Department of Veterans Affairs (VA)
Advisory Committee on Women Veterans Meeting Minutes
VA Central Office
810 Vermont Avenue, NW
Washington, DC 20420
Rooms 230 and 930
April 9-11, 2013

VA Advisory Committee on Women Veterans (ACWV) Members Present:

COL Shirley Quarles, Chair, USAR, Retired
CDR Sherri Brown, USCGR
Gina Chandler, USAF Veteran
Larri Gerson, USAF Veteran
SPC Latoya Lucas, USA, Retired
Sara McVicker, USA Veteran
1SG Delphine Metcalf-Foster, USA, Retired
MSgt Mary Morin, USAF, Retired
Robin Patrick, USN Veteran
Col. Felipe Torres, USMC, Retired
COL Mary Westmoreland, USA, Retired

VA Advisory Committee on Women Veterans (ACWV) Member Excused:
Charlotte Smith, USA Veteran

ACWV Ex-Officio Members Present:

Dr. Patricia Hayes, Chief Consultant, Women's Health Services, Veterans Health Administration (VHA)
Lillie Jackson, Assistant Director, Buffalo VA Regional Office (VARO), Veterans Benefits Administration (VBA)

Jenny Erwin
Senior Advisor, Women Veteran Initiative, US Department of Labor (DoL), Veterans Employment and Training Service
Ariel Batungbacal, White House Fellow, Office of the Secretary, DoL

ACWV Ex-Officio Member Excused:
COL Betty Yarbrough, Military Director, Defense Advisory Committee on Women in the Services, Department of Defense (DoD)

ACWV Advisors Present:

CDR Michelle Braun, Nephrology Nurse Practitioner, National Institute of Health
Faith Walden, Program Analyst, Office of Finance and Planning, Business Process Improvement Service, National Cemetery Administration (NCA)

VA Staff:
Center for Women Veterans (CWV)

Dr. Irene Trowell-Harris, Director
Dr. Betty Moseley Brown, Associate Director
Shannon Middleton, Program Analyst
Michelle Terry, Program Support
Juanita Mullen, Program Analyst

Veterans Benefits Administration (VBA)
Anna Crenshaw, Benefits Assistance Service (BAS)
Christi Greenwell, BAS
Bridget Griffin, BAS
Desiree Tiggart, BAS

Office of Policy and Planning (OPP)
Tom Garin
Sayali Harmlkar
Tamara Lee

Veterans Health Administration (VHA)
Olubunmi Babalola, Women's Health Services

Guests
Geraldo Avila, The American Legion
Roberto Fernandez, American Association of Colleges of Osteopathic Medicine
Joy Ilem, Disabled American Veterans
Lori Perkio, The American Legion
Teresa Morris, Veterans of Foreign Wars (VFW)
Tonya Thompson, DoL
Dianne Winston, VFW

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

Tuesday, April 9, 2013 – G.V. "Sonny" Montgomery Conference Room 230

Meeting was called to order by the Chair.
- Introduction of ACWV members and visitors.
- Reviewed agenda.
- Approval of minutes from December 6-9, 2012 ACWV meeting.

New Outreach Brochure, Homeless Veterans Program
Stephanie Robinson, Program Analyst, Homeless Veterans Initiative Office, Office of Public and Intergovernmental Affairs

- Provided overview of the new Homeless Veterans Program's brochure, part of a suite of brochures that specifically targets women Veterans:
- Overarching mission of the Homeless Veterans Program is to reduce the number of homeless Veterans to zero.
- Strategy is to execute a national plan to prevent and end homelessness among Veterans.
- Program coordinates VA Administrations' efforts at the local level and coordinates Federal Interagency efforts with regional, state and local community planning strategies.
- VA's plan to end homelessness is based on six integrated pillars: outreach/education; housing/supportive services; treatment services; income/employment/benefits; prevention services; community partnerships.
- Demographics:

  - Women Veterans constitute nearly 8 percent of the homeless Veterans population.
  - They are two times more likely to be homeless than non-Veteran women.
  - In Fiscal Year (FY) 2012, VA served over 230,000 homeless, at-risk, or formerly homeless Veterans; nine percent were women.
  - VA offers an array of special programs and initiatives designed to help homeless Veterans live as self-sufficiently and independent as possible.
  - VA's continuum of care includes services for special populations who may be at greater risk for homelessness, such as women and families.
  - Programs incorporate outreach and prevention, temporary and transitional housing, and permanent housing with supportive services.
- Housing & Urban Development/VA Supportive Housing (HUD-VASH):
  - To provide long-term case management, supportive services and permanent housing through a cooperative partnership between HUD and VA.
  - Over 48,101 HUD-VASH vouchers were issued from FY 2008 through February 2013.
  - As of February 27, 2013, 41,905 Veterans were housed.
  - Currently, 13 percent of HUD-VASH recipients are women Veterans.
  - Fourteen percent of HUD-VASH vouchers were provided to homeless Veterans with children.
  - Among women Veterans housed in HUD-VASH in FY 2012, 38.4 percent were housed with children.
- Supportive Services Veteran Families (SSVF):
  - VA's primary prevention program designed to help Veterans and their families rapidly exit homelessness, or avoid entering homelessness.
    - Number of individuals served: 29,921.
    - Number of Veterans served: 17,566.
    - Number of women Veterans served: 2,747.
    - Number of children served: 7,977.
    - Number of OEF/OIF served: 2,845.
- In FY 2013, VA will award $300 million to private non-profit organizations, an increase from $100 million in 2012.
  - Applications are under review and will be finalized by third quarter FY 2013 and recommendations will be sent to the Secretary of VA for final approval.
- Homeless Veterans Support Employment Program (HVSEP):
  - To provide vocational assistance, job development and placement, and ongoing support to improve employment outcomes among homeless Veterans and Veterans at-risk of homelessness.
  - Served 12,815 homeless Veterans in FY 2012.
  - Approximately 25 percent of the hires are women Veterans.
  - Approximately 400 homeless or formerly homeless Veterans have been hired as Vocational Rehabilitation Specialists in the HVSEP (93 percent of the positions have been filled).
  - Established joint operation of the HVSEP with the Compensated Work Therapy Program.
- Veterans Homeless Prevention Demonstration Program (VHPD):

  - A multi-site, 3-year pilot project designed to provide early intervention to recently discharged Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Veterans and their families to prevent homelessness
  - VHPD is projected to provide services to over 1,800 Veteran households.
  - From March 2011 (program start-up) through February 2013, 1,283 Veteran households have been served.
    - Twenty-six percent of those served were women Veterans.
    - Thirty-nine percent of those served were OEF/OIF Veterans.
- "Make a Call" National Outreach Media Program:
  - Launched October 12, 2011, in 28 urban and rural U.S. communities, to engage or re-engage Veterans in treatment and rehabilitative programs.
  - Informed Veterans, Veterans families, Veterans service providers, law enforcement and medical professionals of VA programs and services available to assist at-risk and homeless Veterans.
  - Encouraged family, friends and citizens to "Make the Call" to 877-4AID-VET (877-424-3838) to help prevent and eliminate Homelessness among Veterans.
  - Included public service announcements targeting homeless women Veterans--online and outdoor ads--and community partnership building.

Background on the Women Veterans Task Force and Update on Women Veterans Program, Dr. Irene Trowell-Harris, Director, VA Center for Women Veterans (CWV)

- Women Veterans Task Force:
  - At the July 2011 National Training Summit on Women Veterans, the Secretary announced that VA would establish a Women Veterans Task Force (WVTF) to identify gaps in benefits and services for women Veterans and to develop a comprehensive VA action plan to address them.
  - The WVTF was charged with utilizing VA's Strategic Plan to identify gaps in services, identifying opportunities to better serve women Veterans, and then developing results-oriented recommendations to decisively advance VA's efforts to address women Veterans' needs. Additionally, the WVTF identified lessons learned from the past and best practices and policies that can be applied to today's programs and services supporting women Veterans.
  - The WVTF was composed of over 60 VA employees--especially those who administer programs directly impacting services for women Veterans--mainly subject matter experts at VA Central Office and field facilities across administrations and staff offices.
  - VA's Chief of Staff (COSVA) served as Chair of the WVTF and the director of the Center for Women Veterans served as Vice-Chair.
  - The Center for Women Veterans, provided staff support. Key efforts of the WVTF were to:
    - Define all key areas of review.
    - Consult key experts and relevant stakeholders.
    - Capture the issues, data, as well as program and performance information to make informed decisions.

- Look holistically at issues and opportunities to address the unique needs of women Veterans (e.g., quality of care, ways to deliver better and faster service, ways to expand programs).
- Identify, as a priority effort, initiatives that enhance identification and treatment of women Veterans seeking assistance with sensitive issues, and promote outreach to make them aware of health care and other benefits.
- Utilize cross-cutting initiatives, issues, concerns and lessons learned from the 2011 National Training Summit on Women Veterans and Advisory Committee on Women Veterans 2012 recommendations.

