

# Key Transitions: Supporting the Behavioral Health of Women Veterans

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Webinar  
May 7, 2019



**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

# SAMHSA Welcome



## **Cicely K. Burrows-McElwain, L.C.S.W.-C.**

Military and Veteran Liaison  
National Policy Liaison Branch,  
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Innovation, SAMHSA

# Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

# SAMHSA Background



Since 2008, SAMHSA has partnered with states and territories to strengthen behavioral health systems serving **service members, veterans, and their families** (SMVF) providing Technical Assistance (TA) through its SMVF TA Center.

SAMHSA leads efforts to ensure substance use and mental health issues among all Americans, including SMVF, are well understood.

# SAMHSA's SMVF TA Center



**SAMHSA** ★ **SMVF TA CENTER**

Service Members, Veterans, and their  
Families Technical Assistance Center

- Strengthening ongoing collaboration among military and civilian stakeholders
- Providing a centralized mechanism for cities, states, and territories to learn, connect, and share
- Increasing awareness of and access to resources and programs that strengthen behavioral health care systems for service members, veterans, and their families (SMVF)
- Supporting coordinated responses to the behavioral health needs of SMVF
- Encouraging cities, states, and territories to implement promising, best, and evidence-based practices

# Technical Assistance Methods

The SMVF TA Center provides training and technical assistance through activities such as:

- Policy Academies
- Implementation Academies
- Webinars
- Learning communities
- Onsite and virtual expert consultation
- Resource dissemination

# Webinar Overview



**Angela Wright, J.D.**

Assistant Director

SAMHSA's Service Members, Veterans, and their  
Families Technical Assistance (SMVF TA) Center  
Policy Research Associates, Inc.

# Webinar Objectives

- Define the unique risk factors for women veterans' behavioral health issues, including post-traumatic stress disorder and the psychological effects of war, military sexual trauma, intimate partner violence, substance abuse, and suicide
- Identify gaps in data, programs, and services for women veterans
- Describe how we can build the behavioral health workforce's capacity to provide women veterans with care that is sensitive to military culture, trauma, and gender at every stage of life
- Illustrate opportunities for increased collaboration and coordination to improve access and quality of care
- Discover simple, yet effective, strategies to improve your programs and services for women veterans



# Why this Webinar is Important

- Understanding the unique challenges women face as they transition from military service to civilian life and throughout each stage of their lives
- Providing community support that is sensitive to military culture, trauma, and gender

# Our Presenters Today



**Meaghan C. Mobbs, M.A.**  
Clinical Psychology  
Pre-doctoral Fellow  
Columbia University  
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**Laura Miller, M.D.**  
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# Women Veterans: Battling to be Seen

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Clinical Psychology Pre-doctoral Fellow  
Columbia University, Teachers College



**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

# Topics of Discussion

- Brief intro to women Veteran demographic and socioeconomic characteristics
- Being a women Veteran
- Veteran identity
- Transition stress
- Critical issues
- Obstacles & barriers
- Increasing opportunities for success

# Women Veterans: Demographic Characteristics

- Women are 9.4% of the total Veteran population
- Increase at a rate of ~18,000 women/yr for the next 10 years
- Median age of women Veterans is 50 (64 for men)
- 19% of women Veterans are African American, compared with 12% of non-Vet women



Profile of Women  
Veterans: 2014  
Prepared by the  
National Center for  
Veterans Analysis and  
Statistics  
March 2016

# Women Veterans: Demographic Characteristics

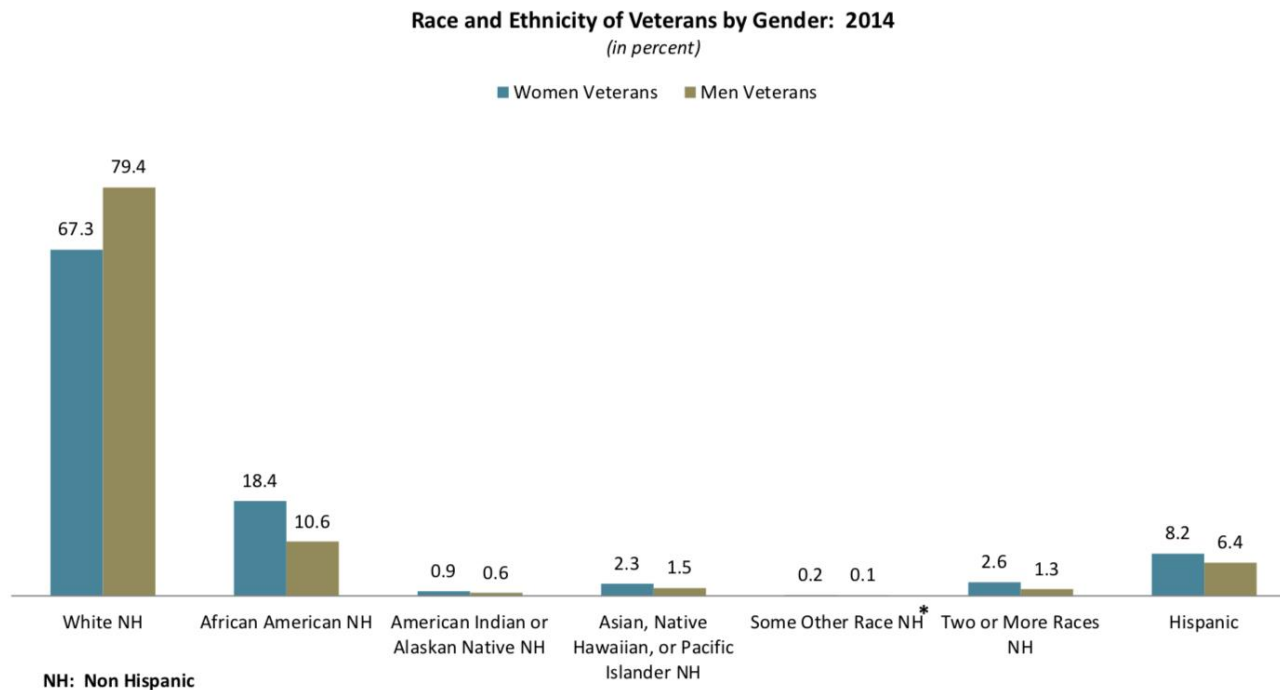
- Hispanic women Veterans are almost half that of non-Veterans (9% v. 16%)
- Asian women Veterans are less than half that of non-Veterans (2% v. 5.5%)
- 84% of women Veterans are currently married, divorced, widowed, or separated compared with 72% of non-Veteran women
- 23.4% of all women Veterans are currently divorced compared with 12.6% of non-Veteran women



Profile of Women  
Veterans: 2014  
Prepared by the  
National Center for  
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Statistics  
March 2016

# Women Veterans: Compared to Male Veterans

A higher percent of women Veterans are racially and ethnically diverse than men Veterans.



