

DEPARTMENT OF VETERANS AFFAIRS



Final Congressionally Mandated Report: Staffing Improvement Plan for Peer Specialists of Department of Veterans Affairs Who are Women

September 2022

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I. Introduction

Section 5206(c) of the Deborah Sampson Act of 2020 (the "Act"), which is Title V of the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 (P.L. 116-315) requires the Department of Veterans Affairs (VA) to submit a plan to Congress to hire additional women peer specialists. The plan should be based on the results of the capacity assessment required by subsection (a) of the legislation, with special consideration for areas that lack women peer specialists. The peer specialist positions included in the plan shall be paid positions and may be part-time. This report is due no later than 180 days after VA has submitted the capacity assessment report (i.e., by October 2, 2022).

II. Background

Veterans Health Administration (VHA) Peer Specialists

Consistent with VA's Congressional authority for appointing peer specialists to VHA, VA is only able to hire peer specialists who are (1) Veterans, (2) have recovered or are recovering from a mental health condition and (3) have been certified from a not-for-profit entity engaged in peer specialist training as having met such criteria as the Secretary shall establish for a peer specialist position; or from a State as having satisfied relevant State requirements for a peer specialist position. See 38 U.S.C. § 7402(b)(13); VA Handbook 5005, Part II, Chapter 2 – Title 5 Appointments, Section D and Part II, Appendix F3 – Qualification Standards. VHA is the only office within VA that has hired peer specialists. The VHA Office of Mental Health and Suicide Prevention (OMHSP) provides oversight for the peer specialist profession and prepared this report.

Peer specialists are trained to effectively use their personal, lived experience with recovery to inspire hope and serve as relatable role models of recovery for other Veterans. They provide peer support services and assist Veterans with identifying their personal strengths, needed resources and desirable skills that support their personal goals. Peer specialists use a host of recovery tools to help Veterans enhance healthy coping strategies and improve self-management skills over their mental health conditions. VHA peer specialists are not clinical staff and do not provide clinical counseling or psychotherapy to Veterans. Correspondingly, VHA does not refer to peer specialist work as "peer counseling." Nonetheless, peer specialists offer significant therapeutic value as they support Veterans to address self-care, advocate for themselves, access available resources in and outside VA, reconnect with others and find a sense of belonging in their communities.

VHA peer specialists are assigned to work in a variety of settings, including outpatient, residential and inpatient mental health programs, homelessness programs, primary care Patient-Aligned Care Teams (PACT) and the Veterans Crisis Line's Peer Support Outreach Center. Specific program assignments are determined by the local VA health care system. Within most of these programs, peer specialists provide both individual

and group-based peer support services. Regardless of their program location, all VHA peer specialists specialize in mental health.

Capacity Assessment of Women Peer Specialists: Key Findings

In accordance with section 5206(b), a report presenting the findings of VA's assessment of the capacity of peer specialists who are women was submitted on April 5, 2022. That report, located in Appendix 2, focused on the geographical distribution of women peer specialists and women Veterans in relation to the use of VA mental health services by women Veterans in each Veterans Integrated Service Network (VISN) during fiscal years (FY) 2019 and FY 2020. Both fiscal years were included to capture the impact of the Coronavirus Disease 2019 (COVID-19) pandemic on women Veterans' access to, and use of, VHA mental health services, including peer support services. As to methodology, OMHSP pulled coded encounter data of women Veteran appointments with peer specialists from VHA administrative databases. That data, along with staffing reports provided by VHA's Office of Workforce Management and Consulting, provided the required information about the number of women peer specialists and their geographical distribution by VISN and VA health care system. Coded encounter data also provided the required information about the geographical distribution of women Veterans who use VHA mental health services.

Averaging across FY 2019 and FY 2020, results showed that women peer specialists comprised 20% of the total VHA peer specialist workforce. They worked in all 18 VISNs and most VA health care systems. Among VA health care systems that employed women peer specialists, the range was from one to 10 women peer specialists on staff, with the majority having one woman peer specialist. Additionally, across 14 of the 18 VISNs, there were 28 VA health care systems that did not employ any women peer specialists. These staffing figures are similar today, with women peer specialists comprising 19.8% (n=235) of the 1,187 total number of peer specialists working in VHA as of June 6, 2022.

When examined by geographic region, data suggested a positive association between the number of women Veterans enrolled in VHA health care services; the number of women Veterans who received VHA mental health care; and the number of women Veterans who received VHA peer support services. In other words, VISNs that served more women Veterans provided more mental health services in general, and more peer support services specifically, to women Veterans. This pattern is not surprising. However, one unexpected pattern did emerge: VISNs that served more women Veterans tended to provide more peer support services to women Veterans regardless of the peer specialist's gender. This suggests a strong demand for peer support services for women Veterans, even when same-gender peer support services may not be available.

III. Staffing Improvement Plan to Hire Additional Women Peer Specialists in VHA

Overview

In accordance with subsection (c) of the legislation, OMHSP reviewed the results of the women peer specialist staffing capacity assessment and consulted with the VA Office of Inspector General to develop a proposed staffing improvement plan to hire additional women peer specialists in every VA health care system. Implementation of this plan would help to ensure that women Veterans have access to same-gender peer support services throughout VHA if that is their preference.

Proposed Staffing Improvement Plan

FY 2023. To rapidly increase the availability of women peer specialists throughout VHA, OMHSP suggests that all 140 VA health care systems hire two full-time women peer specialists (n=280) in FY 2023.

FY 2024. In FY 2024, OMHSP recommends continued funding for the 280 women peer specialists hired in FY 2023. OMHSP also suggests using the results of the women peer specialist staffing capacity assessment to identify the top one-third of VA health care systems (n=47) that provide mental health services to the highest number of women Veterans. To support this suggestion, Appendix 1, Table 1 lists the VISN, State or U.S. territory location for all of the VA health care systems and notes how many women Veterans received mental health services in each of those VA health care systems in FY 2019 and FY 2020. From this list, the top one-third of VA health care systems that provided mental health services, including peer support services, to the highest number of women Veterans were identified. Those 47 VA health care systems are listed below in Appendix 1, Table 2.

In total, this staffing improvement plan suggests that 327 women peer specialists be hired in VHA between FY 2023 and FY 2024. VHA already has an approved employment waiver and approved peer specialist position descriptions in place that would permit VA health care systems to target hiring women-identified Veteran job candidates who qualify for these new peer specialist positions.

It is difficult for VA health care systems to prioritize adding any new staff positions unless specific purpose funding is made available. If VA health care systems are not able to obtain specific purpose funding for hiring initiatives, the positions could remain unfilled. With this in mind, OMHSP suggests that funding be provided to the VA health care systems for each of the 327 women peer specialist positions that would be part of this staffing improvement plan, with the understanding that they would receive 3 years of funding to support implementation of the peer specialist positions. However, after the 3 years, the VA health care systems would be required to absorb the costs of retaining those positions as permanent full-time employees (FTE) in their annual budgets going forward.

Regarding program assignments at the VA health care systems, the women peer specialist staffing capacity assessment found that most peer support services delivered to women Veterans in FY 2019 and FY 2020 occurred in outpatient mental health clinics. The second most common setting was psychosocial rehabilitation recovery centers (PRRC), and the third most common setting was mental health residential rehabilitation treatment programs (RRTP). These results reflect current practices in which VHA peer specialists are hired and assigned to programs at the local level, where the peer specialists focus on providing peer support services to the Veterans within the programs where they work. If the suggested staffing improvement plan is able to be enacted, VA health care systems would be given flexibility to make local facility determinations in regard to program assignments for the women peer specialists. This would enable the VA health care systems to assign the women peer specialists to work in programs where their peer support services would be accessible to women Veterans who are using other health care services in the programs.