- After elaborate discussions to pinpoint the gaps, the WVTF consolidated the issues into the following areas: capacity and coordination of services; environment of care and experience of Veteran; Veteran employment and training; data collection and evaluation of services; and accountability, collaboration and transparency.
- The WVTF developed a Strategies for Serving Our Women Veterans (Strategies Report), a compilation of the major issues identified and recommendations for addressing gaps:
  - Capacity and Coordination of Services (includes outreach coordination): VA's capacity to provide consistent and coordinated access to comprehensive services and benefits that meet the unique needs of women Veterans.
  - Environment of Care and Experience of Veteran. Personal privacy, dignity, security, and respect that impact the overall women Veterans' experience in VA.
  - Veteran Employment and Training (VA HR and VESO Initiatives). Integration and collaboration within VA and among external resources in employment and career development/workforce training for women Veterans.
  - Data Collection and Evaluation of Services. Ensuring sufficient and actionable data to deliver quality benefits and services.
  - Performance measures entail accountability, collaboration and transparency.
- The Strategies Report calls for a corrective operating plan, with schedules to address deficiencies in privacy, dignity, and security at VA facilities.
  - Requires a projection of women Veteran's utilization of VA programs, services and benefits.
  - Sets forth a plan to gather comprehensive data and directs VA to update existing policy, or create new policy, if warranted.
  - Calls for the creation of Customized Individual Plans through eBenefits, which would allow women Veterans to create personal customized plans for the utilization of VA benefits and services.
- VA submitted the Strategies Report to the Federal Register to get public comments from stakeholders; the notice provided a 60-day comment period, beginning May 14, 2012.
  - VA posted the draft Strategy Report for public comment at an early stage in order to elicit the creative thinking and expert opinions of a wide range of stakeholders.
  - Thirty-two comments were received by the public and two identified editorial changes were made.

        - VA also solicited public comments through social media Website, UserVoice, and received over 1,400 comments; these comments were categorized and forwarded to the appropriate VA offices for information, action, or response.
    - The work of the WVTF was completed and the Women Veterans Program (WVP) was officially transferred to the Center for Women Veterans on September 11, 2012.
- Women Veterans Program:
    - The Center for Women Veterans coordinates biweekly meetings with Women Veteran Program Leads (representatives) from the three Administrations and Staff Offices to closely monitor the operating plan for completion of milestones and deliverables.
    - A Women Veterans Program Governing Board (Governance Board) was established to:
        - Provide oversight and authority for the WVP to carry out work throughout the Administrations.
        - Approve/adopt the WVP's directive.
        - Establish charge workgroups, comprised of cross-administration members to carry out deliverables, such as outreach and communication, data and evaluation, facility deficiencies, Veteran employment, etc.
        - Identify and enhance infrastructure to identify success factors.
        - Delineate operational activity and performance milestones.
        - Identify resources, including contracted support when it is the best option for fast tracking, and key staff with dedicated time.
        - Redefine achievable timeline, once success milestones are identified.
    - On March 18, 2013, the signed and certified internal VA Directive 0803, Women Veterans Program (WVP) was posted to VA's Intranet.
    - On March 28, 2013, the Strategies Report was distributed for internal use only.
    - The Center is closely monitoring the operating plan items for completion and keeping keep a running log of deliverables.

Update from Veterans Health Administration/Sexual Assault Prevention in Medical Facilities, William Schoenhard, Deputy Under Secretary for Health for Operations and Management, VHA

- On June 10, 2011, the Deputy Under Secretary for Health for Operations and Management (DUSHOM) issued a memorandum, "Actions Needed to Improve Physical Security Requirements."
    - Each Network Director was tasked to ensure that each facility within each network has a physical security assessment plan that includes:
        - Policies for use and testing of alarm systems, including panic alarms.
        - Regular testing of these alarm systems, including panic alarms.
        - Documentation of testing.
        - A plan and implementation strategy for 24/7 response capabilities and preventive maintenance.
- All Veterans Integrated Service Network (VISN) directors have documented that each VA medical center (VAMC) has been reviewed for compliance, that each VISN is compliant with physical security policies, and that action plans and timelines have

been developed to implement physical assessment plans to ensure adequate security controls.

- On July 7, 2011, the DUSHOM issued a VISN-wide memorandum titled "Actions Needed to Improve Reporting of Allegations of Sexual Assaults," requiring VHA field facilities to take specific actions in regard to reporting sexual assaults including:
  - Specifying a definition for what is to be reported as an allegation or of an actual sexual assault;
  - Outlining requirements for reporting all allegations of sexual assault on VA property (or off-property in the execution of official VA duties) in accordance with VA Directive 0321, Serious Incident Reports;
  - Requiring facilities to submit:
    - An initial issue brief to the Office of the DUSHOM within 24 hours of reporting the incident;
    - A follow-up issue brief to provide details about any investigation, results of the investigation, actions taken by the facility, and any process or policy improvements made to mitigate future events; and
    - Communication with the Office of Inspector General (OIG).
- On August 6, 2012, President Obama signed Public Law (P.L) 112-154, the Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012. Subsection 106 of this law requires VHA to develop and implement a comprehensive policy on education, prevention, reporting, tracking, and monitoring of sexual assaults and other safety incidents within VA by Sept. 30, 2012.
- On September 27, 2012, VA published this policy as VHA Directive 2012-026, Sexual Assaults and Other Defined Public Safety Incidents in VHA Facilities.
  - Definition of sexual assault is any type of sexual contact or attempted sexual contact that occurs without the explicit consent of the recipient of the unwanted sexual activity; does not include cases involving only indecent exposure, exhibitionism, or sexual harassment.
  - Assaults may involve psychological coercion, physical force, or victims who cannot consent due to mental illness or other factors.
  - Falling under this definition of sexual assault are sexual activities such as: forced sexual intercourse, sodomy, oral penetration, or penetration using an object, molestation, fondling, and attempted rape.
  - Victims of sexual assault can be male or female.
- The definition was developed by the Sexual Assault Legal History Policy Recommendations Work Group (SALHWG), which was created to develop specific guidance for the assessment and documentation of legal history.
- From July 1, 2012 to September 30, 2012, 217 incidents were reported that were related to sexual assaults and other safety incidents across VHA. Reported incidents include information reported both on and off VA property.
  - Of the 59 sexual assault incidents reported, 16 sexual assaults were substantiated (27 percent).
  - A total of 134 incidents related to substance abuse were reported, both on and off VA property.
  - A total of six incidents related to patient abuse were reported, both on and off VA property.

- In December, 2011, the DUSHOM issued a memorandum to the field reinforcing the required use of the developed reporting template, and to report the mandatory reporting elements accurately and completely.
- All 21 VISNs are actively reporting using the tracker, since October 1, 2011.
  - On a weekly basis, Network Support reviews incidents by primary categories.
  - Through a joint effort between the Office of Security and Law Enforcement and Network Support, quarterly reports summarizing the number of incidents are produced.
  - Currently constructing a database that will automatically reconcile data.
- Subsection 106 of P.L. 112-154 requires mandatory training of VA employees "on security issues, including awareness, preparedness, precautions, and police assistance."
  - The VHA Prevention and Management of Disruptive Behavior (PMDB) program, an employee education curriculum, addresses these topics in a number of courses.
  - As of October 23, 2012, VHA trained more than 30,000 staff remotely and held more than 4,400 face-to-face training sessions across the system.
  - VHA Directive 2012-026 requires that VISN Directors ensure that each facility in their VISN conducts a workplace behavioral risk assessment (WBRA), to identify work places in each VHA facility that are at high risk for sexual assaults and other safety incidents to occur.
    - The results of the WBRA will inform the tailored assignment of relevant mandatory training to VHA employees.
    - VHA asked each facility to complete the WBRA by December 31, 2012.
- WBRA survey results:
  - The WBRA was completed by 114 out of the 143 facilities, for a completion percentage of 80 percent.
  - Ten facilities (7 percent) had an incomplete WBRA and 19 facilities (13 percent) did not submit a WBRA.
  - Additionally, VHA developed an automated tool for data roll-up.
- Effectiveness of VHA Directive 2012-026:
  - Prior to publication of VHA Directive 2012-026, VA had implemented many of the requirements found in Section 106 of P.L. 112-154.
  - VHA implemented a process for tracking and trending sexual assaults and other safety incidents by facility and VISN.
  - Each VISN has been required to evaluate the need for surveillance equipment and to use risk assessments to identify and address gaps.
  - VA is utilizing integrated project teams to improve construction designs to ensure that security needs are incorporated into those designs.
  - VISN Directors will submit a report documenting the completion of mandatory training by employees identified by the results of the WBRA to be in workplaces at high risk for sexual assault and/or other safety incidents.

