

VACOR

December 7-8, 2006 Minutes

Veterans' Advisory Committee on Rehabilitation

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Administration

Jennifer Smith
Designated Federal Officer (DFO)
Training Specialist, VR&E Service
Department of Veterans Affairs

The meeting began at 8:17 AM. Designated Federal Officer (DFO), Jennifer Smith, gave brief announcements and reviewed travel policies.

Members present:

- Maureen McGuire-Kuletz
- Linda Davis
- Paul Blanco
- Brian Neuman
- Edwin Salau
- Charlotte Dixon
- Linda Shaw
- Marvin Meyers
- Barry Jesinoski
- Paul Andrew
- Dr. Griffin Dalianis
- Louis Irvin
- Jerry Elliott
- Judy Caden

Welcome

Dr. Griffin Dalianis
Chairman, VACOR

Dr. Griffin Dalianis introduced himself as the new Chair of the Veterans' Advisory Committee on Rehabilitation (VACOR), and allowed members to introduce themselves. He also reviewed the agenda for the meeting.

Ethics for Special Government Employees

Susan Bond
Special Attorney
Office of General Counsel (OGC)
Department of Veterans Affairs

Susan Bond, Special Attorney, reviewed the Ethical and Financial Disclosure requirements for Federal Advisory Committee Members, including both Special

Government Employees (SGEs) and Regular Government Employees (RGEs). The definition of SGEs (slightly differs from a RGE in terms of ethics and time spent working for government) is a person who performs work for the government and works a maximum of only 130/365 days a year.

Ms. Bond reminded members that in order to participate in the meeting, she must have received all members' confidential financial disclosure forms. She highlighted ethical and conduct and conflict of interest statutes for SGEs as well as for RGEs. She also indicated that new confidential financial disclosure forms will be used starting in CY 2007, for the required yearly filing of the forms. Ms. Bond also gave all members her contact information for specific questions regarding ethics.

Vocational Rehabilitation & Employment (VR&E) Service Update

Judith A. Caden
Director, Vocational Rehabilitation &
Employment Service
Department of Veterans Affairs

Ms. Caden reviewed the steps that Vocational Rehabilitation and Employment (VR&E) Service is taking to improve the quality of service to veterans. She discussed the Five Tracks to Employment and the resources that have been provided to field offices for counselors to use when working with veterans. She highlighted successful rehabilitation cases in different sectors of employment, including Faith-Based and Community Initiatives (FBIC), federal government, self-employed veterans, private sector, state and local government, and union-based organizations.

Three outreach initiatives that VR&E is promoting are: the Disabled Transition Assistance Program (DTAP), www.vetsuccess.gov, and the Coming Home to Work Initiative (CHTW). The Independent Living (IL) program was also highlighted as an appropriate alternative to employment for certain qualified veterans.

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Q: Do you work with newspapers, magazines, etc. to do PR?

A: Not as much as we should.

(Griffin requested VR&E to do an article on with him for his column.)

Q: Regarding IL community resources, especially homeless veterans...there is a real need at the local level.

A: We work with CWT and Vet Centers We welcome recommendations from this committee on how VR&E can help homeless veterans even more.

Q: You said that the CHTW Program is extending to other sites...what determines a site?

A: The need has to be there (at a medical hold) and how long will they be there (some moving out quickly) is a factor. There is also a resource issue keeping VR&E staff at all sites.

Remarks

The Honorable R. James Nicholson
Secretary,
Department of Veterans Affairs

The Secretary encouraged VACOR to investigate long-term care issues for veterans as well as issues especially affecting younger OEF/OIF veterans. He welcomed VACOR's recommendations and encouraged the group to visit the polytrauma centers.

Compensated Work Therapy Program

Anthony Campinell, Ph.D
Director,
Therapeutic and Supported Employment Services
Office of Mental Health Services Veterans Health Administration

Jamie Ploppert
Director,
Psychosocial Residential Rehabilitation Programs

Rich Toscano
Employment Specialist
Institute on Human Development and Disability
University of Georgia

Mr. Campinell discussed funding for the Compensated Work Therapy (CWT) Program at Level I and Level II network sites for the polytrauma network of care. He indicated that 13 sites were funded last FY, and 7 proposed for this FY. He gave an overview of the model they use to implement the program, a supported employment model, in which vocational rehabilitation counselors are used to assess vocational needs very early in the recovery process for a veteran. This model instills hope in veterans and their families and gives them a goal to work toward.

