

**VA Department of Veterans Affairs (VA)
Advisory Committee on Women Veterans Meeting Minutes
Site Visit to the Veterans Affairs Maryland Health Care System (VAMHCS)
Baltimore, MD 21201
August 20-24, 2012**

VA Advisory Committee on Women Veterans (ACWV) Members Present

COL Shirley Quarles, Chair, USAR, Retired	Sara McVicker, USA
Lt. Col. Jack P. Carter, Jr. USMC, Retired	CPT Nancy Glowacki, USA, Retired
1SG Delphine Metcalf-Foster, USA, Retired	Robin Patrick, USN Veteran
Lt. Col. Terry F. Moore, USAF, Retired	Col. Felipe Torres, USMC, Retired
CDR Sherri Brown, USCGR	Lindsay Long, USMC Veteran

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

Col. Nancy Kaczor, USAF, Retired
SPC Latoya Lucas, USA Retired

ACWV Ex-Officio Members Excused:

Lillie Jackson, Assistant Director, Buffalo
VA Regional Office (VARO),
Veterans Benefits Administration (VBA)

Dr. Patricia Hayes, Chief Consultant,
Women's Health Services, Veterans
Health Administration (VHA)

COL Betty Yarbrough, Military Director,
Defense Advisory Committee on Women
In the Services

ACWV Advisors Present:

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

CDR Michelle Braun, Nephrology Nurse
Practitioner, National Institute of Health

VA Staff

Center for Women Veterans (CWV)

Dr. Irene Trowell-Harris, Director
Dr. Betty Moseley Brown, Associate
Director

Desiree Long, Sr. Program Analyst

Michelle Terry, Program Support
Juanita Mullen, Program Analyst
MAJ Khanh Diep, Intermediate-Level
Education (ILE) Army Fellow
Shannon Middleton, Program Analyst

VBA

Bridget Griffin, Benefits Assistance Service

VHA

Meri Mallard, Women's Health Services

Office of Budget and Management

Steven Henig

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VA Capitol Health Care Network:

Jennifer Bennett, Martinsburg VA Medical Center (VAMC)
Sherry Early, Baltimore VAMC
John Goldizen, Martinsburg VAMC
Amy Quamy, Baltimore VAMC

Guests:

Kristen Soper, Senator Barbara Mikulski's Office
Valerie Cochran, The American Legion
Cathy Santos, National Alliance of Women Veterans (Philadelphia)

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

Sunday, August 19, 2012

Advisory Committee Planning Session

- Dr. Shirley Quarles, Chair of the Advisory Committee on Women Veterans (ACWV), met with Committee members and gave an overview of what to expect during the site visit.

Monday, August 20, 2012

Welcome and Leadership Introductions, Dr. Shirley Quarles, Chair, ACWV

- Dr. Quarles opened the meeting with greetings and introductions
- In addition, she thanked the VAMHCS leadership team for their time invested in preparation for the visit.

Purpose for Site Visit, Dr. Irene Trowell-Harris, Director, CWV

- Dr. Irene Trowell-Harris provided the purpose for the Advisory Committee on Women Veterans site visit:
 - To provide an opportunity for Committee members to compare the information they received from briefings, provided by the Administration 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 in place for women Veterans in VISN 5, especially VA Maryland Health Care System. All presentations

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are to specifically address how programs, services, and benefits relate to women Veterans. Site visits are considered advisory in nature.

- This visit will give VA Maryland Health Care System 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.

Welcome, Fernando Rivera, Director, VA Capitol Health Care Network (VISN 5)

- Comprehensive model for creating best one stop shop for all Veterans.
- Change regarding homeless Veterans:
 - Taken over 60,000 Veterans off the street and have a 91 percent retention rate for Veterans staying in their homes.
 - Change the way the world thinks about homelessness in VA.
 - When a woman Veteran is encountered, staff checks eligibility for other VA programs.
- Striving to bring health care equity to women Veterans.
 - VISN 5 doubled the number of women Veterans enrollment over 10 years, through outreach and leveraging community partnerships with hospitals, clinics, and non-profit organizations.
 - VISN 5 has 22,000 women Veterans enrollees; 16,000 are active users of VISN 5 health care system.
- Developed network wide campaign to include National Guard and Reserves.
- Intake process must be comprehensive enough so that when female Veterans return, they want to come to VA.
- Working on Women's Pavilion at the Washington DC VA Medical Center (VAMC). Expanded clinic, which has more comprehensive services, for the last three years.
- Making sure that all women Veterans have electronic medical records.

Overview of VISN 5 Facilities, Programs, Demographics, Dr. Ramond Chung, Chief Medical Officer, VA Capitol Healthcare Network, VISN 5

- Transforming health care delivery:
 - Patient aligned care teams (PACTs).
 - Telehealth.
 - Homelessness.
 - Patient-centered care.
 - Virtual hospital
- PACTs: the home, where the patient is, where team focuses. Emphasis is on non-face to face care:
 - For lab values/results.
 - Doctor appointments.
 - Secure messaging using email accounts.

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- Telehealth:
 - Access to care is not about distance but time.
 - Tele-retinal.
 - Dermatology.
 - Anti-coagulation evaluation.
 - Transfer between facilities and allows us to balance between systems.
- Homelessness.
 - HUD-VASH.
 - Housing first pilot:
 - Putting Veterans in housing first immediately, and then dealing with their other needs.
 - When Veterans are in a stable environment, it enables staff to more effectively address Veterans' issues.
- Patient centered care:
 - Comprehensive care for women: emphasize on improving quality of care.
 - Virtual hospital:
 - Balancing capacity and demand across the VISN; about delivery of health care to patients, no matter where they are in the system.
 - Focuses on structure, then process and outcomes.
- Continuing performance improvement:
 - Data warehouse.
 - Patient satisfaction.
 - Survey of Healthcare Experiences of Patients (SHEP).
 - TruthPoint, a system that evaluates and improves patient satisfaction.
- Optimizing services:
 - Clinical integration.
 - Increasing services:
 - Telehealth initiatives.
 - Secure messaging.
 - Homeless services.
- New sites of care:
 - New community based outpatient clinics (CBOCs) in St. Mary's county and Fort Meade.
 - Women specific facility sites.
- Clinical integration metrics include:

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- Structure: Inter-facility memorandums of understanding and service agreements, telehealth space, personnel, equipment, active components of virtual hospital, specialties involved in virtual care.
- Process: number of inter-facility consults, e-consults, Veterans using telehealth, and virtual care encounters.
- Outcomes: access to specialty care, quality of care in specialties, patient satisfaction, efficiency measures (use of non-VA care, patient travel costs), revenue.