Recruitment of Women Veterans for Employment, Dennis May, Acting Director, Veteran Employment Services Office

- Model for Federal Veterans Employment includes:

  - High tech – Veterans Career Center which includes skills translator, resume builder, job search, and skills assessment. Veterans Career Center currently has 78,000 users and 40,000 available resumes.
  - High touch component includes:
    - Results –increase percent or Veterans employed, and increase retention rate.
    - Service support – coaching, training, retention, and communication.
    - Organization support – Veteran Employment Service Office, and VA for Vets.
- VA employs approximately 328,000 people; more than 105,000 of them are Veterans. Of the total number of Veterans employed by VA, approximately 28,000 (8.5 percent of total employees) are women Veterans.
  - Last FY, 13,000 Veterans entered on duty as VA employees; however, 10,000 Veterans left.
  - Efforts are ongoing to retain Veterans.
- Recruitment and outreach:
  - Marketing plan includes Website redesign, targeted outreach campaign for women Veterans and under-represented.
  - Continuing to deploy the VA for Vets platform across the government and nonprofit sectors.
  - Developing Vets as Mentors Program (VAM's)/ Onboarding Program.
- Previous women Veterans outreach activities include:
  - Employment Work Series for Women Veterans, Prince George's Community College, Largo, MD, March 3, 2012.
  - Operation Transition for Women Veteran, George Mason University Enterprise Center, Fairfax, VA, November 29, 2012.
  - 2012 Academy Women Officer Women Leadership Symposium and Career Coaching Workshop, Women's Memorial in Arlington, VA, September 20, 2012.
  - 2011 Maryland Women Veterans, Morgan State University, September 16, 2011.
  - 2011 National Training Summit on Women Veterans, Hyatt Regency, Washington, DC, July 15 – 17, 2011.
  - Regional Veteran Employment Coordinators participate at Recruit Military event, Hiring Heroes events, transition assistance program (TAP) events.

Update from Veterans Benefits Administration/Acceptable Clinical Evidence Initiative (ACE)/Long Term solution (LTS) Initiatives,The Honorable Allison A. Hickey, Under Secretary for Benefits, VBA

- Provides support to nearly 12 million (M) Veterans, Servicemembers, their families, and survivors across all six VBA business lines yielded significant results:
  - Compensation & Pension: Net increase of more than half a million (575,000) Veterans over the last 4 years.
    - Completed more than 1M claims 3 years in a row – 16 percent more per year over 2008.
    - Completed nearly 800,000 additional "non-rating" claims per year – an increase of 19 percent.
  - Agent Orange/Nehmer: Since 2009 with 37 percent of workforce, $4.45B into the hands of 164,000 Vietnam Veterans.

  - Post-9/11 GI Bill: Issued approximately $27.9 billion (B) for college and technical training to more than 947,000 beneficiaries, Servicemembers and their families since August 2009 (over 1M for all GI Bill Programs).
  - Veterans Retraining Assistance Program (VRAP): Training and education program for 35-60 year old unemployed Veterans.
    - Received over 109,000 applications; paid over $174 M to 40,188 beneficiaries in training.
  - VA-DoD Integrated Disability and Evaluation System (IDES): Servicemembers medically discharged from the military through IDES receive benefits in an average of 54 days following discharge.
  - Loan Guaranty: Helped 81 percent of Veterans (nearly 70,000) in default retain their home; saving $2.5B in potential claim payments;
    - Lowest foreclosure rate (last 15 quarters) and lowest delinquency rate (last 19 quarters) than other home loans.
- VBA is receiving more claims from Veterans:
  - Ten years at war, with increased survival rates, resulting in more claims and more complexity.
  - Post-conflict downsizing of the military.
  - Impact of a difficult economy.
  - Additional presumptive decision resulting in more claims for exposure related disabilities (Agent Orange).
  - Gulf War illness.
  - Relaxation of PTSD Rules.
  - New VA/DoD IDES for most seriously wounded, ill and injured.
  - Extensive and successful VA outreach programs encouraging more Veterans to submit claims (6,300 more events over 2008).
  - Increased use of technology and social media by Veterans, to self-inform about available benefits and resources.
  - There were 940,000 Veterans added to rolls, over last four years (more than the number of Servicemembers currently serving on active duty in the Army and Navy).
  - Half a million new Veterans since FY 2008 received an average of more than $14,000 additional annual income through compensation.
- Veterans Benefits Management System (VBMS): electronic claims system; deployed at 30 stations, as of March 2013; deployed to all 56 stations by end of 2013.
  - Each regional office (RO) has a small group trained to process electronic claims in VBMS.
- Veterans Relationship Management (VRM): made improvements to call centers and improved JD Power Voice of the Veteran Satisfaction Index Score by 83 points from the initial pilot results.
- LTS: 82 percent claims processed w/ automation; 53 percent full automation, 29 percent partial automation.
- eBenefits: enhanced portal with more than 47 self-service features, including a “Turbo Tax-like function” for online claims filing, and more than 2.4M registered users w/ access.

- New transformation organizational model: all 56 stations are in the organizational model, as of March 2013.
- ACE opens the possibility of doing assessments without an in-person medical examination when there is sufficient information in the Veteran's record.
  - A medical provider can complete a Disability Benefits Questionnaire (DBQ) by reviewing existing medical evidence They can also obtain information from the Veteran by phone if necessary.
  - Expedites the determination of disability ratings, eliminating the wait time to schedule and conduct an exam from the claims process.
  - During a 15-month pilot test at one regional office, 38 percent of claims submitted were eligible for ACE.
  - Since its inception in October 2012, 2,431 claims have been completed using ACE.
- VBA initiatives targeting women Veterans:
  - Compensation benefits:
    - In FY 2012, 300,937 women Veterans received compensation benefits – an 8 percent increase from last year.
- Pension benefits:
  - In FY 2012, 12,594 women Veterans received pension benefits, a 3 percent increase from last year.
- Home Loan Guaranty:
  - In the first two quarters of FY 2013, 32,921 women Veterans were guaranteed loans totaling 1.9B – that's a 28 percent increase over the first two quarters of FY 2012.
- Vocational Rehabilitation & Employment (VR&E):
  - There were17,741 women Veterans who participated in VR&E, FY 2013 to date – an 8 percent increase from the same time the previous year
- Education:
  - In FY 2012, 106,953 women Veterans accessed education benefits—a 17 percent increase from last year.
- Women Veteran Unemployment:
  - Overall 7.4 percent unemployment (down 1.4 percent from previous month and 2 percent from the same time in the previous year), and 11.6 percent post 9/11 unemployment (down 5.5 percent from previous month and up 4.2 percent from the same time in the previous year).
- VRAP:
  - In FY 2012, 14,939 women Veterans applied for the benefit (16.8 percent of total applicants).
- Veterans Group Life Insurance (VGLI):
  - In FY 2012, 55,550 VGLI policies belonged to women Veterans – a 3 percent increase from last year.
- Servicemembers Group Life Insurance Traumatic Injury Protection (TSGLI):
  - In FY 2012, 119 female Servicemembers received a TSGLI benefit – a 35 percent increase from last year.
- After a June 2011 review of 400 military sexual trauma (MST)-related PTSD claims, VBA found the results (25 percent prematurely denied) unacceptable.

  - During this time, the grant rate was 34 percent. As a result, new training requirements were implemented:
    - Outreach and training on relaxed evidentiary standards for MST.
    - Women Veterans coordinators provided with specialized training in all ROs.
    - MST categorized as a special issue for claims processing (goes in special operations segmented lane).
    - New electronic flash distinguishes between these and other PTSD cases in the database for better and unique tracking.
    - Semi-annual assessments will be conducted to ensure quality.
    - VBA has closed the gap and is on par with PTSD grant rates.
- VBA women Veterans initiatives:
  - Top five conditions claimed by women Veterans are knee condition, back condition, PTSD, headaches/migraines, and depression.
  - VA increasing outreach to women Veterans for faster, easier access to benefits and assistance.
  - Established full-time women Veterans coordinators in ROs.
  - Launched women Veterans outreach call center in June 2011.
  - Contacted more than 18,000 women Veterans since inception.
  - Developed benefits pamphlet exclusively on gender specific disabilities.
  - Deploying eBenefits enhanced user personalization tailored specifically for women Veterans.
- Update to 2012 ACWV report, recommendation #9:
  - VBA is developing an outreach tool and user guide for outreach coordinators that will provide guidance for outreach that will provide guidance and recommendations to assist WVCs in conducting consistent and robust outreach to women Veterans, and ensure that women Veterans receive access to the information, benefits, and services.
  - VBA has developed an outreach campaign targeting women Veterans, which includes relevant messaging and outreach materials to include print, video, and web products. These products are designed to inform women Veterans of VA benefits and services.
- Update to 2012 ACWV report, recommendation #10:
  - The Annual Benefits Reports (ABR) currently contains gender-specific data including a summary of recipients of compensation and pension.
  - VBA will explore additional opportunities to incorporate any available gender-specific demographic data in the ABR.
- In response to the ACWV's previous request for VBA to enable women Veterans to request a Women Veteran Coordinator (WVC) on the Personal Interview form (VAF 21-7288a):
  - VBA is building an outreach reporting tool that offers Veterans the option for of selecting a WVC (implementation TBD).
- In response to the ACWV's previous request to create mailboxes and/or a link on eBenefits for women Veterans to contact WVCs:
  - VBA is working this request through the Office of Field Operations to ensure that the workload of WVCs remains manageable with the implementation of this request, as the WVC position is currently a collateral duty.

