

THE AMERICAN LEGION
SYSTEM WORTH SAVING

2013 Task Force Report on



WOMEN
♀
VETERANS
HEALTH CARE

James E. Koutz, *National Commander*

The American Legion



OFFICE OF NATIONAL COMMANDER

★ NATIONAL HEADQUARTERS ★ PO BOX 1055 ★ INDIANAPOLIS, INDIANA 46206-1055 ★
(317) 630-1200 ★ FAX (317) 630-1223 ★ WEBSITE www.legion.org ★

Dear Fellow Legionnaires,

For the past 10 years, The American Legion's System Worth Saving Task Force has conducted site visits across the nation at Department of Veterans Affairs' (VA) medical facilities to assess the quality and timeliness of veteran's health care, and to provide feedback from veterans on their level of care.

In 2012-2013, the System Worth Saving Task Force report focused on women veterans' health care. The objectives of the report were to understand what perceptions and barriers prevent women veterans with enrolling in VA, determine what quality-of-care challenges women veterans face with their VA health care, and provide recommendations and steps VA can take to improve these access barriers and quality-of-care challenges.

From October 2012 to April 2013, the System Worth Saving Task Force conducted 15 VA medical center site visits in order to evaluate the quality of care provided for women veterans. During these site visits, the System Worth Saving Task Force met with each facility's executive leadership team, women veterans program manager, patient advocate, enrollment and business office, mental health staff, homeless veteran's coordinator, military sexual trauma coordinator, suicide prevention coordinator and women veterans' health committee, and reviewed the environment of care. Additionally, town hall meetings were conducted at American Legion posts near the VA medical centers to hear firsthand from women veterans on their level of health care.

Throughout the course of the visits, the System Worth Saving Task Force observed many VA best practices in its care of women veterans, as well as received positive comments from women veterans about their care and services. Despite the many improvements that VA has taken to improve their health-care programs for women veterans, there are still some challenges that women veterans face.

First, women don't identify themselves as veterans and are not familiar with VA benefits and the eligibility process to receiving their VA health care. Second, VA medical centers do not currently have baseline, one-, two- or five-year outreach and marketing plans on how to close the gap between the numbers of women veterans in their facility catchment areas and those enrolled. Third, while VA has improved outpatient care and services, there is a need to increase the number of inpatient mental health treatment programs (e.g. military sexual trauma, post-traumatic stress disorder, substance abuse, etc.) for women veterans and ensure these programs are available within each Veterans Integrated Service Network (VISN) and at VA medical centers with a high demand for women veterans specialized inpatient mental health-care services.

Lastly, more analysis is needed on VA's three different models of women care to determine overall outreach, communication and coordination of women veterans health services. Specifically, for example, Model 2 services (care is located in a separate but shared space) can be rolled into Model 3 services to better align, co-locate and coordinate different services into one general area of the hospital. In addition, since each VA medical center has different models and services for women veterans, there is a need for VA to create specific outreach materials (brochures, one-page fact sheets, etc.) tailored to each facility and the different models, so women veterans know what type of model and services are available, versus care that is contracted outside of the facility.

I encourage you to review our findings and recommendations from the 15 VA medical center site visits. The American Legion remains committed to assuring that the VA health-care system continues to perform as the role model for the health-care industry in both the public and private sector. We hope that our findings in this report will help the Administration, Congress, and VA understand what challenges our nation's women veteran's face with accessing timely and quality VA health care.



Respectfully,

James E. "Jim" Koutz

James E. Koutz, National Commander

TASK FORCE MEMBERS

Ralph P. Bozella

Chairman

Veterans Affairs and Rehabilitation Commission

R. Michael Suter

Vice Chairman

Veterans Affairs and
Rehabilitation Commission

Ronald F. Conley

Past National Commander

Veterans Affairs and
Rehabilitation Commission

Paul A. Morin

Past National Commander

Veterans Affairs and
Rehabilitation Commission

Patrick R. Rourk

Veterans Affairs and

Rehabilitation Commission

Thomas P. Mullon

Veterans Affairs and

Rehabilitation Commission

Vickie D. Smith-Dikes

Veterans Affairs and

Rehabilitation Commission

NATIONAL HEADQUARTERS STAFF

Verna L. Jones

Director, VA&R Division

Jacob B. Gadd

Deputy Director, Health Care

Warren J. Goldstein

Senior Field Service Representative

Roscoe G. Butler

Field Service Representative

For additional information, please contact:
Jacob Gadd, *Deputy Director for Health Care*
Veteran Affairs and Rehabilitation Division
202-263-2998
jgadd@legion.org

TABLE OF CONTENTS

| | |
|--|-----------|
| Executive Summary | 2 |
| Site Visit Reports | |
| VA Western New York Healthcare System at Buffalo (Buffalo, NY) | 4 |
| VA Maine Healthcare System (Augusta, ME) | 8 |
| Fargo VA Healthcare System (Fargo, ND) | 12 |
| Captain James A. Lovell Health Care Center (North Chicago, IL) | 16 |
| James A. Haley Veterans' Hospital (Tampa, FL) | 20 |
| Erie VA Medical Center (Erie, PA) | 25 |
| Carl Vinson VA Medical Center (Dublin, GA) | 28 |
| Salem VA Medical Center (Salem, VA) | 32 |
| VA Southern Nevada Healthcare System (VASNHS) (Las Vegas, NV) | 37 |
| Tuscaloosa VA Medical Center (Tuscaloosa, AL) | 41 |
| Coatesville VA Medical Center (Coatesville, PA) | 45 |
| South Texas Veterans Healthcare System (San Antonio, TX) | 49 |
| William S. Middleton Memorial Veterans Hospital (Madison, WI) | 53 |
| Mann-Grandstaff VA Medical Center (Spokane, WA) | 57 |
| St. Cloud VA Healthcare System (St. Cloud, MN) | 62 |
| National Challenges and Recommendations | 67 |



EXECUTIVE SUMMARY | A SYSTEM WORTH SAVING: 2013

By Ralph P. Bozella

Chairman, The American Legion Veterans Affairs & Rehabilitation Commission

Introduction

In 2003, The American Legion's National Executive Committee created the System Worth Saving (SWS) program to conduct site visits to Department of Veterans Affairs (VA) health-care facilities on behalf of The American Legion's national commander. The purpose of the SWS program is to assess the quality and timeliness of VA health care and to provide feedback from veterans on their level of health care. Every year, the System Worth Saving Task Force selects a different health-care topic of focus; this year's focus was women veterans' health care. We encourage you to review the challenges and recommendations on the state of women veterans health care discovered throughout our visits compiled into this publication.

History of Women Veterans' Health Care

In 1988, the Department of Veterans Affairs Veterans Health Administration (VHA) established the Women Veterans Health Program Office and charged this office with streamlining services for women veterans in order to provide more cost-effective medical and psychosocial care.

On September 27, 1993, VHA issued the Women Veterans Health Care guidelines as an attachment to Information Letter 10-93-027. The guidelines stated that all VHA facilities must designate a women veteran's coordinator to be a social worker and/or nurse, with responsibility for assessing the health and mental health-care needs of women veterans at their respective facilities, and then assisting in the planning, organizing, and coordinating of facility services and programs to meet those needs.

In March 2007, the Women Veterans Program Office was elevated to a Strategic Health Care Group in the VHA Office of Public Health and Environmental Hazards. The chief women veterans' consultant was appointed in April 2008 to shift the focus of women's health to a comprehensive, public health view of women veterans.

In 2009, the Government Accountability Office (GAO) provided testimony before the House Committee on Veterans' Affairs regarding VA health care for women veterans titled "Preliminary Findings on VA's Provision of Health Care Services to Women Veterans." The GAO conducted an extensive study that identified a number of challenges, including space constraints, privacy issues and concerns, hiring providers with specific training and experience in women's gender-specific

health care, and mental health treatments focusing on women, such as military sexual trauma (MST) and post-traumatic stress disorder (PTSD)¹. To make the improvements noted in the GAO report, Congress passed the "Women Veterans Health Care Improvement Act of 2009." This law requires VA to offer neonatal care, train mental health professionals to provide mental health services and treatments for women veterans who have experienced MST, and to develop a childcare pilot program for veterans receiving health care.

In 2010, The American Legion contracted with the ProSidian Consulting, LLC to conduct a women veteran's survey to assess the perceptions and overall satisfaction of women veterans with their VA health care throughout the health-care system. On January 5, 2011, The American Legion launched the survey, which included a sampling of 3,012 women veterans and consisted of 67 questions designed to understand the overall health-care needs of women veterans. This study measured the following 10 attributes of services: tangibles, reliability, responsiveness, competence, courtesy, communication, credibility, security, access, and understanding/or knowing the customer.

The survey found improvements in the way that the VA delivers health-care services to their women veterans, though challenges with service and quality remained. Due to the findings of the survey and the increased number of women veterans coming through the VA health-care system, The American Legion System Worth Saving's program wanted to evaluate the state of women veterans program.

Methodology

Prior to the site visits, the health policy unit randomly selected 15 VA health-care systems nationwide based upon the model of VA women's health care, joint venture facilities that have Department of Defense (DoD) and VA health-care sharing agreements, and the VA health-care systems designated as child care pilot sites. From October 2012 to April 2013, the SWS Task Force, accompanied by American Legion national staff, conducted site visits to the selected health-care systems and conducted veteran town hall meetings in

1. Government Accountability Office- Report GAO-09-884T: Testimony before the Committee on Veterans' Affairs, United States Senate (July 14, 2009). VA Health Care Preliminary Findings on VA's Provision of Health Care Services to Women Veterans.

nearby American Legion posts. At the town hall meetings, task force members facilitated discussions to identify issues and concerns directly from women veterans on their level of health care at their local VA health-care system and/or associated community-based outpatient clinic.

In order to assess how the health-care system is providing health care to its women veterans, the task force engaged in topic-focused interviews during the two-day visits with each system’s executive leadership team: women veterans program manager, women veterans health committee, enrollment and business office, facility manager, mental health staff, military sexual trauma program coordinator, suicide prevention program coordinator, homeless veterans program coordinator and patient advocate.

After the site visits, the information gathered identified trends that were either unique to the medical facility or part of a national trend. Some examples of national trends include emergency room and inpatient accommodations, mammography results, and projection figures for the catchment area compared to actual enrollment.

Key Findings

- Women veterans do not identify themselves as veterans and/or know what benefits they are eligible to receive
- VA medical center facilities do not have a baseline, one-, two- and five-year plan to close the gap between the catchment area, enrollment numbers and actual users among women veterans
- Additional research is needed to determine the purpose, goals, and effectiveness of the three VA women models of care on overall outreach, communication and coordination of women veterans health services Women veterans do not receive their mammogram results in a timely manner Many VA facilities do not offer inpatient/residential mental health programs for women veterans VA’s legislative authority for the child care pilot program is due to expire October 2, 2013
- In conclusion, our country has an obligation to ensure women veterans receive the highest quality of care and patient satisfaction from the VA health-care system. The American Legion and VA strive for one outcome, providing our nation’s heroes with the highest quality of health care and patient satisfaction. We encourage you to review the challenges and recommendations that are located at the back of the guide, as well as the reports constructed from each site visit.

Chronology of Women Veterans’ Health Care

1988

- The VHA established the Women Veterans Health Program.

1991

- The VA issued a G-5, M-2, Part I, Women Veterans Coordinators (WVC) Program Guide.

1993

- VHA issued guidelines for women veterans’ health care, which required all VHA facilities to designate a WVC.

1994

- Congress established The Center for Women Veterans that monitored and coordinated VA’s administration of health-care and benefits services, and programs for women veterans.

2000

- The Veterans Benefits and Healthcare Improvement Act of 2000 authorized special monthly compensation for women Veterans with a service connected mastectomy.

2002

- The Veterans Benefits Act of 2002 authorized special monthly compensation for women veterans who lost 25 percent or more of tissues from a single breast or both breast.

2003

- The WVC position was renamed Women Veterans Program Manager (WVPM) in order to emphasize the position’s program management responsibilities.

2007

- The Women Veterans Program Office was elevated to a Strategic Health Care Group (WVSHG) in order to shift the focus of women’s health to a comprehensive, public view of women veterans.

2009

- After the GAO testified before the House Committee on Veterans’ Affairs on VA health care for women veterans, Congress passed the Women Veterans Health Care Improvement Act of 2009.

2011

- Toward the start of the year, The American Legion distributed a women veterans survey, in order to gain a better understanding of the overall health care needs of women veterans.
- In March, women veterans’ health became part of the Office of Patient Care Services (PCS).
- In July, the VA secretary created a Women Veterans Task Force.
- On October 3, VA launched the first child care pilot site in Buffalo, N.Y.

2013

- On October 2nd, all child care pilot sites will close unless extended by Congress.



VA WESTERN NEW YORK HEALTHCARE SYSTEM | BUFFALO, NY

Date: November 1-2, 2012

National Task Force Member: Patrick R. Rourk

National Field Service Representative: Warren J. Goldstein

Overview

The Department of Veterans Affairs Western New York Healthcare System (VAWNYHS) Buffalo serves the eight most western counties of upstate New York, which have a combined veterans' population of 120,000 in which approximately 8,400 are women veterans. The VAWNYHS is part of the VA Health Care Upstate New York Veterans Integrated Services Network (VISN) 2, which includes two health-care facilities in Buffalo and Batavia, and community-based outpatient clinics (CBOCs) in Lackawanna, Niagara Falls, Lockport, Dunkirk, Jamestown, Olean and Springville.

The Buffalo VAMC provides its 44,608 enrolled veterans with medical, surgical, mental health and long-term care through a variety of inpatient and outpatient health-care programs. The Buffalo VAMC is the main referral center for cardiac surgery, cardiology, and comprehensive cancer care for veterans residing in western and central New York, as well as northern Pennsylvania.

The Buffalo VAMC's overall budget for fiscal year (FY) 2011 was \$286 million and \$292 million in FY 2012, an increase of \$6 million. The Buffalo VAMC supports women veterans programs at the medical center and its associated CBOCs through the same methodologies utilized for all health-care programs at the medical center. The medical center achieves this by utilizing workload and demographics to determine staffing, and resources that are necessary to sufficiently support women veterans programs throughout the health-care system.

The VAWNYHS womens clinic was renovated in 1995, via project No. 528-94-110 at a cost of approximately \$500,000, in order to make it more appealing and private for women veterans receiving health care at the medical center. The Buffalo VAMC has a Model 3 Women's Health Clinic (WHC) that consists of two complete Patient-Aligned Care Teams (PACTs), which provide comprehensive patient-care services in an exclusive space. The WHC provides specialty gynecological care, mental health and social work services that are co-located in the clinic. The WHC also provides sub-specialty services to enrolled women veterans, such as breast care, endocrinology, rheumatology, neurology, cardiology and nutrition services. There are 3,997 women veterans enrolled at the Buffalo VAMC, which equals 8.96 percent of the total 44,608 enrolled veterans who receive their health care at the Buffalo VAMC. In FY 2011, there were 8,243 and in FY 2012 8,784 unique outpatient visits by women veterans who received their health care at the Buffalo VAMC and their associated CBOCs.

Women Veterans Program Manager

The Women Veterans Program Manager (WVPM) at the Buffalo VAMC is a dedicated full-time non-clinical manager who coordinates the delivery and assesses the quality of health care that women veterans receive, and serves as an advocate to assist women veterans that have concerns or need health-care services. The WVPM measures women-specific services delivered throughout the VA health-care system by utilizing national metrics that analyze access to care, process measures and outcomes. The medical center measures the delivery of womens health by access through wait times, processes are measured through mammograms and pap smears, and outcomes are measured by readmission rates and emergency department visits. The WVPM has complete oversight of the veterans programs and services for the entire VAWNYHS – including the Buffalo and Batavia medical centers, and the seven associated CBOCs – by conducting outreach in the community, and providing staff training, education and enrollment assistance for the women veterans in the catchment area. In order to achieve excellent patient satisfaction and increased quality of care for their enrolled women veterans' population, the Buffalo VAMC currently is expanding the current women veterans' health clinic that will have its own dedicated wing of the medical center. The WVPM at the Buffalo VAMC is also the chairperson for the health-care system's 35 multidisciplinary-member women veterans committee (WVC). The WVC meets every other month; its mission is to communicate between departments on women health-care topics. The WVC collectively brings issues and concerns to the forefront and provides recommendations to the VISN and medical center leadership regarding women veterans' health care.

Business Office/ Enrollment

The Buffalo VAMC utilizes the Veterans Service Center (VSC), which encompasses the business and enrollment office, to serve as a one-stop service center for veterans to access VA health care, eligibility and health-care benefits. The VSC also assists veterans with Department of Defense/TRICARE, Medical Center Collection Funds (MCCF) billing, issue of veterans' identification cards and answering general questions. The VAWNYHS at Buffalo spent more than \$1 million in both FY 2011 and in FY 2012 on women veterans' fee-based medical care out in the community. The health-care system does not utilize a contract for labor and delivery (L&D) because the VAWNYHS does not want to force and/or limit female veterans to have their babies at inconvenient-

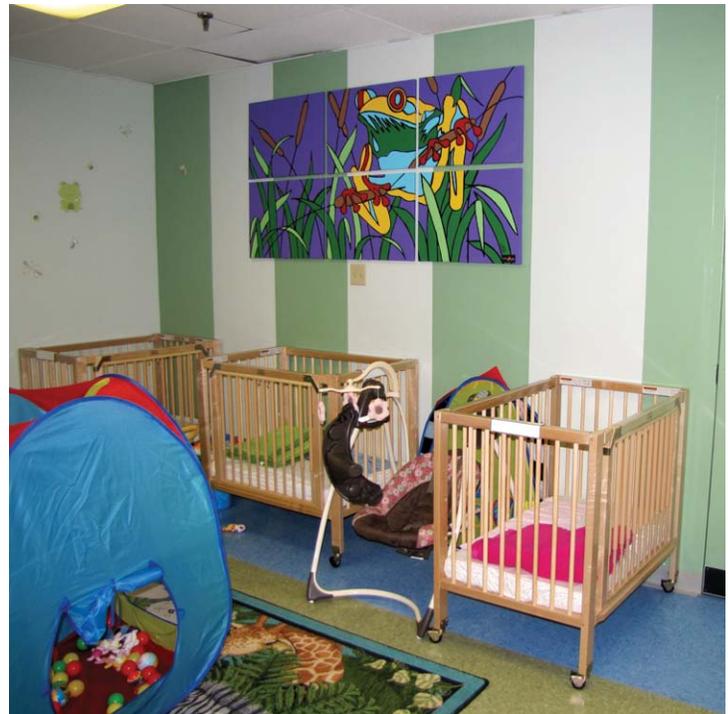
ly located hospitals. Currently, the VAWNYHS provides L&D care through fee-basis, which allows veterans to select hospitals where their obstetricians of choice work. There are no labor and delivery health-care services provided at any facility within VISN 2. Mammography for women veterans who reside in the southern catchment region of the Buffalo VAMC is purchased in the community so that veterans can avoid travelling approximately two hours to Buffalo for health-care services. In FY 2011 there were 42,825 unique outpatient visits by women veterans; in FY 2012, there were 2,789 unique women veterans users, 47,459 unique outpatient visits, an increase of 10 percent from FY 2011.

Mental Health

The Buffalo VAMC has a specialized mental health department to serve the mental, social and psychological needs of their enrolled women veterans’ population. The Buffalo VAMC provides the following mental health care services: inpatient and outpatient psychiatry care, mental health care treatment through integrated primary care within the women’s health center, post-traumatic stress disorder (PTSD) outpatient and residential care, serious mental illness treatments, smoking cessation classes, substance-abuse treatments, support classes for families, homeless veteran outreach, and services and assistance through the veterans crisis line. Women veterans at the Buffalo VAMC are provided the same evidence-based mental health treatments as the male enrolled veterans, such as Prolonged Exposure Therapy (PET) and Cognitive Behavioral Therapy (CBT) treatments for PTSD.

Military Sexual Trauma Coordinator

The military sexual trauma (MST) coordinator at the Buffalo VAMC is a full-time equivalent employee with collateral duties, allowing only four hours per week to be dedicated to the medical center’s military sexual trauma program. In following Veterans Health Administration (VHA) directive 2010-033 for universal screening, the Buffalo VAMC screens all enrolled or potentially enrolled veterans for MST. In FY 2011, the health-care system had the following percentages for veteran MST screenings: Buffalo and Batavia screened 99.3 percent (31,624 veterans); 99 percent (1,653 women veterans); 99.3 percent (29,971 male veterans); 97.6 percent (OEF/OIF/OND veterans); and 99.5 percent in the seven associated CBOCs. The Buffalo VAMC offers women veterans who experienced MST several treatment and therapy options, either in an outpatient, inpatient or residential setting.



The Buffalo VAMC screens all veterans for MST, either in primary care or at the Veteran Service Center upon enrollment. If MST screening results are positive, then an immediate referral to the MST coordinator takes place before the veteran departs the medical center. The MST coordinator presents veterans with different options for MST treatments and therapies that the health-care system offers, and assists them with immediate enrollment for those treatment options.

Women veterans who choose to seek MST treatment on an outpatient basis have a choice of location, provider gender, and either individual and/or group therapy sessions. Outpatient treatments and evidence-based psychotherapies such as PET and CBT for mental health diagnoses associated with MST, such as PTSD and depression, are available from the health-care system.

The MST coordinator at the Buffalo VAMC provides on-going MST training with staff in primary care, women’s health center, social work, mental health and the emergency department. The MST coordinator also has a community relationship with the Western New York Rape Crisis Advisory Council.



Homeless Veterans Coordinator

As a result of Buffalo being one of the lowest-income cities in America, the VA Western New York Healthcare System has approximately 600 homeless veterans within its catchment area. The Buffalo VAMC strongly believes in “housing first” and “medical care second” in terms of helping the veteran. The health-care assistance for the homeless veterans program at the VAWNYHS consist of 12 staff members who provide assistance, support and access for health care, outreach, Housing Urban Development/Veterans Administration Supportive Housing (HUD/VASH) vouchers, Substance Use Disorders, and supported housing to over 400 homeless veterans per year within eight counties of western New York. The homeless veterans program at the VAWNYHS receives 68 percent of its homeless veterans through walk-ins at its drop-in center; 23 percent come from the VAMC, and 9 percent of the referrals come from outreach that staff conducts in shelters, jails/prisons and soup kitchens within their catchment area.

The VA-funded drop-in center located in Buffalo provides homeless veterans a place to shower, receive clothing, access computers, wash clothes, meet with a Veterans Benefits Administration counselor, look at job postings, or just to relax in a clean, safe and warm/cool environment to enjoy a hot meal. The Buffalo VAMC also has a VA-funded contract residence 31 miles northeast of Buffalo to provide emergency housing for homeless veterans. Since its inception at the end of 2010, the contract residence in Pembroke, N.Y., has served 150 homeless veterans.

The case managers attached to the health care for homeless veterans program assist homeless veterans in the community with clothing, bedding, food, transportation for school-aged children, veterans medical appointments, transportation for non-VA care (job interviews, etc.) and apartment searches.

In FY 2011, the VAWNHS provided 25 HUD/VASH vouchers and in FY 2012, the medical center provided 15 vouchers to veterans and their families (all were used). The Buffalo VAMC homeless program currently is coordinating with local hotels to provide vouchers for homeless women veterans so they can keep their families together.

Suicide Prevention Coordinator

The Buffalo VAMC has two full-time suicide prevention coordinators to track and monitor veterans' ideations of suicide within their catchment area. In FY 2011 and 2012, the health-care system had a total of 17 women veteran suicide attempts within the catchment area; only one was fatal.

The medical center has noticed an increased trend in the number of suicide attempts and completions among white male

Vietnam veterans, compared to women veterans from any war era that have ideations of suicide. The reasons explained by the medical center are: years of carrying the burden (guilt), severe boredom, multiple medical diagnoses with several medications, retirement/unemployment, and the decrease in the ability to live independently. Women veterans who have suicide ideations are usually found to have experienced MST or are diagnosed with other mental health related issues. The suicide prevention coordinator has ramped up outreach efforts by providing fact sheets and suicide-prevention information to veterans residing outside the city, especially in rural communities.

Veterans Town Hall

The women veterans' health-care town hall meeting took place at American Legion Troop I Post 665 in Buffalo on Oct. 31, 2012. There were seven veterans in attendance who are enrolled at the Buffalo VAMC. The veterans stressed that there were challenges with the health-care services that they receive. The major issues that came out of the town hall meeting were that the medical center doctors did not effectively communicate with patients regarding their health-care issues, i.e., laboratory and/or test results, continuity of care, etc.

Best Practices

- In order to better serve and improve access for the veterans who have child care concerns, the Buffalo VAMC was granted authority under the Caregivers and Veterans Omnibus Health Services Act of 2010, Public Law 111-163, Section 205 for VA to carry out a two-year pilot program to assess the provision of care for children of qualified veterans. In October 2011, the Buffalo VAMC contracted with *Skies the Limit*, a women-owned 8A pending company that provides child care and education support services to the federal government and military. The “Kids Corner,” or children's wait room, is a secure room with access via intercom, closed-circuit television and electronic lock; veterans can drop off their children free of charge to attend hospital and/or medical appointments. In FY 2012, the Kids Corner had 586 enrolled children. The ages of the children who use the Kids Corner range in age from six weeks to 3 years or older. The Kids Corner has activities to accommodate all ages of children, ranging from lessons to activities prepared by teachers who have advanced education degrees. The Kids Corner promotes learning for children in social and behavioral skills, language, physical development, thinking, reasoning, questioning and experimentation. Due to the success of the children's wait room, the Buffalo VAMC veterans are keeping their appointments as a result of having a safe and secure place for their children to be taken care of while receiving care. Veterans have been quoted as saying:

“This place is great! Staff is wonderful.”; “My boys do not want to leave. Please keep this! So helpful,” “My son and I are grateful for this service, as a single parent I would not know what else to do.”

- The health-care system has made tremendous strides in providing access to gender-sensitive and private mental health services to women veterans by expanding their women’s Psychosocial Rehabilitation Recovery Program (PRRP/PTSD) residential treatment programs in Buffalo and Batavia, New York. The new \$5.4 million stand-alone facility in Batavia, which will be completed in the winter of 2013, will consist of 4,300 square feet of residential living to include an increase in private beds from six to 12. The VAWNYHS women’s PRRP/PTSD residential treatment program is one of 10 sites nationally that houses and treats women veterans who are suffering from PTSD (including MST) and other mental health issues. The new women’s PRRP/PTSD residential program will ultimately increase access and optimize the delivery and/or quality of care by providing women veterans with areas for dining, visitation, medical, pharmaceutical, nursing, psychological and psychiatric care, as well as social work/case management services in a private and secure environment.

Facility Challenges & Recommendations

Challenge 1: Difficulty reaching women veterans living in the rural communities when they are transitioning from military service to veteran status in order to enroll them in the VA health-care system

Recommendation: The medical center should provide specialized and informational sessions focusing on women health-care programs and benefits during TAP briefings. This will provide women veterans with information on gender-specific health-care services that the medical center offers.

Challenge 2: The MST coordinator is not a full-time coordinator and has collateral duties within the medical center and, due to time constraints, cannot efficiently assist the needs of women veterans who experienced MST.

Recommendation: The Executive Leadership team needs to review the MST coordinator’s time and responsibilities with the view of increasing the position to a .5 or 1.0 full-time equivalent employee as a result of the drawdown of the armed forces. In the near future, there will be significantly more women veterans needing MST treatment and services.

Challenge 3: There is difficulty in recruiting medical professionals to practice in rural areas, particularly in areas of specialization.

Recommendation: The VAWNYHS, with VA assistance, needs to increase the incentive and retention bonuses for medical staff

that chooses to work in rural communities.

Challenge 4: The ability to make services more accessible for women and male veterans by competing with the private sector’s medical care facilities and the services they offer.

Recommendation: The VAWNYHS needs to do a market analysis to see if it is competing with local health-care facilities by offering comparable pay rates.

Challenge 5: To change the culture, stigma and perception of the healthcare system for women veterans, making them feel equally accepted as their male counterparts.

Recommendation: The healthcare system needs to increase its sensitivity and awareness training for staff members, so it makes women veterans feel comfortable in environments where they are receiving medical treatment.

Challenge 6: Environment of Care challenges in regard to meeting the needs of women veterans, i.e., privacy of inpatient rooms, unisex bathrooms in the emergency room and waiting rooms, etc.

Recommendation: The medical center needs to take a look at the existing infrastructure to see how it can convert existing space in order to accommodate the needs of women veterans.

Challenge 7: “One-year term program” for VA medical center positions discourages qualified applicants who are looking for more stable positions.

Recommendation: **With VA assistance,** the medical center needs to modify its human resources policies for hiring qualified candidates, from a “one-year term period” to a shorter probationary period that meets the needs of the medical center.

Challenge 8: The medical center’s ability to successfully keep transgender veterans safe within the healthcare system.

Recommendation: All veterans should be treated equally and should feel safe and secure in any environment within the medical center and its associated CBOC’s. Any crime against any patient should be prosecuted to the full extent of the law.



VA MAINE HEALTHCARE SYSTEM | AUGUSTA, ME

Date: November 14-15, 2012

National Task Force Member: Chairman Ralph Bozella

Deputy Director, Health Care Policy Unit: Jacob Gadd

National Field Service Representative: Roscoe Butler



Overview

The Department of Veterans Affairs Maine Healthcare System (VAMHS) is authorized 75 acute-care beds and 100-long-term care beds. The Togus campus encompasses 500-plus acres of buildings and natural woodlands that serve as natural habitats for Maine's wildlife. VAMHS serves approximately 136,000 veterans throughout Maine and is part of the New England Veterans Integrated Services Network (VISN) 1, which includes facilities in Maine, New Hampshire, Vermont, Massachusetts, Rhode Island and Connecticut. VAMHS includes 11 outpatient sites of care located in Bangor, Calais, Caribou, Fort Kent Access Point, Houlton Access Point, Lewiston-Auburn, Lincoln, Portland, Rumford, Saco, and Mobile Medical Unit (MMU).

VAMHS provides health care to approximately 50,000 enrolled veterans. The operating budget for fiscal year (FY) 2011 was \$251 million. The operating budget for FY 2012 is \$264 million, which is an increase of \$14 million from FY 2011. The women's health program is designed to meet the unique needs of women veterans by offering gynecology, breast and mammography

examinations, reproductive health care, menopause treatment, osteoporosis, cancer screening, high cholesterol treatment, chronic obstructive pulmonary disease treatment, diabetes prevention and treatment, flu vaccine, high blood pressure prevention and treatment, treatment for obesity, smoking cessation and military sexual trauma treatment.

