THE SECRETARY OF VETERANS AFFAIRS

WASHINGTON

September 15, 2008

Lieutenant General David Barno, USA, Retired
Chair, Advisory Committee on OIF/OEF Veterans and Families
c/o Near East South Asia Center for Strategic Studies
National Defense University
Washington, D.C. 20319

Dear ~~General~~ Barno: Dave

Thank you for providing me the Interim Report of the Advisory Committee on OIF/OEF Veterans and Families. The Committee is to be congratulated for the excellent work accomplished during its first year. The Report will serve as a resource to the Department of Veterans Affairs (VA) as we continue to find new ways to improve benefits and services to OIF/OEF veterans and their families.

Enclosed please find VA's comments on a number of the recommendations in the report. The Department is unable to comment on some of the recommendations because they require legislation, and others are outside the purview of VA. I hope you find this feedback useful as you continue your efforts on behalf of our Nation's heroes.

Again, thank you for your leadership in this effort. I look forward to hearing from the Committee in the coming months.

Sincerely yours,

James B. Peake, M.D.

Enclosure

OIF/OEF Advisory Committee List of Recommendations
Task Assignments with Responses

1. Education

1A.1 The VA should collect data to determine the extent to which veterans are negatively impacted by processing delays as well as the root cause of the delays.

The Department of Veterans Affairs (VA) tracks the average days to process both original and supplemental education claims. Currently, it takes an average of 13.5 days to process an original claim and 6.5 days for supplemental claims.

Over the past two years, VA has significantly decreased the average days to process education claims. In FY 2007, original claims took an average of 20 days and supplemental claims took an average of 10 days. In FY 2006, claims averaged 45.5 days and 17.7 days for original and supplemental claims, respectively.

1A.1a Enhance claim processes to ensure timely payment of education benefit claims to educational institutions attended (may require legislation).

By law, all education benefits payments are paid directly to the student on the first of the month following the month in which training was completed. Therefore, a beneficiary must complete the month of training, prior to receiving benefit payment.

In some instances, individuals may request advance pay of up to the first two months of their monthly benefit. Information about advance payment is available through our benefit pamphlets and the schools who are approved to participate.

Under the Post-9/11 GI Bill (chapter 33), effective August 1, 2009, individuals will be entitled to three separate payments at various rates, depending on the aggregate amount of active duty served on or after September 11, 2001. Payments include a tuition and fees payment, sent directly to the school, up to the highest in-state undergraduate tuition in the state; a monthly housing allowance paid to the student; and a stipend of up to $1,000 for books/supplies.

The Veterans Benefits Administration (VBA) Education Service is currently working on the implementation of this new legislation, including development of regulations, policies, and IT systems to support these new payments.

1A.1b Consider lump sum payments by semester/trimester, etc. (may require legislation).

Under existing statute, VA cannot provide lump sum payments. The Post-9/11 GI Bill (Chapter 33) addresses this issue. For Chapter 33 recipients, tuition and fees will be paid directly to the school. The amount paid is based on the aggregate amount of active duty service.

1A.1c Identify any issues with forms, instructions and other veterans communication that may be impacting timely processing and implement an action plan to eliminate/remediate.

To speed processing, VA recently eliminated the need for signed copies of claims submitted electronically. VBA provides all forms, instructions, and information on education benefits on the Internet.

1A.2 The VA should provide vocational rehabilitation ancillary services, such as tutoring and adaptive computer software, to vocational rehabilitation eligible veterans utilizing GI Bill education benefits (may require legislation).

Under current legislation, VA meets many of these needs. **1)** Under Title 38 CFR 21.264, a veteran may be inducted into a Chapter 31 program of services, but elect to receive payments at the Chapter 30 rate. In such cases, veterans could receive tutoring under Chapter 30 and, although *supplies* could not be provided under Chapter 31, *special adaptive equipment,* such as software to overcome a deficit related to disability, could be provided under Chapter 31. **2)** Veterans who are eligible for Chapter 31 but not participating and are receiving VA educational assistance under Chapter 30 at the half-time or higher rate may receive tutoring through the VA Education Program if the veteran has a deficiency in a subject that makes tutoring necessary. If adaptive software is needed due to a service-connected disability, it can be provided through Prosthetics and Sensory Aids Service.