Here is the summary of the suggested staffing improvement plan for hiring additional women peer specialists in VHA.

First Year (FY 2023):

- OMHSP proposes funding of two FTE women peer specialists for each of the 140 VA health care systems (n=280 peer specialists) by the end of FY 2023 to improve access to peer support services for all Veterans, particularly women Veterans.

Second Year (FY 2024):

- OMHSP proposes continuing the funding for the 280 women peer specialists hired in FY 2023.
- OMHSP proposes funding the additional hiring of one more full-time woman peer specialist per VA health care system for the top 1/3 of VA health care systems (n=47) listed in Appendix 1, Table 2. These were the 47 VA health care systems that were identified in the peer specialist staffing capacity assessment report as having provided mental health services to the highest number of women Veterans in FY 2019 and FY 2020.

Third Year (FY 2025):

- OMHSP proposes continuing the funding for the 280 women peer specialist FTEs hired in FY 2023 as well as the additional 47 women peer specialist FTEs hired in FY 2024.

Fourth Year (FY26):

- OMHSP proposes continuing the funding for the 47 women peer specialist FTEs hired in FY 2024.

Following the completion of the 3 years of funding for the 327 new women peer specialist positions, OMHSP would suggest a sustainability plan with the following guidance to the VA health care systems: (1) these women peer specialist FTEs continue to be backfilled, when needed, as these positions turnover as permanent FTEs

in each VA health care system; and (2) consideration should be given to assigning women peer specialists to work in programs at the VA health care system where they have access to providing peer support services to the greatest number of women Veterans. Additionally, OMHSP would arrange specialized training to be offered to all peer specialists, including those who are men, regarding the provision of peer support services for women Veterans to support the optimization of the peer support services that the peer specialists provide to women Veterans who are using VHA health care services.

Budget

Peer specialists in VHA are in the General Schedule (GS)-0102 Series. The positions range from GS-6 to GS-9, with a GS-9 peer specialist position being the target, full performance level. For the proposed budget, OMHSP based the salary cost estimate on a GS-9 peer specialist at the Step 5 level, taking into consideration peer specialists who may be hired into the role from other GS-9 peer specialist positions. The pay scale for the Washington, DC metropolitan area was used for the determination of the GS-9/Step 5 salary and 34% fringe benefit costs. The budget also includes costs for equipment, training and travel for training. The estimated implementation cost for the suggested staffing improvement plan would be:

- FY 2023 = \$26,968,480
- FY 2024 = \$31,259,779
- FY 2025 = \$32,234,679
- FY 2026 = \$33,491,994

The itemized full budget, plus 5-year and 10-year projected costs for implementation, can be found in Appendix 1, Table 3.

Conclusion

The results of the women peer specialist capacity assessment establish that women peer specialists worked in all 18 VISNs in FY 2019 and FY 2020, but they were approximately 20% of the total peer specialist workforce in either year. The total number of women peer specialists working in each VISN varied. Most VA health care systems that employed women peer specialists had only one woman peer specialist on staff. Across 14 of the 18 VISNs, there were also 28 VA health care systems that did not employ any women peer specialists in FY 2019 or FY 2020. The staffing figures at present in FY 2022 are similar. To address the smaller staffing of women peer specialists, OMHSP is suggesting a staffing improvement plan to hire additional women peer specialists where all 140 VA health care systems would hire two full-time women peer specialists (n=280) in FY 2023. The staffing improvement plan also suggests that the top one-third of VA health care systems that provided mental health services to the highest number of women Veterans in FY 2019 and FY 2020 hire one additional woman peer specialist in FY 2024. Thus, the total number of new hires between FY 2023 and

FY 2024 would be 327 additional women peer specialists who would be hired to work full-time in VHA.

To support implementation of the staffing improvement plan, OMHSP suggests that 3 years of funding be provided for each of the new peer specialist positions with the understanding that, after the 3 years, the VA health care systems would be required to absorb the costs of retaining those positions as permanent FTE in their annual budgets going forward. The staffing improvement plan additionally suggests that the VA health care systems be granted flexibility to make local decisions about the program assignments for the women peer specialists, which would enable facilities to assign the women peer specialists to work in programs where their peer support services will be accessible to women Veterans who are using other health care services in the programs. Hiring additional women peer specialists and having VA health care systems assign them to work in programs that serve women Veterans will help ensure Veterans have increased access to peer support services to support their recovery and wellness, particularly for women Veterans who may prefer to work with a woman peer specialist.

Department of Veterans Affairs
September 2022

Appendix 1: Table 1 – VISN, State/U.S. Territory and VA Health Care System (HCS) Geographical Distribution of Women Veterans Receiving Mental Health Services as well as Geographical Distribution of Women Peer Specialists in HCSs in FY 2019 and FY 2020

VISN	State/U.S. Territory	Location of VA HCS in VISN	Total # of Women Veterans Receiving Mental Health Services in HCS in FY 2019	Total # of Women Peer Specialists in HCS in FY 2019	Total # of Women Veterans Receiving Mental Health Services in HCS in FY 2020	Total # of Women Peer Specialists in HCS in FY 2020
1	Connecticut	Connecticut HCS	1,546	2	1,403	5
	Maine	Togus, ME HCS	1,173	0	1,074	0
	Massachusetts	Bedford, MA HCS	598	4	557	7
		Boston, MA HCS	1,374	2	1,293	2
		Central Western Massachusetts HCS	856	2	772	2
	New Hampshire	Manchester, NH HCS	672	1	599	1
		Providence, RI HCS	960	1	889	1
	Vermont	White River Junction, VT HCS	553	2	500	1
		VISN 1 Total		7,732	14	7,087

2	New Jersey	New Jersey HCS	1,590	3	1,421	3	
	New York	Bronx, NY HCS	847	1	831	1	
		Hudson Valley NY HCS	473	0	428	0	
	New York Harbor HCS	New York Harbor HCS	2,039	1	1,791	1	
		Northport, NY HCS	617	1	599	1	
		Upstate NY Integrated HCS	3,871	2	3,487	2	
	VISN 2 Total		9,437	8	8,182	8	
	4	Delaware	Wilmington, DE HCS	1,131	0	1,090	0
		Pennsylvania	Altoona, PA HCS	456	1	434	1
			Butler, PA HCS	395	0	387	0
Coatesville, PA HCS			578	1	502	1	
Erie, PA HCS			534	0	522	0	
Lebanon, PA HCS			1,231	1	1,139	1	
Philadelphia, PA HCS			2,132	2	1,913	1	
Pittsburgh, PA HCS		Pittsburgh, PA HCS	1,810	2	1,635	2	
		Wilkes-Barre, PA, HCS	888	1	787	0	
VISN 4 Total		9,155	8	8,409	6		
5	District of Columbia	Washington DC HCS	4,372	3	4,040	3	

	Maryland	Baltimore, MD HCS	2,767	4	2,626	3
	West Virginia	Beckley, WV HCS	239	0	238	0
		Clarksburg, WV HCS	447	0	440	0
		Huntington, WV HCS	466	0	422	0
		Martinsburg, WV HCS	1,299	2	1,227	2
		VISN 5 Total	9,590	9	8,993	8
6	North Carolina	Asheville, NC HCS	1,191	1	1,094	1
		Durham, NC HCS	3,168	2	2,863	3
		Fayetteville, NC HCS	5,242	2	4,584	3
		Salisbury, NC HCS	3,463	1	3,355	1
	Virginia	Hampton, VA HCS	4,795	5	5,088	5
		Richmond, VA HCS	3,226	1	3,088	1
		Salem, VA HCS	1,166	0	1,037	0
		VISN 6 Total	22,251	12	21,109	14
7	Alabama	Birmingham, AL HCS	3,315	3	2,929	2
		Central Alabama HCS	2,930	4	2,651	2
		Tuscaloosa, AL HCS	836	1	716	2
	Georgia	Atlanta, GA HCS	7,459	8	6,900	8

