Department of Veterans Affairs (VA)
Advisory Committee on Women Veterans (ACWV)
Virtual Meeting VA Central Office

December 12-13, 2023

The Advisory Committee on Women Veterans (ACWV) met via video-teleconference, Wanda Wright, Chair, presiding.

ACWV Members Present:
COL Wanda Wright, USAF, Ret., Chair
COL Shannon McLaughlin, Massachusetts Army National Guard, Ret., Deputy Chair
COL Nestor Aliga, USA, Ret.
Dr. Jacqueleen Bido, USN Veteran
Delise Coleman, USMC Veteran, Acting Vice Chair for Health Subcommittee
MG Sharon Dunbar, USAF, Ret.
COL Wistaria Joseph, USAF, Ret., Acting Vice Chair for Benefits Subcommittee
CAPT Dr. Cynthia Macri, USN, Ret.
SFC Centra Mazyck, USA, Ret.
Sandra Miller, USN Veteran
MSG Lachrisha Parker, USAR, Ret.
Kathryn Smith, USAF Veteran

ACWV Ex-Officio Members Present:
Dr. Sally Haskell, Office of Women's Health (OWH), Veterans Health Administration (VHA)
Dr. Jeanette Haynie, Office of the Under Secretary of Defense for Personnel and Readiness, U.S. Department of Defense (DoD)
Faith Hopkins, Office of Engagement and Memorial Innovations, National Cemetery Administration (NCA)
Kristina Messenger, Operations, Compensation Service, Veterans Benefits Administration (VBA)

Center for Women Veterans (CWV) Staff Present:
Lourdes Tiglao, CWV Executive Director/ Designated Federal Officer (DFO)
Mary Bradford, CWV Deputy Director/ Alternate DFO
Shannon Middleton, Committee Manager/ Alternate DFO
Ana Claudio
Michelle Terry
Elizabeth Harrington

Other VA Staff:
Gerardo Avila, NCA
Jelessa Burney, Advisory Committee Management Office
Lorrie Cuartas, VHA
Evelyn Hager, VHA

Jacqueline Hillian-Craig, NCA
Eve Holzemer, VHA
Lori Lohar, VA Office of Inspector General
Steven Markowski, NCA
Billy Moores, OIT
Dr. Janet Porter, VHA
Brenda Prentice, VHA
Matt Quinn, NCA
Sharon Robino-West, VHA
DeShaun Sewell, VBA
Jamie Statton, VBA
Tanya Turner Barmer, NCA

Public Guest:

Ann
Amy
Austin A.
Mehret Assefa
Alicia Bailey
Patricia Baker
Linette Baker
Tammy Barlet
Lori Brenner
Jennifer Broach
Rhonda C.
Cheryl Creamer
Alanna Cortez Masto Simpson
Daria Coulthurst
Stephanie Chan
Jennifer Devine
Georgia Dunagan
Samuel Driver
Myra Fields-Rouse
Jessica Frost
David Forgosh
Agatha Funes
Carmalita Gaines
Harold Hanson
Stephen Hayes
Julianna Holt
Marylyn Harris
Heidi Harthun
Haney
Julie Howell
Judy Johnson
Kelsey Robertson
Elizabeth Patton
Carolyn
Julia
Eric Patterson
Heather Salazar
Rhonda Jackson
Tina Nelson
Naomi Reynolds
Susan Lee
Eric Patterson
Penny
Andre Isbell
A. Miller
Carsha Lilly
CJ Snavely
Pauline Valdez Schmitt
Astrid Rosa
Laurie Kubli
Abby Kinch
Bernadette White Bear
Michelle Wynveen
KT Gray
Chanda Plair
Hannah Rodriguez
Chanel Stallworth
Sue Katz
Johna Savage
Abbie Killian
Luke Phillips
Christina Kinlaw

Tuesday, December 12, 2023

Opening Meeting/Introductions
Wanda Wright (Colonel, U.S. Air Force, Retired), Chair, ACWV
Chair Wright began the meeting by giving a brief introduction and having the rest of the committee members.

Update on National Cemetery Administration Initiatives
The Honorable Matthew Quinn, Under Secretary for Memorial Affairs (USMA)
In his overview of the National Cemetery Administration (NCA), USMA Quinn noted that NCA has 2,340 team members. There are 1,822 at cemeteries and field offices outside of Washington, DC. With 66.3% of staff being Veterans, NCA has the highest percentage of Veteran employees among all of the agencies in the Federal government. Disabled Veterans represent 56.9%, with 37.7% having service-connected disabilities. Women Veterans represent 8.93% of the staff.

NCA's current coverage for providing memorial services for Veterans across national, state, and tribal cemeteries is 93.81%; NCA's goal is 95%.

USMA Quinn explained any Veteran who was discharged under conditions other than dishonorable or any Servicemember who dies on active duty are eligible for memorial benefits. National Guard members and Reservists who were called to Federal active duty, are entitled to military retired pay, have a service-connected disability, or meet certain at death requirements are also eligible. Additionally, the spouses, dependent children, and certain parents of eligible Veterans, Servicemembers, and National Guard members or Reservists who meet other eligibility criteria may receive benefits.

NCA's Pre-Need program launched on December 8, 2016. It assists Veterans and their families in planning for their future burial needs, however eligibility is subject to final verification at time of need. Establishing Pre-Need eligibility does not guarantee burial in a specific cemetery or reserve a gravesite until time of need. Veterans found to be ineligible during the Pre-Need determination have rights to further review.

He noted the burial benefits NCA provides, which include a gravesite, the opening and closing of the grave, a grave liner, and perpetual care of the gravesite. Some example of memorial benefits that NCA provides are several headstones options, niche covers for columbaria, medallions, and Presidential Memorial Certificates (PMC). NCA provides headstones/markers to eligible individuals all over the world, whether they are buried in a national cemetery or private cemetery. In 2022, NCA processed 323,051 marker requests and sent 547,019 PMCs to Veterans' families and loved ones.

USMA Quinn discussed NCA's Veterans Legacy Memorial, a Web application launched in 2019 to honor Veterans in VA National Cemeteries. They expanded it in 2021 and 2022 to include VA-grant funded state, tribal, territory Veteran cemeteries, and two of the 14 National Park Service cemeteries. There are approximately 10 million Veteran pages and more than 74,000 items (tributes and mementoes) posted to honor them. For

Veterans Day, NCA added information on five million Veterans interred in private cemeteries throughout the country. This ambitious effort doubled the number of individual Veterans' pages to approximately 10 million. For Memorial Day, they added information on Veterans in 27 DoD cemeteries (including Arlington National Cemetery) with about 300,000 more pages. The site is fully interactive, and users can submit content to Veterans' pages. All content is moderated before posting.

Regarding customer satisfaction, he noted that every three years NCA participates in the American Customer Satisfaction Index (ACSI). ACSI is the only national cross-industry measure of customer satisfaction in the United States. It is an important customer satisfaction indicator. Upon completion of the 2022 survey, NCA attained the highest score of any participating entity on the index, public or private (including Chic-Fil-A, Trader Joe's, Lexus, and Cadillac), for the 8th consecutive time. When NCA achieved an index score of 97 in 2019, it was the highest ever recorded for any organization in the history of the survey.

He provided a summary of actions NCA took to increase women-owned small businesses' (WOSB) participation in the Administration's service to Veterans. NCA's contracting director partnered with VA's Office of Small and Disadvantaged Business Utilization in 2021. It was the first of VA's Administration to meet or exceed the WOSB contracting goal. In fact, NCA is the only Administration to exceed the WOSB goal (4%) for three consecutive years. NCA's percentage was 5.21% in fiscal year (FY) 21; 5.76% in FY22; and 6.36% in FY23.

Other NCA activities include active participation with WOSBs; partnership with U.S. Women's Chamber of Commerce; participation in VetBizLady weekly meetings, targeting women Veteran entrepreneurs and female military spouse entrepreneurs; and increased participation in other small business outreach events. These events allow NCA to collect capability statements and share them with NCA's contracting staff and NCA partners. Additionally, NCA regularly discusses its plans and efforts to exceed WOSB goals.

Update on IPV/SA Pilot Project (Deborah Sampson Act, Section 5304)
Dr. Jennifer Knetig, National Program Manager, Megabus 5304 Pilot Program, VHA

Dr. Knetig began with an overview of VA's Intimate Partner Violence Assistance Program (IPVAP), which was launched in January 2014 to address intimate partner violence (IPV) by providing comprehensive and integrated services to promote healthy, safe relationships. IPVAP's guiding principles are person-first, Veteran-centric, recovery-oriented, and trauma-informed. The provides comprehensive, integrated services for Veterans, intimate partners and caregivers, and VA staff. It provides evidence-based services for IPV, to include experience of IPV, use of IPV, and bi-directional IPV. Key program components of IPVAP are to raise awareness; provide universal education, resources, and referrals; offer training; build partnerships; engage in outreach; promote screening and assessment; and engage in safety planning.