Tutorial assistance is available under the Chapter 30 Montgomery GI Bill. This assistance is limited to $100 per month for a maximum of 12 months. The Post-9/11 GI Bill, Chapter 33, contains the same tutorial assistance provisions. Individuals will also be eligible for a books-and-supplies stipend of up to $1,000 yearly.

1A.3 Veterans require additional outreach and assistance to increase the rate of usage of educational benefit programs. VA should analyze usage and develop outreach programs to maximize veteran and survivor usage of existing education benefit programs.

VA conducts both Transition Assistance Program (TAP) and Disabled Transition Assistance Program (DTAP) briefings to individuals who are separating from the service. TAP is a 3-day workshop that provides basic job-hunting skills and assistance in making informed career choices. The workshops are conducted at military installations with participation from the Department of Defense,

Department of Labor (DoL), Department of Homeland Security (DHS) and Department of Veterans Affairs (VA). VA educational benefits are explained during these briefings. DTAP briefings are also focused on military to civilian transition, but are targeted to individuals who will be leaving the service with a disability. VA provides information about the Vocational Rehabilitation and Employment (VR&E)program as well as other relevant educational and educational counseling benefits.

VBA sends direct mailings on education benefits to service members with 12 months of service, 24 months of service, six months prior to discharge from service, and at separation.

VBA markets its website, www.GIBill.Va.gov, through various means including giveaways, letters to service members and veterans, at Veterans Service Organization (VSO) conventions, and job fairs. The website is kept up-to-date with the latest information that impacts both current and potential students. VBA employs interactive 'ask a question, get an answer' functionality for the education program, as well as operates a 1-888-GIBill-1 call center at the Muskogee Regional Processing Office (RPO).

A special feature on the website allows electronic notification to individuals when specific questions are updated. Individuals sign up for notification based on specific topics or questions. When information is posted online, the individual receives notice of the update.

1A.3a The educational assistance for survivors includes certificate programs, apprenticeships and on the job training in additional to degree programs. The diversity of qualifying educational programs should be communicated.

VBA provides information on the types of programs that can be pursued on the GI Bill Website and in the Dependents Educational Assistance Program pamphlet 22-72-3. Compensation & Pension Service (C&P) notifies all potentially eligible individuals either through the rating decision to the veteran or notification to a survivor. The application for survivors' and dependents' educational assistance includes a question about whether the individual has received an information pamphlet explaining the benefit. If they have not, a pamphlet is mailed upon review of the application. In addition, this benefit is addressed in various presentations to a wide variety of audiences including service organizations for survivors, such as the Gold Star Wives.

1A.3b Consider additional methods of outreach to veterans leaving active service. The outreach should include information on the full range of VA educational and vocational services and benefits' information designed to assist the veterans in connecting with educational institutions and/or potential employers; and information on how to best utilize Montgomery GI Bill Active Duty (MGIB) education benefits.

VBA's TAP and DTAP briefings include this information. Information on the Post-9/11 GI Bill will be added to these presentations. VA sends mailings to recently separated personnel based on DoD information. VBA is exploring other methods of providing benefit information to eligible individuals including using podcasts, Facebook, and You Tube.

1A.4 VA should canvas colleges, state programs, and other organizations, to develop, maintain, and publicize an online catalogue of available education assistance resources.

VA believes that due to the magnitude of the information and to ensure accuracy, this information is best addressed at the school level.

1A.4a Include available scholarship programs that are unique to veterans or survivors and specific educational institutions.

VA believes that due to the magnitude of the information and to ensure accuracy, this information is best addressed at the school level.

1A.4b Provide information on eligibility and availability of state specific benefits for educational/training.

VA's education website provides links to state-specific benefits information. The states are responsible for updating the information and are the best source for accurate information on their programs.

1A.5 Many veterans may not be familiar with admissions requirements for various educational institutions. VA should provide assistance with admissions requirements, similar to the resume writing assistance provided through the Vocational Rehabilitation and Employment Program (VR&E). This is particularly useful for veterans who entered military services following High School as a means to further their education.

Counseling for education beneficiaries is available and provided through the VR&E program. Veterans can request counseling on the application for education benefits or through the application for counseling, VA Form 28-8832. Counseling is available for service members during the period the individual is on active duty with the armed forces and is within 180 days of the estimated date of his or her discharge from active duty. Veterans discharged under honorable conditions are eligible if not more than one year has elapsed since the date of release from active duty.