Update from the National Cemetery Administration, The Honorable Steve L. Muro, Under Secretary for Memorial Affairs, NCA

- Over 74 percent of NCA employees are Veterans; the highest percentage in any Federal agency.
  - This includes 400 plus returning Veterans from Iraq and Afghanistan.
- Currently, 142 NCA employees are women Veterans, which equates to11.86 percent of NCA's workforce.
  - Includes 69 disabled women Veterans.
- Special emphasis program:
  - Focus on "cultural competency."
  - Executive Diversity Council.
  - Special Emphasis Program Advisory Committee.
- Virtual job fair:
  - Generated diverse interest in Cemetery Director Intern Program.
  - Publicized through Facebook, Twitter, VSOs, Cemetery directors.
  - Veteran Employment Support Office assisted Veterans with application process.
- Cemetery Director Intern Program:
  - Year-long training program for future cemetery directors provides a critical pathway for developing women leaders in NCA.
- Gravesite review:
  - Self-initiated review of 3.2 million gravesites in VA cemeteries.
  - Verified placement of remains, headstones and markers, with a .0003 percent error rate.
  - Developed sustainment plan.
- Gravesite Review: Way Ahead:
  - Additional reviews.
  - Accountability procedures.
  - Contractual requirements.
  - Quality improvement initiatives.
  - Contracting Officer Representatives.
  - Map certification procedure and reporting.
  - Leveraging technology.
- 2012 Survey of Satisfaction:
  - Survey conducted annually since 2001.
  - Mailed to next of kin and funeral directors.
  - Ties to strategic plan goals for customer service and cemetery appearance; i.e., 100 percent satisfaction by 2015.
- Contracting with small businesses:
  - Small businesses considered for 100 percent of contracts.
  - Spent over $40 million with small businesses to date in FY 2013.
  - NCA small business course designed to promote effective relationships.
- Expanding access:
  - NCA outreach/ mobile command vehicle.
  - Outreach to women Veterans.
  - Funeral directors resource kit.

Update on Center for Women Veterans Activities, Dr. Betty Moseley Brown, Associate Director, CWV

- Performance Update, FY 2013, 1st Quarter:
  - CWV staff engaged in 35 collaborative meetings and forums during the first quarter. Activities included keynote speeches and presentations, as well as participation in collaborative meetings, and advisory councils and committees.
- CWV staff answered 153 inquiries from internal and external stakeholders via email, telephone, letters, and through VA's Inquiry Routing and Information System (IRIS).
  - Inquiries ranged in complexity and issues from general information requests to personal requests regarding health care concerns, and status of claims.
  - On average, CWV staff responded in 2.9 days; less than VA's standard of 5 days.
- Percent of meeting attendees who experienced improved awareness of VA benefits and services as a result of CWV briefing/presentation: 83 percent.
  - General satisfaction (with 5 being extremely satisfied): 4.7.
- First quarter Web statistics:
  - Number of visits to the CWV's Web site (www.va.gov/womenvet): 65,515.
  - Number of Visitors: 22,898.
  - Average Daily Visits: 712.
  - Average Visit Duration: 00:11:22.
  - Pages Viewed: 68,213.
  - Number of Media Interviews: 3

Greetings and Comments
The Honorable Jose D. Riojas, Interim Chief of Staff

Mr. Riojas discussed the Secretary's priorities for Veterans and specific issues regarding women Veterans. Mr. Riojas engaged in an interactive discussion with ACWV members and affirmed that VA is committed to addressing the needs of women Veterans as evidenced by establishment of the Women Veterans Program. His staff also arranged for the Committee to tour VA's Ops Center.

Wednesday, April 10, 2013 –Room 930
Meeting was called to order by the Chair.

Update on 2012 Report of the Advisory Committee on Women Veterans (Recommendations #9, #10), Nancy Lansing, Deputy Director, BAS, VBA

- Mission: To serve as advocates for Servicemembers, Veterans, eligible beneficiaries and other stakeholders, to ensure they are knowledgeable and informed about accessing and receiving VA benefits and services.
- Vision: To be the premier organization for our clients; to proactively provide information and knowledge about VA benefits and services, in a positive 21st century experience that is consistent, concise and relevant.
- Purpose: To strengthen the quality of VBA outreach, and promote a client-centered mission through a consolidated and coordinated process.
- Update to 2012 ACWV report, recommendation #9:
  - As part of the system-wide outreach strategic action plan, a full-time WVC

position description has been approved, and a standard operation procedure (SOP) was developed and is in concurrence.
  - VBA implemented an outreach campaign targeting women Veterans.
  - A suite of outreach pamphlets, which appeals to all Veterans populations, are displayed in the public contact area, distributed at outreach events and posted at: http://benefits.va.gov/BENEFITS/benefits_summary_materials.asp.
  - The WVCs contact information is displayed in the public contact area in all regional offices and pension management centers.
  - Women Veterans can request to speak to a WVC, by calling VBAs National Call Center at 1-800-827-1000.
  - VBAs increased collaboration with VHA, NCA, and the Women Veterans Program resulted in national quarterly training for VBAs WVCs and VHAs women Veterans program managers.
- Women Veterans outreach activities are working and showing a positive trend.
  - In FY 2012, 30,291 women Veterans were service connected for PTSD; of that number 3,063 were service connected for PTSD due to MST.

Benefit	**1st quarter FY 2012**	**1st quarter FY 2013**	**Percentage**
Compensation	281,145	306,366	9%
Pension	12,451	12,631	1.4%
Loan Guaranty	12,173	15,887	31%
Education	71,905	83,802	15%
VGLI	54,066	55,550	3%
TSGLI	88	119	35%
Vocational Rehabilitation and Employment (VR&E)			
• 23,365 women are currently active with VR&E service.			
• 900 women were successfully rehabilitated to employment or independent living services.			
• 24,574 women Veterans and Servicemembers received services in FY 2013 which, to date, equates to a 10% increase from FY2012.			

- Update to 2012 ACWV report, recommendation #10:
  - The ABR currently contains gender-specific data including a summary of recipients of compensation and pension.
  - VBA explored the feasibility of enhancing the ABR with the Office of Performance Analysis and Integrity (PA&I) and other VA business lines.
  - Currently the implementation plan is in concurrence.
  - What's New:
    - Radio public service announcements (PSA):
      - eBenefits Campaign, "Helping our Veterans Access the Benefits they Earned," narrated by NASCAR racers Tony Stewart and Ryan Newman.
      - Ad equivalency of all the airplays to date: $3,304,100.
      - PSAs aired in 31 states, to include 13 of the states with the largest Veterans

populations.
- PSAs aired on virtually every radio format including all music genres, news, talk, and sports.
- Projected totals from September 2012– September 2013: 66,082 airplays; ad equivalency of all the airplays: $6,608,200 (Using $100 average per spot).

▪ Television PSA's started in January 2013.

Update on 2012 Report of the Advisory Committee on Women Veterans (Recommendation #1), Terri Shepard, Deputy Director, Finance and Logistics, Consolidated Patient Account Center (CPAC) Program, VHA; Stephanie Mardon, Deputy Chief Business Officer, Revenue Operations, VHA; Ogbeide Oniha, Director, VHA Financial Management and Accounting Policy

- In response to recommendation #1 of the 2012 ACWV report, the VHA Chief Business Office conducted an audit of charges for preventive screenings provided to women Veterans.
  - A sample population was identified, based on a data run of insured women Veterans required to pay copayments due to eligibility category.
  - To determine whether the sole purpose of the visit was a preventive screening service, 330 first party bills were analyzed.
  - For each copayment charge, revenue quality assurance staff reviewed specific procedure codes to confirm that they were associated with screenings only.
  - Refunds will be issued for all identified inappropriate billings.
  - Analysis is ongoing, to identify reasons for inappropriate billings including: assignment of clinic stop code, and screening exams established as a primary care visit.
  - Next steps include:
    - Establishing a workgroup within VHA to review the results of the sample audit and validate potential root causes, to include field facility staff (business managers) and VACO personnel (compliance and business integrity, women Veterans program office and health information management.)
    - Expanding audits to include full women Veterans population.
    - Processing refunds, as appropriate.
    - Conducting another review in six months, to check for improvement.

Briefing on Board of Veterans Appeals Processing of Military Sexual Trauma Claims, Donnie R. Hachey, Chief Counsel for Operations, Board of Veterans Appeals

- The Board of Veterans Appeals' (BVA) conducts hearings and disposes of appeals properly in a timely manner, handles all questions on issues that are subject to the Secretary's; and provides final decisions on such appeals, as authorized by 38 U.S.C. § 7104(a).
- Organizationally, BVA is part of the Office of the Secretary.
- In FY 2012, BVA had 12,334 hearings and provided decisions on 44,300 cases.
- Claims are transferred to BVA for final decision, when the Veteran continues to disagree with the claims/appeals decisions offered by the Veterans Benefits Administration.