VAMHS has a Model 1 Patient Aligned Care Team (PACT) within the medical center and a Model 3 PACT in the women's clinic (WC). The WC provides specialty gynecological care, mental health and social work services that are co-located in the clinic. The WC also provides sub-specialty services to their enrolled women veterans, including breast care, endocrinology, rheumatology, neurology, cardiology and nutrition services. There are 10,300 women veterans in catchment area and 2,763 women veterans enrolled in VAMHS, making up 5.5 percent of the 50,000 enrolled veterans at the medical center. In FY 2011, there were 2,047 outpatient visits by women veterans; in FY 2012, there were 2,159 women veterans users, and 2176 unique outpatient visits, an increase of 5.9 percent from FY 2011.

Women Veterans Program Manager

All CBOCs under the VA Maine Healthcare System have a women's health champion except the Calais CBOC. As of January 2, 2013, the Calais CBOC has a women's health provider who has trained in women's health. All CBOCs have privacy curtains except one room at the Caribou CBOC. Examination tables at the medical center and CBOCs are strategically placed so the feet of women patients are not facing the door. All new construction is being scrutinized to ensure privacy. In February 2012, the medical center hired a gynecology (GYN) surgeon from the community. Equipment money was obtained and now women veterans do not have to travel to Boston for GYN surgeries unless they are "a known cancer patient." The medical center is building a new women's clinic, with a target start date in December 2012; completion is anticipated in the summer of 2013. All obstetrics care, mammograms, breast magnetic resonance imaging, transvaginal ultrasound, breast ultrasounds and breast biopsies are provided outside the medical center through the fee-basis program. In 2012, the women veterans program manager (WVPM) participated in the following outreach activities: college campuses, women's expo in Bangor, Vet Centers, veteran fairs, college symposiums, working with the Maine Women Veterans Commission to expand services to women veterans, coin ceremonies, hosted coin ceremonies for women veterans, senior citizen expos and working with the Maine Veterans Service Office in Augusta to foster a collaborative relationship with women veterans. The WVPM meets regularly with the Operation Enduring Freedom, Operation Iraqi Freedom and Operation New Dawn program manager to ensure recently discharged women veterans' health-care needs and concerns are being addressed.

Business Office/ Enrollment

The VAMHS business office, on average, processes 60 enrollment applications per week. In FY 2011, the medical center fee-basis program spent \$101,725 on women veterans care and \$120,175 in FY 2012, an increase of \$18,449 (15 percent). The health-care services currently purchased in the community are obstetrics care, mammograms, breast magnetic resonance imaging, transvaginal ultrasound, breast ultrasound and breast biopsies.

Mental Health

The VAMHS has one inpatient psychiatric unit located at the Togus facility that admits women veterans on a regular basis. Outpatient psychiatric services are provided onsite at all full-time CBOCs, as well as at the Houlton Access Point. At the Togus campus, a female licensed clinical social worker (LCSW) with military sexual trauma expertise is imbedded in the women's clinic. A male LCSW with similar expertise is part of the post-traumatic stress disorder (PTSD) clinical team. Every veteran clinician in VAMHS has expertise in PTSD treatment. VAMHS has a robust evidence-based psychotherapy program for treatment of both male and female veterans diagnosed with PTSD. Numerous staff members are formally trained in prolonged exposure and cognitive processing therapy for PTSD. All mental health service clinical staff has completed annual training in PTSD and military sexual trauma screening.

Mental health services at VAMHS are designed on a PACT model. Regardless of a veteran's gender, mental health professionals are available on each PACT to accommodate the veteran's needs.

Military Sexual Trauma Coordinator

The military sexual trauma (MST) program coordinator at VAMHS is a 1.0 full-time position. The MST program coordinator's duties are to provide clinical care, monitor MST-related issues and perform outreach related to MST counseling. Of the veterans who received care at VAMHS, 60 percent of women veterans and 35 percent of male veterans have been screened for MST. The facility stated that 31 percent of women and 12 percent of men received MST-related treatment.

Homeless Veterans Coordinator

VAMHS has an extensive homeless program and outreach to both female and male veterans. Recently, the annual homeless stand down resulted in seven women veterans being added this year, compared to only one woman veteran last year. VAMHS has been working to educate community partners as part of their outreach, and the homeless summit focused on specific population needs for homeless women veterans. When the need arises, the medical center has provided temporary lodging for women veterans in their lodger unit. Working with outside community services such as the Volunteers of America and



Community Housing of Maine help identify accommodations for women veterans in their facilities. Additionally, the Bread of Life Shelter in Augusta, Maine, has housed women veterans and their families over the past year.

Suicide Prevention Coordinator

VAMHS has one full-time suicide prevention coordinator and one suicide prevention case manager to assist veterans in the medical center's catchment area. The medical center's suicide prevention program is committed to safety that is system-based and focused on prevention, not on punishment or retribution. Preventative methods that target root causes are favored. When patients are identified with an unusual risk for violence, the staff uses two types of patient record flags to record and track these patients. Patients who demonstrate violent or disruptive behavior are assigned a "Category I Patient Record Flag," which is a national patient record flag. Patients who are identified as "at risk" are assigned a "Category II Patient Record Flag," which is a local patient record flag. A concern raised by the suicide prevention coordinator was the local patient flag does not communicate between VA medical centers, which creates problems for staff when a patient is seen at a facility other than the preferred VA medical center. The only way to verify a patient has a Category II patient record flag is for someone to access remote data. This problem has been reported to VA Central Office, and it is currently addressing the issue by developing a national patch. The patch is due to be released to the field during the first quarter FY 2013.

Women Veteran Health Committee

VAMHS has a robust women veteran health committee that meets once a month. Membership includes representatives from the following services: nursing, laboratory, pharmacy, behavioral and mental health, public and consumer affairs, OEF and OIF Team, primary care, radiology, inpatient hospitalist doctor and Veterans Benefits Administration. There was a woman veteran on the committee who recently had to step down. The WVPM is actively trying to identify another women veteran to serve on the committee. Under the leadership of the WVPM, the committee is active in seeking ways to enhance the care and services offered to women veterans.

Facility Manager & Environment of Care (EOC)

The medical center, which is the oldest veterans facility in the country, is an aged facility but is well maintained. The areas we inspected were clean and well maintained, and everyone expressed satisfaction with the overall cleanliness of the medical center. EOC rounds are conducted twice a year. During the

EOC rounds, environmental management staff ensures all of the Joint Commission elements are covered. The WVPM conducts rounds weekly and does privacy rounds twice a year.

Veteran Town Hall Meeting

On Nov. 14, 2012, System Worth Saving Chairman Ralph Bozella; Jacob Gadd, deputy director for health; and Roscoe Butler, National Field Service Representative, conducted a town hall meeting at American Legion Post 205 in Augusta, Maine. The purpose of the town hall meeting was to discuss access and quality of health care provided to women veterans at VAMHS. Approximately 13 veterans were in attendance, including Chuck Mahaleris, congressional staffer to Sen. Susan Collins; James Pineau, military legislative assistant and field representative to Rep. Chellie Pingree; Jonathan Shute, constituent service representative for Rep. Michael Michaud; Maine Women Veterans Commission Chairman Terry Moore; The American Legion Department of Maine Commander Kenneth Bouchard; American Legion Department of Maine Adjutant Lloyd Woods; and American Legion Department of Maine acting National Executive Committeeman and Women Veterans Coordinator Brenda Dearborn.

While a number of veterans expressed having positive experiences at the medical center, there were also a number of negative issues addressed as well. While everyone in attendance was very appreciative of the quality of care and services provided by the medical center, it was felt that the medical center could improve in the following areas:

- Clinic wait times – A number of veterans felt the wait time for a specialty care appointment is too long. In most cases, it takes longer than 30 days or more to get an orthopedic appointment.
- Lack of a child care program – While no specific cases were identified, a number of veterans felt not having a child care program is a deterrent for some working veterans when scheduling clinic appointments.

Best Practices

VAMHS is recognized as a leader in telehealth. Services offered includes regular clinical visits with patients via telehealth (between CBOCs & Togus), and both therapy and medical management through individual sessions, as well as a wide variety of groups. Patients participate in the National Telehealth Center with a psychologist to treat chronic pain patients at VAMHS with cognitive behavioral therapy. They have a daily home telehealth program that covers medical issues (diabetes, high blood pressure), as well as special mental health applications such as depression, schizophrenia and substance abuse. VAMHS men-



tal health leadership is looking into expanding the program to include implementing a new program that will involve placing a patient video monitor in the patient's home for use in interfacing with clinicians for actual clinical visits.

Facility Challenges & Recommendations

Challenge 1: Does not have a strategic plan to increase enrollment of women veterans.

Recommendation: The executive leadership team requires the WVPM to develop a women veterans strategic plan that focuses on increasing enrollment of women veterans over the next five years.

Challenge 2: Lack of women clinical providers.

Recommendation: The executive leadership team needs to determine if there are adequate women clinical providers at the medical center and CBOCs to address women veteran's health care needs.

Challenge 3: Medical center does not offer child care services. While this is not a barrier for veterans obtaining care, it may pose barriers for veteran when reporting for appointment. At this time, VHA is piloting a child care program at three VA medical centers (Buffalo, N.Y.; Northport, N.Y. and Tacoma, Wash.). The pilot program will allow VHA to assess the feasibility and advisability of providing assistance for child care to qualified veterans receiving VA care. The pilot program began on Oct. 3, 2011, and will operate for two years. All sites are required to close on Oct. 2, 2013. The VA secretary is to submit a report on the findings and outcomes of this pilot program to Congress on or before April 2, 2014.

Challenge 4: Environment of Care Survey (EOCS) is not always reported accurately. Survey should be expanded to target women veteran's issues.

Recommendation: Executive leadership team should assign someone to evaluate whether there is a problem with the reporting of the EOC numbers and initiate corrective action.

Challenge 5: Due to lack of certain services, veterans are required to travel to the Boston Healthcare System to obtain certain services not provided by VAMHS.

Recommendation: Since the drive time from VAMHS to the Boston Healthcare System is in excess of three hours one way, the executive leadership team should ensure when department facilities are not capable of furnishing economical hospital care or medical services because of geographical inaccessibility or are not capable of furnishing the care or services required, in accordance with Title 38 U.S. Code, Chapter 1703, all alternatives to care in the local commuting area are explored and veterans eligible for fee-basis care should be offered the choice of receiving care in the local community or referral to the Boston VA Healthcare System.

Challenge 7: Many women veterans don't recognize themselves as veterans. More outreach is needed to target those female veterans and bring them into the system.

Recommendation: The executive leadership team should continue to expand on the work they are currently doing to ensure women veterans are made aware of the benefits available to them.

Challenge 9: The medical center does not always utilize the services offered by the veterans services organizations.

Recommendation: The executive leadership should ensure medical center staff understands the value service organization offers and how they can assist them in outreach initiative to veterans.

Challenge 10: 60 percent of women veterans and 35 percent of men veterans have been screened for military sexual trauma (MST). However, VHA Directive 2010-033, Military Sexual Trauma Program, paragraph 4.c (2) Universal Screening states: "All Veterans and potentially eligible individuals seen in VHA facilities and associated CBOCs must be screened for experiences of MST. This must be done using the MST Clinical Reminder in the Computerized Patient Record System (CPRS), (see subpar. 4c(5)). Screening is to be conducted in appropriate clinical settings by providers with an appropriate level of clinical training; screenings are not to be conducted by clerks or health technicians."

Recommendation: The executive leadership should ensure all veterans and potentially eligible individuals seen at VAMHS are screened for experience of MST.



FARGO VA HEALTHCARE SYSTEM | FARGO, ND

Date: December 4-5, 2012

National Task Force Member: Thomas P. Mullan

National Field Service Representative: Warren J. Goldstein



Overview

The Fargo Department of Veterans' Affairs Healthcare System (VAHCS) serves 89,000 veterans' throughout North Dakota, 19 counties in western Minnesota, and two counties in northern South Dakota. The Fargo VAHCS serves the second largest geographic area (next to Alaska) and is part of the VA Midwest Health Care Veterans' Integrated Services Network (VISN) 23 to include nine community based outpatient clinics (CBOCs) located in North Dakota (Grand Forks, Bismarck, Dickinson, Grafton, Jamestown, Minot, and Williston) and Minnesota (Bemidji, and Fergus Falls) and the healthcare system plans to open a primary outpatient telehealth clinic (PTOC) in Devils Lake, ND in 2013.

The Fargo VAHCS provides their enrolled veterans' comprehensive primary care, surgical/specialty medical services, mental health services and long-term care services through their variety of inpatient and outpatient health care programs. The Fargo VAHCS overall budget for fiscal year (FY) 2011 was \$184.7 million. The budget for FY 2012 is \$190.4, a decrease of \$5.7 million from FY 2011. The Fargo VAHCS executive leadership believes the current budget is adequate enough for recruiting and the physical plant modifications necessary to support the women's health program and address all the privacy needs for women veterans.

The Fargo VAHCS supports their women veterans at the medical center and nine associated CBOCs by having a Model 1 general primary care clinic for women veterans in which women veterans are incorporated into the women health primary care physician panel and seen within a general gender-specific neutral primary care clinic. The Fargo VAHCS women's health programs are designed to meeting the unique needs of their female veterans' by offering gender-specific health care services that include gynecology, breast examinations and mammography, reproductive

health care, menopause treatment, maternity care, and preventive care. Women veterans' will be referred to other VA healthcare facilities and/or to the community for any healthcare services not available at the medical center and/or associated CBOCs.

There are 2,186 women veterans enrolled at the Fargo VAHCS which is 5.25 percent of the total 41,633 enrolled veterans who receive their health care at the VAHCS. In FY 2011, there were 14,096 unique outpatient visits and 14,727 such visits in FY 2012 by women veterans that received their health care at the Fargo VAHCS and its associated CBOCs.

Women Veterans Program Manager

The Fargo VAHCS's women's veterans program provides comprehensive gender-specific health care within the primary care clinic that includes wellness care, acute care, screenings for cancer, breast care, menopause care, fee-based maternity and newborn care, gynecology care, mental health services, Military Sexual Trauma (MST) care and telehealth care. The Fargo VAHCS Women Veterans Program Manager (WVPM) is not a full-time coordinator. However, the WVPM is a dedicated non-clinical manager who leads, coordinates access, and provides outreach to the highest level of health care for the 5,200 women veterans' residing within the catchment area and to the 2,186 enrolled women veterans. The women's veterans program consists of four staff members (WVPM, nurse practitioner, physician assistant, and a recently hired gynecologist) to assist, treat and provide healthcare consultations to its enrolled women veterans. The WVPM's roles and responsibilities include: participating in environmental rounds to see if the physical environmental is conducive to women veterans' needs, establishing partnerships with the Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND), MST, Homeless and Minority Veterans' Coordinators, conduct and participate in outreach activities and to promote and develop educational programs for providers and women veterans'.

In 2004, women veterans enrollment at the Fargo VAHCS was around 600 women veterans and has gradually increased by 12 percent to approximately 2,200. As it currently stands, the women veterans' health program does not have adequate space to accommodate the increased demand for clinical services and treatment; however, senior leadership stated that there are plans in the future to increase clinical space to accommodate women veterans health

care received at the facility. The goals that the WVPM has established for the program is to increase enrollment for women veterans within the catchment area by improving access to VAHCS health care. Furthermore, the WVPM would like to increase awareness of women healthcare programs, services and benefits offered at the medical center and to increase awareness in the local and rural communities of the programs available to women veterans' throughout the healthcare system.

The Fargo VAHCS WVPM's many accomplishments include: delivering an outstanding performance on FY 2012 clinical and quality of measurement evaluations, meeting all women health equality measures, designing and developing a medal and coin ceremony for women veterans' recognized on a national level and hiring a gynecologist to enhance the healthcare needs for women veterans.

The WVPM at the Fargo VAHCS also is the chairperson of the healthcare system's 14 multi-disciplinary member women veterans' committee (WVC). The WVC meets quarterly and its mission communicates between departments on women health care topics. The chief of staff at the medical center is the overseeing authority for the committee; but does not actively participate in the meetings. The WVC collectively brings issues and concerns to the forefront, and the WVPM provides recommendations to the VISN and medical center leadership regarding women veterans' healthcare issues and concerns through her ongoing communications with the regional and VISN WVPMs.

Business Office/ Enrollment

The business and enrollment office at the Fargo VAHCS mission is to enroll eligible veterans in to the VA healthcare system, provide Non-VA Care Coordination (NVCC), beneficiary travel reimbursement and participate in outreach events involving the healthcare system. The business and enrollment office enrolls veterans by in-person health care benefit consultations, assisting with online applications, through referrals from the Veterans' Benefits Administration (VBA) regional offices (located on the same campus as the medical center) and by meeting with the county veteran service officers (CVSOs).

Due Fargo VAHCS's large geographic catchment area the medical center has a large non-VA Care Coordination referral pool of approximately 1,200 consults/referrals per month to community providers for health care services not provided throughout the VAHCS. The business office attends outreach events and

women veterans summits, providing staff the opportunity to educate all veterans' on what their VA health care benefits are. The business office reported in FY 2012 that they had \$4 million in beneficiary travel reimbursements.

The medical center reported it has 85,403 veterans' in its catchment area; approximately 2,300 are women veterans. In FY 2011, the medical center fee-basis program spent \$1.623 million on 647 unique women veterans' and, in FY 2012, spent \$1.7 million for 649 unique women veterans' for their health care out in the community, which is an increase of approximately \$65,000 (4 percent). In FY 2011 there were 14,096 unique outpatient visits by women veterans; in FY 2012, there were 1,453 unique women veterans users, 14,727 unique outpatient visits, and increase of 4.2 percent from FY 2011.

The women veteran health care services currently purchased out in the community are: obstetric care, gynecology, mammograms, dermatology, and any other health care services that that the Fargo VAHCS cannot support either through availability and/or timeliness.

Mental Health

The Fargo VAHCS has a specialized mental health department to serve the mental, social, and psychological needs of their enrolled women veteran population. The Fargo VAHCS provides mental health consultation, evaluation and treatment its women veterans in an inpatient and outpatient setting. The services offered to women veterans throughout the healthcare system either in an inpatient and/or outpatient setting are mental health primary care, psychiatric, nursing care, psychology, social work, homeless, pharmacy, and addiction treatment and counseling services.

Women veterans at the Fargo VAHCS are provided the same evidence-based mental health treatments and therapies as their male counterparts, including prolonged exposure therapy (PET) and cognitive behavioral therapy (CBT) treatments for post traumatic stress disorder (PTSD). But the outcomes can be different, playing a significant role in the treatment and recovery process.

Since November 2009 to present, there have been 255 enrolled women veterans combining for 2,300 treatment visits at the Fargo VAHCS for PTSD. The strengths of the mental health program include having a strong PTSD program in place, women-specific mental health groups, gender-specific therapists and providers, and video conferencing capabilities in the associated CBOCs for women mental health needs.



Military Sexual Trauma Coordinator

The military sexual trauma (MST) program coordinator at the Fargo VAHCS is a collateral position that consists of splitting time between being an MST program coordinator (.25 Full-Time Equivalent Employee, administrative (.5 FTEE) and a clinical social work therapist (.7 FTEE). The MST program coordinator at the medical center provides clinical care, monitors MST-related issues, performs MST informational outreach related to care and services and provides an alternative option of having a male or female therapist for veterans who have experienced MST.

The MST program coordinator stated that 12 new enrolled veterans (46 percent males, 54 percent females) screen positive every month for MST. But of the 212 women veterans who reported they experienced MST, 76 (36 percent) actually screened positive for MST. There are no residential programs for MST at the Fargo VAHCS, but there are residential programs available in the community. The Minneapolis VAMC within VISN 23 is starting a new program for MST that is an intensive outpatient program providing available housing located on the campus of the medical center.

The role of the MST program coordinator at the Fargo VAHCS is to serve as a point person for all MST issues and concerns that take place at throughout the healthcare system. The MST program coordinator's responsibilities are: ensuring all MST mandates are fulfilled, conducting education through ground rounds at the medical center, conducting outreach at the CBOCs and local colleges, collaborating with other medical center entities in outreach events. Other duties of the MST coordinator include performing all individual/group therapy clinical assessments, reviewing MST cases and collaborating with area military and North Dakota State University sexual assault coordinators.

The MST program coordinator has successfully established a strong training program in which approximately 98 percent of all social workers and therapy staff in primary care and mental health are trained in dealing with veterans impacted by MST throughout the healthcare system.

Homeless Veterans Coordinator

The homeless veterans' services program at the Fargo VAHCS falls under the mental health department. The WVPM and the Homeless Veterans Coordinator work collaboratively to meet the needs of homeless women veterans within their large geographic catchment area. There are an estimated 450 homeless veterans, approximately six percent women within North Dakota and the 16 counties in Western Minnesota in the Fargo VAHCS.

The Fargo VAHCS has two staff members covering 107,000 square miles within the catchment area to provide outreach

to homeless veterans. In FY 2012, the homeless program has conducted 10 homeless veterans' stand-down events to provide homeless veterans' with needed assistance.

Through Project Homeless Assessment Rehabilitation and Treatment (HART), the Fargo VAHCS continues to partner with the local Centre Inc., which provides residential transitional living arrangements with case management for homeless adult male and female veterans for up to 24 months. Centre Inc. in Fargo provides half-way housing, re-entry centers, transition programs and housing and social detoxification facilities for male and female veterans. The main goal of Project HART is to assist veterans in finding and maintaining stable living arrangements, health, employment and well being. As a result of Project HART, the Fargo VAHCS has contracted residential short-term transitional housing in the Fargo/Morehead area (11 beds), Grand-Forks/Polk counties (4 beds), Polk County, Minnesota (4-6 beds) and grant and per diem long-term transitional housing in Fargo (48 beds). In 2011, the Fargo VAHCS established the VA-funded Gladys Ray Drop-in Center, where homeless veterans' can shower, sleep, do laundry, meet with a social worker or seek medical services. The medical center has also partnered with "Churches United," where five rooms are provided for women veterans with children.

The Homeless Veterans' Program Coordinator stated that in FY 2012, 110 Housing Urban Development/ Veterans Administration Supportive Housing (HUD/VASH) vouchers were used by veterans living between Fargo and Grand Forks, ND. As of December 2012, over 90 veterans' have been housed within Cass and Clay counties.

Suicide Prevention Coordinator

The Fargo VAHCS suicide prevention program hired its first full-time suicide prevention coordinator in 2007. The responsibilities of the suicide prevention coordinator are to track suicide attempts and completions for the purpose of establishing trends and research purposes, and perform system-wide suicide prevention education to VA employees and veterans' families. Another duties and responsibilities include: recognizing and responding to suicide risks, assist and coordinate mental health treatment, establish relationships with the providers within the healthcare system, perform outreach and establish community partnerships and respond to veteran consults that come from the Veterans' Crisis Line.

The Fargo VAHCS in 2011 and 2012 had a total of 15 out of 88 overall documented suicide attempts by women veterans' within the catchment area with one successful suicide that occurred in 2012. The number of completions for women veteran suicides specific to the Fargo VAHCS is a low number, making the significance of identifying possible trends difficult to measure.

Patient Advocate

The patient advocate identified a couple of areas for improvement for women veterans' includings: staff awareness/sensitivity towards women veterans, a separate clinical area/space in the hospital for women veterans waiting to be seen, and quicker access to meet the influx of returning women veterans'. The patient advocate stated that most women veterans are younger and should have family planning, resources and counseling services available to them. The patient advocate stated most of the complaints and/or concerns from veterans involved the business and travel pay offices. The patient advocate said the barriers that women veterans face with enrolling at VAMC's is their lack of knowledge when it comes to knowing what health care benefits they're entitled. The facility has addressed the lack of knowledge of VA benefits among its veterans by conducting internal and external outreach with their veteran community.

Veteran Town Hall

The women veteran's healthcare town hall meeting took place at the Gilbert C. Grafton American Legion Post 2 in downtown Fargo on December 3, 2012. There were eight veterans in attendance who were enrolled at the Fargo VAHCS. The veterans in attendance stressed the fee basis and/or referral system is cumbersome and political such as gender specific health care being sent out into the community and some women veterans do not feel comfortable with male providers.

Best Practices

- The Fargo VAHCS's military sexual trauma (MST) program was recently recognized as a best practice for its “*Clothesline Project*” an awareness project to break the silence on military sexual trauma, sexual assault and sexual abuse and its impact on veterans'. The “*Clothesline Project*” is a visual display that allows survivors (male/female) of MST to share their stories about the impact of sexual violence and how it has affected their lives. Victims decorate t-shirts in a way that describes their experiences. The T-shirts are hung side-by-side to “break the silence” and to bear witness of sexual traumas. Another program that has been recognized by VA is the women's medal ceremony in which women combat veterans are publically recognized.

Facility Challenges & Recommendations

Challenge 1: The CBOC's that are associated with the Fargo VAHCS are spread out over a large area of North Dakota making rural health care delivery difficult at times. For example, weather conditions and several hours of travel can alter the delivery of health care for a veteran.

Recommendation: The Fargo VAHCS, with the assistance from VA needs to continue to improve their access and rural health care delivery by taking advantage of all of the telemedicine technologies that are offered. Senior management staff should allocate more funding for tele-medicine to meet the increased health care demands by veterans living in rural communities throughout North Dakota and Western Minnesota.

Challenge 2: The Women Veterans Program Manager at the Fargo VAHCS is a collateral duty

Recommendation: The Fargo VAHCS and their executive leadership staff should adhere to VA Directive 1330.02, which clearly states that the WVPM at the VAMC should be a full-time position with no collateral assignments.

Challenge 3: Due to space limitations within the medical center and their associated CBOCs there are some environment-of-care challenges in regards to meeting the needs of women veterans (i.e. creating examinations rooms that are gender-specific, privacy of inpatient patient rooms, unisex bathrooms in the emergency room and waiting rooms, etc).

Recommendation: The medical center needs to take a look in the existing infrastructure to see how it can convert existing space in order to accommodate the medical needs for women veterans by creating a separate space/wing where women veterans can be seen.

Challenge 4: The Fargo VAHCS has difficulty receiving gender-specific medical documentation in a timely manner for veterans receiving the medical care in the community

Recommendation: The medical center needs to continue to keep track and monitor their enrolled veterans who are receiving their health care in the community and to follow-up with providers for documentation. The medical center also needs to hold contracted medical providers accountable and set timeliness guidelines for the receipt of documentation.

Challenge 5: The MST coordinator is not a full-time coordinator and has collateral duties within the medical center and due to time constraints, cannot efficiently assist the needs of women veterans who experienced MST and can not take part in medical center employee orientations.

Recommendation: The leadership team needs to review the MST coordinator's time and responsibilities, with the view of increasing the position to a .5 or 1.0 FTEE as a result of the drawdown of the forces. In the near future, there will be significantly more women veterans' needing MST treatment and services and should be involved in all aspects of medical center training (new employee orientation)



CAPTAIN JAMES A. LOVELL FEDERAL HEALTHCARE CENTER | NORTH CHICAGO, IL

Date: December 3-4, 2012

National Task Force Member: Ralph Bozella

Deputy Director for Healthcare: Jacob B. Gadd

Overview

The James A. Lovell Federal Health Care Center (FHCC) in North Chicago is the first fully integrated Department of Defense (DoD) and Department of Veterans Affairs (VA) medical facility in the United States. On October 1, 2010, the FHCC's integration was launched; the center is receiving five-year funding as a demonstration project through the U.S. Treasury's Joint Incentive Fund. FHCC offers primary and emergency care, specialty medicine, surgical services, health promotions, pharmacy, acute and long-term mental health care, and skilled geriatric care. The facility received the Joint Commission's "Top Performer" status, as it ranked in the top 13 percent of 3,099 hospitals in the nation. Additionally, the FHCC is the nation's best Integrated Disability Evaluation System (IDES) site in terms of timeliness in processing cases, averaging only 100 days. The facility also has medical record interoperability, which allows FHCC staff to read and write on both DoD's and VA's computer networks.

FHCC is part of Veteran Integrated Service Network (VISN) 12, which includes Hines VA Medical Center (VAMC), Jesse Brown VAMC, Milwaukee VAMC, Madison VAMC, Tomah VAMC and Iron Mountain VAMC. The FHCC's overall budget for fiscal year (FY) 2011 was \$377 million and for FY 2012 \$387 million, an increase of \$10 million from FY 2011. In FY 2012, the FHCC's non-VA purchased costs for women veterans were \$92,566 on preauthorized outpatient womens health and \$64,037 on pre-authorized inpatient women's health. Maternity and breast/uterine cancer treatments are the main two services that are non-VA purchased-care expenses.

The FHCC serves a population of females that is made up of veterans, active duty and dependants. FHCC has 90,163 veterans in their catchment area, with 19,782 that currently are enrolled. There are 8,579 women veterans in FHCC's catchment area, with 2,414 enrolled at the facility; 1,788 unique women veterans were seen for appointments in FY 2012. Currently, the facility has a 31-percent market share of women veterans in comparison to their catchment area but does not have a specific outreach and enrollment target of women veterans for next year.

Women Veterans Program Manager

The FHCC Women Veteran Program Manager's (WVPM) goals and objectives are to educate women veterans regarding the

many services that are available at the FHCC and the Veterans Health Administration. The WVPM serves as a resource and point of contact for women who desire more information or assistance regarding health care. The Evanston, Kenosha and McHenry Community Based Outpatient Clinics (CBOCs) all have women veterans' liaisons that collaborate with the WVPM to facilitate quality care for women veterans.

FHCC's main facility is a Model 1 clinic with designated womens health providers in Primary Care and a Model 3 Women Comprehensive Center. The new womens health clinic opened in 2010 and offers comprehensive primary care "one-stop shopping," including complete gender-specific primary care, mammography, ultrasound, mental health services, social work, case management, nurse educator, dietician and pelvic floor therapy. Each of the three CBOCs has a designated womens health provider, as well as a nurse who functions as the womens health liaison.

The WVPM works closely with the OEF/OIF/OND Program Manager, Caregiver Support Coordinator and mental health representatives and has been established to focus and synchronize FHCC's outreach effort. The facility provides outreach coordinated with the FHCC, Veterans Benefits Administration and Vet Center at Yellow Ribbon events, Post Deployment Health Reassessment (PDHRA), Inactive Ready Reserve (IRR), job fairs and community outreach activities to recruit returning veterans into the FHCC.

The FHCC provides women veterans with comprehensive primary care, mental health, MST coordinator/counselor, the MOVE program and a smoking cessation group. Three gynecologists provide a full range of gynecological services, including infertility counseling and colonoscopy surgery. The staff members/clinicians designated to women veterans in the Patient Aligned Care Team (PACT) team includes a family nurse practitioner, RN, LPN, nurse educator, clerk and part-time pharmacist. The panel size for each provider in the women veteran PACT team is 750. The facility does not have availability for appointments in the evenings or weekends at the hospital or CBOCs.

The privacy initiatives the FHCC has in place include patient identifiable information is not visible in hallway; when doors are closed, staff knocks and waits until invited to enter; privacy curtains are available in all rooms; women veterans have access to women-only toilet in close proximity to the exam room; procedure and testing areas have auditory privacy; examination

tables are placed with the foot facing away from the door; examination tables are shielded from view when the door is opened; and exam room doors have locks and rooms that do not open into a public waiting room or high-traffic corridor.