Vocational-educational counseling is provided to current beneficiaries of the Dependent's Educational Assistance (DEA) Program. Dependents are eligible for counseling as soon as they become eligible for DEA educational benefits. This

could be as early as age 14 if eligible under Special Restorative Training, or age 18 for children eligible under DEA. Spouses would be eligible at any time during DEA eligibility. The counseling benefit is available from eligibility through expiration of DEA benefits.

Both the TAP and DTAP briefings include information on available counseling and how to apply. In addition, education pamphlets provide information about the availability of counseling.

VA is also working with Student Veterans of America and other veteran organizations to determine ways to enhance services.

1A.5a The VA should serve as a resource with the college/technical school admissions process. This would be similar to the role of a guidance counselor and would include assistance with matching educational goals with institutions of higher/advanced learning, college search, assistance with applications, information on the SAT, etc.

Counseling for education beneficiaries is available and provided through the VR&E program (see response to 1A.5). VA is also working with Student Veterans of America and other veteran organizations to determine ways to enhance services.

1A.5b VA should consider job placement assistance following completion of the veteran's formal education, similar to the placement assistance afforded to participants in the VR&E program.

Career counseling for Education beneficiaries is available and provided through the VR&E program. A service member may apply for vocational/educational counseling beginning 6 months prior to discharge and not to exceed 1 year post discharge. Career counseling and placement services are also available through most schools and training facilities. Veterans who complete VA-sponsored education programs may apply for employment assistance from the local employment commissions.

1B.1 A study of federal veteran's hiring should be conducted/updated and senior VA oversight should be applied.

Veteran hiring in the Federal workforce is currently under the purview of the Department of Labor (DoL) and the Office of Personnel Management (OPM). It would be inappropriate for the Department to conduct such a study.

1B.2 The VA should propose a revision of the current veteran's preference law to enhance veterans' access to federal jobs (may require legislation).

We defer to the views of the Department of Labor and the Office of Personnel Management.

1B.3 The VA should establish an outreach program to maximize utilization and integration of existing federal and state employment programs.

VR&E provides many of the outreach programs recommended here. In addition, VA's Office of Human Resources and Administration recently established the Veterans Employment Coordination Service specifically to attract, recruit and hire veterans, particularly severely injured veterans from the Global War on Terror.

VA's VR&E Service currently utilizes non-paid work experiences, special employer incentives, and the veterans recruitment appointment. Each VR&E division has a memorandum of understanding with its local state employment commission. The employment commission has designated positions to include the Disabled Veterans Outreach Program (DVOP) Coordinator and Local Veterans Employment Representative (LVER) who work in collaboration with the local VA Employment Coordinators to assist VR&E veterans with their employment needs. Services provided include: job seeking skills, resume development, interviewing skills, and job placement and follow up. Employment Coordinators market the employment of disabled veterans to employers on a daily basis. VA also facilitates the use of the 10-point preference letter for veterans with service-connected disabilities of 30 percent or more. In addition, OPM has responsibility for government-wide veterans hiring programs and has enhanced its outreach in this regard in recent years.

VR&E Service is planning a joint conference with Rehabilitative Services Administration to strengthen communications between field counselors and state vocational rehabilitation services.

On November 14, 2006, VA submitted to Congress a five year strategic plan (2006-2011) which included an outreach component. This plan is being revised to include a robust advertising approach. VA plans to provide an updated outreach plan and scheduled Report of Outreach Activities to Congress in December 2008. VA also aims to include this fiscal year's accomplishments of its current business plan objectives which will be linked to the strategic plan goals in the report. This report will be made available to the Advisory Committee on OIF/OEF Veterans and Families.

1B.3a Private resources should be integrated as an additive capability. VA should seek partnerships with Executive Retiree Associations and professional trade associations such as the Long Haul Truckers Association, the Home Builders Association, and the Direct Employers Association.

Currently, VR&E Service employs employment coordinators, who work with Federal, state, and local employers to develop partnerships for employing service-

connected disabled veterans. When appropriate, memorandums of understanding are developed. VA continues working to expand its partnerships with employers from the Federal, state/local Government, private, and union sector, faith based, non-profit, and community initiatives. The employment coordinators also work in conjunction with the local state employment commissions to identify appropriate employers interested in partnering with VA.

