STATEMENT OF

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Chairman Isakson, Ranking Member Blumenthal, and Distinguished Members of the Senate Committee on Veterans' Affairs, thank you for the opportunity to discuss the high quality care and support VA is providing to our women Veterans. I am accompanied today by Dr. Susan McCutcheon, National Mental Health Director for Family Services, Women's Mental Health and Military Sexual Trauma, as well as Ms. Rosye Cloud, Acting Director of the Veterans Benefits Administration (VBA) Office of Transition, Employment & Economic Impact (OTEEI).

Overview of Women's Health

The number of women Veterans enrolling in VA health care is increasing, placing new demands on a VA health care system that historically treated mostly men. There are more than 2.0 million women Veterans in the United States accounting for more than 400,000 users of VA health care services in fiscal year (FY) 2014. To address the growing number of women Veterans who are eligible for health care, VA is strategically enhancing services and access for women Veterans.

VHA's Women's Health Services (WHS) oversees program and policy development for women's health and provides strategic support to implement positive changes in the provision of care for all women Veterans. WHS works to ensure that timely, equitable, high quality, comprehensive health care services are provided in a sensitive and safe environment at VA facilities nationwide. WHS programs include

comprehensive primary care, women's health education, reproductive health, communication, and partnerships. WHS' goals are to:

- Transform health care delivery for women Veterans using a personalized, proactive, patient-centered model of care;
- Develop, implement, and influence VA health policy as it relates to women Veterans;
- Ensure a proficient and agile clinical workforce through training and education;
- Develop, seamlessly integrate, and enhance VA reproductive health care; and
- Drive the focus and set the agenda to increase understanding of the effects of military service on women Veterans' lives.

Implementing Comprehensive Primary Health Care Model for Women Veterans

To provide the highest quality of care to women Veterans, VA offers women Veterans assignments to trained and experienced Designated Women's Health Providers (DWHP) who can provide general primary care and gender-specific primary care in the context of a long-term patient/provider relationship. In 2009, we had women's health providers at 33 percent of medical centers. Today, DWHPs are available at 100 percent of VA medical centers (VAMC) and 90 percent of Community-Based Outpatient Clinics (CBOC). National VA satisfaction and quality data from 2014 indicate that women who are assigned to DWHPs have higher satisfaction and higher quality of gender-specific care than those assigned to other providers. VA's plan is that whenever a woman Veteran enters the health care system, she will have access to a DWHP. To meet this plan, VA must ensure that all new primary care hires are proficient in the care of women as well as men. VA is continuing to train and update skills of current VA primary care and emergency providers in the care of women. Since 2008, VA has provided intensive training to over 2,000 women's health providers and provided over 50 different online, accredited women's health classes, which can be taken 24/7 to enhance the flexibility of learning opportunities for employees. The combination of educational offerings provides not only basic training in women's health but advance courses so that providers and other staff can keep their skills and knowledge up-to-date.

Assessing Women's Comprehensive Health

With the launch of such a large scale change in services, WHS recognized the need to assess the progress towards implementation of high quality programs focused on women Veterans. WHS evaluates all women Veterans' health programs through several mechanisms. Every VAMC completes an annual self-assessment of the implementation of comprehensive women Veterans' services through the Women's Assessment Tool for Comprehensive Health. This tool includes an assessment of the Enrollee Health Care Projection Model's current and future enrollment and utilization projections, strategic planning for women Veterans' services, and reports on the providers and capacity for clinical services, such as primary care, gynecology, and emergency services.

In addition, VHA uses an independent contractor to conduct detailed site visits to objectively assess the implementation of services for women Veterans nationwide. Over the course of each year, the independent assessment team conducts a more intense review at 25 VAMCs. Each year, the independent contractor provides an evaluation of the state of implementation and a national roll-up report highlighting both areas where capacity has been built and areas that still need development. The annual reports have been provided to VHA Central Office and Veterans Integrated Service Network (VISN) leadership teams. This allows leadership to examine trends in implementation and to identify and address gaps in services available for women Veterans.