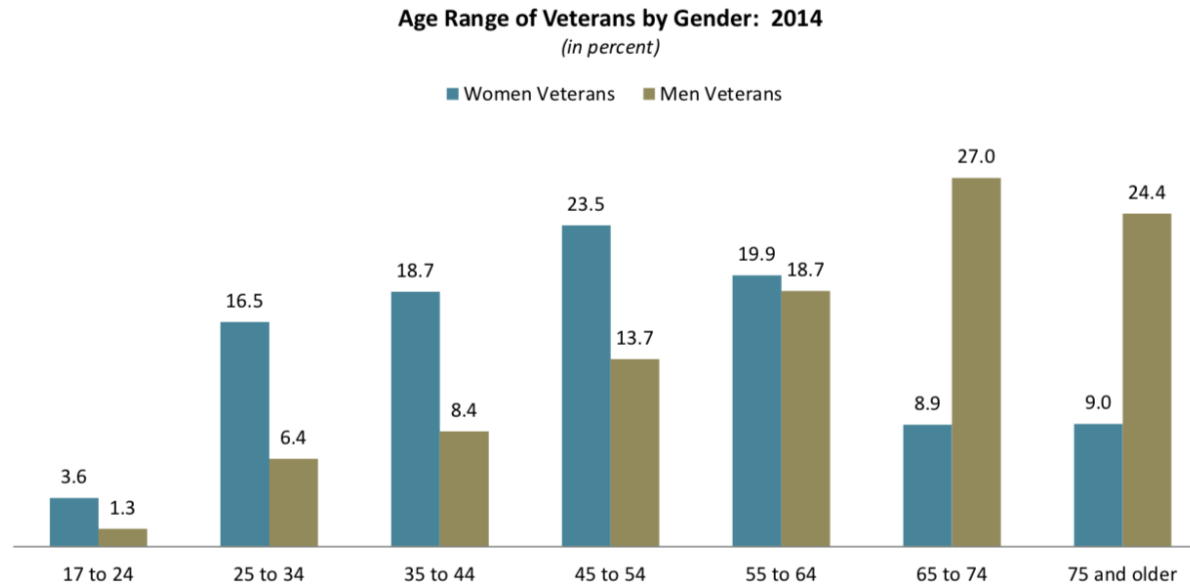
\*Difference between women Veterans and men Veterans is not statistically significant at the 90% confidence level.

Source: U.S. Census Bureau, American Community Survey, 2014  
Prepared by the National Center for Veterans Analysis and Statistics

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# Women Veterans: Compared to Male Veterans

Women Veterans are younger than men Veterans.



**Median Age by Gender: 2014**

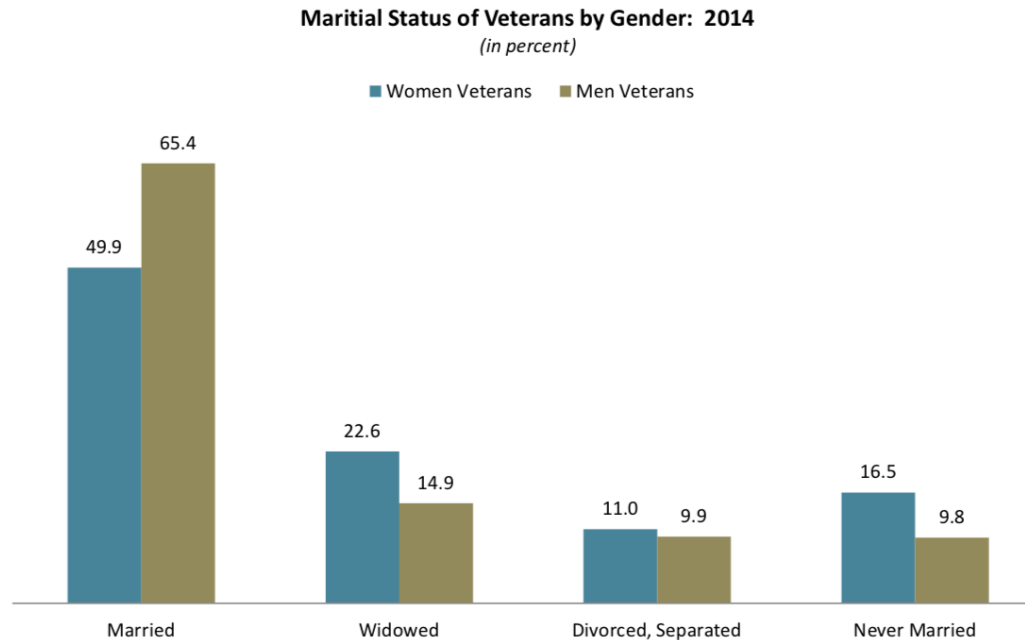
Women Veterans	Men Veterans
49.2	64.4

Source: U.S. Census Bureau, American Community Survey, 2014  
Prepared by the National Center for Veterans Analysis and Statistics



# Women Veterans: Compared to Male Veterans

A lower percent of women Veterans are married compared to men Veterans. A higher percent of women Veterans are widowed or never married compared to men Veterans.