She explained the difference between domestic violence (DV) and IPV. DV is any violence abuse or neglect that occurs within the home and may include child abuse, elder abuse, and other types of interpersonal violence. VHA Directive 1199 establishes policy for certain VHA professional staff related to the reporting of known and suspected cases of abuse and neglect as required by Federal and state laws.

IPV describes physical violence, sexual violence, stalking, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy or cohabitation. VHA Directive 1198, which establishes roles and responsibilities for developing, maintaining, and establishing an IPVAP to serve all VA medical facilities.

Dr. Knetig provided a description of IPV, which includes physical violence; sexual violence; emotional violence; and stalking. Physical violence is the intentional use of physical force with the potential for causing death, disability, injury, or harm. Examples include hitting, punching, kicking, and use of weapons. Sexual violence is unwanted sexual activity (threatened, attempted, or completed). Emotional violence refers to trauma caused by acts, threats of acts, or coercive tactics, to include threatening behavior. Stalking is a repeated pattern of behavior that causes fear in-person or virtual by use of technology (text messages or social media platforms). IPV can also include finance abuse, such as controlling money and ruining credit.

She discussed IPV prevalence in the Veterans community compared to the general population. In the general population, 29% of women have experienced stalking, physical assault or sexual coercion by a partner that resulted in serious outcomes. Women Veterans who use VHA have an estimated lifetime experience of IPV between 30-70%. In the general population,10% of men have experienced stalking, physical assault or sexual coercion by a partner that resulted in serious outcomes. Male Veterans' rates of physical IPV experience appear to be higher-one recent study identified 21.7% of their sample.

In the general population, IPV can lead to increased risk of divorce/broken families; loss of support; homelessness; joblessness, poverty; increased healthcare needs; justice involvement; and suicide and/or homicide. Veterans can experience additional factors related to military service that can contribute to IPV, such as post-traumatic stress (PTSD); military family life stress/separation & isolation; mental health concerns; alcohol and/or drug use; loss of trust/moral distress; traumatic brain injury; and increased anger/decreased frustration tolerance. She notes that research on the impact of natural disasters (to include pandemics) highlights that IPV increases significantly during these periods while there is simultaneously a reduction in access to services.

Dr. Knetig briefly touched on the intersectionality of IPV, sexual assault (SA) and human trafficking; SA and trafficking can overlap. IPVAP is engaged in a human trafficking pilot. They are seeing that people who are being trafficked are being trapped by intimate partners. Sexual assault (SA) encompasses many acts, including forced sexual intercourse, sodomy, oral penetration, or penetration using an object, molestation, fondling, and attempted rape. It impacts all genders. SA can include "Any type of

unwelcome touch that is without the explicit consent of the recipient of the unwanted sexual activity" (https://www.va.gov/stop-harassment/policy/); psychological coercion or physical force. An experience that occurs when the individual cannot consent because of mental health concerns or some impairment-- such as, being under the influence of substances--is also considered sexual violence.

Those experiencing SA are most likely to be assaulted by someone they know, including a friend, intimate partner, neighbor, coworker, or family member.

She further explained that while SA is underreported, Center for Disease Control and Prevention (CDC) research reveals that it occurs every 68 seconds in the United States. Over half of all persons identifying as women and approximately 30% of all persons identifying as men have been sexually assaulted. Reporting rates for rape and SA increased from 2006 to 2019, including increasing numbers of men seeking treatment for SA. Women, persons of color, and particularly Native American and Alaska Native persons, and LGBTQ+ persons experience the highest rates of SA. (https://www.cdc.gov/violenceprevention/sexualviolence/fastfact.html)

Dr. Knetig discussed the adverse impacts of SA; it can lead to many different health concerns, such as mental, physical, environmental and relationship problems. It can negatively impact the social determinants of health's core domains: access to care; housing; economics; psychological status; functional status; and social support.

She described the impact of IPV on historically underserved communities, specifically noting the impact on LGBTQ+ Veterans. LGBTQ+ Veterans are an understudied population who may experience more negative outcomes with respect to IPV. They appear to be at equal or higher risk for experiencing IPV, with bisexual women reporting the highest levels. The standard of care for the experience and use of IPV is typically hetero-centric. Using a Veteran centered, trauma informed approach is critical to effectively serving LGBTQ+ Veterans.

In her update on the Megabus 5304 Pilot Program on Assisting Veterans Who Experience IPV or SA, Dr. Knetig explained that Section 5304 of the Deborah Sampson Act required VA to do a two-year pilot to assess the feasibility and advisability of assisting Veterans who have experienced or are experiencing IPV or SA.

The IPVAP selected 10 sites with established IPVAPs for the pilot. They hired one additional Megabus lead for each site, and launched the pilot on October 1, 2021. The pilot focuses on the development of Veteran facing educational materials, staff and community partner training, data collection, community engagement, and ongoing pilot site consultation. Three memorandums of understanding have been executed to support pilot implementation: Veterans Integrated Service Network (VISN) 16 Mental Illness Research and Clinical Center (MIRECC) to produce training and material development; Courage Group Intervention; Portland VA Medical Center for Data Hub support. Data collection and analysis of the pilot is underway, and outcomes will be included in the congressionally mandated report.

The sites served 22,843 Veterans over the course of the pilot. The average age of the participants was 51 years. Twenty seven percent identified as female;1% identify as transgender or gender diverse; 3.8% identify as LGBTQ+. Thirty three percent resided in rural or highly rural communities. Thirteen percent of the pilot census have experienced recent housing insecurity.

She shared information about IPVAP's efforts to raise awareness. Their team developed a series of products to promote national awareness campaigns, such as domestic violence awareness month in October and sexual assault awareness in May. They are also engaged in efforts to bring awareness to missing murdered indigenous women and girls.

A focus of the pilot addresses how VA serves Veterans in historically underserved populations. IPVAP developed a series of 5 brochures focusing on SA /IPV in Veterans who identify as African American, Hispanic, Native American or Alaskan Native, LGBTQ+, and men who are historically underserved for SA and IPV.

They established comprehensive, tailored education for staff. South Central MIRECC, in collaboration with the IPVAP's Megabus Pilot Program and the Institute of Learning, Education, and Development (ILEAD), developed a Talent Management System (TMS) eLearning training on sexual assault. The training is designed to educate VHA Clinicians about IPV, SA and its impact on Veterans, with an emphasis on Veterans in underserved populations. The South Central MIRECC also collaborated with the IPVAP's Megabus Pilot Program to develop whiteboard video on SA.

Dr. Knetig shared examples of the pilot 10 sites' innovative projects and their focus. For instance, Fingers Lake Health Care System focused on developing an IPV and SA care coordination team and raising awareness in rural communities; Jesse Brown VA Medical Center focused on engagement with Veterans who identify as Hispanic and community partnerships; Tennessee Valley Health Care System focused on developing a sexual assault response team and partnership with Vanderbilt University; and VA Southern Arizona Health Care System focused on increasing engagement with Veterans who identify as Native American.

IPVAP is partnering with the Office of Tribal Health, Tribal Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH), Office of Tribal Government Relations, and VA Homeless Program to address issues related to housing insecurity for Veterans in the pilot. She also noted that they consulted with VBA's Office of Outreach, Transition, and Economic Development's Native American Veteran Program to provide training and resources to all 10 pilot sites.

Regarding external stakeholder engagement, Dr. Knetig shared that the Megabus 5304 Pilot program completed multiple awareness events to date. All 10 pilot sites have active collaborations with local external partners, including but not limited to: community organizations serving tribal communities; Vet Centers and Veteran service organizations; local police departments and military installations; domestic violence

centers; rape crisis centers; emergency shelters; Salvation Army; community counseling centers; YMCA; and Catholic Charities.

She noted IPVAP's monthly national external collaboration with organizations like Futures without Violence; University of Alabama at Birmingham School of Nursing Johns Hopkins University; and the Health Resources Services Administration. Dr. Knetig described the face-to-face meetings they conducted at all 10 pilot sites to incorporate the voice of the Veteran; elicit site leadership and team feedback; discuss pilot progress; and explore barriers and successes. She said they met with executive leadership and field frontline staff who were working on the pilot. They also met with Veterans who were served by the pilot to get their feedback, inquiring about issues around access and incorporated their feedback into the report.