Narrowing Gender Disparities

Recent analysis indicates that VHA outperforms private and public sector health care in many quality performance measures[1]. As a recognized leader in provision of high-quality health care, VHA initiated efforts to address gender disparity, a problem that affects health care nationwide[2]. In an effort to measure the quality of care provided to women Veterans, since 2006 VA's Office of Informatics and Analytics (formerly Office

[1]Gender Differences in Performance Measures VHA 2008-2011 Women Veterans Health Strategic Health Care Group, Patient Care Services, VHA, Washington DC, June 2012

[2] JGIM Vol 28 Supp 2 July 2013. Women's Health During Health Care Transformation, Clancy and Sharp

of Quality and Performance) has analyzed all External Peer Review Program Data (EPRP)[3] by gender and published the quarterly Gender Report on its website. Starting in 2006, a number of gaps were identified in the quality of care for men and women, including disparities in measures for screening, prevention, and chronic disease management.

In FY 2008, VHA launched a concerted Women's Health improvement effort, focusing providers' attention on gender disparity data. From 2008 to 2011, VA saw a significant reduction in gender disparity for many measures, including hypertension, diabetes, pneumococcal vaccine, and influenza prevention. Improvements were also made in screening measures for colorectal cancer, depression, posttraumatic stress disorder (PTSD), and alcohol misuse. In FY 2011, VA included Gender Disparity Improvement as a performance measure in the VISN Director Performance Plans, which concentrated management attention on systems to continuously reduce gender disparity. WHS has continued to publish reports on these efforts; the FY 2013 report illustrates that VA has made continued progress in closing the gap in gender disparities. At the close of FY 2013, small gender gaps existed in only a few measures including cholesterol management in high-risk patients, diabetes care, and rates of influenza vaccination.

Women Veterans Economic Outcomes

In addition to addressing women Veterans' health care concerns, VA is committed to working with our partner Federal agencies to help transition female Servicemembers and Veterans achieve strong economic outcomes through meaningful employment and suitable housing.

In January 2015, VA's Veterans Economic Opportunity Report examined how Veterans compare to their non-Veteran counterparts in obtaining meaningful employment, increasing their income, accessing education, and other indicators of success. VA reported that female Veterans are doing well compared to their non-

[3] EPRP is designed to provide medical centers and outpatient clinics with diagnosis and procedure-specific quality of care information. It provides a database for analysis and internal and external comparison of clinical care. Data used for these analyses are abstracted from a random sample of both paper and electronic medical records. EPRP data is primarily used for quality improvement, evaluation and benchmarking with external organizations. (VHA DIRECTIVE 2008-032)

Veteran female and Veteran male peers in both career earnings and education. Specifically, VA's Economic Opportunity Report [4] cited that female Veterans attain 14 percent higher median earnings than the non-Veteran female population with similar demographic characteristics; and that female Veterans participating in the GI Bill had a 10 percent higher program completion rate compared to male Veterans for all ages combined, an 8 percent higher program completion rate across all individual age groups, and a 5 percent higher program completion rate when compared to female students in the general population. This report provides valuable insight, and VA continues to work with our Federal partners to ensure all women Veterans, like their male counterparts, are empowered with the tools necessary to gain meaningful employment and career mobility.

One program contributing to this effort is the interagency Transition Assistance Program (TAP), through which VA equips Servicemembers and their families with the tools they need to make a smooth, successful transition to civilian life. A key component of TAP is Transition Goals, Plans, Success (GPS), a curriculum jointly managed by VA, DoD, and DOL, designed to help transitioning Servicemembers connect with jobs, training, and other benefits prior to leaving service. To support TAP, VBA has more than 300 VA benefits advisors permanently located at more than 100 military locations world-wide. From beginning of FY14 to date, VBA has conducted 12, 342 briefings to an estimated 329,400 separating Servicemembers. As part of Transition GPS, VA benefits advisors not only provide a day long briefing on VA benefits and services but also provide the Career Technical Training Track, an optional 2-day workshop, which helps transitioning Servicemembers identify relevant civilian occupations, establish career goals, and begin applying for credentials and vocational training. Additionally, VA benefits advisors work to ensure Servicemembers are referred to appropriate services such as VA's Vocational Rehabilitation and Employment (VR&E) Program.

The VR&E Program provides comprehensive services and assistance to enable Veterans with service-connected disabilities and an employment handicap prepare for,

[4] VA's Economic Opportunity report: http://www.benefits.va.gov/benefits/docs/VeteranEconomicOpportunityReport2015.PDF

find, and maintain suitable employment. For Veterans with service-connected disabilities so severe that they cannot immediately consider work, VR&E offers services to improve their ability to live as independently as possible in their homes and communities. Vocational rehabilitation counselors and employment coordinators work closely with their DOL counterparts to help Women Veterans find meaningful, sustainable careers. Services provided include training and career assessment to help them reach their career goals, individual counseling and direct assistance to VA-specific services, homeless placement services, and referrals for VA medical services.

