started in January 2018.
- Meets on the third Friday, at noon in the Women's Health Clinic.
- Lunch/beverages provided.
- Attendance: six to nine women.
 - Transportation assistance provided.
- Next steps:
 - Increase referral base via centralization.
 - Grow joint surgery oncology/plastics practice.
 - More research:
 - Health services research.
 - Clinical trials.

Voice of the Woman Veteran/Perspective of Care for Women Veterans at Durham VA Health Care System, Bernie Donato, Consumer, Durham VA Health Care System

- Ms. Donato shared how the services she receives at the Durham VA health Care System helped her heal and use what she learned to help others do the same.
- She explained how exploring her creative and athletic outlets were instrumental to her finding peace and self-fulfillment.

Women's Health Research and Quality Improvement in the Durham VA, Dr. Karen Goldstein, Core Investigator, Durham VA Health Services Research and Development; Durham Site Lead, VA Women's Health Practice Based Research Network

- Quality Improvement (QI):
 - Cardiology clinic for WV:
 - Funded by Women's Health Services grant.
 - Started in April 2015.
 - Meets monthly, within the Women's Health Clinic.
 - Staffed by a cardiology physician assistant.
 - Has treated more than 50 new consults and 25 follow ups.
 - Well-received by patients.
- Past Durham WH QI projects:
 - ER clinical pathways of care for women (2012-2013):
 - Collaboration with emergency room staff.
 - Note/order templates.
 - Shared at national and regional level.
 - HIV screening for WV (2011-2012):
 - Multi-pronged effort to promote HIV testing among women: provider focused educational detailing; clinical reminder advocacy; special presentations; and awareness raising events.
 - Five-fold increases in testing.
 - Durham became one of nine VAQS sites in August 2018.
 - Two-year fellowship program in health care quality improvement for inter-professional clinical scholars: nurses; physicians; psychologists; and physical therapists.

- Local focus on implementation science, QI practice, informatics and statistics.
- Clinical focus includes WH, geriatrics, pain/function, Operation Enduring Freedom/Operation Iraqi Freedom Veterans' MH.
- Locally Initiated Research:
 - Gender-based differences in weight loss (Dr. Bryan Batch):
 - What is the experience of women in MOVE!?
 - How do women perform nationally?
 - Are there differences in baseline characteristics that could help inform future research?
 - Secondary data analysis of cohort women and men completing MOVE! survey between 2008-2013.
 - There were 25 qualitative interviews with women Veterans who had enrolled in MOVE!
 - The odds of losing a clinically significant amount of weight were no different for women vs men.
 - Barriers reported by women include: low attendance; lack of gender specific focus of setting and program materials; emotional eating, stress; difficulty with weight and diet tracking; and lack of knowledge regarding action planning.
 - VISN 6 Mid-Atlantic Mental Illness Research, Education and Clinical Center (MIRECC) Women Veterans Work Group (WVWG):
 - Composed of investigators with a shared interest in the mental and physical health of WV.
 - Created to:
 - Collaborate on projects examining WV and sex/gender differences, including analyses using the MIRECC's PDMH and other datasets, as well as discussing grant funding, programming, and mentorship opportunities.
 - Encourages all investigators to consider including gender in analyses and grants, and to reach out to us to help support those projects.
 - WVWG Provides researchers with:
 - Assistance with interpretation of sex /gender differences.
 - Manuscript assistance.
 - Facilitate consultation with national women's mental health subject matter and policy experts.
 - Mentorship for interested trainees and junior investigators.
 - WVWG's publications have addressed a myriad of issues impacting women Veterans, such as: comorbidity of mental health disorders and substance abuse, and comorbidity of pain and certain mental health disorders.
 - Current Projects underway on the following: race, gender, religion/spirituality, and chronic pain; suicide, pain, and gender; and a new collaboration that includes longitudinal dataset that tests a theoretical model of suicidality.
- Heart Health for Women Veterans (Dr. Karen M. Goldstein):
 - Examines how to reduce WV's risk of cardiovascular disease (CVD), and the role peer support can play in promoting heart healthy behaviors among women Veterans.
 - Provides a secondary data analysis of the National Survey of Women Veterans.

- Conducts interviews with WV at risk for heart disease.
- Includes a pilot study of peer support to promote healthy diet and physical activity.
- WV users of VA are at particularly high risk of CVD, compared with non-VA users.
- Preferences for gender-specific care and PTSD are associated with being at higher risk for CVD.
- Peer support interventions could fit the need for accountability.
 - Building trust is important.
 - Fit identity as a 'helper' (altruism).
- Heart health buddies: peer support pilot study, to reduce cardiovascular risk among Veterans.
 - Considering the feasibility and acceptability of this concept; will be a 50:50 recruitment of women and men; and will look at gender-based differences.
- Research on Enrollment and Retention of Women and Men in Health Services Research and Development Trials (Karen Goldstein, Wei Duan-Porter, Aviel Alkon, Maren Olsen, Corrine Voils, Susan Hastings):
 - Sex-and gender-specific science is needed to inform the provision of patient-centered, evidence-based care.
 - Acquiring evidence specific to women requires recruitment of a sufficient number of women participants to support sex-based analyses.
 - Within VA, WVs are the fastest growing subpopulation; but they continue to be a numerical minority at 9.4 percent.
 - Key findings:
 - For all but one study, a similar proportion of women are participating to the proportion in the potentially eligible pool of patients.
 - Women do not appear to be dropping out of studies more than men.
 - Overall, women were participating in these studies at rates similar to ,or greater than what is seen in the population of Veterans with the disease being studied.
- Durham Evidence Synthesis Program (ESP):
 - One of four awarded VA ESP centers nationally.
 - Three high-quality, service-directed systematic reviews and evidence maps annually per year for VA Operations leaders.
 - Recent WH projects include:
 - Telehealth Services Designed for Women: An Evidence Map.
 - Non-pharmacologic Treatments for Menopause-associated Vasomotor Symptoms.
 - Sex-effects in High-Impact Conditions for Women Veterans: An Evidence Map.
- Women's Health Practice Based Research Network (PBRN); Durham Site Lead –K. Goldstein:
 - One of four inaugural PBRN sites starting 2010.
 - Multi-site research studies:
 - Patient Centered Mental Health Care for Women Veterans (Principal Investigator, Kimerling).

- Implementation of “Caring for Women Veterans” Program.
- Women Veterans’ Experiences with Maternity Care.
- Multi-site QI projects:
 - Testing of novel homelessness vulnerability clinical reminder.
 - Testing of a novel cardiovascular risk assessment tool.
 - Survey of women, regarding preferences for complementary and integrative care options.
 - Survey of women, regarding stranger harassment on VA grounds.