Overview of VISN 5 Women Veterans Services, Paula Gorman, Lead Women Veterans Program Manager (WVPM), VISN 5

- Comprehensive health care:
 - Full-time WVPMs at each facility.
 - Increased number of comprehensive women's health providers.
 - Full implementation of PACT.
 - Aligning resources to support clinical care.
 - Increased access to non-VA services.
 - Gynecological services.
 - Mammography and breast clinic.
 - Basic surgical procedures for contraceptive care.
 - Ongoing provider and staff education:
 - Mini mobile residencies.
 - Mammography care.
 - VISN wide all staff training module.
- Rural health funded projects:
 - Women's health nurse practitioners in five rural CBOCs, providing comprehensive women's health care.
 - Telepharmacy for women Veterans care, providing medication management.
 - Veterans' transportation services providing access to care for our rural and highly rural Veterans.
- Women's health cultural change:
 - Increase awareness of Veterans, staff and stakeholders.
 - Staff education on the unique needs of women Veterans.
 - Maintain an environment of care that ensures privacy, dignity and security.
 - Patient centered care (lactation room).

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- Create a modern physical infrastructure for women:
 - Women's health pavilion in Washington DC VAMC; occupancy planned for FY 2013.
 - Women's health center in Martinsburg VAMC; design/construction planned for FY 2014.
 - Construction on the VAMHCS Women's health clinic completed; has been in operation since September 25, 2012.
- Enhance communication and partnerships:
 - Increased communication and collaboration:
 - Women Veterans employee focus group.
 - Existing VA program offices.
 - Department of Defense (DoD).
 - Veterans Service Organizations.
 - Women's health counterparts.
- Increase marketing and outreach via:
 - Public service announcements.
 - Newsletters and brochures.
 - Social media.
 - Community/outreach events.

Overview of VAMHCS Facility/Programs Demographics, Nancy Qualey-Giannopoulos, Associate Director for Operations, VAMHCS

- VAMHCS has 727 total operating beds:
 - Total number of beds in Baltimore: 137.
 - Total number of beds in Perry Point: 470.
 - Total number of Mental Health beds: 286.
 - Total number of community living center (CLC) beds: 155.
 - Total number of medicine beds: 29.
 - Total number of beds at Lock Raven CLC: 120.
- Perry Point CLC update:
 - Replacement CLC:
 - Will have 155 beds.
 - Design started September 2011.
 - "Small House" approach with 10 to 12 beds per house.
 - Currently finalizing concept design phase and concept selection.

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- If approved in FY 2014, construction will start in April 2015, with completion in March 2018.
- Plans for housing for at-risk Veterans at Perry Point:
 - Enhanced use lease (EUL): a VHA wide initiative to lower rate of Veteran homelessness:
 - Accommodates family and children.
 - Provides 44 units of housing for Veterans, through renovation and new construction.
 - Renovates 60 existing houses: 44 vacant, 16 AmeriCorps National Civilian Community Corps (NCCC).
 - Utilizes 28.9 acres of underutilized land.
 - Disposes any existing units that are determined beyond economical repair.
 - Coordinates with Maryland Historic Trust and State Historic Preservation Officer.
 - Selected developer: HELP USA.
- Fort Howard EUL project:
 - Campus redevelopment for Veteran-focused continuing care retirement community.
 - Includes the entire vacant VAMC campus of approximately 94.6 acres with 44 buildings; ~350,000 square feet (SF).
 - Provides 10,000 SF for replacement VA Clinic.
 - Reserves 10 acres for possible state Veterans home in future.
 - Selected developer: Fort Howard Development, LLC.
- Fort Meade CBOC Construction.
 - CBOC building designed in collaboration with DoD.
 - 13,300 SF of clinic space.
 - Construction started in November 2010.
 - Planned completion in October 2012.
 - 1st VA CBOC design to be leadership in energy and environmental design (LEED); Silver certified- LEED is the VA's adopted standard for sustainable building design meeting federal green policy requirements.
- Pocomoke CBOC relocation:
 - New location provides for larger clinic and improved location.
 - Construction build-out completed end of July 2012.

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- The new space is located on Maryland Route 13, at 1701 Pocomoke Marketplace, Unit 211A.
- Baltimore construction:
 - Linear accelerator / radiation oncology:
 - October 2013 construction, January 2014 for equipment and activation.
 - Presently all radiation oncology is contracted out.
 - Front atrium construction project:
 - Women's health/managed care clinics, began in August 2012.
 - Research administration- completed.
 - Prosthetics/consumer affairs- completed.
 - Anesthesiology/managed care, began in October 2012.
 - Mental health, began in October 2012.
- Benefits training programs:
 - Over 65 percent of all US-trained physicians, and nearly 70 percent of VA physicians have had VA training prior to employment.
 - Fifty percent of US psychologists and 70 percent of VA psychologists have had VA training prior to employment.
 - Allows recruitment and retention of the best and the brightest.
 - Students.
 - Faculty.
- New clinical programs:
 - Construction of the radiation therapy suite has begun:
 - Therapy will be patient-centered.
 - Lung Transplant surgery will occur at University of Maryland Medical Center (UMMC).
 - Pre- and post-op care will occur at the Baltimore facility.
 - Interim contract with UMMC for the surgical procedure is under development.
- Women Veterans' health care services:
 - Offering choice comprehensive model of care: either one provider or two providers managing care.
 - Enrollment increasing: currently ~6700 women.
 - Strong women's program with excellent staff.
- OEF/OIF/OND - by the numbers:

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- VAMHCS has enrolled over 9,600 returning Veterans since beginning of conflicts.
 - Males: 86 percent; females: 14 percent.
 - Veterans receiving case management: 111.
 - Veterans diagnosed and treated for traumatic brain injury (TBI): 253.
- Outreach efforts:
 - Yellow ribbon.
 - Musters.
 - Welcome home ceremonies.
 - Colleges and universities.
- Performance measures and metrics:
 - VAMHCS is meeting or exceeding the benchmark in all of the five clinical composites which include:
 - Behavioral health.
 - Diabetes mellitus.
 - Ischemic heart disease.
 - Prevention.
 - Tobacco screening.
 - VAMHCS is meeting ORYX® core measures (the Joint Commission on Accreditation of Healthcare Organizations' initiative for integrating hospital performance measures into the accreditation process) at 95 percent or greater in:
 - Acute myocardial infarction.
 - Congestive heart failure.
 - Community-acquired pneumonia.
 - Surgical care improvement.
- Prevention:
 - Working to advertise and promote evidence-based health promotion and disease prevention services focusing on core prevention messages.
 - Core messages have and will continue to be integrated into various aspects of clinical care.
 - Members of PACT will be trained in effective patient communication and health coaching, to help patients successfully make health behavior changes.