		Augusta, GA HCS	2,640	0	2,399	4
	South Carolina	Dublin, GA HCS	2,020	1	1,860	1
		Charleston, SC HCS	4,655	2	4,417	2
		Columbia, SC HCS	3,966	2	3,781	2
		VISN 7 Total	27,821	21	25,653	23
8	Florida	Bay Pines, FL HCS	3,194	3	2,994	5
		Gainesville, FL HCS	5,596	2	5,059	2
		Miami, FL HCS	2,333	1	2,152	2
		Orlando, FL HCS	4,877	3	4,731	3
		Tampa, FL HCS	4,123	1	4,572	1
		West Palm Beach, FL HCS	1,628	2	1,539	2
	Puerto Rico	San Juan, PR HCS	1,276	0	1,299	0
		VISN 8 Total	23,027	12	22,346	15
9	Kentucky	Lexington, KY HCS	892	1	825	1
		Louisville, KY HCS	1,674	2	1,625	2
	Tennessee	Memphis, TN HCS	1,814	5	1,651	2
		Middle Tennessee HCS	4,279	2	4,058	2
		Mountain Home Tennessee HCS	1,437	2	1,308	2

	VISN 9 Total					10,096	12	9,467	9
10	Indiana	Indianapolis, IN HCS	1,676	0	1,724	1			
		Northern Indiana HCS	931	1	882	1			
	Michigan	Ann Arbor, MI HCS	1,407	2	1,340	4			
		Battle Creek, MI HCS	1,236	1	1,176	3			
		Saginaw, MI HCS	818	1	801	1			
	Ohio	Chillicothe, OH HCS	611	1	561	2			
		Cincinnati, OH HCS	1,301	3	1,277	2			
	Ohio	Cleveland, OH HCS	3,186	1	2,815	2			
		Columbus, OH HCS	1,475	2	1,479	2			
		Dayton, OH HCS	1,192	0	1,119	1			
		Detroit, OH HCS	1,248	2	1,041	2			
		VISN 10 Total	15,081	14	14,215	21			
12	Illinois	Chicago, IL HCS	1,742	1	1,663	2			
		Danville, IL HCS	772	0	764	0			
		Hines, IL HCS	1,579	4	1,480	4			
		North Chicago, IL HCS	804	1	733	2			
	Michigan	Iron Mountain, MI HCS	412	1	389	0			

15	Wisconsin	Madison, WI HCS	1,035	1	940	1
		Milwaukee, WI HCS	1,872	3	1,698	2
		Tomah, WI HCS	715	1	627	2
		VISN 12 Total	8,931	12	8,294	13
Illinois	Marion, IL HCS	850	0	808	0	
	Kansas	Eastern Kansas HCS	1,471	0	1,378	0
Missouri	Wichita, KS HCS	801	1	804	0	
	Columbia, MO HCS	1,008	1	1,049	0	
	Kansas City, MO HCS	1,187	0	1,077	0	
Missouri	Poplar Bluff, MO HCS	494	0	454	0	
	St. Louis, MO HCS	2,081	3	1,804	3	
	VISN 15 Total	7,892	5	7,374	3	
16	Arkansas	Fayetteville, AR HCS	1,331	2	1,270	2
		Little Rock, AR HCS	2,127	5	2,116	4
Louisiana	Alexandria, LA HCS	1,166	0	1,083	0	
	New Orleans, LA HCS	2,206	3	2,015	4	
	Shreveport, LA HCS	1,185	1	1,156	2	
Mississippi	Gulf Coast, MS HCS	3,816	2	3,502	4	

		Jackson, MS HCS	1,427	2	1,225	2
	Texas	Houston, TX HCS	5,778	4	5,368	7
		VISN 16 Total	19,036	19	17,735	25
17	Texas	Amarillo, TX HCS	806	0	726	1
		Big Spring, TX HCS	598	0	526	0
		Dallas, TX HCS	5,904	6	5,901	6
		El Paso, TX HCS	1,668	0	1,317	0
		San Antonio, TX HCS	5,587	2	5,688	4
		Temple, TX HCS	6,540	4	6,050	3
		Texas Valley Coastal Bend HCS	1,188	1	1,444	0
		VISN 17 Total	22,291	13	21,652	14
19	Colorado	VA Eastern Colorado HCS	3,899	4	3,470	4
		Grand Junction, CO HCS	454	1	405	0
	Montana	Montana HCS	897	1	859	2
	Oklahoma	Muskogee, OK HCS	1,113	1	1,005	1
		Oklahoma City, OK	2,557	1	2,234	1
	Utah	Salt Lake City, UT	2,140	0	2,039	0
	Wyoming	Cheyenne, WY HCS	758	0	697	1

		Sheridan, WY HCS	325	0	255	1
		VISN 19 Total	12,143	8	10,964	10
20	Alaska	Anchorage, AK HCS	812	0	706	0
	Idaho	Boise, ID HCS	1,107	0	984	0
	Oregon	Portland, OR HCS	2,549	0	2,621	0
		Roseburg, OR HCS	826	1	627	1
		White City, OR HCS	423	1	367	1
	Washington	Puget Sound, WA HCS	3,858	0	3,586	2
		Spokane, WA HCS	929	2	886	2
		Walla Walla, WA HCS	368	0	311	0
		VISN 20 Total	10,872	4	9,698	6
21	California	Fresno, CA HCS	890	1	873	2
		Northern California HCS	3,239	0	2,972	2
		Palo Alto, CA HCS	1,760	0	1,490	0
		San Francisco, CA HCS	1,019	5	982	1
	Hawaii	Honolulu, HI HCS	1,309	3	1,299	2
	Nevada	Las Vegas, NV HCS	2,901	3	2,890	3
		Reno, NV HCS	855	2	755	0
		VISN 21 Total	11,973	14	11,261	10

22	Arizona	Northern Arizona HCS	735	1	626	1
		Phoenix, AZ HCS	3,760	4	3,753	5
		Southern Arizona HCS	2,086	1	1,992	2
	California	Greater Los Angeles, CA HCS	3,272	10	3,136	9
		Loma Linda, CA HCS	2,599	4	2,654	2
		Long Beach, CA HCS	2,193	3	2,285	4
		San Diego, CA HCS	3,937	1	3,808	1
	New Mexico	New Mexico HCS	1,493	1	1,320	2
	VISN 22 Total		20,075	25	19,574	26
	23	Iowa	Central Iowa HCS (Des Moines, IA)	672	1	555
		Iowa City, IA HCS	1,153	0	1,053	0
Minnesota		Minneapolis, MN HCS	2,279	1	2,202	2
Minnesota		St. Cloud, MN HCS	693	0	595	0
Nebraska		Nebraska-Western Iowa HCS (Omaha, NE)	1,375	1	1,251	1
North Dakota		Fargo, ND HCS	811	1	739	1

South Dakota	Black Hills, SD HCS	555	0	511	0
	Sioux Falls, SD HCS	511	0	488	0
VISN 23 Total		8,049	4	7,109	5
Totals:		255,452	214	239,122	235
		Total number of women Veterans who used VHA mental health services in FY 2019	18.98% of total VHA peer specialist workforce were women in FY 2019	Total number of women Veterans who used VHA mental health services in FY 2020	20.05% of total VHA peer specialist workforce were women in FY 2020

Appendix 1: Table 2 – VISN and State Locations of Top 1/3 VA Health Care Systems (HCS) That Provided Mental Health Services to the Highest Number of Women Veterans in FY 2019 and FY 2020

For this legislation’s women peer specialist staffing capacity assessment, each of the 47 HCSs listed below were found to provide mental health services to the highest number of women Veterans in FY 2019 and FY 2020. These HCSs would be suggested to hire one additional woman peer specialist FTE per HCS in FY 2024 as part of the staffing improvement plan to hire more women peer specialists. The FY 2024 FTE would be in addition to the two women peer specialists FTE per HCS that all HCSs would be suggested to hire in FY 2023 as per the staffing improvement plan.