Transition Care Management (TCM), Susan Watkins, Director, TCM, Durham VA Health Care System

- VA provides enhanced enrollment opportunity and five years of cost-free health care to Veterans who served in a theater of combat operations, for any injury or illness associated with this service.
- National Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) statistics:
 - Separated OEF/OIF/OND Veterans: 1,939,959.
 - Number who have used VA health care since FY 02: 1,158,359.
 - Former active duty: 1,185,160.
 - Reserve/National Guard: 754,799.
 - Ninety two percent were seen out-patient only.
 - Eight percent was hospitalized at least one in VA.
 - Demographics:
 - Male= 87.8 percent.
 - Female= 12.2 percent.
- What VA is seeing:
 - For the Post-9/11 Veterans population, a higher percentage of women than male Veterans were age 34 or younger; about 48 percent of the total Post-9/11 population is age 34 or younger.
 - Post-9/11 Veterans are more racially diverse than all other Veterans.
 - Post-9/11 WV are more racially diverse than their male counterparts.
 - Post-9/11 male Veterans are more likely to be married; Post-9/ WV are more likely to be divorced.
 - A higher percentage of Post-9/11 WV live in poverty, live in a household that received food stamps, and had no income compared to their male counterparts.
 - More male Post-9/11 male Veterans used VA health care than female Post-9/11 Veterans.
 - Caring for WV and ensuring that they are aware of their eligibilities has been a focus of TCM, due to a high number of North Carolina National Guard (NCNG) deploying to imminent danger pay areas.
 - Some of TCM program’s partners include: the NCNG, North Carolina Yellow Ribbon Program, the North Carolina Governor’s Working Group, and North Carolina Strive.
- North Carolina ranks number four, among the states for the number of active-duty military, with 105,000 Servicemembers.

- Twenty percent of the US active duty military lives within a five hour drive from Durham.
- VISN 6 is the fast growing VISN, at this time.
- Total regional Veterans population (North Carolina, South Carolina and Virginia) is nine percent of the total Veterans population.
- Regionally, Veterans are younger and more likely to be female.
- Reintegrating home:
 - Thirty thousand single mothers have deployed in support of OEF/OIF/OND.
 - They are juggling tremendous/multiple demands.
 - They have less social supports.
 - They are reintegrating into communities with less understanding that women were exposed to combat also.
 - Many women do not know their eligibilities, upon integration.
 - VA works closely with the Guard and Reserve, to help support access to care.
- North Carolina war-related data:
 - Forty-five percent of women versus 50 percent of men in a national sample reported some combat exposure (Jacobson et al., 2008).
 - Among Iraq deployed combat support (Hoge, Clark, & Castro, 2007): 47 percent of men versus 36 percent of women reported firefights; 15 percent of men versus seven percent of women reported shooting at the enemy; and 38 percent women versus 29 percent men reported handling human remains.

Healthcare for Homeless Veteran (HCHV) Program, Ellecia Thompson, Social Worker, Durham VA Health Care System

- Durham VA Homeless Program's mission is to provide exceptional health care, supportive services, and housing resources to Veterans experiencing homelessness, using principles of person-centered recovery-oriented care.
- It's vision is to work toward a future in which no Veteran who desires housing goes without.
- Program's goals are:
 - To return homeless Veterans to his/her highest level of functioning.
 - To restore the health and psychosocial functioning of homeless Veterans.
 - To help Veterans to live without dependence on alcohol and/or illicit drugs.
 - To improve Veterans overall physical and mental health.
 - To increase Veteran's employability and/or income.
 - To help Veterans secure and maintain affordable housing.
- A homeless Veteran is:
 - Someone who is living in a place not meant for human habitation; in emergency shelter; in transitional housing; or is exiting an institution where he/she temporarily resided, if they were in shelter or a place not meant for human habitation before entering the institution.
 - Someone who is losing their primary night-time residence, which may include a motel or hotel or a doubled-up situation, within 14 days and lack resources or support networks to remain in housing.
- VA's Homeless Program serves Veterans through various and partnerships.

- VA's National Call Center for Homeless Veterans (877-424-3838) was created to improve homeless Veterans' access to VA services and programs and other community resources. It is a National, twenty-four hour resource for homeless Veterans.
- Outreach and in-reach include making visits to community places where homeless or at-risk persons go for help, such as missions, shelters and soup kitchens. Referrals are made to emergency shelters, VA, or other community services.
- VA works with area shelters, such as: Urban Ministries of Durham, Durham Rescue Mission, Inter-faith Council for Social Service Community House, South Wilmington Street Center for Men, Home Start –Interfaith Council for Social Service, Salvation Army (Women and Children), and Helen Wright Center (single women).
- Homeless Patient Aligned Care Team (H-PACT) makes primary care services accessible to homeless Veterans, so that they can safely and adequately manage their medical and mental health conditions more independently outside of clinic.
 - H-PACT considers a referral, if the Veteran: is homeless or in temporary housing; and does not have a primary care provider; or visits the ER often due to uncontrolled medical problems; and/or frequent hospitalizations for physical illnesses.
 - Durham's H-PACT is available on every third or fourth Friday of the month from 10am-2pm, and every Tuesday afternoon at 1pm.
 - Raleigh VA CBOC I's H-PACT is available on every first and second Friday of the month, from 10am- 2pm.
- Contracted emergency residential services provide short term housing for homeless Veterans with serious mental illness and/or substance use conditions.
 - Veterans can reside for 30-120 days.
 - Veterans must be eligible for VA health care.
 - Veterans must be able to complete activities of daily living without assistance.
- Grant and Per Diem (GPD) offers transitional housing and supportive services are provided by non-profit organizations.
 - Eligible Veterans served at least one day of active duty (other than for training) and have a discharge that is other than dishonorable.
 - Veterans can reside six months (not to exceed 24 months).
 - Not considered an option for emergency housing.
 - Application and interviews are required for admission.
 - Veterans may be charged 30 percent of income as a participant fee.
 - Veterans must be willing to set the following goals: improve residential stability; increase skills and/or income; and improve self-determination.
- Homeless Veterans Dental Program (HVDP) provides a one-time course of dental treatment to eligible Veterans that have been admitted to VA transitional housing for 60 days.
 - Designed to address the dental needs that may impact their ability to obtain employment, compromise their nutritional needs, or appearance.