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- Research and development:
 - Annual funding FY 11.
 - VA - \$19.7 million (M).
 - Through affiliated university - \$10.3 M.
 - Through VA private research corporation. - \$2.0 M.
 - Total - \$32 M.
 - Number of projects: 409.
 - Number of research principal investigators:156.
- Research distinctions:
 - Geriatric research and education clinical center (one of 20 nationwide).
 - Mental illness research, education, clinical center (one of ten nationwide).
- Centers of excellence in VAMHCS:
 - Multiple sclerosis center (one of two within VA).
 - Exercise and robotics center.
 - Epilepsy center.
 - Stroke Rehabilitation.
 - Degenerative neurological diseases.

Women's Health Clinic, Dr. Catherine Staropoli, Women's Health Medical Director, VAMHCS

- Women's clinic created in 1985:
 - A nurse practitioner and an internal medicine physician saw women Veterans half a day per week for ambulatory gynecological issues (split care model).
 - A contracted gynecologist saw women half a day each month.
 - The total enrollment at the Baltimore VAMC clinic was 125 females.
 - The clinic served as a teaching site for medical residents from the University of Maryland.
- By 1992, the program was expanded to include mental health as part of the team and continued to grow.
 - The team included a 4/8 nurse practitioner, 4/8 physician, 4/8 psychologist, 1/8 psychiatrist, and 1/8 gynecologist who saw women for a total of 3 ½ days each week.
 - Gynecology clinic increased to half a day per week, with weekly surgical time at the Baltimore VAMC.

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- Expanded to one day weekly at Perry Point VA.
- In 2007, women's health clinics were established at each medical center and CBOC and staffed with providers with additional training in women's health.
- By 2001, full time gynecologic nurse practitioner in Baltimore, and a dedicated license practical nurse.
 - Expanded to five days weekly.
 - Gynecology clinic and women's health were co-located in a four room alcove in the primary care area and shared a waiting room with primary care.
- Full time program manager appointed in 2008.
- Women's comprehensive health clinics were opened in 2010, which provided both gender specific and general primary care through one provider.
- Women comprehensive health implementation planning (WCHIP):
 - Some providers were doing comprehensive health de facto, as they practiced in both primary and women's clinics.
 - New comprehensive providers were trained.
 - All see at least 10 percent women of their total patients or have 0.1 sessions for comprehensive women's health.
 - All women patients in primary care were given opportunity either by letter or at site to enroll.
- Baltimore VAMC currently has:
 - Comprehensive women's health: three doctors, one nurse practitioner; total of 7 sessions weekly.
 - Gender specific: two nurse practitioner; total of 10 sessions weekly.
 - A half day procedure clinic, providing intrauterine device (IUD) insertion and removal, endometrial biopsy, diaphragm fitting, polyp removal.
 - Separate waiting area for women's clinic, which is accessible via a joint waiting area shared with the dermatology department. The women's clinic has four exam rooms.
 - CBOCs:
 - Four sites offering comprehensive women's health: three doctors and one nurse practitioner.
 - All seven CBOCs offer split care model.
 - GYN located in surgical area.
 - Mental health co-located in clinical area.
 - Moving to larger clinic area with more rooms.

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VAMHCS Women Veterans Program, Zelda McCormick, Women Veterans Program Manager, VAMHCS

- There are two medical centers and seven CBOCS throughout the catchment area. Women's clinic can provide care that is convenient and accessible to Veterans throughout the catchment area.
- The national call center has been instrumental with contacting Veterans who are not currently enrolled for VA care and putting interested Veterans in contact with the appropriate WVPM. All referrals from the call center were contacted and 11 of them have since enrolled for care.
- Strategic goals:
 - Health care equality: "Quality performance is one aspect of exemplary care for women Veterans. Reducing—and ultimately eliminating—the gender gaps enhances the experience for women Veterans and ties directly back to our goal of patient-centered, comprehensive care for women."
 - Availability of comprehensive primary care at all sites:
 - Recruitment efforts include PACT staff, primary care providers who are interested and proficient in women's health, and training in women's health is available to interested providers.
 - Enhance communication and partnerships:
 - Actively engaged in the national communication plan to enhance the language, practice and culture of VA to be more inclusive of women Veterans; host events at the facility (regularly) that highlight women's health; present at grand rounds (the life stages of the woman, focusing on menopause).
 - Wear red day for women and heart disease; wear pink day for breast cancer awareness; wear teal Day for military sexual trauma (MST) awareness; look good feel great campaign for the American Cancer Society (ACS); social networking – Facebook and Twitter.
 - Increase collaboration with partners, such as Mercy Medical Center, University of Maryland Medical Center, Vet Centers, and MCVET
 - Culture change:

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- Women's health (nationally) is leading a culture change campaign to deliver the message that "It's everyone's job to care for women Veterans."
- The WVPM works collaboratively with VISN counterparts to develop "all staff" education materials that speak of the unique needs of women Veterans.
- The women's health medical director and WVPM disseminate education from national women's health office that speaks directly to women's health care: urinary tract infection, pain, care of the transgender Veterans, traumatic reactions to the pelvic exam (PTSD, sexual violence, etc).
- Women's health works to ensure that VAMCs providers and staff receive current, evidence based materials to enhance the care that is delivered to women.

Martinsburg Women Veteran Program, Matthew Funke, Women Veterans Program Manager, Martinsburg VA Medical Center

- Martinsburg catchment area:
 - Covers twenty three counties.
 - Includes nineteen rural or highly rural counties.
 - Comprises 50 percent of VISN 5.
 - There are 3,000 women Veterans enrolled in the Martinsburg VAMC.
- Practices PACT approach.
- Training education:
 - Mobile mini residency program:
 - Hosted first VISN Rural mini residencies in FY11.
 - National mobile mini residency program update for new providers:
 - Florida in FY12.
 - Training equipment purchased:
 - Mammocare provides training to rural providers.
- Virtual hospital bridges gap between rural and providing services to women Veterans:
 - Telehealth:
 - Mental health: MST and medication management.
 - Podiatry.
 - Optometry.
 - Dermatology (with Washington DC VAMC).
- Women's advocacy group meets monthly and is open to all Veterans.