VA, DoD, and DOL also partnered to launch the Veterans Employment Center (VEC) in April 2014. The VEC provides transitioning Servicemembers, Veterans, and their families with a single authoritative Internet source that connects them with job opportunities, and provides tools to translate their military skills into plain language and build a profile that can be shared – in real time – with employers. Over 1.7 million private and public-sector jobs are listed on the VEC. As of February 15, 2015, 844 employers made public hiring commitments to hire over 553,500 individuals. In addition, committed employers have reported hiring over 286,000 Veterans and family members.

VA has also initiated an aggressive rollout of innovative public-private partnerships that are leveraging best practices and tools of premier companies in private industry to provide unique support to transitioning Servicemembers, Veterans, and their families and to help bridge the cultural gap. For example, VA has strategic partnerships with LinkedIn and Coursera. Most recently, VA partnered with TriWest Healthcare Alliance to connect women Veterans who are homeless or at risk of being homeless with meaningful and stable employment.

VA is also exploring various learning opportunities as potential alternatives or supplements to traditional education that yield career competitive skills and employment opportunities for Veterans. VA will be opening accelerated learning opportunities this fiscal year to help bridge the gap between Veterans' separation from service and successful civilian employment outcomes. Additionally, VA is establishing 20 learning hubs that will provide space and resources, such as computers for Veterans,

transitioning Servicemembers, and military spouses to complete the online educational courses available in a classroom environment.

VA's efforts to improve economic outcomes for women Veterans include providing greater access to suitable housing through VA's Home Loan Guaranty Program. The Home Loan Program assists eligible Veterans in obtaining, retaining, and adapting their homes. In each of the past 10 fiscal years, the numbers of VA loans to women Veterans averaged between 10 and 12 percent of the VA guaranteed loan portfolio. Over the last decade, VA has guaranteed 3.5 million home loans, including loans for nearly 400,000 women Veterans. This figure does not include women Veterans who have entitlement, but elected to use their spouse's eligibility for the home loan benefit.

Additionally, VA pursued, and Congress passed as Public Law 112-154, legislation that affords more single, active-duty Veterans with children the opportunity to obtain a home using their VA home loan benefit. This law expanded the occupancy requirement attached to VA home loans to include not just the Veteran or a spouse but also a dependent child of an active duty Servicemember. A key impact of this legislative change is that single Veterans with children, many of whom are women, are not adversely impacted by their active duty service and can provide housing for their children, and as necessary, caretakers and guardians.

Disability Assistance and Benefits

Women Veterans are eligible for the wide variety of VA benefits available to all U.S. Military Veterans. These benefits include disability compensation, pension, education, vocational rehabilitation, home loan guaranty, and life insurance as well as monetary burial allowances.

VA is committed to ensuring that all Veterans, Servicemembers and their families are aware of and know how to access the benefits they have earned and deserve. VA conducts targeted outreach to women, minorities, elderly, and homeless. VA also uses social media such as Twitter and Facebook and electronic communication through GovDelivery for targeted messaging. Of the 4.3 million registered eBenefits users, 24 percent are women. Through these outreach efforts, VA has seen an increase in

utilization of benefits by women Veterans. In 2014, 356,748 women Veterans received compensation benefits; an 8 percent increase over 2013. In addition, 12,624 women Veterans received pension benefits, 128,800 used Post-9/11 GI Bill education benefits, and 46,714 received VA guaranteed home loans totaling $10.5 billion in FY14.

One of VA's outreach goals is to ensure the National Guard and Reserve population receive information about VA health care, benefits, and services. This is accomplished through consistent dialogue with leadership within the Reserve Components and the Army and Air National Guard and participation in Yellow Ribbon Reintegration Programs (YRRP). VA participated in over 1,600 of these events throughout the United States and territories, providing more than 190,000 OEF/OIF/OND Servicemembers, Veterans and their families with vital information. Additionally, VA staff frequent demobilization events (post-deployment health reassessments), job fairs, stand down events for homeless Veterans, and activities on active duty bases as well as Reserve and National Guard Armories.