Mr. Ploppert discussed how the CWT program works with the Homeless Veterans Service Network grant and per diem program, as well as with domiciliary programs. He indicated the importance of the CWT program working with the other programs because the VA can provide safe, secure, permanent, and affordable housing. Veterans can also work on social, financial, legal, and compensation issues and develop a comprehensive plan to work through all of those issues.

Mr. Ploppert also suggested to VACOR that they explore helping the VA develop a vision to help a veteran to return to his or her community of choice to the level of independence that is THEIR goal (not just the VA's goal). He indicated that one of the

tools to ensure that veterans are cared for properly is for treatment programs to use clinical algorithms that follow correct staffing patterns so that things do not slip through the cracks. He also expressed a concern for funding support for programs attached to polytrauma centers so that the polytrauma centers can build centers for expertise that work together seamlessly.

Mr. Toscano discussed the supported employment model in more detail. He talked about the importance of early intervention for vocational counseling, citing professional research studies that indicate that an employment goal establishes a sense of identity and enables patients to take their treatment more seriously.

Mr. Campinell had two suggestions for VACOR to investigate: 1) Funding streams for mental health programs are provided to facilities in two year increments. Many VA Medical Centers are concerned about picking up funding for these programs at the end of the two year funding stream. A helpful suggestion would be to extend the two-year period of time (based on successful outcomes of the programs), and then fund an additional year at a time. 2) Strengthening the partnership between VR&E and VHA. Would like a mechanism in place so that VR&E can directly fund services in the CWT program. VR&E (VBA) financial resources should supplement VHA resources. (Probably a law would have to change.) Right now it is difficult to participate in both the VR&E program and the CWT program. In other words, money that VR&E would have paid an outside (contractor) can be used to "pay" VHA.

DoD Initiatives

Col Mary Carstensen
Army Wounded Warriors Program

Col Carstensen gave an overview of the Army Wounded Warriors Program (AW2). The purpose of AW2 is to link soldiers with resources. $\frac{3}{4}$ of the AW2 population has retired. AW2 wants to ensure to take care of families, help with transition, and also help with employment.

She also highlighted the National Organization on Disability Pilot Program, which will help investigate why programs not working together as well as they should. She mentioned the importance of programs moving employment to the forefront of recovery.

The AW2 website has support groups based on the continuum of injury. It also has a clickable map of U.S. with community resources (state, local, federal) and a financial calculator.

Q: How do you evaluate VA benefits in the calculator?

A: We try to look at a lot of different factors, but the calculator will be an estimate of benefits.

Q: What type of training do your employees receive? Will you hire private sector practitioners to sit down with families?

A: We are working with the National Organization of Disabilities to hire & train our employees.

Q: Do veterans have to choose between military retirement pay or VA benefit pay?

A: Yes, if a veteran is under the rank of sergeant, he or she must choose. Otherwise, you may receive both and have concurrent receipt of benefits.

Q: If someone has a problem with a medical board, is there someone that they can go to at AW2 for help?

A: Yes, it is one of the main goals of AW2.

Antigone Doucette
Navy SAFE HARBOR Program

Ms. Doucette highlighted the Active Duty for Special Work (ADSW) Program, which gives employers a quick way to fill an immediate need, but also gives them a chance to see if the need is permanent or temporary.

One of the goals of the Navy's program is to have employees placed in local communities, and one way to fulfill that need is to recruit retirees who are already there. Employees are carefully selected & interviewed. They plan to place employees at all MTFs and polytrauma centers during FY 2007.

Ms. Doucette indicated that a mission of the Navy's program is to get communities to embrace individuals who return injured: one person at a time. She emphasized that this will help the greater disability community. She revealed that it is hard to encourage individuals with disabilities to get out into the community (especially introverts).

Group Discussion

Jerry Elliott
Advisory Member, VACOR
Rehabilitation Services Administration

Mr. Elliott handed out Disability Employment publications from his agency. He highlighted that RSA did not put veteran-related disability employment information in publications, and suggested that VACOR include that as a recommendation to the Secretary.

He gave the group an update from something that was discussed at the last meeting regarding the SCI Pilot Project. He worked with the Dallas programs to get them on board with the project, and now things are flowing smoothly, as opposed to previous interactions.

Mr. Elliott told the group that he visited six states and met with VR&E staff and discussed provision of services to veterans. There are a few things that VR&E cannot statutorily provide, including transportation & clothing. He also maintained that one of the things that VR&E VA Regional Offices contact state voc rehab programs most about is assistive technology.

The group adjourned at 4:35 PM.