- HUD-VASH is a collaboration between the Department of Housing and Urban Development (HUD) and VA Supportive Housing (VASH), to pair housing subsidies with case management services.
 - Services are for homeless Veterans and their families.
 - Eligible Veterans receive a housing subsidy where they pay 30 percent of their gross, adjusted income towards rent and utilities.
 - Case management services are intended to resolve current homelessness and prevent future episodes of homelessness.
 - Veterans must meet the following criteria to be eligible: be homeless; be eligible for VA health care; meet HUD income guidelines; not be on the Lifetime Sex Offender Registry; and be able to live independently.
 - Housing of the Veteran is the first priority.
 - Veterans must demonstrate a need for and willingness to participate in case management services for the duration of their utilization of HUD-VASH.
 - Veterans must agree to follow the rules and requirements of the local public housing authority, who administers the HUD-VASH voucher.
 - Subsidy and case management continue, as long as there is a need.
 - Veterans may live in independent settings within 50 miles of the Durham VA Medical Center's locations of care.
 - Veterans choose their own rental units, with the help of their case manager.
 - Properties must meet HUD guidelines (decent, safe, sanitary, affordable).
 - The landlords must be willing to accept Housing Choice Vouchers as a form of payment.
- The community employment coordinator (CEC):
 - Educates VA and non-VA providers on how to help Veterans obtain their employment goals.
 - Links homeless Veterans to community organizations that assist with helping Veterans to obtain and maintain suitable employment.
 - Works closely with employers, community-based providers, and VA providers, to include compensated work therapy (CWT) staff.
 - CEC partners and collaborates with VA Vocational Rehabilitation; state Vocational Rehabilitation; the Homeless Veterans Reintegration Program; local Veterans employment representatives; the Disabled Veterans Outreach Program; other CECs in VISN 6; private employers; and Federal government employers.
- Veterans Justice Outreach's purpose is to avoid unnecessary criminalization and extended incarceration among Veterans, by ensuring that eligible Veterans in contact with the criminal justice system have access to Veterans Health Administration mental health and substance abuse services.
 - A justice involved Veteran is one who is in contact with local law enforcement who can be appropriately diverted from arrest into mental health or substance abuse treatment; one who is in a local jail, either pretrial or serving a sentence; or one who is involved in adjudication or monitoring by a court.
- Supportive Services to Veteran Families (SSVF):
 - Homeless prevention and rapid re-housing services to low income Veterans in permanent housing.

- Eligibility criteria is the same as GPD.
- Local grant recipient: Volunteers of America of the Carolinas- Maple Court and Passage Homes.
- Homeless Summits, CHALENG Survey, and ū-spēq Survey:
 - Homeless Summits held to solicit feedback from community providers and key stakeholders in order to improve services for homeless Veterans
 - Community Homelessness Assessment, Local Education and Networking Groups (CHALENG) developed to identify unmet needs and barriers
 - ū-spēq is a performance improvement tool to gather information from Veterans served.

In the afternoon, the Committee convened a closed session, to tour Durham VA Health Care System to protect Veterans' privacy and personal information, in accordance with 5 U.S.C. 55b(c)(6).

Wrap up/Adjourn

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

Tuesday, April 2, 2019 – Fayetteville VA Health Care Center (7300 South Raeford Road, Fayetteville, NC 28304), Room 1728 A/B

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

- Introduction of Committee members and visitors.
- Fayetteville VA Coastal Healthcare System Leadership welcomed the Advisory Committee on Women Veterans, Department of Veterans Affairs (VA) staff, and other attendees.

Overview of Fayetteville VA Coastal Healthcare System (FVACHCS) Facilities/Programs/Demographics, Dr. Webster Bazemore, Interim Director, Fayetteville VAMC

- Dr. W. Carl Bazemore transitioned into the role of Interim Medical Center Director, effective 11/13/2018. Dr. Bazemore is the VISN 6 Tertiary Care Service Leader and was previously the Chief of Staff for the Asheville, VA Medical Center, a 5-star facility.
- Mr. Dwight “Dan” Fields assumed the role of Interim Associate Director, on 11/13/2018. Mr. Fields is the Assistant Director for the Durham VA Health Care System.
- Recruitment for a permanent director and associate director is underway.
- FVACHCS was dedicated, in October 1940.
- Located in Veterans Integrated Service Network (VISN) 6.
- FVACHCS consists of the following sites of care:
 - Fayetteville VA Medical Center (VAMC) main campus; two health care centers; six community-based outpatient clinics (CBOC); two Vet Centers; one joint initiative funded rehabilitation clinic; one free-standing dialysis clinic (Gold Rating); two emergency lease CBOCs.
 - A Complexity Level 1c medical center.

- Total authorized beds=129 (40 medical, surgical; 20 MH; and 69 community living center).
- More FVACHCS facts:
 - Consistently ranked in the top 15 for unique WV growth across the Veterans Health Administration (VHA).
 - Number one in VISN 6; number 12 in Nation for unique women patients.
 - Top 25 facility in the nation for number of unique Veterans seen across VHA; number two in VISN 6.
 - Member of the fastest growing VISN in VHA.
 - Consistently rank in top one or two in VISN 6 for unique patient growth.
 - VA/DoD partnering in surgical usage and professional staff sharing.
 - National leader in advance care planning.
 - Suicide prevention program is nationally recognized as best practice “Coaster Program.”
 - VISN 6 leader in home tele-health and clinical video tele-health encounters.
 - Whole Health Program is expanding and has begun teaming with Camp Lejeune and Fort Bragg, to work towards full integration.
- From FY17-FY 19, FVACHCS has experienced growth in number of patients, visits, and encounters, as well as staffing and budget.
 - WV growth is up 20 percent during the same time period.
- VA/DoD Partnership (milestones):
 - Established process for managing transfers between FVACHCS and Womack Army Medical Center (WAMC).
 - Established policies and procedures for tracking and documenting quality/safety protocols.
 - Established processes to jointly measure stakeholder satisfaction with services.
 - Developed joint tort claim process for risk management.
 - FVACHCS surgical scheduling staff placed at WAMC.
 - Active and expanding graduate medical education program; internal medicine will begin July 2020.
 - Joint credentialing process between sites has been established
 - Human Resources developed process for the onboarding of staff (necessary paperwork, background checks).
 - WAMC providers perform surgical procedures at FVACHCS, in addition to running clinics and gastro-intestinal scoping.
 - FVACHCS staff perform surgeries on Veteran patients at WAMC facilities.