  - BVA renders a final decision on appeal, on behalf of the Secretary.
- Establishing entitlement to service connection generally requires:
  - In-service event, injury or disease;
  - Current disability; and
  - A nexus between the current disability and the in-service event, injury or disease.
- Establishing entitlement to service connection for posttraumatic stress disorder (PTSD) generally requires:
  - Medical evidence diagnosing PTSD;
  - Credible supporting evidence that the claimed in-service stressor actually occurred; and
  - A nexus between the current diagnosis and the in-service stressor.
- Personal assault:
  - In March 2002, VA amended 38 C.F.R. § 3.304(f) to cover PTSD related to in-service "personal assault.
  - Personal assault includes, but is not limited to, military sexual trauma (MST).
  - Examples of personal assault include rape, physical assault, domestic battering, robbery, mugging, stalking, and harassment.
- MST:
  - Sexual trauma defined as "psychological trauma, which in the judgment of a [VA] mental health professional . . . resulted from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment."
  - Sexual harassment is defined as "repeated, unsolicited verbal or physical contact of a sexual nature which is threatening in character."
  - MST includes any sexual activity where someone is involved against his or her will—the Servicemember may have been:
    - Pressured into sexual activities (e.g., with threats of negative consequences for refusing to be sexually cooperative or with implied better treatment in exchange for sex);
    - Unable to consent to sexual activities (e.g., when intoxicated); or
    - Physically forced into sexual activities.
  - Other MST activities include unwanted sexual touching or grabbing; threatening, offensive remarks about a person's body or sexual activities; and threatening and unwelcome sexual advances.
  - The identity and characteristics of the perpetrator, whether the Servicemember [victim] was on or off duty at the time, and whether he or she was on or off base at the time do not matter.
  - Challenges for MST claims:
    - MST is often unreported.
    - Corroborating stressors can be challenging.
    - MST claims involve very sensitive information.
  - VA wants to avoid re-victimizing Veterans while developing the claim.
  - Many victims of MST do not show external symptoms of distress; minor changes may not be noted in personnel file.
- Recent changes at Department of Defense (DoD):
  - Sexual Assault Prevention and Response Office and associated positions of sexual assault response coordinator and victim advocate created.

- Restricted reporting enacted.
- With the Veteran's authorization, VA will obtain report on her behalf.

- Proving service connection for PTSD based on personal assault, to include MST:
  - VA provides enhanced Veterans Claims Assistance Act notice that must specifically advise the Veteran that evidence from sources other than service records or evidence of behavior changes may constitute credible supporting evidence of the stressor.
  - Before denying any claim, VA must allow Veteran the opportunity to furnish evidence from sources other than service records:
    - Records from law enforcement authorities, rape crisis centers, mental health counseling centers, hospitals, or physicians.
    - Pregnancy tests or sexually transmitted diseases tests.
    - Statements from family members, roommates, fellow service members, or clergy.
    - Evidence of behavior changes.
    - A request for a transfer to another military duty assignment.
    - Deterioration in work performance.
    - Demonstration of substance abuse.
    - Episodes of depression, panic attacks, or anxiety without an identifiable cause.
    - Unexplained economic or social behavior changes.
- VA examinations:
  - Service connection claims often require a VA examination to resolve the claim.
  - There is no mandate to always get an examination.
  - If there is no examination of record, an examination will be helpful.
  - Under 38 C.F.R. § 3.304(f)(5), VA may submit evidence to a health care professional for an opinion which could help in making a determination.
  - Whether a stressor occurred is a factual question left for adjudicators.
  - VA is not required to accept a doctor's diagnosis of PTSD as proof that the stressor occurred.
- Recent relevant case law:
  - *Menegassi v. Shinseki*, 638 F.3d 1379 (2011):
    - Veteran argued that a positive post-service diagnosis and nexus opinion by a mental health professional must be accepted as corroboration of a stressor related to PTSD caused by MST.
    - Federal Circuit held that under 38 C.F.R. § 3.304(f)(5), post-service medical opinion evidence may be submitted for use in determining whether the occurrence of a stressor is corroborated.
    - This evidence, however, must be weighed by the Board in context with the other evidence.
  - Ruth Moore Act of 2013 H.R. 671; S.294:
    - Creates a new standard of proof for service connection of mental health conditions (not just PTSD) related to MST.
  - 38 U.S.C. § 1154(c)(1):
    - For any Veteran who claims that a covered mental health condition was incurred in or aggravated by MST during service, VA shall accept as sufficient proof of service connection:

- A diagnosis of such mental health condition by a mental health professional;
- Satisfactory lay or other evidence of such trauma; and
- An opinion by the mental health professional that such covered mental health condition is related to such MST, if consistent with the circumstances, conditions, or hardships of such service, notwithstanding the fact that these is no official record of such incurrence or aggravation in such service.
- Service connection may be rebutted by clear and convincing evidence to the contrary.
- (c)(2): the Veteran's lay testimony alone may establish the occurrence of claimed MST as long as consistent with circumstances, conditions, or hardships of service, and no clear and convincing evidence to contrary.

Update on Women's Health Services and Women Veterans Issues
Dr. Patricia Hayes, Chief Consultant, Women's Health Services, VHA

- Women VHA users have doubled from 159,000 in 2000 to 360,000 in 2012.
- Although the women Veterans population is increasing, total Veterans population is decreasing.
- Women Veterans enrollment outpacing that of men--a 21 percent increase since 2009.
- About 57 percent of OEF/OIF/OND women Veterans have used VA care.
- VA aims to meet the unique needs of women Veterans by delivering the highest quality of health care to each woman, while offering her the privacy, dignity, and sensitivity to gender-specific needs that she deserves.
- The ideal women Veterans' experience of VA would include high-quality, equitable care on par with that of men; care delivered in a safe and healing environment; seamless coordination of services and recognition as Veterans.
- Mission for VA women's health care:
  - Within VA: Serve as a trusted resource for the field and work to ensure that women Veterans experience timely, high-quality comprehensive care in a sensitive and safe environment at all points of care.
  - Beyond VA: In line with VA's overarching mission, seek to continually improve personalized, proactive, patient-driven health care for women Veterans and to lead the nation in women's health care.
- Goals for VA women's health care:
  - Goal 1: Transform health care delivery for women Veterans, using a personalized, proactive, patient-centered model of care.
  - Goal 2: Develop, implement, and influence VA health policy as it relates to women Veterans.
  - Goal 3: Ensure a proficient and agile workforce through training, education, effective measures, and assessment.
  - Goal 4: Develop, seamlessly integrate, and enhance VA reproductive health care.
  - Goal 5: Drive the focus and set the agenda to increase understanding of the effects of military service on women Veteran's lives.
- Objective: Implementing comprehensive care- complete primary care from one designated women's health primary care provider at one site including community-based outpatient clinics (CBOCs).

  - Plans:
    - Offer comprehensive primary care at 100 percent of VA medical centers.
    - Require the development of a women's health strategic plan in each health care system.
    - Ensure the implementation of comprehensive primary care for women Veterans at every site of care.
  - Actions:
    - To date, completed 57 site visits using a validated assessment protocol and document review, with best practices identified and disseminated to the field through national calls.
    - Women Veterans program managers currently available at VA facilities nationwide.
    - Launched Women's Health Evaluation Initiative.
  - Current Gaps:
    - About 51.4 percent of healthcare systems lack a written strategic plan for their women's health program.
    - Around 30.5 percent of 945 sites do not have a designated women's health provider currently.
    - Approximately 59 percent of 945 sites of care do not have a women's health PACT team.
- Objective: Gynecological care.
  - Ensure co-located gynecology al all medical centers.
  - Provide workforce capacity and infrastructure to ensure seamless integration of reproductive health services throughout VA.
  - Enhance delivery of quality gender-specific Emergency Department services for women Veterans.
  - Ensure provision of high-quality gynecologic care to aging women Veterans (beyond childbearing years).
  - Plans:
    - Develop key policies in reproductive health:
      - Integrate reproductive health issues into all relevant VA policy/reviews.
      - Develop processes for dissemination, implementation, and tracking execution of reproductive health policies.
      - Develop data summary on policy compliance and policy effectiveness.
    - Develop informational materials:
      - Emergency services for women information letter.
      - VA Gynecology Services Handbook.
      - Revise VHA Infertility Handbook.
  - Actions:
    - Distributed breast and pelvic examination equipment to all medical centers (2011-2012).
    - Provided VA Emergency Services for Women Innovation grants to the field.
    - Developed specific VA-wide standards for emergency services for women Veterans.
    - Created VA tele-gynecology pilots.
    - Scheduled assessment of current VA system and provider capacity for

