Veterans' Advisory Committee on Rehabilitation

VACOR

Minutes of the Meeting
March 29-31, 2006

Department of Veterans Affairs
Veterans' Advisory Committee on Rehabilitation (VACOR)
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Members present:

- Barry Jesinoski
- Griffin Dalianis
- John King
- Louis Irvin
- Paul Blanco
- Joe Durant
- Marvin Meyers
- Ron Drach
- Jerry Elliot
- Terrence O'Connell
- Maureen McGuire-Kuletz
- Lucille Beck
- Constance Pledger

Members of the Public

Linda Shaw, University of Florida
Roshunda Drummond-Dye, Esq.
American Physical Therapy Assoc.

Committee Manager

Phil Riggin

Designated Federal Officer

Janet LeClerc

Location: The meeting was held at the Paralyzed Veterans of America Office, located at 801 Eighteenth Street, NW, in Washington, DC.

Welcome & Introductions: Designated Federal Official (DFO), Janet LeClerc, opened the meeting at 9:07 AM. Following the welcome address, Committee members introduced themselves.

Review of Government Ethics Rules that Apply to Federal Advisory Committee Members: Michelle Jones, Esq., Office of General Counsel (OGC) Department of Veterans Affairs, was introduced to the Committee by Janet LeClerc. Michelle Jones, Esq., reviewed the ethical and financial disclosure requirements and rules for Federal Advisory Committee Members. Ms. Jones gave individualized packets to everyone, which contained a written summary of the ethics rules that are applicable to special government employees and the appropriate financial disclosure forms/reports. Ms. Jones indicated that the purpose of the forms is to make sure that there is not a potential conflict of interest. She explained that the OGC is the only office that gets to see them (so they are confidential). Members were asked to fill out new forms no later than May 1, 2006. Members were advised that after May 1, they could not actively

participate in the Committee until OGC receives the forms. She related that these forms are needed on a yearly basis.

Ms. Jones explained the definition of a Special Government Employee (SGE) She indicated that a Government Employees (differs from a regular government employee in ethics and in the term working for government) is a person who performs work for the government and works a maximum of only 130/365 days a year.

She stressed to members the importance of not using public office (membership on committee) for private gain.

Introduction of Acting Chair: Janet LeClerc introduced Acting Committee Chair, Mr. Louis Irvin, Associate Executive Director, Veterans Benefits, Paralyzed Veterans of America, who presided over the remainder of the meeting.

Overview: Mr. Louis Irvin, Acting Chair, VACOR, reviewed the agenda and highlighted the mission of the Committee. He stressed the importance of the committee's work, reviewed major accomplishments, and encouraged continued active work by the members. He asked Ron Drach to review the history of the Committee. Mr. Drach described the original charter/mission of the Committee. In discussion of the Committee's accomplishments and mission, Mr. King recommended that the Committee show Chad Colley, former VACOR chair, some sort of appreciation for his service to the committee.

Mr. Irvin offered members a copy of the last report and recommended members review the report, in preparation for re-establishing the committee's prioritized interests and concerns.

Department of Veterans Affairs Office of Seamless Transition: Mr. Louis Irvin introduced the first presenter, Marianne Mathewson-Chapman, PhD, ARNP, Major General, United States Army (ret), Chief, Outreach to the Guard and Reserve, Department of Veterans Affairs. Dr. Mathewson-Chapman, updated the Committee on the Seamless transition process and services for the Guard and Reserve. She explained outreach efforts including the addition of Benefit representatives at each of the fifty states; distribution of the tool kit that explains benefits and services; and she described outreach efforts on family and drill days. She correlated outreach services with three categories of need, the severely injured, medical hold or hold-overs, and the hidden wounds. She also discussed the special needs of returning guard and reserve units, and finished with a list of challenges her office faces including:

- Rising costs of VA Care and additional costs for complex war wounds and poly-trauma catastrophic injuries,
- Making sure that VA provides early rehabilitation intervention services for all war wounds,

- Delivering integrated benefits and services at the state and local level,
- Measuring the effectiveness of seamless transition in the lives of the war wounded and their families, and
- Making sure that data flows from DoD to the VA, and that patients are tracked accurately.

Polytrauma – Complex Care for Returning Combat Veterans: The Acting Chair introduced Gretchen C. Stephens, MPA, OTR/L, Department of Veterans Affairs, Physical Medicine and Rehabilitation National Program Office, National TBI/Polytrauma Coordinator. Ms. Stephens presented about how the Department of Veterans Affairs has developed an integrated system of care for severely injured veterans with complex medical and rehabilitation needs—Polytrauma Centers. She indicated that Polytrauma Centers bring all of the major treatment providers of major injuries into one place so that veterans do not have to travel to many different places for care. She presented many statistics on blast injuries and indicated new challenges in the world of complicated warfare injuries.