Overview of the Fayetteville VAMC Women’s Health Program, Dr. Juana Hernandez, Chief, Women’s Health Service Lead, Fayetteville HCC

- Services provided include: WH comprehensive care; WH Screening; urgent and emergency care; gynecology (GYN) and tele-GYN; MST services; maternity care coordination; Nutritional Assessment; social work services; domestic violence and IPV; MH services; LGBT coordination; pharmacy services; radiology services; laboratory services; specialty care; whole health approach to care; and battle field acupuncture (BFA).
- Integration into Primary Care/Comprehensive Care:

- Gender-specific primary care: cervical cancer screening (pap smears); breast cancer screening (mammograms); birth control; preconception counseling and care; maternity and newborn care; human papillomavirus vaccine (HPV); menopausal support (hormone replacement therapy); and emergency services for WV.
- General Care: health evaluation and counseling; disease prevention; nutrition counseling; weight control; smoking cessation; and substance abuse counseling and treatment.
- Program Highlights:
 - Facility leadership support; creation of WH service line; women's clinic with support staff; engaged WH staff; annual military WH symposium; participation in Moments that Matter Patient Experience Project; mini-residency training; whole health initiative; BFA; mindfulness; and IVF success.
- Outreach Activities Supported by WH:
 - Homeless stand downs, in Cumberland and surrounding Counties; North Carolina Strive; Spring Health Fair; State Summit; VA 2K-Health Promotion Disease Prevention; VETS Empowering VETS; Veteran Experience Action Center (with the Veterans Benefits Administration; more than 800 participants); Warrior Transition Battalion quarterly presentation; GO RED; LGBT Awareness; Breast Cancer Awareness; and the Stop Harassment Campaign.
- Challenges Impacting Access to Care:
 - Higher health care services utilization and demands.
 - Disease complexity with higher care coordination needs.
 - Understaffed WH workforce/ patient aligned care team (PACT).
 - Higher turnover and retention.
 - Higher demands for frequent training.
 - Higher missed opportunity rate.
- WH's Goals:
 - Improve women comprehensive care, at all sites of care.
 - Collaborate with primary care and human resources, to recruit and train WH providers for CBOCs, to ensure two designated women's health providers (DWHP) per site of care.
 - Continue to provide continuing medical education (CME) events, for all frontline staff providing care to WV.
 - Educate all new employees about WH programs and challenges related to caring for WV.
 - Continue communication via monthly meetings with WH liaisons and DWHPs, to ensure CBOC's health care concerns are addressed.
 - Improve tracking, care coordination, and timeliness of gender specific screenings.
 - Enhance maternal care coordination by implementing maternity care Ttelehealth.
 - Improve video connect capacity to enhance access to care.
 - Strengthen collaboration with Office of Community Care.

Overview of Fayetteville VAMC Women Veterans Mental Health Services, Lisa Gildon, Champion, Behavioral Health Interdisciplinary Program (BHIP),

Fayetteville HCC/Dr. Lynne Flores, Clinical Psychologist, Women's BHIP, Fayetteville VAMC/Dr. Kim McKeithen, Military Sexual Trauma (MST) Coordinator, MST Program, Fayetteville VAMC

- The Women's Behavioral Health Integration Program (BHIP) team is comprised of a multidisciplinary team of professionals who strive to give WV the most excellent psychological services that will empower them to live full and healthy lives.
 - The BHIP began in 2015, with a psychiatrist and a social worker who were co-located with the Women's Clinic on the first floor of the main hospital.
 - When the Women's Clinic moved to the health care center, the Women's BHIP moved to building 45 to be co-located with the MST program.
 - Currently, the Women's BHIP team members include: a full time Psychiatrist; a part time Clinical Pharmacy Specialist; a full time Psychologist; a newly hired full time social worker; and a part time peer support specialist.
 - This year the team will gain a full time peer support specialist and a full time registered nurse.
 - The most common MH concerns currently seen in the Women's BHIP are PTSD (both combat related and MST related), major depressive disorder, generalized anxiety disorder, bipolar disorder, as well as a higher percentage of patients with personality disorders than is found in the general population.
 - Psychosocial stressors include: significant grief and loss along with traumatic experiences suffered in childhood, through IPV and military-related traumas.
 - The Women's BHIP team currently offers individual psychotherapy (including tele-to-the-home) group therapy, medication evaluation and management and peer support services.
- Women Focused Care:
 - Other female providers throughout the MH service line also work with WV, both individually and in group settings.
 - Current groups within the Women's BHIP: Women BHIP orientation group; building self-compassion group; recovery and resiliency group; and women wellness group.
 - General MH groups: mindful movement (yoga) group; guided imagery group; and the cognitive processing therapy group.
- Medications in the Recovery Process:
 - Medications are an important component to the recovery process.
 - Medications are typically first line in recovery guidelines, along with the initiation of psychotherapy; without the therapy component the road to recovery can be much longer.
 - The BHIP orientation group provides a psychopharmacology focused week, in order for women to learn more about the role mental health medications play in their treatment.
 - The Women's BHIP has both a psychiatrist and a MH clinical pharmacy specialist who provide medication evaluation and management.
- Overview of the Fayetteville VAMC Military Sexual Trauma (MST) Program for Women:
 - The MST Program is a specialized and comprehensive treatment program.
 - Based on the recovery model.

- Primarily group-based.
- All groups are gender sensitive.
- Program offers weekly team meetings.
- Most Veterans are referred via consult from their primary care/mental health providers.
- Veterans are expected to be 60 days free from drug or alcohol abuse.
- Veterans should be psychiatrically stable (e.g. post-discharge from inpatient psychiatric hospitalization, absence of suicide gestures or attempts or active psychotic symptoms) for a period of 30 days.
- Veteran should have no more than one “no shows” within the previous month of referral.
- The program offers: resiliency and recovery groups; psycho-educational/coping skills groups; evidenced-based trauma-focused treatment (cognitive processing (CPT); and skills training in affect and interpersonal regulation (STAIR) groups; individual CPT or prolonged exposure therapy; and limited supportive psychotherapy.
- Five treatment phases for Veterans enrolled in the FVAMC MST clinic:
 - MST intake and treatment planning: conducted individually with an MST clinician; typically a 90 minute session; determine Veteran’s ability and willingness to commit to engaging in the MST treatment program; and establishment of treatment goals.
 - Resiliency group: (One) four week group session--alternating weeks; currently co-facilitated by MH counseling intern and peer support specialist; eight to 10 women per group session; and emphasizes recovery model, with a focus on developing resiliency skills.
 - Psycho-education/skill building group: (Two) 12 weeks group Sessions; six to eight women per group session; one is co-facilitated by psychologist and the MH counseling intern and the other is co-facilitated by MH counseling intern and peer support specialist; and the Group’s emphasis is on exploring neurobiology of trauma and trauma responses, stress management, anger management, medication compliance, grounding techniques, identifying triggers, emotion regulation, mindfulness, cognitive reframing, distress tolerance, building resilience.
 - Evidence-based trauma focused/related group or individual therapy: focus is on reducing PTSD symptoms by identifying how traumatic experiences change thoughts and beliefs about self, others and future and subsequently influence current feelings and behaviors; gender sensitive; six to eight Veterans per group; 12 module weekly sessions; sessions last approximately 90 minutes; Veteran spend two to five hours per week on the written assignments.
 - Discharge session.
- STAIR group:
 - Primary focus is on interpersonal relationships and emotional management difficulties.
 - Gender sensitive.
 - Six to Eight Veterans per group.