Update on VHA's Implementation of PL116-315: Deborah Sampson Act/Women's Health*;* Dr. Sally Haskell, Acting Chief Officer, Office of Women's Health, VHA
Dr. Haskell began her update with a brief historical snapshot of Deborah Sampson. Then she continued with an extensive summary of VA's progress on implementing the women's health related sections of the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement of 2020, to include the Deborah Sampson Act.

Section 3006 gives authority for the Secretary of VA to furnish transportation for newborn children of certain women Veterans and report to Congress. The Office of Women's Health (OWH) developed cost estimates for transportation and coverage expansion for newborn children in May 2021. The transportation of newborn regulation is bundled together with the regulation covering the expanded care of newborns. Draft regulations are moving through the VHA concurrence process.

Section 5101 mandates that VA create an OWH headed by a Chief Officer that would oversee VHA's women's health programs, ensure that standards of care are created, and perform outreach to women Veterans. This section also requires an annual report on models of care, women's health staffing, access to gender-specific services, accessibility, and activities carried out by the office. Dr. Haskell explained that VA established the OWH on January 31, 2020, led by a Chief Officer with direct report to the Under Secretary of Health. VA submitted an annual report on models of care, women's health staffing, access to gender-specific services, accessibility, and activities carried out by the Office to GOAL for review. VA will continue to develop an annual report on models of care, women's health staffing, access to gender-specific services, accessibility, and activities carried out by the Office for FY22. VA notes that 88.5% of VA medical centers (VAMC) held two public forum events for a total of over 68,000 attendees across all facilities in FY23. In addition, between 80.5-83.5% of facilities held a focus group each quarter for a total of 1,765 women Veteran participants across all facilities in FY23, averaging about four participants per focus group. VA will continue to host focus groups and public forums for women Veterans.

Section 5102 requires VA to submit to Congress a 5-year strategic plan to address deficiencies in environment of care and retrofit medical facilities for women Veterans by January 5, 2022. She noted that VA will prioritize retrofitting existing medical facilities to make it safer and easier for women Veterans to get care. In addition, VA will submit a plan for retrofitting facilities. In collaboration with OWH, approved women's health infrastructure projects were identified. The 5-year strategic plan, developed and reviewed by OWH and OGC, was submitted to Congress on December 20, 2021.

Section 5103 requires VA to establish a policy for environment of care (EOC) standards and inspections at VAMCs that aligns with VHA's women's health handbook, requires frequent inspections, delineates roles and responsibilities, requires every VAMC report on its compliance with the standards, and includes a remediation plan. Dr. Haskell explained that VA established policy for Department medical centers to include requirements for: standards and inspections that align with VHA's women's health handbook; the frequency of inspections; defined roles and responsibilities of medical center staff who are responsible for compliance; a report compliant with the standards submitted to the Secretary and a publicly available report on the medical center's compliance; and establishment of a remediation plan. VHA Directive 1608, Comprehensive Environment of Care Program, was published on June 21, 2021, and updated on September 7, 2023; two program managers were hired in 2022. Additionally, Women's Health--a core VHA Comprehensive Environment of Care (CEOC) checklist owner--is now a key stakeholder on VHA's CEOC Steering Committee and provides annual reporting for the CEOC checklist, "Privacy and Dignity."

Section 5104 requires VA to create a retreat program for eligible Veterans and family members to augment the readjustment counseling they are receiving. VA's Readjustment Counseling Services (RCS) implemented a retreat program in March 2022. Since implementation, RCS has provided 45 retreats, 11 of which were dedicated to women Veteran cohorts. In total, 173 women Veterans have participated in women-only retreats. RCS is planning an additional 30 retreats for FY24, which will include offerings for women-only cohorts, couples counseling, and mixed-gender retreats in a variety of settings across the country.

Section 5105 requires VA to enter into one or more agreements with external entities to provide certain types of legal services to women Veterans. These legal services must address legal needs identified in VA's Community Homelessness Assessment, Local Education and Networking Groups (CHALENG) survey of homeless Veterans. She noted that VA will comply with section 5105 through the legal services grant program required by section 4202 to address homeless women Veterans' unmet needs for legal services, as identified in the CHALENG survey. The Homeless Program Office (HPO) published an interim final rule on June 1, 2022, defining criteria under which the agency will award grants for the provision of legal services for Veterans, including women Veterans (as part of section 4202). HPO published a Notice of Funding Opportunity inviting applications for these grant funds in October 2022, and awarded grant funding to 79 organizations to provide legal services to eligible Veterans. The grant period began August 1, 2023.

Section 5107a requires all VAMCs to provide a form of childcare assistance to eligible Veterans during the time of their qualified VA health care appointment, by January 2026. VHA has prepared a two-pronged strategic implementation plan. The Veterans Child Care Assistance Program (VCAP) is implementing drop-in childcare centers at select VAMCs and developing a comprehensive direct Veteran reimbursement (DVR) program to reimburse eligible Veterans for qualified childcare expenses rendered in the community. VCAP is working closely with 42 VAMCs that are committed to implementing a drop-in childcare program. These VAMCs are strategically organized into three waves. The first set of drop-in childcare centers in wave one may open in FY24. Additionally, VCAP is approved for funding for VA's Office of Information and Technology to develop a dedicated reimbursement program similar to the Beneficiary Travel program. The initial rollout of DVR is anticipated in FY25.

Section 5108 requires VA to ensure that women Veterans are able to access clinically appropriate prosthetic appliances through each VAMC and to report by January 2022 on the availability of prosthetics made for women Veterans, including variability across facilities. VA continues to collaborate with VHA Prosthetic & Sensory Aids Service, Amputation System of Care, Clinical Orthotic & Prosthetic Service, and the 3D Printing Advisory Committee to assess the availability of prosthetics made for women Veterans. VA's Congressionally mandated report (CMR) included available elements focusing on prosthetic limbs and items that are specific to women Veterans. VA deployed the patient satisfaction survey to Veterans with amputations. A total of 3,959 Veterans respondents to the survey, which included responses from 127 (3.4%) reporting female gender. This survey found that limited functionality and comfort were the most common reasons for prosthesis use discontinuation and that the odds of prosthesis discontinuation were higher for those with female gender. The CMR has been submitted for concurrence and is on target for timely submission by the statutory deadline.

Section 5109 directs the Secretary to enhance the Women Veterans Call Center's (WVCC) capabilities to respond to requests for assistance in accessing health care and benefits. Dr. Haskell updated that the WVCC's knowledge portal was updated in 2021, with regular updates throughout the year as needed. Initial training was conducted for existing staff in October 2021. New hires trained during orientation. Refresher training is conducted monthly on various topics to ensure call center representatives have up to date information on VA services and benefits. WVCC capabilities include inbound text, inbound chat, inbound and outbound telephone calls, and mail and emailed informational packets. VA is developing new customer relations management software that will greatly enhance call center representative response times, integrate with the telephone software, enhance email capabilities, automate reporting, and integrate with up-to-date Veteran contact information. A contract was awarded in Q3 FY23 for the enhancement, with an estimated completion Q1 FY25. The new WVCC telephone system will be implemented in Q4 FY24. Upgrades will improve call flow, quality monitoring and reporting.

Section 5110 directs the Secretary to conduct a study on infertility services available at VA and report to Congress by January 5, 2022. VA conducted a study assessing infertility services and will submit a report to Congress with results of study. VA is undertaking actions to address the study's findings and recommendations, including enhanced communications with Veterans.

Section 5111 articulates the sense of Congress that members of reserve components of the Armed Forces should be able to access all VA health care facilities, not just Vet Centers, to receive treatment related to military sexual trauma (MST). VA and the Department of Defense (DoD) are firmly committed to ensuring all Veterans and Service members have access to the care they need to recover from MST. VHA's current policy in this area is the result of several years of complex planning with DoD to implement changes to 38 U.S.C. 1720D made by Public Law (PL) 113-146, section 402, and PL 115-91, section 707, and VHA believes the current implementation is the best way to balance patient trust, safety, and confidentiality concerns. All current Service members can receive MST-related counseling from VA's more than 300 Vet Centers without a referral from DoD, regardless of current duty status. In addition, Service members can receive care at all VA health care facilities with a TRICARE referral or authorization, in emergency situations, or through any VA-DoD sharing agreements at the facility.

Section 5201 requires VA to ensure that each VA medical facility has not fewer than one full-time or part-time women's health primary care provider. Dr. Haskell explained that this section will further VA's mission of addressing the health care needs of women Veterans and ensuring that timely, equitable, high-quality, comprehensive health care services are provided in a sensitive and safe environment at VA facilities nationwide.