Source: U.S. Census Bureau, American Community Survey, 2014  
Prepared by the National Center for Veterans Analysis and Statistics

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# Women Veterans: Socioeconomic Characteristics



Profile of Women Veterans:  
2014  
Prepared by the National  
Center for Veterans Analysis  
and Statistics  
March 2016

- More have some college as their highest level of education compared with non-Veteran women (44% compared with 32%)
- A higher percentage of all women Veterans (34.5%) than non-Veterans (28.1%) have completed a Bachelor's or advanced degree

# Women Veterans: Socioeconomic Characteristics



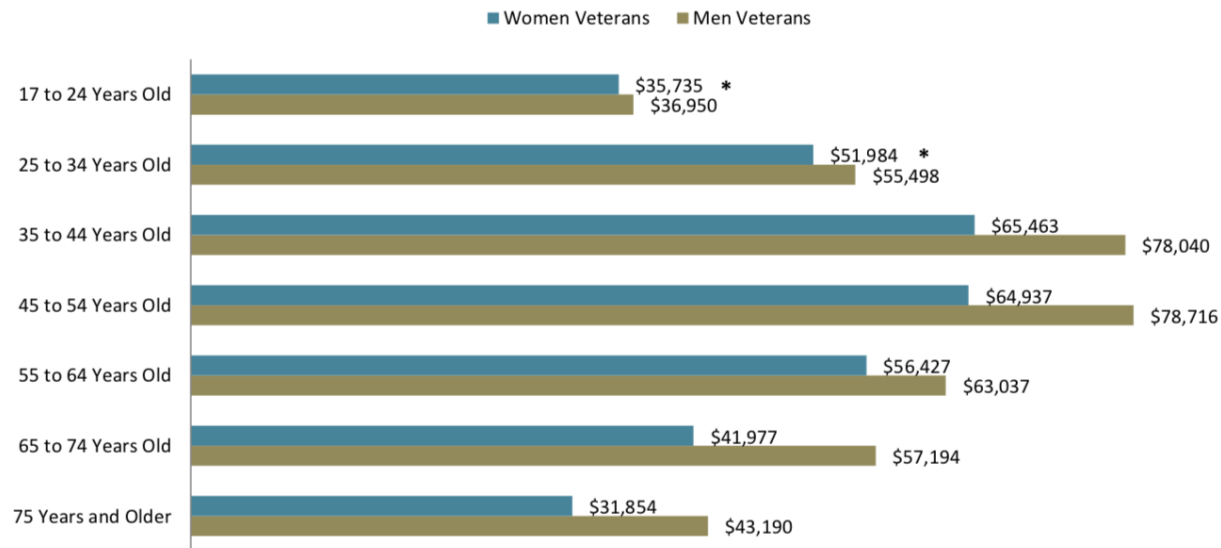
Profile of Women Veterans:  
2014  
Prepared by the National  
Center for Veterans Analysis  
and Statistics  
March 2016

- Working-age women Veterans (17 to 64 years old) have a higher labor force participation rate (71.5%) than non-Veteran women (70.1%)
- Overall, women Veterans are less likely than non-Veteran women to be living in poverty (10% compared to 15% below the poverty threshold)

# Women Veterans: Compared to Male Veterans

Women Veterans age 35 and older have a lower median household income than men Veterans.

Median Household Income of Veterans by Gender: 2014



	Women Veterans	Men Veterans
Median Household Income	\$54,993	\$56,995
Households Using SNAP/Food Stamps	11.7%	6.3%

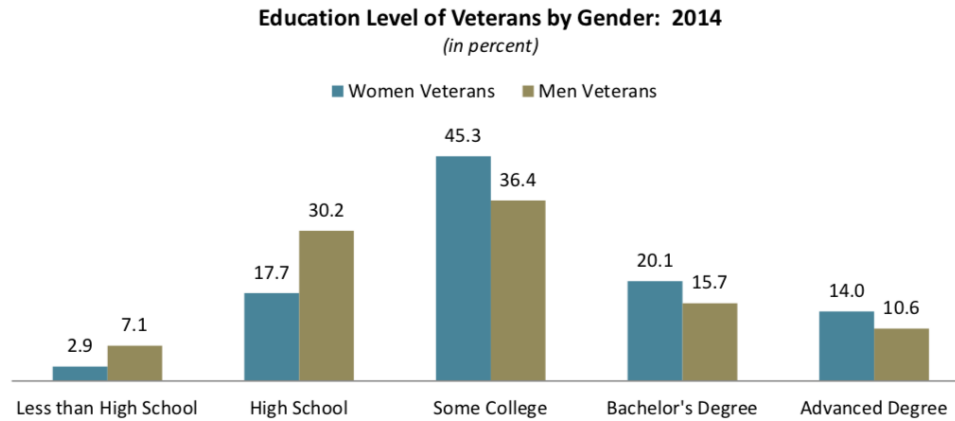
\*Difference between women Veterans and men Veterans is not statistically significant at the 90% confidence level.

Source: U.S. Census Bureau, American Community Survey, 2014  
Prepared by the National Center for Veterans Analysis and Statistics

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# Women Veterans: Compared to Male Veterans

A higher percent of women Veterans have higher education attainment and are enrolled in higher education compared to men Veterans.