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Washington DC Women Veterans Program, Gale Bell, MSN, RN, Women Veterans Program Manager, Washington, DC VA Medical Center

- Washington, DC VAMC covers:
 - Fort Belvoir CBOC (Fort Belvoir, VA).
 - Southeast CBOC (Washington, DC).
 - Greenbelt CBOC (Greenbelt, MD).
 - Charlotte Hall CBOC (Charlotte Hall, MD).
 - Southern Prince George's CBOC (Suitland, MD).
- Our focus:
 - Health care equity.
 - Health promotion.
 - Disease prevention and management.
 - Emotional well being of women Veterans.
 - Providing comprehensive women's primary care.
 - Implementing PACT model of care.
- Strategic goals:
 - Availability of comprehensive primary care at all sites.
 - Women's health culture change.
 - Enhance communication and partnerships.
 - Increase collaboration with partners.
 - Health care equality - "Quality performance is one aspect of exemplary care for women Veterans. Reducing—and ultimately eliminating—the gender gaps enhances the experience for women Veterans and ties directly back to our goal of patient-centered, comprehensive care for women."
 - Gender Disparity: pneumococcal screening – decrease disparity 50 percent by improving the percentage of women receiving pneumococcal immunizations by 0.9 percent. Performance will be calculated through use of the data from the VISN 5 data warehouse.
 - Availability of comprehensive primary care at all sites.
 - Women's health primary care physicians (WH-PCP) at all sites except Greenbelt.
 - Implementation of PACT.
 - Women's health culture change:
 - Completion of an education module on the unique needs of women Veterans (awaiting VISN review and endorsement).
 - Ensures privacy, dignity and security.
 - Modern physical infrastructure—new women's pavilion.
 - Posters strategically placed throughout the facility and in CBOCs to help increase awareness by women Veterans.
 - Enhance communication and partnership:

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- Increase marketing and outreach via:
 - Public service announcements: Medical Minute.
 - Newsletters, brochures.
 - Social media: Facebook and Twitter.
 - Community events.
- Increase collaboration with partners:
 - DOD.
 - Veterans Service Organization (VSO's).
- Major accomplishments since 2010:
 - Implemented PACT.
 - Sent all licensed women's health staff to PACT training.
 - Began construction on women's health pavilion.
 - Emergency room (ER) physician attended mini mobile residency.
 - Multi-disciplinary breast cancer team.
 - New hires.
 - Pregnancy testing in the women's health clinic, WHC, ER, and CBOCs.
 - Women's health services at Andrews Air Force Base.
 - Expanded obstetrician services in the community.

Discussion: Wrap Up

Dr. Shirley Quarles, Chair, ACWV

Tuesday, August 21, 2012

Meeting was called to order by Chair

Items discussed included:

- Possible agenda items for December ACWV meeting.
- Bridget Griffin, Women Veterans Program Manager for the Benefits Assistance Service, provided a brief on her duties and responsibilities.
- Recap of Monday's presentations.

Million Veteran Program, Gabrielle Gill, Research Coordinator, VAMHCS

- VA established the Genomic Medicine Program (GMP) in 2006, to examine how the growing field of genetics could:
 - Optimize medical care for Veterans.
 - Enhance development of tests and treatments for diseases that affect Veterans.
- The Million Veteran Program (MVP) is a research initiative under GMP that will create a database for researchers to access to conduct future genetic and health studies.

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- MVP will safely collect genetic, military exposure, lifestyle and health information from Veterans.
- Collected data will be used by approved researchers to study how genes affect common diseases (eg. diabetes, cancer, heart disease) as well as military-related illnesses (eg. PTSD).
- The ultimate goal is to improve health care for Veterans and all Americans.
- Aim is to be one of the largest research programs in the world.
 - As many as one million Veterans are expected to enroll over a 5-7 year period.
- Genes are the instruction manual for our bodies.
 - Small differences in our genes:
 - Determine our physical traits.
 - Play a role in why some individuals develop diseases and others do not.
 - Affect how people respond to medicines and treatments.
 - Interact with environment and lifestyle factors to influence risk for disease.
 - Studying genes, in combination with health, lifestyle and environmental data, will help researchers better understand how genes influence disease.
- Discussed research:
 - Individual data collected though MVP may be used in a number of research studies.
 - Research findings based on MVP could lead to new ways of preventing and treating illnesses by answering questions such as:
 - Why does a treatment work well for some Veterans but not for others?
 - Why are some Veterans at a greater risk for developing an illness?
 - How can we prevent certain illness in the first place?
- MVP participant:
 - Any Veteran who is enrolled in the VA Health Care System and receiving care at a participating VAMC can participant.
 - The choice to participate is entirely voluntary and will not affect Veterans access to health care or benefits.
 - Participation involves:
 - Filling out surveys through the mail (short baseline survey and optional lifestyle survey).
 - Completing a one-time study visit at a participating VAMC to provide a blood sample for genetic analyses (~20 minutes).
 - Allowing ongoing access to medical records by authorized MVP staff.

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- Agreeing to future MVP contract.

Baltimore Regional Office (RO) Veterans Service Center, Brianne Barndt, Women Veterans Coordinator (WVC), Baltimore RO

- The Baltimore RO Veterans Service Center has a primary and alternate WVC.
 - These positions were designated on a volunteer basis.
- WVCs receive multiple on-line training through VA's Talent Management System, and VA Learning University.
 - Sensitivity training to learn how to address MST issues with the Veteran.
 - Military sexual trauma (MST)-related claims development training to learn what behaviors are markers of MST.
- The WVC handles all MST-related PTSD claims.
- The WVC established relationships with VISN 5's medical centers, local Congressional leaders, and Veterans Service Organizations to provide services to women Veterans.
- Veterans are notified of their right to request a female doctor when receiving examinations for MST-related PTSD.
- Baltimore RO/WVC plans to expand outreach projects targeting women Veterans:
 - Plans to coordinate with WVPs at VAMCs and community based outpatient clinics (CBOCs).
 - Will have more presence at transitional assistance program briefings across Maryland.
 - Will attend open registration at local colleges and universities.
 - Will attend job fairs.
 - Will coordinate with Maryland Center for Veteran Education and Training (MCVET) and prisons in Maryland.

Baltimore Vet Center, Joanne Boyle, MSW, Team Lead, Readjustment Counseling Service

- Vet Center history:
 - Established by Congress in 1979.
 - Originally for Vietnam War Veterans; service is now extended to all war zone Veterans, and sexual harassment/assault victims of any era.
 - Goal is to provide a broad range of counseling, outreach and referral services, to help Veterans make a satisfying post-war readjustment to civilian life.
- Vet Center offers:

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- A safe place to talk.
- Confidentiality.
- Flexible hours.
- Easily accessible community setting.
- Many counselors who have experienced combat themselves.
- Vet Center services:
 - Individual and group counseling.
 - Sexual trauma counseling.
 - Marital/family counseling.
 - Bereavement counseling.
 - Drug and alcohol counseling and referral
 - Employment guidance.
 - Liaison with other offices in VA.
 - Benefits assistance.
 - Community education.
- Women Veterans:
 - Currently, women comprise approximately 14.5 percent of all active duty military; 18 percent of all National Guard and Reserves; and 6 percent of VA health care users.
- Readjustment issues:
 - Family reintegration.
 - Work.
 - Medical and health issues.
 - MST.
- MST:
 - Prevalence of combat related MST has increased:
 - Number of OIF women Veterans experienced sexual harassment: 56 percent.
 - OIF Veterans reporting unwanted physical advances: 33 percent.
 - Number reporting sexual assault: 17 percent.
 - Women are less likely to report MST than other readjustment issues.
 - May have difficulty balancing self perception of warrior versus MST victim.
 - May fear reprisal for sharing MST story.
- Post traumatic stress:
 - Post traumatic stress is a normal set of reactions to a trauma such as war or sexual trauma, which could be experienced by almost anyone.
 - Sometimes it becomes a problem with the passage of time when the feelings or issue related to the trauma are not dealt with.
 - This can result in problems readjusting to community life following the trauma. A delayed stress reaction may surface after many years.