The barriers and challenges that women veterans face when enrolling and with quality of care include not seeing themselves as veterans and are not being aware of their veteran benefits; the perception that VA is an all-male system of care; a lack of education during the time of transition from DoD into VA; a lack of extended or flexible hours for women veterans appointments in the early morning, late afternoons or weekends; and a lack of child care during medical appointments.

Mental Health

All inpatient and outpatient mental health services that are available for male veterans are also available to females. FHCC mental health services include inpatient psychiatry, post-traumatic stress disorder (PTSD), substance use disorder and outpatient counseling. When women veterans are admitted to these programs, the WVPM receives a view alert and visits all women veteran admissions. Women veterans at the FHCC are provided the same evidence-based mental health treatments as the male enrolled veterans, including prolonged exposure therapy and cognitive processing therapy treatments for PTSD. When appointments are made, the individual scheduler asks all veterans about gender preference since the facility has both male and female mental health providers.

One of the primary challenges with women veterans mental health care is that there is not a separate residential treatment program for them at the FHCC or within VISN 12. If a residential treatment program was built or authorized at the FHCC, women veterans could receive their inpatient treatment separately from men for PTSD, substance use disorder, MST and/or homelessness.

Military Sexual Trauma Coordinator

Approximately 23 percent of women screened positive for military sexual trauma (MST) at the FHCC. Less than 1 percent of men screened positive for MST. Approximately 62 percent of MST-related mental health care was provided to women veterans and 54 percent for male veterans in fiscal 2011. All employees providing care to women/male veterans who have ex-

perienced MST have access to monthly trainings through the national MST teleconference training series provided by the VA Office of Mental Health Services MST Support Team. In addition, all mental health providers currently providing mental health services to veterans who have experienced MST have training in at least one evidenced-based therapy – cognitive behavioral therapy for insomnia, integrated behavioral couples therapy, cognitive behavioral therapy for pain management, interpersonal psychotherapy for depression, motivational interviewing, motivational enhancement therapy (for substance use disorder staff), behavioral couples therapy for substance use disorders, contingency management (for substance use disorder intensive outpatient program staff and cognitive behavioral therapy for substance use disorders. MST-related residential services available locally for men and women include addiction treatment program, homeless veterans residential program and the stress disorder treatment unit.

One of the primary challenges with women veterans and MST screening is that the screening is only done when a veteran first enters the VA system. Many veterans may not self identify as having MST – especially in a new health-care system with which they are unfamiliar.

Homeless Veterans Coordinator

The WVPM and the Homeless Veterans Coordinator work closely to meet the needs of homeless women veterans. Homeless women veteran are currently in the FHCC's homeless residential program. The facility estimates that 10-15 percent of homeless veterans are women veterans, and 8 percent of these are homeless women with children. There is a trend the facility has observed that younger women under 30 with children are facing homelessness. There was a concern that budget resources are being sent to other facilities in the VISN, as North Chicago is not an urban facility like Jesse Brown or Milwaukee VAMCs. In addition, the facility is not given HUD-VASH vouchers in the beginning of the fiscal year, so the facility maintains a wait list until they receive the vouchers. HUD-VASH vouchers are not specifically designated for veterans with children, and some vouchers should be solely authorized for these types of homeless veterans.

Patient Advocate

The patient advocate identified a couple of areas for improve-



ment of women veterans, including a lack of women veteran residential care to treat PTSD, MST or homelessness; and staff awareness/sensitivity of staff if they observe other male veterans making disrespectful or uncomfortable gestures towards women veterans.

Veteran Town Hall

The women veteran health-care town hall meeting took place at The American Legion Post 771 in Gurnee, Ill., on Dec. 2, 2012. There were 22 veterans in attendance who receive medical care at the FHCC, including five women veterans. Some of the veteran concerns included women being unaware of their benefits and not seeing themselves as veterans; facility staff does not always recognize women veterans and believes they are active duty or spouses; no child care provided at the facility; a lack of extended hours for appointments during the early mornings, late afternoons or weekends; a lack of medical procedures such as mammograms being documented in their record; and the lack of women-specific residential and/or treatment programs for MST, PTSD or homeless veterans.

Facility Challenges & Recommendations

Challenge 1: Lack of enrollment targets

Currently, the facility has a 31-percent market share of women veterans in comparison to their catchment area, but does not have a specific outreach and enrollment target of women veterans for next year. This creates an atmosphere of a lack of accountability.

Recommendation: The medical center should develop a women veterans strategic plan that identifies the number of women veterans projected to enroll at the medical center each year. A rudimentary calculation can be made by taking total of enrolled and increase by 10 percent each year.

Challenge 2: Data metrics for outreach events

Enrollment events are not tracked with any metrics to determine which events yield the greatest number of women veterans and if they enrolled for health care.

Recommendation: In order to identify best practices for outreach, data should be collected for the different outreach events and enrollment avenues. This will allow the facility to make adjustments to their outreach techniques. VHA Handbook 1330.02 states VISN-level staff support should be available for data analysis and project implementation. The WVPM should be working with the VISN coordinator to develop a rubric for event success and an outreach database. Also, when women veterans enroll at the FHCC, the WVPM should send a letter welcoming them to the facility, provide her contact information and ask at which event they were enrolled and to provide

feedback on their enrollment process

Challenge 3: Lack of education during the time of transition from DoD into VA system of care

Recommendation: Have the WVPM speak with personnel who run the transition programs in order to disseminate benefits and programs available to women veterans

Challenge 4: Women veterans awareness & perception

In general, women do not see themselves as veterans and are not aware of their veteran benefits. This combines with the perception that VA is an all-male system of care, creating a culture that puts up a barrier for women veterans to access care from the VA.

Recommendation: The facility should develop program initiatives to increase the awareness of women veterans in the community. This could include, but is not limited to, a women veterans hall of fame, modification to the Clothesline Project for MST, using VSOs to disseminate information and/or working with the DoD to have specific information about services provided by the VA to women veterans

Challenge 5: Lack of extended hours

The facility has a lack of extended or flexible hours for women veterans appointments in the early morning, late afternoons or weekends. VHA issued Directive 2013-001, "Extended Hours Access for Veterans Requiring Primary Care Including Women's Health and Mental Health Services at Department of Veterans Affairs Medical Centers and Selected Community Based Outpatient Clinics." This directive requires VHA medical center and CBOCs that treat more than 10,000 unique veterans per year must provide access to a full range of primary care services, including women's health and mental health general outpatient services that extend beyond regular business hours at least once on weekdays and once every weekend, at times and venues that match demand and expectations. There must be at least one session (minimum two hours) of service offered during the extended hours

Recommendation: No recommendation for the facility

Challenge 6: Lack of child care for veterans during medical appointments

The Medical Center does not offer child care services. While this is not a barrier for veterans obtaining care, it may pose barriers for veteran when reporting for an appointment. At this time, VHA is piloting a child care program at three VAMCs (Buffalo, N.Y.; Northport, N.Y. and Tacoma, Wash.). The pilot program will allow VHA to assess the feasibility and advisability of providing assistance for child care to qualified veterans receiving VA care. The pilot program began on Oct. 3, 2011, and is authorized to operate for two years. All pilot sites are required to close

their child care programs on Oct.r 2, 2013. The VA secretary will submit a report on the findings and outcomes of this pilot program to Congress on or before April 2, 2014.

Recommendation: No recommendation

Challenge 7: Lack of residential or treatment program for MST, PTSD, or homelessness

There is not a women-specific residential and/or treatment programs for MST, PTSD or homeless veterans at either the facility or within the VISN.

Recommendation: The facility should look at opportunities, either at their site or within the VISN, to provide residential care for women veterans (e.g. for treatment of PTSD, MST and homelessness).

Challenge 8: MST screening

One of the primary challenges with women veterans and MST screening is that the screening is only done when a veteran first enters the VA system. Many veterans may not indentify with having a MST, especially in a new health-care system.

Recommendation: The facility should set up clinical reminders to ask at medical appointments after the initial screening as they enter the VA system.

Challenge 9: Lack of differentiation for HUD-VASH vouchers

HUD-VASH vouchers are not specifically designated for male or women veterans with children,which makes placement of these cases difficult and forces the facility to rely on the local community assistance



JAMES A. HALEY VETERANS' HOSPITAL | TAMPA, FL

Date: January 8-9, 2013

National Task Force Member: Vickie Smith-Dikes

Senior National Field Service Representative: Warren J. Goldstein

Overview

The James A. Haley Veterans' Hospital (JAHVH) is a Level 1 VA polytrauma center that serves a population of approximately 220,000 veterans throughout the four counties of west central Florida. The JAHVH is one of seven VA medical centers (VAMC) located within the VA Sunshine Health Care Veterans Integrated Services Network (VISN 8). In order to meet the increased needs for its veteran population, the JAHVH has one outpatient clinic and three community-based outpatient clinics (CBOCs) in close proximity to the medical center that offer primary and mental health care treatments for their enrolled veterans.

The JAHVH provides its enrolled veterans comprehensive primary care, surgical/specialty medical, mental health, rehabilitative and long-term care services through its variety of inpatient and outpatient health-care treatment programs. The JAHVH overall budget for fiscal year (FY) 2011 was \$763.4 million. The budget for FY2012 was \$789.6 million, an increase of approximately \$26 million from FY 2011. The executive leadership and the medical center stated that with the current budget, there has not been any staffing, outreach or budget constraints placed on women veterans programs. The current budget is also adequate enough for recruiting and the physical plant modifications necessary to support the women's health program and address all the privacy needs for women veterans.

In 1992, the JAHVH was of the first VAMCs in the country to create a dedicated women veterans comprehensive health center (WVCHC) and has been leading the way ever since. The WVCHC has rapidly grown from initially having a staff of eight to currently having 26 health-care workers, including a female medical director, female physicians, psychologists, psychiatrists, nurses, social workers, gynecologists (male and female), health administration personnel, a dietician and a pharmacist. The JAHVH also has onsite medical services for mammography, mineral densitometry, military sexual counseling, infertility services, a breast clinic and emergency gynecological services through the emergency department.

In early 2014, the JAHVH will open a new ambulatory care facility located approximately 10 minutes from the medical center that will include a 10,000 square foot WVCHC. The new WVCHC will have separate women's veterans' health center entrance that includes several treatment rooms, group therapy rooms, education and training rooms, dedicated waiting areas separate from male patients seeking medical care and treat-

ment, and a children's waiting area.

The JAHVH supports its women veterans at the medical center and CBOCs by having a designated Model 1 general primary care clinic for women veterans in which women veterans are incorporated into the women health primary care physician panel and seen within a general gender-specific neutral primary care clinic. The JAHVH also provides an option to its enrolled women veterans by having a designated Model 3 stand-alone women veteran's comprehensive health center that provides comprehensive primary care services to women veterans in an exclusive space. The Model 3 WVCHC at the JAHVH has a interdisciplinary team and four patient-aligned care teams (PACT) that offers their enrolled women veterans gender-specific care in primary care, gynecology, psychiatry, psychology, social work, nutritional assessment and counseling, nursing services, nursing case management for primary care, and gynecology and health administration services.

There are approximately 7,300 women veterans enrolled at the JAHVH, roughly 41 percent of the more than 18,000 women veterans within the JAHVH catchment area. In FY 2011, there were 6,244 unique visits and more than 6,700 unique visits in FY 2012 by women veterans receiving their health care at the JAHVH and its associated CBOCs.

Women Veterans Program Manager

The JAHVH women veterans program provides comprehensive gender-specific health care within the primary care clinic and in the women's comprehensive health center, including wellness care, acute care, screenings for cancer, breast care, menopause care, gynecology care, mental health services, military sexual trauma care, telehealth care, and fee-based maternity and newborn care. The current JAHVH Women Veterans Program Manager (WVPM) is a full-time coordinator and has been in the position since 2009. Under her leadership the women's veterans' health-care programs at the medical center have drastically and continuously improved. The WVPM at the medical center is a dedicated non-clinical manager with no additional collateral duties and reports directly to the medical center's chief of staff. The WVPM coordinates access and provides outreach to the highest level of health-care services that the JAHVH and its associated CBOCs offer to women veterans.

The WVPM roles and responsibilities at the Salem VAMC and as-

sociated CBOCs include participating in environmental rounds to see if the physical environment is conducive to women veterans – including reviewing of all plans for newly constructed areas in order to identify privacy deficiencies – as well as to provide advice on the appropriate medical equipment that meets the needs of women veterans. The WVPM also serves on committees and sub-committees as directed by the chief of staff. The WVPM has strong relationships and partnerships with the Operation Enduring Freedom, Operation Iraqi Freedom and Operation New Dawn coordinators; MST and Homeless Veterans Coordinators for the benefit of conducting and participating in joint outreach activities and to promote and develop educational programs for health-care providers and women veterans residing in their catchment area. The WVPM at the JAHVH has no direct responsibility for performing outreach events at the JAHVH; that responsibility lies with the outreach programs coordinator, though the WVPM does assist and consult as needed.

Recently, the JAHVH has developed a proposal to create a women’s health mini-residency curriculum for 30 emergency medicine providers from three VA medical facilities in VISN 8. The emergency medicine providers will be trained in emergency women’s health. The women’s health mini-residency came about due to the steadily increased number of women veterans that obtain their health care at the JAHVH.

The goal the WVPM has established for the women veterans health-care program is to ultimately increase enrollment for women veterans within their catchment area by assisting them with access for their health care at the JAHVH. The goals that the WVPM has established for the outreach efforts to women veterans is ultimately to increase the awareness about women veterans health care and other VA benefits, encourage women veterans to enroll in VA health care, assist veterans with filling out the necessary forms and answering questions as needed from women veterans.

The WVPM is also the chairperson for the medical center’s active 28-member women veteran’s health-care advisory committee (WVHAC). The multi-disciplinary WVHAC serves as an advisory body to the executive leadership team in all issues and matters effecting women veterans health-care needs. The committee also has five non-employees who are women veterans receiving their health care at the JAHVH to act as representatives from the community. The 17 male and female veterans who sit on the committee represent 31 percent of the WVHAC.



Business Office/ Enrollment

The mission of the business and enrollment office is to enroll eligible veterans into the VA health-care system, provide Non-VA Care Coordination (NVCC) and beneficiary travel reimbursement, and participate in outreach events involving the health-care system.

In FY 2011, the medical center reported there were 212,644 veterans, including approximately 9,000 women veterans, residing in four counties of west central Florida. In FY 2011, there were 7,340 enrolled women veterans and 7,884 in FY 2012 enrolled at the JAHVH and associated CBOCs. The gender-specific medical care purchased in the community and/or available through the NVACC program includes gynecologic oncology, maternity and newborn infant care. In FY 2011, there were 19,533 unique



outpatient visits by women veterans; in FY 2012, there were 6,463 unique women veterans users, 20,175 unique outpatient visits, an increase of 3.2 percent from FY 2011.

In FY 2011, the JAHVH spent \$3.7 million and in FY 2012 \$3.540 million on women veterans fee-basis inpatient, inpatient ancillary and outpatient medical services in the community. The JAHVH's approval process for fee basis and/or non-VA purchased health care is to initially request them as NVCC consultations, which is entered by the veterans' VA health-care provider.

Mental Health

The JAHVH has a specialized mental health department with five mental health providers imbedded within the women veterans comprehensive health center to serve the mental, social and psychological needs of its enrolled women veteran population. The JAHVH provides 24-7 mental health consultation, evaluation and treatment for its women veterans in an inpatient and/or outpatient setting. The JAHVH mental health treatments offered to women veterans are the same as their enrolled male veterans. Women veterans who receive mental health treatments at the medical center are given the option of seeing a male or a female provider to receive their mental health treatments. In FY 2012, the JAHVH had 41,891 women veteran mental health encounters and 1,542 unique female veterans seen in mental clinics.

Women veterans at the JAHVH are provided the same evidence-based mental health treatments as their male counterparts, including prolonged exposure therapy (PET) and cognitive behavioral therapy (CBT) treatments for post-traumatic stress disorder (PTSD) and military sexual trauma (MST). The mental health leadership staff indicated that the outcomes are no different between women and male veterans in the treatment and recovery process. The mental health providers receive formal training sessions in CBT and PET and are required to complete online MST training. The providers are encouraged to participate in national consultation calls when the topic concerns the unique needs of the enrolled women veterans.

Women veterans at the JAHVH receive mental health treatments that specifically focus and address their unique physical and health, sexuality, child rearing and relationship needs. The mental health department reported that 80 percent of its enrolled women veterans receiving mental health treatment through the PTSD program have been diagnosed with PTSD. The general service number was reported as being around 30 percent.

Military Sexual Trauma Coordinator

JAHVH has a specialized military sexual trauma (MST) program that includes a 40-bed unit with nine beds dedicated to women veterans. The MST clinic also incorporates a PTSD

clinic to effectively and efficiently treat women veterans who have experienced the traumas of MST. There have been 6,495 women veteran encounters that needed MST treatments and therapies. Seventy percent of the patients that need MST treatments and therapies are women veterans. The JAHVH has a full-time MST coordinator, a full-time MST provider at the medical center and a full-time MST coordinator at the Port Richey and Lakeland CBOCs. The MST program coordinators at the medical center and CBOCs provide clinical care, monitor MST-related issues, perform informational outreach related to MST counseling, care and services, and provide an alternative option of having a male and/or female therapist for veterans who experienced MST.

In FY 2011, the main facility reported 54.1 percent of women and 44.3 percent of men who tested positive for an MST screen has also had a mental health encounter. In FY2012, 66.8 percent of its enrolled women veterans treated through the mental health department reported experiencing MST. If a male and/or female veteran tests positive for MST, the primary care provider will forward the MST provider a consult to be seen in the PTSD clinic. The JAHVH mental health department has hired staff that is experienced and has had successful outcomes with PTSD, MST and evidence-based treatment therapies.

The role of the MST program coordinator at the JAHVH is to serve as a point person for all MST issues and concerns that take place throughout the medical center. The MST program coordinator and staff at the JAHVH have implemented a successful training program through their Talent Management System (TMS), mandated in FY2012, to train mental health and primary care clinicians on MST and health-care related issues. The MST program provides training at least once annually to staff and patients regarding MST, eligibility, obtaining care, and providing information on essential and available veteran health care. During this past year the MST program coordinator and staff have extended their MST training to include health administrative staff employees, as they are the front-line people often making initial contact with the veterans.

A major reason why the mental health providers are satisfied treating veterans at the JAHVH who have experienced MST treatment is because they do not feel pressured and/or forced by the administrative staff to treat their patients in any specific and/or administrative fashion.

Homeless Veterans Coordinator

The homeless veterans' services program at the JAHVH serves eligible veterans and veterans with families at risk of homelessness and those veterans that are experiencing short-term homelessness in the four counties that are served by the medical cen-

ter. The JAHVH's mission is to collaborate and work diligently towards ending homelessness in their catchment area through outreach, referrals for health care benefits and community resources and supported services.

In 2000, the JAHVH started a pilot homeless women veterans' program (HWVP) to study women veterans transitioning out of the military who end homeless within its catchment area. Since the inception of the HWVP, there have been more than 450 female veterans enrolled in the program and receiving services and assistance offered by the program. However, an additional 350 female veterans have reached out to make the initial contact to inquire about the program's offered services. Currently, there are 40 female veterans, including 25 children, in the homeless women veterans program.

As a result of its findings, the JAHVH established a women veteran's homeless program. The medical center hired a full-time women veterans Homeless Veterans Coordinator and case manager dedicated to assist women veterans and their children access safe and adequate housing, coordinating services and assisting them in maintaining stability by increasing their quality of life so they can start to live independent successful lives. It was discovered that one-third of women veterans that were homeless have experienced MST.

In FY 2012, the medical center stated that there were an estimated 600 homeless veterans within the JAHVH catchment area; 300 were homeless women veterans residing in Hillsborough County, the county seat for the city of Tampa. The women's veterans Homeless Veterans Coordinator stated that one-third of the women veterans homeless in the Tampa area have children.

In early 2012, the JAHVH created the homeless patient-aligned care team (HPACT) clinic to see homeless veterans in a scheduled appointment or as walk-in. The HPACT clinic currently has a panel size of 139 veterans, and there have been 275 unique visits that took place in the clinic. The JAHVH homeless veteran's clinic identified 89 homeless and at-risk veterans in the third quarter of FY 2012, bringing the total to 322 veterans who can be referred to housing and preventive services.

In fiscal 2012, the WVHP partnered with several departments in outreach events to provide homeless female veterans with needed assistance. This includes assistance for supportive housing, community agencies that target homeless women veterans, providing resources to maintain housing and residence, and available mental health and primary care treatments. The JAHVH partners with several organizations in the Tampa metropolitan area focused on assisting homeless female veterans and female veterans with children, including Tampa Crossroads, Rosewood Manor and the Athena House.

Suicide Prevention Coordinator

The JAHVH suicide prevention program has a full-time suicide prevention coordinator. The responsibilities of the suicide prevention coordinator are to track suicide attempts and completions for the purpose of establishing trends and research purposes, and perform system-wide suicide prevention education to VA employees, as well as veterans' families. Other duties and responsibilities include recognizing and responding to suicide risks, assist and coordinate mental health treatment, establish relationships with the providers within the healthcare system, perform outreach and establish community partnerships and respond to veteran consults that come from the Veterans Crisis Line.

In FY 2011, the JAHVH had 171 suicide attempts by veterans, 21 of which were women veterans. In FY 2012, the JAHVH had a total of 25 women veterans out of the 165 overall documented suicide attempts within the catchment area. None of the suicide attempts from FY 2011 and 2012 were successful. The suicide prevention coordinator and mental health staff have not detected any trends regarding suicide and women veterans.

Patient Advocate

The JAHVH has four full-time, highly skilled non-veteran patient advocates, a receptionist and greeters at all entrances that are eager to help with veterans' issues and concerns. The patient advocacy staff is responsible for all of the issues and concerns that involve the medical center and the four associated CBOCs. The goals established by the patient advocacy department are to focus on becoming more patient-centered, and to evaluate trends that will ultimately improve the effectiveness and efficiency of the department.

The four patient advocates have approximately 200 cases with a 3-4 day turnaround for a resolution. A monthly service report is developed by the patient advocacy manager and sent out to the executive leadership team, service chiefs, administrative officers, health service administrative staff, deputy directors at the medical center and CBOC customer service liaisons so the results can be reviewed with staff. Management uses this information and feedback to capture improvements, share best practices and show continuous learning in ways to improve the overall customer experiences. In order to improve the overall veteran experience that occurs at the medical center and CBOCs, the medical center director has opened the lines of communication between the medical center staff and the veteran by conducting town hall meetings on a quarterly basis to address veterans' issues and concerns, and to keep the veteran informed of medical center news. The executive leadership team often makes rounds around the medical center and CBOCs to meet and greet veterans, and to make themselves available to address any concerns that they might have.



Veteran Town Hall

The women veteran health care town hall meeting took place at American Legion Post 111 in Tampa on Jan. 7, 2013. The veteran's tin attendance at the town hall meeting stated that they had received excellent health-care services at the JAHVH. It was stated that when veterans make recommendations on how to improve services, they are easily accepted. The director of the medical center is easy to talk to and continuously asks women veterans for their input on how to improve their overall health care experiences and the women's health-care programs at the medical center.

Best Practices

The JAHVH has demonstrated that they have several best practices throughout the medical center. Some of the best practices regarding women veterans' health care identified were:

- Comprehensive women veterans breast clinic and imaging center on-site.
- Peer support program for women veterans within the MST program.
- Gynecological surgeon to perform gender specific surgeries.
- The WVPM co-manages the health care for its enrolled women veteran in regards to enrollment and medical treatment for easy transitions.
- Women's health mini-residency program for emergency medicine providers to be trained in women gender-specific health care.
- Mental health provider available in the emergency room to provide 24-hour mental health care and treatment.
- Full-time women veterans homeless program coordinator and case manager to assist women veteran in their catchment area
- Designated PACT clinic to meet the health-care needs of homeless veterans

Facility Challenges & Recommendations

Challenge 1: The challenge not for the JAHVH, but for the entire VA health-care system, is women not feeling and/or being treated like they are veterans from staff and/or from their male counterparts.

Recommendation: The JAHVH needs to provide sensitivity/culture training to its employees so they treat all veterans equally and fairly. This can be done during new employee orientation, competency training and monthly staff meeting/trainings.

Challenge 2: The literature of health-care programs that the medical center is provided by the VA is male veteran-friendly. Most of the VA brochures have no images of women veterans

within the literature, which ultimately does not show VA is friendly towards all veterans.

Recommendation: The Department of Veterans Affairs needs to represent all veterans equally in all of its health-care advertising and literature that gets distributed throughout A and to its stakeholders

Challenge 3: Currently, the JAHVH has no established customer service and/or customer relations training program that is gender-specific, including the medical center and CBOCs, in order for staff to improve their customer service and/or customer relations skills toward women veterans.

Recommendation: The medical center needs to offer customer service and/or customer relations training, either in new employee orientation and/or conducting on-site customer service/customer relations-related classes so the staff has the opportunity to improve their customer service/relations skills and knowledge in order to better serve their customers.

Challenge 4: Currently, the medical center has challenges with finding hospitals in the area that will accept fee-basis for maternity care services because VA is required to use the Medicare reimbursement rate. VA regulations 38 C.F.R. 17.55, Payment for Authorized Public or Private Hospital Care," paragraph(k) **states:** Notwithstanding other provisions of this section, VA, for public or private hospital care covered by this section, will pay the lesser of the amount determined under paragraphs (a) through (j) of this section or the amount negotiated with the hospital or its agent.

Recommendation: The medical center should follow-up with the Chief Business Office Purchase Care Office to clarify whether it can negotiate paying a higher rate than the current Medicare rate.

Challenge 5: The MST coordinator and WVPM are not involved in new employee orientation, so women veteran education and information are not presented to new hospital employees

Recommendation: The medical center needs to incorporate the MST coordinator and WVPM in new employee orientation and trainings so all new employees can receive the education and information from these programs.

Challenge 6: The women health center is moving to the ambulatory care center located approximately 10 minutes away from the medical center, causing women veterans to drive back to the hospital for the imaging services and needed treatments

Recommendation: The medical center needs to make it more convenient for its enrolled veterans by providing transportation options for those veterans needing to go back to the medical center for follow-up health-care treatment and services.

ERIE VA MEDICAL CENTER | ERIE, PA

Date: January 15-16, 2013

National Task Force Member: R. Mike Suter

Senior National Field Service Representative: Roscoe Butler



Overview:

The Department of Veterans Affairs Erie VA Medical Center (VAMC) in Erie, Pa., offers 22 operating beds with general medical, intermediate and mental health beds, and a 39-bed nursing home unit. The Erie VAMC serves approximately 61,224 veterans in its catchment area in eight counties and is part of the Veterans Integrated Service Network (VISN) 4, which includes facilities in Clarksburg, W.Va.; and Altoona Coatesville, Lebanon, Philadelphia, Butler, Pittsburg and Wilkes-Barre, Pa. The Erie VAMC includes five community-based outpatient clinics (CBOCs): Ashtabula County VA Clinic in Ashtabula, Ohio; Crawford County Primary Care Clinic in Meadville, Pa.; McKean County Primary Care Clinic in Bradford, Pa.; Venango County VA Clinic in Franklin, Pa.; and Warren CBOC in Warren, Pa.

The Erie VAMC provides health care to approximately 24,944 enrolled veterans. The facility overall budget for fiscal year (FY) 2011 was \$118 million and in FY 2012 it was \$125, an increase of \$7 million.

The Erie VAMC has a Model 1 Women's Clinic. There are 4,332 women veterans in the catchment area, and 1,279 women veterans enrolled in the Erie VAMC, which is 5.1 percent of the

enrolled veterans at the medical center. In FY 2011 there were 22,185 outpatient visits by women veterans; in FY 2012, there were 989 unique women veterans users, and 2,271 outpatient visits, an increase of 9 percent from FY 2011. The medical center has not collected data to assess any benefit from offering child care services at the medical center. Executive leadership is waiting on additional guidance from VA Central Office concerning child care services.

Women Veterans Program Manager

The Erie VAMC women veterans program is staffed by a full-time and a .5 employee. The Women Veteran Program Manager (WVPM) is a full-time position. Each CBOC has a women veteran liaison responsible for assisting the WVPM in carrying out the mission of the program.

At the Erie VAMC, women's health care is integrated in the medical center's primary care Patient Aligned Care Team (PACT), allowing all staff members' and clinicians' involvement in their health care. Primary care appointments are typically 20 minutes; however, efforts are underway to increase the duration of appointments from 20 minutes to 30 minutes for established patients and 60 minutes for new patients. The



women veterans program has received community recognition from various task forces (i.e. Maternal Child Health-Erie County, Domestic Violence Prevention, and Lectures) and has presented at local community outreach events. The program also was highlighted at the congressional press conference to announce the opening of the women veterans transitional housing program. The medical center offers a variety of services for women veterans to include a womens-only PTSD group and a women veterans support group. Behavioral Health and Radiology offer expanded hours, as well as weekend appointments. The PACT teams plans to implement expanded hours and weekend appointments in fiscal 2013.

Business Office/ Enrollment

The Erie VAMC Business Office is responsible for medical records, enrollment, fee basis and the medical administrative assistants. Per the Business Office manager, data on women veterans purchased care services for fiscal 2011 and 2012 was not available. Women health-care services that are currently purchased in the community includes obstetrics care, mammograms, breast magnetic resonance imaging, transvaginal ultrasound, breast ultrasound and breast biopsies. These services are within five miles of the Erie VAMC. All CBOCs perform all gender-specific routine gynecology care. In addition, CBOC female patients can either come to Erie for the contracted services described or be authorized for non-VA care in their local area. Advanced gynecology is either authorized to non-VA care in their local area or performed at the VA Pittsburgh HCS or Buffalo VAMC.

It is the hospital's policy to not accept TRICARE for Life and Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) patients. The Business Office manager raised concerns that there are occasions when these veterans, as well as ¹Priority Category 8g veterans, are scheduled outpatient clinic appointments. The medical center's executive leadership has tasked the Business Office manager with developing an action plan to address this issue.

Mental Health

In FY 2012, the Erie VAMC had 438 unique women veterans in behavior health. Outpatient services available to women veterans at the medical center are: individual and group therapy, medication management, psychosocial rehabilitation and recovery, substance abuse counseling, compensated work therapy, homeless services, primary care/health integration,

peer counseling and opiate replacement therapy. Outpatient services offered at the CBOCs include individual therapy, substance abuse counseling, homeless services and medication management; certain veterans may be eligible for intensive case management. On April 16, 2012, VA announced hiring 1,600 mental health clinicians, including nurses, psychiatrists, psychologists and social workers, as well as nearly 300 support staff. The Erie VAMC received word it is to receive 16 new mental health positions. Additionally, the medical center is constructing a new stand-alone behavior health clinic on the grounds of the medical center.