- Twelve module weekly sessions.
- Sessions last approximately 90 minutes.
- Veteran spend two to four hours per week on the written assignments and engaging in real life experiences.
- Individual therapy is limited within the MST program, and offered only when clinically indicated.
- Participants receive a certificate of completion, at the end of the program.
- Referrals of MST and WV to the FVAMC MST Program and Subsequent Engagement in Treatment (data from July 2018 through February 2019):
 - Average number of Veterans referred per month: 25 (205 total).
 - Average number of Veterans screened per month: 14 (116 total).
 - Average number of Veterans accepted into the MST program per month: eight (65 total).
 - Number of current participants: 67 (10 are in pending status).
 - Average number of Veterans completing program per six months: 11.

Overview of Fayetteville VAMC Healthcare Homeless Veteran and North Carolina's Treatment Court Affiliation, Mary Fisher Murray, Program Manager, HCHV, Fayetteville VAMC; Regena Hardy, Contract Supervisor, Social Work/HCHV, Fayetteville VAMC; Toyia Burgess, Coordinator, Housing and Urban Development-VA Supportive Housing (HUD-VASH) Program, Fayetteville VAMC

- Target of the Healthcare for Homeless Veteran (HCHV) program is to provide stable housing for all program eligible Veterans.
- The HCHV's mission is to end the cycle of homelessness among Veterans through supportive services focused on empowerment, independence and self-sufficiency, in order to achieve a better quality of life.
- The HCHV's vision is to be a homeless program that provides high quality, person centered, goal-oriented services to the Veterans within our service area.
- The program's goals are to:
 - Outreach to identify Veterans among homeless persons encountered in shelters, drop in day centers, jails, prisons and on the streets.
 - Clinical assessment to determine the needs of each Veteran seen by the team, and to give priority to those who are most vulnerable.
 - Referral to medical and mental health treatment. Referral to social services and community programs.
 - Transitional housing through VA's grant and per diem (GPD), contract housing or other housing programs.
 - Permanent supportive housing through Housing Urban Development and VA Supportive Housing Program (HUD-VASH) and other community based rapid rehousing programs.
 - Increase meaningful and sustainable employment through job readiness training and preparation with our HCHV Employment Specialists.
- Housing/Supportive Services:
 - GPD Program and Contract Housing:
 - Transitional housing for homeless Veterans.
 - Bridge housing through GPD (16 GPD beds;15 contract housing beds).

- HUD-VASH:
 - Permanent supportive housing.
 - Total of 396 vouchers.
 - Public Housing Authority partnerships in Fayetteville, Wilmington, Jacksonville, Goldsboro, Lumbee Tribe, Sanford and Lumberton.
- Homeless prevention efforts conducted through: HCHV outreach; HCHV case management; nursing services/medical management; certified peer support specialists; Veterans Justice Outreach program; health care for re-entry Veterans services; HCHV community employment specialist; and National Call Center for Homeless Veterans.
- Veterans served:
 - There were 396 Veterans with family members housed through vouchers.
 - Women Veterans: 181.
 - HCHV walk-in clinic visits:
 - There are 176 visit per quarter.
 - There were 284 (FY 19 YTD).
 - Fifty-two WV served (FY 19 YTD).
 - Employment services:
 - Total number 24 served (FY 19 YTD).
 - Nine WV served; five hired for employment.
- WV Services:
 - No specific groups designated for WV in HCHV.
 - Contract residential housing can accept admissions for WV, but very limited use due to low vacancy.
 - WV homeless stand down.
 - Partnership with NC Works.
 - Conducted annually.
 - Focus is on employment services.
 - 20 WV participated in the event.
- Veteran Justice Outreach (VJO):
 - Purpose:
 - Avoid the unnecessary criminalization of mental illness and extended incarceration among Veterans by ensuring that eligible justice-involved Veterans have timely access to VHA services as clinically indicated.
 - Provide direct outreach, assessment and case management for justice-involved Veterans in local courts and jails and liaison with local justice system partners.
 - Veteran Treatment Court (VTC):
 - Fayetteville VAMC's catchment area has the first two VTC in the state.
 - Harnett's VTC was established in 2013.
 - Cumberland County's VTC was established in 2014.
 - Five WV have enrolled in VTC; one graduated.
 - Jail diversion:
 - Alternative to incarceration for people who are arrested and jailed as a result of behaviors caused by their mental illness.
 - Active in Cumberland County.

- Currently one WV participating in the program.
- Health Care for Re-Entry Veterans (HCRV):
 - Purpose is to promote success and prevent homelessness among Veterans returning home after incarceration.
 - Services include:
 - Outreach and pre-release assessments services for Veterans in prison.
 - Referrals and linkages to medical, mental health and social services, including employment services on release.
 - Short-term case management assistance on release.
 - VA does not provide medical services that are provided by correctional institutions.
 - Fayetteville VAMC assumed HCRV responsibilities, in 2018.
 - There are twenty-one facilities in the catchment (correctional facilities and prisons).
 - There is one women's facility participating (Neuse Correctional Institution).
 - Fifteen WV are incarcerated, as of February 2018.
 - Two have been provided HCRV resources and services.

In the afternoon, the Committee convened a closed session, to tour Fayetteville VA Health Care Center to protect Veterans' privacy and personal information, in accordance with 5 U.S.C. 55b(c)(6).

Following the tour, the ACWV observed a women Veterans Town Hall Meeting, conducted by Fayetteville HCC

Wrap up/Adjourn

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

Wednesday, April 3, 2019 – W. G. (Bill) Hefner VA Medical Center (1601 Brenner Avenue, Salisbury, NC 28144), and the Salisbury National Cemetery (501 Statesville Boulevard, Salisbury, NC 28144)

- The Committee convened a closed session and tour at the W. G. (Bill) Hefner VA Medical Center, in accordance with 5 U.S.C. 55b(c)(6).
- The Committee convened a closed session and tour of Salisbury National Cemetery, in accordance with 5 U.S.C. 55b(c)(6).

Thursday, April 4, 2019– Kernersville Health Care Center (1695 Kernersville Medical Parkway, Kernersville, NC 27284)

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

- Introduction of Committee members and visitors.
- Kernersville Health Care Center Leadership welcomed the Advisory Committee on Women Veterans, Department of Veterans Affairs (VA) staff, and other attendees.