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- The Vet Center prides itself on confidentiality and the fact that many of its counselors are combat Veterans themselves.
- The Vet Center's environments are warm, inviting and in the center of Veteran's communities.
- Services specific for women:
 - Women's support group.
 - Female counselors with a specialization in military sexual trauma.
 - Evening hours.
 - Marriage and family therapy.
 - Regular retreats sponsored by Readjustment Counseling Services for female Veterans.

Briefing on Burial Benefits, Janice Hill, Director, Hampton National Cemetery Complex

- National Cemetery Administration responsibilities:
 - Provide burial space for Veterans and eligible family members and maintain national cemeteries as national shrines.
 - Administer the Federal grants program for construction of State and Tribal Veterans cemeteries.
 - Furnish headstones, markers and medallions for graves of Veterans around the world.
 - Administer the Presidential memorial certificate program.
 - Administer the first notice of death program.
- Burial benefits:
 - Gravesite.
 - Grave liner.
 - Opening and closing of grave.
 - Headstone or marker.
 - Perpetual care of the gravesite.
 - U.S. flag.
 - Presidential memorial certificate.
- Eligibility criteria:
 - Any member of the U.S. armed forces who dies on active duty.
 - Any Veteran who was discharged under conditions other than dishonorable.
 - National Guard members and Reservists with 20 years of qualifying service, who are entitled to retire pay.
 - Spouses and minor children.
 - Certain eligible parents.
- NCA fast facts:

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- There are 131 National cemeteries, 19,000 acres, and 3.1 million gravesites.
- Approximately 8.1 million visitors annually.
- There are 1,700 employees.
- Veterans cemetery grants service:
 - There were 28,000 interments in FY10.
 - VA provides 100 percent of development costs.
 - More than \$438 million awarded since 1980.
 - Eighty one cemeteries in 40 states, Guam and Saipan, with four now under construction.
- Strategy to meet burial needs of Veterans:
 - Extend the service life of existing cemeteries.
 - Develop new cemeteries.
 - Encourage State and Tribal Organizations to build Veterans cemeteries.
- NCA leads the Federal government in employing Veterans.
 - Permanent NCA employees that are Veterans- 70.4 percent.
 - Number of disabled Veterans: 21 percent.
 - Highest by far among any federal agency.
 - Hired 206 Veterans of OEF and OIF, since 2009.
 - To recruit NCA uses:
 - Veterans Employment Opportunity Act (VEOA).
 - Veterans Recruitment Act (VRA).
 - Non-competitive hiring authority for 30 percent disabled Veterans.
 - To retain, NCA develops and promotes through:
 - Cemetery director intern program.
 - NCA leadership program.
 - Other programs at National Training Center, including new caretaker course.

Inpatient Mental Health, Dr. Marsden McGuire, Director, Mental Health Clinical Center, VAMHCS

- Women Veterans demographics collected since the beginning of calendar year 2012:
 - A total of 281 patients admitted.
 - Women admitted during this time frame: 14 (two women admitted twice making 16 different admissions or 6 percent of total admissions).
 - Mean age of women Veterans: 50 years old.
 - Median of 7 days.
 - Median number of admissions in past 12 months: two admissions.
 - Women admitted on voluntary status: 94 percent.
- Women Veterans characteristics:

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- Number that were homeless at time of admission: 56 percent.
- Number that were admitted with suicidal ideation: 81 percent.
- Number that made a suicide attempt prior to admission: 31 percent.
- Women Veterans admitted with a history of MST: 43 percent.
- Women Veterans that were engaged in active outpatient treatment prior to admission: 38 percent.
- Ensuring dignity, privacy, and safety for women Veterans:
 - Most women are accommodated in single rooms.
 - Blend of single, double and quads.
 - Women will room together in double rooms when more than one female is on the unit.
 - Women Veterans have private bathroom facilities in their rooms.
 - Women can lock their doors if deemed clinically appropriate.
 - Staff place women in rooms closest to the nurses' station where corridors can be closely monitored.
 - Not a single wing available for just women.
 - Feminine products for personal grooming and hygiene are provided by voluntary service and the supply processing and distribution section.
- Care of women Veterans:
 - Women Veterans are encouraged to be a part of the unit milieu, i.e. congregating in the day room and having meals with other patients, which will break down barriers.
 - Women Veterans are encouraged to participate in the scheduled group therapies on the unit.
 - Depending on the treatment issue (i.e., MST or PTSD) outpatient specialty program, providers begin treatment with women Veterans while on the unit.
 - Where possible, requests for same gender therapists are honored.
 - Women's health issues are addressed on the unit via consults or through clinic appointments off the unit.
 - Ongoing education of staff regarding the unique problems/issues/challenges facing women Veterans occurs through daily rounds and treatment team planning meetings.

Domiciliary Program, Dr. Victoria Eyler, Deputy Director, Mental Health Clinical Center, VAMHCS

- The Domiciliary care program:
 - Purpose was to provide a home for disabled volunteer soldiers of the Civil War.
 - Initial and ongoing commitment to serving economically disadvantaged Veterans.

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- Has evolved from a “Soldiers’ Home” to become an active clinical rehabilitation and treatment program for male and female Veterans.
- Now integrated with the Mental Health Residential Rehabilitation and Treatment Programs (MH RRTPs).
- MH RRTP:
 - Designated to provide state-of-the-art high quality residential rehabilitation and treatment services for Veterans with multiple and severe:
 - Medical conditions.
 - Mental illness.
 - Addictions.
 - Psychosocial deficits.
 - RRTP is a residential level of care that instills personal responsibility to achieve the optimal level of independence in the community.
 - VAMHCS has five MH RRTPs with a total of 216 authorized beds.
 - Psychosocial residential treatment program – 71 beds in Perry Point. Provides a safe supportive, therapeutic environment for homeless Veterans with complex co-morbidities including serious mental illness, substance abuse, trauma, psychosis and a myriad of psychosocial issues.
 - Substance abuse residential rehabilitation treatment program- 62 beds in Perry Point. Provides a stable drug and alcohol free supervised recovery environment for the treatment and rehabilitation of Veterans with complexities due to a combination of the Veteran’s addiction severity, significant biopsychosocial co-morbidity, and serious relapse potential.
 - Domiciliary for Homeless Veterans- 50 beds in Perry Point. Provides a safe, supportive, therapeutic environment for homeless Veterans with significant health care and social-vocational deficits.
 - Compensated work therapy transitional residence - 23 beds, 5 houses in Perry Point. Designated for Veterans whose rehabilitative focus is based on CWV and transitioning to successful independent community living.
 - PTSD residential rehabilitation treatment- 10 beds in Baltimore. Provides a safe, supportive, therapeutic environment for Veterans suffering from PTSD related to military trauma on active duty or have a documented history of MST and existing co-occurring substance use disorder.
- Unique Challenges for women Veterans in RRTPs:
 - Environment of care.
 - Safety/security (rooms separate and door lock, but bathrooms down the hall).

