

Legislative Task Force on Women Veterans' Health Care
White City SORRC Minutes
March 12, 2010

The VA Southern Oregon Resource and Rehabilitation Center in White City invited the Legislative Task Force on Women Veterans' Health Care to tour its women's residential treatment facility and ask questions about women veterans' health care. Chair Nanci Visser and staff Tom Mann and Nicole Hoeft attended for the Task Force. Also in attendance were representatives from U.S. Senator Jeff Merkley, U.S. Senator Ron Wyden and Congressman Greg Walden. The SORRC contingent was a dozen strong, including new women veterans' coordinator Doina Cismas Jeffrey.

After introductions, the SORRC leadership asked what questions the Task Force had for the White City staff. For the next 90 minutes, Chair Visser and staff asked questions related to the SORRC program and women veterans in general. The following questions and answers were addressed:

How does a veteran gain access to services at White City?

White City provides primary care for 16,000 veterans in its catchment area, and these veterans enroll using a VA Form 10-10 EZ just like all other veterans. However, the SORRC also does residential treatment programs, and enrollment into these programs varies depending on the veteran. To gain access, a veteran just has to walk in. The SORRC has a social worker who will help a veteran obtain their DD-214 separation documents to prove veteran status and also helps with the enrollment and admitting process depending on the veteran's needs. (Staff Note: VA provides mental health treatment without enrollment for certain vets, including veterans suffering the effects of MST).

What is the difference between "in-patient" treatment and "residential" treatment?

In-patient treatment is acute treatment that lasts for between 3-7 days. Often it is in the case of harm to self or others. Residential treatment is 200-300 days of non-acute treatment that is programmatic in process. White City does residential treatment not in-patient treatment.

How does White City manage acute-care veterans needing in-patient treatment?

The SORRC has an agreement with the local hospital psych ward with which it communicates and works when a veteran is in an acute state.

How many women veterans does the SORRC treat?

About 700 with 33.5 percent assessing positive for Military Sexual Trauma.

How many gender-specific providers does the SORRC have for women veterans?

There are two gender-specific providers at White City, one in Grants Pass and two in Klamath Falls. The SORRC also does outreach to rural areas.

What is the current caseload for White City mental health providers?

White City said its caseload currently is manageable at about one provider for every 50 veterans. It has one MST specialist on staff.

Does White City do telemedicine and videoconference mental health?

White City is engaging in these methods.

How would the proposed changes at the Roseburg VA Hospital affect what happens in White City?

At this point, the SORRC cannot rely on either Roseburg or Portland for bed space due to demand out pacing supply. The SORRC is contracting in the community for care it cannot get veterans in Roseburg or Portland.

When a veteran comes to the SORRC, is there a way for the veteran to have benefits work done?

The SORRC works closely with the county veteran service officers to help its veterans apply for benefits.

Reports stated that the VA in Oregon received American Recovery and Reinvestment Act Money. How did White City spend their share?

The SORRC has several construction projects for new housing and maintenance for which it used ARRA money.

Does the SORRC have enough residential beds for women veterans?

Yes, the SORRC has open beds currently. There are up to 18 beds available with 12 filled currently.

Has the SORRC had trouble finding qualified medical providers?

No, the SORRC has not had trouble attracting qualified providers.

When asked what issues the SORRC would like the Task Force to work on, they mentioned the following:

Veterans Transportation – Helping veterans get to and from the SORCC for appointments, especially from rural areas (Staff note: The Legislative Task Force on Veterans’ Transportation is working on this issue).

Child Care – Both male and female veterans would benefit from allowing the VA to provide childcare while the veteran is at an appointment.

No Mandates without Funding – While supportive of creative ideas to improve women veterans’ Health Care, there is a history of mandates coming from Congress or Central Office without the accompanying funding, which does not allow for a successful program. White City asks that if we do federal legislation we appropriate money to fund any new staff or programs. (Staff note: Both the Women Veteran Coordinators and the Veteran Justice Outreach coordinators have not been fully funded, but have been expected to implement full programs).

There were further discussions on outreach to female veterans, potential Task Force legislation, VA’s efforts to contract care in the community, and White City’s MST program.

After the discussion, the group was given a tour of the SORRC, including a tour of the women veterans’ residential facility. It is a secured facility and the group visited with some of the female veterans and saw their rooms. The SORRC personnel showed the group the women veterans’ clinic and explained plans to expand in the future based on the need to have more gender-specific exam rooms and restrooms. (Staff Note: The SORRC had applied for a grant to fund these improvements, but just learned it did not receive the grant).

Before ending for the day, Chair Visser encouraged the staff at the SORRC to send the Task Force information and ideas at any time between now and August as the Task Force prepares to write its final report.