Military Sexual Trauma (MST) Claims

VA is committed to serving Veterans by accurately adjudicating claims based on military sexual trauma (MST) in a thoughtful and caring manner, while fully recognizing the unique evidentiary considerations involved in such an event. The Under Secretary for Benefits has spearheaded the efforts of VBA to ensure that these claims are adjudicated compassionately and fairly, with sensitivity to the unique circumstances presented by each individual claim.

VA is aware that, because of the personal and sensitive nature of MST stressors in these cases, it is often difficult for the victim to report or document the event when it occurs. To remedy this, VA developed a regulation (38 C.F.R. § 3.304(f)(5)) and procedures specific to MST claims that appropriately assist the claimant in developing evidence necessary to support the claim. As with other posttraumatic stress disorder (PTSD) claims, VA initially reviews the Veteran's military service records for evidence of the claimed stressor. VA's regulation also provides that evidence from sources other than a Veteran's service records may corroborate the Veteran's account of the stressor incident, such as evidence from mental health counseling centers or statements from

family members and fellow Servicemembers. Evidence of behavior changes, such as a request for transfer to another military duty assignment, deterioration in work performance, and unexplained economic and social behavior changes, is another type of relevant evidence that may indicate occurrence of an assault. VA notifies Veterans regarding the types of evidence that may corroborate occurrence of an in-service personal assault and asks them to submit or identify any such evidence. The actual stressor need not be documented in service records. If evidence of a stressor is obtained, VA will schedule an examination with an appropriate mental health professional and request an opinion as to whether the evidence indicates that an in-service stressor occurred.

When a Veteran files a claim for mental or physical disabilities other than PTSD based on MST, VA will obtain a Veteran's service medical records, VA treatment records, relevant Federal records, and any other relevant records, including private records, identified by the Veteran that the Veteran authorizes VA to obtain. VA must also provide a medical examination or obtain a medical opinion when necessary to decide a disability claim. VA will request that the medical examiner provide an opinion as to whether it is at least as likely as not that the current symptoms or disability are related to the in-service event. This opinion will be considered as evidence in deciding whether the Veteran`s disability is service connected.

VBA has placed a primary emphasis on informing VA regional office personnel of the issues related to MST and providing training in proper claims development and adjudication. Women Veterans Coordinators are located in every regional office to assist Veterans. In December 2014, MST Coordinators were assigned at each regional office to address MST-specific concerns of both male and female Veterans. In addition, under VBA's new standardized organizational model that has been implemented at all of our regional offices, all MST-related claims are now processed in the special operations lane, ensuring that our most experienced and skilled employees are assigned to manage these complex claims.

Gender-Specific Health Screenings

VA exceeds the private sector in gender-specific health screening rates including cervical cancer screening and mammography[5]. Mammograms for women Veterans can be provided on-site at 52 VHA health care sites where digital mammography is available. When VA or other Government facilities cannot provide these services, VA may contract for non-VA medical care using applicable statutory authority, i.e., 38 United States Code §§ 1703, 8153, 8111. WHS has also convened a task force of subject matters experts from women's health, oncology, radiology, surgery, and radiation oncology to develop guidance to standardize and enhance breast cancer care in VA facilities nationally. Despite these accomplishments, VHA agrees with a recent VA Office of Inspector General (OIG) report that tracking the results of mammograms performed outside VA has been a challenge. Recently VA completed work on breast cancer treatment guidance which advises the field of optimal pathways and processes to ensure that mammography orders are standardized and that results are tracked and communicated to patients appropriately.

VA has been working to ensure that test results from studies done outside of VA are documented in the Computerized Patient Record System and that patients are notified of normal and abnormal mammography results within an appropriate timeframe. VA has two information technology (IT) projects underway that will revolutionize tracking and results reporting for breast cancer screening and follow-up care: the Breast Care Registry and the System for Mammography Results Reporting. Both IT enhancement projects are scheduled for completion by the end of 2015. These systems are designed to work together to identify, document, and track all breast cancer screening and diagnostic imaging (normal or abnormal), orders results, patient notification, and follow-up to ensure that all women Veterans receive high-quality, timely breast care whether treatment is provided within or outside of VA.