1B.3b VA should consider establishing an office of community and corporate outreach with a focus on maximizing opportunities for veterans, to continuously identify local and private sector initiatives and enhance the private sectors awareness on the benefits of hiring veterans.

VA defers to DoL.

Within VA, VR&E does provide brochures and marketing materials to employers regarding the VR&E program, such as the "Hire a Vet" VA pamphlet, to increase their awareness of the benefits provided to employers through the VR&E program. The "Hire a Vet" pamphlet provides a brief overview of the advantages that potential employers have by hiring veterans with disabilities.

1B.3c VA should partner with a human resource organization, such as the Society for Human Resource Management (SHRM) to develop a user friendly data base that is easily accessible and can be used by potential employers.

This recommendation falls outside the purview of VA. These issues, as they pertain to the entire Federal workforce, remain the province of DoL and OPM.

1B.4 The VA should develop and support new legislative proposals for financial incentives to encourage businesses to hire veterans.

We defer to the views of the Department of Labor and the Office of Personnel Management.

1B.4a Explore potential possible tax incentives with the Department of Treasury. Similar to the federal tax credit for hiring an individual who participated in a vocational rehabilitation program (may require legislation).

The Consolidated Work Opportunity Tax Credit (WOTC) is available to for-profit businesses that hire certain veterans. Congress authorizes WOTC on a yearly basis, and has done so every year since 2001. To qualify for WOTC, a veteran must either have participated in VA vocational rehabilitation or have a family member that received food stamps. The credit can be up to $2,400 for each new adult hire (40 percent of the veteran's first $6,000 in wages).

Another program available to VA vocational rehabilitation participants is the Special Employer Incentive (SEI) program. The SEI program is a placement tool

for eligible veterans who face extraordinary obstacles in obtaining employment. The SEI program may be authorized for up to 6 months of work. The advantages to employers include reimbursement of up to 50 percent of the veteran's salary during the SEI training via direct reimbursement from VA to cover additional expenses incurred for cost of instruction, loss of production, and additional supplies and equipment costs associated with the tasks that the veteran will be assigned.

1B.4b Develop outreach program for businesses to enhance awareness of existing programs such as the VR&E Special Employer Incentive Program where the employer can be reimbursed 50 percent of the veteran's salary for up to six months.

VR&E employment coordinators work with Federal, state, and local employers to develop partnerships for employing service-connected disabled veterans. VR&E also provides brochures and marketing materials to employers regarding the VR&E program, such as the "Hire a Vet" VA pamphlet, to increase their awareness of the benefits provided to employers through the VR&E program. The "Hire a Vet" pamphlet provides a brief overview of the advantages that potential employers have by hiring veterans with disabilities.

Additional information is provided in the VA "quick books" that are shared with employers at job and career fairs. Employers are also provided the Vetsuccess.gov website as a means of increasing their awareness of the VR&E program.

1B.5 Enhance the tool "Related Civilian Occupations for Military Skills" on the VA website to be more user friendly and reflect both government and civilian occupations. Include geographical and salary information on job availability.

VA does not control the content found under the "Related Civilian Occupations for Military Skills" tab on the VA website. Rather, this is a live link to an online occupational information network and appears on the website to make the information easily accessible to veterans.

2. Transition

2A.1 VA should update and improve the VA participation in TAP content and presentation. Content should be available on the internet and other contemporary media.

TAP was developed to assist military personnel and family members during their transition from active military service. Information is provided to service members through a variety of means to reach the largest population possible.

VBA continually updates and improves the VA participation in TAP content and presentation to ensure all separating and retiring service members are made aware of VA benefits and services. VBA military service coordinators work with DoD Transition Assistance staffs to provide VA benefits briefings to service members. VA TAP briefings include a four-hour presentation of benefits information with time allowed for questions and answers. We believe that a personal benefits briefing followed by questions and answers is essential to understanding the information provided. Typically, TAP briefings are given in person. To allow more transitioning military personnel to attend TAP and to supplement the services offered by the Transition Assistance Offices, DoD created Turbo TAP. Turbo TAP (accessed through www.TurboTAP.org) is a web-based TAP that is funded by DoD and supported by the Departments of Labor and Veterans Affairs. It is the official website for providing information to service members transitioning from military service. For Turbo Tap, VBA developed a series of core questions to help a transitioning service member (and/or dependent, if applicable) learn about his or her benefits.