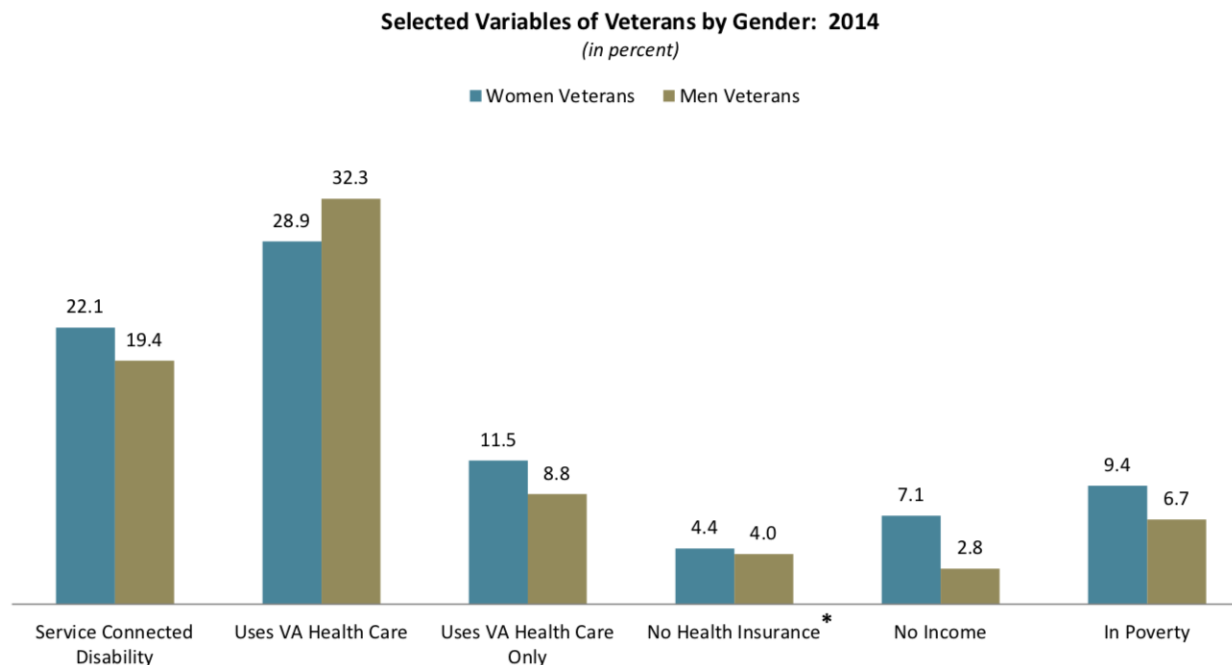
**Veterans Enrolled in Higher Education by Gender: 2014**  
(in percent)

	Women Veterans	Men Veterans
All Ages	13.3	4.0
17 to 24 Years Old	35.1	28.1
25 to 34 Years Old	32.0	24.4
35 to 44 Years Old	18.6	10.7

Source: U.S. Census Bureau, American Community Survey, 2014  
Prepared by the National Center for Veterans Analysis and Statistics

# Women Veterans: Compared to Male Veterans

A higher percent of women Veterans have a service connected disability, have no income, and are in poverty than men Veterans. A lower percent of women Veterans use VA health care, but a higher percent only use VA health care than men Veterans.



\*Difference between women Veterans and men Veterans is not statistically significant at the 90% confidence level.

Source: U.S. Census Bureau, American Community Survey, 2014  
Prepared by the National Center for Veterans Analysis and Statistics

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# Being a “Women Veteran”

- Dichotomy of not wanting to be different and wanting to be seen
- Dislike gender specificity but understand necessity
- When is a veteran just a veteran?

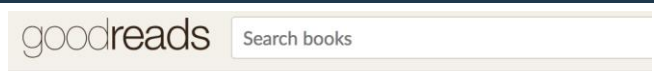
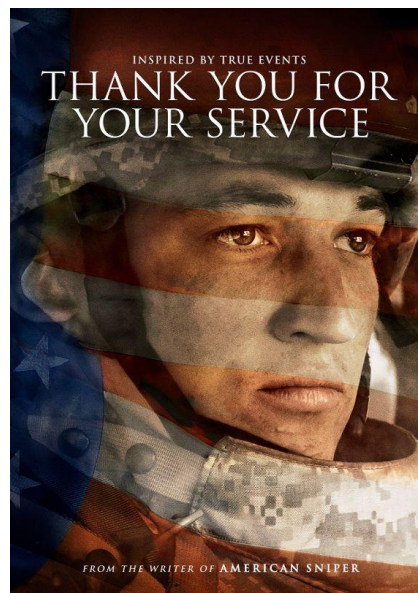
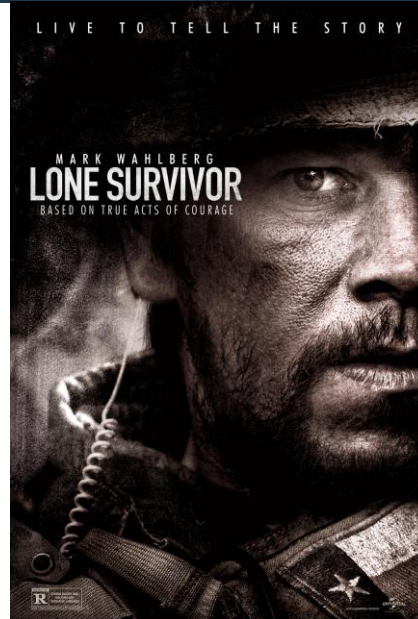
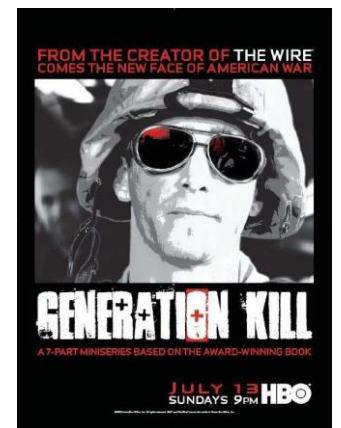
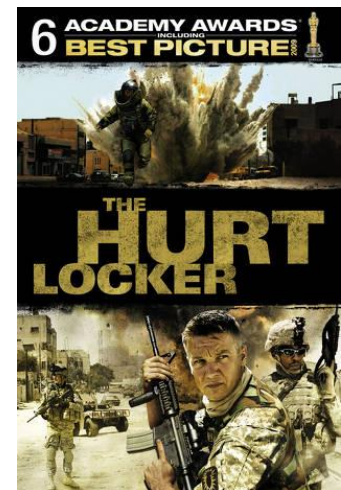
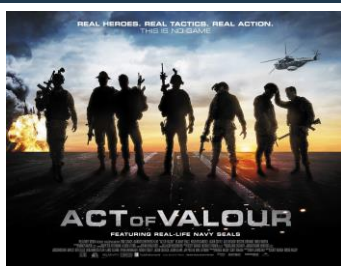
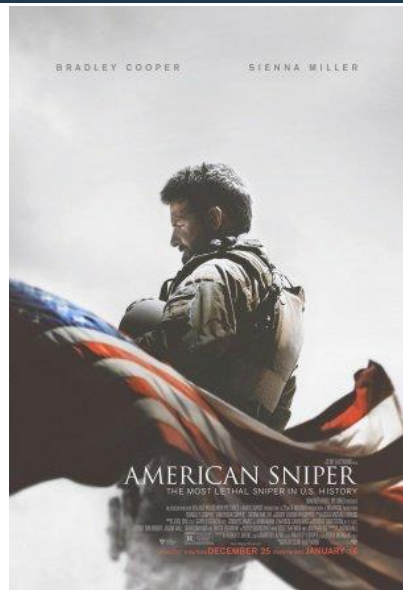


