

Veterans Advisory Committee On Rehabilitation (VACOR) May 21-22, 2008 Minutes

Board of Veterans Appeals
Kenneth Eaton Room (819)
Lafayette Building
811 Vermont Ave
Washington DC, 20005

**An Advisory Committee of the
Department of Veterans Affairs**

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Minutes: May 21, 2008

Administration

Joseph Tucker
Designated Federal Officer (DFO)
Vocational Rehabilitation Counselor, VR&E Service
Department of Veterans Affairs

The meeting began at 8:05 AM. Designated Federal Officer (DFO), Joseph Tucker, gave brief announcements and read a statement of the purpose of VACOR. The meeting was open to the public. Several members of the public attended at least part of the meeting. VACOR asked for written comments from the public.

Members present:

- Griffin Dalianis
- Paul Andrew
- Paul Blanco
- Lynda Davis
- Charlotte Dixon
- Col. Thomas Duffy
- Cdr. Michael Hartford
- Nancy Hogan
- John King
- Ryan C. Kules
- Maureen McGuire-Kuletz
- Marvin Meyers
- Terrence O'Connell
- Linda Shaw

Ex-officio members present:

- Micaela Lemen *on behalf of* Lucille Beck
- Ron Drach
- Jerry Elliott
- Ruth Fanning
- Constance Pledger

VA employees present:

- Joe Tucker
- Phil Riffin
- Dorothy Williams

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- Anthony Rango
- Ron Shroyer
- Jacqueline Haynes

Members of the public

- Estimated 5-6

Welcome

Griffin Dalianis
Chairman, VACOR
Paul Andrew
Vice-chairman, VACOR

Griffin Dalianis introduced himself as Chairman the Veterans' Advisory Committee on Rehabilitation (VACOR). Dr. Dalianis spoke about VACOR's current activities and discussed the agenda for the meeting. Paul Andrew gave an overview and additional details on the site visits and the planned activities for the meeting. Dr. Dalianis asked the appointed VACOR members, and the ex-officio VACOR members, to introduce themselves and say a few words about their current employment and credentials.

Consensus was formed that members wish to look at VA's ability to provide for the global rehabilitation needs of veterans in addition to services VA can provide and coordinate through VR&E. Several members expressed concern over the impact of traumatic injury on families of active service members. Needs of aging veteran population was mentioned. How can government do a better job of serving the veterans on the ground?

Coalition to Salute America's Heroes was recommended by Dr. Davis as a potential presenter at a future meeting: <http://www.saluteheroes.org/>

Ethics for Special Government Employees

Jonathan I. Gurland
Special Attorney
Office of General Counsel (OGC)
Department of Veterans Affairs

Jonathan I. Gurland, 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.

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Mr. Gurland reminded members that in order to participate in the meeting, he must have received all members' confidential financial disclosure forms. He highlighted ethical and conduct and conflict of interest statutes for SGEs as well as for RGEs. Mr. Gurland gave all members his contact information for specific questions regarding ethics. Primary description of the required ethical behavior for a RGE or SGE is to not participate in any decision that substantially affects an entity in which the employee has an outside financial interest. Exemptions and waivers were also discussed.

Vocational Rehabilitation & Employment (VR&E) Service Update

Ruth A. Fanning
Director, Vocational Rehabilitation &
Employment Service
Department of Veterans Affairs

Ms. Fanning gave the committee an in depth briefing on procedure of Chapter 31 Process including the Five Tracks to Employment. Additional information was given on several VR&E initiatives including Coming Home to Work (CHTW) and special considerations that VR&E now gives to OEF/OIF veterans and service members.

Ms. Fanning briefed the Committee on collaborative efforts with Department of Labor related to employment such as the VR&E/DOL/VETS MOA/Work Groups which were initiated in response to GAO recommendations.