gynecologic care.
    - Distributed VHA Information Letter on Rights of Conscience for Provision of Emergency Contraception.
  - Current gaps:
    - Currently 53 percent of medical centers and 98.4 percent of community based outpatient clinics do not offer gynecology co-located with primary care for women Veterans.
    - Thirty-six facilities do not currently have any evidence of full-time gynecology staff onsite.
    - Updated national guidance is needed to address infertility services, gynecology services, or emergency services for women.
    - Fifty percent of women who receive VA maternity benefits do not return to VA after delivery.
- Objective: Mental health care.
  - Ensure co-located mental health for women Veterans at every site of care
  - Ensure that reproductive psychiatric information is readily available to VA providers and women Veterans throughout VA's healthcare system.
  - Plan:
    - Determine specific mental health needs of women Veterans, including barriers to access, utilization, prevalence of conditions, and provider training needs in co-located clinics.
    - Perform needs assessment across VA system on availability and need for reproductive mental health.
    - Collaborate across program offices and with Veterans Integrated Services Network and sites of care to:
      - Provide co-located primary care and mental health at all sites of care.
      - Coordination of pregnancy care for women with mental illness.
    - Develop and disseminate core curriculum in reproductive psychiatry.
    - Design an information dissemination strategy on reproductive psychiatry for VA mental health providers.
    - Design telemedicine/web tool that can be piloted to respond to consultative request of clinicians across VA (FY14+).
  - Actions:
    - Launched Reproductive Mental Health Initiative/collaboration with Mental Health Services and Center for Women's Mental Health, Massachusetts General Hospital.
- Objective: Staffing and training on women's health issues.
  - Increase training opportunities in women's health for nurses and emergency medicine providers.
  - Expand large-scale provider and nursing education programs.
  - Develop online training for core topics in emergency women's health.
  - Provide the clinical workforce with the 'performer support,' including face-to-face and remote access to experts.
  - Ensure safe prescribing for women Veterans of childbearing age at all VAMCs.
  - Ensure adequate staffing of nurses and providers al all VAMCs.
  - Plans:

        - Develop and deploy a learning needs assessment to assess the current state.
        - Train additional 500 primary care providers to ensure more than one trained provider al all sites.
        - Sponsor grant program to develop/deliver mini-residency in traditional format with virtual components.
        - Identify and utilize creative approaches to training including virtual training platforms, training broadcasts, and virtual patient technologies.
        - Provide grants to fund local training to limit employee travel and time away from patient care.
    - Actions:
        - For physicians, nurses, nurse practitioners, and physician assistants:
            - Primary care mini-residency training: nearly 1,500 trained by end of FY 2012.
            - VISN training grants received to deploy curriculum (2010, 2011) and develop training innovations (2012).
            - Monthly audio-conference held (2010-present); nine special focus topics live broadcast in 2013 include nursing as a target audience (primary care and emergency care topics).
            - Breast and pelvic examination videos produced and launched in 2012; courses available early FY 2013.
            - Partnered with Office of Academic Affiliations to expand VA's Women's Health Fellowship Program to eight sites and to include associated health trainees in FY 2012.
    - Current Gaps:
        - As of mid FY 2012, training is still needed for providers at nearly 300 CBOCs and additional training will be needed to meet the needs of increasing women Veterans.
        - It is anticipated that the majority of the more than 1,200 emergency medical physicians in VHA have learning needs.
        - It is anticipated that more than 1,000 primary care nursed and more than 1,200 emergency nurses have training needs.
        - No reproductive psychiatry tolls/curriculum are available VA-wide.
        - Gender-specific services for women are less available in emergency departments that treat fewer women or have fewer beds, are located in small/no-metropolitan areas, or are part of less complex facilities.
- Gender-specific programs available for women Veterans:

General care	**Gender-specific primary care**	**Mental health care**
Health evaluation and counseling.	Cervical cancer screens (Pap smears).	Evaluation and assistance for depression, mood, and anxiety disorders.
Disease prevention.	Breast cancer screens (mammograms).	Intimate partner and domestic violence.
Nutrition counseling.	Birth control.	MST
Weight control	Pre-conception counseling and care.	Elder abuse or neglect.

General care	Gender-specific primary care	Mental health care
Smoking cessation.	Maternity and newborn care.	Parenting and anger management.
Substance abuse counseling and treatment.	Human Papillomavirus vaccine.	Marital, caregiver, or family-related stress.
	Menopausal support (hormone replacement therapy).	Post –deployment adjustment or PTSD.
	Emergency services for women Veterans.	

- Specialized support for women Veterans:
  - Women Veterans program manager (WVPM) at each VAMC nationwide. A WVPM is designated to advise and advocate for women Veterans, and coordinate all the services they need.
  - Women Veterans Call Center - an outgoing call center aimed at increasing women Veterans' knowledge, enrollment, and utilization of VHA health care services by women Veterans. Outgoing call center provides women Veterans with information on VA health care services, benefits and eligibility.
    - Note: On April 23, 2013, VA launched a new hotline (1-855-VA-WOMEN; 1-855-829-6636) to receive and respond to questions from Veterans, their families and caregivers about VA's services and resources available to women Veterans. The service began accepting calls on April 23, 2013.
- Women's health outreach:
  - Informing women Veterans – Frequently asked questions, fact sheets, social media messaging, women Veteran targeted health campaigns, information videos (internal/external), and Web site (www.womenshealth.va.gov).
  - Meeting the needs of women Veterans – research is a key component in VA's initiative to improve services for women Veterans. VA released a report which examines the demographic profile of female VA patients-who they are, how old they are, where they live and how they use VA. The report, Sourcebook: Women Veterans in the Veterans Health Administration-Volume 2, presents data that will inform policy and planning as VA looks at new ways of providing care to women Veterans.
- Making women Veterans a priority at VA:
  - Changing VA's culture – Women Veterans health care is leading a VA-wide communication initiative to enhance the language, practice, and culture of VA to be more inclusive of women Veterans.
  - Public outreach toolkit – VA's Women's Health Services and the National Women Veterans Communications Workgroup created a toolkit for outreach to women Veterans.

Long-term Care for Women Veterans
Peggy Becker, National Program Manager/Christine Cody, Management and Program Analyst, Home Based Primary Care, Office of Geriatrics and Extended Care, VHA

- Population and trending supports the need for care for our Veterans in the home

environment which includes:

- Home based primary care (HBPC) - comprehensive, longitudinal primary care delivered in the home by an Interdisciplinary team: nurse, physician, social worker, rehabilitation therapist, dietitian, pharmacist, and psychologist.
  - Veterans with complex, chronic, disabling diseases are the targeted population.
  - HBPC is used when routine clinic-based care is not effective, and is most appropriate for those too sick to go to a clinic.
  - Mean age of HBPC population is 78.4 years; 4 percent female and 96 percent male.
- Medical foster home (MFH) – piloted in Little Rock in 2000 by two HBPC social workers who saw a problem with Veterans in HBPC whose health care was in decline and not safe to live alone, but who refused nursing home care.
  - MFH finds a willing caregiver who can meet the medical care needs through HBPC.
  - In 2004, the pilot was expanded to two other sites and in 2008, MFH was established as a permanent program.
  - Currently, 111 MFH programs are in development in 48 states and territories.
  - The hope is that MFH will be at all 152 VA facilities by FY 2016.
  - Goals of MFH are:
    - Improve the quality of life for dependent Veterans.
    - Maintain the Veteran in a safe and therapeutic environment, providing longitudinal health care in a home setting to include preventive and end-of-life care.
    - Facilitate the most prudent use of VA and community resources, by reducing health care expenditures for a high cost population.
    - Provide a non-institutional option for VA to meet increasing Veteran demand for long-term care services.
- Hospice care/palliative care:
  - Hospice and palliative care is covered benefit for all enrolled Veterans.
  - VA offers to provide or purchase needed hospice and palliative care services for all enrolled Veterans, whether these services are needed in an inpatient setting or in the home.
  - Currently, 113 VAMCs have designated hospice and palliative care units. Each facility has an interdisciplinary consultation team.
  - VA-paid community hospice care is provided through out agreement with community hospice program.
  - Veterans who received home or community based hospice paid by VHA between FY 2009 and FY 2012:

FY	All Gender	Female	% Female
2012	7,609	269	4%
2011	7,331	224	3%
2010	7,003	177	3%
2009	6,583	167	3%

- Veterans who received inpatient hospice care (acute and VA community living centers) between FY09 and FY12Improve the quality of life for dependent Veterans:

FY	All Gender	Female	% Female
2012	12,932	347	3%
2011	12,576	330	3%
2010	11,044	283	3%
2009	9,118	268	3%

- Home and Community Based Programs:
  - Homemaker/home health aide - 17,424 average daily census (ADC) January FY 2013.
  - Community adult day care - 3,591 ADC January FY 2013.
  - Outpatient Respite – 783 ADC January FY 2013.
  - Home hospice – 1,181 ADC January FY 2013.
  - Program of all-inclusive care for the elderly.
  - Veteran-directed home and community based services.
- Community nursing home program:
  - Approximately 2,500 homes under contract.
  - FY 2012 ADC: 6,893.
  - FY 2012 per diem: $245.37.
  - FY 2012 expenditures: $617 M.
- Community living center (CLC) program:
  - VA CLCs (formerly known as nursing homes) provide short- and long-stay nursing home care to Veterans.
  - Mission is to restore Veterans to highest possible level of well-being, prevent decline in health, and provide comfort at the end of life in a home-like environment.
  - May provide skilled nursing care; rehabilitation; mental health recovery care; dementia care, hospice and palliative Care; continuing care; respite care; and/or geriatric evaluation and management.
  - Majority are located on or near the campus of VAMCs.
  - Currently, there are 134 CLCs across the country.
  - Average CLC population is 3 percent female.
  - ADC of 565 women (FY12 Oct-June.)
  - Committed to a culture of Veteran-centered care.
  - Includes consistent assignment of staffing and personalized care for each Veteran.
  - Allows for specialized care for women Veterans based on her preferences.
  - CLC design guidelines require private rooms and Veteran-centered small house design.
- State Veterans home (SVH) program:
  - SVHs provide nursing home, domiciliary, and/or adult day health care.