Minutes: December 8, 2006

Administration

Jennifer Smith
Designated Federal Officer
Department of Veterans Affairs

The meeting began at 8:11 AM with brief announcements. Mr. Dalianis welcomed everyone, and reminded the group to keep possible recommendations in mind for discussion.

Polytrauma System of Care

Dr. Barbara Sigford, M.D., Ph.D.
National Director,
VHA Physical Medicine & Rehabilitation Services
Director, Extended Care and Rehabilitation Service Line,
Minneapolis VA Medical Center

Gretchen Stephens, MPA, OTR/L
Physical Medicine & Rehabilitation Services
TBI and Polytrauma Coordinator
Department of Veterans Affairs

Dr. Sigford gave a brief overview of the polytrauma system of care. She indicated that her vision for the system is to create a system of care that continuously cares for individuals throughout their lifespan. She maintained that currently VA has a good system in place (that is better than the private sector), but that they need to do more to help veterans. There needs to be an increase in staffing because of currently high caseloads. The VA has also put a telehealth system in place, so veterans don't always have to come into the hospital for an evaluation or check-up.

Right now, the VA is starting transitional community re-entry programs at all facilities. Each facility is charged with finding and designing the space at the polytrauma centers for these programs. They are designing programs for the next generation of veterans to include addressing environment, nutrition, and activity issues. They are also looking at a next step of finding housing in the community.

Q: Are transitional apartments available right now to veterans who need them?

A: Every facility has a transitional living unit to be used on a short-term basis (to assess safety, train caregivers)...right on rehabilitation unit. What will be new for the program is a separate housing unit (except Palo Alto which has done this for 10 years) for transitional housing.

Q: What is being done to help families, and what is in the works as far as planning to help families?

A: The families are considered an integral part of the treatment team...and we want to begin having conferences with them at Military Treatment Facilities. Each veteran is assigned a social work case manager designated to make sure his or her needs are met. Every member on the treatment team has the charge to educate the family, and family members are invited to treatment team meetings. The goal of this program is for a veteran to have an assigned case manager who should be following up with the them and their family for the rest of their life.

Q: What does the family do down the road when they really need psychological help.

A: We would like to see them come back into the system of care, even if the VA cannot provide services, we can refer them to community programs.

Q: If treatment isn't progressing successfully, are veterans temporarily transferred to another facility (private)? What's the age group there?

A: This is definitely a difficult problem. Private facilities are also faced with the same problem of an age cohort. Sometimes we pose this question to the family: Do you want to have your family member be close to you, but in a facility that is an aged population? Or do you want to have your family member in a regional center, but with others closer to their age?

Q: How high are the caseloads? And what do you need to have the resources to make things better?

A: Only 1 caseload for the long-range services (4 or more at each polytrauma center). At most 12 inpatients. Problem is with the long-range follow-up services.

Q: Are you referring patients to state brain injury centers?

A: Yes, as a matter of procedure. The case manager provides information on local resources to veterans.

Q: What is that this committee can help you with? What do you need?

A: Continued support for the system and the process. Endorse the model. Work with us as we continue to develop our numbers to compute the ideal caseload for staff members.

Q: Is VBA working to increase staffing and awareness of polytrauma centers?

A: We would really like to see VR&E as a part of the treatment team, but that hasn't happened yet.

A member suggested a possible recommendation of mandating that VR&E and the polytrauma centers work together more closely.

Q: If we visit a polytrauma center, what should we look for to help make improvements?

A: Talk to staff, learn about their training and expertise, and talk to families about their experiences, look the environment. Also meet with leadership at the facilities.

Wrap-up

Griffin Dalianis, Ph.D.
Chair, VACOR

Mr. Andrew discussed his review of several One-Stop centers. He suggested that the centers should be discussed more in detail at the next meeting. Mr. Drach also asked to be included on the agenda for the next meeting.

Mr. Irvin asked the group if they still had questions that need answered from this meeting, to bring it up so that it can be discussed at the next meeting.

Some areas to investigate for the next meeting are:

- Communication between VR&E and the head of the polytrauma centers to get VR&E IL people located in the centers, and fully integrated into the treatment team.
- Long-term care for severely injured veterans
- Continuing with supported employment projects.
- Assistive technology
- Family support
- What type of home-care services does the VA provide to the long-term polytrauma center patients?
- Personal care attendant training

Jennifer will provide a copy of the Secretary's recent testimony to Congress for the next meeting OR will have someone from legislative affairs office on the agenda.

Questions/Comments are due to Jennifer by 12/12/06 for the letter to the Secretary.

Adjourned at 10:51 AM.