VISN	State	Location of VA HCS in VISN	Total # of Women Veterans Receiving Mental Health Services in HCS in FY 2019	Total # of Women Peer Specialists in HCS in FY 2019	Total # of Women Veterans Receiving Mental Health Services in HCS in FY 2020	Total # of Women Peer Specialists in HCS within FY 2020
2	New York	New York Harbor HCS	2,039	1	1,791	1
		Upstate NY Integrated HCS	3,871	2	3,487	2
4	Pennsylvania	Philadelphia, PA HCS	2,132	2	1,913	1

VISN	State	Location of VA HCS in VISN	Total # of Women Veterans Receiving Mental Health Services in HCS in FY 2019	Total # of Women Peer Specialists in HCS in FY 2019	Total # of Women Veterans Receiving Mental Health Services in HCS in FY 2020	Total # of Women Peer Specialists in HCS within FY 2020
5	District of Columbia	Washington DC HCS	4,372	3	4,040	3
	Maryland	Baltimore, MD HCS	2,767	4	2,626	3
6	North Carolina	Durham, NC HCS	3,168	2	2,863	3
		Fayetteville, NC HCS	5,242	2	4,584	3
		Salisbury, NC HCS	3,463	1	3,355	1
	Virginia	Hampton, VA HCS	4,795	5	5,088	5
		Richmond, VA HCS	3,226	1	3,088	1
7	Alabama	Birmingham, AL HCS	3,315	3	2,929	2
		Central Alabama HCS	2,930	4	2,651	2
	Georgia	Atlanta, GA HCS	7,459	8	6,900	8
		Augusta, GA HCS	2,640	0	2,399	4
		Dublin, GA HCS	2,020	1	1,860	1
South Carolina	Charleston, SC HCS	4,655	2	4,417	2	

VISN	State	Location of VA HCS in VISN	Total # of Women Veterans Receiving Mental Health Services in HCS in FY 2019	Total # of Women Peer Specialists in HCS in FY 2019	Total # of Women Veterans Receiving Mental Health Services in HCS in FY 2020	Total # of Women Peer Specialists in HCS within FY 2020
		Columbia, SC HCS	3,966	2	3,781	2
		Bay Pines, FL HCS	3,194	3	2,994	5
8	Florida	Gainesville, FL HCS	5,596	2	5,059	2
		Miami, FL HCS	2,333	1	2,152	2
		Orlando, FL HCS	4,877	3	4,731	3
		Tampa, FL HCS	4,123	1	4,572	1
9	Tennessee	Middle Tennessee HCS	4,279	2	4,058	2
10	Ohio	Cleveland, OH HCS	3,186	1	2,815	2
12	Wisconsin	Milwaukee, WI HCS	1,872	3	1,698	2
15	Missouri	St. Louis, MO HCS	2,081	3	1,804	3
	Arkansas	Little Rock, AR HCS	2,127	5	2,116	4
16	Louisiana	New Orleans, LA HCS	2,206	3	2,015	4
	Mississippi	Gulf Coast, MS HCS	3,816	2	3,502	4
	Texas	Houston, TX HCS	5,778	4	5,368	7
17	Texas	Dallas, TX HCS	5,904	6	5,901	6

VISN	State	Location of VA HCS in VISN	Total # of Women Veterans Receiving Mental Health Services in HCS in FY 2019	Total # of Women Peer Specialists in HCS in FY 2019	Total # of Women Veterans Receiving Mental Health Services in HCS in FY 2020	Total # of Women Peer Specialists in HCS within FY 2020
19		San Antonio, TX HCS	5,587	2	5,688	4
	Colorado	Temple, TX HCS	6,540	4	6,050	3
		VA Eastern Colorado HCS	3,899	4	3,470	4
20	Oklahoma	Oklahoma City, OK	2,557	1	2,234	1
	Utah	Salt Lake City, UT	2,140	0	2,039	0
	Oregon	Portland, OR HCS	2,549	0	2,621	0
21	Washington	Puget Sound, WA HCS	3,858	0	3,586	2
	California	Northern California HCS	3,239	0	2,972	2
21	Nevada	Las Vegas, NV HCS	2,901	3	2,890	3
	Arizona	Phoenix, AZ HCS	3,760	4	3,753	5
		Southern Arizona HCS	2,086	1	1,992	2
22	California	Greater Los Angeles, CA HCS	3,272	10	3,136	9
		Loma Linda, CA HCS	2,599	4	2,654	2
		Long Beach, CA HCS	2,193	3	2,285	4

VISN	State	Location of VA HCS in VISN	Total # of Women Veterans Receiving Mental Health Services in HCS in FY 2019	Total # of Women Peer Specialists in HCS in FY 2019	Total # of Women Veterans Receiving Mental Health Services in HCS in FY 2020	Total # of Women Peer Specialists in HCS within FY 2020
		San Diego, CA HCS	3,937	1	3,808	1
23	Minnesota	Minneapolis, MN HCS	2,279	1	2,202	2

Appendix 1: Table 3 – FY 2023 and FY 2024 Proposed Budget for Hiring Additional Women Peer Specialists in VHA

FY	# of New FTE	Annual Salary	Benefits 34%	Total Salary & Benefits	IT Estimate	Training	Travel	Total
2023	280	\$68,146	\$23,170	\$25,568,480	\$700,000	\$280,000	\$420,000	\$26,968,480
2024	327	\$70,804	\$24,073	\$31,024,779	\$117,500	\$47,000	\$70,500	\$31,259,779
2025	327	\$73,565	\$25,012	\$32,234,679	\$0	\$0	\$0	\$32,234,679
2026	327	\$76,434	\$25,988	\$33,491,994	\$0	\$0	\$0	\$33,491,994
2027	327	\$79,415	\$27,001	\$34,798,032	\$0	\$0	\$0	\$34,798,032
5-Year Cost								\$158,752,964
2028	327	\$82,512	\$28,054	\$36,155,082	\$0	\$0	\$0	\$36,155,082
2029	327	\$85,730	\$29,148	\$37,565,106	\$0	\$0	\$0	\$37,565,106
2030	327	\$89,073	\$30,285	\$39,030,066	\$0	\$0	\$0	\$39,030,066
2031	327	\$92,547	\$31,466	\$40,552,251	\$0	\$0	\$0	\$40,552,251
2032	327	\$96,156	\$32,693	\$42,133,623	\$0	\$0	\$0	\$42,133,623

FY	# of New FTE	Annual Salary	Benefits 34%	Total Salary & Benefits	IT Estimate	Training	Travel	Total
10-Year Cost								\$354,189,092

FTE = FY 2023, two women peer specialists per VHA HCS x 140 HCS + FY 2024 1 additional women peer specialist per HCS for top 1/3 of HCS (n=47) that provided mental health services to the highest number of women Veterans in FY 2019 and FY 2020 = 327 women peer specialists in total.

Yearly salary increases are included at 3.9%.

Salary was calculated at GS-9/Step 5 for Washington, DC locality.

Information Technology (IT) costs are one-time \$2,500 per FTE (computer, phone, etc.).

Training is a one-time \$1,000 cost per FTE.

Travel is a one-time \$1,500 cost per FTE.