Overview of the Winston-Salem Regional Benefits Office, Leigh Ann Skeens, Assistant Director, Winston-Salem Regional Benefits Office

- Secretary's Priority for VA:
 - Improve the culture; offer world class customer service.
 - Improve access to care, through implementation of the MISSION Act and IT modernization, such as electronic health record (EHR) program.
 - Reduce the backlog of claims and payments.
 - Business transformation including reform of the human resource systems.
- Under Secretary for Benefits Priorities for VBA:
 - Provide Veterans with the benefits they have earned, in a manner that honors their service.
 - Ensure strong fiscal stewardship of the money entrusted to the Department.
 - Foster a culture of collaboration.
- Winston-Salem Regional Office (RO) is comprised of 23 percent women Veterans employees; 16 percent of women Veterans are in leadership.
- Winston-Salem RO's ceiling is at 807 full time employee; currently 757 full time employees.
- Veterans Service Center:
 - Assists with applying for compensation; has a non-rating resources team (NRRT); includes emergency care character of discharge.
 - Centralized mail hub (since January 1).
 - Accepts pre-discharge work at intake sites: Fort Bragg and Camp LeJeune.
- Service-connect disability compensation:
 - Requirements for establishment of service connection:
 - An event or injury in service; a current disease or disability, and a link between the two.
 - Service connection may be established for a chronic disability or disease that:
 - Developed during service; worsened or aggravated by service; is presumed by law to related to certain types of exposure; or developed as a direct result of a service connected condition.
 - Service-connection disabilities can include physical conditions and mental health conditions.
 - Physical conditions, such as a chronic knee condition.
 - Mental health conditions, such as post-traumatic stress disorder.
 - Veterans may claim disability for conditions at any time, using the following:
 - VA Form 21-526ez.
 - eBenefits.
 - Active duty service members may file using in-service program.
 - There is no time limit for filing for benefits after separation from service.
- Emergency Care Determinations:
 - Character of discharge (COD) emergency care determinations:
 - Part of VA's suicide prevention initiative.
 - Emergency MH treatment for former Servicemembers with an "other than honorable" discharge.
 - Special Veterans Benefits Administration (VBA) review for, determination of future eligibility.

- National Workload Strategy:
 - VBA uses a national workload strategy, to balance and distribute workload across ROs, to best support delivery of Veterans benefits.
 - VBA distributes daily workload to offices, including Winston-Salem, in accordance with VBA priorities.
- Veterans Service Center FY18 Performance:
 - Compensation:
 - Rating completion: 65,107.
 - Non-rating completions (including non-rating resource team and emergency care claims COD): 60,523; 193 CODs completed, with an average of 1.3 days on station.
 - Quality:
 - Rating quality: 96.3 percent.
 - Authorization quality: 83.8 percent
- Veterans Service Center FY To Date Performance:
 - Compensation:
 - Rating completion: 42,034.
 - Non-rating completions (including non-rating resource team and emergency care claims COD): 42,848; 176 CODs completed with an average of 1.2 days on station.
 - Quality:
 - Rating quality: 96 percent.
 - Authorization quality: 84.1 percent
- Rapid Appeals Modernization Program (RAMP):
 - Winston-Salem RO processed RAMP claims for higher level review and supplemental claims.
 - Nationally, RAMP claim timeliness was 130 days during the program.
 - Processed approximately 5,000 claims through higher level review.
 - Processed approximately 17,000 claims through supplemental claims.
- Blue Water:
 - VA is reviewing this decision, to determine the way forward.
- Appeals Modernization Act went live on February 19, 2019.
- Vocational Rehabilitation and Employment (VR&E):
 - Primary focus of the program is to be a pathway to suitable employment and career stability for entitled Veterans and Service Members with service-connected disabilities.
 - Secondary focus is to increase independence in daily living for Veterans currently unable to work.
 - Program's intent is to provide services to assist Veterans and Servicemembers with service-connected disabilities to succeed.
 - Basic period of eligibility is 12 years, beginning on either the date of separation from active duty, or the date the Veteran was first notified of a service-connected disability rating (whichever is later).
 - Up to 48 months of entitlement.
 - Veterans are eligible, if they have a VA service-connected disability rating of 10 percent or more or a memorandum rating of 20 percent; other than

- dishonorable discharge; or employment handicap or serious employment handicap with 10 percent rating.
 - Servicemembers are eligible, if they expect to receive an honorable discharge; obtain a VA memorandum rating of 20 percent or more; obtain a proposed disability evaluation service rating; those awaiting a discharge due to a medical condition resulting from serious injury or illness that occurred in the line of duty may be automatically entitled to VR&E benefits.
- Public Law 114-223, section 254 authorizes a counselor to caseload ration of 1 counselor:125 Veterans.
 - At its peak, the RO's ratio was a high as 1 counselor:173 Veterans.
 - The RO allocated 22 additional employees; current ratio is 1 counselor:110 Veterans.
- Additional VR&E offices are opening across the state, in VA facilities and academic institutions, to better serve Veterans.
- VR&E outcomes:
 - Current active workload is approximately 6,100 participants; 3,700 actively pursuing plans leading to suitable employment
 - FYTD assisted 240 Veterans with finding or being prepared for suitable employment
 - There was 78 percent of those who found suitable employment were unemployed when they applied for VR&E services.
 - Average monthly salary increased from \$575 to \$3,305.
 - Top employer partnerships:
 - DoD Military Personnel Division; Civilian Personnel Action Center (Ft. Bragg); VA (VBA and VHA); Naval Medical Center (Camp Lejeune); and North Carolina Department of Public Services.
- VR&E modernization efforts:
 - VA Video Connect – virtual counseling sessions save travel costs and time.
 - Dragon Dictate – increases productivity by dictating case notes.
 - Veteran eFolder – stops the creation of paper files.
 - Email to text reminders.
 - Future initiatives (full implementation by October 2020):
 - Virtual Assistant – rules based follow up for reminders and appointment scheduling via text and email.
 - Paperless invoicing.
 - Centralized mail.
 - New case management system.
- WV in North Carolina:
 - There are 82,582 WV reside in North Carolina.
 - WV make up 11.31 percent of all North Carolina Veterans, compared to 9.41 percent nationally.
 - Anticipated WV growth by 2020: 88,455 WV; 107,382 WV, by 2030; and 121,660 WV by 2040.
 - Camden County has highest percentage of WV in receipt of compensation benefits at 45 percent.
 - Hertford County has the lowest percentage of WV, at nine percent.