The behavior health leadership team was apprised of the concerns addressed at the town hall meeting about behavior health services and will look into whether there is an issues with the physical lay out of the examination room.

Military Sexual Trauma Coordinator

At the Erie VAMC, 100 percent of mental health and primary care clinicians have taken the new military sexual trauma (MST) training in the Talent Management System (TMS). There are no speciality MST/sexual trauma residential and inpatient programs available at the medical center or in VISN 4. Female veterans requesting MST residential treatment are referred to either Salem, Va., Bay Pines, Fla., or Batavia, N.Y., VAMCs.

Homeless Veterans Coordinator

The Erie VAMC has received 90 vouchers from the Department of Housing and Urban Development (HUD). All 90 vouchers have been issued to veterans, with 83 veterans currently housed in the HUD/VASH program and seven veterans currently seeking housing. Of this number, 18 are women veterans. At the time of the site visit, the medical center had a waiting list of seven veterans.

The homeless program coordinator was unable to tell us the number of homeless veterans residing in the medical center catchment area. The Erie VAMC does not participate in homeless stand down events. Stand downs are one part of VA's efforts to provide services to homeless veterans. Stand downs are typically one- to three-day events providing services to homeless veterans, such as food, shelter, clothing, health screenings, VA and Social Security benefits counseling, and referrals to a variety of other necessary services, including housing, employment and substance abuse treatment. Stand downs are collaborative events coordinated between local VAs, other government agencies and community agencies who serve the homeless.

Information on homeless veterans is obtained through HUD's point-in-time count of homeless veterans. One challenge raised

¹ On September 16, 2003, the Department of Veterans Affairs Secretary published regulations announcing that unless changed by another rule making document, VA will no longer accept priority category 8g veterans.

was past reports did not require individuals to identify if they are veterans. Effective this year, individuals will be required to identify if they are a veteran or not.

Suicide Prevention Coordinator

The Suicide Prevention Coordinator provides suicide prevention training (Operation S.A.V.E.) twice a month. Operation S.A.V.E. stands for **S**igns of suicidal thinking should be recognized, **A**sk the most important question of all, **V**alidate the Veteran’s experience, and **E**ncourage treatment and **E**xpedite getting help. This training provides staff with a general understanding of the scope of suicide within the United States, how to identify a veteran that may be at risk for suicide and what to do when a veteran at risk has been identified.

Facility Manager & Environment of Care (EOC)

Facility management conducts weekly EOC rounds and conducts a monthly EOC committee meeting. Approximately half of the 22 inpatient beds are private or semi-private rooms. The medical center has four beds dedicated for women veterans; however, the medical center does not have separate showers for women veterans. To ensure access to showers is monitored, they are controlled by a card reader installed on each shower. Access is controlled by the charge nurse.

Veteran Town Hall Meeting

On Jan. 14, 2013, system Worth Saving Task Force member R. Mike Suter and Roscoe Butler, National Field Service Representative, conducted a town hall meeting at American Legion Post 571 in Erie, Pa. The purpose of the town hall meeting was to discuss access and quality of health care provided to women veterans at the Erie VAMC. Approximately seven veterans were in attendance, including American Legion Past National Commander Ronald Conley; Glenn Kennedy, Erie’s County Council Commander; and W. J. Sandell, national chairman, Veteran’s Preference, Economic Commission, Department of Pennsylvania, The American Legion.

Everyone in attendance praised the medical center for the primary care provided. However, several women veterans raised concerns about behavior health services. One women veteran who indicated she has PTSD felt some of the examination rooms are problematic. When she reported for a Compensation & Pension examination she had to sit across the exam room, with the examination table in the middle, while the doctor sat close to the door. The concern raised was the clinician was a male, and the patient felt closed-in without having a safe exit out of the exam room. Another concern was related to having a separate waiting room in behavior health for women veterans.

Best Practices

In 2012, the Erie VAMC was one of 19 VAMCs recognized by the Joint Commission as a Top Performer on Key Quality Measures for 2011-2012. The Erie VAMC was recognized as a top performer based on the commission’s review of evidence-based care processes that are closely linked to positive patient outcomes. This is the second consecutive year the Erie VAMC has received this recognition.

Facility Challenges & Recommendations

Challenge 1: Child care services are not offered at the Erie VA Medical Center.

The medical center does not offer child care services. While this is not a barrier for veterans obtaining care, it may pose barriers for veteran when reporting for an appointment. At this time, VHA is piloting a child care program at three VAMCs (Buffalo, N.Y.; Northport, N.Y.; and Tacoma, Wash.). The pilot program will allow VHA to assess the feasibility and advisability of providing assistance for child care to qualified veterans receiving VA care. The pilot program began on Oct. 3, 2011, and is authorized to operate for two years. All pilot sites are required to close their child care programs on Oct. 2, 2013. The VA secretary is to submit a report on the findings and outcomes of this pilot program to Congress on or before April 2, 2014.

Recommendation: No recommendation

Challenge 2: Women veterans diagnosed with PTSD or MST expressed concerns that the examination room for Compensation & Pension Examination are not set up correctly.

When they enter the exam room, they are required to sit furthest from the door. Since they have not overcome their MST experience, this can create an uncomfortable situation for these women veterans.

Challenge 3: There are seven veterans on the HUD/VASH waiting list who do not have vouchers.

Recommendation: The executive leadership team should task the Homeless Veterans Coordinator with securing additional vouchers to accommodate those veterans on the waiting list and develop an action plan for obtaining additional vouchers to meet the needs of homeless veterans in FY 2013.

Challenge 4: Fee-basis expenditures on women veterans gender-specific services are not available.

Recommendation: The executive leadership team should require the Business Office manager to track women veterans gender-specific fee-basis expenditures.



CARL VINSON VA MEDICAL CENTER | DUBLIN, GA

Date: January 29-30, 2013

National Task Force Member: PNC Paul Morin

Senior National Field Service Representative: Roscoe Butler



Overview

The Department of Veterans Affairs (VA) Carl Vinson VA Medical Center (VAMC) is a 22-bed acute care medical center with 300 nursing home beds and a 145-bed Domiciliary Care program that includes the homeless veterans program. In addition to the services available at the medical center, primary care and mental health services are provided at five community-based outpatient clinics (CBOCs) located in Albany, Brunswick, Macon, Milledgeville and Perry. The Carl Vinson VAMC serves approximately 100,000 veterans in its catchment area and is part of Veterans Integrated Service Network (VISN) 7; this includes VAMCs and outpatient clinics in Alabama, Georgia and South Carolina. The facility's overall budget for fiscal year (FY) 2011 was \$162,932,938, FY 2012 was \$190,260,779 and FY 2013 is \$192,820,424 (an increase of \$2,559,645 over FY 2012).

The Carl Vinson VAMC has a Model 1 Womens Clinic (WC). There are 15,384 women veterans in the catchment area, 6,695 of which are veterans in the Carl Vinson VAMC, which is 10.124 percent of the 66,125 enrolled veterans at the medical center.

In FY 2011 there were 3,160 unique outpatient visits by women veterans; in FY 2012, there were 2,784 unique women veterans users, and 3,354 unique outpatient visits, an increase of 5.7 from FY 2011.

Women Veterans Program Manager

The Carl Vinson VAMC Women Veterans Program is staffed by a full-time Women Veterans Program Manager (WVPM). While the position is full-time, the Carl Vinson WVPM is assigned collateral duties that include serving as the facility mammogram coordinator. VHA Handbook 1330.02 requires each facility to have a full-time WVPM without collateral assignments. The current practice at the Carl Vinson VAMC is for the WVPM and clinical nurse to follow and track all mammograms at the parent facility and CBOCs to ensure timely follow-up with notification of results and any additional exams that may require further testing. As a performance improvement, a new process will soon be implemented to begin better tracking of exams utilizing the radiology package. Under this new process, all mammograms results will come to the women's health clinic instead of going to fee-basis. This will eliminate having to wait for someone to scan the results into VA's Computerized Patient Record System and notify the WHC when results are abnormal or need additional testing. The medical center believes this change will institute a better process and prevent anyone from falling through the cracks, as well as support the changes made as a result of the new National Clinical Practice guidelines. In discussing this change with the WVPM, there was a mutual concern that adding this collateral duty may considerably increase her duties, and restrict her from other duties such as women veterans outreach initia-

tives and face-to-face visitations with women veterans. Therefore, this performance improvement should only be done if it is in the best interest of the women veterans program.

Each CBOC has a women veteran liaison who is responsible for assisting the WVPM in carrying out the mission of the program. The Carl Vinson VAMC has a Model 1 Womens Clinic, that has no mental health provider assigned to it. While this is not a requirement, and no issues or problems were identified, having a mental health provider assigned to the clinic may be of some benefit as a crisis intervention measure.

The WVPM participated in the following outreach activities in FY 2011: Healthy Start and Women in Need of God’s Shelter (WINGS), Girl Scout Parent Forum, Breast Cancer Awareness, health fairs and military stand downs. In FY 2012, the MVPM participated in Community Blueprint Network, Volunteer Macon, VFW Post 9709, Alpha Kappa Alpha Sorority, Girl Scouts Patent Group, Healthy Start, WINGS, new employee orientation, new patient orientation, health fair and awareness programs and Women History Month event. In FY 2013, the WVPM will continue to collaborate with other programs to promote women veterans health, such as Operation Enduring Freedom and other VA and community initiatives. In the Women Model 1 Clinic, we did not find any health privacy issues or concerns. Currently, the medical center is tracking the following access and quality of care measures.

| Quality of Care Measure | FY 2012 Target | Score |
|--|-----------------------|--------------|
| Women aged 21-64 screened for cervical cancer | 94 % | 94.91 % |
| Women age 50-69 screened for Breast Cancer (output) | 87 % | 94 % |
| Women with IHDLLID-c<100 or Women with Diabetes HbA1c> | 55 % | 67 % |
| 9 or not done in past year | 79 % | 56.3 % |

Business Office/ Enrollment

The Carl Vinson VAMC Business Office is responsible for eligibility, fee-basis, medical records, mail room and the administrative officers of the day. In FY 2011 and 2012, the medical

center spent the following on women veteran gender-specific services: Gynecological services – FY 2011 \$21,760.61, FY 2012 \$8,930.15; mammograms – FY 2011, \$80,840.42, FY 2012 \$88,035.46. In FY 2012, due to the loss of their part-time GYN, the medical center referred all women veterans to other VAMCs for GYN services.

Mental Health

The Carl Vinson VAMC has an energetic and motivated Mental Health Service Line director who has been at the center since July 2, 2012, and has made a number of positive improvements since his appointment to the position. The medical center provides residential treatment for Post-Traumatic Stress Disorder (PTSD), military sexual trauma (MST), substance abuse and homelessness. Veterans are offered evidence-based treatments. Mental health services are also offered at the CBOCs and are staffed with mental health therapists and mental health medication providers. On an outpatient basis, veterans may receive treatment for any mental health disorder; therapy provided is evidence-based. They may be seen face to face or via telemedicine with providers at the Charleston, S.C., VAMC who offer evidence-based treatment. Women veterans who request mental health treatments are asked whether they wish to have a same- or opposite-sex therapist and are scheduled based on this request. Not every CBOC has male therapists, so if that is their preference, patients may be seen at the medical center in order to accommodate their request. They may also be seen by either gender via telemedicine.

Employees who treat women with PTSD have the opportunity to attend training to learn evidence-based treatments. They are also educated by the MST coordinator about the special needs and concerns of this population. All staff have to complete mandatory annual MST/PTSD training.

The Perry Clinic panel is full and cannot accept new patients. Mental Health currently has a 20-percent no-show rate average in all clinics. The PTSD Clinical Care Team (PCT), which is the outpatient PTSD program, has approximately 41 individuals on the Electronic Wait List (EWL). To address this issue, the Mental Health Service Line director has assigned a case worker to “scrub” the EWL by contacting these patients to see if they are still interested in receiving services. Additionally, until the wait list issue has been resolved, he has issued an order to the PCT provider to place many consults for tele-mental health PTSD services.



On April 16, 2012, VA announced it would hire 1,600 mental health clinicians, including nurses, psychiatrists, psychologists and social workers, as well as nearly 300 support staff. Of the 1,600 mental health clinicians (and 300 support staff positions) VA will be adding, the Carl Vinson VAMC is adding nine new positions.

As of Feb. 7, 2013, 103 patients were on a wait list to be admitted into their Mental Health Residential Treatment Program. The Mental Health Service Line director indicated that he is currently recruiting for several new positions to support the MHRRT, and hopes when the new staff is on board, they can begin addressing the MHRRT wait list issue.

Military Sexual Trauma Coordinator

At the Carl Vinson VAMC, 100 percent of mental health and primary care clinicians have taken the new military sexual trauma (MST) training in the Talent Management System (TMS). Seventy-five percent of women veterans receiving care at the Carl Vinson VAMC reported MST. In FY 2011, the center had the following percentages for veteran MST screenings: 222 female veterans screened positive (57 percent); 56 male veterans screened positive (45.9 percent). At least one MST-related mental health encounter was reported. As of the date of The American Legion visit, no MST patients were on any wait list.

Homeless Coordinator

The Carl Vinson VAMC has received 190 HUD vouchers from the Department of Housing and Urban Development. All 190 vouchers have been issued to veterans: 170 to male homeless veterans and 20 to homeless women veterans. The national performance measure is 88 percent; the Carl Vinson VAMC is currently at 82.6 percent. VISN 7 has required the medical center to be in compliance with the national standard by Sept. 30, 2013. Mental Health Services is in the process of hiring two new HUD/VASH staff and has developed a plan to bring the program in compliance before the deadline.

Suicide Prevention Coordinator

The Carl Vinson VAMC Suicide Prevention program is staffed by a full-time suicide prevention coordinator. While the coordinator has not been in her position very long, she is well-versed in the program. When discussing training needs, it was mentioned that clinical staff could benefit from a program offered by the American Association of Suicidology, titled Recognizing and Responding to Suicide Risk. Since 2008, the Carl Vinson VAMC had 23 women veteran suicide attempts within its catchment area; one attempt was fatal. Since 2008, the average number of female veterans who attempted suicide is 4.6 percent within the Carl Vinson VAMC area. In FY 2011, there were 26

attempts and in FY 2012 20 attempts. In FY 2011 and 2012, four women veterans attempted suicide each year.

Facility Manager & Environment of Care (EOC)

During the facility tour, upon our visit to nongender-specific clinics, we found a number of health environment privacy and security issues. Examination rooms for the green and blue teams did not have privacy curtains and, in some rooms, the examination tables were turned facing the door.

Veterans Town Hall Meeting

On January 28, 2013, VA&R Task Force member and American Legion Past National Commander Paul Morin and National Field Service Representative Roscoe Butler conducted a town hall meeting at American Legion Post 17 in Dublin, Ga. The purpose of the town hall meeting was to discuss access and quality of health care (positive or negative) that women veterans are experiencing at the Carl Vinson VAMC. Approximately 17 veterans were in attendance, including Bill Lienhop, Jr., commander, Department of Georgia, The American Legion; George Hogan, commander Post 17; Heather Silsa, junior vice commander; John W. Griffin, 6th District Post 6 commander; and Lynne Rollins, senior vice commander. Overall, veterans were pleased with the quality of care and access provided at the Carl Vinson VAMC. While there were no specific women veterans concerns raised, there was a concern raised about the potential downgrading of the emergency care department and closure of the intensive care unit.

Best Practices

The "Next Step of Care," which is a primary care discharge instruction sheet, was recognized by Booz Hamilton Allen as a best practice that showed great promise in advancing the women's health-care program to a higher level. It captures and conveys a short-term plan of care. It summarizes the care given during an outpatient visit, provides vital signs, height/weight/BMI (as compared to normal limits), lab results, pending consults, medication refills and next appointment information. The document has been well received, promoting a revised version that will provide instructions more closely aligned with patient-centered principles. Currently in the approval process, the proposed instructions will add health-care goals, patient preference for self and family involvement in care, and solicit a patient satisfaction rating.

Facility Challenges & Recommendations

Challenge 1: VHA Handbook 1330.02 outlines WVPM standards of professional performance. The standards require each facility to have a full-time WVPM without collateral assignments. Based on discussions with VHA's Chief Consultant,



Women’s Health Services, Office of Patient Care Services VA Central Office, the responsibility for entering non-VA mamogram results into the Computerized Patient Record falls under the Non-VA Medical Care Program office. Therefore assigning this collateral responsibility to the WVPM would be inconsistent with national policy.

Recommendation: The Carl Vinson VAMC’s executive leadership team should reevaluate the decision to move tracking of non-VA mamograms results from under the Non-VA Medical Care Program office to under the WVPM, and ensure their decision is consistent with national policy.

Challenge 2: The Women Health Clinic does not have a mental health provider assigned to it.

Recommendation: The Carl Vinson VAMC executive leadership team should evaluate whether women veterans would be better served if a mental health provider was assigned within the women clinic.

Challenge 3: The domiciliary program has 137 patients on a wait list.

Recommendation: The Carl Vinson VAMC executive leadership team should require the Mental Health Service Line director to establish an action plan to eliminate the wait list.

Challenge 4: A number of the Carl Vinson performance measures are not within national performance measure standards. An action plan is in place.

Recommendation: The Carl Vinson executive leadership team should continue to monitor any performance measure that falls outside of the national performance measures standards, and ensure they are brought into compliance as outlined in the medical center action plan.

Challenge 5: The domiciliary program only has 10 beds allocated for women veterans. This is 6.8 percent of the 145 dom beds allo-

cated at the center. There are 66,125 veterans enrolled at the medical center, of which 6,695 are women veterans (10.1 percent).

Recommendation: The Carl Vinson executive leadership should ensure there are adequate domiciliary beds to meet the needs of women veterans. Evaluate whether 10 domiciliary beds are adequate, or if additional domiciliary beds should be set aside to meet the needs of women veterans.

Challenge 6: VHA Handbook 1330.01, Health Care Services for Women Veterans, requires that privacy curtains are present in all examination rooms and that examination tables are placed with the foot facing away from the door. In a number of rooms on the green and blue teams, and the exam room in the CLC, there were no privacy curtains, and we observed that the exam tables were facing the door.

Recommendation: The Carl Vinson VAMC executive leadership team should take action to immediately correct these deficiencies, and bring all examination rooms into compliance with VHA privacy policy as outlined in VHA Handbook 1330.01.

Challenge 7: Lack of child care for veterans during medical appointments

The medical center does not offer child care services. While this is not a barrier for veterans obtaining care, it may pose barriers for veteran when reporting for an appointment. At this time, VHA is piloting a child care program at three VAMCs: Buffalo, N.Y.; Northport, N.Y.; and Tacoma, Wash. The pilot program will allow VHA to assess the feasibility and advisability of providing assistance for child care to qualified veterans receiving VA care. The pilot program began on Oct. 3, 2011, and is authorized to operate for two years. All pilot sites are required to close their child care programs on Oct. 2, 2013, after which VA secretary is to submit a report on the findings and outcomes of this pilot program to Congress on or before April 2, 2014.

Recommendation: No recommendation



SALEM VA MEDICAL CENTER | SALEM, VA

Date: February 12-13, 2013

National Task Force Member: R. Michael Suter

Senior National Field Service Representative: Warren J. Goldstein

Overview

The Salem Veterans Affairs Medical Center (VAMC) serves veterans throughout 26-counties of southwestern Virginia. The Salem VAMC is one of eight VAMCs located within the VA Mid-Atlantic Health Care Network Veterans Integrated Services Network (VISN) 6. In order to meet the increased needs for their veteran population, the Salem VAMC has five community based outpatient clinics (CBOCs) located in Lynchburg, Wytheville, Staunton, Danville and Tazewell that offer primary and mental health care treatments for their enrolled veterans.

The Salem VAMC provides its enrolled women veterans comprehensive primary care, surgical/specialty medical, mental health, rehabilitative and long-term care services through its variety of inpatient and outpatient health care treatment programs. The Salem VAMC's overall budget for fiscal year (FY) 2011 was \$213 million. The budget for FY 2012 was \$212 million, a decrease of \$1 million from FY 2011. However, the medical center stated that in FY 2013 there will be an increase of \$11 million as a result of general purpose funding. The executive leadership team stated that gynecological services for women's health has been captured in fund control point 034, which is a division of appropriated monies that are distributed to a specified service, activity and/or purpose. The Salem VAMC has also received special money for the construction of the women's health clinic to include the addition of a private entrance to the clinic.

The mission and goals of the Salem VAMC's women's health program are to increase the VA-wide initiative and to decrease and/or eliminate the gender gap in order to make the VA a leader across the country in the way it delivers women veterans health care. The Salem VAMC supports its enrolled women veterans at the medical center and their five associated CBOCs by having three designated models of how it delivers health care to women veterans. The Salem VAMC offers Model 1, 2 and 3 clinics for delivery of health care to women veterans.

In FY 2011, there were 117,473 veterans in the Salem VAMC catchment area, including 7,891 women veterans; in FY 2012 there were approximately 8,000 women veterans residing in the catchment area, approximately 7 percent of its market. There are 2,378 women veterans enrolled at the medical center and the associated CBOCs. In FY 2011, 1,748 women veterans received their health care at the Salem VAMC and its asso-

ciated CBOCs. By FY 2016, the medical center is projecting there will be 3,351 enrolled women veterans receiving their health care at its medical facilities. As a result of the projected increase of enrolled women veterans, the medical center has taken the initiative to hire a full-time gynecologist. This position will allow the medical center to reduce its fee-basis costs for gynecological services and to meet the gender-specific health-care needs of its women veteran's onsite.

Women Veterans Program Manager

The Women Veterans Program Manager (WVPM) at the Salem VAMC provides comprehensive gender-specific health care within the primary care clinic and in the women's comprehensive health center that includes wellness care, acute care, screenings for cancer, breast care, menopause care, gynecology care, mental health services, military sexual trauma (MST) care, telehealth care, and fee-based maternity and newborn care. The WVPM at the Salem VAMC is a full-time coordinator with no additional collateral duties and has been in the position since 2011. Under her leadership, the women's veterans' health care programs at the medical center have drastically and continuously improved. The WVPM is a registered nurse who has no clinical responsibilities and reports directly to the medical center's chief of staff. The WVPM coordinates access, and provides outreach for women veterans on behalf of the VAMC and associated network of CBOCs.

The WVPM roles and responsibilities at the Salem VAMC and associated CBOCs include participating in environmental rounds to see if the physical environment is conducive to women veterans – including reviewing of all plans for newly constructed areas in order to identify privacy deficiencies – as well as to provide advice on the appropriate medical equipment that meets the needs of women veterans. The WVPM has strong relationships and partnerships with the Operation Enduring Freedom, Operation Iraqi Freedom and Operation New Dawn coordinators; Homeless Veterans Coordinator; rural health coordinator; and the Beckley, W.Va., VAMC's WVPM for the benefit of conducting and participating in joint outreach activities and to promote and develop educational programs for health-care providers and women veterans residing in their catchment area. The WVPM's goal for the Salem VAMC women veterans' health-care program is to ultimately increase enrollment within their catchment area by assisting women veterans with access to the medical center.

The WVPM at the Salem VAMC is the chairperson for the medical center’s active 13 multi-disciplinary member women veterans advisory committee (WVAC). The WVAC also has the nurse executive and chief of staff, who represents the executive leadership team in order to ensure that there is effective communication from the committee to medical center leadership, and that the committees goals and actions are aligned with the facility’s and Veterans Health Administration strategic goals. The interdisciplinary WVAC serves as an advisory body to the medical center leadership and reports to the Executive Board of Clinical Affairs regarding all issues and matters effecting how the medical center delivers health care to their women veterans. The overall purpose of the WVAC at the medical center is to identify needs, and plan for and assess how the medical center delivers health care to its enrolled women veterans. The WVAC meets quarterly and examines systematic processes and quality improvement in order to enhance the overall women veterans’ experiences at the medical center and associated CBOCs.

Business Office/ Enrollment

The business and/or enrollment office at the Salem VAMC is part of the medical center’s health benefits center. The mission of the business office/enrollment office is to provide a “one-stop shop” for the following services to their veterans: enroll eligible veterans into the VA health-care system, provide fee-basis/Non-VA Care Coordination (NVACC) if services are not available at the medical center, track veterans mean testing, upgrade new demographic information, beneficiary travel reimbursement, and participate in the health-care center’s outreach events.

In FY 2012, the medical center reported there were 46,443 veterans, including 2,378 (5 percent) women veterans enrolled at the medical center and associated CBOCs. Gender-specific medical care services currently purchased in the community or available through the NVACC program include mammography, gynecology and maternity care. In FY 2011 there were 1,757 unique outpatient visits by women veterans; in FY 2012, there were 1,903 women veterans users, 1,930 unique outpatient visits, an increase of 9 percent from FY 2011.

Before any veterans medical services are fee-based into the community, it is the policy of the medical center to weigh all options for providing the needed medical services within the VISN 6 medical centers. In FY 2011, the Salem VAMC spent

\$1.8 million and in FY 2012 \$1.3 million on women veterans fee-basis medical services in the community, a reduction of \$500,000. The medical center reduced its fee basis for its enrolled male and female veterans between FY 2011 and FY 2012 as a result of the implementation and restructuring on the medical center’s methods on how it efficiently and effectively deliver health care to its veterans. As part of the fee-basis reduction, the medical center’s plan was to provide staff educational opportunities regarding what were deemed appropriate and inappropriate fee-basis health-care needs and what health-care referrals and consults was made available to veterans within the VA health-care system. During this time and to reduce fee basis, the medical center has hired a gastroenterologist (GI) physician, increased clinic capacity with more available providers, and extended mental health department hours to meet the needs of veterans with families.

Mental Health

The Salem VAMC has a specialized mental health department that has been recently reviewed and recognized by the VA Office of Mental Health Services as being a top performer in the delivery of mental health services to their veterans. The mental health department’s goals are to provide adequate and effective evaluations, and offer a variety of mental health treatment plans to efficiently and effectively treat the overall veterans’ emotional well being. The 275 employees that make up the mental health service line provides comprehensive continuum of mental health-care programs through several outpatient, inpatient, and residential programs and settings. Some of the inpatient and outpatient mental health programs designed for women veterans are for substance abuse, post-traumatic stress disorder (PTSD), military sexual trauma, memory disorders, and traumatic brain injury . The medical center offers inpatient and residential programs for women veterans in acute psychiatry, extended care psychiatry, specialized residential PTSD unit, substance abuse residential rehabilitation treatment program and mental health consultations.

The Salem VAMC’s mental health medical treatments to women veterans include evidence-based and conventional treatments that are the same treatments offered to enrolled male veterans. Women veterans who receive mental health treatments at the medical center are given the option of seeing a male or female provider to receive any of their mental health treatments. In FY



2012, the Salem VAMC had 11,000 unique veteran encounters in which 8 percent, or 880 veteran encounters, were women veterans seen in the mental health clinics.

The medical center has a Center for Traumatic Stress (CTS) located on campus that provides women veterans a place to receive confidential and comprehensive treatment for any experiences of trauma. Women veterans who receive treatment at the CTS can share traumatic experiences with fellow veterans who have experienced the same and/or similar experiences in a safe and comfortable environment.

The Salem VAMC has a specialized 13-bed inpatient PTSD treatment unit designed for male and female veterans. Female veterans have private rooms during their 6.5-week stay and can choose to receive therapy and/or treatment either in a group or by an individual counselor. Female veterans can also choose a male or female staff to provide their treatment. This unit offers specialized treatments for veterans suffering from PTSD resulting from combat and/or MST and other psychological and health issues, including depression, eating disorders, personality disorders, panic, chronic pain, hypertension and diabetes. In the fall of 2011, the unit began offering treatment groups that were exclusively for women veterans. Since the unit's inception, 28 women veterans have participated and successfully completed the program. The methodology of treatment within the PTSD treatment program is primarily based on the recovery, empowerment and responsibility of the veteran to engage in the psychological issues that are related to their individual traumas. One of their more successful PTSD treatments is based on the acceptance and commitment therapy (ACT) model that is based on the veteran's emotional processing. This type of therapy is geared to treating the veteran's co-morbid issues – such as depression, substance abuse and pain – while solely focusing on and/or exposing specific events of trauma in order to control the veteran's negative emotions. ACT also helps veterans increase their psychological flexibility and helps them with living their lives with values, despite having psychological and physical issues.

Military Sexual Trauma Coordinator

The role of the military sexual trauma (MST) program coordinator at the Salem VAMC is to serve as a point person for all MST issues and concerns that take place throughout the medical center, perform MST screening and treatment, train staff on MST-related issues and concerns, and perform outreach to veterans about available services. The MST coordinator at the Salem VAMC may also be aware of state and federal benefits and community resources that may be helpful.

If a veteran screens positive for MST, the primary care provider, with the consent of the veteran, will send a consult for the MST intake clinic in the CTS. Veterans are seen in the intake clinic within 7-14 days of the consult occurring. Veterans are offered individualized treatment plans to address MST; this is done in group format, individual, or both. The Salem VAMC mental health employees who treat MST are certified providers in evidence-based treatments and therapies that include prolonged exposure therapy, cognitive processing therapy, acceptance and commitment therapy, dialectical behavior therapy and Seeking Safety.

The MST care that the Salem VAMC offers its female veterans is through inpatient and/or outpatient services. The specialized MST services are through the medical center's 13-bed specialized inpatient PTSD unit (SIPU). Each year, the SIPU offers two 6.5-week groups for female veterans and is designed for female veterans who have experienced MST and other combat-related traumas.

In FY 2011, there were 2,998 women veteran encounters and 1,949 for male veterans. In FY 2011, there were 2,582 MST-related mental health encounters for female veterans and 1,635 for male veterans. In FY 2012, there were 1,930 women veteran encounters needing MST treatments and therapies. The Salem VAMC reported that of the 55 percent of its women veterans receiving MST-related mental health care, only 25 percent actually reported that have experienced MST.

Homeless Veterans Coordinator

The main mission of the health care for homeless veterans (HCHV) program at the Salem VAMC is to reduce homelessness among its veterans by helping them to achieve a higher quality of life through internal and external outreach, and through community partnerships. The HCHV coordinator is responsible for coordinating and implementing services with community agencies and other VA programs for their homeless veterans within their catchment area. The HCHV with the rural health team, WVPM, and Operation Iraqi Freedom and Operation Enduring Freedom coordinator on outreach events. In fiscal 2012, the medical center stated that there were an estimated 71 homeless veterans identified during the point-in-time Survey.

Over the years, the medical center has partnered with several organizations in the Salem and Roanoke, Va., communities that focus on assisting homeless female veterans and female veterans with children, including Rescue Mission, – a 435-bed homeless shelter – and the Roanoke Housing Authority, which gives veterans priority to Section 8 housing within the community.