Ms. Fanning also discussed VR&E's participation in recent Institute on Rehabilitation Issues (IRI) work. IRI is addressing ways State VR programs can link with VA to provide services for returning service members and veterans. VR&E staff is fully engaged in the IRI process and product. It is anticipated that IRI work will identify best practices, facilitate successful MOU's, and collaborative efforts to help standardize services.

Question from Marv Meyers: How can VR&E help with self-employment and small business? Ms. Fanning covered the services available for veterans with disabilities in pursuit of the self-employment track and that VR&E also coordinates with Center for Veterans Enterprise and Small Business Administration to assist.

Question from Paul Andrew: How does the "veteran on the street" find out about VR&E benefits? Answer is the vetsuccess.gov website, TAP/DTAP outreach, referral from state employment departments and state voc rehab

VHA Physical Medicine and Rehabilitation Updates

Micaela Lemen, Presidential Management Fellow
on behalf of Lucille Beck

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Chief Consultant, Patient Care Service:
Rehabilitation Services
Veterans Health Administration
Department of Veterans Affairs

Ms. Lemen gave a brief statement about the nature of Physical Medicine and Rehabilitation services and introduced two presenters:

1) Mike Williams: VA Continuum of Care for Visually Impaired Veterans

Discussion of blind rehab services was provided. Mr. Williams discussed the VA Blind Rehabilitation program and how it supports blind and low vision veterans and active duty service members in regaining their independence and quality of life to enable their successful integration into family and community life.

He went on to explain about the Blind Rehabilitation Centers and VA's continuum of care for visually impaired patients. This continuum of services is designed to ensure early intervention for patients whose vision loss results from progressive diseases like age-related macular degeneration, diabetic retinopathy and glaucoma. In addition, current initiatives expand capacity to serve and care for a growing number of veterans returning from service in Iraq and Afghanistan with wounds and trauma that result in blindness and visual impairment.

VHA is the first national healthcare system to completely and seamlessly integrate rehabilitation services for patients with visual impairments into its health benefits, ensuring that they receive the finest medical and rehabilitation care, as well as cutting-edge Assistive Technology.

2) Micaela Cornis-Pop: Evolution of the Polytrauma System of Care

Presentation began providing a broad overview of Polytrauma System of Care touching upon VHA's understanding that VA must provide care to returning combat veterans. These veterans are experiencing transition from combat environment to "normal life" as well as from military to civilian life. They are often fresh from an experience that has changed their lives, their physical health and their mental health. Presentation continued of a broad overview of Polytrauma System of Care. Family care map was touched upon briefly. Compensated Work Therapy and assistive technology were also discussed.

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Remarks

The Honorable James Peake
Secretary of Veterans Affairs,
Department of Veterans Affairs

Secretary Peake presented certificates of appointment to VACOR to the new members, Cdr. Mike Hartford, Ryan Kules and Terry O'Connell. The Secretary then discussed the importance of rehabilitation in taking care of soldiers. He acknowledged the complexity of providing services to veterans with disabilities. He thanked the committee for lending their expertise to these issues. He said he concurs that we need to give veterans and VA support staff what they need to effect successful rehabilitation outcomes for veterans. VA is looking at coordinating home based medical care and caring for some veterans at home if practical. He wants VA to have the best rehabilitation in the world and emphasized VA's commitment to research. He believes we can improve interventions by finding the correct timing of interventions in the medical treatment process. This will help us arrive at optimal outcomes whether it's employment, independent living or another "measure" of restoration and reintegration into the community. VA wants to engage family members in the rehabilitation process. He acknowledged VA widely holds that for returning service members increasing support for the service member's or veteran's family will also help improve outcomes for the service member or veteran. Secretary Peake stated VA is committing sufficient resources to VHA facilities to ensure adequate referral and coordination with vocational rehabilitation services provided by VBA.

VACOR member comment: Lynda Davis stated that family services and assistance can be partially addressed with the National Resource Directory (in development).

A brief series of informal questions and conversation followed.