# From the Most Visible Service Members to the Most Invisible Veterans





# The Cultural Milieu: From Pop Cultural to VSO



Shelves > Gwot >

## Popular Gwot Books

Showing 1-50 of 469

**NOT A GOOD DAY TO DIE: The Untold Story of Operation Anaconda (Paperback)**  
 by Sean Naylor (Goodreads Author) (shelved 10 times as gwot)  
 avg rating 4.13 – 3,110 ratings – published 2005

**HORSE SOLDIERS: The Extraordinary Story of a Band of US Soldiers Who Rode to Victory in Afghanistan (Hardcover)**  
 by Doug Stanton (shelved 8 times as gwot)  
 avg rating 4.12 – 6,512 ratings – published 2009

**No Easy Day: The Firsthand Account of the Mission That Killed Osama Bin Laden (Hardcover)**  
 by Mark Owen (shelved 7 times as gwot)  
 avg rating 3.97 – 42,382 ratings – published 2012

**Lone Survivor: The Eyewitness Account of Operation Redwing and the Lost Heroes of SEAL Team 10 (Hardcover)**



# Unique Needs of Women Veterans

- Not the same but equally considered
- Exposure to similar hazards (i.e. combat, military sexual trauma) at different rates
- Uniqueness of being a woman



# Veteran Identity and Identification

**Veteran identity defined as “veteran’s self-concept as derived from their veteran status”**

**Veteran identity centrality vs. positive regard for Veteran identity**



**A woman’s veteran ‘veteran status’ is more or less central to her self-concept depending on her experiences while in uniform.**

Di Leone, B. A., Wang, J. M., Kressin, N., & Vogt, D. (2016). Women’s veteran identity and utilization of VA health services. *Psychological services, 13*(1), 60.

# Transition Stress

- Recent population survey studies suggest **44 percent to 72 percent of Veterans experience high levels of stress during the transition to civilian life with difficulties**
  - Securing employment
  - Interpersonal difficulties during employment
  - Conflicted relations with family, friends, and broader interpersonal relations
  - Adapting to the schedule of civilian life
  - Legal difficulties (Morin, 2011)

Mobbs, M. C., & Bonanno, G. A. (2018). Beyond war and PTSD: The crucial role of transition stress in the lives of military veterans. *Clinical psychology review*, 59, 137-144.



# Transition Stress

- Struggle with the transition is reported at higher, more difficult levels for GWOT vets than those who served in any other previous conflict (i.e. Vietnam, Korea, World War II) or in the periods in between (Pew Research Center, 2011)
- Crucially, ***transition stress has been found to predict both treatment seeking and the later development of mental and physical health problems, including suicidal ideation*** (Interian et al., 2012; Kline et al., 2011)
- The majority of first suicide attempts by veterans typically occur after military separation (Villatte et al., 2015)



Mobbs, M. C., & Bonanno, G. A. (2018). Beyond war and PTSD: The crucial role of transition stress in the lives of military veterans. *Clinical psychology review*, 59, 137-144.

# Critical Issues: Primary Service-Connected Conditions

*PTSD  
Major Depressive Disorder  
Migraines  
Lower Back Pain*

***Accounted for 29.9 percent of all service-connected disabilities for women Veterans in 2015***



Women Veterans Report: The Past, Present, and Future of Women Veterans  
Department of Veterans Affairs  
National Center for Veterans Analysis and Statistics  
February 2017

# Critical Issues: Military Sexual Trauma (MST)

1 in 4 women  
1 in 100 men

- 13.9% report MST (1.9% men, 23.6% women) when the measure assesses only assault
- 31.2% report MST (8.9% men, 52.5% women) when the measure assesses only harassment
- Regardless of the type of victimization incident (i.e., harassment or assault), women evidenced significantly larger prevalence rates compared to men



Wilson, L. C. (2018). The prevalence of military sexual trauma: A meta-analysis. *Trauma, Violence, & Abuse*, 19(5), 584-597.

# Critical Issues: Body Dysmorphic Disorder (BDD)

- Constant focus on body ability and appearance
- BDD 13.0% in males & 21.7% in females
- Muscle Dysmorphia (MD) was 12.7% in males and 4.2% in females
- Strong correlation between having BDD and using supplements to get thinner and MD to get more muscular



Campagna, J. D., & Bowsher, B. (2016). Prevalence of body dysmorphic disorder and muscle dysmorphia among entry-level military personnel. *Military medicine*, 181(5), 494-501.



# Obstacles and Barriers to Treatment

- Parenthood/Childcare
- Lack of gender specific care programs
- Lack of option to have women doctors
- Don't feel apart of the community
- Alienation from institutions

## VA Struggles to Curb Harassment of Female Veterans at Medical Centers

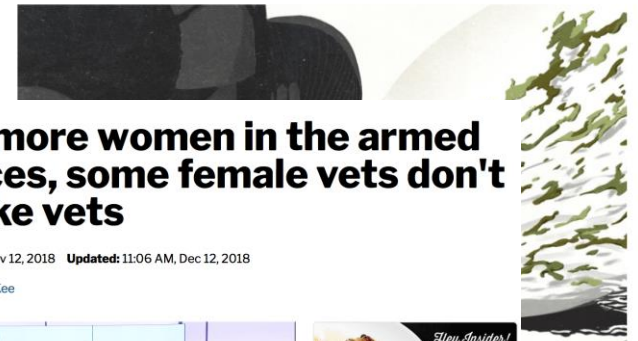


POLITICS

## The Inconvenience of Being a Woman Veteran

When leaving the service, women are often faced with a slew of challenges as they try to assimilate into civilian life.