Section 5202 secures additional funds to expand the Women Veterans Health Care Mini-Residency Program for primary care and emergency care clinicians. The funding will be used to train more primary care and emergency care clinicians on women Veterans' health care needs. VA allocated $1 million annually to train additional primary care and emergency care clinicians on women Veterans' health care needs. She noted that VA also hosted a virtual mini-residency program for 185 primary care clinicians in September 2021. In April 2022, VA hosted a virtual mini-residency program to train 226 primary care clinicians. In July 2023, VA hosted a face to face a mini-residency program to train 173 primary care clinicians. VA plans to offer additional face-to-face mini-residency trainings in FY24-25.

Section 5203 requires VA to establish training modules and materials for community care providers focused on the treatment and health care needs of women Veterans, by January 5, 2022. The training will ensure all women Veterans receive consistent, high-quality, comprehensive care in all VA and community health care settings. Satisfying this mandate, VA established a women Veterans training module that is accessible to community care providers. It went live in April 2021and is available on Training Finder Real-time Affiliate Integrated Network (TRAIN). VA continues to monitor the utilization and effectiveness of the training and is updating the current evaluation plan in FY24.

Section 5204 requires VA to conduct a study, by October 2, 2021, on the use of the women Veterans program manager (WVPM) program to address whether the program is appropriately staffed; if each medical center has a WVPM; and if a women Veterans ombudsman program is feasible. Additionally, Section 5204(c) requires that the Secretary ensure that all WVPMs receive the proper training. VA established an integrated project team workgroup to conduct a study at each VA facility. VA completed the report and submitted it to Congress.

Section 5206 requires VA to consult with the Inspector General of VA to assess the capacity of VA peer specialists who are women. The assessment will consider geographical distribution of the women peer specialists and women Veterans as well as the proportion of women peer specialists who specialize in mental health/suicide prevention versus non-mental health matters. The final requirement is to submit a staffing improvement plan for hiring additional women peer specialists. The VHA Office of Mental Health and Suicide Prevention (OMHSP) gathered administrative data to develop the peer specialist staffing capacity assessment, which was submitted to Congress in April 2022. VA also developed and submitted to Congress a staffing improvement plan for hiring additional women peer specialists in October 2022.

Section 5301 expands the scope of military duty periods covered by VA's MST treatment authority, explicitly authorizes medical care for MST-related physical health conditions, and allows former Service members with other than honorable (OTH) discharges to access MST-related medical care, even prior to a character of discharge adjudication. VHA has implemented several IT systems updates to facilitate access to MST-related care (especially for Veterans ineligible to enroll for full benefits) and updated eligibility and health care services policies. OMHSP and Member Services have published amended policies in VHA Directive 1601A.02(2) (Eligibility Determination) and VHA Directive 1115(1) (Military Sexual Trauma Program), as well as updated staff education and Veteran outreach materials. VHA enrollment system changes facilitate easier registration for MST screening and scheduling MST-related care appointments. Community care systems were updated to streamline MST-related care referrals for eligible Veterans. A marketing campaign specific to former Service members with OTH discharges has been fully rolled out.

Section 5304 requires VA to complete a 2-year pilot to assess the feasibility and advisability of assisting Veterans who have experienced or are experiencing intimate partner violence (IPV) or sexual assault (SA). Under the oversight and guidance of the national social work program and the Megabus Section 5304 program manager, 10 VAMC pilot sites focused on the development of Veteran facing educational materials, staff and community partner training, data collection and community engagement. The pilot was complete on September 30, 2023. Data collection and analysis of the pilot is underway, and outcomes will be included in the CMR, due in March 2024.

Section 5402 requires that VA conduct a comprehensive study on the barriers to the provision of VA health care to women Veterans. VA awarded a contract to a qualified independent entity on September 8, 2021, to conduct the study, which includes an

assessment of the effects of various factors on women Veterans, such as barriers to seeking and providing mental health care, driving distance and transportation to the nearest facility, availability of childcare, satisfaction with VA primary care delivery, and other factors. In June 2021, VA requested a timeline extension to complete the study within 42 months of enactment, to allow adequate time to conduct the study based on the timelines of similar studies conducted in the past. The Office of Management and Budget approved in January 2023. The survey is 95% completed, as of November 2023. The final report will be provided to ACWV and the Center of Women Veterans.

Dr. Haskell, concluded with a summary of Section 5403, which requires VA to "conduct a study on the feasibility and advisability of expanding the Parenting STAIR program to all VAMCs and including such program as part of care for military sexual trauma for affected members and former members of the Armed Forces (54039(a))". VA's study included a systematic review, provider training data, review of utilization data, and provider feedback. Data indicate few Skills Training in Affective and Interpersonal Regulation (STAIR) providers are interested in training in the Parenting STAIR module. Veterans rarely opt for the additional module, and providers do not indicate a need for additional focus on trauma effects on parenting skills after Veterans complete the STAIR program. The study concluded that it is not feasible or advisable to expand Parenting STAIR program for Veterans who have experienced MST. All requirements have been completed. final CMR is undergoing the clearance process and is on track for timely submittal to Congress by January 2024 submission.

Update on the Veterans Benefits Administration (VBA) Initiatives/VBA Overview
Kristina Messenger, Deputy Executive Director of Operations, Compensation Service, VBA

Ms. Messenger shared VBA's mission, which is to serve as an advocate for Service members, Veterans, their families, and Survivors, delivering with excellence Veteran-centered and personalized benefits and services that honor their service, assist in their readjustment, enhance their lives, and engender their full trust. VBA's vision is "To fulfill our Nation's promise to those who serve by delivering the benefits and services they have earned to enable full, independent, and productive lives**."**

She then provided a comprehensive summary of VBA's field structure. VBA delivers benefits and services through 56 regional offices (RO) and other organizational entities, including: four district offices (Northeast, Southeast, Continental, Pacific); the Office of Administrative Review; the Records Management Center; eight Regional Loan Centers; two Education Regional Processing Offices; six Fiduciary Hubs; the Fiduciary Call Center; the Education Call Center; three Pension Management Centers; the National Call Center, with eight staffed locations; the Insurance Center; and the Insurance Call Center.

In her overview of disability compensation, she explained that disability compensation is a tax-free benefit paid to Veterans for a disability that was incurred in or aggravated by active duty service. Veterans can also file claims for disabilities that developed as a result of or worsened by another service-connected condition. Veterans who were

discharged from service under conditions other than dishonorable *and* Veterans who have a current disability due to injury, disease, or psychological issue incurred in or aggravated by active duty service qualify for the benefit. Disabilities are rated from 0% to 100% and ratings are combined overall. Compensation payments amounts range from 10% to 100%. Additional allowance is provided for dependents with a rating of 30% or higher rating.

She gave an overview of ancillary benefits, such as: individual unemployability; special monthly compensation paid to Veterans for loss of or loss of use of specific organs or extremities; clothing allowance for service-connected condition requiring treatment that irreparably damages outer garments; automobile allowance; adaptive equipment allowance; specially adapted housing (SAH)/special housing adaptation.

Ms. Messenger provided information on the ways Veterans can submit a claim. Veterans can work with an accredited attorney, claims agent, or Veterans service officer; submit a claim online at VA.GOV; complete a paper application VA Form 21-526EZ, "Application for Disability Compensation and Related Compensation Benefits" and deliver it in-person at the nearest VA RO or mail it to VA at: Department of Veterans Affairs; Evidence Intake Center; PO Box 4444; Janesville, WI 53547-4444.

She explained that processing time for the claim would be impacted by several factors, such as the type of claim filed; the complexity of the disability; the number of disabilities claimed; and the availability of evidence needed to make a decision on the claim. Veterans can track the status of their claim by registering at VA.gov, or contacting the VA's benefits hotline at 1-800-827-1000. The benefits hotline is available Monday through Friday, 8:00 a.m. to 9:00 p.m., eastern standard time.

Next, she reviewed VBA's programs. The Pension is a needs-based benefit program for wartime Veterans, who are age 65 or older or have a permanent and total non-service-connected disability, and who have limited income and net worth. Veterans may be eligible if they were discharged from service under other than dishonorable conditions, and served 90 days of active duty with at least one day during wartime, and have countable income that is below the maximum annual pension rate, and meet net worth limitations. They must also meet one of the following criteria: be age 65 or older, have a permanent and total nonservice-connected disability, be a patient in a nursing home due to mental or physical incapacity, receive Social Security disability benefits, (for Veterans who entered active duty after September 7, 1980) serve at least 24 months of active-duty service. If the length of service is less than 24 months, the Veteran must have completed their entire tour of active duty. The Pension Program also includes special monthly pension for Veterans in need of aid and attendance and permanently disabled Veterans who are housebound.