DEPARTMENT OF VETERANS AFFAIRS



Congressionally Mandated Report: Findings on VA's Assessment of the Capacity of VA Peer Specialists who are Women

March 2022

I. Introduction

Section 5206(b) of the Deborah Sampson Act of 2020 (the "Act"), which is Title V of the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 (P.L. 116-315) that was enacted into law on January 5, 2021, requires the Department of Veterans Affairs (VA) to submit a report to Congress detailing the findings of a capacity assessment that addresses four specific factors related to VA's capacity and use of women peer specialists. The four factors are: (1) the geographical distribution of VA women peer specialists; (2) the distribution of women Veterans; (3) the number and proportion of women peer specialists who specialize in peer counseling on mental health or suicide prevention; and (4) the number and proportion of women peer specialists who specialize in peer counseling on non-mental health related matters. This report is due not later than 1 year after VA began this capacity assessment (i.e., by April 5, 2022).

II. Background

Brief Description: Capacity Assessment

The above-mentioned capacity assessment was conducted by the Veterans Health Administration (VHA), Office of Mental Health and Suicide Prevention (OMHSP). This is the only office within VA that hires peer specialists. Within VHA, OMHSP has oversight of the peer specialist profession. The assessment focused on women Veterans' geographical distribution in relation to women Veterans' use of VA mental health services in each Veterans Integrated Service Network (VISN) during fiscal year (FY) 2019 and FY 2020. Both FYs were included to capture the impact of the Coronavirus Disease 2019 (COVID-19) pandemic on women Veterans' access to, and use of, VA mental health services. As to methodology, OMHSP pulled coded encounter data of women Veterans' appointments with peer specialists from VHA administrative databases. That data, along with staffing reports provided by VHA's Office of Workforce Management and Consulting, provided the required information about the number of women peer specialists and their geographical distribution by VISN. Coded encounter data also provided the required information about the geographical distribution of women Veterans who use VA mental health services.

Qualifications and Role of Peer Specialists within VHA

Consistent with VA's Congressional authority for appointing peer specialists to VHA, VA is able to hire only peer specialists who are (1) Veterans, (2) have recovered or are recovering from a mental health condition and (3) have been certified from a not-for-profit entity engaged in peer specialist training as having met such criteria as the Secretary shall establish for a peer specialist position; or from a State as having satisfied relevant State requirements for a peer specialist position. See 38 U.S.C. § 7402(b)(13); VA Handbook 5005, Part II, Chapter 2 – Title 5 Appointments, Section D and Part II, Appendix F3 – Qualification Standards.

Peer specialists are trained to effectively use their personal lived experience with recovery to inspire hope and serve as relatable role models of recovery for other Veterans. They assist Veterans with identifying their personal strengths, needed resources and desirable skills that support their personal goals. Peer specialists use a host of recovery tools to help Veterans enhance healthy coping strategies and improve self-management skills over their mental health conditions. VHA peer specialists are not clinical staff and do not provide clinical counseling or psychotherapy to Veterans. Correspondingly, VHA does not refer to peer specialists' work as "peer counseling." Nonetheless, peer specialists' work offers significant therapeutic value as they support Veterans to empower themselves to address self-care, advocate for themselves, access available resources in and outside VA, reconnect with others and find a sense of belonging in their communities.

Peer Specialist Placement within VHA

Peer specialists' program assignments are determined by the local VA health care system that hires them. They are assigned to work in a variety of different health care settings, including outpatient, residential and inpatient mental health programs, homelessness programs, primary care Patient-Aligned Care Teams (PACT) and the Veterans Crisis Line Peer Support Outreach Center. Within most of these programs, peer specialists provide both individual and group-based peer support services. Regardless of their program location, all VHA peer specialists specialize in mental health.

III. Discussion

Detailed Findings of the Capacity Assessment

Geographical Distribution of Women Peer Specialists

The geographical distribution of VA peer specialists who are women was assessed. In Appendix 1 below, Table 1 lists all of the VA health care systems and their locations within each VISN and state or U.S. territory. As discussed above, this data includes the number of women peer specialists who worked in each VISN's VA health care systems in both FY 2019 and FY 2020.

In FY 2019, the 214 women peer specialists working in VHA were 19% of the total workforce of 1,127 peer specialists. In FY 2020, 235 VHA women peer specialists comprised 20.05% of the total workforce of 1,172 peer specialists. While women peer specialists worked in all 18 VISNs in both FY 2019 and FY 2020, the total number of women peer specialists in each VISN varied. As seen in Table 1, in both FY 2019 and FY 2020, VISNs 7, 16 and 22 employed the highest total number of women peer specialists, and VISNs 15, 20 and 23 employed the lowest total number of women peer specialists.

Within each VISN, most VA health care systems employed five or fewer women peer specialists in both FY 2019 and FY 2020, with most VA health care systems employing one woman peer specialist. Additionally, there were 28 VA health care systems across the 14 VISNs, listed below, that did not employ any women peer specialists in FY 2019 or in FY 2020.

- VISN 1: Togus, Maine
- VISN 2: Hudson Valley, New York
- VISN 4: Wilmington, Delaware; Butler, Pennsylvania; Erie, Pennsylvania
- VISN 5: Beckley, West Virginia; Clarksburg, West Virginia; Huntington, West Virginia
- VISN 6: Salem, Virginia
- VISN 8: San Juan, Puerto Rico
- VISN 12: Danville, Illinois
- VISN 15: Marion, Illinois; Eastern Kansas; Kansas City, Missouri; Poplar Bluff, Missouri
- VISN 16: Alexandria, Louisiana
- VISN 17: Big Spring, Texas; El Paso, Texas
- VISN 19: Salt Lake City, Utah
- VISN 20: Anchorage, Alaska; Boise, Idaho; Portland, Oregon; Walla Walla, Washington
- VISN 21: Palo Alto, California
- VISN 23: Iowa City, Iowa; Sioux Falls, South Dakota; Black Hills, South Dakota; St. Cloud, Minnesota

In summary, in FY 2019 and FY 2020, less than 20% of the total VHA peer specialist workforce were women peer specialists. Within each of the 18 VHA VISNs, most VA health care systems employed one woman peer specialist.

Geographical Distribution of Women Veterans

The geographical distribution of women Veterans was assessed. In Appendix 1 below, Table 2 provides estimates about the number of women Veterans living in every U.S. state or territory in each VISN in FY 2019 and FY 2020, regardless of whether they qualify for VA health care services. The following VISNs had the highest estimates for the number of women Veteran residents in FY 2019 and FY 2020, with each VISN having over 150,000 women Veteran residents:

- VISN 6: 161,690 women Veterans in FY 2019 and 162,132 in FY 2020
- VISN 17: 160,263 women Veterans in FY 2019 and 156,165 in FY 2020
- VISN 21: 158,246 women Veterans in FY 2019 and 162,925 in FY 2020

By contrast, VISN 15 had the fewest women Veteran residents, with estimates of 43,532 in FY 2019 and 45,321 in FY 2020.

As noted above, peer specialists mainly work within mental health care service settings; the assessment thus focused on women Veterans' geographical distribution in relation to their use of VA mental health services in each VISN in both FY 2019 and FY 2020. In Appendix 1 below, Table 3 provides the information about the geographical distribution of women Veterans who received mental health services in each VISN in FY 2019 and FY 2020. This table also includes the total number of peer support service visits that women Veterans in each VISN received from women peer specialists or peer specialists who are men. For simplicity, the reported total number of women Veterans' visits with peer specialists and/or other mental health professionals in each VISN includes the total number of the Veterans' in-person visits as well as their telehealth visits with these mental health professionals.