There are four Polytrauma Centers nationwide:

- Richmond,
- Palo Alto,
- Tampa, and
- Minneapolis.

There are also 21 Polytrauma Network Sites (PNSs) which provide specialized interdisciplinary post-acute rehabilitation services.

QUESTION from a member: In the referral process from Military Treatment Facilities, how are patients identified to be referred to polytrauma centers?
ANSWER: VA-DoD social work liaisons identify them through conference calls every other week with polytrauma centers. They are also adding a certified rehab nurse liaison between Walter Reed and National Naval and Polytrauma Centers.

QUESTION from a member: What are the levels of care addressed at polytrauma centers?
ANSWER: All levels, just make sure that the centers are equipped for that individual. (RANGE OF CARE (RANCHO) 1-8, 1 = comatose 8 = alert) Polytrauma centers are taking patients functioning as low as RANCHO 2-3, and up.

QUESTION from a member: What are the procedures for outpatient follow-up and case management?

ANSWER: Regional Centers have positions for follow-up case management and have a responsibility to hand off to local centers (and then local center responsible also for follow-up).

QUESTION from a member: What is being done to help the families of injured service members?
ANSWER: Individual and group counseling is available to families, and Polytrauma Centers have training sessions available for caregivers. Polytrauma Centers also connect families with local resources (can be VA or community providers). Also, counseling psychologists are available at level 1 settings (sets the standard that the family will become the "team" once patient released).

QUESTION from a member: How is the vocational specialist integrated into the team and into treatment?
ANSWER: VBA is located on the grounds of the Polytrauma Center at Richmond. As soon as the patient is at the site, VBA visits them. Once the patient leaves, VBA hands them off to a VBA person at the patient's local site.

QUESTION from a member: Are behavior analysts on team?
ANSWER: No, we rely on neuropsychologists and counseling psychologists.

QUESTION from a member: Are you aware of any emphasis on building out the other 3 Fischer houses at the other Polytrauma Centers?
ANSWER: Palo Alto is breaking ground soon, breaking ground in Tampa, Richmond is still fundraising (and right now on target for fundraising).

Potential Recommendation: ASSIGN A REHAB SPECIALIST AT ALL POLYTRAUMA CENTERS

Medical Family Assistance Center (MEDFAC) at Walter Reed Army Medical Center: Michael J. Wagner, Ph.D., Director, Family Assistance Center, Walter Reed Army Medical Center was introduced to the Committee by Louis Irvin. Dr. Wagner described that the mission of MEDFAC combines the traditional Garrison-based family assistance with a medical mission. Their mission and purpose is to provide compassionate, coordinated services to patients, next of kin and extended family members, with a primary focus on OIF/OEF service members. Overall, MEDFAC's goal is to make sure that all service members coming through Walter Reed Army Medical Center (WRAMC) receive all of the help that they need. MEDFAC matches corporate, private, and nonprofit donations with the needs of individual service members and their families to provide items such as:

- Airline tickets,
- Phone cards,
- Clothing, and

- Taxi trips,
- Crisis counseling, and
- Legal consultation.

MEDFAC creates alliances and partnerships to, "leverage the synergy of diverse resources to improve success in organizations. Some challenges of MEDFAC:

- Long term sustainment of services (continuation of the program),
- Coordination and cooperation among private, DoD, and VA support and service organizations without duplication of services and 'getting in each other's way.,'
- Moving patients on to the next level of care and coordination of uninterrupted services to families, and
- Identifying a 'true' need.

QUESTION from a member: What about the other 7 DoD centers, do they have a system like MEDFAC?
ANSWER: It has not been institutionalized in the military as of yet.

QUESTION from a member: Is it replicable?
ANSWER: Yes. But another problem (challenge) is that now that protests are becoming more organized, it may be more difficult to garner support for a peacetime mission once the war is over.

QUESTION from a member: How has the quality of life for returning service members improved?
ANSWER: It really hasn't.

QUESTION from a member: With the increase in TBI cases, are there more issues developing in regard to guardianship and medical proxy?
ANSWER: Yes...but in the long run, these families are going to have someone who they will need care for the rest of their lives...and it needs to be addressed.