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- Deciding whether to provide separate accommodations for rest and relaxation; issue of equity raised.
- Stakeholder feedback.

Patient Aligned Care Teams (PACT), Dr. Sandra Marshall, Director, Managed Care Clinical Center and Sharon Fritsch, Director, Patient Aligned Care Teams, VAMHCS

- PACT teams can consist of the patient, the provider, registered nurse care manager, a clinical associate, and a clerk. May also include staff from social work, integrated behavioral health, pharmacy, other appropriate offices and other case managers.
- PACT access:
 - Offers same day appointments.
 - Increase shared medical appointments.
 - Increase non-appointment care.
- Patients should expect:
 - To be assigned an adequately staffed team.
 - Appointments to be scheduled within seven days of when requested or need it.
 - To see their own provider same day.
 - To be able to handle some issues over the phone.
 - If they are discharged from a VA hospital, for someone from PACT to check on them within two days.
- Significant improvements:
 - Patient centric rooming at all sites.
 - Improved communications.
 - Individual team assessment.
 - Creation of a homeless PACT team – July 2012.
 - Increase E-consults development.
 - Increased group clinics.
- Continued plan:
 - Improve access from 30 days to same day.
 - Increase E-consult development with other services.
 - Integration awareness of homeless PACT.
 - Reduction of emergency room and hospital admissions.

Behavioral Health Lab (Mental Health/Primary Care Integration) Dr. David Barrett, Director, Behavioral Health Lab, VAMHCS

- Components of VAMHCS:
 - Baltimore VA Medical Center.
 - Perry Point VA Medical Center.

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- CBOC's include Cambridge, Pocomoke, Loch Raven, Glen Burnie and Fort Howard.
- Primary and mental health services are available at all locations.
- Behavioral Health Lab (BHL) is a bridge between primary care and mental health offering the following services:
 - Watchful waiting – provides weekly monitoring phone calls for patients with symptoms of minor depression.
 - Depression monitoring – phone monitoring of patients for up to 12 weeks after a new antidepressant medication is started.
 - Disease management – provides management of patients by a Behavioral Health specialist in providing psychoeducation, support and motivation engagement.
 - Referral management – provides support and promotes problem-solving skills to improve low rates of engagement into specialty mental health/substance abuse care.
 - BHL core assessment – a structured phone interview that provides primary care clinicians with a comprehensive assessment of a patient's mental health and substance abuse needs.
- BHL role expansion:
 - BHL is a highly adaptive and evolving program geared to meet the changing needs of the VA.
 - Provide support services in order to pass performance measures.
 - Track performance measure trends and provide weekly and monthly updates to leadership.
 - Prescreening phone calls for clinical reminders.
- Primary care/mental health integration and the BHL within the CBOC's:
 - The behavioral health lab is the key component in providing mental health services to CBOC patients over the telephone. The BHL assists in the assessment and clinical management of patients with mental health concerns.
 - Telephone assessment is important in order to assess patients across geographically diverse settings in a manner that is convenient to patients.
 - In addition, mental health providers are co-located within each CBOC providing specialty mental health care services as well as consultative services to mental health providers.

**Discussion: Wrap Up
Dr. Shirley Quarles, Chair, ACWV**

Wednesday, August 22, 2012

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Meeting was called to order by Chair

Items discussed included:

- Review of previous presentations.
- Discussion on what to expect at the town hall meeting.
- Approval of minutes.

Operation Enduring Freedom, Operation Iraqi Freedom, Operation New Dawn (OEF/OIF/OND) Program, Michael Rubin, OEF/OIF/OND Program Manager, VAMHCS

- Portrait of an OEF/OIF/OND female Veteran:
 - Women Veterans are seeking VA care more than ever before:
 - From 2002 – 2011, approximately 1.5 million separated active duty members became eligible for VA care nation-wide; 12 percent are women.
 - Between 2000 – 2011, VA users doubled from 159,000 to 337,000 women Veterans.
 - Percent of women OEF Veterans receiving health care: 56.2.
 - Percent of women Veterans who used VA health care one time: 89.4.
- VAMHCS OEF/OIF/OND program facts:
 - Enrollment 17,300.
 - Women Veterans: 14 percent (a 1 percent increase from 2011); National average is 12 percent.
 - Veterans utilizing services: 9,096; 1,365 are women Veterans (15 percent of all users).
 - Veterans receiving case management: 177; women = 58.
 - Veterans diagnosed and treated for traumatic brain injury (TBI): 350. Women Veterans comprise approximately six percent of the national total number of confirmed TBI diagnosis.
- Best practices:
 - Established women OEF/OIF/OND patient centered care approach for initial health care appointments.
 - Close collaboration with Women Veterans Health Program.
 - Weekly case management review team meetings.
 - Clinical reminders administered during new Veteran orientation.
 - Outreach efforts:
 - First facility to host post deployment health re-assessment.
 - Twenty-three outreach events in 2012.
 - Engaged 2,100 service members/Veterans.
 - Yielded 496 enrollments for health care services.
- OEF/OIF/OND services:

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- Serve as a central point-of-contact for all returning Veterans to provide education and advocacy.
- Team of social work and nurse case managers assist seriously ill/injured Veterans and their families with system navigation, care coordination, and resource connection.
- Screen all returning Veterans for:
 - TBI.
 - PTSD.
 - Depression.
 - Suicide.
 - Substance abuse.
 - Environmental concerns.
 - Embedded fragments.
- Common health concerns:
 - Musculoskeletal, pain, hypertension, audiology.
 - PTSD, depression/anxiety.
 - Reproductive health.
- Link to:
 - Primary care.
 - Women Veteran's Services.
 - Individual/group therapies.
 - Medication management.
 - Veterans Benefit Administration.

Caregiver Support Program, Chris Buser, Clinical Director, Post-Deployment Health Reintegration Program, VAMHCS; Sharon Kelly, VAMHS Caregiver Support Coordinator

- Program signed into law May 5, 2010, as part of the Caregivers and Veterans Omnibus Health Services Act of 2010.
- Provides 22 services for general caregivers.
- Provides comprehensive assistance for family caregivers to include:
 - Caregiver stipend.
 - Training.
 - Case management.
 - Medical care.
 - Counseling.
 - Respite care.
 - Lodging and subsistence.
- Of the 44 Veterans meeting the eligibility criteria for caregiver support, 4 are women Veterans.

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- Of the caregivers for the eligible 44 Veterans, the vast majority are women.