In Table 3, the total number of unique women Veterans who received mental health services in each VISN is reported under the "Total # of Women Veterans Receiving MH Visits" column. The following four VISNs provided mental health services to the highest number of unique women Veterans in FY 2019 and FY 2020, with each VISN serving over 20,000 unique women Veterans:

- VISN 6: 22,251 women Veterans in FY 2019 and 21,109 in FY 2020.
- VISN 7: 27,821 women Veterans in FY 2019 and 25,653 in FY 2020.
- VISN 8: 23,027 women Veterans in FY 2019 and 22,346 in FY 2020.
- VISN 17: 22,291 women Veterans in FY 2019 and 21,652 in FY 2020.

By contrast, the following VISNs all provided mental health services to the fewest number of unique women Veterans in FY 2019 and FY 2020, with each VISN serving fewer than 9,000 women Veterans:

- VISN 1: 7,732 women Veterans in FY 2019 and 7,087 in FY 2020.
- VISN 12: 8,931 women Veterans in FY 2019 and 8,294 in FY 2020.
- VISN 15: 7,892 women Veterans in FY 2019 and 7,374 in FY 2020.
- VISN 23: 8,049 women Veterans in FY 2019 and 7,109 in FY 2020.

In Table 3, the "Total # Peer Support Visits Provided by Women Peer Specialists (PS) to Women Veterans" column includes the total number of all individual and group-based peer support service visits that were delivered in-person or via telehealth by women peer specialists to women Veterans within the VISN. Similarly, the "Total # Peer Support Visits Provided by Men PS to Women Veterans" column includes the total number of all individual and group-based peer support service visits that were delivered to women Veterans in-person or via telehealth in the VISN by peer specialists who were men. VISNs 6, 7, 8 and 17 served the highest number of unique women Veterans in FY 2019 and FY 2020. These four VISNs also provided the highest total number of peer support service visits to women Veterans (regardless of peer specialist's gender). See below:

- VISN 6: 8,249 total peer support service visits for women Veterans in FY 2019 and 7,995 total peer support visits in FY 2020.

- VISN 7: 12,639 total peer support service visits for women Veterans in FY 2019 and 9,717 total peer support visits in FY 2020.
- VISN 8: 11,209 total peer support service visits for women Veterans in FY 2019 and 11,821 total peer support visits in FY 2020.
- VISN 17: 9,767 total peer support service visits for women Veterans in FY 2019 and 8,330 total peer support visits in FY 2020.

As seen in Table 3, women Veterans were also provided peer support services by peer specialists who were men. As an example, VISN 7, which provided mental health services to the highest number of unique women, had a total of 7,732 peer support service visits in FY 2019 that were provided by 53 male peer specialists. In FY 2020, 6,341 peer support service visits were provided by 59 peer specialists who were men. This pattern held for all other VISNs.

VISNs employing a higher number of women peer specialists did not always translate to having a higher total number of peer support service visits delivered to women Veterans by women peer specialists. For example, VISN 16 and VISN 22 each employed more women peer specialists than most other VISNs. VISN 16 provided mental health services to 19,036 unique women Veterans and employed 19 women peer specialists but only had a total of 2,443 peer support service visits delivered to women Veterans by women peer specialists in FY 2019. In FY 2020, VISN 16 provided mental health services to 17,735 unique women Veterans and employed 25 women peer specialists but only had a total of 2,447 peer support service visits delivered to women Veterans by women peer specialists. Similarly, VISN 22 provided mental health services to 20,075 unique women Veterans and employed 25 women peer specialists, but only had a total of 2,790 peer support service visits delivered to women Veterans by women peer specialists in FY 2019. In FY 2020, VISN 22 provided mental health services to 19,574 unique women Veterans and employed 26 women peer specialists but only had a total of 2,969 peer support service visits delivered to women Veterans by women peer specialists.

By contrast, VISN 6, which provided mental health services to 22,251 unique women Veterans in FY 2019, only employed 12 women peer specialists that year but had a total of 4,148 peer support service visits provided to women Veterans by women peer specialists. In FY 2020, VISN 6 provided mental health services to 21,109 unique women Veterans and only employed 14 women peer specialists. However, a total of 4,673 peer support service visits were delivered in VISN 6 to women Veterans by women peer specialists that year.

Data from all VISNs that had higher total numbers of peer support service visits between peer specialists and women Veterans were reviewed. The results showed that most of the peer support service visits with women Veterans took place in outpatient mental health clinics. PRRCs were the second most common type of program where peer support service visits occurred, and mental health RRTPs were the third most common type of program where women Veterans received peer support services.

Number and Proportion of Women Peer Specialists who Specialize in Mental Health or Suicide Prevention

The number and proportion of women peer specialists who specialize in peer counseling on mental health or suicide prevention was assessed. The findings reflect that 100% of all VA women peer specialists in FY 2019 (214) and in FY 2020 (233) specialized in providing peer support services related to both mental health and suicide prevention.

Number and Proportion of Women Peer Specialists who Specialize in Non-Mental Health or Suicide Prevention

The number and proportion of women peer specialists who specialize in peer counseling on non-mental health related matters was assessed. Based on the assessment, no women peer specialists specialized in non-mental health related matters. Please refer to the Background section where the legal and VHA criteria for appointment to VHA are discussed, as it explains this occupation's exclusive focus on mental health.

Conclusions Based on Findings

The results of the capacity assessment establish that women peer specialists worked in all 18 VISNs in FY 2019 and FY 2020, but less than 20% of the total peer specialist workforce were women. VISNs 7, 16 and 22 employed the highest total number of women peer specialists, and VISNs 15, 20 and 23 employed the lowest total number of women peer specialists. The total number of women peer specialists working in each VISN varied, but most VA health care systems that employed women peer specialists had only one woman peer specialist on staff. Across 14 of the 18 VISNs, 28 VA health care systems did not employ any women peer specialists in FY 2019 or FY 2020. Further evaluation may inform peer specialist staffing plans and projects related to the hiring and assignment of women peer specialists.

According to the data in Table 2, VISNs 6, 17 and 21 had the highest estimates for the number of women Veteran residents in FY 2019 and FY 2020, with each VISN having over 150,000 women Veteran residents. Interestingly, the capacity assessment results in Table 3 found that VISNs 6, 7, 8 and 17 provided mental health services to the highest number of unique women Veterans in FY 2019 and FY 2020. This finding about VHA mental health service delivery for women Veterans is unsurprising since these four VISNs each had over 130,000 estimated women Veteran residents in FY 2019 and FY 2020. Although VISNs 6, 7, 8 and 17 did not employ the highest total number of women peer specialists, they did provide the highest total number of peer support service visits to women Veterans (regardless of peer specialist's gender). This suggests a strong

demand for peer specialist interventions, even when a same-gender peer specialist may not be available.

Most peer support services delivered to women Veterans in FY 2019 and FY 2020 occurred in outpatient mental health clinics. The second most common setting was PRRCs, and the third most common setting was mental health RRTPs. These results reflect current practices, in which VHA peer specialists are hired and assigned to programs at the local level, where they focus on providing peer support services to the Veterans within the programs where they work. Future peer specialist staffing plans and projects may include recommendations to continue to allow for local flexibility in regard to program assignments for women peer specialists. This will enable facilities to assign the women peer specialists to work in programs where their peer support services will be accessible to women Veterans who are using other health care services in the programs.