Wrap-Up: Louis Irvin, Acting Chair, VACOR, reminded members to keep in mind the objectives of the committee, and to be thinking about areas of interest or need and potential recommendations. The Committee expressed an interest in finding out what progress has been made on the last report's recommendations? And if no progress, why? Was there any response from the Secretary's Office?

Mr. Irvin adjourned the day at 4:28 PM.

Thursday, March 30, 2006

Announcements/Re-Cap: The meeting was called to order at 9:06 AM by Louis Irvin. Mr. Irvin introduced Phil Riggin, Advisory Committee Management Officer to all 25 VA Advisory Committees, who addressed the fact that the Committee still does not have a chairman. Mr. Riggin prefaced his information by stressing that the Secretary is very interested in the opinions of this Committee. He maintained that the recommendations set forth by the Committee, are extremely important to the entire set of leadership at the Department of Veterans Affairs. He related that since the last meeting, there has been a change in the Secretary, the former chairman resigned, and there has been a new DFO. Mr. Riggin stressed that the Secretary is looking for a new chair, and he expects that there will be an appointment of a new chair soon. He also advised the Committee to continue being productive.

QUESTION from a member: What about the fact that some members' membership has expired:
ANSWER: There are no restrictions on members operating with expired membership.

QUESTION from a member: Can members make suggestions on the new chair? ***ANSWER:*** Yes, either directly to me or through the DFO.

VR&E Task Force Implementation Update: Mr. Louis introduced the first speaker of the day, Dr. Jerry Braun, Deputy Director, Vocational Rehabilitation and Employment (VR&E) Service, Department of Veterans Affairs. Dr. Braun gave members an update on VR&E's progress toward implementing the VR&E Task Force recommendations. To date, VR&E has implemented 57 of the more than 100 recommendations with 78 recommendations expected to be implemented by March 2007. He highlighted some of the significant recommendations with emphasis on:

- Rolling out the new Five Tracks to Employment Model,
- Creating partnerships,
- Developing national performance standards,
- Creating a training team to develop nationwide training,
- Developing a mandatory Disabled Transition Assistance Program (DTAP) protocol, and
- Establishing consistent policy and guidance.

QUESTION from a member: Why have only 57,or 78 of the recommendations out of 100 completed?
ANSWER: Some were budgetary issues, so some required building a budget request (which is a long process). Also, some recommendations were IT issues,

which take a lot of time and work. In addition, VR&E totally overhauled their organizational structure.

QUESTION from a member: If newly returning service members have questions for state/federal voc rehab counselors about what benefits they qualify for, do these partnerships address these issues?
ANSWER: Yes, they should be very aware of us. But we can be more aggressive in making sure they are aware of us.

QUESTION from a member: What are the criteria for a state voc rehab counselor to know what programs VR&E offers? There are veterans who fall through the cracks...how do you measure who are eligible for VR&E service?
ANSWER: MOUs, but they are a two-way street and must be worked out on the local level.

The "Coming Home to Work" Initiative (CHTW): The Acting Chair, Louis Irvin introduced Nancy Glowacki, Employment Coordinator, Vocational Rehabilitation and Employment (VR&E) Service, Department of Veterans Affairs. Ms. Glowacki gave the brief history of the Coming Home to Work (CHTW) Initiative. She highlighted that the program began in September 2004 as the VET IT program, and was expanded to include the entire Department. The program focused on attracting service-connected disabled veterans to government job opportunities, and providing valuable civilian job skills to service members pending medical discharge from the military. Service members who participate in the program are on medical hold status and work with a Vocational Rehabilitation Counselor (VRC) to obtain unpaid work experience in a government facility. There are several benefits to both agencies and service members. Eligibility to participate in the program is limited to service members who:

- Qualify for Vocational Rehabilitation and Employment benefits, or
- Currently serve on active duty in a medical hold capacity, and
- Obtain permission from both the military commander and the medical care team.

Ms. Glowacki also highlighted several federal direct hiring authorities for veterans.

QUESTION from a member: What is the primary means of learning about CHTW?
ANSWER: DTAP and also Social Worker/Early Intervention Specialist at WRAMC. In San Diego, it is the VAP process. If not in these early processes, then the voc rehab counselor.

QUESTION from a member: Concerning the national deployment of CHTW, what is the role and responsibility of the VAROs?

ANSWER: During the videoconference call, the VAROs were given next steps to develop their programs locally.

QUESTION from a member: Will the VAROs take a lead role in working with the military installations/MTFs?
ANSWER: Yes, it needs to be established and maintained at the local level.