The fiduciary program provides oversight of VA's most vulnerable beneficiaries. Participants in the fiduciary program are unable to manage their VA benefits on their own. This might be because of injury, disease, advanced age or youth. VA appoints fiduciaries who manage VA benefits for these beneficiaries. VA also conducts oversight

of VA-appointed fiduciaries to ensure VA beneficiaries' needs are met. A fiduciary is needed when medical evidence indicates that a person cannot manage their benefits, or if a court declares a beneficiary unable to manage financial affairs.

The education program includes several benefits their own eligibility criteria. For the Post-9/11 GI Bill, Veterans must have at least 90 days aggregate active duty service after September 10, 2001, and either still on active duty, honorably discharged, or discharged because of a service-connected disability after 30 days. To be eligible for the Montgomery GI Bill (active duty), enrollees pay $100 monthly for 12 months to receive monthly education benefits after completing a minimum service obligation. Reservists with a six-year obligation in the Selected Reserve who are actively drilling are eligible for the Montgomery GI Bill (select reserve). The Harry W. Colmery Veterans Educational Assistance Act, also known as the "Forever GI Bill," was signed into law on August 17, 2017, and brings significant changes to Veterans' education benefits over the next few years. Most enhance or expand education benefits for Veterans, Service members, families, and survivors. She noted some of the changes that are effective immediately, to include: assistance for students affected by school closures and certain program disapprovals; elimination of 15-year limitation to use the Post-9/11 GI Bill program; priority enrollment; and Reserve Educational Assistance Program (REAP) eligibility credited toward Post-9/11 GI Bill program. For more information on VA Education, visit **https://www.va.gov/education/.**

The Veteran Readiness and Employment (VR&E) program helps Service members and Veterans with service-connected disabilities and an employment handicap prepare for, find, and keep suitable jobs through counseling and case management. For Veterans with a discharge under conditions other than dishonorable, at least a 20% disability rating, and an employment handicap (or a 10% rating with a serious employment handicap), VR&E provides: interest and aptitude testing and career counseling; job training, job-seeking skills, resume development, and work-readiness assistance; special employer incentives, on-the-job-training, and non-paid work experiences; post-secondary training at a college, vocational, technical or business school; independent living services for individuals who are not currently able to work due to service-connected disabilities and require intensive and frequent rehabilitation support to become more independent in their homes and communities.

The Home Loan Guaranty program helps Service members, Veterans and their families obtain, retain, and adapt a home or refinance an existing home. Benefits of VA home loans include: the ability to purchase a home (existing or pre-construction) as a primary residence; typically, no requirement for down payment and no mortgage insurance; reusability of the benefit; VA limitation on certain closing costs a Veteran may pay; loans may be assumed by qualified borrower; no pre-payment penalty; and VA staff dedicated to assisting Veterans who become delinquent on their loan. The program also provides SAH grants for Veterans with certain severe service-connected disabilities; issues direct loans to Native American Veterans living on Federal Trust land; helps borrowers in default avoid foreclosure.

Ms. Messenger briefly discussed the various products in the insurance program. VA offers Servicemembers' Group Life Insurance (SGLI), low-cost term life insurance for Service members. There is an automatic coverage of $400,000, if eligible, unless reduced or declined. It remains in effect for 120 days after separation at no cost to Service members. Servicemembers' Group Life Insurance Disability Extension (SGLI-DE) provides free extension of SGLI coverage for up to two (2) years from separation if the Veteran is unable to maintain gainful employment continuously since separation; or is diagnosed with a qualifying statutory condition, regardless of employment status. Family Servicemembers' Group Life Insurance (FSGLI) insures spouses and dependent children of service members who have SGLI coverage. Spouses' coverage is a maximum of $100,000 or the Service member's SGLI coverage, whichever is less; premiums are based on age. Dependent Children get coverage of $10,000 each; there is no cost to Service member.

Servicemembers' Group Life Insurance Traumatic Injury Protection (TSGLI) has an automatic feature that provides for payment of $25,000-$100,000 to Service members who suffer certain losses due to traumatic injuries. Veterans' Group Life Insurance (VGLI) allows separating Service members to convert their SGLI to renewable term insurance; premiums based on age and amount of coverage; must apply within one year and 120 days from separation; and there is no health review within first 240 days from separation.

Covering the disabled Veterans insurance programs, Ms. Messenger notes that VA Life offers guaranteed acceptance for whole life insurance coverage available to all service-connected Veterans aged 80 and under at all disability ratings: zero to 100%. Veterans' Mortgage Life Insurance (VMLI) provides mortgage life insurance to disabled Veterans under age 70 who are approved for a SAH grant. Up to $200,000 in coverage available.

VA honors the sacrifices of the families of Service members and Veterans through benefit programs which may include payments based on financial need or service-related death; loans to help purchase, construct or improve a home; and assisting in obtaining a degree. She noted that these benefits are for the qualifying surviving spouse, dependent child(ren), and parent(s) of deceased Service members and Veterans.

Dependency and Indemnity Compensation (DIC) provides a monthly tax-free benefit paid to an eligible surviving spouse, dependent child(ren), and/or parent(s) of a Service member or Veteran whose death was related to service. Survivors Pension is a monthly tax-free benefit based on limited income and net worth, which is paid to the unmarried surviving spouse and/or child(ren) of a deceased Veteran with wartime service and meet certain income and net worth limits set by Congress.

Survivors' and Dependents' Educational Assistance (Chapter 35) is available for dependents of Veterans who are permanently and totally disabled due to service; have died on active duty or as a result of a service-related condition; are hospitalized or receiving treatment for a service-connected permanent and total disability and likely to

be discharged for that disability; or are forcibly detained/interned by a foreign government or are missing in action.

The home loans benefit may be used to help purchase, construct, or improve a home, or refinance a mortgage; spouses must be receiving DIC to be eligible. Additionally, the burial benefit may include furnishing a headstone, marker, or medallion, a burial allowance, a Presidential Memorial Certificate, and an American flag to drape the Veteran's casket, as well as the option of burial in a VA national cemetery.

She explained the Administrative Review program. The Veterans Appeals Improvement and Modernization Act, which took effect on February 19, 2019, creates a new, streamlined decision review process featuring three lanes. The higher-level review lane entails an entirely new review of the claim by an experienced adjudicator. The supplemental claim lane allows an opportunity for the Veteran to submit additional evidence. The appeal lane includes review by the Board of Veterans' Appeals. For more information on the decision review process and how to file, visit **https://www.va.gov/decision-reviews/.**

The Office of Outreach, Transition and Economic Development (OTED) is dedicated to informing Veterans, Service members, and their family members about VA benefits and services, easing a Service members' transition to the military-to-civilian (M_2C) life, and collaborating with interagency and non-governmental organizations, community partners, and Veterans Service Organizations at all levels. OTED provides professional, educational, vocational and career counseling services to Service members, Veterans and dependents through Personalized Career Planning and Guidance (PCPG), formally known as Chapter 36.

OTED participates in the Transition Assistance Program (TAP), an interagency initiative designed to ensure Service members have a smooth and successful transition to civilian life. TAP is supported by the DoD, Department of Labor, Department of Education, VA, Homeland Security, Small Business Administration, and the Office of Personnel Management. TAP courses are augmented by supporting events such as the Women's Health Transition Training program, which is a self-paced, web-based training course that emphasizes women-specific needs.

Economic Investment (EI) Initiatives provide Veterans access to benefits and services that promote financial well-being and foster a culture of collaboration with VA, communities, and other agencies to raise awareness of available economic resources. EIs bring together diverse stakeholders in qualified opportunity zones to conduct town halls; to raise awareness on key initiatives and address concerns; and oversee stakeholder roundtable collaborations between private and public partners to inspire commitments and support that result in immediate impact and long-term sustainment.

Through the Solid Start initiative, newly separated Service members can expect three calls from qualified Solid Start representatives over the first year of separation. VA will

attempt to contact the Veteran several times, around 90, 180, and 365 days post-separation. For more information about the VA Solid Start, call 1-800-827-0611.

Ms. Messenger discussed VA's debt management tool, which Veterans can use to manage their debts. With this tool, Veterans can check the amount and status of their current VA debt; find out what to do next to resolve their debt; and download VA letters related to their debt. The tool can also identify what debt is included, and provide a contact for obtaining additional information regarding the reason the debt was created. It also provides a link explaining how to pay a VA health care copayment, dispute a co-pay charge, and how to request a financial hardship. The tool is not yet available for dependent use. She concluded by sharing resources for Veterans to access VBA across its platforms.