VHA, although not formally a part of TAP, does have representation at National Guard/Reserve demobilization briefings which are part of the mandatory presentations given at 15 Army bases, 4 Navy and 3 Marine Corps bases, to facilitate enrollment to VA medical facilities closes to the demobilizing service member's home.

VA's "Federal Benefits for Veterans and Dependents" booklet is available on the Internet and provides more specific information about benefits and programs. VA also posts various benefits "Fact Sheets" on the Internet that provide targeted information regarding VA benefits.

2A.1a The VA web site needs to have an e-TAP section

Please see response to 2A.1 above. TurboTAP, a web-based TAP program, addresses this recommendation.

2A.1b Distribute CDs/DVDs to separating and demobilizing service members with all relevant TAP information relating to VA Benefits/Services.

VA distributes information on benefits and services through the Veterans Assistance at Discharge System (VADS) which generates a "Welcome Home Package" for all recently separated veterans (including Reserve and National Guard members). The package contains a letter from the Secretary, pamphlets describing VA benefits and services, and a benefits timetable. In addition to the VADS mailings, a separate personal letter from the Secretary, along with benefits information, is sent to each returning OEF/OIF veteran.

2A.1c Include a Podcast of a TAP briefing specific to VA benefits and services on the VA web site.

This recommendation has been forwarded for consideration. Currently, to allow more transitioning military personnel to attend TAP and to supplement the services offered by the Transition Assistance Offices, DoD created Turbo TAP. Turbo TAP (accessed through www.TurboTAP.org) is a web-based TAP that is funded by DoD and supported by the Departments of Labor and Veterans Affairs. It is the official website for providing information to service members transitioning from military service.

2A.1d Create a Veteran's TAP (VTAP) program hosted at the local level for follow-up information.

This recommendation has been forwarded for consideration.

2A.1e VA should establish an OIF/OEF Registry to assist in outreach and health and benefits tracking.

VA agrees with this recommendation with the note that VA has established such a "registry" or roster of all veterans who have served in either OEF or OIF and then separated from military service. The basic information for this is provided to VA by the Department of Defense Manpower Data Center (DMDC) on a regular basis, and is the basis of VA's quarterly reports on VA health care utilization among these new veterans. This database is also currently used for outreach, including for distribution of VA's "OEF/OIF Review" newsletter with information about VA programs and benefits for veterans and their families, and welcome-home letters from the Secretary to each veteran covering many of the same issues. Plans are also underway for using this data for tracking long-term health for this population.

VA receives and maintains a list of OEF/OIF veterans based on information received from the Department of Defense. VA established the "Combat Veteran Call Center" to call these veterans and ensure they are aware of VA's medical services and other benefits. VA had called about 280,000 unique numbers as of August 16, 2008, of which approximately 17,000 OEF/OIF veterans were potentially identified as ill or injured. Offers were made to appoint a care manager to work with these veterans if they did not have one already.

Furthermore, VA tracks seriously ill or injured veterans and service members through the Veterans Tracking Application (VTA). VTA is designed to assist VA personnel in coordinating care when a service member or veteran is transitioning from active duty to veteran status, as well as throughout the veterans benefits lifecycle. VTA is a modified version of the Department of Defense Joint Patient Tracking Application (JPTA). JPTA is a web-based patient tracking and management tool that collects, manages, analyzes, and reports data on patients arriving at medical treatment facilities from forward-deployed locations.

In addition, the VHA Support Service Center (VSSC) is developing a data mart known as the VA/DoD Reporting and Analysis Datamart (VRAD) to support VA's reporting and analysis requirements pertaining to combat and Non-Combat; Global War on Terrorism (GWOT) and Non-GWOT and OEF/OIF veterans. This data mart is being developed in support of operational business and clinical requirements, including; outreach, analysis, management and oversight reporting purposes. VA is currently awaiting the test file (the VADIR file) and data use agreement from DoD. It is hoped that this next step in the process by DoD can be completed shortly to enable data base development to continue.