Comment from a member: State VR has employment programs that could work really well with CHTW.

Disabled Transition Assistance Program (DTAP): The next presenter, Dr. Fred Steier, Supervisor of Training & Outreach, Vocational Rehabilitation and Employment (VR&E) Service, Department of Veterans Affairs, was introduced by Louis Irvin. Dr. Fred Steier gave an update on VR&E's implementation of the Disabled Transition Assistance Program (DTAP). He indicated that VR&E has put into place several new measures to help standardize the program, including:

- Several policy letters,
- Quality assurance site visits,
- Surveys of DTAP through DoD,
- An electronic Military Briefing Database,
- Performance measures,
- Training for overseas military service coordinators, and
- An internet-based DTAP website.

He highlighted the process that a service member goes through to separate from service, and noted some of the challenges that face this process including a lack of standardization across the Services. He also handed out the VR&E Orientation Video and VR&E Quickseries Booklets.

Five Track Employment Process & Employer MOU's: Louis Irvin introduced Terri Armijo, Employment Coordinator, Vocational Rehabilitation and Employment (VR&E) Service, Department of Veterans Affairs. Ms. Armijo introduced and showed the VR&E Orientation Video. She discussed the VR&E entitlement determination process. She also highlighted recent innovations in VR&E concerning the 5 Track Employment process including:

- The new Employment Coordinator position,
- Job Resource Labs,
- www.VetSuccess.gov, and
- Working partnerships.

She described the 5 Track Employment Process and discussed program outcomes of the pilot project. She named several formal partnerships that VR&E has pursued, including the Department of Labor, Home Depot, USAA, Walgreens, and Sprint. Ms Armijo requested members help to implement new and diverse partnerships.

QUESTION from a member: How is the support for ECs in the VAROs?
ANSWER: It depends on the VR&E Officer in the VARO, since each is responsible for implementing their own EC position. However, there are now standardized national EC performance standards and a position description.

Comment from a member: Suggest that you leave the job announcement page of VetSuccess open to all veterans, not just VR&E-eligible veterans.

Spinal Cord Injury—Vocational Integration Program: The Acting Chair, Mr. Louis Irvin introduced Lisa Ottomanelli, Ph.D., Clinical Psychologist, Spinal Cord Injury Center, VA North Texas Health Care System, Department of Veterans Affairs and Anthony Campinell, Ph.D. Director, Therapeutic & Supported Employment Services, Office of Mental Health Services
Veterans Health Administration, Department of Veterans Affairs.

Dr. Ottomanelli gave an overview of the SCI-VIP, and discussed the objectives of the program including:

- Scope and significance of the problem,
- SCI services in VHA,
- CWT services in VHA,
- New method of service delivery: SCI-VIP,
- VA RR&D Study,
- Study design,
- Study management, and
- Dissemination.

The goal of the SCI-VIP is to bridge the gap in services between current SCI services and current Compensated Work Therapy services by creating a comprehensive new method of service delivery.

She indicated that there are several potential challenges and limitations, including:

- Recruitment (orientation of veterans to voc rehab and the study is not randomized),
- Generalization (subject inclusion is limited to those able to get to the medical center for appointments), and
- Newly developed data instruments (not psychometrically validated).

Dr. Campinell indicated that a unique aspect of CWT is that there is no denial of C&P benefits while participating in the program. Elevating the importance of return to work early in the treatment model will help the individual understand their value, and will sustain positive outcomes. The program is a team approach so that problems are identified early on. There is a misperception that a veteran

will lose their C&P benefits by participating in CWT (usually by MDs, psychologists), so perhaps fewer veterans participate. But the single best way to give someone an identity, is to find someone a job.

QUESTION from a member: Are you tracking the reasons why someone does not participate in the program, and also how do you recruit?
ANSWER: The whole interdisciplinary team is excited about the project, so they are doing most of the referrals. Yes, we are tracking the reasons (questionnaire) qualitatively, and will code that into reasons later. We also let potential participants know that just because they don't want to participate right away, they can still do so later (since the study is 5 years).

QUESTION from a member: Any predictors of success?
ANSWER: Yes, age, level of injury, gender, family factors, education (all from research), previous employment experience.

QUESTION from a member: Are you tracking what obstacles/barriers individuals face in the process to obtain employment?
ANSWER: We will have indirect information, not direct information...there is not something specific. Maybe it is something to think about.