Suicide Prevention Coordinator

The Salem VAMC suicide prevention program has a full-time suicide prevention coordinator. The responsibilities of the suicide prevention coordinator at the medical center are: promote awareness regarding suicide and ensure an understanding that suicide is everyone responsibility at the medical center, facilitate and provide ongoing training to clinical and non-clinical staff, track suicide attempts and completions for the purpose of establishing trends and research, recognize and respond to suicide risks, assist and coordinate mental health treatment, establish relationships with the providers within the health-care system, perform outreach and establish community partnerships, and respond to veteran consults that come from the Veterans Crisis Line.

In FY 2011, the Salem VAMC had 20 suicide attempts, by veterans including four female veterans, who were receiving their health care either at the medical center and/or CBOCs. In FY 2012, the Salem VAMC had 21 suicide attempts including two women veterans, within the catchment area. None of those suicide attempts in either year successful. The suicide prevention coordinator and mental health staff stated pointed out some trends, such as women attempt suicide three times more than men, due to their increased traumatic experiences, MST, PTSD, etc.; however, men complete suicide four times more than women. Men who complete suicides tend to choose a more lethal way (i.e. firearms) than their female veterans, who chose to use less lethal approaches (i.e. overdose).

Patient Advocate

The Salem VAMC has two full-time, highly skilled patient advocates who are veterans eager to help with veterans' issues and concerns. The patient advocacy staff is responsible for all of the issues and concerns that involve the medical center and the five associated CBOCs. The patient advocates also educate veterans on their veteran's benefits in regards to health care or claims. The goals established by the patient advocacy department are to focus on becoming more patient-centered, and to evaluate trends that will ultimately improve the effectiveness and efficiency of the department to better serve the veteran and their family.

The two patient advocates have approximately 180 cases per week between telephone calls and veterans walking in to the office looking for a resolution to their issues and concerns. As a result of the increased workload, there is a need for additional patient advocates within the medical center to assist the current staff in continuing to provide high quality service to its veterans. Most of the complaints the medical center receives from their women veterans are medication problems, physician gynecol-

ogy services (gynecologist starting to provide services in April 2013), provider appointments (female veterans want to see a doctor, not a physician assistant) in the women health clinic for receiving medical care, and female veterans not knowing what their benefits are. In order to improve the education barriers for women veterans, the medical center's staff is providing on-the-spot education to inform women veterans what either health and/or claim benefits are available.

Veteran Town Hall

The women veteran health care town hall meeting took place at American Legion Post 3 in Salem, Va. on Feb. 12, 2013. The veterans at the town hall meeting expressed that they were concerned with the physician residency program in regards to the continuity of care for mental health services. They also expressed that they want to be part of the decision-making process when it comes to prescribing or not prescribing certain medications for veterans suffering with PTSD. Those veterans want to be giving the choice to become less dependent on medication and try alternative methods to deal with their PTSD. The issues and concerns that were raised at the town hall meeting were expressed to the chief of mental health services at the medical center.

Best Practices

The Salem VAMC has demonstrated that they have several best practices throughout the medical center regarding women veteran's health care, including:

- The medical center was to have a full-time gynecologist on station starting in the spring of 2013 to perform gender-specific procedures and/or surgeries. This will increase the women veteran enrollment at the medical center and decrease gynecological fee-basis services in the community.
- There is a mental health provider in the emergency room to provide 24-hour mental health care and treatment
- “*Operation Bundle of Joy*” – This program is designed to assist enrolled expectant mothers with the essential items needed in preparation for their baby's arrival, including clothes and other supplies. The baskets are supplied by veteran service organizations and given out to new mothers at their first follow-up obstetrics appointment.
- The medical center will be piloting a mental health team within its PACT model of care in order to increase the overall continuity of mental health-care delivery between primary care and the mental health service line
- The medical center has doubled its evening hours in the MST clinic to include Mondays and Thursday evenings until 7:30 pm.



- The suicide prevention case manager co-leads dialectic behavioral therapy groups for women veteran trauma survivors who have been diagnosed with borderline personality disorder.
- The medical center reduced its fee basis for their enrolled male and female veterans between fiscal 2011 and 2012, as a result of the implementation and restructuring of the medical center's methods of efficiently and effectively delivering health care to its veterans. As part of the fee-basis reduction plan, the medical center was to provide staff educational opportunities regarding what were deemed appropriate and inappropriate fee-basis health-care needs, and what health-care referrals and consults were made available to veterans within VA. During this time, the medical center has also reduced fee basis by hiring a gastroenterologist physician, increasing clinic capacity with more available providers, and extending the mental health department hours to meet the needs of veterans with families

Facility Challenges & Recommendations

Challenge 1: The challenge not only for the Salem VAMC, but for the entire VA health-care system, is the stigma of women veterans not feeling and/or being treated like they are veterans from staff and/or from their male counterparts.

Recommendation: The Department of Veterans Affairs needs to instill a culture change within VA by providing sensitivity training to its employees to treat all veterans equally and fairly.

Challenge 2: The medical center currently has no short-term and/or long-term plans to address the increase of staff that is needed in the women's health center in order to meet the possible influx of enrolled women veterans when gynecology services are provided on campus starting in the spring of 2013).

Recommendation: Due to a full-time gynecologist starting in the spring of 2013, the medical center needs to implement an outreach program specifically to study how many non-enrolled women veterans would be interested in enrolling at the medical center to receive their gynecological medical services.

Note: Since our visit, the medical center has implemented a plan is to increase employees as workload increases. The medical center has a proposal that is being presented to the recruitment committee to request staffing as a result of increased workload due to a gynecologist starting in the spring.

VA SOUTHERN NEVADA HEALTHCARE SYSTEM | LAS VEGAS, NV

Date: February 12-13, 2013

National Task Force Member: Past National Commander Ronald F. Conley

Director of Veterans Affairs and Rehabilitation: Verna L. Jones

Overview:

The VA Southern Nevada Healthcare System (VASNHCS) serves more than 240,000 veterans residing in the healthcare system's catchment area, of which approximately 68.3 percent (164,000) reside in the counties of Clark, Lincoln and Nye. The VASNHCS is one of four Department of Veterans Affairs medical centers (VAMC) located within the VA Desert Pacific Healthcare Veterans Integrated Services Network (VISN) 22. In order to meet the increased needs of its veteran population, the VASNHCS has two community-based outpatient clinics (CBOCs) located in Pahrump and Laughlin, Nevada and six outpatient clinics in the northeast, northwest, southeast and southwestern sections of Las Vegas. The VASNHCS has a highly successful joint venture with the Department of Defense 99th Medical Group at the Mike O'Callaghan Federal Medical Center located on Nellis Air Force Base, and has academic affiliations with the University of Nevada-Las Vegas and Reno, College of Southern Nevada, Touro University School of Nursing, and a number of other schools for dental, optometry, pharmacy, audiology and nutritional residents. The VASNHCS provides its enrolled women veterans comprehensive primary care, surgical/specialty medical, mental health, rehabilitative and long-term care services through a variety of inpatient and outpatient health-care treatment programs.

The VASNHCS overall budget for fiscal year (FY) 2011 was \$242.9 million. The budget for FY 2012 was \$239.5 million, a decrease of \$3.4 million from FY 2011 and the smallest budget that the health-care system has received in four years. In order to deal with the decreased budget, the medical center stated it has developed a more humanistic understanding and approach to its women veterans who receive care throughout their health-care system. This approach was established by the medical system's strict adherence to the Veterans Health Administration handbook 1330.01, which clearly illustrates what the medical center should demonstrate in providing privacy, safety and dignity as it delivers women veterans health care throughout the system.

The womens health center (WHC) will be relocated to the new hospital site in approximately 18 months. The new WHC will have the ability to provide its enrolled women veterans a one-stop shop by offering increased comprehensive care and services to include minor outpatient surgeries, access to mental health

services, dietary consultations and a childrens play area.

The mission and goals of the VASNHCS womens health program is to increase the VA-wide initiative and to decrease and/or eliminate the gender gap to make VA a leader across the country on the way it delivers women veterans health care. The VASNHCS supports its enrolled women veterans within its catchment area by having two designated models of how its delivers health care to its women veterans. The VASNHCS offers the following designated models for the delivery of women veterans health care: Model 1 at the medical center and Model 2 at the CBOCs; a Model 3 will be available shortly in the new hospital.

Women Veterans Program Manager

The VASNHCS women veterans program addresses the unique needs of women veterans across the entire state of Nevada. The VASNHCS provides its enrolled women veterans a fully integrated comprehensive health-care program by offering them two options to receive their health care: Women veterans can choose a primary care physician in one of the medical center's primary care clinics to receive their comprehensive health-care needs and be referred to the WHC for any gender-specific health care needs (i.e. pap-smears, mammograms, breast health, sexually transmitted disease treatment, menopause and birth control). The second option for enrolled women veterans at the medical center is to receive all of their comprehensive health care at the WHC, where a health-care provider will provide women veterans all of their needed health care, acute, chronic illness and gender-specific care in one location.

The Women Veterans Program Manager's (WVPM) roles and responsibilities at the VASNHCS and associated CBOCs include assisting with access to health care, working in partnerships with the staff in the WHC, ensuring clinical processes and programs in regards to womens health are in place, tracking and reporting performance measures, keeping abreast of any new topics of interest or initiatives coming down from VA Central Office, and serving as an advocate for women veterans if issues and/or concerns arise. The WVPM is actively involved in working with logistics and finance in regards to budgeting and ordering, updating policies and procedures, and developing standards of practice in regards to the delivery of women veterans health care. The WVPM also participates in various facility meetings, and works with liaisons and health-care system staff



with outreach events in order to target women veterans. The WVPM meets quarterly with the local National Guard and Air Force units to address any issues and concerns effecting women veterans.

The WVPM at VASNHCS is the chairperson for the medical center's women veterans health committee (WVHC) and has a direct line to the executive leadership team at the facility for continuous support.

Business Office/ Enrollment

According to the National Center for Veterans Analysis and Statistics, the medical center reported that it had 17,250 women veterans residing in the VASNHCS catchment area as of September 2012. There are currently 66,257 veterans receiving their health care at the VASNHCS. In FY 2011, there were 42,311 unique outpatient visits by women veterans; in FY 2012, there were 3,630 unique women veteran users and 52,101 unique outpatient visits – an increase of 18.8 percent from FY 2011.

In FY 2011, the VASNHC spent \$5.97 million and in FY 2012 \$5.4 million for women veterans fee-basis medical services in the community. The only gender-specific women veterans health care that the VASNHCS uses fee-basis services for is obstetrics and gynecology (OB/GYN) and for a contract community provider – who doubles as the the health-care system's contracted OB/GYN surgeon at the Mike O'Callaghan Federal Medical Center – who comes to the womens health center once a week to see patients. The VASNHCS utilizes its joint venture agreement with the Air Force 99th Medical Group at Nellis Air Force Base in Las Vegas to provide its veterans the following medical and health-care services: emergency room; ear, nose, and throat; general surgery; orthopedic; ostomy care; podiatry; social work; vascular surgery; wound care; VA inpatient and supply processing distribution.

Mental Health

The VASNHCS mental health department provides its enrolled veterans consultation, evaluation and treatment for several mental health issues facing veterans. The health-care system provides mental health treatments that concentrate on the emotional well-being, as well as the psychological needs of the veteran.

The mental health service line (MHSL) provides a comprehensive continuum of mental health programs through several outpatient, inpatient programs and settings. The VASNHCS offers its women veterans a choice of having a male and/or female provider in all health-care disciplines. The MHSL offers treatments in psychiatry; psychology; social work; military sexual trauma; additive disorders such as smoking, gambling, substance abuse,

etc.; transcranial magnetic stimulation; post-traumatic stress disorder (PTSD); alpha stimulation; eye movement desensitization and reprocessing; opiate substitution; inpatient stabilization; intensive outpatient PTSD treatments and therapies; and future availability of biofeedback and electroshock treatments.

The VASNHCS mental health medical treatments – either evidence-based and/or conventional treatments – offered to women veterans are the same as for their enrolled male veterans. Women veterans who receive mental health treatments at the medical center are given the option of seeing a male and/or female provider to receive any of their mental health treatments and can change their health-care provider at any given time.

From October 1, 2011, through January 31, 2013, there were 9.2 percent of women veterans enrolled at the VASNHC who have been diagnosed with PTSD. In FY 2012, the VASNHCS had 32,124 unique veteran encounters, of which 2,699 were women veterans who were seen in the mental health clinics.

Military Sexual Trauma Coordinator

The role of the military sexual trauma (MST) program coordinator at the VASNHCS is to serve as a point person for all MST issues and concerns that take place throughout the medical center, perform MST screening and treatment, train staff on MST-related issues and concerns and perform outreach to veterans about available services. The health-care system has a designated full-time MST coordinator and clerk assigned to the mental health service line responsible for awareness, education, training, referrals, and assisting other providers in finding local, regional and national resources to meet the individual needs of all veterans who need mental health interventions. The MST coordinator is also a clinician who provides individual and group therapy sessions for veterans. The medical center's group therapy sessions are based on the present providers' panel size and expertise.

In FY 2011, the medical center reported there were 702 (52.4 percent) womens mental health encounters and 397 (0.6 percent) mens mental health encounters provided to veterans testing positive for MST. The VASNHCS mandates that all providers complete MST training courses in the Talent Management System (TMS). The MST coordinator also provides the staff supplemental in-services and brief educational opportunities related to the treating of and caring for veterans who have experienced MST. The MST coordinator has developed a hand-out for providers with the "do's and don'ts" of sensitive practices when working with victims of sexual assault. Also in FY 2011, the medical center reported that 25.8 percent of women veterans reported they have experienced MST. At this time, the VASNHCS does not offer MST residential treatment programs

for its veterans.

Homeless Veterans Coordinator

The main mission of the health care for homeless veterans (HCHV) coordinator at the VASNHCS is to reduce homelessness among its veterans by helping them achieve a higher quality of life. The VASNHCS supports its homeless female veterans through the same processes as it does for male veterans, including providing information on emergency shelters, the grant/per diem program, Housing and Urban Development Veterans Affairs Supportive Housing (HUD/VASH) vouchers, and other homeless services and resources that are available in the community. The supply for women-only and/or specific programs is more limited in comparison to men due to the safety concerns in housing arrangements for males and females residing together. The VASNHCS has a stand-alone facility, Health Care for the Homeless Vets, near the medical center to assist homeless veterans with transitional housing, mental health counseling, transportation, employment referrals, clothing, emergency shelter, food and a listing of free meals offered throughout the Las Vegas community.

Suicide Prevention Coordinator

The responsibilities of the suicide prevention coordinator at the medical center are to promote awareness regarding suicide and ensure that suicide is the responsibility of everyone at the medical center, facilitate and provide ongoing training to clinical and non-clinical staff, tracks suicide attempts and completions for the purpose of establishing trends and research purposes, recognizing and responding to suicide risks, assist and coordinate mental health treatment, establish relationships with the providers within the health-care system, perform outreach and establish community partnerships, and respond to veteran consultations that come from the Veterans Crisis Line.

Within the VASNHCS, there were 24 suicide attempts in fiscal FY 2011 and 19 in fiscal FY 2012 by female veterans receiving their health care either at the medical center and/or at the CBOCs. From FY 2011 to FY 2012, none of the 264 suicide attempts by male or female veterans were successful. The health-care system provides education targeted for veterans that present a high risk for suicide.

Patient Advocate

The VASNHCS has four patient advocates at the medical center and at the northwest and northeast locations eager to help with veterans' issues and concerns. The patient advocacy staff is responsible for all of the issues and concerns that involve the medical center and the associated CBOCs. The patient advo-

cates also educate veterans on their benefits in regards to health care or claims. The goals established by the patient advocacy department are to focus on becoming more patient-centered, and to evaluate trends that will ultimately improve the effectiveness and efficiency of the department to better serve veterans and their family.

The two patient advocates at the medical center each receive 15-20 complaints per day, half of which are from women veterans. The biggest complaint among their enrolled women veterans is the changing of medical appointments without notice, causing inconveniences for women veterans with children.

Veteran Town Hall

The women veterans health-care town hall meeting took place at American Legion Post 8 in Las Vegas, Nevada on February 11, 2013. The veterans at the town hall meeting expressed that the health care they were receiving was good overall. Currently, the care that women veterans receive at the VASNHCS are off site; however, women veterans care will be provided in the new hospital by the end of summer 2013. A problem that the women veterans in attendance expressed was with the phone scheduling system that schedules health-care appointments. When appointments get cancelled and when the VA calls to reschedule, it already has documented the veteran as a no-show to the appointment. It can take up to seven months to reschedule appointments, especially for mammography. As a result, when the veteran calls back to reschedule the appointment, they cannot get through to the scheduling system, causing more delays to receiving care.

Best Practices

- The MST coordinator provides supplemental services and educational opportunities related to how to care for veterans who have experienced MST. For example, the coordinator developed a hand-out for providers with the “do’s and don’ts” of sensitive practice considerations when working with victims who have been sexually assaulted

Facility Challenges & Recommendations

Challenge 1: Currently, there is an increase of staff turnover among medical support assistants (MSAs) in the womens health center due to salaries not being competitive with other positions in the health-care system and/or choosing to work at a VA site closer to where they reside.

Recommendation: The medical center, through the assistance of the VISN leadership, needs to consider other options – such as pay retention and/or salary increases – in order to retain MSAs who would often leave to pursue higher paying opportunities



within the health-care system.

Challenge 2: The medical center has not contacted Native American reservations to follow up on suicide attempts made by Native American veterans.

Recommendation: The medical center needs to provide targeted education and partner with the Native American reservations to assist veterans that have suicide ideations and to provide them the same services, such as same-day appointments, as they do their enrolled veterans.

Challenge 3: There are staffing shortages among nurses in the WHC due to them being pulled out of the WHC to work in other areas of the hospital that need nursing coverage

Recommendation: The medical center needs to involve human resources in doing a work-flow analysis to see if more nurses are needed in order to keep providing a high quality of care to their patients.

Note: As of June 9, 2013, the VASNHS concurred with the SWS Task Force site visit recommendations and provided the following responses:

Response to Recommendation 1: The recruitment and retention of Medical Support Assistants (MSA) is of concern for Women's Health and across the entire VA healthcare system. In July 2012, MSA positions were changed from Title 5 to Title 38 Hybrid throughout VHA. The change has allowed a broader group of individuals to apply for positions creating a greater applicant pool. VISN 22 recently developed a new program to improve recognition for MSAs. VASNHS will continue to use all hiring authorities available as needed.

Response to Recommendation 2: VASNHS places priority and provides the same services to all of our enrolled Veterans and have reached out to the Nevada State Suicide Prevention Coalition for assistance with all diverse groups. In particular to Native American, the Nevada State Suicide Prevention Coalition has a Native American staff member to serve as an intermediary between their organization and local Native American Groups.

VASNHS provides a number of resources for assisting veterans who are dealing with suicidal ideation. Veterans are provided with a standard assessment by mental health staff. If the assessment indicates that a veteran is dealing with suicidal ideation, an assessment of risk is made to determine if the veteran can be safely treated as an outpatient or if inpatient hospitalization is required. If determined that the veteran requires inpatient hospitalization, they are transferred to the inpatient psychiatric unit at the medical center or a psychiatric facility in the community. VASNHS has two full-time suicide prevention coordinators who are responsible for educating staff and Veterans about

suicide prevention, initiating contact with hospitalized veterans in the inpatient psychiatric unit, and providing follow-up for patients post-discharge. High risk veterans are also closely monitored.

Response to Recommendation 3: VASNHS continually assesses staff needs in order to provide the quality of care our veterans deserve. VASNHS Systems Redesign Coordinator along with Human Resource Service has led work flow in order to provide the highest quality of care.

TUSCALOOSA VA MEDICAL CENTER | TUSCALOOSA, AL

Date: February 19–20, 2013

National Task Force Member: Vicki Smith-Dikes

National Field Service Representative: Roscoe Butler

Overview

The Tuscaloosa Department of Veterans Affairs Medical Center (TVAMC) provides access to secondary and tertiary care services, including primary care, long-term health care and mental health-care services to eligible veterans in the VA Southeast Network Veterans Integrated Service Network (VISN 7). In addition to the main facility in Tuscaloosa, the TVAMC offer services in one outpatient clinic in Selma, Ala. The TVAMC serves approximately 19,288 veterans in its catchment area and, as a part of VISN 7, includes VAMCs and outpatient clinics in Alabama, Georgia and South Carolina. The facility's overall budget for fiscal year (FY) 2011 was \$149,751,451, \$151,557,253 in FY 2012 and \$138,360,055 in FY 2013, a decrease of \$13,197,198 from FY 2012. The decrease in funding is attributed to a decrease in construction dollars.

The TVAMC has a Model 2 Women's Clinic. There are 2,862 women veterans in the catchment area and 705 women veterans enrolled in the TVAMC, which is 3.7 percent of the 19,288 enrolled veterans. In FY 2011 there were 977 outpatient visits by women veterans; in FY 2012, there were 1,023 unique women veterans users, and 1,042 outpatient visits, an increase of 6.2 percent from FY 2011.

To meet the needs of the increasing number of female veterans seeking care at the TVAMC, the medical center opened a women's Clinic within the primary care service line in March 2010. TVAMC leadership recognized the need to open a similar unit within the mental health service line for female veterans seeking residential treatment for mental health diagnoses, substance abuse and homelessness. Renovation of an existing wing within the residential rehabilitation treatment program began in December 2011, which created the 10-bed unit designed with feminine decor that includes a living room/lounge area, laundry room and a spa with a whirlpool and salon area. A ribbon cutting and open house on June 15, 2012, celebrated the opening of the unit.

The TVAMC is not a pilot site for child-care services; however, there are two children's chairs, and the clinic offers televisions with children's programming. Snacks have been made available to the children to pass the time. On occasions, the Women Veterans Program Manager (WVPM) or the medical supply assistant have sat with infant children so that the mother could have her examination.

At the time of the site visit, TVAMC reported having two electronic wait lists (EWL): the podiatry clinic, which has 17 female veterans on the EWL waiting for an appointment, and in the neurology clinic (eight female veterans on the EWL).

TVAMC continues to perform well overall and meeting or exceeding 18 out of 25 EPRP Performance Measure for FY 2013. Identified areas for improvement include pneumococcal vaccination, HbA1c > 9 or not done, BP < 140/90, renal testing, PTSD screening, depression screening and tobacco user cessation medication. EPRP Performance Measure reports are provided to leadership, service chief, and unit manager to disseminate to staff and provide follow-up actions. The VISN lead clinical application coordinator was on site January 9-11, 2013, to assist with clinical reminder issues that may impact compliance with performance measurement requirements. Ongoing meetings are conducted with the chief of staff, QM and other key staff to address performance measure issues necessary to improve clinical outcomes. Services are requested to submit action plans as appropriate to address outliers.

Women Veterans Program Manager

The TVAMC is staffed by a full-time Women Veterans Program Manager (WVPM). While the position is full-time, the WVPM is assigned collateral duties that include serving as the facility mammogram coordinator. VHA Handbook 1330.02, "Women Veteran Program Managers," requires each facility to have a full-time WVPM without collateral assignments. The WVPM is responsible for the planning for women's health issues to improve the overall quality of care and achieve program goals and outcomes; assessing the need for and implementation of services for women veteran and providing oversight; implementing and maintaining a formal tracking mechanism to assure proper and timely notification of gender specific diagnostic studies; participating in the regular review of the physical environment to identify potential privacy and safety deficiencies; conducting outreach activities; assuring that local policies and procedures guarantee proper and timely notification of gender specific studies; and collaborating with primary care providers to ensure that the needs of women veterans are met in a comprehensive manner. As explained by the WVPM, her goals and objectives are to educate female veterans about the women's clinic and services available to them, and to increase the number of women veterans that they currently have, reaching all in the catchment area



so that they know about the services and their option to receive these services. However, when we asked women veterans at the town hall meeting if they knew the WVPM, one woman stated she did not and further stated if 100 women veterans were asked if they knew the name of the WVPM, approximately 80 women veterans would respond no.

The TVAMC has a women veteran Patient Aligned Care Team (PACT), and at the time of the site visit, the current number of women veterans assigned to the PACT panel was 514. To ensure privacy for women veterans, the women's primary care clinic is behind a frosted door, somewhat off to itself. There is a women's clinic waiting room that is behind this door so that the female veterans don't have to sit in mixed company. There is a wooden door that separates the exam area from the waiting area. The exam room doors have locking doors and privacy curtains. Each exam room has a private bathroom so that the women don't have to leave the exam room in a gown.

The impact of the privacy initiatives in the women veteran clinic has been favorable. Women have voiced appreciation of the fact that they do not have to sit in a large waiting room with the male veterans. They also appreciate the fact that when the veterans are in the examination area of the clinic, the wooden door is closed and locked.

In FY 2011, the WVPM participated in the following outreach activities: stand down for homeless veterans; Community Mental Health Task Force meeting; enrollment fairs at Fayette, Winfield, Lamar, Pickens, Greene and Sumter counties; annual Tuscaloosa VAMC job fair; Livingston National Guard unit; Demopolis National Guard unit; Lamar County National Guard unit; enrollment fairs at Centerville, Marion, Greensboro and Demopolis; Centerville National Guard Unit; and a welcome home picnic.

In FY 2012, the WVPM participated in the following outreach activities: Tuscaloosa National Guard; stand down for homeless veterans; Homeless Summit-TVAMC Leaders in the Community; Fayette National Guard unit; National Guard-Highway 69 Tuscaloosa; information fair-Stillman College; Wallace State Community College, Selma; Tuscaloosa County Health Department-Health Fair; Centerville National Guard; TVAMC health fair; outreach in Demopolis and Livingston; veterans job fair at TVAMC; UA Day-University of Alabama; welcome-home picnic; Recovery Fest, Sports Atrium; and outreach in Selma.

Business Office/ Enrollment

In FY 2011, the medical center fee-basis program spent \$1,151,915 on women veterans health care. In FY 2012, the medical center spent \$1,028,122, a decrease of \$123,793 or a 10.7 percent. When asked what the decrease was attributed to, it was attributed to VHA Central Office and VISN 7's goal of

decreasing medical-care expenditures by 10 percent. The gender-specific services contracted outside the TVAMC are mammograms, gynecology visits, breast biopsies, colonoscopies, abdominal and breast ultrasounds, surgical procedures and additional care needed/requested for female veterans.

Mental Health

TVAMC provides general outpatient and inpatient mental health services, as well as residential rehabilitation services for women veterans. TVAMC does not have a CBOC, but tele-mental health and mental health intensive case management is offered at the Selma outpatient clinic. During the screening and intake processes in mental health, female veterans are asked if they desire a provider of a specific gender. Same-sex providers are available for those women veterans who have a preference. The mental health residential rehabilitation treatment programs provide outreach, prevention, treatment and supportive housing initiatives for homeless women veterans. Additionally, in summer of 2012, a 10-bed women's wing was opened in the residential treatment program. Providers receive evidence-based psychotherapy training via VA-funded psychotherapy dissemination programs, including cognitive processing therapy (CPT) and prolonged exposure, which have been shown to be effective treatments for female and male veterans with PTSD. In addition to the national trainings, TVAMC has an onsite CPT regional trainer and consultant who provides at least two trainings per year to staff and trainees. Approximately 23 percent of women veterans treated at TVAMC are diagnosed with PTSD.

TVAMC has integrated care teams imbedded in the primary care clinics; however, there is also a referral process that is used for women's mental health and/or MST for gender-specific needs in the mental health outpatient recovery services.

Military Sexual Trauma Coordinator

The military sexual trauma (MST) program is managed by a full time MST coordinator and a .5 nurse practitioner. In FY 2012, VA mandated that mental health and primary care clinicians take the new MST training in Talent Management System (TMS). The MST coordinator reported that 100 percent of all mental health and primary care clinicians have taken the new training.

In FY 2011, the MST screening rate at TVAMC was 98.7 percent, which meets the OMHS target MST screening rate of 90 percent for both genders. The FY 2011 MST-related mental health-care rate at TVAMC was 61.2 percent among female veterans, which was above the 54.4 percent national MST-related mental health-care rate among female veterans. The FY 2011 MST-related mental health-care rate at TVAMC was 43.4 percent among

male veterans, which was above the 37.6 national MST-related mental health-care rate.

Approximately 66.7 percent of women veteran receiving care at the TVAMC report MST. The MST coordinator has a great rapport with providers and case managers on the residential rehabilitation treatment programs (RRTP) and has been consulted on numerous occasions for veterans with MST experiences. The MST coordinator has provided education to staff about the care and services available for the veterans on RRTP. The MST coordinator has provided trauma-focused therapy for veterans on RRTP. The MST coordinator has also provided assistance with connecting veterans with therapists for MST in other facilities.

Homeless Veterans Coordinator

Between 2008 and 2012, the TVAMC has received 108 HUD vouchers; it is anticipated they will be receiving an additional 15 vouchers from the Department of Housing and Urban Development. Based on a recent point-in-time study, it was reported there are approximately 200 homeless veterans in their catchment area, of which 20-25 are women veterans. The TVAMC currently does not have a grant and per diem program. Upon issuance of a HUD voucher, the veteran has 120 days to use the voucher before it is reissued. The TVAMC's last stand down was in October 2012.

The TVAMC has a 48-domiciliary bed program (DOM) and maintains an average occupancy rate of 90 percent. In addition to the DOM program, the TVAMC has a 12-bed residential treatment program. The mental health residential rehabilitation treatment programs provide outreach, prevention, treatment and supportive housing initiatives for homeless women veterans. Additionally, in summer of 2012, a 10-bed womens wing was opened in the residential treatment program.

Suicide Prevention Coordinator

The TVAMC suicide prevention program is staff by a full-time suicide prevention coordinator and a .5 FTE employee. The suicide prevention coordinator is required to conduct five outreach activities each month. The TVAMC reported nine suicide attempts in its catchment area in FY 2011, with one completion 2012, 16 attempts and two completions took place. The suicide prevention coordinator reported he averages 5-15 calls a month from the Suicide Crisis Hotline.

Women Veteran Health Committee

The TVAMC women veteran health committee is comprised of representatives from Chaplain Services, quality management, the Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn program manager, nurse practitioner

primary care women clinic, oncology case manager, veterans health education coordinator, health administration service, social worker, primary care, minority veteran program manager, rehabilitation medicine, MSA womens clinic, patient advocate, licensed practical nurse (LPN) womens clinic, LPN geriatric extended care and a nurse practitioner, MST coordinator. The committee has regularly scheduled meetings that are not well attended.

Facility Manager & Environmental of Care (EOC)

The task force conducted a tour of the medical center and found the medical center to be in compliance with the Veterans Health Environmental Privacy and Security section of VHA Handbook 13301.01, Health Care Services for Women Veterans.