SARAH MAPLES NOV 22, 2017



## With more women in the armed services, some female vets don't feel like vets

Posted: 3:15 PM, Nov 12, 2018 Updated: 11:06 AM, Dec 12, 2018

By: Craig McKee



Insider

# SAMHSA

Substance Abuse and Mental Health Services Administration

MARCH 08, 2018

Image credit: U.S. Army/Nikayla Shc

## Women are the Most Visible Servicemembers, and the Most Invisible Veterans

By Andrea N. Goldstein



# Increasing Opportunities for Success

**Identify  
Conduct Meaningful Outreach  
Establish Connectivity**

- Host recognition events
- Leverage social media (to include Instagram)
- Utilize multiple avenues of approach to conduct outreach
- Make peer-to-peer encouragement a part of the engagement model
- Know the landscape! From VSOs to VHA, know your resources and partners. **Trust takes time**



# By the Numbers...

1. Engage women veteran for peer-support activities to support treatment and recovery.
2. Include screening & assessment questions that address military experience and recognize a woman's military contributions and unique experience.
3. Insure organization is trauma-informed and welcoming to women veterans.
4. Offer, or provide referrals to, trauma-specific/trauma-informed interventions and services.
5. Ensure all touch points are aware of and understand the unique culture and experiences of women veterans.

# More Recommendations!

1. Provide safe childcare during treatment or programming.
2. Provide treatment/recovery services that address individual and family needs.
3. Develop integrated care coordination models.
4. Conduct outreach and recognition events to help women veterans understand and access their full benefits.
5. Leverage social media at all levels (to include Instagram).
6. Think and engage holistically.

Tang, Z., Claus, R. E., Orwin, R. G., Kissin, W. B., & Arieira, C. (2012). Measurement of gender-sensitive treatment for women in mixed-gender substance abuse treatment programs. *Drug and Alcohol Dependence*, 123(1–3), 160–166.

# Contact Information

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“The Debrief: Tackling modern day veterans’ challenges  
on Psychology Today”

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# Women Veterans and Aging

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Medical Director of Women's Mental Health

Edward Hines Jr. VA Hospital



**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

# Disclosures

**No conflict of  
interest to  
declare**

**No intent to discuss non-FDA-approved  
medication or device use; will disclose if this  
comes up in discussion**

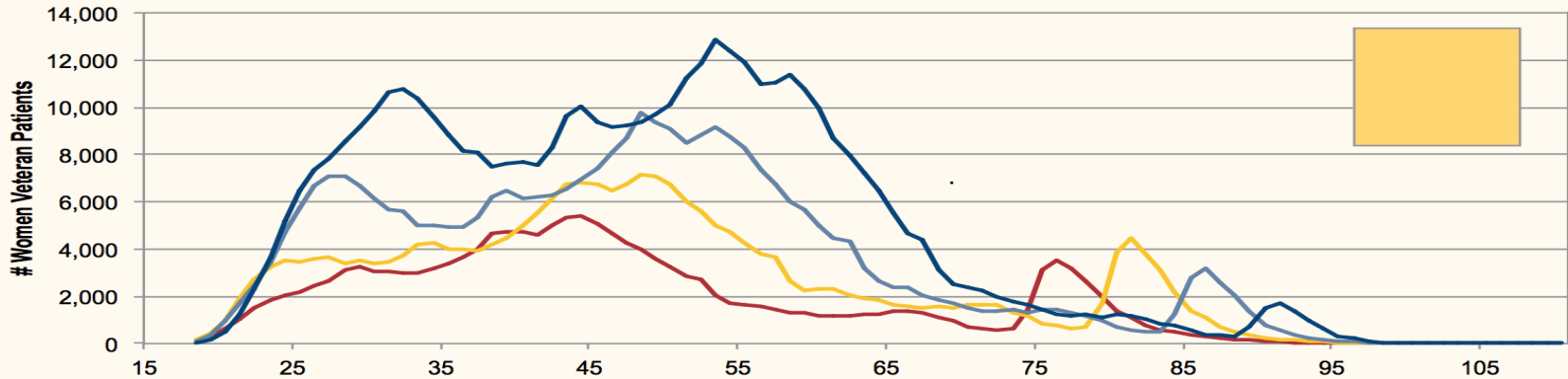
# What We Will Cover

- Key health and mental health challenges faced by older women Veterans
- The influence of trauma on aging
- Lifestyle factors which can improve health and mental health as women age
- Why self-identification as a Veteran matters for older women
- VA resources for women