The Chair adjourned for the day, following Ms. Messenger's briefing.

Wednesday, December 13, 2023

Opening Meeting/Introductions
Wanda Wright (Colonel, U.S. Air Force, Retired), Chair, ACWV
Chair Wright began the meeting by giving a brief introduction and having the rest of the committee members.

Public Comments
The Chair opened the floor to receive comments from the public. Following the public comment period, the briefings resumed.

Women Veterans Call Center Updates
Benjamin Davis, Director, Women Veterans Call Center, VHA
In his update on the Women Veterans Call Center (WVCC), he noted that this national call center launched in 2013. It provides direct outreach to women Veterans who are not utilizing VA health care services. The WVCC is run by 23 employees, to include a director, program specialist, program analyst, two instructors, and 18 female contact representatives. The hours of operation are Monday -Friday, from 8:00am – 10:00pm EST and Saturday 8:00am – 6:30pm EST. It is closed on Sundays and Federal holidays. The WVCC can be reached at 855-829-6636 (call or text) or 855-VA-Women.

He explained that the WVCC provides outreach to women Veterans who may be eligible for, but are not enrolled in VA services; are enrolled, but not utilizing VA services; and who want to utilize services, but are struggling with getting the help they need. WVCC provides general information about VA benefits, eligibility, and services specifically for women Veterans. It has made over two million calls since launch and averaged approximately 9,200 outbound calls per month in FY23.

When callers contact the WVCC, they will directly reach a contact representative; there are no menus to navigate. If WVCC staff is not available, callers will reach voicemail and will receive a return call within an hour. WVCC receives calls from women Veterans,

their families, caregivers and others across the Nation/world asking about VA services and resources, or looking to increase their knowledge of VA services and benefits. WVCC staff may "warm-transfer" callers to other VA call centers when needed, including the Veterans Crisis Line, National Call Center for Homeless Veterans, Caregivers Support Line, or Health Eligibility Center. It averaged approximately 1,400 inbound calls per month in FY23.

The text and chat features provide additional convenient options for Veterans to reach out for information. Text was implemented in 2019 and is available through WVCC's phone number. Chat link is available through the VA Women's Health website (https://www.womenshealth.va.gov/WOMENSHEALTH/wvcc.asp). WVCC received 1,186 texts and 2,693 chats in FY23.

He shared that WVCC disseminates informational packets through mail or email. The packets include information on VHA, VBA, and NCA. It may also include applicable information as needed, such as information on MST, maternity care, healthy aging, survivor, and other benefits. WVCC will follow up with a Veteran two weeks after an informational packet is sent, to ensure they received the materials and determine if the Veteran has additional questions or needs. They mailed 3,852 and emailed 5,491 packets in FY23.

Mr. Davis explained that WVCC may send a referral to a WVPM for Veterans in specific situations, for example if the Veteran is experiencing homelessness, having difficulty contacting their care team, or needs specific help navigating the VA system on a local level. WVCC tracks referrals to ensure the Veteran is contacted within three business days, and will follow up with a Veteran two weeks after a referral is placed to ensure all their needs have been met. In FY23, WVCC placed 956 WVPM referrals.

Overview of Homelessness and VA's Homeless Programs Initiatives (such as SSVF Equity Report Dashboard)
Dr. Dina Hooshyar, Director, National Center on Homelessness Among Veterans, VHA

Dr. Hooshyar began her overview by providing the definition of a homeless Veteran. For the purpose of eligibility for VA homeless programs, a person is considered homeless if they lack a fixed, regular, and adequate nighttime residence, such as those living in emergency shelters, transitional housing, or places not meant for habitation; or are an individual or family who will imminently lose their primary nighttime residence (within 14 days), provided that no subsequent housing has been identified and the individual/family lacks support networks or resources needed to obtain housing.

Additionally, a person is considered homeless if they are an unaccompanied youth under 25 years of age, or a family with children and youth who qualify under other Federal statutes, such as the Runaway and Homeless Youth Act; have not had a lease or ownership interest in a housing unit in the last 60 or more days, have had two or more moves in the last 60 days; and who are likely to continue to be unstably housed because of disability or multiple barriers to employment are considered homeless.

Finally, a person is considered homeless if they are an individual or family fleeing or attempting to flee domestic violence, has no other residence, and lacks the resources or support networks to obtain other permanent housing.

For the purposes of achieving an effective end to Veteran homelessness, a person is considered a Veteran if they are an adult who served on active duty in the armed forces of the United States, including persons who served on active duty from the military reserves or the National Guard, regardless of how long they served or the type of discharge they received. Individual-level risk factors for homelessness are substance use disorders, lack of stable income / employment, history of incarceration, lack of social support, and adverse childhood events. System-level factors are lack of affordable housing, lack of economic opportunities, neighborhood factors, and cultural factors.

Dr. Hooshyar explained that the Annual Homeless Assessment Report/Point in Time count between 2010-2022 indicates a reduction in Veteran homelessness. Since 2010, there has been a 55.3% decrease in homeless Veterans, a 54.9% decrease in sheltered homeless Veterans, and a 55.7% decrease in unsheltered homeless Veterans. The 2022 report show that women homeless Veterans are 10.4% of the homeless Veterans population; sheltered women homeless Veterans represent 9.1% of the homeless population, and unsheltered women homeless Veterans represent 12.2% of the homeless population.

From 2018 to 2022, total homelessness among women Veterans increased by 6.9%. Sheltered homelessness among women Veterans decreased by 1.5%, while unsheltered homelessness increased by 17.6%. From 2018 to 2022, total homelessness among male Veterans decreased by 14.6%. Sheltered homelessness among male Veterans decreased by 17.4% and unsheltered homelessness decreased by 9.9%. The increase in total homelessness is 1.8 times more than the increase in the proportion of women in the total general Veterans population. The increase in unsheltered homelessness among women Veterans is 2.2 times more than the increase in the proportion of women in the total general Veterans population. Women Veterans do not appear to be overrepresented in the homeless women population. In 2022, women Veterans constituted 1.55% of the U.S. female population and 1.54% of the homeless women Veterans population.

She shared VA's 2023 homelessness goals. Goal one is consistency in permanent housing; VA will house at least 38,000 more individual Veterans in calendar year (CY) 23. Goal two is prevention of returns to homelessness; VA will ensure that at least 95% of Veterans housed during this initiative stay housed. At the end of CY23, VA will ensure that at least 90% of Veterans who returned to homelessness are rehoused or on a path to rehousing. Goal three is engagement of unsheltered Veterans; VA will engage with at least 28,000 unsheltered Veterans in CY23.

She noted VA's progress on the goals through October 2023. For goal one, 38,847 Veterans have been permanently housed, surpassing the 38,000 goal. Regarding goal

two, 1,476 Veterans have returned to homelessness, representing 3.8% of the Veterans housed. Of the Veterans who returned to homelessness, 1,374 Veterans were rehoused or placed on a pathway to re-housing, representing 93.1% of Veterans who have returned to homelessness. For goal three, 34,498 unsheltered Veterans have been engaged, surpassing the 28,000 goal.

Dr. Hooshyar briefly covered information about VA's homeless services. VA provides homeless prevention services through its Supportive Services for Veteran Families (SSVF) program. Outreach, engagement, assessment, and referral services are provided through the Health Care for Homeless Veterans (HCHV) Outreach program, the Community Resource and Referral Center, and the National Call Center for Homeless Veterans. VA assists justice-involved Veterans through the Veterans Justice Outreach and the Health Care for Re-Entry Veterans programs. Residential services are provided through HCHV Contract Residential Services (CRS) / Low Demand Safe Haven (LDSH); HCHV LDSH; and the Grant and Per-Diem (GPD) Transitional Housing programs. VA offers permanent housing services through Housing and Urban Development-VA Supportive Housing (HUD-VASH) and SSVF. VA also offers specialty services, to include homeless Veteran community employment services, homeless patient aligned care teams and legal services for Veterans. Across all programs serving homeless Veterans in FY22 (199,147), women Veterans represented 11% (22,568). In FY23, women Veterans represented 12% (25,043) of the 210,842 homeless Veterans that VA served.

The SSVF Program Office developed the SSVF Equity Report to better understand and assist grantees in efforts to achieve racially equitable service delivery and policy implementation. Service and outcome measures capture race/ethnicity information for Veterans served in the program, average temporary financial assistance, Veteran exists (destination). FY23's SSVF Equity Report is upcoming. The FY21 and FY22 reports are available. In FY22, 44,804 Veterans were served with SSVF rapid rehousing. Of the Veterans served, 21,794 identified as white; 16,153 identified as black; 4,166 Hispanic; 1,133 identified as multi racial; 734 identified as American Indian/Alaskan native; 332 identified as Asian; 309 native Hawaiian/Pacific Islander;183 were of unknown ethnicity. VA provided a total of $245,659,700 for direct temporary financial assistance for these Veterans. There were 26,313 Veterans who exited SSVF rapid rehousing enrollment.