Improving Coordination and Access: Women Veterans Program Managers

In order to ensure improved advocacy for women Veterans at the facility level, VA has mandated all VAMCs appoint a full-time Women Veterans Program Manager

[5] http://www.womenshealth.va.gov/WOMENSHEALTH/docs/OIA-BRCO_GenderHealthCareReport.pdf

(WVPM). These WVPMs increase outreach to women Veterans, improve quality of care provision, and develop best practices in organizational delivery of women's health care. They serve as advisors to facility directors in identifying and expanding the availability and access of inpatient and outpatient services for women Veterans and provide counseling on a range of gender specific care issues. WVPMs also provide appropriate local outreach initiatives to women Veterans. Each of VA's 144 health care systems have appointed a full-time WVPM, and VHA carefully tracks this position with regard to orientation and training.

Improving Access to Women's Health through Technology

Women's Health Telehealth Programs and Mobile Applications

Since 2011, WHS has awarded funding to 26 VHA facilities for projects that offer telehealth programs to female Veterans. Telehealth projects that received funding involve tele-mental health, tele-gynecology, tele-pharmacy, and telephone maternity care coordination.

VA is currently developing six mobile applications (apps) for women Veterans' use. Patient-facing apps will provide information on VA eligibility and services and health information for women Veterans. Provider-facing apps will provide information to enhance knowledge of both VA and non-VA medical care providers about special health issues of women Veterans.

Women Veterans Call Center

The Women Veterans Call Center, 1-855-VA-WOMEN (1-855-829-6636), was created to increase women's knowledge of VA benefits and services, enrollment, and utilization of health care services. We are pleased to see that the Call Center is being utilized. In FY 2014, the Call Center received nearly 15,000 incoming calls and made over 190,000 outbound calls, successfully reaching over 100,000 women Veterans. The Call Center is staffed by trained operators who provide information on VA's benefits and services. Call Center staff make referrals to WVPMs, the VHA Health Eligibility Center, VBA, and suicide and homeless crisis lines as needed. The outbound, outreach

Call Center was moved to the Canandaigua VAMC in October 2012, and the inbound Call Center launched in April 2013.

Readjustment and Integration

Vet Center Services

Life is not always easy for women Veterans after a deployment, and Vet Centers have developed services to assist Veterans in re-integration. Vet Centers across the country provide a broad range of counseling, outreach, and referral services to women combat Veterans, Servicemembers, and their families. Vet Centers guide women Veterans, Servicemembers, and their families through many of the major adjustments in life that often occur after they return from combat. Services for a woman Veteran or Servicemember may include individual and group counseling in areas such as the symptoms associated with PTSD, Military Sexual Trauma (MST), alcohol and drug assessment, and suicide prevention referrals. All services are free of cost and are strictly confidential.

The Vet Center program was established by Congress in 1979 out of the recognition that a significant number of Vietnam-era Vets were still experiencing readjustment problems. Over time, Congress extended eligibility to all Veterans who served in a combat zone or area of hostility or who have experienced MST.

Recent legislation now authorizes Vet Centers to provide readjustment counseling services to certain active duty Servicemembers and their families. Vet Centers are community-based and part of VA. Vet Center program staff welcome home war Veterans and Servicemembers with honor by providing quality readjustment counseling in a caring manner. Vet Centers understand and appreciate these individuals' war experiences while assisting them and their family members toward a successful post-war adjustment in or near their community. Recognizing the increased roles for women in the military, the Vet Centers provide an important place outside of the traditional sites of care for women Veterans to receive services related to those experiences.

Women Veterans Reproductive Health

Reproductive health is a critical component of women's health. It encompasses gynecologic health throughout life such as pre-conception care, infertility care, maternity care, cancer care, and the interaction of these with other health conditions (e.g., mental health). VHA's Reproductive Health Program initiatives include enhancing VHA's reproductive health workforce; providing high quality maternity and mental health care; delivering high-quality emergency services for women; and ensuring safe prescribing, pre-conception care, and care for aging women Veterans. WHS has several key accomplishments specific to reproductive health including:

- Decreasing fragmentation of maternity care in VHA through the implementation of Maternity Health Care and Coordination policy and supporting the development of Maternity Care tele-health pilots at 11 VA Healthcare Systems serving over 500 women Veterans.
- Developing a prototype maternity dashboard named "Maternity Tracker" that will enhance the delivery of high-quality maternity care and facilitate care coordination between VA and non-VA medical care providers. The "Maternity Tracker" is set to pilot in a VHA facility during FY 2015.
- Awarding funds to VHA facilities to support the development of innovative tools and purchase of gynecologic equipment to enhance the quality of care delivered to women in VA emergency departments and launching and disseminating the VA Emergency Services for Women (ESW) Toolkit, an online database of searchable tools and resources for VA Emergency Medicine providers and staff.