Veteran Town Hall Meeting

On February 18, 2013, System Worth Saving Task Force member Vickie Smith-Dikes and Roscoe Butler, National Field Service Representative, conducted a town hall meeting at the TVAMC in Building No. 4. The purpose of the town hall meeting was to discuss access and quality of health care women veterans are experiencing at the TVAMC, positive or negative. There were 13 veterans in attendance, of which five were female veterans. One veteran mention she has been receiving care from the TVAMC since 1996 and has seen significant improvements over the years, especially in regard to women veterans health care. Another women veteran indicated that when she reports to the women clinic for a scheduled visit and has a medical issue the primary care provider is unable to treat, this creates a problem. Another concern raised was in regard to the women chaplain, who was released by the TVAMC in January. It was expressed that having a women chaplain at the medical center was important because most women veterans are not comfortable in discussing personal issues with a male chaplain. When they learned that the only women chaplain was being released, there was a protest, and the medical center expressed it would do what it could to keep her on staff. Unfortunately, it did not work out and she was released. The medical center has hired a male chaplain, but the female veterans in attendance at the town hall meeting feel they no longer have a chaplain with whom they can discuss issues/concerns they would normally discuss with a female chaplain. While everyone spoke positively about the health care and services provided by the TVAMC, almost everyone agreed that the receptionist in the women clinic is often rude. A number of women veterans expressed how pleased they were with the services provided by Dr. Grant Strong and Dr. Martha Bean.

Best Practices



The medical centers women's clinic and the 10-bed residential treatment program for female veterans are the medical center's best practices. The 10-bed women residential treatment program was designed specifically for female veterans seeking treatment for mental health diagnoses, substance abuse and homelessness. Due to the success of the program, the medical center is one of two facilities in the VISN that is meeting the 14-day access model for mental health.

While there are numerous contributing factors to the success of these two programs, one key contributor was the involvement of women veterans in the development stage of these two programs.

Facility Challenges & Recommendations

Challenge 1: VHA Handbook 1330.02 outlines the WVPM standards of professional performance. The standards require each facility to have a full-time WVPM without collateral assignments. During the interview with the WVPM, she indicated that she is responsible for tracking all mammograms requested by clinical staff at the TVAMC. This collateral assignment seems to be inconsistent with national policy and may not be in the best interest of the TVAMC women veterans program.

Recommendation: The executive leadership team should evaluate whether this collateral duty is consistent with VHA Handbook 1330.02 and, if not, to take appropriate action to correct.

Challenge 2: A quote from the town hall meeting, "If you ask 100 women veterans who receive health care at the TVMAC if they knew the name of the women veterans program manager, 80 veterans would respond no."

Recommendation: The executive leadership team needs to ensure women veterans in the TVAMC catchment area are aware of their women veterans program and services offered to women veterans. The TVAMC has an excellent women veteran's clinic and 10-bed residential treatment program, and the WVPM serves as the medical center's voice on women veterans services offered at the TVAMC and the Selma clinic. The executive leadership team must ensure the WVPM is visible within the medical center and in the community.

Challenge 3: At the time of the site visit, the TVAMC had 17 female veterans on their electronic wait list (EWL) waiting for an appointment in the podiatry clinic and eight female veterans on their EWL for an appointment in the neurology clinic.

Recommendation: Female veterans should not be frustrated when trying to obtain an outpatient appointment, and the executive leadership team needs to explore options like extended hours during weekdays and weekends to ensure veterans, regardless of their gender, do not have to be placed on an EWL prior to being scheduled an outpatient appointment.

Challenge 4: Due to hiring rules and regulations, the only women veteran chaplain was let go at the end of her temporary appointment and a male chaplain was hired to replace her. This resulted in a protest by women veterans at the TVAMC, who indicated "Women veterans are not always comfortable in discussing certain matters with a male Chaplain." When we asked the executive leadership team if the chaplain still was interested in employment at the TVAMC, they indicated she was. They have been unsuccessful bringing her back.

Recommendation: The executive leadership team should continue to work with their human resource office and explore all available hiring options as a means to recruit this women chaplain.

Challenge 5: During the town hall meeting, a number of veterans raised concerns about telephone services at the medical center. Concerns included the operator not answering the telephone, dropped calls and lengthy waits before someone answers the telephone.

Recommendation: The executive leadership should assign someone to evaluate issues with telephone services at the medical center and take appropriate action to correct any deficiencies.

COATESVILLE VA MEDICAL CENTER | COATESVILLE, PA

Date: March 12-13, 2013

Director for Healthcare: Jacob B. Gadd

National Field Service Representative: Roscoe Butler



Overview

The Department of Veterans Affairs (VA) Coatesville Medical Center (MC) in Coatesville, Pa., has 475 operating beds with four medical, 73 psychiatry, 169 Community Living Center and 229 domiciliary beds. The Coatesville VA Medical Center (VAMC) serves approximately 285,191 veterans in its catchment area and is part of the Veterans Integrated Service Network (VISN) 4, which includes facilities in Clarksburg, W.Va.; and Altoona, Coatesville, Lebanon, Philadelphia, Butler, Pittsburgh and Wilkes-Barre, Pa. The Coatesville VAMC includes two community-based outpatient clinics (CBOCs): Spring City Outpatient Clinic, Spring City, Pa.; and the Springfield Outpatient Clinics, Springfield, Pa.

The Coatesville VAMC makes health care available to approximately 52,339 currently enrolled veterans. The facility overall budget for fiscal year (FY) 2011 was \$189,750,000 and \$189,020,000 for FY 2012.

The Coatesville VAMC has a Model 1 and Model 2 womens clinic (WC). In FY 2012, there were 13,119 women veterans in their catchment area, and 2,408 women veterans enrolled at the Coatesville VAMC, which is 5.1 percent of the 24,994 enrolled veterans at the medical center. In FY 2011 there were 17,200 unique outpatient visits by women veterans; in FY 2012, there were 821 unique women veterans users, and 17,793 unique outpatient visits, an increase of 3.3 percent from FY 2011.

Women Veterans Program Manager

The Coatesville VAMC women veterans health-care program is staffed by a full-time Women Veterans Program Manager (WVPM). A clerk supports the WVPM in tracking mammograms and pap smears. The medical center has one women veteran Patient Aligned Care Team (PACT) team specific to womens health and five PACTs that provide comprehensive primary care to female veterans. There is one PACT within each CBOC that provides comprehensive womens health primary care. The WVPM is responsible for ensuring access to timely and appropriate care to female veterans throughout the medical center, and works with leadership on developing policies and procedures related to women's health care. She participates in the regular review of the physical environment in order to identify potential privacy and safety issues in the care of women and chairs a steering committee that helps guide women health needs at the VAMC. In 2011, the Coatesville VAMC renovated its womens clinic to include a private bath. The panel sizes for women veterans range from 70 to as high as 1,162.

In FY 2011 and 2012, the WVPM participated in the following outreach activities: local National Guard and reserve units, veteran centers, County Department of Military and Veterans Affairs, annual welcome-home celebration, local resource fairs, and congressional veterans forums.



In FY 2013, she has identified the following outreach activities she plans on participating in: presence at the Veterans Advisory Council, March 2013, and presence at the homeless summit, March 2013.

The WVPM indicated that the women veteran vision for their CBOCs is currently being developed. In FY 2013, the WVPM has identified the following goals: develop the role of community based outpatient clinic providers, and work with womens health medical director to grow the program and educate providers.

Business Office/ Enrollment

The Business Office Non-VA Care Coordination (NVCC) works close with the Office of Care Coordination (OCC) in authorizing and coordinating non-VA care outside the medical center for women veterans. In FY 2011, the medical center spent \$460 million and in FY 2012 \$570 million on non-VA purchased care services for women veterans. The timeliness measure for non-VA purchased care follows the same guidelines as internal VA consults, meaning the consult must be acted on within seven days. The NVCC office indicated that while there are no formal measures to evaluate the quality of care, the process calls for post appointment calls to be made by OCC staff as well as the Womens Veteran Program Coordinator. The calls are designed to solicit feedback from veterans to see if they had any concerns or questions about the care they received from their non-VA provider. If a concern is raised, the veteran is contacted by their provider to discuss the concerns. Additionally, the clinical documentation provided by the non-VA provider is reviewed by the veteran's VA provider.

Many of Coatesville VAMC's catchment area overlaps with other VAMCs. Coatesville VAMC serves Chester County exclusively. However, it shares Philadelphia, Montgomery and Delaware Counties with Philadelphia VAMC; Berks and Lancaster Counties with Lebanon VAMC; and Bucks County with Wilkes Barre VAMC.

Mental Health

Mental health providers have been trained in and provide Cognitive Processing Therapy, Prolonged Exposure, Eye Movement Desensitization and Retraining, and Seeking Safety, which were developed for veterans with post-traumatic stress disorder (PTSD). Consultation is offered on request to clinicians who work with veterans with military sexual trauma (MST), both in specialized PTSD treatment, and in integrating MST-related issues into substance abuse or other treatment. As part of VA's nation wide initiative to hire 1,600 mental health professional and 300 administrative positions, the Coatesville medical center received 22 new mental health positions.

The Coatesville VAMC offered the first inpatient PTSD female veterans program.

Military Sexual Trauma Coordinator

The military sexual trauma (MST) program is managed by a full time clinical psychologist. In FY 2012, VA mandated that mental health and primary care clinicians take the new MST training in Talent Management System (TMS). At the time of the site visit, 98.3 percent of clinicians have taken the new MST training. Twenty-two percent of women receiving care at the Coatesville VAMC have report a MST occurrence. In FY 2012, 53 percent of women and 47 percent of men received MST-related mental health care. The Coatesville VAMC does not have any MST-specific residential program. However, individual PTSD treatment, as well as Seeking Safety group therapy, are available to both men and women residing in residential programs at the medical center, including a separate group for men with interpersonal trauma vs. combat. Consultation is offered upon request to clinicians who work with veterans with MST, both in specialized PTSD treatment, and in integrating MST-related issues into substance abuse or other treatment.

Homeless Veterans Coordinator

At the Coatesville VAMC, the Healthcare for Homeless Veterans (HCHV) outreach team includes three outreach social workers and one RN case manager covering Chester, Delaware and Montgomery counties. The medical center has 229 domiciliary beds, which included 120 homeless domiciliary beds, 56 substance abuse beds, 17 women residential treatment beds (Power Program) and 36 PTSD beds. The program includes a housing first model called rapid re-housing that serves veterans who lack employment. The goal of the rapid re-housing is to locate permanent housing for homeless veterans. The medical center has 225 transitional housing beds offered through VA's grant, per diem and contract programs operated by non-profit organizations, including 40 beds at Independence Hall. The program also includes LZ II, Fresh Start, Mary E. Walker House and Independence Hall. The medical center received 275 vouchers from the Departments of Housing and Urban Development and Veterans Affairs Supportive Housing (HUD-VASH). The program includes nine case managers, one substance use disorder counselor, two peer support specialists and one homeless veteran supported employment specialist. HVSE staff members increased to six positions during fiscal year 2012

Suicide Prevention Coordinator

The Coatesville VAMC Suicide Prevention program has two full-time equivalent employees. In FY 2011 there were 37 sui-

cide attempts, of which six were female veterans. In FY 2012 there were a total of 55 suicide attempts; eight were female veterans and one was a transsexual.

Women Veteran Health Committee

The Coatesville VAMC has a Women Veterans Health Committee that is responsible for assisting the WVPM in helping to guide women health-care needs at the medical center. Medical Center Policy PCS 03-13, Women Veterans Health Committee, dated January 2013, outlines the goals and objective of the committee. The chief of staff or designee is responsible for appointment of members to the committee and assuring the compliance of the women veteran program within all existing policies and regulations. The committee is responsible reviewing the needs of women veterans at the medical center and CBOCs, as well as barriers that they may encounter accessing health care. Membership to the committee includes, but not limited to: women veterans program manager, chairperson; medical director of the womens program, co-chair; mental health representative; PACT representative; MST coordinator; geriatric extended care/nursing representative; quality improvement representative; womens health clinic nurse; administrative assistant to the AO for chief of staff; Office of Care Coordination; and business office manager.

Facility Manager & Environment of Care (EOC)

When touring the medical center, it was explained that when a women veterans has an appointment in the women veterans clinic, and they arrive on the floor of the clinic, they have to report to the specialty clinic area to check in. However, there were no signs in the women clinic directing them to this area to check in. In addition, there was not a flyer with a picture of the WVPM and contact information if any women veterans had questions or concerns that the WVPM could address.

Best Practices

The Coatesville VAMC has two programs that are recognized nationally and are truly a best practice. First, the “Power Program,” which is a residential dual diagnosis unit, provides inpatient and residential treatment to eligible female veterans with substance use disorders, mental health problems and homelessness. The program’s mission is to prepare female veterans for a lifestyle that sports continued recovery of mind, body and spirit. Patients come as far way as Denver, Colo., to enroll into the program. Female veterans enrolled in the program stated that they receive excellent care and would recommend the program to other women veterans.

Another program is the Mary E. Walker House, which is a women veterans transitional residence. Dr. Mary E. Walker

served her country during the Civil War and was awarded the Congressional Medal of Honor. The Mary E. Walker House is a 30-bed transitional residence for women located on the grounds of the Coatesville VAMC. Operated by the Philadelphia Veterans Multi-Service & Education Center, the mission of the Mary E. Walker House is to offer a safe environment where women veterans can stay, living in harmony with others while they endeavor to attain personal growth and enhance life skills in order to re-establish themselves as members of a community and regain ownership of their lives. It is funded by the VA Homeless Grant and Per Diem program and is the largest such program in the United States.

The program focuses on transitioning women veterans back to independent lives in the community. Services include employment counseling, addiction counseling, assistance with acquiring veteran benefits, and mental and medical health care.

Facility Challenges & Recommendations

Challenge 1: During our visit to the Power Program, we conducted a women veterans focus group. There were eight female veterans in the program who all expressed complete satisfaction with the health-care services they are receiving. However, they felt that outside of their care, there is little for them to do, and most recreational activities are geared toward male veterans. In the day room, for example, there was a television but no other visible activity in which for them to engage. We visited the game room, which offered video games, several pool tables and card tables, but it was the consensus of the female veterans in the Power Program that these were male-orientated activities. Other challenges/concerns mentioned were:

- Pet Therapy – The medical center offers pet therapy, but the women veterans in the program reported that the therapist has yet to visit the Power Program.
- Art Therapy – The therapist has not visited the program.
- Women Veterans Program Manager – The WVPM has not visited the program. **Note:** When we shared this information with the management and the WVPM, we were advised that the WVPM has visited the program many times.
- Only one out of the eight females enrolled in the program could identify with the WVPM. **Note:** Posters with her picture and contact information are displayed throughout the medical center.
- Barber Shop – There is no hair salon offered for women veterans. Women veterans expressed concerns about having to go the barber shop that serves men at the facility. This is a concern for women because they feel uncomfortable, particularly those women that have experienced MST. **Note:** Management



informed us that up until recently, there was a hair stylist specifically for women veterans who came in periodically; however, there was no demand, so the service was discontinued. There are many local salons that women veterans can access with planning, and the medical center is looking for a replacement stylist, but has not yet found one.

- Yoga therapy – One veteran was interested in yoga therapy, but the last yoga instructor left some time ago and has not been replaced.

Recommendation: The Women Veterans Program Manager should meet with the female veterans in the Power Program to understand their challenges/concerns on a reoccurring basis and develop an action plan to address the above concerns. As a best practice at one medical center, they created a salon for female veterans, which was designed into their 10-bed residential domiciliary program. The medical center could offer beautician services only in the barber shop one or two days a week or in a separate location.

Challenge 3: Barrier to enrollment with new women veterans

Recommendation: The executive leadership team should review its current enrollment process for women veterans and consider the following:

- Anytime a new women veteran is enrolled, the WVPM should be contacted to meet the new women veteran, provide a warm, personalized greeting and give her the WVPM's business card.
- Consider developing a welcome basket to provide to each new women veteran enrollee. Items to consider including in the basket are a welcome letter from the medical center director and WVPM, a brochure of available services provided to women veterans, a calendar of events and other items deemed appropriate.

Challenge 4: The Women Veterans Health Committee does not include a non-VA employee veteran in an advisory role to the committee.

Recommendation: A non-VA employee women veteran should be appointed to serve in an advisory role to the committee.

Challenge 5: No formal measures to evaluate the quality of care of women veterans referred out in the community for non-VA care.

Recommendation: A formal process is put into place that would serve as a monitor to track the quality of non-VA care provided to women veterans outside VA.

Challenge 6: When female veterans are referred outside the VA for an outpatient appointment, the appointment is entered into VA scheduling system as a non-count clinic. If a veteran fails to report of the appointment or the appointment is rescheduled by

the non-VA provider, there is no requirement for the non-VA provider to contact the Office of Care Coordination to update their appointment information. This limits the medical center ability to manage appointment referred outside the VA and potentially skew their no show rate.

Recommendation: The executive leadership team should work with the National VA Purchased Care Office and the facility's Office of Coordination Care to develop a process to update and track non-VA outpatient appointments.

Challenge 7: When a women veteran has an appointment in the women veterans clinic, and they arrive on the floor of the clinic, they have to report to the specialty clinic area to check in. However, there were no signs in the womens clinic directing them to this area to check in.

Recommendation: Appropriate signage should be developed and strategically located so that when a women veteran steps off the elevator, she is directed to the specialty clinic area to check into the women clinic.

Challenge 8: The facility was built in 1930 and could benefit from a Model Three Women Veterans Comprehensive clinic. The facility and specifically the women veterans clinic design is outdated, and the flow of the Women Veterans Model 2 clinic is confusing by the current layout.

Recommendation: The facility should explore opportunities to design a new women veterans comprehensive care clinic through renovation of an existing building to house outpatient women veterans clinic, inpatient women veterans services, laboratory, pharmacy or other specialty care services it deems necessary. It is recommended that the hospital solicit feedback from women veterans, and the WVPM and WVPM committee be consulted on layout, design and building of a new comprehensive Model 3 women veterans clinic.

Challenge 9: Lack of Childcare for Veterans During Medical Appointments

The medical center does not offer child care services. While this is not a barrier for veterans obtaining care, it may poise barriers for veteran when reporting for an appointment. At this time, VHA is piloting a child care program at three VAMCs (Buffalo, N.Y.; Northport, N.Y. and Tacoma, Wash.). The pilot program will allows VHA to assess the feasibility and advisability of providing assistance for child care to qualified veterans receiving VA care. The pilot program began on Oct. 3, 2011, and is authorized to operate for two years. All pilot sites are required to close their child care programs on October 2, 2013, after which, the VA secretary is to submit a report on the findings and outcomes of this pilot program to Congress on or before April 2, 2014.

Recommendation: No recommendation

SOUTH TEXAS VETERAN HEALTHCARE SYSTEM | SAN ANTONIO, TX

Date: March 19-20, 2013

National Task Force Member: Past National Commander Paul A. Morin

Deputy Director of Claims: Richard C. Dumanças

Overview

The Department of Veterans Affairs South Texas Veterans Health Care System (STVHCS) is comprised of two inpatient campuses: the Audie L. Murphy Memorial VA Hospital in San Antonio and the Kerrville VA Hospital in Kerrville, Texas. The STVHCS serves one of the largest primary service areas in the nation and is part of the VA Heart of Texas Veterans Integrated Service Network (VISN) 17. The STVHCS has six community-based outpatient clinics (CBOCs): the North Central Federal, Frank Tejada, South Bexar, Victoria, Shavano Park and Balcones Heights outpatient clinics. The STVHCS has a Department of Veterans Affairs and Department of Defense health care sharing agreement to provide a cost-effective and efficient health-care delivery of care to their veteran population.

The Audie L. Murphy Memorial VA Hospital (ALMMVAH), affiliated with the University of Texas Health Science Center at San Antonio, is comprised of a spinal cord injury center, a community living center, a domiciliary and a substance abuse residential rehabilitation treatment program. It provides enrolled Veterans with comprehensive health care through acute medical, surgical, mental health, physical medicine and rehabilitation, geriatric and primary care services.

The STVHCS overall budget for fiscal year (FY)2011 was \$628.3 million and \$606.9 million in FY 2012, a reduction of \$21.9 million from FY 2011. The medical center stated that it has received enough budgeted money to support its women veterans programs. Through this funding, STVHCS has developed a women veterans program led by a full-time program manager. Through the manager's efforts and leadership, STVHCS has begun planning and implementing changes, with a focus on female veterans. These changes include construction of a new space and accommodations for the women veterans program. Funding will be allocated to the redesign of the medical and surgical units, and installation of multi-stall female restrooms, sanitary dispensers and baby changing stations. In addition, STVHCS currently offers a dedicated female inpatient mental health unit on the Audie L. Murphy Campus.

At the time of the site visit, STVHCS reported having 691 veterans on the electronic wait list across its facilities. The majority (574) were for eye glasses, followed by ophthalmology (57), home base primary care (33) and neurology (16).



The current staffing level of the STVHCS is 3,635 employees, of which 1,978 are female. The veteran population of the staffing is currently 43.1 percent.

Women Veterans Program Manager

The STVHCS is staffed by a full-time Women Veteran Program Manager (WVPM) and is currently recruiting for two additional staff positions to support the women veterans program: health care nurse coordinator and program assistance for outreach/marketing. The WVPM's main responsibilities include leading and coordinating access to the highest-quality care for women veterans, executing comprehensive planning for women's health issues to improve overall quality of care, collaborating with primary care leadership and providers to ensure that the needs of women veterans are met, being an active participant in the patient-aligned care team (PACT) implementation team, conducting regular reviews of the physical environment (including all plans for renovation and construction) to identify potential privacy and safety deficiencies, and partnering with other applicable program coordinators at the facility to ensure women veterans services are being delivered.

STVHCS has implemented the following initiatives to ensure the privacy for women veterans: privacy curtains in inpatient rooms, locks on examination rooms, examination tables are placed away from the door, restrooms are within proximity of



examination rooms, examination rooms do not open into public or high-traffic areas, and the restrooms and shower doors have functional locks. With these initiatives in place, the STVHCS has increased the staff's awareness of the need for privacy. The initiatives also heighten vigilance and on-the-spot corrective actions. Also, and most importantly, women veterans are satisfied with the changes.

STVCHC had the best enrollment percentage of any facility we visited, enrolling 87 percent of all women veterans in its catchment area. As part of outreach efforts, STVHCS conducts a monthly briefing at the local veteran and airmen and family readiness centers. STVHCS also participates in monthly events to increase awareness, such as standowns, sponsoring health-care events and recognizing women veterans.

Business Office/ Enrollment

In FY 2011, the medical center fee-based program spent \$1 million on women veterans health care. In FY 2012, the medical center almost doubled the previous years total and spent \$1.91 million. The gender-specific services contracted out by STVCHS include advanced infertility, maternity care, stereotactic breast biopsies, oncology and gynecology surgeries.

The enrollment in the STVCHS catchment area is an impressive number. There are 113,049 veterans in the catchment area; of this number, 96,563 (85.4 percent) are enrolled. The women veterans enrollment figures are higher. There are 12,682 women veterans in the catchment area, and of this, 11,029 (86.9 percent) are enrolled. In FY 2011 there were 110,043 unique outpatient visits by women veterans; in FY 2012, there were 8,099 unique women veterans users, 118,707 unique outpatient visits, an increase of 7.3 percent from FY 2011.

Patient Advocacy

There are four full-time patient advocates; two employees are veterans. Patient advocates are located in the VAMCs to ensure patients have someone to go to with their concerns and make sure that veterans receive the care they need. At Audie L. Murphy Memorial VA Hospital, the patient advocate team always refers women veterans to the WVPM to make certain the patients are aware that the WVPM is on campus and inform them of all the programs available to patients.

Below are the top complaints by patients at the Audie L. Murphy Memorial VA Hospital through March 2013, according to the patient advocate report.

| Top five patient advocate issues | Total Issues |
|---|---------------------|
| Phone calls not returned/letter not answered | 357 |
| Referral issues internal/community | 284 |
| Patient/family disagrees with decisions | 211 |
| Application for care/eligibility for benefits | 116 |
| Dental prosthetic or travel eligibility issues | 112 |
| Top five women veteran issues | Total Issues |
| Phone calls not returned/letter not answered | 34 |
| Referral issues internal/community | 25 |
| Patient/family disagrees with decisions | 23 |
| Delay in scheduling or rescheduling | 14 |
| Not treated with dignity and respect/perceived rudeness | 13 |

Mental Health

The percentage of women veterans seen and diagnosed with post-traumatic stress disorder (PTSD) in the facility was 11.5 percent in fiscal 2011 and 13.5 percent in 2012. STVCHS provides mental health care for women veterans in a separate, eight-bed inpatient unit. STVCHS averages three to six women patients at all times.

STVCHS received funding for care in this program and has added eight psychiatric doctors to the staff. Staff is very proud of this, as they now can follow up with individual care.

According to staff, the key barrier to address women veterans mental health is the lack of ability to provide child care. This barrier makes it hard to bring veterans in for appointments because they have no one to watch their child. Other concerns are mental health in general (at times, this condition can be a barrier in itself) and the need for additional female staffing. Due to policy, the mental health clinic does not have the ability to provide family therapy.

Women veterans can also seek treatment at all CBOCs, which feature a full range of services, including medication management and various therapies. More than half of mental health providers on the staff are women; if a women veteran desires a provider of a specific gender, she can let it be known during intake. STVCHS provides outreach, prevention, treatment and housing initiatives for homeless veterans. It participates in local Native American pow wows, vocational/employment gatherings and Yellow Ribbon events. There are also two transitional bed facilities that have female beds available, and the grant/per-diem program has six dedicated beds for women veterans.

STVHCS has a female substance use disorder specialist/clinician who visits twice a month for a housing and community resource educational meeting. STVHCS also works closely with the Board Veterans Appeal (BVA) female veteran liaison to help expedite compensation claims.

Military Sexual Trauma Coordinator

In FY 2012, VA mandated that mental health and primary care clinicians take the new military sexual trauma (MST) training in the Talent Management System (TMS). Out of 296 staff members, 273 have completed the mandatory training. Employees who provide care to veterans having experienced MST also have access to various evidence-based therapies and participate in VISN calls in which the best ways to deal with a veteran who has suffered MST are discussed. The percentage of women veterans reporting MST at the facility was 2.7 percent for FY 2011 and 2.3 percent for FY 2012.

Homeless Veterans Coordinator

During FY 2012, STVHCS had 390 homeless veterans in its catchment area; 49 were women and approximately 10 percent are Operation Iraqi Freedom/Operation Enduring Freedom veterans. To meet the challenges and demands of the homeless population, STVHCS ensures that each homeless veteran with a family is assigned to a care manager responsible for coordinating and ensuring all their needs are being met. Transitional living facilities include the Kerrville campus, which has 14 beds used on a first-come first-serve basis and have the ability to segregate women for their privacy and protection. In San Antonio, Crosspoint Inc. has 24 beds and Recovery Safe House has four beds dedicated to women veterans. STVHCS has also established a partnership with local clinics and service organizations to meet the demands. During FY 2012, the facility used 390 Housing & Urban Development/Veterans Administration Supported Housing vouchers via the San Antonio Housing Authority and is waiting for an additional 115 vouchers. The grant/per-diem program has contracted 80 transitional beds with the American GI Forum (AGIF), with six beds designated for women veterans.

Suicide Prevention Coordinator

The program was initiated in 2007 to meet the suicide crisis with in the veteran population and as a way to get ahead of any issues. For FY 2011 and FY 2012 combined, there were 40 reported suicide attempts within STVHCS' catchment area; nine were women veterans. Out of the 40 attempts, none were fatal.

The main factor for suicide, according to the staff, is the economy. Veterans are struggling with multiple scenarios to make ends meet. At the STVCHS, once the veteran makes contact,

they are identified and receive follow-up contact on a weekly basis and visit with a provider for a minimum of 60 days.

Polytrauma Rehabilitation Center (PRC)

The Audie L. Murphy Medical Center is home to one of five polytrauma rehabilitation centers (PRC) in the nation. The center is designed to provide intensive rehabilitative care to veterans and servicemembers who experience severe injuries to more than one organ system. The PRC has a family psychologist on staff available to provide counseling.

This newly renovated center offers various scenarios to assist inpatients reach their goals to return home and reside with family members. The PRC is quiet, safe and secure. The rooms are spacious and house one patient. The amenities include state-of-the-art hospital equipment that is non-invasive and tucked away out of site, but easily obtainable when the patient needs to use it. The room offers a motorized lift that can carry the patient back and forth from the bed to the bathroom or shower area. Each room is family friendly, with chairs that transform into a twin bed so a family member can stay with his/her loved one.

The PRC brings a safe and secure environment to all women veterans that need these services. When talking to a veteran inpatient, she made comments that she felt very safe in the center. She also gave praise to all the staff in the PRC for assisting her in redeveloping skills to live on her own.

The PRC also has a one-bedroom apartment for patients to relearn day-to-day skills to be able to return home and live on their own. Family members can also use the one-bedroom apartment to prepare “home-cooked” meals during their stay.

The PRC hosts many rehabilitation programs for brain injury, emerging consciousness, blind and low vision, amputation, mental health and social support, driver rehabilitation and vocational rehabilitation.

At the PRC, family members or caregivers are encouraged to get involved as much as possible and learn nursing routines and the different therapies. Staff at the PRC will teach positioning, transferring, feeding, bathing, toileting and medication management.

Veteran Town Hall

On March 18, 2013, SWS Task Force member and Legion Past National Commander Paul Morin, along with Richard C. Dumanças, deputy director of claims for The American Legion, conducted a town hall meeting at Legion Post 2 in San Antonio. Also in attendance were Lloyd O. Buckmaster, 20th District commander; and Robert L. Maston, 20th District vice commander. There was one women veteran that attended.



Best Practices

- **Enrollment:** The facility had an 86.9 percent enrollment of women veterans within its catchment area. This was the best percentage of any facility visited by the System Worth Saving Task Force.
- **Outreach Efforts:** The facility works closely with local agencies, media, Yellow Ribbon and Transition Assistance Program events. The outreach program is focused on face-to-face contact, which the STVCHS believes is more efficient and effective. The women veterans program's point-of-contact targets events that are likely to have large volumes of women veterans present.
- The STVCHS understands that women veterans have other options for their health care and will choose to go elsewhere if their calls are not returned and their health-care needs are not addressed. Women veterans tend to have complex health issues and a need a responsive point-of -ontact. Women veterans who leave voicemail messages at the health-care system receive a response within 24 hours. If the point-of-contact is not available, the veteran is advised when to expect a return phone call. The STVCHS believes in "Listen, respond, act, and follow-through" for all its veterans.

Facility Challenges & Recommendations

Challenge 1: Lack of child care offered at facilities.

Recommendation: The current study/report at three VAMCs for child care is scheduled to be completed in November of 2013. We recommend reviewing the findings now and taking appropriate action.

Challenge 2: Not a Level III womens clinic, for the size and enrollment percentage

Recommendation: Expand services. If available space is a hindrance for expansion, there should be an option to locate and secure an area on the overall campus for leasing options.

Challenge 3: In-house womens committee with local representation. At times the absence of local volunteers is noticed at meetings.

Recommendation: Recruiting additional women to serve on the community committee to avoid conflicting schedules of ongoing commitments and meeting times.