Department of Veterans Affairs
March 2022

Appendix 1: Table 1 – VISN, State/U.S. Territory and VA Health Care System (HCS) Geographical Distribution of Women Peer Specialists in FY 2019 and FY 2020

VISN	State/U.S. Territory	Location of VA HCS in VISN	Total # of Women Peer Specialists in HCS within VISN (FY 2019)	Total # of Women Peer Specialists in HCS within VISN (FY 2020)
1	Connecticut	Connecticut HCS	2	5
	Maine	Togus, ME HCS	0	0
	Massachusetts	Bedford, MA HCS	4	7
		Boston, MA HCS	2	2
		Central Western Massachusetts HCS	2	2
	New Hampshire	Manchester, NH HCS	1	1
	Rhode Island	Providence, RI HCS	1	1
	Vermont	White River Junction, VT HCS	2	1
	VISN 1 Total			14
2	New Jersey	New Jersey HCS	3	3
	New York	Bronx, NY HCS	1	1
		Hudson Valley NY HCS	0	0
		New York Harbor HCS	1	1
		Northport, NY HCS	1	1
		Upstate NY Integrated HCS	2	2
	VISN 2 Total			8
4	Delaware	Wilmington, DE HCS	0	0
	Pennsylvania	Altoona, PA HCS	1	1
		Butler, PA HCS	0	0
		Coatesville, PA HCS	1	1
		Erie, PA HCS	0	0
		Lebanon, PA HCS	1	1
		Philadelphia, PA HCS	2	1
		Pittsburgh, PA HCS	2	2
	Wilkes-Barre, PA, HCS	1	0	
VISN 4 Total			8	6
5	District of Columbia	Washington DC HCS	3	3
	Maryland	Baltimore, MD HCS	4	3
	West Virginia	Beckley, WV HCS	0	0
		Clarksburg, WV HCS	0	0
		Huntington, WV HCS	0	0
		Martinsburg, WV HCS	2	2
VISN 5 Total			9	8
6	North Carolina	Asheville, NC HCS	1	1

VISN	State/U.S. Territory	Location of VA HCS in VISN	Total # of Women Peer Specialists in HCS within VISN (FY 2019)	Total # of Women Peer Specialists in HCS within VISN (FY 2020)
		Durham, NC HCS	2	3
		Fayetteville, NC HCS	2	3
		Salisbury, NC HCS	1	1
	Virginia	Hampton, VA HCS	5	5
		Richmond, VA HCS	1	1
		Salem, VA HCS	0	0
	VISN 6 Total			12
7	Alabama	Birmingham, AL HCS	3	2
		Central Alabama HCS	4	2
		Tuscaloosa, AL HCS	1	2
	Georgia	Atlanta, GA HCS	8	8
		Augusta, GA HCS	0	4
		Dublin, GA HCS	1	1
	South Carolina	Charleston, SC HCS	2	2
Columbia, SC HCS		2	2	
VISN 7 Total			21	23
8	Florida	Bay Pines, FL HCS	3	5
		Gainesville, FL HCS	2	2
		Miami, FL HCS	1	2
		Orlando, FL HCS	3	3
		Tampa, FL HCS	1	1
		West Palm Beach, FL HCS	2	2
	Puerto Rico	San Juan, PR HCS	0	0
VISN 8 Total			12	15
9	Kentucky	Lexington, KY HCS	1	1
		Louisville, KY HCS	2	2
	Tennessee	Memphis, TN HCS	5	2
		Middle Tennessee HCS	2	2
		Mountain Home Tennessee HCS	2	2
VISN 9 Total			12	9
10	Indiana	Indianapolis, IN HCS	0	1
		Northern Indiana HCS	1	1
	Michigan	Ann Arbor, MI HCS	2	4
		Battle Creek, MI HCS	1	3
		Saginaw, MI HCS	1	1
	Ohio	Chillicothe, OH HCS	1	2
		Cincinnati, OH HCS	3	2
	Ohio	Cleveland, OH HCS	1	2
Columbus, OH HCS		2	2	

VISN	State/U.S. Territory	Location of VA HCS in VISN	Total # of Women Peer Specialists in HCS within VISN (FY 2019)	Total # of Women Peer Specialists in HCS within VISN (FY 2020)
		Dayton, OH HCS	0	1
		Detroit, OH HCS	2	2
		VISN 10 Total	14	21
12	Illinois	Chicago, IL HCS	1	2
		Danville, IL HCS	0	0
		Hines, IL HCS	4	4
		North Chicago, IL HCS	1	2
	Michigan	Iron Mountain, MI HCS	1	0
	Wisconsin	Madison, WI HCS	1	1
		Milwaukee, WI HCS	3	2
Tomah, WI HCS		1	2	
VISN 12 Total	12	13		
15	Illinois	Marion, IL HCS	0	0
	Kansas	Eastern Kansas HCS	0	0
		Wichita, KS HCS	1	0
	Missouri	Columbia, MO HCS	1	0
		Kansas City, MO HCS	0	0
		Poplar Bluff, MO HCS	0	0
		St. Louis, MO HCS	3	3
VISN 15 Total	5	3		
16	Arkansas	Fayetteville, AR HCS	2	2
		Little Rock, AR HCS	5	4
	Louisiana	Alexandria, LA HCS	0	0
		New Orleans, LA HCS	3	4
		Shreveport, LA HCS	1	2
	Mississippi	Gulf Coast, MS HCS	2	4
		Jackson, MS HCS	2	2
Texas	Houston, TX HCS	4	7	
VISN 16 Total	19	25		
17	Texas	Amarillo, TX HCS	0	1
		Big Spring, TX HCS	0	0
		Dallas, TX HCS	6	6
		El Paso, TX HCS	0	0
		San Antonio, TX HCS	2	4
		Temple, TX HCS	4	3
		Texas Valley Coastal Bend HCS	1	0
VISN 17 Total	13	14		
19	Colorado	VA Eastern Colorado HCS	4	4
		Grand Junction, CO HCS	1	0

VISN	State/U.S. Territory	Location of VA HCS in VISN	Total # of Women Peer Specialists in HCS within VISN (FY 2019)	Total # of Women Peer Specialists in HCS within VISN (FY 2020)
	Montana	Montana HCS	1	2
	Oklahoma	Muskogee, OK HCS	1	1
		Oklahoma City, OK	1	1
	Utah	Salt Lake City, UT	0	0
	Wyoming	Cheyenne, WY HCS	0	1
		Sheridan, WY HCS	0	1
VISN 19 Total			8	10
20	Alaska	Anchorage, AK HCS	0	0
	Idaho	Boise, ID HCS	0	0
	Oregon	Portland, OR HCS	0	0
		Roseburg, OR HCS	1	1
		White City, OR HCS	1	1
	Washington	Puget Sound, WA HCS	0	2
		Spokane, WA HCS	2	2
		Walla Walla, WA HCS	0	0
VISN 20 Total			4	6
21	California	Fresno, CA HCS	1	2
		Northern California HCS	0	2
		Palo Alto, CA HCS	0	0
		San Francisco, CA HCS	5	1
	Hawaii	Honolulu, HI HCS	3	2
	Nevada	Las Vegas, NV HCS	3	3
		Reno, NV HCS	2	0
VISN 21 Total			14	10
22	Arizona	Northern Arizona HCS	1	1
		Phoenix, AZ HCS	4	5
		Southern Arizona HCS	1	2
	California	Greater Los Angeles, CA HCS	10	9
		Loma Linda, CA HCS	4	2
		Long Beach, CA HCS	3	4
		San Diego, CA HCS	1	1
	New Mexico	New Mexico HCS	1	2
VISN 22 Total			25	26
23	Iowa	Central Iowa HCS (Des Moines, IA)	1	1
		Iowa City, IA HCS	0	0
	Minnesota	Minneapolis, MN HCS	1	2
	Minnesota	St. Cloud, MN HCS	0	0