- VA does not manage SVH; they are owned, operated, and managed by state governments.
- To participate in the SVH program, VA formally certifies an SVH meets all VA standards. VA then surveys facilities each year to make sure they continue to meet VA standards.
- States establish eligibility and admission criteria.
- Some SVH may admit non-Veteran spouses and gold star parents while others may admit only Veterans.
- SVHs are located in all 50 states and Puerto Rico.
- Currently 143 SVHs authorized for:
  - Skilled nursing care beds: 24,458.
  - Domiciliary beds: 5,801.
  - Adult day health care slots: 85.

Briefing on VA's Outreach to Non-government Organizations (NGO) to Address Women Veterans Issues, Douglas Carmon, Special Assistant to the Secretary on Non-governmental Organizations, Office of the Secretary

- The non-government Organizations (NGO) Office serves as the primary access point for NGOs and leads NGO initiatives for Office of the Secretary.
- It assists non-profits seeking to work with various offices within VA around issues such as homelessness, employment, higher education, mental health care, caregivers, reintegration, therapeutic recreation, and others.
- The NGO Office assists NGOs in planning, improving, and carrying out organizations' programs on behalf of Veterans, their families, and their survivors.
- It also assists NGOs in identifying the unmet needs of Veterans, families, and their survivors, working with VA to help minimize duplication of effort and confusion among NGOs with programs for Veterans.
- The program encourages continuous feedback from NGOs on issues such as physical and mental health, employment and satisfaction with government services and benefits affecting Veterans.
- Examples of women Veterans focus include collaboration with the Danza Group regarding MST, homelessness, and with the Battered Women's Justice Project.

Strategic Planning of the Women Veterans Population
Susan Sullivan, Acting Deputy Assistant Secretary for Policy, Office of Policy and Planning

- VA's quadrennial strategic planning process was illustrated and discussed: Core drivers of the planning cycle include: VA's core values (who we are), VA's characteristics (what we stand for), and VA's vision (the end-state that we will become).
- Elements of the 4-year cycle include:
  - Developing strategy-determine the capabilities VA needs to achieve the vision.
  - Plan activities – determine the actions VA needs to take to build the capabilities needed to achieve the vision.
  - Annually:

  - Align resources – determine the resources needed to execute the actions to build the capabilities (people, processes, and technologies).
  - Execute activities – determine if leaders are driving change, overcoming challenges, and mitigating risk.
  - Measure results – determine if the application of resources to planned activities resulted in capabilities that helped achieve the vision.
- VA's strategic planning team consists of officials from: VHA, VBA, NCA, VA Staff Offices, and Office of the Secretary's staff and others.
- Element of the process include:
  - Environmental scanning.
  - Key themes and high impact areas of change.
  - Strategic drivers.
  - Alternate futures.
  - Strategic imperatives.
  - Internal and external engagements and consultations.
- June 2013 – draft VA 2014-2020 Strategic Plan and deliver to the Office of Management and Budget.
- August 2013 – draft VA 2014-2020 Strategic Plan placed in the Federal Register for public comment.
- February 2014 – draft VA 2014-2020 Strategic Plan delivered to Congress.
- VA's strategic imperatives:
  - Be a trusted partner.
  - Be recognized for providing a quality experience.
  - Be a proactive and agile institution.
- Current FY 2012-13 agency priority goals:
  - Improve Veterans access to VA benefits and services.
  - Eliminate the disability claims backlog.
  - Eliminate Veteran homelessness.
- Veteran demographic trends (VetPop 2010):

Year Ending	# Women Veterans (M)	Total Veterans (M)	% Women
9/30/2012	2.25	22.3	10.0%
9/30/2020	2.43	19.6	12.4%
9/30/2025	2.51	18.1	13.8%
9/30/2030	2.55	16.8	15.2%

- Veteran demographics – age:
  - The median age of male Veterans is 64 years.
  - The median age of female Veterans is 49 years.
  - Some differences between male and female Veterans may be attributable to age since male Veterans are on average significantly older than female Veterans.
  - About 203,000 or 14.5 percent of the active-duty force of nearly 1.4 M are female with:
    - Enlisted ranks: 14.2 percent.
    - Officer corps: 16.6 percent.
    - Enlisted reservists and National Guard: 18 percent.

Thursday, April 19, 2013 – G.V. "Sonny" Montgomery Conference Room 230
Meeting was called to order by the Chair.

Update on Prosthetics/Adaptive Rehabilitative Initiatives, Dr. David Chandler, Acting National Director, Prosthetics and Sensory Aids Service (PSAS)/Joyce Edmondson, PSAS/Dr. Robert J. Jaeger, Director, Deployment Health Research, Office of Research and Development, VHA

- Dr. Jaeger showed video of new prosthetic devices under development and in testing such as the DEKA Research and Development Corporation (DEKA) arm.
- Services:
  - Orthotic and prosthetic services, restorations.
  - Home oxygen.
- 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).
- Prosthetic Women's Workgroup (PWW) Goals:
  - Ensure uniformity in the provision of prosthetic appliances across VA.
  - Eliminate availability concerns.
  - Provide medically necessary prosthetic devices and medical aids to women Veterans in accordance with federal rules and regulations governing PSAS programs.
  - Advocate new legislation, changes to existing legislations.
  - Eliminate barriers to prosthetics care experienced by women Veterans.
  - Explore contracting and procurement actions that provide devices made specifically for women.
  - Identify emerging technology for women and propose ideas for research and development.
  - Change culture and perception of women Veterans through education and information dissemination.
- The program offices of Women's Health, and Rehabilitation & Prosthetic services have recently renewed the commitment to one another to continue this workgroup.
- The reorganization combining Rehabilitation and Prosthetic services enables the office to address the devices and the rehabilitation services for women Veterans.
- Prosthetic services/devices FY 2012:

Device	PSAS Total	Women Total
Wheelchair	$203M	$7M
Artificial Limbs	$122M	$2M
Shoes/Orthosis	$128M	$9M
Dialysis	$3M	$58K
Home Oxygen	$287M	$11M
Medical Equipment	$357M	$22M
Implants	$474M	$21M
Sensory Aids	$346M	$9M

- VHA/PSAS data summary for FY 2007 -2012:

VHA and PSAS Stats	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
VHA Unique Patient Treated	5.4M	5.3M	5.7M	5.5M	5.5M	6.1M
PSAS Expenditures	$1.2B	$1.4B	$1.6B	$1.8B	$1.99B	$2.1B
Number of Items Purchased for Women	638,267	1,205,536	1,393,775	1,599,793	1,890,281	2,189,495
Cost of Items Purchased for Women	$39.4M	$49.7M	$61.6M	$71.3M	$80.2M	$91.6M

- Women specific items FY 2009 – 2012:

Prosthetic Device	FY 2009	FY 2010	FY 2011	FY 2012
Clothing Items	2,029	2,624	3,394	2,877
Breast Prosthesis	1,403	1,885	2,272	2,699
Breast Pumps and Accessories	130	371	901	1,826
Wigs	138	249	316	369
Pessaries	101	122	106	133
Vaginal Weights	19	27	20	42

- Special intervention/programs for women Veterans that are addressed in rehabilitation can include: breast cancer rehabilitation, pre- and post-pregnancy care, health and wellness, childcare, infant care, feeding and diapering, incontinence, vaginal muscle tone and strengthening, mental health (sexual trauma).
- VA must pay a clothing allowance to Veterans who have a service connected disability or condition compensable under 38 U.S.C. 1151 that requires the Veteran to wear or use a prosthetic or orthopedic device that wears or tears clothing , or medication prescribed by a physician which causes irreparable damage to the Veteran's outer garments.

- Automobile adaptive equipment (AAE) - program provides the necessary equipment and training to enable a disabled Veteran or Servicemember to operate a motor vehicle safely and permit access to and from the vehicle in a safe manner.
  - Commonly prescribed AAE: cruise control; van lifts; air conditioning; power transfer seat; low effort braking systems.
  - VA can reimburse any Veteran for up to two vehicles within a 4-year period.
- Home improvement and structural alterations (HISA) - the HISA benefit provides home improvements and structural alterations necessary only to ensure the continuation of treatment and/or to provide access to the home or to essential lavatory and sanitary facilities (authorized under Title 38(U.S.C.) Section 1717).
  - Lifetime benefit up to $6,800 may be provided for Veterans and Servicemembers who have a service-connected condition.
  - Lifetime benefit up to $2,000 may be provided for non service-connected Veterans.
  - Common prescribed HISA items include:
    - Roll-in showers or walk-in bathtubs.
    - Construction of wooden or concrete permanent ramping, to provide access to the home.
    - Widening doorways to bedrooms, bathrooms, etc., to achieve wheelchair access.
    - Lowering of kitchen or bathroom counters and sinks, etc.