Traumatic Brain Injury rehabilitation interventions

Dr. Shane McNamee, M.D.
Richmond Polytrauma Rehabilitation Center

Doctor McNamee briefed VACOR long-distance from the Richmond Polytrauma Center by conference call. An accompanying Powerpoint presentation was provided for the benefit of those in attendance and operated by the DFO on Dr. McNamee's cue as he was speaking. Family care map was explained in depth. He discussed current interventions and impact of interventions on eventual employment or independent living outcomes.

He went on to discuss Directive 2007-013, (April 2007) which requires all OEF/OIF veterans receiving medical care within VA to be screened for possible TBI, and those

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who, on the basis of the screen, might have TBI to be offered further evaluation and treatment by clinicians with expertise in the area of TBI.

He discussed "Family Centered Care" (FCC), because studies have documented the negative effects of restrictive visiting policies on children and mothers there is now greater access to the patient by all family members including children. This changing paradigm for hospital policy will also incorporate the family as lifelong support and as caregivers. Efforts have been made to enlist peer based support for family members whose veteran or service member was seriously injured. A "Family Care Map" was also developed in the Polytrauma System of Care to provide guidance on how to promote FCC throughout daily interactions.

Dr. Davis and others expressed great interest in the FCC program and requested copies of the PowerPoint presentation and the website for the Family Care Map.

Dr. McNamee also went on to discuss the impact of Traumatic Brain Injury (TBI) on employment and rehabilitation. He provided an overview of Supported Employment (SE) as a psychosocial rehabilitation intervention for veterans with more severe TBI. Previously, Compensated Work Therapy (CWT) available through the VA hospitals was only targeted to those veterans with Mental Illness, PTSD, Substance Abuse and Homelessness. However with SE programs, VA is now expanding work related psychosocial rehabilitation programs to include service to veterans with TBI and physical injury. SE programs often place veterans in jobs outside of the VA.

Department of Defense and Department of Veterans Affairs Collaboration

Lynda Davis

Dr. Davis briefed VACOR on work of the DoD/VA Senior Oversight Committee (see attached PowerPoint). The presentation was titled: Reform of Care, Management and Transitions. Dr. Davis provided an in depth discussion of goals from the President's Commission on Care for America's Returning Wounded Warriors (PCCWW) The foremost of these goals she discussed was providing integrated continuity of "world-class" quality care and service delivery for Wounded, Ill and Injured (WII) Service members, Veterans and their families using interservice, interagency, care management approach throughout the continuum of care from recovery through rehabilitation to reintegration. Implementation of plan for Federal Recovery Coordinators was presented.

Dr. Davis also discussed the creation of several health and rehabilitation related research and implementation centers addressing TBI, PTSD, needs of Amputees and centers for Deployment Health and Deployment Psychology in general.

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Wounded Warrior Project

Ryan Kules,
Wounded Warrior Project

Mr. Kules discussed services developed by Wounded Warrior Project Inc., (WWPI). The original services provided by WWPI were part of a plan to provide a backpack or mini backpack "care package" to each seriously injured veteran returning from OEF/OIF. The backpacks included essential care and comfort items designed to make their hospital stay more comfortable (such as clothing, toiletries, calling card, CD player, and playing cards). The backpacks originally included a 500 page book to assist the wounded warriors in connecting with programs and services. Later due to the size, it was put as a CD-ROM or a file on a laptop computer provided to the veteran.

WWPI Outdoors Programs and Disabled Sports Programs were discussed as well as their recently developed Warriors to Work (W2W) employment placement program.

The W2W program helps individuals recovering from severe injuries received in the line of duty connect with the support and resources they need to build a career in the civilian workforce. W2W will match up willing veterans and the employers seeking to support these veterans' transition back into the workplace.

Wrap up

Dr. Griffin Dalianis
Chairman, VACOR

Announcements, distribution of copies and email of files from presentations

Meeting Adjourned for the Day at 4:30 P.M.