Dr. Hooshyar then shared information about various opportunities for others to assist Veterans. To get involved or learn more about how housing, employment, and community collaborations can help end Veteran homelessness, they can send an email to HomelessVets@va.gov or visit VA's Homeless Veterans website at https://www.va.gov/homeless/. Veterans who are homeless or at risk of homelessness, their family members, friends, and supporters can call or chat online with the National Call Center for Homeless Veterans (877-424-3838), to talk confidentially with trained counselors 24 hours a day, 7 days a week. Landlords interested in helping to house homeless Veterans, can connect to the nearest VA facility at HomelessVets@va.gov. They can contact a local VA Center for Development and Civic Engagement Office https://www.volunteer.va.gov/directory/index.asp to offer their services, for example

housing assistance, training, transportation, move in essentials. They may also volunteer at stand downs, where VA staff and volunteers provide food, clothing, and health screenings to homeless and at-risk Veterans. Business owners interested in providing employment opportunities or services to Veterans should contact a local VA Community Employment Coordinators at https://www.va.gov/homeless/cec-contacts.asp.

She concluded by encouraging attendees to subscribe to the Homeless Program's monthly newsletter (www.va.gov/homeless), to keep abreast of information about VA's ongoing efforts to prevent and end Veteran homelessness.

Update on VA's Efforts to Address Sexual Harassment and Assault (Recommendation 2; 2022 ACWV Report)
Dr. Anne-Marie Duncan, Acting Deputy Assistant Secretary, Office of Resolution Management, Diversity & Inclusion Lelia Jackson, Director, Assault and Harassment Prevention Office, VHA

Dr. Duncan provided an overview of Inclusion, Diversity, Equity Access (IDEA) and I Stand, noting that both initiatives are designed to foster safe and welcoming environment for all who come to VA, as well as those who work here at VA. The IDEA initiative is guided by the strategic imperatives of 16 Executive Orders. The IDEA Council was elevated to a governance council within VA. It reports directly to the Deputy Secretary and reports out to the Secretary, which allows the council to raise issues of diversity, equity, inclusion, and access to the highest level of the organization. The council also serves as the agency's equity team, which includes the improvement of outcomes for historically underserved Veteran communities, and identifying and eliminating their barriers to health care, services, and other benefits.
VA's strategic plan (2022 through 2028) has several IDEA-related strategies, demonstrating the Secretary's high prioritization and full support of efforts to make VA welcoming.

Dr. Duncan explained that VA is committed to embedding IDEA across the Enterprise through equity strategies for Veterans. Strategy one addresses benefits equity; the goal is to improve the disability claims process for all Veterans by removing barriers underserved eligible Veterans experience when seeking disability compensation. Strategy two is to use data to drive equity; the goal is to improve the collection, quality, and accessibility of Veteran demographic data, to enable evidence-based decision making to ensure equity in the delivery of benefits, care, and services and to improve Veterans' experiences. Strategy three addresses health equity; the goal is to advance health equity by reducing health disparities, ensuring access to high-quality care for every eligible Veteran, and using equity-informed approaches to better reach underserved Veterans. Strategy four promotes economic security by ensuring procurement practices reach under-served communities by increasing opportunities for small and disadvantaged businesses, women owned small businesses, and historically underutilized business zones. Strategy five addresses access; the goal is to ensure all

Veterans', their families', caregivers', and survivors' access to tools, resources, facilities, and burial/memorial services to build trust and improve outcomes.

IDEA also created strategies to make VA more welcoming for its employees. Strategy one addresses inclusion; the goal is to cultivate an engaged organization that fosters a sense of value and empowers all contributors. Strategy two seeks to improve diversity; the goal is to advance recruitment and outreach efforts across under-represented groups in the workforce. Strategy three looks at equity; the goal is to evaluate demographics through studies, to provide fair opportunities to all employees based on individual needs and aspirations in recruitment, hiring and retention. Strategy four ensures employees have access to physical, institutional, and societal solutions, to empower all employees to advance the Department's mission. Finally, strategy five is to create a physically and psychologically safe work environment by increasing employee awareness through training and campaigns.

Ms Jackson then provide an overview of I STAND and other ongoing Assault and Harassment Prevention Office (AHPO) initiatives. Conceptualizing I STAND, she referred it to as the "proactive culture" work group. It is a work group comprised of staff from across VHA, offering varying perspectives in promoting a culture of respect and dignity. Their work is also informed by input from staff and others.

She provided information on various web-based bystander training efforts for Veterans and VA staff, to include videos and podcasts that are broken down into 30 minute modules and short clips. Bystander training is also available for VA staff through the Talent Management System or TMS. AHPO incorporates bystander intervention techniques into the mandatory harassment prevention training for employees.

The VA Immersive team uses a virtual reality program to help Veterans. In collaboration with AHPO, VA Immersive developed an empathy-based bystander intervention training program delivered through virtual reality. The simulation is aimed at strengthening empathy and teaching participants how to intervene in an inappropriate situation. Through various scenarios, the technology allows employees to virtually experience what a woman Veteran may experience when she walks though the medical facility. The various scenarios are built using what Women veterans who experienced harassment have expressed. She said that her office received a lot of positive feedback, from men and women, about how enlightening the experience was for them. AHPO piloted this training in about five or six facilities and will do two more before rolling the training out to all employees. They are carefully considering making it available for Veterans, because they want to be very sensitive about who puts on the handset. It can be triggering, because you take on the persona of the Veteran walk you through the medical center.

AHPO is soliciting feedback to better understand effectiveness of current VA bystander intervention training videos. The office is using it to learn how to better equip employees, Veterans, caregivers, family members, and survivors with the right tools.

Ms. Jackson shared that almost 400,000 VA employees, Veterans, nongovernmental Organizations, congressional members, and celebrities have taken the pledge to never

commit, excuse or stay silent about sexual harassment, sexual assault, or domestic violence against others. Additionally, Congress participated in a White Ribbon Day event, uniting the efforts of renowned organizations dedicated to creating programs and services to support victims and survivors of domestic violence, gender-based discrimination, harassment, and assault. For this event, VA partnered with the American Psychological Association, and other professional associations to provide resources to individuals who have experienced harassment or sexual abuse.

Regarding LGBTQ+ Veterans, VA has a video called "Creating a Safe and Welcoming Environment for ALL". The "Recommitting to Dignity and Respect for LGBTQ+" Integrated Project Team (IPT) developed 17 solutions that focused on awareness and competencies; standardization and accountability; and data, metrics, and EHR capabilities aimed at making VHA a safer place for LGBTQ+ Veterans and employees. AHPO is partnering with the LGBTQ+ program to improve communication and education to make VA better for the Veterans who identify as LGBTQ+ and those who do not identify that way.

Her office also dedicated time thinking about how to better educate employees about microaggressions. VA published a video for staff on that topic. The microaggression video depicts three types of microaggressions (behavioral, environmental, and verbal) and includes examples and scenarios for each type of microaggression. The Proacitve Culture Work Group (PCWG) conducted feedback sessions on microaggressions and will present a summary of employee feedback, comments, concerns in a set of recommendations to leadership.

The President addressed cyber harassment in a letter to the Federal agencies and VA added the issue of cyber harassment to VA harassment prevention policy. A Cyber harassment prevention and response was included in Secretary McDonough's annual Equal Employment Opportunity; Inclusion, Diversity, Equity and Access; No FEAR; and Whistleblower Rights and Protection Policy Statement. The Statement, signed into effect on July 28, 2023, clarifies that harassing behaviors committed via electronic devices will be treated by VA similarly to other types of harassment.

Ms. Jackson concluded her overview with a discussion on cyber harassment. VA's Office of Information Technology published several video clips on cyber harassment. VA partnered with the Department of justice to conduct two national webinars in October during domestic violence awareness month, to educate people about cyber harassment and how to protect themselves, and where to get help. The PCWG identified a gap in VA resources and created the Cyber Harassment Employee Resource; it was created in direct response to employees experiencing cyber harassment in the field. The toolkit is a collective effort between VHA, VBA, NCA and OGC facilitated by the PCWG under the I~STAND sub-council.