Gynecological Care - Enhancing the Reproductive Health Workforce

VA recognizes the availability of on-site gynecologists plays a critical role in providing comprehensive care to women Veterans. In collaboration with primary care, emergency medicine, mental health, and other subspecialty providers, obstetrics and gynecology providers strengthen the team of providers caring for women Veterans. VHA provides high-quality gynecologic care to all women Veterans, either in VHA facilities or locally through non-VA medical care mechanisms.

However, gynecology specialty providers are not available on-site at all VA health care centers. Therefore, VA intends to address the hiring of gynecologists and improved access by expanding on-site gynecologic services and support as we implement the Veterans Access, Choice, and Accountability Act of 2014.

Reproductive health also includes care related to infertility, menopause, and subspecialty gynecology care including female pelvic medicine (urogynecology) and reconstructive surgery, high-risk maternity care, and gynecologic oncology. We are planning to expand the scope of VA practice in reproductive health through additional resources and innovative technologies and partnerships with local experts and key stakeholders particularly in areas of urogynecology and infertility care. We also plan to address key issues in specialty gynecological care coordination for women with gynecologic cancers to improve delivery and coordination of care between VA and non-VA medical care settings.

VHA is already enhancing gynecology care to women in rural areas through innovative technologies such as e-consults, tele-gynecology, and tele-maternity services. Expansion of these innovative technologies is being explored as a mechanism to ensure access to gynecology care in parts of the country where recruitment of gynecologists is a challenge.

Military Sexual Trauma

Military sexual trauma (MST) is a VA term that refers to sexual assault or repeated, threatening sexual harassment experienced during military service. In FY 201, 85,033 or 25.04 percent of female Veterans seen for VA health care had reported a history of MST when screened by a VA health care provider. Not all MST survivors have long-term difficulties, but some experience chronic physical and mental health problems, including PTSD, depression, and substance use disorders.

All VA treatment for physical and mental health conditions related to MST is provided free of charge. Service connection is not required, and Veterans may be able to receive free MST-related care even if they are not eligible for other VA services. VA offers a wide range of treatment services: Outpatient MST-related mental health care is available at every VAMC, and residential and inpatient programs are available for

Veterans who need more intense treatment and support. Community-Based Vet Centers also offer MST-related counseling and services. Among Veterans who screen positive for MST in VA, rates of engagement in care and amount of care provided continue to increase every year. In FY 2014, 64,696 or 76.1 percent of women who screened positive for MST received outpatient care for either a mental or physical health condition related to MST. This is an increase of nearly 11 percent from FY 2013, where 58,061 or 74.7 percent of women who screened positive for MST received MST-related outpatient care. These women Veterans had a total of 735,608 MST-related visits in FY 2014, which represents an increase of 11.4 percent (from 660,398 visits) from FY 2013.

Every VA health care system has a designated MST Coordinator who serves as the local point person for MST-related issues. In FY 2014, VA initiated a continuation and expansion of its successful National Review of the Accessibility of MST Coordinators. This program is an innovative "secret shopper" initiative to survey the experiences a Veteran would be likely to have in attempting to reach an MST Coordinator via telephone. This initiative was expanded in FY 2014 to include calls to one CBOC as well as one VAMC for each health care system. In early FY 2014, over 80 percent of VA health care systems received a satisfactory rating, a nearly 30 percentage point improvement since the review began.

In order to ensure VA's capacity to provide MST-related care, VA annually evaluates the number of full-time equivalent employees required to meet the outpatient MST-related mental health treatment needs of Veterans. In the most recent analyses (based on FY 2013 data), all 140 VA health care systems were above the minimum threshold indicating adequate capacity to provide MST-related mental health care.

The Veterans Access, Choice, and Accountability Act of 2014 (VACAA) contained several provisions relevant to VA MST services. VA now provides free treatment for conditions related to sexual assault or sexual harassment during inactive duty training (primarily drill weekends for Reservists and National Guard members). The new law also allows VA to provide MST services to active duty Servicemembers without a referral from DoD; VA is working with DoD on plans for implementation. Finally, VA will produce two new reports for Congress on its MST services. The first

compares VA MST services available for male and female Veterans. The second describes processes for transitioning care for MST Survivors from DoD to VA and joint efforts to assist Veterans in filing a disability claim related to MST.