- Outreach strategy is to improve the customer service experience, and to increase the number of new claims filed.
- Local Modernization Initiatives include:
 - Justice Involved Veteran (JIV) initiative: continues to increase trust for at-risk Veterans.
 - Customer experience: increasing customer satisfaction and improve experience with the RO, in line with the Secretary's vision.
 - Targeted non-traditional outreach: collaboration with community partners and expanding the RO's scope where benefit services are needed.
 - Cost savings: foster a culture of strong fiscal stewardship.
- Notable Women Veterans Outreach FY18 and FY19:
 - Collectively FYTD from FY18, the Winston-Salem RO has participated in 129 events focused for women and/or had high WV turn out.
 - Conducted Veteran Experience Action Centers (VEAC) in Wilmington and are planning to host another event April 25th – 27th.
 - VEACs include services from compensation and pension, vocational rehabilitation, mental health counseling, healthcare benefits enrollment, and assisting homeless Veterans.
 - In Cumberland county, the RO staff regularly attends town halls and resource fairs
 - Cumberland county has the highest percentage of service connected WV (Fayetteville/Fort Bragg).
 - Attended the Women's Veterans Summit & Expo in FY18, in Raleigh, NC.
 - Local events, Saluting Women Veterans, hosted by a community organization in Forsyth County.
 - Fifth Annual Carolina Veterans Appreciation Expo hosted by Johnson C Smith University for WV.
 - Tribal minority outreach events.
 - Pride events hosted throughout the state.
- Winston Salem Engagement Activities/Initiatives:
 - Employee engagement:
 - VA Employees Association (VAEA).
 - Virtual High 5s.
 - Corporate awards panel.
 - Monthly employee meet and greet.
 - Director's bi-weekly lunch with employees.
 - Bi-monthly all employee town hall meetings.
 - Collaborative town halls with VHA partners and stakeholders-Veterans service organizations (VSO).
 - Renovation.
 - All employee survey (AES).
 - Workforce morale.
 - Congressional partnerships:
 - Multiple workshops with staffers.
 - VA representation at Congressional events.
 - Quarterly meetings.

- Outreach activities:
 - Homeless Veterans Stand Downs.
 - VetCenter.
 - Veterans Experience Action Centers (VEAC)—Military Sexual Trauma (MST).
 - WDEX Gospel 1430.
 - Monthly Veteran Coffee events.
 - North Carolina Women MilVets Summit and Expo.
 - JIV outreach.
- Stakeholders involvement / activities:
 - Fiftieth Anniversary Vietnam Veteran Commemoration pinings.
 - Community Veterans Engagement Boards (CVEB).
 - County Veterans Service Officer (CVSO) spring/fall training conferences.
 - VHA partnership with Kernersville Healthcare Center (KHCC).
 - Governor's Working Group.
 - VSC monthly / Director quarterly meetings with VSO.
 - Monthly meetings with Local American Federation of Government Employees (AFGE) Union President.

The Committee engaged in a question and answer session with the Assistant Director and Tammy Davis, Women Veterans Coordinator from Winston-Salem.

Overview of Kernersville Health Care Center Facility/Programs/Demographics (Dialysis Center, Cardiac Cath Lab, Telehealth), Brent Erickson, Administrator, Kernersville HCC, Dr. Holly Humphrey, Cardiologist, Kernersville HCC

- Salisbury VAMC continues to increase staffing year over year from an onboard employee level of 2,519 in FY14 to a high of 3,198 in FY18, a growth rate of nearly 27 percent.
 - The movement of Veterans into the region led to the opening of two modern health care centers (HCC) in Charlotte and Kernersville, to respond to the growing demands for care.
 - Kernersville was built to accommodate growth, but is very close to capacity now.
- Kernersville HCC has the first free standing cardiac catheterization center in VA.
 - The HCC is approved to do diagnostic catheterization.
 - Kernersville collaborates with Wake Forest University for certain procedures, such as stints.
- Kernersville HCC is one of two sites where Salisbury VA HCS's compensation and pension (C&P) unit performs exams; the other site is at the Charlotte CBOC.
 - The C&P unit maintains a dedicated clinical staff, and has expanded the pool of fee-based providers to include specialists at both site locations, allowing for a higher degree of flexibility in the scheduling of examination requests issued from the regional office.
- Kernersville HCC provides same day access for mental health and primary care.
 - Extended weekday and Saturday hours are offered at Salisbury VAMC, Charlotte HCC and Kernersville HCC.
- Behavioral health services offered at Kernersville include: individual, group and family counseling, and programs such as QuitSmart Smoking Cessation.

- Kernersville also offers whole health, pain management, tai chi, and yoga.
- Kernersville HCC has highly qualified primary care providers; specialty care referrals for services it does not provide are sent to the Salisbury VAMC.
- Specialty clinics available at Kernersville include: audiology, dental, eye, nuclear medicine, imaging, ultrasound, and prosthetics.
 - The new dental clinic has three dentists who see 35 patients each day.
- Kernersville collaborates with Wake Forest University for training and educational opportunities.
- More than 34,000 Veterans are enrolled at Kernersville HCC.
 - WV represent 8.6 percent of the Veteran enrollment.
- Women's Health currently has four providers; a fifth one is being trained.
 - Kernersville and Salisbury have all female providers in the women's clinic.
- Over half of the WV enrolled at the HCC get care through the women's clinic.
 - Some are established with their primary care providers and prefer to continue to receive care from them.
 - Some WV only come to the women's clinic for gender care.
- There are lactation tables and tampons in the ladies' rooms.

Overview of Homeless Veterans Program, Monique Reynolds, Homeless Veterans Coordinator

- Healthcare for Homeless Veterans (HCHV):
 - Target is to end Homelessness among Veterans.
 - Mission is to assist Veteran's in obtaining/maintaining housing and achieving their recovery goals, through VA services and community partnerships.
 - HCHV's vision is excellence through teamwork, customer focused and goal-oriented services to Veterans in transition.
- Housing Programs:
 - Transitional Housing (Contract/Grant Per Diem):
 - Grant Per Diem (GPD) and Contract Housing:
 - VA partnership with contracted agencies.
 - Serves as a transitional living experience for homeless Veterans in need of case management, mental health and/or substance use treatment.
 - Veterans can reside in a GPD program up to two years.
 - Veterans can reside in contract housing up to three months.
 - Goal is for Veterans to transition into permanent housing.
 - There are 64 contract beds; 90 GPD beds.
 - Housing and Urban Development-VA Supportive Housing Program (HUD-VASH):
 - Is a joint program between the Department of Housing and Urban Development (HUD) and the Department of Veterans Affairs (VA).
 - HUD provides housing choice vouchers and VA provides case management and outreach to eligible Veterans.
 - This program targets Veterans who are currently homeless, with priority given to those who are chronically homeless.
 - The Salisbury VA HCHV program provides case management services to Veterans, using one of the 759 vouchers available.