VISN	State/U.S. Territory	Location of VA HCS in VISN	Total # of Women Peer Specialists in HCS within VISN (FY 2019)	Total # of Women Peer Specialists in HCS within VISN (FY 2020)
	Nebraska	Nebraska-Western Iowa HCS (Omaha, NE)	1	1
	North Dakota	Fargo, ND HCS	1	1
	South Dakota	Black Hills, SD HCS	0	0
		Sioux Falls, SD HCS	0	0
	VISN 23 Total		4	5
Total Number of Women Peer Specialists from All VA HCS:			214	235
Percentage of Total Peer Specialist Workforce Who are Women Peer Specialists:			18.99%	20.05%

Appendix 1. Table 2 – VISN and U.S. State/Territory Geographical Distribution of Women Veterans in FY 2019 and FY 2020¹

VISN	State/Territory Location of Women Veterans' Residency	Estimated Number of Women Veterans in FY 2019	Estimated Number of Women Veterans in FY 2020
1	Connecticut	11,480	10,886
	Maine	8,328	7,541
	Massachusetts	20,505	19,257
	New Hampshire	7,370	7,965
	Rhode Island	2,740	3,205
	Vermont	2,937	3,038
	VISN 1 Total	53,360	51,892
2	New Jersey	21,560	20,398
	New York	50,642	48,934
	VISN 2 Total	72,202	69,332
4	Delaware	7,298	6,414
	Pennsylvania	52,349	50,244
	VISN 4 Total	59,647	56,658
5	District of Columbia	3,552	2,919
	Maryland	50,418	46,560
	West Virginia	7,682	7,985
	VISN 5 Total	61,652	57,464
6	North Carolina	68,284	69,267
	Virginia	93,406	92,865
	VISN 6 Total	161,690	162,132
7	Alabama	36,368	33,635
	Georgia	69,050	76,410
	South Carolina	40,921	35,926
	VISN 7 Total	146,339	145,971
8	Florida	130,800	134,137
	Puerto Rico	3,053	2,786
	Virgin Islands*	834*	829*
	VISN 8 Total	134,687	137,752
9	Kentucky	22,134	20,868
	Tennessee	43,316	40,669
	VISN 9 Total	65,450	61,537

¹ These data on women Veterans living in the U.S. states and U.S. territories in FY 2019 and FY 2020 are the estimates that were provided in 2019 and 2020 U.S. Census data labeled, "Sex By Age By Veteran Status for the Civilian Population 18 Years and Over," that were retrieved from the United States Census Bureau: [Census - Table Results](#).

VISN	State/Territory Location of Women Veterans' Residency	Estimated Number of Women Veterans in FY 2019	Estimated Number of Women Veterans in FY 2020
10	Michigan	39,853	37,967
	Ohio	50,920	53,378
	VISN 10 Total	117,688	119,308
12	Illinois	38,034	41,004
	Wisconsin	22,594	23,558
	VISN 12 Total	60,628	64,562
15	Kansas	11,025	13,401
	Missouri	32,507	31,920
	VISN 15 Total	43,532	45,321
16	Arkansas	14,529	14,529
	Louisiana	24,243	22,876
	Mississippi	16,813	16,747
	VISN 16 Total	55,585	54,152
17	Texas	160,263	156,165
	VISN 17 Total	160,263	156,165
19	Colorado	37,074	40,251
	Montana	9,139	8,046
	Oklahoma	23,947	25,226
	Utah	9,290	8,938
	Wyoming	2,989	3,701
	VISN 19 Total	82,439	86,162
20	Alaska	8,655	9,154
	Idaho	10,229	8,898
	Oregon	21,597	22,163
	Washington	59,622	53,350
	VISN 20 Total	100,103	93,565
21	American Samoa*	298*	296*
	California	120,461	128,127
	Guam*	1,114*	1,124*
	Hawaii	9,681	10,136
	Nevada	23,267	19,870
	North Mariana Islands*	84*	85*
	Philippines and Other Foreign Countries*	3,341*	3,287*
	VISN 21 Total	158,246	162,925
22	Arizona	46,061	46,311
	New Mexico	13,212	14,370
	VISN 22 Total	59,273	60,681
23	Iowa	16,254	12,256
	Minnesota	17,752	19,677
	Nebraska	8,710	10,280
	North Dakota	4,207	4,104

	South Dakota	5,504	4,479
	VISN 23 Total	52,427	50,796
Estimated Total Number of Women Veterans in all U.S. States and Territories:		1,636,487	1,627,968

* = Data presented for women Veterans living in American Samoa, Guam, North Mariana Islands, Virgin Islands, Philippines and other foreign countries are presented in the "Other Demographics Counties" estimates provided for 2019 and 2020 in "Table 9L: VetPop2018 County-Level Veteran Population by State, Age Group, Gender, 2018-2048" that was retrieved from the National Center for Veterans Analysis and Statistics: [Veteran Population - National Center for Veterans Analysis and Statistics \(va.gov\)](https://www.va.gov).

Appendix 1: Table 3 – VISN Geographical Distribution of Women Veterans Receiving Peer Support Services from Peer Specialists (PS) in FY 2019 and FY 2020

VISN	FY 2019							FY 2020						
	Total # of Women Veterans Receiving MH Visits	Total # of Overall MH Visits for Women Veterans	Total # of Women PS	Total # of Peer Support Visits Provided by Women PS to Women Veterans	Total # of Men PS	Total # of Peer Support Visits Provided by Men PS to Women Veterans	Total # of Peer Support Visits Provided to Women Veterans Where PS Gender Unknown	Total # of Women Veterans Receiving MH Visits	Total # of Overall MH Visits for Women Veterans	Total # of Women PS	Total # of Peer Support Visits Provided by Women PS to Women Veterans	Total # of Men PS	Total # of Peer Support Visits Provided by Men PS to Women Veterans	Total # of Peer Support Visits Provided to Women Veterans Where PS Gender Unknown
1	7,732	101,552	14	1,541	61	1,919	575	7,087	106,605	19	1,741	63	1,850	148
2	9,437	118,708	8	1,840	38	2,078	1,716	8,182	120,330	6	1,280	35	2,254	1,068
4	9,155	91,677	8	1,399	29	1,315	351	8,409	99,304	6	1,179	27	966	297
5	9,590	71,509	9	900	37	1,452	976	8,993	77,266	8	594	35	1,519	657
6	22,251	196,098	12	4,148	39	4,101	36	21,109	200,211	14	4,673	45	3,322	10
7	27,821	207,282	21	4,907	53	7,732	326	25,653	232,874	23	3,376	59	6,341	247
8	23,027	229,046	12	2,705	82	8,504	400	22,346	241,085	15	4,204	86	7,617	466
9	10,096	97,782	12	1,761	30	1,584	118	9,467	104,174	9	994	34	1,128	291
10	15,081	155,273	14	2,811	79	6,815	1,360	14,215	161,478	21	3,667	86	5,951	1,388
12	8,931	121,329	12	1,591	41	2,781	77	8,294	129,208	13	1,814	45	1,867	22
15	7,892	82,175	5	321	28	1,430	597	7,374	85,608	4	443	30	1,382	448
16	19,036	148,033	19	2,443	59	4,081	427	17,735	152,471	25	2,447	63	3,501	394
17	22,291	182,066	13	2,951	46	6,816	350	21,652	183,472	14	3,510	42	4,820	84
19	12,143	108,670	8	2,060	36	2,140	1,169	10,964	116,349	10	2,102	37	2,154	808
20	10,872	100,354	4	862	40	2,262	452	9,698	102,944	6	446	46	1,535	428
21	11,973	107,552	14	1,331	80	2,606	342	11,261	125,245	10	1,481	98	4,557	396
22	20,075	198,555	25	2,790	96	3,895	424	19,574	213,513	26	2,969	111	4,202	323
23	8,049	98,205	4	874	22	2,448	214	7,109	99,582	5	936	24	1,757	168

MH Visits = Mental health service visits
PS = Peer specialists