Military Sexual Trauma (MST) Program, Dr. Sara Nett, MST Coordinator, VAMHCS

- MST screening and referral process:
 - The Veteran is asked if he/she has ever experienced sexual assault or repeated threatening harassment?
 - When a Veteran screens positive on the MST clinical reminder, the provider is prompted to inquire about the Veterans interest in speaking with the MST coordinator or seeking services related to MST.
 - A consult may be generated from the MST clinical reminder, if the Veteran requests MST services.
 - Veterans may also request to speak with the MST coordinator at any time. Any provider can enter an MST consult, even if the MST clinical reminder has already been completed.
- FY11 MST screening rates for VAMHCS were satisfactory at all facility levels; MST clinical reminder screening rate for VAMHCS was 98.2 percent, which exceeds the Office of Mental Health screening target rate of 90 percent.
 - Percentage of women Veterans in FY 11 that screened positive for MST: 21.6 percent.
 - Percentage of women Veterans screening positive in FY 11 that received at least one MST-related outpatient encounter: 76.1 percent.
- Assessment:
 - When a consult is placed, the Veteran is contacted by a provider with expertise in working with Veterans who have experienced MST. During this initial contact, the Veteran is offered an appointment for assessment and treatment planning services. A full range of diagnostic and treatment services are available.
 - Veterans referred for MST services no longer have to present to the walk-in Mental Health Assessment and Referral Clinic (MHARC), which served as a barrier to treatment engagement for many Veterans with MST in the past.
- Treatment services:
 - Individual psychotherapy:
 - Supportive therapy in preparation for engagement in evidence-based psychotherapy.
 - Acceptance and commitment therapy (ACT) for depression.
 - Cognitive behavioral therapy for insomnia (CBT-I).
 - Prolonged exposure therapy (PE) for posttraumatic stress disorder.

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- Cognitive processing therapy (CPT) for posttraumatic stress disorder.
- Group psychotherapy:
 - Women-specific psychotherapy groups:
 - Dialectical behavior therapy (DBT) skills training groups.
 - Women's substance abuse treatment group.
 - Support group.
 - MST-specific psychotherapy groups (mixed gender groups):
 - Seeking safety.
 - DBT skills training groups.
 - Reclaiming wellness: mind and body.
 - Additional treatment groups offered at VAMHCS:
 - Substance abuse and dual diagnosis treatment groups.
 - Seeking safety groups.
 - In Vivo exposure therapy group (for Veterans with PTSD).
 - Pain management group.
- Telemental health services with a trauma specialist.
- Pharmacotherapy.
- Individual and group offerings at local Vet Centers.
- CBOC services:
 - Individual psychotherapy.
 - Group psychotherapy at Cambridge CBOC; coming soon at Pocomoke CBOC.
 - Telemental health with VISN 5 trauma specialist.
 - Pharmacotherapy.
- At VAMHS, psychotherapy groups are offered on a rolling admission basis, as well as a closed group format that offers a wait time based on the timing of the referral.

Homeless Veterans Program, Craig Cook, Program Manager, VAMHCS; Patricia Lane, Clinical MGR of Vocational Rehabilitation, Homeless and HUD-VASH Programs, VAMHCS; Rebecca Sheetz, HUD-VASH Coordinator, VAMHCS

- Women Veterans Specialized Services.
 - Supportive Services for Veteran Families Program (SSVF).
 - Department of Housing and Urban Development and VA Supportive Housing Program (HUD-VASH) Program.
 - Grant and Per Diem (GPD) Program.
 - Women Veterans Health Care Program.
- HUD-VASH is a collaborative program that provides permanent, supportive housing and case management for homeless Veterans.

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- HUD-VASH is for the most vulnerable Veterans, and provides special services for women Veterans, those recently returning from combat zones and Veterans with disabilities.
- Females in HUD-VASH program:
 - Voucher allocations from FY 08-11: 420.
 - Females currently in VAMHCS program: 60.
- The GPD program funds community-based agencies providing transitional housing or service centers for homeless Veterans.
 - Of VAMHCS's 371 GPD beds, up to 54 are available for women Veterans:
 - MCVET has 180 beds.
 - The Baltimore Station has 131 beds (over two sites).
 - Project PLASE (People Lacking Ample Shelter and Employment) has 10 beds.
 - Jobs, Housing and Recovery, Inc. has 10 beds.
 - CHEP (Chesapeake Health Education Program) Housing has 29 beds.
 - Cecil County Men's Shelter has 15 beds.
 - Patriot House has six beds.
- Contract housing is a short term (up to 60 days) collaboration with community providers to provide emergent housing for Veterans; for Veterans in need of temporary housing between programs.
 - VAMHCS currently has 33 contract beds:
 - Currently operational at 95 percent; 100 percent for women Veterans.
 - Helping Up Mission has 25 beds for men.
 - Project PLASE has four beds for women.
 - The Samaritan Women program has four beds for women.
- SSVF program awards grants to private nonprofit organizations and consumer cooperatives who provide supportive services to very low income Veterans and their families residing in or transitioning to permanent housing.

The Committee toured the VAMHCS mental health unit, surgical unit, medicine unit, radiology, and the Comprehensive Women's Health Care Clinic.

Tele Health Program, Suzanne Wouldridge, Director, Care Coordination and Home TeleHealth, VAMHCS

- Home telehealth began in the VAMHCS in 2003.
 - Provides on-going assessment and monitoring of Veterans in the convenience of their home.
 - Care coordinator is minutes away and can respond more quickly to healthcare needs of Veterans using Home Telehealth technologies.

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- Staff includes: registered nurses, dietitians, social worker, nurse practitioner, and program support assistants.
- Home telehealth goals:
 - Closely manage severely ill patients.
 - Provide the right care at the right place at the right time.
 - Decrease hospital admissions.
 - Decrease emergency room visits.
 - Decrease outpatient primary care clinic visits.
 - Improve patients' ability to self manage their diseases, where possible.
- Enrollment criteria:
 - Referral by primary care and/or specialty provider, or self-referral to the program.
 - Veteran must be enrolled in primary care, with previous visit within 6 to 12 months.
 - Access to a land line telephone or a cell phone.
 - Ability to operate simple equipment similar to a telephone.
 - Willing to learn how to use the equipment.
 - Willing to follow treatment plans and send information requested on a daily basis.
- Current enrollment:
 - Home telehealth current enrollment: 726 Veterans.
 - Women Veterans current enrollment: 86 Veterans.
- Enrollment statistics:
 - Women Veterans represent 12 percent of our current enrollment population.
 - A total of 287 women Veterans have been enrolled in home telehealth, since 2003.
 - Weight management accounts for the largest enrollment percentage.
 - Ninety-five women Veterans have enrolled in weight management, since October 2011.
 - Women Veterans make up 39 percent of the weight management enrollees for this fiscal year.
- Percentage of women Veterans enrolled per diagnosis:
 - Chronic obstructive pulmonary disease: 2.44 percent.
 - Congestive heart failure: 3.5 percent.
 - Diabetes mellitus: 16.4 percent.
 - Obesity: 70.0 percent.
 - Post traumatic stress disorder: 0.70 percent.
 - Hypertension: 24.4 percent.
 - Bi-polar disorder: 0.70 percent.