Update on the M27-1 Benefits Assistance Service Procedures (Part II Chapter 4)/Women Veterans coordinator; Outreach Transition and Economic Development (OTED) Initiatives for Women Veterans
Dr. Susan Black, VBA Suicide Prevention Officer, Outreach, OTED, VBA

Dr. Black began with a snapshot of the women Veterans population. According to VA's National Center for Veteran Analysis and Statistics, the women Veterans population was estimated to be 11% of overall Veterans population by the FY23. Women Veterans represented 17% of the total population of Veterans who separated in 2022. This is important for OTED to know since it has a focus on transition. OTED has a Women Veterans Outreach Program to serve this fastest-growing segment of the Veterans population.

In her update, she explained that VBA recently updated the Women Veterans Outreach Program in September 2023. Procedures for the program can be found in M27-2 Part I Chapter 2. The updated manual is more user friendly and includes information about VBA's special emphasis programs. There is an entire section devoted to women Veteran coordinators in the women Veterans outreach program. The goal of the program is to increase awareness and promote use of the benefits, services and resources by women, Service members, Veterans and their caregivers and families, through conducting outreach and providing that personalized support. The program seeks to remove the barriers and encourage an inclusive environment.

Women Veterans coordinators (WVC) provide information, assistance and resources to women Veterans concerning the full range of the benefits. There are 112 WVCs throughout VBA's 56 ROs. Fifty two ROs have more than one WVC. In each RO, the WVC's contact information, name and telephone number are displayed in the ROs' public contact areas and also displayed in the out based locations.

WVCs partner with women Veterans organizations and conduct outreach at local events. They provide training or briefings to external organizations and collaborate internally with other components of VA, other local/state/Federal agencies, and community organizations to provide seamless service to women Veterans. Some notable collaborators include the Department of Labor, the Department of Defense, the Center for Women Veterans, Kappa Epsilon Psi military, sorority, the Military Officers Association of America, National Association of State Women Veteran Coordinators, and Federally Employed Women. WVCs act as a point of contact for VA's services provided, and in some instances for women Veterans with special needs, they act as an advocate ensuring that they connect to benefits. WVCs also conduct individual benefits counseling and workshops.

The national benefits call center can directly connect women Veterans to the WVCs, or a female MST coordinator, as needed. From October 1, 2022 through September 31, 2023, the national benefits call center referred 15 women Veterans for contact by a WVC and referred 99 Veterans for contact by a female MST coordinator.

She noted that during that OTED conducted 1,126 hours of outreach at 835 events between January 1, 2023 and September 30, 2023. WVCs participated at some of the outreach events. VBA has done several outreach events to increase women Veterans' awareness of the Sergeant First Class Heath Robinson Honoring Our Promise to Address Comprehensive Toxics Act, also known as the PACT ACT. They conducted virtual women Veterans symposiums, career coaching at George Mason University, and participated in a Women's Equity Day event in Macon, Georgia. The ROs are engaged in outreach efforts to connect women Veterans to benefits and resources. She also noted that OTED plans to host another virtual women Veterans symposium in March 2024.

VA research shows that transitioning from the military is a critical time and all Ted also have initiatives in the transition space. One of OTED's initiative to connect with transitioning Service women is the Women's Health Transition Training (WHTT) program. WHTT is a critical source of information for transitioning Service women to help them met their individual post transition goals. WHTT was launched in February 2021. It is an optional course designed to encourage Service women to learn about VA's women's health care services. VA collaborated with DoD to develop a pilot and deploy WHTT.

The course content informs participants about women specific health care services available after their separation from the military, and empowers them with information about enrolling and utilizing VA health care services. The training can be taken at anytime and anyplace through transition online learning at tapevents.mil and it is open to all service women and women Veterans. It consists of five modules: shift from active duty; understanding VA; available women's health services; enrolling in VA; and transition assistance. Participants learn about a wide range of topics, including health care services, mental health, MST counseling, suicide prevention services, homeless Veterans assistance, eligibility requirements for enrollment and how to connect with women's specific networks and programs. They also get information on resources and point of contacts for added support.

The feedback OTED received from WHTT pilot participants shows that the course increases awareness of women's health services available through VA and that the on demand course makes this important information readily available for all transitioning Service members and women Veterans. For FY23, there were 371 total attendees, to include Service members, their caregivers, family members, Veterans, and others. Approximately 78% indicated that WHTT influenced their decision to enroll in VA health care. Approximately 95% of those said that they have the necessary information to start the enrollment process in VHA.

Dr. Black noted that, with all of OTED's transition assistance program related initiatives, they work closely with interagency partners in the development and maintenance of this course, as well as in the promotion of the training to Service members. DoD's advertisement of WHTT is very important; it is great information to have prior to deciding to separate from military service. The course is now permanent, so OTED will continue

to proactively coordinate with transition assistance interagency partners and stakeholder to promote the course. Some existing strategic communication tactics and strategies employed to promote awareness of the program includes a one day VA transition assistance program (VTAP), a TAP interagency strategic communications working group and curriculum groups, social media blogs, Web content and articles.

The VA Solid Start program is another way that OTED helps newly separated Veterans manage the challenges of adjusting to civilian life. OTED launched the program in December 2019. It provides early and consistent contact, by proactively calling them three times during that critical first year of separation. Specially trained VA representatives proactively call Veterans at about 90 days after separation and then again at 180 days and 360 days post separation to address any issues or challenges that the Veteran mentions during the call. They can connect Veterans to benefits, services and resources. They also set priority calls for Veterans meeting certain risk factors, helping them to lower those barriers for accessing high quality VA mental health care and treatment.

In calendar year (CY) 22, the VA Solid Start program successfully connected with 19,386, eligible recently, separated women Veterans, representing a 71.9% successful connection rate with women Veterans. That is an improvement from CY 2021, the program had a 69.8% connection rate. For comparison, they connected with male Veterans about 72.5% in CY22.

She explained that VA Solid Start also makes referrals to the Veterans crisis line during the calls, if there are any challenges that surface or if anyone who needs additional support or assistance. Women account for about 33% of those referrals made from the program to the Veterans Crisis Line. Women Veterans who successfully connect with the program are utilizing all of their benefits at a higher rate, except for VR&E program. Women Veterans also receive information about WHTT during the calls.

Discussing women Veterans' benefit utilization, per VBA's FY 22 annual benefits report, Dr. Black noted that women Veterans comprised about 13.5% of new applicants for compensation, and they represented 11.5% of the total compensation recipients. Compensation provides that tax free monthly benefits to Veterans for the effects of disabilities causes by diseases or injuries incurred or aggravated during active military service.

Pension is a needs based benefit designed to provide certain wartime Veterans and their survivors with the minimum level of income that raises to their standard of living. Muscle skeletal issues are the leading disability claimed by women Veterans. They made up 3.6% of new pension applicants, and are 4.7% of the total pension recipients. Aid and attendance is the mostly used special monthly pension for women Veterans.

Women Veterans accounted for 30.8% of beneficiaries that are actively using the Post 9/11 G.I. Bill education benefit. Women respondents to the post separation TAP outcome study indicated a higher use of educational benefits after separation.

Regarding insurance utilization, Service members and their families can have SGLI group term life insurance, as well as Traumatic Injury Protection insurance. Service members may also convert their SGLI into renewable term insurance. Women Veterans represent 17% of the total population using a VA insurance program. Women Veterans that convert their SGLI to the Veterans Group Life Insurance make up about 90% of the total population that converted.

The home loan guarantee helps eligible Veterans, active duty personnel, surviving spouses, and members of the reserves and national guard purchase, retain and adapt homes in recognition of their service to the Nation. Women Veterans were 13.8% of the those using the VA loans guarantee, in FY22. Their use of this benefit has increased about 2%, since 2018.

VR&E assists Veterans who have service connected disabilities and are experiencing a barrier to employment find and maintain suitable jobs within their counseling and case management. Women represented approximately 23.4% of the total population who were rehabilitated using VR&E. She emphasized that OTED will continue to connect transitioning Service members, Veterans, and their families with information on VA, benefits, services, and programs, through collaboration, integration, education, and outreach.

ACWV Discussion
The full committee engaged in general discussion about the briefings and prepared for their respective subcommittee working sessions.

Meeting Adjourned
Wanda Wright (Colonel, U.S. Air Force, Retired), Chair, ACWV
The Chair thanked the committee members, staff, and members of the public for their hard work and attendance. The Chair then adjourned the meeting.

/s/ **April 19, 2024**
Colonel Wanda Wright, USAF, Ret.
Current Chair, Advisory Committee on Women Veterans

/s/ **May 1, 2024**
Lourdes Tiglao
Designated Federal Officer, Advisory Committee on Women Veterans