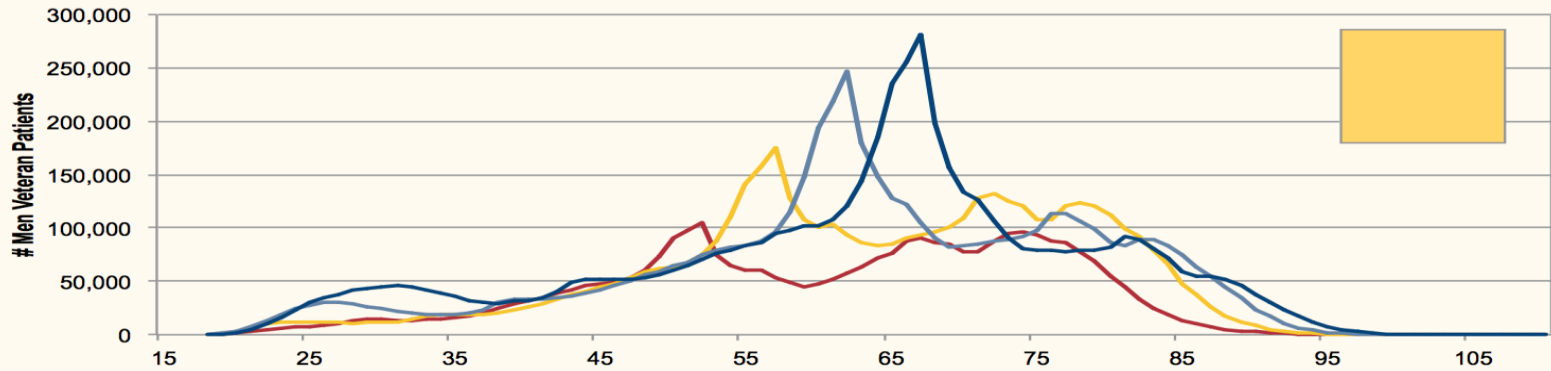


# Age Distribution of Veterans

*Exhibit 1.D. Age Distribution of Women Veteran VHA Patients, FY00-FY15*



*Exhibit 1.E. Age Distribution of Men Veteran VHA Patients, FY00-FY15*



Key: FY - Fiscal Year; VHA – Veterans Health Administration  
 Notes: Findings portray Veteran VHA patients, not the entire Veteran population. See Technical Appendix.  
 Cohort: Men Veteran VHA patients with non-missing ages 18-110 years (inclusive). FY00: N=3,226,162; FY05: N=4,569,901; FY10: N=5,034,379; FY15: N=5,450,014.  
 Source: WHEI Master Database, FY00-FY15

# Women Veterans and Aging

**As of 2015, 12 percent of women Veterans were 65+ years old**

**From 2000 to 2015, the 55 – 64 year old subgroup of women Veterans grew more than 7-fold, suggesting that the number of aging women Veterans will dramatically increase in the coming decade**

# Women Veterans, Aging, and Mental Health

**From 2000 to 2015, the number of women Veterans receiving VA mental health care increased nearly 5-fold, while for men the increase was 2-fold**

**Among women Veterans age 65+, the proportion with mental health conditions increased from 19 percent to 31 percent**

# Sex and Gender Influence on Health and Aging

- On average, women live longer than men
- Older women spend more years disabled, unpartnered, financially strained
- Mental health
  - Functional limitations contribute more to depression in men than in women
  - Being retired from paid work is associated with more psychological distress in men than in women
  - Psychological health after retiring or developing functional limitations is aided by involvement in social, community, religious, leisure, and caring activities; women engage in more of these than men

# Military Service Influences on Health and Aging in Women

- Women Veterans are more likely to die before age 80 than women civilians
- Among women age 80+, Veterans have:
  - More impaired physical functioning
  - Less social support
  - Lower satisfaction with life, quality of life, and sense of purpose
- One key influence on health and aging is women Veterans are more likely than women civilians to smoke and consume alcohol

# Another Key Influence is Trauma...



**1 in 5** women enrolled at VA  
**screen positive for MST**

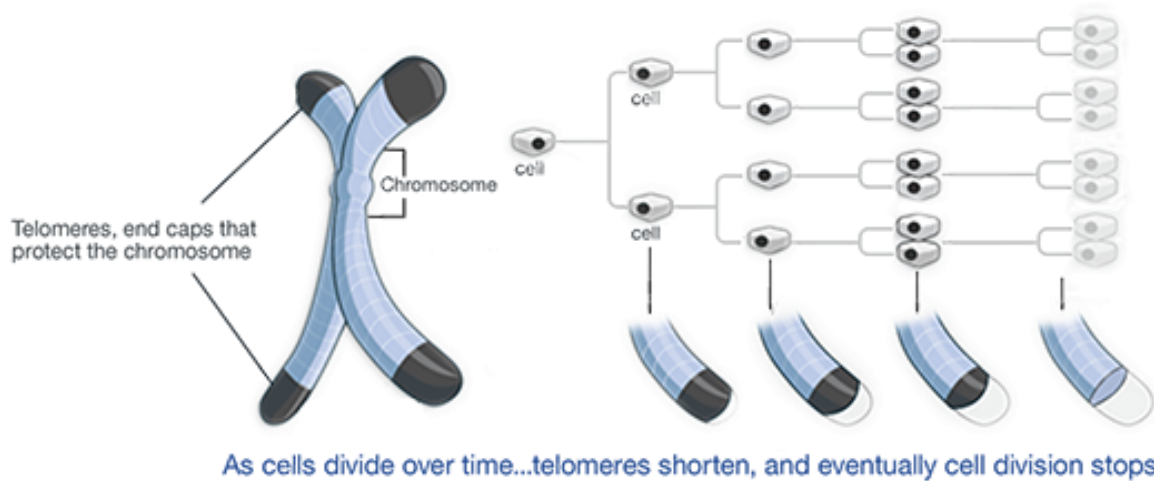
MST = Military Sexual Trauma

# Trauma and Aging in Women Veterans



- Compared to civilian women, women Veterans experience considerably more trauma
- Compared to civilian women and to men Veterans, women Veterans experience more sexual trauma
- Among types of trauma, sexual trauma confers the highest conditional risk for post-traumatic stress disorder (PTSD)
- PTSD accelerates aging

# Effects of PTSD on Telomeres (Biomarker of Aging)



- Telomere length is influenced by genetics and by sex (women have longer telomeres than men)
- PTSD shortens telomeres (more shortening with more severe symptoms)



# Effect of PTSD on Health as Women Veterans Age

Among older adults, PTSD is associated with elevated risk of...

High blood pressure

Heart disease

Gastritis

Arthritis

Dementia

Stomach ulcer

# Effect of Aging on Expression of PTSD

Aging may reduce availability of methods women previously used to cope with trauma

Coping Strategy	Changes with Aging
Keeping busy	Retirement, empty nest
Staying physically active	Pain, mobility limitations
Engaging with friends and relatives	Losses, inability to drive
Scanning the environment	Reduced visual and/or auditory acuity (hearing deficits more common in deployed military personnel)
Reframing anxious thoughts	Reduced cognitive abilities

# Resilience



Emma Pogue  
WWII Veteran

Many aging Veterans have low levels of psychological distress despite having experienced high levels of trauma. This resilience is correlated with:

- Social connectedness
- Community integration (involvement in broader social networks)
- A sense of purpose in life
- Positive perceptions of the effects of military service on one's life