Challenge 4: The dialysis unit must outsource to meet demand

Recommendation: Extending dialysis unit hours would minimize the need to outsource, save cost and boost patient satisfaction.

WILLIAM S. MIDDLETON MEMORIAL VETERANS HOSPITAL | MADISON, WI

Date: April 1-3, 2013

National Task Force Member: Vickie Smith-Dikes

National Field Service Representative: Roscoe Butler

Overview

The Department of Veterans Affairs (VA) William S. Middleton Memorial Veterans Hospital provides acute medical, surgical mental health and specialty care services. In addition to the services available at the hospital, primary care and mental health services are provided at five community-based outpatient clinics (CBOCs) located in Baraboo, Beaver Dam Wisconsin; Freeport and Rockford, Illinois; and also at the Madison West, Wisconsin outpatient clinic, which is part of the main facility.

The hospital has approximately 130,000 veterans in its catchment area; 38,987 (30 percent) are enrolled at the hospital. The veteran population is comprised of 15 counties in south-central Wisconsin and five counties in northwestern Illinois. The hospital is part of the Veterans Integrated Service Network (VISN) 12, which includes VA hospitals and outpatient clinics in Illinois, Michigan and Wisconsin. ¹The facility's total funding for fiscal 2011 was \$284 million, \$309.6 million in 2012 and \$301.3 million in 2013.

There are 8,426 women veterans in the catchment area and 2,089 women veterans enrolled at the hospital, making up 5.3 percent of the 38,987 enrolled veterans at the hospital. In FY 2011, there were 21,574 unique outpatient visits by women veterans; in FY 2012, there were 2,097 women veterans users, and 24,002 outpatient visits, an increase of 10.1 percent from FY 2011.

For women veterans, the hospital offers comprehensive primary care, gynecological care, integrated mental health care, a womens mental health clinic with extended hours, MOVE, smoking cessation, substance abuse treatment, MST counseling and gynecological surgery. Additionally, at each CBOC, women veterans can receive comprehensive primary care with a designated womens health provider, as well as tele-MOVE and tele-mental health.

Women Veterans Program Manager

The William S. Middleton Memorial Veterans Hospital women veterans health program is staffed by a full-time Women Veterans Program Manager (WVPM) who reports to the chief of staff, a 2.5 director who reports to Geriatric Research Education and Clinical Center director, and the following staff in Ambula-



tory Care: .5 medical support assistant, 1.0 nurse case manager, and 1.0 associate medical director. The WVPM has a full range of duties, including program development and strategic planning, coordination of quality comprehensive and specialty care for women veterans, and coordination of the hospital's women veterans outreach program to identify and locate women veterans in need of health-care services.

The hospital has a Model 2 womens health clinic that was recently remodeled to provide a more inviting environment with new flooring, paint and re-design of the conference room for providers. Photographs of women veterans from different eras and culture-change posters are part of the clinic décor. The clinic provides comprehensive primary care four half-days per week, including gender-specific care, gynecological specialty care (two half-days per week), mental health integrated care, social work and care management. Women veterans are given the option of a female provider. Designated womens health providers are available in all clinical sites, including the CBOCs.

The hospital's womens health care accomplishments include:

- Being selected for the Advanced Fellowship in womens health hub site, the only site in the VA to coordinate womens health fellowship training in 2013.
- Society of General Internal Medicine, Lipkin Award, awarded to Dr. Christine Kolehmainen, Women's Health Fellow, 2013
- Under Secretary for Health's Award for Excellence in Social

¹ FY 2012 base budget was \$188,124,067 and FY 2013 base budget was \$198,454,376, which represents an increase of \$10,330,309 or a 5.4912% increase over FY 2012.



Work Leadership, awarded to Gail Gunter Hunt, WVPM, 2013

- Customer Service Team Award, women veterans health program, Greater Madison Federal Agency Association, competitive award, May 2012.
- Renewal of the Advanced Fellowship Program in women's health, one of eight sites in the VA system, 2012
- Director's Innovation Awards (2010, 2011, 2012): Patient Education and Outreach Event, Fibromyalgia Protocol, and Mammogram Tracking Redesign.
- Mini Grant, from Central Office Women's Health Services, Promoting a Healthy Pregnancy, funds to purchase pregnancy educational materials, and vouchers for childbirth and breastfeeding classes and relaxation CDs, 2009
- Mini Grant, from Central Office Women's Health Services, Women Veterans Wellness and Screening Clinic, event held on 8/22/2009

FY 2012 Women Veterans Quality Monitors:

Quality Monitors which Met or Exceed National Standards:

- Women veterans assigned to a designated women's health PCP – national standard 85 percent, VAMC Madison 98 percent
- Women age 50-69 screened for breast cancer with past 2 years – national standard 80 percent, VAMC Madison 84 percent
- Women age 21-64 screened for cervical cancer in past three years or in past five years if combination cytology/HPV testing done (outpatient) – national standard 90 percent, VAMC Madison 92 percent
- Percent of pregnant women with documented contact within 90 days post-partum – national standard 70 percent, VAMC Madison 100 percent
- Documentation of notification of cervical cancer screening results within 14 days of receipt of normal results and five business days for abnormal results – national standard 85 percent, VAMC Madison 90 percent

Quality Monitors which Fell Below National Standards:

- Women – LDL-C < 100 (vascular) or on moderate dose statin National Standard: 78 percent - VAMC Madison: 71 percent
- BP < 140/90 for women Veterans with Hypertension – National Standard: 75 percent VAMC Madison: 73 percent
- Women HbA1c > 9 or 0 not done in past year (DM) – National Standard: 17 percent - VAMC Madison: 25 percent (lower score is better)
- Women Veterans screened at required intervals for depression – National Standard: 95 percent - VAMC Madison: 92 percent

- In FY 2012, the WVPM participated in a number of outreach initiatives, including Pink Out with all hospital photo, Go Red for Women Heart Month event, Women's History Month, women's health fair, National Guard Yellow Ribbon reintegration events, veterans expo, veterans night out, welcome-home event for OEF/OIF/OND veterans, National Guard family program, social work service event for community chaplains, VA website articles on women veterans, patient newsletter, and VA education and benefits fair.

To ensure women privacy in the women veterans health clinic, the hospital has initiated the following privacy initiatives that meet the requirements outlined in VHA Handbook 1330.01.

- Patient-identifiable information is not visible in clinic hallway
- Locks on clinic doors
- Staff knock before entering room
- Privacy curtains in all exam rooms
- Women patients have access to a toilet within the clinic hallway, not a public area
- Examination tables are always shielded with curtains, and tables are angled away from door when possible
- Rooms do not open into a public waiting room or traffic corridor
- Robes are available in exam rooms

The following gender-specific specialty services are offered at the hospital:

- The full spectrum of gynecological care is provided, including birth control counseling, IUD insertion, colonoscopy, pessary fitting, endometrial biopsy and fertility work-up, hysterectomy, thermal ablation, hysteroscopy, tubal ligation, laparotomy, dilation and curettage, cystectomy, transvaginal slings for incontinence, cold knife cone biopsy, nexplanon for contraception, pelvic organ prolapse treatment, and polypectomy.
- Comprehensive primary care with integrated mental health care
- Routine gender-specific care such as pap testing, pelvic exams, breast care, urine pregnancy testing.
- MST counseling
- Women's mental health clinic with extended hours once a week
- Women substance abuse counseling with female counselors

Mental Health

The mental health inpatient team strives to design treatment to

decrease symptoms and improve communication skills, functional ability and coping strategies. The goal is to help patients, both male and female, develop strategies to manage their lives in a healthier, positive manner while incorporating the principles of recovery. Although evidence-based psychotherapies are their recommended treatments, the hospital tailors treatment plans to veterans’ preferences (including provider gender) and recovery goals. For those women with trauma histories who have difficulty tolerating being in waiting rooms where numbers of men are present, the hospital offers a womens mental health clinic on Tuesday afternoons. The clinic is located in the Resilience and Recovery clinic, which is separate from the main building. PTSD treatments, general mental health treatments, case management, and psychiatric medication management, including routine addiction management, are available during this clinic.

For those women who request a gender-segregated group, they offer a gender-specific cohort when there is sufficient number of women veterans interested in the same group. If there are not sufficient numbers for a gender-specific cohort, treatment is offered individually.

In addition to the above programs, the hospital offers a number of mental health outpatient treatment programs:

- Cognitive processing therapy and prolonged exposure
- Acceptance and commitment therapy
- Interpersonal therapy and cognitive behavioral therapies (CBT), including behavioral activation, and CBT-I for insomnia
- Integrated behavioral couple therapy
- For addictions, cognitive processing therapy, dialectical behavior therapy, acceptance & commitment therapy
- CBT for relapse prevention
- CBT for depression, anger management, 12-step facilitation therapy, seeking safety
- CBT for insomnia (group only)
- Contingency management,
- Motivational enhancement therapy and mindfulness-based relapse prevention
- Residential substance abuse treatment w/dual-diagnosis focus

There are special groups within the addictive disorders treatment program (ADTP) for women. There is an ADTP staff member physically present at each CBOC one day per week offering individual and group therapy (groups are usually relapse prevention &/or seeking safety). Psychiatrists specializing in addiction treatment are available and can offer buprenorphine (Suboxone). Additional programs available are dialectical be-

havior therapy skills groups, anger management, supportive counseling, case management, Tai Chi, relaxation, mindfulness-based stress reduction, and peer support. All treatments, except for wellness programming are available at any site. If there are no staff members at a particular site qualified to offer a specific treatment, it is available via tele-mental health.

Military Sexual Trauma Coordinator

At the William S. Middleton Memorial Hospital, 100 percent of mental health and primary care clinicians have taken the new military sexual trauma (MST) training in the talent management system. In FY 2011, 29.3 percent of women and 1.5 percent of men screened positive for MST; 450 women with MST and 436 men with MST were seen in Madison facilities. Of these numbers, 229 women (50.9 percent) and 118 men (27.1 percent) had an MST-related mental health encounter. The 229 women had 2,807 mental health encounters and the 118 men 1,085 mental health encounters.

Homeless Veterans Coordinator

The hospital has received 145 HUD vouchers from the Department of Housing and Urban Development. Of the 145 vouchers, approximately 10 percent (14 vouchers) have been issued to women veterans. The homeless program anticipates receiving an additional 20 veterans this fiscal year.

Suicide Prevention Coordinator

The suicide prevention program is staffed by a full-time suicide prevention coordinator, a full-time suicide prevention case manager and a half-time program support assistant. In FY 2011, there were 99 suicide attempts and in FY 2012 there were 96 attempts. The number of women veterans who attempted suicide in FY 2011 was 17 and 12 in FY 2012. There were no successful women veterans suicides in FY 2011 or 2012.

Women Veterans Health Committee

The hospital has an active women veterans health committee that meets quarterly; attendance is voluntary. The committee is chaired by the women veterans program manager, and the committee operates under hospital memorandum No. 11G-02, “Women Veterans Advisory Board.” A representative from the state Department of Veterans Affairs serves on the committee.

Best Practices

Providing excellent customer service is a hospital’s best practice. To educate the public on women veteran issues, the WVPM and several VISN 12 hospital WVPMs published an article in the Federal Practitioner titled “Outreach to Women Veterans



of Iraq and Afghanistan: A VA and National Guard Collaboration.” The article addresses the challenges women veterans face when they return to civilian life from active duty and discusses how the Wisconsin National Guard Demobilization and Reintegration Program, in collaboration with VA, provides excellent outreach opportunities to assist women veterans with successful readjustment back into their communities. This is one of several publications in which the hospital has received recognition.

Another best practice is the hospitals “Women Veterans Welcome Letter.” Upon enrolling at the hospital, each woman veteran is provided a letter titled “Women Veterans Health Care,” which provides the WVPM’s contact information, as well as other key contact numbers in VA. By providing this information to women veterans, it eliminates the need for a women veteran to search for critical telephone numbers, should the need arise. The letter serves as a single source of information for women veterans. Additionally, if a woman veteran needs to contact a number that is not provided, she can always contact the WVPM, who, as stated in the letter, is ready and available to assist her. For these reasons, The American Legion recognizes this as a best practice and believes this process should be replicated at every VA health-care facility.

Facility Challenges & Recommendations

Challenge 1: In November 2012 the hospital authorized maternity care for a veteran and received the claim for payment on December 21, 2012. However, the claim was not processed for payment until March 28, 2013. This resulted in the veteran receiving numerous bills from the community hospital.

Recommendation: VHA Directive 2010-005, Timeliness Standards for Processing Non-VA Providers Claims, states “It is VHA policy that 90 percent of all non-VA health care claims are processed within 30 days of the date the claim is received by the facility.” While the SWS task force did not determine whether this was an isolated case, the executive leadership team must ensure procedures are in place to avoid these types of situations and the payment criteria outlined in VHA Directive 2010-005 is adhered to.

MANN-GRANDSTAFF VA MEDICAL CENTER | SPOKANE, WA

Date: April 9-10, 2013

National Task Force Member: Veterans Affairs and Rehabilitation Chairman Ralph Bozella

Senior National Field Service Representative: Warren J. Goldstein



Overview

The Spokane Veterans Affairs Medical Center (VAMC) serves 109,788 veterans across 21 counties, three states and more than 60,000 square miles. The Spokane VAMC is part of the VA Northwest Health Network Veterans Integrated Services Network (VISN) 20, which includes two community-based outpatient clinics (CBOCs) located in Coeur d'Alene, Idaho; and Wenatchee, Washington, as well as five rural health clinics (RHCs) located in Libby, Montana; Sandpoint, Idaho; and Colville, Republic and Tonasket, Washington.

The Spokane VAMC provides its 25,000 enrolled veterans with general medical, surgical procedures, mental health, rehabilitative services, and long-term care through a variety of inpatient and outpatient health-care programs.

The Spokane VAMC's overall budget for fiscal year (FY) 2011 was \$153 million, \$158 million for FY 2012, and \$150 million for FY 2013. The medical center received an \$8 million decrease for the FY 2013 budget. The medical center stated the decrease has not directly affected its women veterans programs and outreach efforts because of the integration and partnerships with existing medical center programs. The Spokane VAMC supports its women veterans programs at the medical center, associated

CBOCs, and RHCs through the same methodologies utilized for all health-care programs throughout the medical center.

The Spokane VAMC has a designated Model 1 womens health clinic consisting of two complete patient-aligned care teams (PACT) incorporated into the medical center's women's health primary care physician panel and are seen within a gender-neutral primary care health clinic. Women veterans who enroll and receive their health care at the medical care center are given the opportunity to choose a male or female provider upon intake. The Spokane VAMC has an advanced PACT model that offers its women veterans the same medical services in order to eliminate any access barriers. The primary care clinic and the six providers who have women veterans on their panels provide comprehensive primary care, gender-specific care and mental health care through partnerships with the behavioral health service line.

There are 10,042 women veterans residing in the catchment area of the Spokane VAMC. Of those, 2,643 (26 percent) are enrolled. Ninety percent of enrolled women veterans that are seen at the womens health clinic through primary care are assigned a womens health primary care provider. There were 30,448 unique outpatient visits by women veterans in fiscal 2011 and FY 2012 32,240 at the Spokane VAMC and associated CBOCs.



Women Veterans Program Manager

The Women Veterans Program Manager (WVPM) at the Spokane VAMC is a dedicated full-time registered nurse and veteran who reports to the chief of staff. The WVPM at the medical center has no clinical and/or supervisory responsibility; however, her main responsibility is to coordinate and lead the highest quality health-care services for women veterans across multiple disciplines within the medical center and throughout the medical center's integrated PACT models. The current PACT women veteran panel size for the six providers within primary care is 1,484.

The WVPM serves as an advocate to assist women veterans that have concerns and/or need health-care services in order for women veterans to receive warm handoffs from providers; ensures quality continuum of care; provides good outcomes in terms of the overall patient experience; collaborates with primary care leadership and providers to ensure that the needs of women veterans are met in a comprehensive manner; reviews policies handbooks, strategic plans and contracts related to women veterans health, and identify opportunities to improve and implement programs that improve the overall health care for women veterans. The WVPM accomplishes this through education, collaboration, advocacy and outreach. The WVPM has complete oversight of the women veterans programs and services for the entire Spokane VAMC, including its associated CBOCs and RHCs. The women veterans health-care program, under the direction of the WVPM, also has a maternity care benefits coordinator that manages and coordinates VA maternity care for enrolled veterans in the community.

Through the WVPM and her continuous collaborations with departments throughout the medical center, outreach to their women veterans is integrated through several programs and is designed for meeting the mind, body and soul needs of their women veterans. The WVPM conducts outreach and internal activities by providing staff training and education, and enrollment assistance for women veterans residing in the catchment area. Some of the outreach programs designed for women veterans that the medical center offers or are involved with include: Women Warriors & The Cowgirls: A Women Warriors Retreat Program and womens sweat programs.

The WVPM at the Spokane VAMC is also the chairperson for the medical center's 24 multi-disciplinary Women Veteran Strategic Health Care Committee (WVSHCC). The WVSHCC meets monthly and is responsible for oversight, guidance, and coordination of health-care services that women veterans are eligible for at the medical center, associated CBOCs, and RHCs. The WVSHCC reports to the clinical executive council and identifies gaps, recommendations and provides consultation to the medical center leadership on women veterans health care.

Business Office/ Enrollment

The mission of the business and enrollment office at the Spokane VAMC and its associated CBOCs is to provide the following services for women veterans: assist in enrolling eligible veterans into the VA health-care system, provide Non-VA Care Coordination (NVCC) beneficiary travel reimbursement, and participate in outreach events that the health-care system are involved with for providing veterans onsite enrollment and registration into the VA health-care system.

The gender-specific medical care currently purchased in the community and/or available through the NVCC program is for all gynecology and breast cancer patients, intrauterine placement, implanon insertion and endometrial biopsies. Currently, the medical center does not have any gynecological service contracts. The medical center utilizes the electronic consult review process for its gynecological surgical consults with the gynecology surgeon at the Seattle VAMC.

In FY 2011 there were 30,448 unique outpatient visits by women veterans; in FY 2012, there were 1,969 unique women veterans users, 32,240 unique outpatient visits, an increase of 5.6 percent from FY 2011. In FY 2011, the Spokane VAMC spent \$943,000 and in FY 2012, \$2.035 million on women veterans fee-basis inpatient and outpatient medical services in the community. The increase of \$1.09 million was due to increases in administered chemotherapy drugs (24.1 percent), oral chemotherapy drugs (23 percent), digital radiology/mammograms (10.1 percent) and maternity services. As a result of serving a highly rural veteran population and to ensure that veterans receive their care within the required 50-mile radius for health care such as mammography, the medical center does not have any established contracts for women's health care in the community.

The approval processes for fee basis and/or non-VA purchased health care are to initially request them as NVCC consults entered by the veterans' VA health-care provider. The WVPM and all staff who treat women veterans at the medical center monitor their patients carefully throughout a continuum of care at the medical center and in the community.

Mental Health

The Spokane VAMC recently constructed an 18,000-square-foot behavioral health clinic to provide its enrolled women veterans a wide range of mental, social and psychological services. The behavioral health service line (BHSL) includes an outpatient mental health clinic (MHC), an acute inpatient program, and a primary care mental health integration team embedded within the medical center's PACT model that provides consultations via telehealth to its CBOCs and RHCs. The

BHSL nurse case managers participate regularly in the women health PACT huddles.

The medical center believes that treating its women veterans through its PACT integration model reduces the stigma for their enrolled women veterans. The BHSL allows its women veterans to choose a gender-specific provider upon intake, which works well in delivering mental health services for its female patients.

The medical center provides inpatient psychiatric stabilization for veterans with acute mental health episodes such as suicidal ideation, psychotic symptoms and other mental health crises. The medical center has 12 psychiatric beds used for this purpose. All other inpatient mental health treatments for women veterans needed for ongoing mental health care are referred to other providers within the other VISN providers within Washington, including Puget Sound and American Lake. Outpatient services are offered to women veterans through the (MHC) at the medical center and CBOCs. These include general mental health evaluation and treatment (including both psychotherapy medication management), suicide risk management, substance-abuse evaluation and treatment, mental health management, neuropsychological evaluation (including evaluations for traumatic brain injury), mental health crisis triage (located in the emergency department), evidence-based therapies for post-traumatic stress disorder (PTSD) and case management for veterans with serious mental illness.

The mental health and primary care providers at the medical center are all trained in the treatment of PTSD. Any given time during a women veterans treatment, the military sexual trauma (MST) coordinator is available for consultation if any provider has a question and/or concern regarding MST. The medical center stated that as of March 2013, 23 percent of its enrolled women veterans have been diagnosed with PTSD. The medical center has taken steps to assist its enrolled women veterans who suffer from PTSD by recently hiring a female evidence-based psychotherapist to lead the PTSD clinic.

Women veterans at the Spokane VAMC are provided the same evidence-based mental health treatments as male enrolled veterans, including prolonged exposure therapy and cognitive behavioral therapy treatments for PTSD. However, there is a need for the behavioral health service department to offer gender-specific groups to receive their behavioral health treatments.

The medical center’s BHSL has begun offering complementary and alternative medicine (CAM) treatments for PTSD, TBI and MST. They have recently started a music in therapy program, have helped veterans engaging in equestrian-assisted therapy through collaboration with the local Cowgirl Co-op, and are exploring tai chi and other CAM offerings.



Military Sexual Trauma Coordinator

The military sexual trauma (MST) coordinator at the Spokane VAMC is a part-time equivalent employee who also serves as a member of the facility’s PTSD clinical team. The MST coordinator is a combat veteran and trained trauma therapist who understands women veterans who have experienced MST. Currently, 44 percent of the mental health providers at the medical center have participated in the new MST training offered through the Talent Management System. The medical center has provided mental health services to 58.7 percent of the women and 50.6 percent of then men who have reported a positive MST screen. The medical center or community providers do not offer residential treatment services for veterans who have experienced MST. In cases where residential treatments are needed, those services can be provided and/or offered at other VISN facilities or throughout the VA nationwide.

The Spokane VAMC screens all veterans for MST either in primary care or upon enrollment. If positive screening results for MST occur, then an immediate referral to the MST coordinator takes place during the patients visit. The MST coordinator presents the veteran with different options for treatments and therapies that the health-care system offers and assists them with immediate enrollment for those treatment options. It is at the veteran’s discretion for the MST coordinator to provide the BHSL staff a confidential consult for enrollment in the treatment and therapies offered.



Women veterans who choose to seek MST treatment on an outpatient basis have a choice of location and provider gender. Outpatient treatments and evidencebased psychotherapies such as prolonged exposure therapy and cognitive processing therapy for MST-associated mental health diagnoses such as PTSD and depression are available through the health-care system.

The MST coordinator provides medical center staff training on all MST issues and concerns that effect veterans, and also provides outreach by teaching community organizations and agencies about MST and how to deal with veterans who have experienced it.

Homeless Veterans Coordinator

The mission of the Spokane VAMC homeless program is to “Help Vets.” The Health Care for Homeless Veterans (HCHV) Service Center is a one-stop clinic located in downtown Spokane that provides services to more than 2,300 veterans, of which approximately 460 are women veterans, that reside in the catchment area. The HCHV’s purpose is to provide veterans a place to receive shelter, food, necessary supplies, and health-care and mental health services. The HCHV also has a VA medical provider onsite to provide same day contact vesting physicals and follow-up health care for veterans.

The case managers attached to the HCHV assist and/or coordinate services for homeless veterans through services offered at the medical center or through community partnerships. Services offered at the HCHV include health-care assessment and referrals for care; a full continuum of housing options such as crisis housing, transitional VA grant and per diem housing; and permanent Housing and Urban Development/Veteran Administration Supportive Housing (HUD/VASH); veterans justice outreach, substance abuse evaluation and treatment; employment assistance; and assistance for indigent veterans to receive a proper and decent burial.

In FY 2011, the Spokane VAMC provided 25 (HUD/VASH) vouchers to veterans, of which six were given to women veterans. In FY 2012, the medical center provided 50 vouchers – nine to women veterans.

Suicide Prevention Coordinator

The Spokane VAMC has a full-time suicide prevention coordinator (SPC) who also works a therapist in the medical center’s PTSD clinic. The SPC’s responsibility, through coordination and collaboration with medical center staff, is to track and monitor veterans’ ideations of suicides within the catchment area. In FY2011, FY2012, and through the second quarter of FY2013, the health-care system had 51 veteran suicide attempts, 12 of which were women, within the catchment area. The medical

center reported that there has been one successful female veteran suicide since April 2010.

The medical center has noticed that there has been a decreased trend in the number of suicide attempts among its women veterans in its catchment area as a result of immediate interventions and implemented electronic medication dispensing boxes that prevent accidental overdoses. The medical center has a stabilization unit with the inpatient mental health stabilization unit to treat women veterans with suicide ideations or who have attempted suicide. During the inpatient treatment and stabilization process, the mental health department develops a suicide risk assessment safety plan for veterans. All of the center’s providers are educated about that plan for continuity of care when the patients transition from inpatient care to outpatient care.

The suicide prevention coordinator has ramped up the outreach efforts to reduce the risk of suicide among veterans in the community by working in collaboration and educating the staff at new employee orientation about recognizing the signs of suicide among veterans. The SPC works conjunctively with the women veterans program manager, Operation Enduring Freedom/Operation Iraqi Freedom program manager, and Homeless Veterans Coordinator on coordinating alternative therapies and programs to combat suicide ideations, such as music, fishing, canoeing, hiking, sweat ceremonies, etc.

Veterans Town Hall

The women veterans health-care town hall meeting took place at American Legion Post 9 in Spokane on April 8, 2013. In attendance were approximately 15 veterans enrolled at the Spokane VAMC, the medical center’s women veterans program manger, congressional staffers from Sen. Patty Murray’s and Rep. Morris-Rodgers’ offices, and several members from the Department of Washington. The women veterans present stressed that there were some obstacles in receiving some gender-specific health-care services due to living in rural areas. Also mentioned were issues and/or concerns with the medical center’s current transportation system not having equipped vehicles to transport disabled veterans. The female veterans also stated they would like to see female department service officers assist female veterans with claims regarding gender-specific issues and concerns.

Best Practices

- The medical center has an interdisciplinary PACT staff meeting everyday in order to keep the channels of communication open as it affects the delivery of veteran health care. This meeting includes the WVPM, behavioral service line staff and other staff that are integrated within the medical center’s PACT model of care.

- The medical center has several staff members on the Eastern Washington Veterans Task Force to share and acquire knowledge from other organizations and businesses who services affect veterans in the community. These meetings foster personal relationships with members in order to enhance services to the veteran population.
- The Veterans Outreach Center, in collaboration with Spokane VAMC, has a therapeutic women warriors retreat program every year called “Women Warriors & the Cowgirls” that helps women veterans of the U.S. Armed Forces. The program is heavily endorsed by Murray and her staff.
- The medical center has a licensed clinical social worker (LCSW) within the ambulatory care team that has the collateral role of maternity care benefits coordinator in the womens health center to provide their enrolled pregnant veterans a resource to address issues and concerns regarding VA maternity care.
- The medical center has a successful 48-hour turnaround policy to receive mammogram results from the time of appointment to receipt of results.
- The medical center, in coordination through the homeless veterans program, has an “Adopt a Family” program during the holidays in which staff can adopt a family in need to provide gifts for children and pets, and to provide food for families.

Facility Challenges & Recommendations

Challenge 1: The medical center needs better interaction with its VISN. During the meeting, it was noticed that there was very little discussion about the VISN or the relationship between hospital staff and support they receive from the VISN.

Recommendation: The VISN and medical center leadership need to support their team and programs with more leadership involvement. The management team needs to recognize all of the good things that its staff is doing and accomplishing through their established partnerships and relationships. Leadership needs to identify the problem areas and provide the necessary leadership and guidance that are necessary to turn weaknesses into strengths.

Challenge 2: Difficulty reaching women veterans living in the rural communities when they are transitioning from military service to veteran status in order to assist in enrolling them in the VA health-care system

Recommendation: The medical center should provide women veterans specialized and informational sessions focusing on women health-care programs and benefits during TAP brief-

ings and outreach activities. This will provide women veterans information on the gender-specific health-care services that the medical center offers.

Challenge 3: There is a need for veterans who enter the medical center to visually see pictures of the medical center leadership and program managers are and know to contact them if needed.

Recommendation: The medical center needs to post the pictures of administration staff and program managers in places where veterans are located, such as the lobby, pharmacy, emergency department, cantina, waiting rooms and other high-traffic locations.

Challenge 3: The Women Veterans Strategic Health Care Committee does not have any representation from the executive leadership and/or facilities management team to address any issues and/or concerns relating to women veterans health care.

Recommendation: The leadership team and facilities management at the medical center need to be an active participant in these meetings to be aware of the issues and needs of their female veteran patients, and to address them according. Those issues include delivery of health care, privacy issues, and construction and/or space re-configuration

Challenge 4: The medical center’s CBOC at Coeur D’Alene, Idaho, has difficulty enrolling veterans into the health-care system due to staff not being trained in veteran registration and enrollment, which creates an access barrier to the veteran community.

Recommendation: The medical center leadership needs to take immediate action and provide training and education to the individual(s) assigned to the task of registering and enrolling veterans, eliminating the access barriers for their veterans.

Challenge 5: Currently, the mental health department at the medical center is 67 percent staffed (as of May 2013) for psychiatry, creating the need for a fully and functional staff to treat the behavioral health needs for enrolled women veterans. As a result of not having a fully staffed department, there is no dedicated women veteran gender-specific focused therapy and treatment groups to treat women veterans suffering from PTSD, MST, anxiety, substance abuse, depression, etc.

Recommendation: The medical center needs to conduct more recruitment and retention events in order to keep and/or attract more qualified mental health providers to start offering its women veterans gender-specific treatment and therapy programs.



ST. CLOUD VA HEALTHCARE SYSTEM | ST. CLOUD, MN

Date: April 16-17, 2013

National Task Force Member: Thomas P. Mullan

Senior National Field Service Representative: Warren J. Goldstein

Overview

The St. Cloud Veterans Affairs Health Care System (VAHCS) in St. Cloud, Minnesota serves approximately 62,000 veterans in 21 counties throughout Central Minnesota. The St. Cloud VAHCS is part of the VA Midwest Health Care Network Veterans Integrated Services Network (VISN) 23, which includes three community based outpatient clinics (CBOCs) located in Brainerd, Montevideo, and Alexandria Minnesota.

The St. Cloud VAHCS provides its 39,940 enrolled veterans with primary and specialty medicine, surgical and specialty care, mental health and extended care, and rehabilitation through a variety of inpatient and outpatient health care programs. The St. Cloud VAHCS is the main referral center for mental health services for veterans residing throughout VISN 23.

The St. Cloud VAHCS overall budget for fiscal year (FY) 2011 was \$217.8 million which included \$34.5 million for construction, \$218 million in FY 2012, including \$19.9 million for construction, and \$222.4 million to include \$8.6 million for construction for FY 2013. The St. Cloud VAHCS supports women veterans programs at the medical center and its associated CBOCs through the same fiscal methodologies utilized for all health care programs at the medical center.