This data mart integrates key data from both VA and non-VA sources. DoD data sources include: Military Person and Personnel data, Military Health Assessment Data, combat location, Physical Evaluation Board information, and Military Treatment Facility information. VSSC is working collaboratively with VBA and other VHA offices such as Environmental Epidemiology Service, Readjustment Counseling Services, Prosthetics and Clinical Logistics, and Allocation Resource Center to obtain benefits, enrollment, utilization, and cost data.

Care Management and Social Work Service implemented a new tool in April 2008 to track the care management of severely ill and injured OEF/OIF veterans. The new application, known as the Care Management Tracking and Reporting Application (CMTRA), is a robust tracking system that allows care managers to specify a care management schedule for each individual veteran and to identify specialty care managers such as Polytrauma Case Managers, Spinal Cord Injury Case Managers and others. CMTRA currently includes patients from the following six diagnostic categories:

- Spinal Cord Injury
- Major amputation
- Traumatic Brain Injury
- Severe Burns
- Severe Mental Health
- Blindness or visual impairment

CMTRA assists VHA Care Managers in supporting severely ill/injured patients and their family members with challenging and complex issues.

2A.2 The VA should maintain contact with returned NG/R members and units, and families of injured members.

VA has an active working relationship with the National Guard Bureau. VBA personnel participate in regular conference calls with Guard Bureau members and State Transition Assistance Advisors (TAAs) to identify potential transition issues as well as best practices.

VA outreach efforts with National Guard (NG) and Reserve (R) veterans have changed recently. Four current major initiatives include: Combat Call Center Initiative; Demobilization Enrollment Process; VA support at Post-Deployment Health Reassessment (PDHRA) and VA's partnership with the National Guard and the Transition Assistance Advisors (TAAs). VA is making a concentrated effort to offer the service members continued support throughout the deployment cycle: during the Soldier Readiness Processing (SRP) and prior to mobilization, during demobilization at the demobilization site and finally during the post-deployment period. During the demobilization process, service members are informed about the numerous services provided by VA Vet Centers, which are an effective vehicle for outreach services. Vet Centers are invaluable assets and widely used by returning NG/R members.

At the demobilization briefings which are part of the mandatory presentations given at 15 Army bases, 4 Navy and 3 USMC bases, Vet Center staff and GWOT advocates are present to highlight their role and instruct veterans on how to access counseling services in their community. The Vet Centers may be the first service utilized by NG/R members and, if needed, Vet Center staff can refer the service members to the VA Medical Center for further health concerns.

While VA has numerous outreach activities for NG/R individuals, it is essential for the VA to partner with the National Guard and the TAA program in each state to ensure that NG/R service members are provided additional outreach when they return home. VA is notified of the date and location of returning troops so that VA staff may provide information about VA services and benefits. The TAAs reach out to troops and families in need and facilitate access to VA health care services, benefits and TRICARE benefits for troops returning to their state. Presently, VA is completing a Memorandum of Understanding with the USAR that identifies the roles, responsibilities and services provided by each organization, as well as the development of state coalitions. These state coalitions facilitate the integration of services and benefits in the state and community to meet the needs of returning NG/R veterans.

2A.2a The VA should extend exceptional efforts to reach these service members including outreach and information programs tailored and marketed to the NG/R population.

Please see response to 2A.2 above.

2A.2b Specific to the National Guard (NG), the VA should partner with the nation-wide NG associations and state NG Bureaus to use these resources to provide a clear message to guard members that have been deployed of their available benefits/services.

Please see response to 2A.2 above.

2A.2c The VA should actively participate in the national conferences for National Guard Association of the United States (NGAUS), Enlisted Association of the National Guard of the United States (EANGUS) and National Guard Officers Associations to provide information on available VA benefits and services and to heighten awareness.

VA supports all efforts to increase and improve outreach and awareness to all potential beneficiaries. VA's Veterans Service Organization (VSO) Liaison participates in several national VSO conferences every year. Although the VSO Liaison may not participate personally in every conference, VA is available to support all conferences through attendance of local VA officials, the provision of informational materials and/or presence of VA program staff when requested by the hosting organization.

2A.2d Similar outreach and participation should be targeted at Reserve Associations.

Please see response to 2A.2c above.

2A.2e VA transition coordinators need to interface with Guard and Reserve units in their respective areas of operation.