Wrap-Up: Louis Irvin, Acting Chair, VACOR, reminded members to keep in mind priorities for recommendations, if any recommendations can be made. He asked the members to look over the last report that evening to see if there were any actions that needed to be carried forward. Also, if any of the topics that were presented this week need to be looked at closer, let the DFO know so that we can schedule a follow-up presentation.

Possible recommendation: Recommend that chairman appointed ASAP, and also recommend that past chairman, current chairman, and chairman elect be a part of VACOR.

He closed the day at 4:22 PM.

Friday March 31, 2006

Announcements/Re-Cap: Mr. Louis Irvin called the meeting to order at 9:10 AM.

DOL Partnerships: Mr. Ron Drach, Team Leader, Strategic Planning and Legislative Affairs, Office of the Assistant Secretary of Veterans Employment & Training (VETS), Department of Labor, was introduced by Louis Irvin.

Mr. Drach gave the Committee an overview of the VETS program office. The mission of VETS is: Providing veterans and transitioning service members with the resources and services to succeed in the 21st century workforce by maximizing their employment opportunities, protecting their employment rights, and meeting labor market demands with qualified veterans. He discussed several job programs that his office runs, including the Disabled Veterans' Outreach Program (DVOP) and Local Veterans' Employment Representative (LVER) program. He also gave an overview of the Transition Assistance Program (TAP) and Recovery & Employment Assistance Lifelines (REALifelines). Mr. Drach named several special hiring authorities for veterans, and talked about the Disabled Veterans Hiring Initiatives (DVHI).

Mr. Drach recommended that the committee visit the Military Severely Injured Center during the next meeting. The Military Severely Injured Center is a one-stop for any injured service member or family member who has a problem. Mr. Drach also invited members to the RealLifeLines summit, and agreed to send the members an invitation via e-mail.

He also recommended that Dinah Cohen of the Computer/Electronic Accommodations Program (CAP), present at the next meeting.

Special Presentation: Mr. Louis Irvin introduced Blake Ortner, Lt. Colonel, Army National Guard, Associate Director, Legislative Affairs, Paralyzed Veterans of America to speak to the Committee on his transition experience and invited him to address the Committee on his transition experience. Lt. Colonel Ortner gave a synopsis of his experience with transition programs as he was demobilized from Afghanistan:

- Demobilized as a battalion (took 2 weeks)
- The transition system right now is "pretty good", but
- Compared to active duty transition, the Guard/Reserve transition is not that great
- Areas that are excellent, areas that aren't so much
- Depends on who shows up to provide the transition briefings
- Many Guards/Reservists have the mindset of, "I want to go home."
- Only received 6 hours of transition briefings.
- Rule that guards/reservists don't have to drill for 60 days after return from active duty (big gap)

- Perhaps require that until guards/reservists aren't "off" active duty until they go through transition briefings?
- Some guard/reserve members quit their jobs BEFORE they left...either they didn't like their job, or whatever EVEN THOUGH they knew about USERRA
- Problem with SO much information all at once, some information falls through the cracks
- Biggest adjustment problems at the 6-9 month period...plan in a session to offer information, counseling/adjustment information again during that time period
- Should be a seamless transition of records from DoD to VA
- Make sure to not label all readjustment issues as PTSD

Report Development: Mr. Louis Irvin discussed the need to develop a report by the end of April, and opened the meeting for discussion on potential recommendations, interests, concerns and priorities.

After discussion the members concurred with further investigation of ways to help in the seamless transition process of rehabilitation services. The Committee agreed to look at finding practical solutions to putting all of the pieces together. This should include making sure that all of the necessary entities—DoD, VA, DOL, VSOs, non-profit groups, etc., share information and work collaboratively to coordinate efforts.

Mr. Irvin reminded members that Dr. Beck recommended that VR&E Independent Living Specialists need to be present in all four Polytrauma Centers. Mr. Irvin suggested that more information might be needed from VR&E Service to see if they have been contacted about this suggestion.

After discussion with the members, Mr. Irvin asked each committee member to send him and Ms. LeClerc at least one subject that they would like to hear a presentation on for the next meeting. He suggested, by consensus of opinion that the next meeting of VACOR be in mid to late May, via conference call. The purpose of the meeting would be to review the status on the chairman from the Secretary's Office, and further plan visits to two Polytrauma Centers and visit 2-3 demobilization sites, in order to make solid recommendations.

Mr. Louis Irvin adjourned the meeting at 11:47 AM.

I certify these minutes to be a complete and
accurate record of the meeting, held March 29-31, 2006.

Louis Irvin, Acting Chair, VACOR 4/28/06
Date