VA is committed to ensuring that providers and key staff receive appropriate training to address the needs of Veterans who have experienced MST and may be at risk of suicide. VA's Veterans Crisis Line (VCL) is a hotline for Veterans experiencing suicidal thoughts. In FY 2014, specialized materials were developed to further enhance VCL staff's understanding of issues specific to MST and facilitate sensitive and effective handling of calls from Veterans who experienced MST. Additionally in FY 2014, an initiative was developed to strengthen collaboration between MST Coordinators and Suicide Prevention Coordinators, who serve as local points of contact and facilitators of MST and suicide prevention program efforts, respectively, at every VAMC. Finally, all VA mental health and primary care providers are required to complete a mandatory training on MST. The training includes clinically relevant topics such as working with Veterans who have experienced MST and may exhibit self-destructive behavior or are at risk of suicidal ideation. This training program will receive a major update in FY 2015 that will provide an opportunity to further strengthen and expand upon content on suicidal behavior and self-harm.

Mental Health Services

VA provides a full continuum of mental health services to women Veterans, including outpatient, inpatient, and residential treatment options. Evidence indicates that women differ from men in the prevalence and expression of certain mental health disorders, as well as in their responses to treatment. These differences may be due to biological sex differences, such as the impact of the female reproductive cycle on mental health, or social and cultural differences, such as the impact of gender-related violence. Awareness of these differences informs VA's Women's Mental Health Services. VA policy requires that mental health services be provided in a manner that recognizes that gender-specific issues are indeed important components of care.

Gender-Sensitive Mental Health Care

In 2012, VHA surveyed mental health leadership within each VA health care system (N = 141) to determine the availability of gender-sensitive mental health care for women Veterans. VA conceptualizes gender-sensitive mental health care as containing these key components:

- *Comprehensiveness*: Includes full continuum of service availability for women (e.g., general mental health, specialty mental health, residential/inpatient);
- *Choice*: Considers treatment modality (e.g., mixed-gender, women-only service options);
- *Competency*: Addresses women's unique treatment needs, and;
- *Innovation*: Provides creative options and settings for subgroups of women, especially when caseloads of women are small.

Survey results indicate that women Veterans have access to general and specialty outpatient mental health treatment options at all VHA health care systems. Findings also indicate that mental health services for women Veterans are most commonly provided in mixed-gender settings. Individual therapy was the most frequently reported alternative, when clinically indicated, to mixed-gender group therapy. Other frequently reported alternatives to mixed-gender outpatient care included tele-mental health, referrals to Vet Centers or community resources, and non-VA medical care. Overall, survey results indicated numerous and varied general and specialty outpatient options are offered to female Veterans seeking VA mental health services.

Mental Health Across the Life Span

Life transitions and physiological hormonal changes that occur during a woman's life cycle may serve to increase her risk of developing a mental health disorder. For example, sex-specific hormonal differences and reproductive life-cycle stages, such as pregnancy and perimenopause, can have effects on mental health. These changes across the reproductive life-cycle are particularly relevant for VHA, as over 40 percent of women Veterans seen in VHA are within their reproductive years (ages 18–44), and over 25 percent are aged consistent with perimenopause (ages 45–55).

Physiological changes across the life cycle can complicate treatment decisions; for example, maternal and fetal benefits and risks must be considered in medication management among pregnant women. Because of this, it is critical that providers for women Veterans are aware of the impact of biology on mental health and knowledgeable about the implications and efficacy of pharmacologic and behavioral intervention choices.

To ensure this, VHA has initiated collaborations between mental health, primary care, pharmacy, and women's health. We have assessed needs across VA for training about the impact of life cycle biological changes on women's mental health; over 600 providers were surveyed. Based on the results of this assessment, we have developed and disseminated educational tools for VA providers in the form of six module curricula. Currently, there are virtual pilots at two VA health care facilities and five VA virtual university trainings taking place.