Minutes: May 22, 2008

Administration

Joseph Tucker
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.

DoL Collaboration: presentation of current DoL/VA collaboration and projects on the employment of veterans with disabilities

Bill Borom,
Deputy Director, VR&E Service
With
Ron Drach,
Director, Veterans Employment and Training Service

Bill Borom briefed VACOR on VR&E's more recent initiatives related to employment such as Coming Home to Work and other Non-Paid Work Experiences designed to gain new employment skills and make contacts in potential workplaces.

Ron Drach briefed VACOR on similar matters and included information on the *America's Heroes at Work* initiative, a public education campaign focusing on the employment challenges of transitioning service members living with traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD). The program is designed for employers and the workforce development system, it will provide information and tools to help individuals with TBI and/or PTSD succeed in the workplace—particularly members of the military returning from Iraq and Afghanistan, but also the other millions of Americans experiencing these common conditions. TBI and PTSD have been called the signature injuries of the Global War on Terror. With more and more veterans facing these issues as they transition into civilian life, employers are recognizing a need to educate themselves on the workplace needs of the TBI and PTSD populations. A website will be launched at: www.AmericasHeroesAtWork.gov, the site will feature common employer questions, success stories, downloadable fact sheets and practical information on implementing simple workplace supports to help those with TBI and PTSD achieve workplace success.

Findings of Rand's Invisible Wounds of War Study

Terri Tanielian & Lisa Jaycox,
Project Directors,
Rand Corporation

Ms. Tanielian and Ms. Jaycox presented the findings of the Invisible Wounds of War Study (IWWS). The presentation was a discussion of psychological and cognitive injuries, their consequences, and services to assist recovery. Prevalence of these conditions was discussed and screening mechanisms used in the study.

Questions came from VACOR members regarding study design and how accurate the predicted prevalence of these conditions is believed to be (basically one in three service members deployed in OEF/OIF is predicted to have one of these three conditions). Answer: Bears further study; the IWWS did not diagnose the condition but determined at least one of the symptoms necessary for diagnosis were reported by the veterans listed as positive for one of the three conditions.

It was also discussed about what DoD and VA screening procedures are currently in place to detect these conditions in order to plan services accordingly and also to facilitate early intervention. The VACOR members concluded that it sounds as if the DoD discharge planning adequately screens for these conditions as does VA intake planning, but we would want to pick this up and examine it further at a later date.

Deliberations on recommendations and reporting

Griffin Dalianis, Ph.D.
Chair, VACOR

Paul Andrew, with the aid of an eraser board, working closely with the chairman and the Committee members and laid out some rough schemas of topics VACOR discussed yesterday and today. The Committee deliberated on potential recommendations derived from analysis of the Polytrauma Rehabilitation Centers' site visits and the presentations during the annual meeting. At the same time, Maureen McGuire-Kuletz created a word document mirroring the schemas Paul was putting up on the eraser board.

Wrap-up

Griffin Dalianis, Ph.D.
Chair, VACOR

Griffin discussed plans for the remainder of the year; calendar year 2008. Through informal discussion, a consensus based decision was achieved for the committee to

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engage in the following activities for the remainder of 2008, *tentative* dates and activities are as follows:

1. Small group site visit in September to a Polytrauma Network Site or site relevant to family services to Wounded, Ill and Injured from OEF/OIF.
2. October/November, a deliberative meeting with presentations from subject matter experts within VA and the rehabilitation field.

Meeting adjourned at 1:35 P.M.

The MS- PowerPoint files from the following are available from the DFO upon request:

- **Ruth Fanning: VR&E Service Update**
- **Mike Williams: VA Continuum of Care for Visually Impaired Veterans**
- **Micaela Cornis-Pop: Evolution of the Polytrauma System of Care**
- **Dr. Shane McNamee Traumatic Brain Injury rehabilitation interventions**
- **Dr. Linda Davis Department of Defense and Department of Veterans Affairs Collaboration**