- Rowan Housing Authority (Salisbury, NC): 90 vouchers.
- Charlotte Housing Authority (Charlotte, NC): 365 vouchers.
- Winston Salem Housing Authority (WS/Kernersville, NC): 144 vouchers.
- Greensboro Housing Authority (Greensboro, NC): 125 vouchers.
- High Point Housing Authority (High Point, NC): 35 vouchers.
- Women comprise 18.6 percent of Veterans enrolled.
- HCHV Services:
 - In-reach/outreach:
 - HCHV walk-in clinic is available Monday-Friday at all three locations (Salisbury, Kernersville, Charlotte) to provide resources and assess for programs.
 - HCHV staff outreach to community shelters and other entry points for Veterans.
 - Respond to National Homeless Call Center consults.
 - Participate in homeless stand downs and other community events where engaging homeless Veterans is possible.
 - Participate in continuum of care and Homeless Service Network meetings.
 - Provide education to other community organizations, as requested.
 - VJO program:
 - Ensures that eligible, justice involved Veterans have timely access to health care services to address medical, mental health and/or substance use needs.
 - VJO staff provides direct outreach, assessment, and case management for justice-involved Veterans in local courts and jails and liaisons with local justice system partners.
 - Works conjointly with justice system partners, when possible, to provide diversion plans (treatment vs incarceration).
 - Partners with VBA to hold monthly workshops, to assist Veterans with claims.
 - Partners with legal aid, to hold legal clinics on various civil law topics.
 - Health Care for Re-entry Veterans (HCRV):
 - Designed to promote success and prevent homelessness among Veterans returning home after incarceration.
 - Outreach and complete pre-release services for Veterans in prison.
 - Provide education to Veterans on VHA services and programs.
 - Provide short term case management to Veterans upon release.
 - Employment services:
 - Employment readiness assessment.
 - Assistance with job searches.
 - Resume and interview preparation.
 - Job Fair coordination.
 - Job development with local employers.
 - Treatment referrals:
 - HCHV program.
 - WV program.
 - MHICM.
 - MST program.
 - VA medical center: MH and primary care outpatient and inpatient services.

- Substance abuse services.
- Transitional Care Management program.
- Post-Traumatic Stress Disorder program.
- There are approximately 310 WV currently served in HCHV, compared to 510 WV served in HCHV in FY18.

Overview of Prosthetics Programs, Danny Canup, Chief, Prosthetics Service, Kernersville HCC

- Prosthetic and Sensory Aids Service's (PSAS) mission is to provide medically appropriate equipment, supplies, and services that optimize Veteran health and independence.
- PSAS's vision is to be the premier source of prosthetic and orthotic services, sensory aids, medical equipment, and support services for Veterans.
- VHA Handbook 1173 establishes uniform and consistent national policy and procedures for the provision of prosthetic services.
- PSAS serves Veterans' needs related to the following types of specialty care/ medical conditions:
 - Amputation.
 - Spinal cord injury/disorders.
 - Polytrauma.
 - Hearing and vision.
 - Podiatric care.
 - Cardio-pulmonary disease.
 - Traumatic brain injury.
 - Speech/language deficit.
 - Geriatric impairments.
 - Neurologic dysfunction.
 - Muscular dysfunction.
 - Women's health.
 - Orthopedic care.
 - Diabetes/metabolic disease.
 - Peripheral vascular disease.
 - Cerebral vascular disease.
- Services:
 - Orthotic and prosthetic services, restorations.
 - Home oxygen.
 - Dog insurance
- Devices:
 - Durable medical equipment and supplies.
 - Wheelchairs and accessories.
 - Eyeglasses, blind aids, low vision aids.
 - Hearing aids and assistive listening devices.
 - Health monitoring equipment.
 - Artificial limbs/custom braces.
 - Surgical implants.
 - Adapted sports and recreational equipment.

- **Benefit Programs:**
 - Automobile adaptive equipment (AAE).
 - Clothing allowance.
 - Home improvements and structural alterations (HISA).
- **Process for Ordering Prosthetic Items:**
 - Veteran sees a clinical provider or an interdisciplinary team.
 - Clinician writes a prescription to prosthetics for clinically appropriate device/service.
 - Prosthetics facilitates submission of an acquisition plan.
 - Prosthetic staff makes sure the needs of Veteran are being met by serving as point of contact.
 - Conducts market research related to prosthetic devices.
 - If the order is under \$10,000, prosthetic staff will purchase the prosthetic devices.
 - If the order is over \$10,000, prosthetic staff will generate an acquisition plan.
 - Contracting receives the acquisition plan and creates a contract award to the vendor.
- Women-specific prosthetic devices include: breast pumps; nursing bras; post mastectomy bras; post mastectomy breast prosthesis; post mastectomy swim suit; post mastectomy camisole; wig or scarf wig; pessaries; pregnancy abdominal binder (maternity supports); Nexplanon/ Mirena/ ParaGard; vaginal dilators; pelvic floor devices; breast prosthetists; breast prosthetists, implant; and vaginal weights.
- Many women-specific prosthetic items are listed on VA's Prosthetic and Sensory Aids Services for WV fact sheet: <http://www.prosthetics.va.gov/factsheet/PSAS-FactSheet-WomenVets.pdf>.

Overview of Telehealth Program, Jennifer Terndrup, Coordinator, Telehealth Program, Kernersville HCC

- **Clinical Video Telehealth (CVT) Vision and Values:**
 - To provide Veterans with the most convenient and high-quality health care possible.
 - CVT aims to make the local community the preferred place of care, whenever possible, by bringing the best care to Veterans.
 - Trained health care providers are using health information technology to securely and sensitively deliver care and promote healing relationships.
 - As of April FY19, there were 109 WV using CVT.
 - WV overall clinic encounters, as of April FY19: 113.
- For FY19, there were 107 tele-mental health patients and 185 encounters.
- **Store and Forward Telehealth (SFT)** programs operationalize this definition, to cover services that provide this care using a clinical consult pathway and a defined information technology platform to communicate the event/encounter between providers, as well as enabling documentation of the event/encounter and the associated clinical evaluation within the patient record.
 - As of April FY19, there were 71 SFT WV patients, and 150 encounters.
- Home telehealth (HT) goal is to improve clinical outcomes and access to care while reducing complications, hospitalizations, and clinic or emergency room visits for

Veterans in post-acute care settings, high-risk Veterans with chronic disease or Veterans at risk for placement in long-term care.

- HT disease management protocols (DMPs)--vendor developed and VA created--are available for conditions such as:
 - Chronic kidney disease, tobacco cessation, weight management, diabetes, depression, hypertension, pain management, etc.
- FY19 HT WV patients currently enrolled by category of care:
 - Health promotion/disease prevention: 78.
 - Chronic care management: 18.
 - Non-institutionalized care low responders: one.
 - Non-institutionalized care:16.
- WV patient HT current enrollment:
 - For FY17 (5); FY18 (36); FY19 (63).

In the afternoon the Committee convened a closed session, to tour Kernersville VA Health Care Center to protect Veterans' privacy and personal information, in accordance with 5 U.S.C. 55b(c)(6).

Friday, April 5, 2019 – VISN 6: VA Mid-Atlantic Health Care Network (3518 Westgate Drive; Durham, NC 27707); Large Conference Room

Meeting was called to order by the Chair

- The Committee conducted an out-briefing with the VA Mid-Atlantic Health Care Network's executive leadership team and women Veterans program managers; the Winston-Salem Regional Benefits Office leadership; and Salisbury National Cemetery leadership.

Meeting Adjourned

/s/

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