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- Major depressive disorder: 1.05 percent.
- Substance use disorder: 0 percent.

**Discussion: Wrap Up
Dr. Shirley Quarles, Chair, ACWV**

Thursday, August 23, 2012

The Committee visited the Maryland Center for Veteran Employment and Training (MCVET).

MCVET Briefing and Tour, Roslyn Hannibal-Booker, Director of Development

- MCVET provides homeless Veterans and other Veterans in need with the comprehensive services that will enable them to rejoin their communities as productive citizens.
 - Seventy five percent of the staff is comprised of Veterans.
 - The program was initially called the Maryland Homeless Shelter, and later renamed the Maryland Center for Veteran Employment and Training.
- MCVETs program continuum:
 - Outreach.
 - Day-drop in.
 - Emergency program.
 - Transitional housing.
 - Single room occupancy.
 - Follow-up.
- MCVET is available for any Veteran to get cleaned up, between the hours of 8 a.m. to 4 p.m.
- Staff provides Veterans with information about MCVET services, when they seek care.
- Education and employment program outcomes for current fiscal year:
 - Students enrolled in job training- 243.
 - Students obtained employment- 174.
 - Average placement salary- \$11.90.
- Program structure, in ascending order:
 - Recovery.
 - Mental health and physical health.
 - Housing, job placement, job training, job readiness.
 - Family reconciliation.

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- Two VA staff members physically located at MCVET, to facilitate Veterans access to VA's benefits and services; one staff member is a former women Veterans coordinator.
- The Department of Labor's Disabled Veterans' Outreach Program is available to assist with job placement.
- MCVET has a growing population of women Veterans.
- The intake process occurs daily; transitional housing is provided for up to 2 years.
- To be eligible for services, the Veteran must be homeless.
- Common barriers to successful reintegration:
 - Basic needs unmet.
 - Lack of education, employment experience and/or skills.
 - Substance abuse history.
 - Physical, mental and emotional issues.
 - Legal crisis.
- Strategies to address barriers:
 - Meeting of basic needs (i.e. food, clothing, and shelter).
 - Identification of bio-psychosocial needs through case management.
- Occupancy capacity:
 - Beds for transitional housing: 120.
 - Beds for single room occupancy (male Veterans): 180.
 - Beds/single room occupancy for women Veterans: 17.
- Challenges serving women Veterans:
 - Because MCVET can only provide women Veterans with single occupancy housing, women Veterans in the program no longer meet the Department of Housing and Urban Development's (HUD) definition of homelessness.
 - HUD considers MCVET as permanent housing.
 - Women Veterans then fail to qualify for the HUD-VASH (VA Supportive Housing) program.
 - Because women Veterans have to be placed in permanent housing immediately upon coming to MCVET, their care is abbreviated and accelerated; they miss segments of the MCVET program continuum (i.e. emergency program, and transitional housing, where the recovery and reintegration process gradually occurs).

The Committee toured the Baltimore and Loudon National Cemeteries. Cemetery officials provided an overview of the services provided to Veterans and their families, and provided historical overview and demographic information on internments.

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Briefings and Tour of Loch Raven VA Community Living and Rehabilitation Center, Dr. Abisola Mesioye, Medical Director, Long Term Care

- Loch Raven Community Living Center (CLC) provides 120 beds.
 - Short-stay (less than 90 days) and long-stay services (more than 90 days).
 - Offers skilled nursing care, Commission on Accreditation of Rehabilitation Facilities (CARF) accredited medical rehabilitation, low-level rehabilitation, post-acute care, restorative care, respite care, and hospice care.
 - Goals are to provide quality, compassionate, patient centered care in a home like environment in order to promote health and maintain function, and to meet the privacy and personal dignity rights of woman Veterans and ensure access to women's health services when indicated.
 - Five female Veterans in the CLC, ages 52-91 years.
- Nursing services provided:
 - Private rooms.
 - Private or shared bathrooms (females only).
 - Spa and Relaxation Moments event once a month.
 - The Loch Raven Ladies Tea event .
 - Consistent assignments.
 - Personal preference.
- Physical medicine and rehabilitation and women Veterans:
 - Pelvic floor rehabilitation.
 - Collaboration and participation in nursing led programs such as Ladies Tea.
 - Gardening and green house socialization.
 - Baking groups.
 - Individualized preferences to include poetry and painting.
- Hospice/palliative care:
 - Goal is to provide the best quality of life, through relief of suffering, control of symptoms, and restoration of functional capacity, while remaining sensitive to personal, cultural, religious values, beliefs and practices.
 - Services for women Veterans include:
 - Individualized care planning.
 - Caring volunteers.
 - Privacy and compassionate care.
 - Psychological support.
 - Clergy and other spiritual counselors.
 - Bereavement support.

Tour of Loch Raven Community Based Outreach Clinic (CBOC).

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**Discussion: Wrap Up
Dr. Shirley Quarles, Chair, ACWV**

Friday, August 24, 2012, Renaissance Baltimore Harborplace Hotel

Exit Interview with Key Leadership of VAMHCS

The ACWV held an exit briefing with VAMHCS key leadership, to brief them on areas of strength and opportunities for improvement observed during the site visit. The Chair noted that VAMHCS staff demonstrated flexibility in accommodating the requests of the ACWV, during the planning and the tours. The ACWV reiterated its concern about how the Veterans Benefits Administration's policy for establishing a full-time women Veterans Coordinator in regional offices serving a catchment area of 40,000 or more women Veterans was not implemented in the Baltimore Regional Office, which was identified as a site that would have one.

VA staff was enthusiastic, highly professional individuals who enjoy their organization, their work environment and are committed to the care of women Veterans. All of the briefers were genuinely receptive to the ACWV's comments, questions, and concerns. Their thorough knowledge of how their respective offices' policies impact women Veterans resulted in productive discussion with the ACWV members.

Town Hall Meeting

The Advisory Committee on Women Veterans hosted a town hall meeting for women Veterans included in VAMHCS catchment area. Staff from the VAMHCS, the Baltimore Regional Office, VHA, VBA, NCA, and other subject matter experts was on hand to answer questions, provide clarification on VA's benefits and services, and to assist women Veterans with their individual issues. Approximately 50 attendees participated.

Meeting Adjourned



Shirley A. Quarles, Ed.D., R.N., F.A.A.N.
Chair, Advisory Committee on Women Veterans



Irene Trowell-Harris, Ed.D., R.N.
Designated Federal Officer