# Health Maintenance for Older Women Veterans



# Exercise and Aging

- Benefits of resistance & endurance exercise for older women
  - Improved physical functioning
  - Reduce muscle and bone loss
  - Reduce risk of health disease, diabetes, falls
  - Improve mood and quality of life
  - Reduce cognitive decline
- What actually happens
  - At least 150 minute per week of moderate-to-vigorous exercise are recommended – Less that 5 percent of older adults meet this!
  - Older adults may spend 85 percent of their waking time sedentary
  - Bouts of further muscle disuse (e.g., hospitalization, inclement weather) accelerate health risks of physical inactivity



# Exercise: Practical Tips for Older Women Veterans

- Compared with older non-Veteran women, older women Veterans have higher physical activity levels – however...
  - Some older women Veterans give up on exercise due to negative comparisons with their past selves
  - Some women Veterans experience triggering of traumatic memories in a gym environment
- Solutions
  - Brief psychotherapy to grieve losses, adjust expectations, and reframe “all-or-nothing” thinking
  - Psychiatrist guidance to adapt exercise to physical limitations and needs
  - Gradual exposure therapy to gym environment
  - Home exercise programs (available regardless of weather, driving)
  - Low-intensity walking (may not confer all the health benefits of more vigorous exercise, but improves muscle synthesis, bone strength, blood sugar control, and mood)

# Nutrition and Aging in Women

- Energy requirements often decrease, resulting in weight gain unless dietary intake is reduced
- Protein requirements may increase, especially when healing wounds, fighting infections, repairing fractures, and restoring muscle mass
- Women with anti-inflammatory diets have a 15-20 percent lower risk of depression
- Common micronutrient deficiencies which affect mental health
  - Vitamin B-12 (bioavailability decreases with age)
  - Vitamin D (precursor in skin decreases with age)

# Barriers and Solutions to Healthy Nutrition



Barriers which increase with age	Solutions
Difficulty chewing and/or swallowing	Diagnose and treat; mechanical soft diet
Difficulty digesting and/or absorbing nutrients	Supplements
Dietary restrictions due to illnesses	Nutrition consult to prioritize
Limited access to healthy food	Case management; food pantries; online delivery services
Reduced motivation to “cook for one”	Motivational interviewing; meal sharing



# Sleep and Aging

- Sleep quality tends to decline with age
- Factors which improve sleep quality in older women:
  - Positive relationships
  - Sense of purpose in life
  - Self-acceptance
  - Exercise
  - Weight reduction
  - Diagnosis and treatment of:
    - Sleep disorders: obstructive sleep apnea, restless leg syndrome
    - Psychiatric disorders
    - Nocturia (frequent nighttime urination)

# Sexuality and Aging

- Gender differences in frequency of sexual activity, satisfaction, and desire increase with age
- However, 75 percent of older women report sex is the same as or better than when they were younger
- Sexual satisfaction influences self-regard, depression, and loneliness
- Marriage is a strong predictor of sexual activity and satisfaction in women, not men
- Barriers for older women
  - Difficulty with vaginal lubrication
  - Pain during intercourse
  - Pelvic floor disorders (incontinence, prolapse)
- VA has multidisciplinary teams (gynecologists, psychotherapists, psychiatrists) to address sexual dysfunction

# Forgiveness, Aging, and Mental Health

- Forgiveness (defined as decreasing avoidance and wishes for revenge) is associated with reduced depression as people age
- Gender effects
  - As compared to men, women forgive others more readily but themselves less readily
  - Self-forgiveness protects mental health in older men and women
- Veterans with moral injury (PTSD-like symptoms from doing one's military job in a way that violates one's conscience) may have particular difficulty with self-forgiveness

# Does it Matter if a Woman Self-identifies as a Veteran?

**I'm One.  
I am a Proud Veteran.**

**WOMEN VETERANS HEALTH CARE**  
Learn more at [www.womenshealth.va.gov](http://www.womenshealth.va.gov)

**VA HEALTH CARE** Defining **EXCELLENCE** in the 21st Century

# Identification as a Veteran

- Until conscription ended in 1973, women in the military had restricted roles (primarily nurses and clerks)
- Some older women do not self-identify as Veterans because:
  - They did not participate directly in combat
  - They were not deployed to a “hot” zone
  - They want to avoid trauma reminders
  - Others in society do not view them as Veterans
- Self-identifying as a Veteran improves knowledge of and access to:
  - Health care, including geriatric specialty care, home-based care, trauma-informed care, and travel benefits
  - Skilled nursing facilities, adult day care, home helpers, respite care, caregiver support, home adaptations
  - Social networks

Honor  
Loyalty  
Trail Blazer  
Role Model  
Patriot  
Military Experience



**VA knows  
women Veterans**  
what's invisible to most  
is visible to VA

**WOMEN VETERANS HEALTH CARE** |   **Defining EXCELLENCE in the 21st Century** |  05/2012  
Poster 10-479  
[www.womenshealth.va.gov](http://www.womenshealth.va.gov)

**VA** |  **U.S. Department of Veterans Affairs**  
Veterans Health Administration  
Patient Care Services

**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

# VA Women's Mental Health Resources

- Clinician training in women's mental health
  - “Mini-residencies” (intensive, in-person training with a life-cycle approach)
  - Monthly national teleconferences
  - National SharePoint with tools, resources
  - National discussion board
- Women's Mental Health Champions at every VA
- Skills Training for Affective and Interpersonal Regulation (STAIR) – psychotherapy for women who have experience interpersonal trauma
- Eating disorders multidisciplinary teams

# VA Women's Mental Health Resources Cont'd

- Consultation services
  - Military Sexual Trauma (MST)
  - Reproductive mental health (e.g., perimenopause)
- End Sex-based Harassment initiative
  - Social messaging (posters)
  - Training for staff, police, Veterans
  - Sister Assister programs



# Summary: Helping Women Veterans Maintain Mental Health as they Age



- Talk to older women Veterans about:
  - Mental health
  - Social connection
  - Trauma
  - Available VA resources
- Identify and address barriers to:
  - Exercise and physical activity
  - Health eating
  - Sleep quality
  - Sexuality
  - Forgiveness

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**VA**



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Veterans Health Administration  
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# Questions?

# Contact SAMHSA's SMVF TA Center



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