Supporting Women's Transitions from Military to Civilian Life

VA recognizes the importance of coordination with DoD to support Veterans' reintegration and transitions from military to civilian life. DoD and VA Integrated Mental Health Strategy (IMHS) Strategic Action #28 examined gender differences in delivery and effectiveness of mental health services for female Servicemembers and Veterans, and those who have experienced military sexual assault (MSA), military sexual harassment (MSH), or MST. Findings from the Strategic Action #28 Task Group informed the development of recommendations to address identified gaps, developed strategies for overcoming health care disparities and barriers to care, identified the need for further research, and improved quality of care for these populations. The final report (still in the review /concurrence process) presents recommendations to address key research, surveillance, prevention and treatment gaps, and proposes a structure and processes for the continuation of DoD and VA collaboration in support of this initiative.

Women's Transition Support Groups

VA recognizes the significance that support groups have in the transition and recovery of Veterans and especially in the transition and recovery of women Veterans.

VA is able to offer a broad range of resources and programs for women Veterans within the scope of current legal authority. VHA has implemented a number of services to address the unique needs of women Veterans. The graduated continuum of family member services include:

- Family Education
- Support and Family Education (SAFE)
- National Alliance on Mental Illness (NAMI) Family-to-Family Education Program
- Family Consultation
- Family Psychoeducation
- Marriage and Family Counseling
- Coaching Into Care
- AboutFace
- Military Kids Connect
- Caregiver Support Program
- Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn Care Management Teams
- The Federal Recovery Coordination Program (FRCP)
- VA's Fisher House and Temporary Lodging Program
- The Domestic Violence/Intimate Partner Violence (DV/IPV) Assistance Program
- Family Readjustment Counseling

Local Partnerships and Outreach for Women Veterans

VA recognizes the importance of outreach and partnership with our local communities. Several VHA specialized homeless programs include efforts designed to connect Veterans. These include connecting women Veterans and Veterans with families with health care, employment, financial counseling, and housing. Initiatives within VHA's continuum of homeless programs and services include:

- The Health Care for Homeless Veterans (HCHV) program:
    - During FY 2014, the total number of unique homeless Veterans served through HCHV outreach was over 158,000; of which 11 percent were

females as compared to 10 percent of the total from the previous fiscal year.

- The Supportive Services for Veteran Families (SSVF) program:
    - SSVF continues to serve women in greater proportion than they appear in the general homeless population (15 percent in SSVF versus 10 percent in the general homeless population). Also, as women are more commonly the custodians of dependent children, SSVF serves many female Veterans and their dependent children. Fifteen percent (11,702 of 79,449) of Veterans served were female – the highest proportion of women Veterans served of any VA homeless initiative. Nearly one quarter (29,884 of 127,829) of all those served were dependent children.
- Grant and Per Diem (GPD) funded outreach programs:
    - In FY 2014, more than 200 GPD projects had some capacity to serve women Veterans. Of those projects, approximately 40 were women-specific and 38 had the capacity to serve women with dependent children; although per diem was only paid for the women Veterans. In FY 2014, over 45,160 Veterans were served through the GPD program; of these, approximately 7 percent were women. In the first 4 months of FY 2015, over 24,000 unique Veterans were provided services through GPD; the percentage of homeless women Veterans has remained consistent at approximately 7 percent.
- The Department of Housing and Urban Development – VA Supportive Housing (HUD-VASH) program:
    - During FY 2014, about 12 percent of those admitted to HUD-VASH were women. In FY 2014, there were 17,829 families served by HUD-VASH an increase of 3,195 new families housed with the Veteran by HUD-VASH. At the time of entry into the program, approximately 36 percent of females and 13 percent of males planned to live with their children and/or other family members when housed.

- Veterans Justice Programs (VJO):
    - In FY 2014, HCRV provided services to over 16,700 Veterans of which 2.2 percent were women. In FY 2014, VJO served to nearly 41,700 justice-involved Veterans, of which 5.6 percent were women.
- Community Employment Coordinators (CEC) for homeless Veterans program:
    - Of the 121 CECs who have been hired thus far, 10 percent are women Veterans, and 7 percent are women Veterans who have exited homelessness.

Conclusion

Our mission at VA is to care for those "who shall have borne the battle" and their families and Survivors. While we have made significant strides in recent years, we still have much to do as VA develops a nationwide effort to enhance the language, practice, and culture of VA to be more inclusive of women Veterans. We will continue to improve our efforts to provide high-quality, timely health care to our women Veterans and we appreciate this Committee's ongoing support in doing so.

Mr. Chairman, this concludes my testimony. My colleagues and I are prepared to answer any questions you or the other Members of the Committee may have.