The St. Cloud VAHCS received a grant to remodel the women's clinic which was completed in 2012 at a cost of \$144,000, in order to make it more appealing and private for women veterans receiving health care. The St. Cloud VAHCS has a designated model 1 and model 2 women's health clinic (WHC) that consists of women veterans' health care that is integrated within the existing eight Patient Aligned Care Team (PACT) health care models. In any of these models, female veterans can choose their provider. All of the PACT teams provide health care to male and female veterans. Currently, the healthcare system has one PACT teamlet dedicated to having a women veteran only panel. When women veterans enroll at the healthcare system, they are offered the option to receive their health care in the women veteran's dedicated teamlet or receive their care in a teamlet consisting of males and females.

The services offered to their women veterans through these models of care are: primary care; urgent care; preventive health screenings for breast; cervical and colon cancer and heart disease; family planning services and birth control; reproductive

health care including maternity care and infertility evaluation; osteoporosis evaluations; menopause counseling and treatment; smoking cessation; weight management; and mental health services.

There are 4,577 women veterans, or approximately 7.4 percent of the total 62,000 veterans that reside in the St. Cloud VAHCS catchment area. Currently, there are 1,419 women veterans enrolled at the St. Cloud VAHCS, which equals 3.5 percent of the approximately 40,000 enrolled veterans who receive their health care throughout the St. Cloud VAHCS. In FY 2011, there were 28,368, in FY 2012, there were 29,934, and through the first quarter of FY 2013 6,025 unique outpatient visits by women veterans who received their health care at the St. Cloud VAHCS and their associated CBOCs.

In 2012, the St. Cloud VAHCS dramatically expanded its telehealth program and services to reach enrolled veterans living in rural areas. Currently, the telehealth program has more than 20 services such as home telehealth, store and forward telehealth, and clinical video telehealth for male and female veterans who can not and/or choose not to travel to the medical center to receive their health care. Telehealth services include primary care, clinical, surgical, preventive, rehabilitative, and mental health care

Women Veterans Program Manager

The Women Veterans Program Manager (WVPM) at the St. Cloud VAHCS is a dedicated full-time Title 38 registered nurse master's prepared manager, a veteran who reports to the chief of staff. The WVPM coordinates the delivery and assesses the quality of healthcare that women veterans receive throughout the healthcare system, and serves as an advocate to assist women veterans who have concerns or need health care services. The WVPM's responsibilities include providing coordination and program oversight for women veteran issues and benefits, ensuring high patient satisfaction, ensure access to high quality women gender-specific health care is being provided, and provide and promote staff education and training that is comprehensive and gender-specific focused. The St. Cloud VAHCS does not have a designated women's health budget for women veteran's health and programs. The WVPM supports women veterans health programs through primary care funding and receives donations from veteran service organizations and community partners.

The WVPM measures women-specific services delivered throughout the VA healthcare system by utilizing national metrics that analyze access to care, process measures and outcomes. The goals the WVPM at the St. Cloud VAHCS has established are to increase internal and external education regarding women’s health care that are available throughout the system, increase enrollment through collaborations through community partnerships, and to facilitate women veteran meeting groups. The WVPM participates in and conducts, in coordination with other healthcare systems programs several outreach events per year to assist in increasing women veteran enrollment into the St. Cloud VAHCS.

Currently, the healthcare system does not offer child care services; however, the WHC does provide child-size seating and a play area with books and toys to accommodate women veterans who bring their children during their appointments.

The WVPM has increased the marketing and outreach to women veterans, in order to assist them in enrolling in the St. Cloud VAHCS, by increasing the communication outreach to women veterans and keeping them aligned with other healthcare system outreach events and/or celebrations. Women veterans outreach events include the annual women veterans’ health and wellness event, women’s health month, and the Wear Red for Heart health awareness event conducted every February. The WVPM also has been a guest on the local St. Cloud radio show “Voices for Veterans”.

The WVPM at the St. Cloud VAHCS is also the chairperson for the healthcare system’s 27 multidisciplinary-member women veterans’ health committee (WVHC). The WVHC meets quarterly and is tasked to gather all of the medical center’s department’s expertise on how to efficiently and effectively deliver women veterans healthcare throughout the continuum of care. The committee also serves as a conduit for communication between departments on women health care topics. The WVHC collectively brings issues and concerns to the forefront, and provides recommendations to the VISN and medical center leadership regarding the delivery of women veterans’ health care.

Business Office/ Enrollment

The mission of the business and enrollment office at the St. Cloud VAHCS and their associated CBOCs is to provide the following services to their women veterans: assist in enrolling eligible veterans into the VA healthcare system, provide non-VA

care coordination (NVCC), beneficiary travel reimbursement and participate in outreach events that the healthcare system are involved with to provide veterans on-site enrollment and registration into the VA healthcare system.

The St. Cloud VAHCS has spent \$1.6 million in FY 2011 and \$1.4 million in FY 2012 for fee-basis women veterans’ health care in the community. The gender-specific medical care that is currently purchased in the community and/or available through the NVCC program is for: obstetrics, gynecological surgery, and mammograms. The healthcare system previously had a contract for mobile mammography services onsite but, the contract is currently out to bid. The plan is to have a new service by the end of the fiscal year resulting in no travel distance for their women veterans’. Currently, the healthcare system offers its enrolled women veterans’ basic medical care services. However higher levels of needed medical care are referred to other facilities within VISN 23, or through community contracts, or the NVCC program.

As of April 2013, the medical center reported there are approximately 62,003 veterans residing in the St. Cloud VAHCS catchment area, of which 4,661 (7.5 percent) are women veterans. This is estimated data based off a national actuarial model utilizing the best available data from 2010. There are currently 39,940 veterans receiving their health care at the St. Cloud VAHCS, of which 1,490 (3.7 percent) are women veterans. In FY 2011, there were 28,368 unique outpatient visits by women veterans; in FY 2012, there were 1,247 unique women veteran users, 29,934 unique outpatient visits, an increase of 5.2 percent from FY 2011.

Mental Health

The St. Cloud VAHCS has a rich history as a referral center for VISN 23 by providing neuropsychology health care and treatments and serves as a treatment center for male and female veterans with mental health, substance abuse and dependency issues. The healthcare system has a specialized mental health service line department to serve and treat the mental, social, psychological needs, and substance abuse issues of their enrolled women veterans in an inpatient, outpatient, and residential treatment setting. The mental health service line (MHSL) is fully embedded in the existing PACT health care model through the primary care mental health integration model at the medical center by having a psychiatrist, social worker, advanced prac-



tice nurse, and psychologists to treat the mental health needs of women veterans within primary care. The mental health staff that work in the primary care-mental health integration model work collaboratively with all primary care providers, including the women's clinic nurse practitioner to provide the overall health care services needed for their enrolled women veterans.

The St. Cloud VAHCS provides individual, group, and family therapy, diagnostic assessments, medication management, and outpatient substance use disorder as outpatient mental health-care services for its enrolled women veterans. The healthcare system provides several inpatient programs, (including residential rehabilitation treatment program including PTSD, and independent living skills track), acute mental health inpatient services, psychological assessments, testing and evaluations to include neuropsychological evaluations, mental health intensive case management, and a psychosocial rehabilitation and recovery center.

The healthcare system offers women veterans in all of their programs the option of choosing a male and/or female provider to provide mental health treatments and therapies. Those treatments include evidence-based care such as prolonged exposure therapy (PET), cognitive processing therapy (CPT), cognitive behavioral therapy (CBT), Seeking Safety, acceptance and commitment therapy (ACT), and dialectical behavioral therapy (DBT) for veterans suffering from PTSD and having experienced military sexual trauma (MST). The MHSL reported that nine percent of women seen at the medical center have been diagnosed with PTSD. The medical center has a nationally recognized 148-bed residential treatment program located on campus; 23 beds are dedicated for women veterans who have various mental health issues (such as depression, anxiety, and bipolar disorder), or are dealing with substance abuse, PTSD, or MST, and need independent living skills therapy. Women veterans residing in this residential unit receive individualized evidence-based treatment and practices through the PTSD track, and can receive those treatments and therapies in a group or in individual counseling sessions. Leadership from the mental health department stated that they are in the early stages of providing their enrolled women veterans complimentary and alternative medicine therapies and treatments, such as yoga, stress management, sweat lodges and pipe ceremonies, boating, acupuncture, and bowling (onsite bowling alley).

Military Sexual Trauma Coordinator

The military sexual trauma (MST) program coordinator at the St. Cloud VAHCS is a collateral position that consists of 10 percent for MST coordination and administration, and 90 percent being dedicated to being a social worker in the PTSD residential

treatment program. The MST program coordinator at the medical center is to provide clinical care; monitor MST related issues; perform informational outreach related to MST counseling, care and services; and to provide an alternative option of having a male or female therapist for veterans' who experienced MST.

The MST program coordinator stated that in FY 2012, there were 515 or approximately 6.63 percent out of the 7,779 unique veterans that screened positive for MST. The data collected by the healthcare system indicated that veterans who receive MST treatment reflect an equal population of males and females, at approximately 1 percent of the population.

In FY 2012, the healthcare system reported that there were 62 enrolled veterans that have reported MST. Out of the 62 enrolled veterans, 22 were women (.06 percent of the total women population), and 40 out of 62 or were male veterans equaling (.11 percent) that have screened positive for MST.

The role of the MST program coordinator at the St. Cloud VAHCS is to serve as a point person for all MST issues and concerns that take place throughout the healthcare system. The MST program coordinator's responsibilities are: ensuring all MST mandates are fulfilled, conducting education through ground rounds at the medical center, conducting outreach at the CBOCs and local colleges, and collaborating with the other medical center entities in outreach events. Other duties of the MST coordinator are to perform all individual/group therapy clinical assessments, review MST cases and to collaborate with the National Guard within the St. Cloud area.

Employees at the St. Cloud VAHCS are introduced to the MST coordinator and how to access the resources made available to them in the general hospital-wide orientation. Employees are required to complete the MST competencies training through the medical centers' Talent Management System (TMS). The MST coordinator ensures that there are many training opportunities, including Web training and monthly national MST calls for providers and clinicians to focus on improving the overall awareness, address the stigma related to MST, ensure that all providers screen for MST, and provide a warm hand-off to the appropriate mental health provider when needed.

Homeless Veterans Coordinator

The St. Cloud VAHCS has a robust homeless veterans program that includes housing opportunities for women veterans and their families. The homeless veteran's coordinator is .5 full-time equivalent employees (FTEE) who has the homeless veterans program as a collateral duty by serving as the administrator for the program. Currently, the homeless veterans' coordinator also serves as the assistant director for the domiciliary. There are currently 60 homeless veterans (three women) residing in the

St. Cloud VAHCS catchment area. The St. Cloud VAHCS has community partnerships with the Salvation Army and the Place of Hope to temporarily house homeless veterans with families until they find transitional and/or permanent housing.

The St. Cloud VAHCS provided 35 HUD/VASH vouchers in FY 2011 and 40 vouchers in FY 2012 to veterans and their families (all were used). The St. Cloud VAHCS participates in two stand-down events per year to assist veterans in receiving and/or enrolling them for VA health care and benefits.

Suicide Prevention Coordinator

Since the programs inception in 2007, the St. Cloud VAHCS has a full-time suicide prevention coordinator to track and monitor veterans deemed high risk for suicide within its catchment area. The healthcare system has had 25 suicide attempts in which three involved Operation Iraqi Freedom, Operation Enduring Freedom, and Operation New Dawn female veterans since 2010. In FY 2011, FY 2012 and FY 2013 year-to-date, the healthcare system has had a total 174 (15 women) suicide attempts/undetermined events that occurred within the catchment area. None were successful.

The St. Cloud VAHCS has noticed a decrease in suicide attempts from 2011 through 2012, which is consistent with overall VA statistics. The St. Cloud VAHCS has been tracking methods of suicide attempts among women veterans, which include by overdose of prescription medications (68 percent), wrist cutting, (16 percent), and prescription medication with a mixture of alcohol (16 percent). The suicide prevention coordinator has ramped up outreach efforts by providing fact sheets and suicide-prevention information to veterans residing outside the city, especially in rural communities. The suicide prevention coordinator actively conducts five outreach events per month in the St. Cloud community in order to provide suicide prevention education and training. Such events include presenting at the Central Minnesota Mental Health Center, performing gate-keeper suicide training at the crisis center, presenting at the local National Guard unit, attending yellow ribbons ceremonies, and sitting on the Four-County Joint Powers board and advisory committee for Stearns and Benton Counties.

Patient Advocate

The St. Cloud VAHCS has two patient advocates located at the medical center to assist with veterans' issues and concerns. The patient advocacy staff is a resource for all of the veterans' issues and concerns that involve the medical center and the associated CBOCs. The patient advocates also educate and provide referrals for veterans' on their veterans' benefits, either in regard to health care or claims. The goals established by the patient

advocacy department are to focus on becoming more patient-centered and to evaluate trends that will ultimately improve the effectiveness and efficiency of the St. Cloud VAHCS to better serve veterans and their families.

The two patient advocates at the medical center each receive 10-20 veteran contacts per day, five percent of which are from women patients. The biggest issues and concerns among their enrolled women veterans are the changing of medical providers, staff-to-patient communication, not fully understanding the CHAMP VA process for veterans and families, beneficial travel, and coordination of care between providers. The medical center encourages that all of their employees serve as patient advocates to solve issues and/or concerns at the point of service.

Veterans Town Hall

The women veterans' healthcare town hall meeting took place at the Frank Heinzel American Legion Post 222 in Sauk Rapids, Minnesota on April 15, 2013. There were 20 veterans in attendance, including 11 female veterans who are enrolled at the St. Cloud VAHCS. There was also staff from the Department of Minnesota Veterans Affairs and Rehabilitation Commission, Minnesota county veteran service officers, medical center and Representative Michelle Bachman's office that participated in the meeting. The veterans stressed that there were a significant amount of positive changes that were made in regards to recognizing women veterans. Some of the positive changes that women veterans present expressed were: scheduling, responsiveness at the urgent care clinic, after-hour telephone triage, and women's health care services. The barriers and/or challenges the women veterans expressed were: the need more female providers for MST treatments and therapies, the need for gender-specific group therapies for mental health treatments, a lack of knowledge among female veterans about their VA benefits, and that female veterans do not feel VA is theirs, causing a barrier for them to enroll for health care.

Best Practices

- The St. Cloud VAHCS has established a Growth and Outreach Committee within the enrollment and business office to address why veterans are not enrolling in VA healthcare system and to find alternative ways to break down the barriers for veterans to enroll.
- The St. Cloud VAHCS posts all veteran outreach events and activities on their website and Facebook page. They also post activities on the Minnesota "Warriors to Citizen" page, and Minnesota Yellow Ribbon website, and utilizes the community veterans service organizations websites to communicate and advertise the activities and events that are hosted by the healthcare system.



Facility Challenges & Recommendations

Challenge 1: The staff at the St. Cloud VAHCS has more knowledge and/or understanding of men veterans than the unique needs of women veterans who have served in the military and/or in a combat zone.

Recommendation: Since there are no military installations around the St. Cloud VAHCS, the women veterans' program manager through the assistance of other programs needs to conduct more education, and sensitivity training to enhance staff knowledge of women veterans. Through the assistance of the St. Cloud VAHCS, the WVPM needs to increase outreach efforts through community education and advertisement to identify the women veterans in the community in an effort to assist them in enrolling at the St. Cloud VAHCS. The WVPM also needs to reach out to the Minnesota Department of Veterans Affairs and veteran service organizations in the community to seek assistance in targeting more women veterans.

Challenge 2: The medical center's WVPM and MST coordinator are new to their positions and are not as knowledgeable as their seasoned counterparts.

Recommendation: The medical center needs to offer and implement training programs for these two managers by allowing them to educate themselves on the newest innovations and strategies that pertain to these clinical programs.

Challenge 3: The MST coordinator is not a full-time coordinator and has collateral duties within the medical center and due to time constraints, cannot efficiently assist the needs of women veterans who experienced MST.

Recommendation: The executive leadership team needs to review the MST coordinator's time and responsibilities with the view of increasing the position to a .5 or 1.0 FTEE as a result of the drawdown of the armed forces. In the near future, there will be significantly more women veterans needing MST treatment and services.

Challenge 4: The St. Cloud VAHCS does not provide gynecology services on station for their women veterans. All of these services are fee-based out in the community.

Recommendation: The St. Cloud VAHCS needs to perform a marketing study targeted toward its women veterans specifically to inquire how many non-enrolled women veterans would be interested in enrolling at the medical center if offered gynecological medical services. If the medical center chooses to hire a gynecologist, it may significantly reduce its fee-based costs for these provided services.

Challenge 5: The St. Cloud VAHCS is 87 years old and has an aging infrastructure causing some areas of the hospital to not meet

the privacy needs and/or requirements for its women veterans. As a result of age, many of the buildings need significant renovation and replacement. Due to the building being a historical preservation site the windows where clinical areas can't be easily replaced.

Recommendation: The medical center, with the assistance of the city of St. Cloud, needs to see how it can replace the windows without jeopardizing the existing historic preservation. Currently, the medical center has an ample amount of allocated dollars to restore many of the sections of the campus.

NATIONAL CHALLENGES AND RECOMMENDATIONS

Challenge 1: Women veterans do not identify themselves as veterans and/or know what benefits they are eligible to receive.

The Transition Goals, Plans, and Success (GPS) is an interagency program from the VA, Department of Defense, Department of Labor, Department of Education, Department of Homeland Security, Office of Personnel Management, and the Small Business Administration to provide a week-long training experience for service members separating from active duty. The VHA needs to do a better job by ensuring when women service members’ transition out of the service, they are fully aware of their veteran status and VA health care benefits they are eligible to receive.

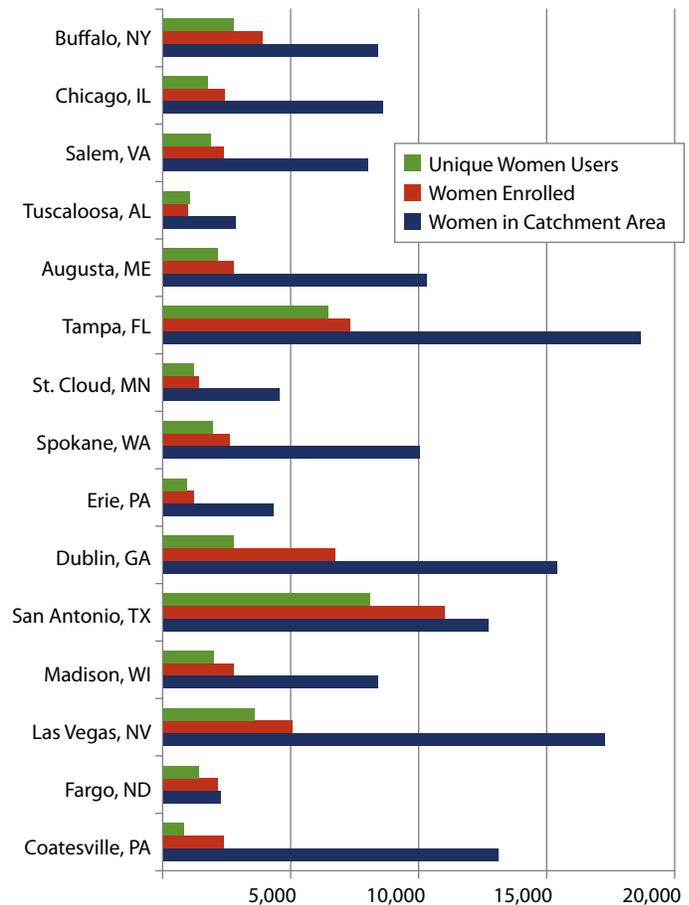
Recommendation: VA should develop a customized women veterans health benefits track with a primary focus on how VA defines a veteran, veteran’s eligibility for health-care benefits, and VA health-care services that are available for women veterans. This should be incorporated into the Transition GPS program as a new specialized track, as well as the VHA’s Employee Education System program. VHA clinicians who are women veterans should be the facilitators for these women veterans health benefit tracks, and during the briefings these facilitators can help women veterans enroll in VA and/or connect them with their closest facility’s women veteran program manager after they leave the service.

Challenge 2: VA medical center facilities do not have a baseline, one-, two- and five-year plan to close the gap between the catchment area, enrollment numbers and actual users among women veterans.

While conducting site visits, the System Worth Saving Task Force collected data involving women veterans currently enrolled at a Veterans Affairs medical center (VAMC). The chart at right represents the actual number of women veterans at each VAMC during the time of the site visit, in relation to the number of women veterans located in each of the facility’s catchment area. In addition, the diagram also represents the number of women veterans who utilize the facility but are not enrolled at the facility.

However, the Fargo VA Healthcare System in Fargo, N.D., and the South Texas VA Healthcare System in San Antonio present themselves as locations VA may want to target for enrollment best practices for women veterans residing in rural and urban locations, respectively. Additionally, further questions should be raised for the facilities with lower enrollment levels in relation to their catchment areas. Could lower numbers of enrollment indicate issues not only with outreach efforts, but also the wom-

en veterans program at the facility? In regards to unique women users, the VA Western New York Healthcare System in Buffalo, N.Y., Coatesville VAMC in Coatesville, Pa., and the Carl Vinson VA Medical Center in Dublin, Ga., present themselves as locations VA may want to look into in order to better understand why their medical centers are not being as frequently utilized as the other sites.



Recommendation: The VA should consider implementing baseline facility enrollment and unique women veterans seen as percentage goals in relation to the facility’s catchment area.

Challenge 3: Additional research is needed to determine the purpose, goals and effectiveness of the three VA women models of care on overall outreach, communication and coordination of women veterans’ health services.

VA delivers comprehensive primary health care by a designated women’s health primary care provider in one of the following three health-care models or a combination of all three models,

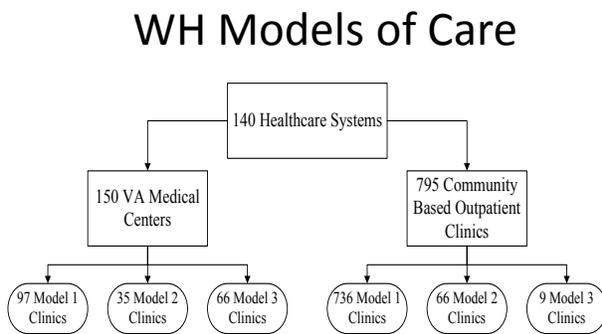


depending on the VA facility:

- **Model 1: General Primary Care Clinics.** Gender-neutral primary care clinics with women’s health providers, co-located mental health services and specialty gynecology services onsite; through non-VA care (fee-basis), contract or sharing agreements; or referral to other VA facilities within 50 miles.
- **Model 2: Separate but shared space.** Primary care services in a separate but shared space, co-located specialty gynecological care and mental health services.
- **Model 3 (Women’s Health Center (WHC)).** Comprehensive primary care services in an exclusive space, co-located gynecological care; mental health and social work services, breast care, endocrinology, rheumatology, neurology, cardiology and, nutrition may be provided in the same location; and women veterans receiving primary care in gender-neutral clinics at sites with a WHC must be referred to WHC for gynecological, mental health and other sub-specialty care.¹

Each of the 152 VA medical centers and/or associated community-based outpatient clinics (CBOCs) may offer one or more models of how they deliver women veterans health care on site for their enrolled women veterans. The following graph depicts the number of VA facilities and CBOCs and their designation of a Model 1, 2, 3.

First, it was unclear how each of the VA facilities determined



Source: FY2011 Women’s Assessment Tool for Comprehensive Health (WATCH) National Report, Sept. 30, 2011.

which model of care the facility would adopt and implement. Secondly, it was uncertain on what data collection was in place to provide ongoing evaluation, monitoring and women veteran feedback of the effectiveness of the models. Third, after analyzing the data, it can be inferred that women veteran health-care model types and/or sharing agreements do not appear to have an effect on medical center enrollment levels. In addition, for women veterans entering the VA health-care system, it is unclear how outreach of services differentiates between the different models of care and/or types of services offered by each facility under the respective models.

Recommendation: First, VA determines the background, purpose, goals, and effectiveness of the three VA women models of care on overall outreach, communication and coordination of women veterans’ health services. Additionally, in the evaluation, VA can determine how the models help to better align services. Specifically, VA can look at creating models that not only address location of women veteran services in the hospital, but which types of services are available in each facility under their respective models.

Secondly, VA conduct a study on the feasibility of rolling Model 2 services (separate but shared space/services) into Model 3 to better align, co-locate and coordinate different services into one general area of the hospital. Women veterans that are not interested in being included in Model 3 (comprehensive women veterans services) can opt out to move back to Model 1 (primary care/patient aligned care team) allowing the veteran the choice between Model 1 or 3.

Thirdly, after VA determines its women veterans models, VA should prepare specific outreach materials (e.g. one-page facility women veteran outreach/services summary, brochure, etc.) that are tailored to each of the three models so women veterans know what type of model and services that are available.

Challenge 4: Women Veterans do not receive their mammogram results in a timely manner

During our VA medical center site visits, we noticed a trend where mammography services attributes to a large portion of the medical center’s non-VA purchased-care budget. VA stated that it is more cost effective to fee-basis mammography services out to a community provider rather than provide those services within the medical center.

VA also stated that the required time for results to be given back to women veterans is in accordance with the 21 Code Federal Regulations Part 900.12 (c) which states the following: “the VHA and non-VHA mammography programs are required to provide a report of the results back to the veteran and ordering

1. Source: VHA Handbook 1330.01: Health Care Services For Women

practitioner within 30 days. However, when the mammogram is suspicious or considered highly suggestive of malignancy, the results and recommended course of action must be communicated within 3 to 5 business days which is defined by the law”.

Recommendation: While the law requires non-malignant and/or non-suggestive mammograms be reported in 30 days and 3 to 5 days for malignant and/or highly suggestive mammograms, The American Legion views this as a minimum standard established by law. VA should look into establishing a gold standard which exceeds the minimum standard and strive to provide same day results for malignant and/or highly suggestive mammograms. VA should provide the necessary funding and resources to expedite the implementation of the mammography package. This mammography package should allow women veterans the option of self-referrals, as well as VA staff the ability to schedule, track and review mammogram results.

Challenge 5: Many VA facilities do not offer Inpatient/Residential Mental Health Programs for Women Veterans

Several of the VA medical facilities that were visited did not provide adequate and and/or specialized residential inpatient mental health treatment programs for their enrolled women veterans.

According to information obtained from VA Central Office, at the end of FY 2012, there were seven Mental Health Residential Rehabilitation Treatment Programs (MH RRTPs) fully dedicated to the treatment of women veterans only and nine programs reported having a specialized track for women veterans. These programs provided an average of four hours of gender-specific treatment each day (see table below). In addition, 50 percent of MH RRTP programs reported having a separate unit or wing for women veterans accessing residential treatment and 8.1 percent of beds were fully dedicated for meeting the residential treatment needs of women veterans. Across all MH RRTPs there are 1,703 beds that meet gender-specific privacy, safety, and security standards as specified by VHA Handbook 1162.02, Mental Health Residential Rehabilitation Treatment Programs. In Q2 FY 2013, the Cincinnati PTSD Residential Rehabilitation Treatment Program completed renovations and designated a program for women only (converting their existing track) and the Butler VAMC Domiciliary completed renovations that allowed for designation of 12 beds for women veterans in a separate unit.

VA MEDICAL CENTERS WITH WOMEN VETERANS MENTAL HEALTH RESIDENTIAL REHABILITATION PROGRAMS

| VISN | Station Name | MH RRTP TYPE | Female Track/ Fully Dedicated to Women | # of Beds |
|------|--------------|--------------|---|-----------|
| 1 | Boston | CWT/TR | Fully dedicated | 7 |
| 1 | Brockton | PTSD RRTP | Fully dedicated | 8 |
| 2 | Batavia | PTSD RRTP | Fully dedicated | 6 |
| 3 | Lyons | PTSD RRTP | Fully dedicated | 10 |
| 10 | Cincinnati* | PTSD RRTP | Fully dedicated | 10 |
| 17 | Temple | PTSD DOM | Fully dedicated | 8 |
| 21 | Palo Alto | PTSD RRTP | Fully dedicated | 10 |
| 2 | Bath | General DOM | Track | 10 |
| 8 | Bay Pines | PTSD DOM | Track | as needed |
| 10 | Cleveland | SA DOM | Track | 10 |
| 10 | Cleveland | DCHV | Track | 15 |
| 12 | Milwaukee | General DOM | Track | 21 |
| 19 | Sheridan | PTSD DOM | Track | 10 |
| 22 | West LA | SA DOM | Track | 4 |
| 22 | West LA | General DOM | Track | 7 |
| 22 | West LA | DCHV | Track | 9 |

*Cincinnati’s PTSD RRTP converted to a fully dedicated program in Q2 FY 13.

Each MH RRTP is required to monitor waiting lists for those pending admission to residential treatment. At a national level, there is not a mechanism for identifying the specific number of veterans pending admission to a program at a given point in time. Programs provide self-reported data on waiting lists and average time between screening and admission as part of the annual survey of all MH RRTP programs. At the end of FY 2012, three of the six programs fully dedicated to women veterans reported that no women were waiting for admission. The remaining three programs indicated that between “1 and 10” veterans were awaiting admission on September 30, 2012.

The wait times, in many cases, reflect a variety of factors other than bed availability. For example, due to the significant time commitment that a residential treatment program entails, veterans may elect to delay admission to a program until they are able to resolve a variety of personal issues, such as school or employment commitments, and child care arrangements for dependent children. In some cases, a veteran may require treatment prior to admission to a residential treatment program to establish clinical readiness. In these cases, veterans are kept on a wait list until they are ready to enter treatment. Additionally, since these programs are considered to be regional and national



resources, if clinically appropriate, a veteran could have the option to receive treatment from a program that has a shorter wait time. VA also offers both gender-specific and mixed-gender residential options as there are clinical advantages to both.

Timely access to residential treatment is a clear area of focus for VHA mental health. Processes are in place to identify and address concerns with access to residential treatment through the consultative site visits conducted at every facility in FY 2012 with follow-up visits at a sample of sites in FY 2013. Further, in recent months VHA has made available information to the field about the range of programs available, including programs that provide dedicated services for women veterans in an effort to help facilitate access.

Recommendation: Since women is approximately 15 percent of service members serving on active duty, as DoD begins its draw down and women veterans begin to leave military services, VA should continue to expand the number of mental health residential treatment programs made available for women veterans and ensure these programs are offered in each Veterans Integrated Service Network.

Challenge 6: VA's legislative authority for the child care pilot program is due to expire October 2, 2013.

Recommendation: The VA should work with Congress to make the child care legislation a permanent authority



THE AMERICAN LEGION

VETERANS AFFAIRS & REHABILITATION COMMISSION

1608 K Street NW
Washington, DC 20006
202-861-2700
var@legion.org
 www.legion.org