Suicide Prevention and Veterans Crisis Line, Dr. Jan Kemp, National Program Director for Suicide Prevention, Canandaigua VA Medical Center, VHA

- Unfortunately, Veterans are more likely to die by suicide than the general population.
- While the percentage of all suicides reported as Veterans has decreased, the number of suicides has increased.
- A majority of Veterans suicides are among those age 50 years and older. Male Veterans who die by suicide are older than non-Veteran males who die by suicide.
- The age distribution of Veteran and non-Veterans women who have died from suicide is similar.
- The demographic characteristics of Veterans who died from suicide are similar among those with and without a history of VHA service use.
- The Veterans Crisis Line (1-800-273-8255), confidential chat (VeteransCrisisLine.net), or text (838255), offers free, confidential support 24/7/365 to Veterans, family members, friends, and Servicemembers.
- Continued increases in calls to the Veterans Crisis Line may be associated with efforts to enhance awareness of VHA services through public education campaigns.
  - The majority of Veterans Crisis Line callers are male, and between the ages of 50-59.
  - Differences in the age composition of callers to the Veterans Crisis Line are associated with gender.
  - A large percentage of callers to the Veterans Crisis Line are identified as Veterans.
  - Approximately 19 percent of callers to the Veterans Crisis Line call more than once each month.

  - The percentage of callers to the Veterans Crisis Line who are currently thinking of suicide has decreased.
  - The percentage of all calls resulting in a rescue has decreased, indicating that the calls are less emergent and callers are using the Crisis Line earlier.
  - The percentage of callers receiving a referral for follow-up care is increasing.
  - Approximately 93 percent of all Veterans Crisis Line referrals are made to callers with a history of VHA service use in the past 12 months.
  - Service use continues to increase following a referral for care.
- More than 300 suicide prevention coordinators nationwide provide direct care, outreach and education, reporting and tracking, and monitoring and oversight.
- Between FY09-FY11, use of inpatient and outpatient services increased following a rescue.
- The 12-month re-event prevalence has decreased among those who have been rescued or received a referral for follow-up care.
- Since August 2012, , VA has realized 23,000 rescues from calls (650,000), chats (65,000), and texts (3,800).
- VA's integrated approach to suicide prevention -ready access to quality care:
  - Awareness and outreach.
  - Access.
  - Enhanced care delivery.
  - Training and collaboration.
  - Research.

Overview of VA's Center for Faith-based and Neighborhood Partnerships, Reverend E. Terri LaVelle, Director, VA Center for Faith-based and Neighborhood Partnerships

- The mission of VA's Center for Faith-based and Neighborhood Partnerships (CFBNP) is to develop partnerships with and provide relevant information to faith-based and secular organizations, expanding their participation in VA programs and increasing their knowledge of VA services, in order to serve the needs of our Veterans, their families, survivors and caregivers.
- VA's CFBNP is part of the White House's larger consortium. Other CFBNP agency centers are located in the Departments of Health and Human Service, Housing and Urban Development, Agriculture, Commerce, Education, Justice, and Labor; the U.S. Agency for International Developments, Corporation for National and Community Service, Small Business Administration, and the Environmental Protection Agency.
- One of the goals of the CFBNP is to make sure that community organizations are aware of grant opportunities that may be relevant to them throughout the Federal government.
- Neither the Office nor the agency centers administer or manage Federal grant programs.
- However, the links to grants below can help organizations identify those grant opportunities where faith-based and neighborhood organizations are being engaged as partners throughout the Federal Government.
- Grants Websites:

  - Grants.gov – this electronic system enables searches for grant opportunities across multiple factors such as agency, services, populations, and most recently announced.
  - USASpending.gov - this electronic system assists in identifying grants that have been awarded to entities in community.
- Faith and community-based organizations have been at the forefront supporting military families and Veterans. Joining Forces is a comprehensive national initiative to mobilize all sectors of society to give our Servicemembers and their families the opportunities and support they have earned (www.whitehouse.gov/joiningforces).
- Suggestions for faith-based organizations to better serve their Veteran constituency:
  - Make a special effort to ensure that existing ministries and services integrate and are accessible to military families and Veterans.
  - Expand a military families' ministry or program that have already launched.
  - In none exists, consider starting a new ministry or service for military families or Veterans, or partner with an existing program in your community.
  - For smaller congregations, coordinate an annual fair, event, or service that is focused on military families.
  - Help raise awareness about the issues and challenges that military families and Veterans face as well as their service and strength that some of their neighbors may not be fully aware of.
- Women Veterans Resource Centers (WVRC) – collaboration between VA's CFBNP, CWV, CMV, Office of Survivors Assistance, VBA, and VHA.
  - The WVRC is a collaborative effort of 16 churches under the auspices of the
  - Urban Connection of Greater Washington United Methodist Church.
  - The focus is to provide services to homeless women Veterans, their children, as well as, military families.
  - In recognizing the unique challenges many women Veterans encounter during their transition from military to civilian life, the goal of the WVRC is to offer the following services at 16 committed locations: career closet, food pantry, hot meals, job readiness, computer lab, drama therapy, counseling, disability support, mentoring, spiritual guidance, and prayer and Bible studies.
  - The sites are identified by a banner posted in the yard of each church.
- The development of four family day centers is now being planned to offer places of refuge during the day time hours for the homeless women Veterans and families.

Update on 2012 Report of the Advisory Committee on Women Veterans (Recommendation #7), John S. Hale, Chief Communications Officer, VHA

- Mr. Hale provided a live view of the Miami VAMC's Web site (http://www.miami.va.gov/services/women/index.asp), which displays the women Veterans program manager's (WVPM) contact information.
- He further explained that VA is in the process of updating all of the medical centers' Web pages to include the information.

Updates to the Grant and Per Diem Program and Handbook, Anne Dunn, Deputy Director, VHA Homeless Programs, VHA

- VA's Office of Inspector General issues a report on the Grant and Per Diem Program (GPD) on March 12, 2012.

- The report contained recommendations which included:
  - Revising the application process to denote the gender served by the GPD applicant.
  - Publishing standards to ensure the safety, security, and privacy of homeless Veterans.
- Response to recommendations:
  - Review and revised the current application to more clearly denote populations.
  - Review and revise the current GPD Handbook to include a guidance regarding services for women Veterans.
  - Review and revise the current GPD inspection checklist used by VA to monitor GPD funded programs.
- Status update on the GPD handbook:
  - The GPD National Program Office completed a review and revision of the GPD Handbook (VHA Handbook 1162.01).
  - Input included a field review group of VHA staff: VHA network homeless coordinators and GPD liaisons.
  - A new section on services for women, was added to include:
    - Special attention needs to be given to meeting the unique needs of women Veterans.
    - Women Veterans must have access to a female clinical staff (whether from the GPD funded organization, VA, or other community partner) for additional individual treatment and or supportive services as needed.
    - Special emphasis on privacy and security should be noted in mixed-gender facilities:
      - Separate and secure sleeping arrangements (unit or wing) for women Veterans.
      - Separate and secure bathroom arrangements.
      - Screening procedure and criteria for sex offenders (mixed gender facility).
      - Common areas (lounges, laundry rooms, group rooms) with appropriate security arrangements.
  - The GPD draft handbook received additional review through concurrence process and is currently in the final stages of concurrence.
  - Upon publication, training will occur for VHA field staff on the new handbook.
- Status update – inspection checklist:
  - The GDP inspection checklist is used by inspection team (VA medical center staff) during initial inspections of new GPD funded projects and annual re-inspections.
  - The inspection checklist is an addendum to the GPD handbook.
  - Inspection checklist was revised by the GPD National Program Office with input from field review group.
  - The new checklist has significantly more detail (108 checklist items as opposed to the current 51).
  - Will provide the inspection teams greater guidance in the performance of their reviews.
    - Features revised section entitled Law Enforcement/Physical Security.
    - Increased detail (22 items versus current 4 items).

  - Presently in final stages of concurrence with GPD Handbook.
  - Training on new inspection will follow publication.
  - Target for implementation of the new checklist would be with the FY14 inspection period.
- Status update – application:
  - The current GPD application forms lack specific questions about gender being served leading to some potential safety/security, and privacy risks.
    - Future applications will not use GPD application form.
    - New process will include use of required Office of Management and Budget forms for grant application and narrative description of project by the applicant.
  - Narrative description of project would include information about proposed populations to be served (i.e. women Veterans), and a description of how safety/security and privacy needs would be met.
  - Narrative description requirements would be outlined in the Notice of Funding Availability.
  - VHA Office of General Counsel has noted their approval of the process.
  - Would be used in future application process for development of new transitional housing.
  - Continue support:
    - The GPD National Program Office has continued to provide consultation to the field regarding issues of safety, security and privacy for women Veterans.
    - Conference calls with field staff.
    - August 2012 provided live meeting training for GPD liaisons reviewing guidance on mixed-gender facilities.

Meeting Adjourned.

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