VA outreach efforts with NG/R veterans have changed in the last few months of 2008. Four current major initiatives include: Combat Call Center Initiative; Demobilization Enrollment Process; VA support at PDHRA and VA's partnership with the NG and TAAs. VA is making a concentrated effort to offer the service members continued support throughout the deployment cycle: during the Soldier Readiness Processing (SRP) and prior to mobilization, during demobilization at the demobilization site and finally during the post-deployment period. VA will also participate in the "Beyond the Yellow Ribbon" programs that are to be established in each state and military service command as detailed in the National Defense Authorization Act 2008.

During the NG/R demobilization process (3-4 days), VA staff provides instructions on how to complete the VA enrollment form 1010EZ. Those demobilizing service members also receive a briefing on VBA benefits and Vet Center support when they return home to their units. Once the service members return home, the state TAAs continue outreach with a variety of programs to ensure that returning NG/R veterans are knowledgeable about their new VA benefits/services and, most importantly, they know how to access these services through a variety of programs such as "Welcome Home" events, "Family Day" events and "Beyond the Yellow Ribbon" programs.

For those returning NG/R veterans who wish to attend college with the new enhanced GI Bill, VA representatives are available on most college and university campuses.

2A.3 VA should enhance outreach to veterans on college campuses to heighten awareness of VA benefits and services.

VA has considerable outreach already in place for veterans in college or preparing for college.

An outreach call center has been established to maximize contact with OEF/OEF veterans (and their families) and to inform and educate them on their health care and other VA benefits. To date, the Combat Veteran Call Center staff has made calls to 281,645 OEF/OIF unique numbers and reached over 60,000 veterans. This has resulted (as of August 16) in 458 new veterans being seen for health care issues.

VBA markets benefits and services through various means including giveaways, letters to service members and veterans, at VSO conventions, and job fairs. A special feature on the VBA website allows electronic notification to individuals when specific questions are updated. Individuals sign up for notification based on specific topics or questions; when information is posted online, the individual receives notice of the update.

2A.3a Consider and evaluate a veteran representative on campus concept.

Although this concept was implemented following the Vietnam War, it is not currently being used. VA is meeting the needs of today's veterans through a variety of modern means including the 1-888-GIBill-1 call center, the www.GIBill.VA.Gov website, the "ask a question, get an answer" feature, and veteran self-service web applications for checking on benefits checks, changing addresses, and verifying enrollment. We are working with Student Veterans of America and other veteran organizations to determine ways to enhance services.

2A.3b Engage the National Association of Veterans Programs Administrators (NAVPA) in identifying opportunities to utilize their members on college campuses to provide information to veterans attending their institutions.

Education Service works with NAVPA as well as other organizations of school officials. We provide extensive information to individual school certifying officials to share with their local veteran community.

3. Family and/or Caregivers, Survivors, and Women Veterans

3A.1 The VA should provide counseling services to caregivers and family members whose mental health may be adversely affected while providing care to the severely disabled veteran.

Under current law, 38 USC 1782, VA provides counseling, training, and mental health services to members of the veteran's immediate family, the veteran's legal guardian, and to the individual in whose household the veteran certifies an intention to live. In accordance with that law, these services are only provided for the following veterans:

1) veterans receiving treatment for a service-connected disability if the services are necessary in connection with that treatment, and 2) veterans receiving treatment for other than a service-connected disability if the services are necessary in connection with the treatment and the services were initiated during the veteran's hospitalization and the continued provision of the services on an outpatient basis is essential to permit the discharge of the veteran from the hospital.

3A.1a VA should seek authority to include counseling services for caregivers and families, over a prolonged period of time (may require legislation).

Vet Centers can provide prolonged counseling services for caregivers and families based on the veteran's eligibility. Further authority would require legislation and VA cannot comment on proposals that require legislation.

3A.2 Caregivers should be provided with financial counseling and fiscal support while caring for the severely disabled veteran.

VA indirectly provides fiscal support to many caregivers. VA currently contracts with more than 4,000 home health agencies that are approved by the Centers for Medicare and Medicaid Services (CMS) and/or are state licensed. Many of these agencies have expertise in training and certifying home health aides, including family members. VA refers interested family members to these agencies and, after their training, these family caregivers become paid employees of the agencies. VA provides remuneration pursuant to agreements with the home health agencies, thus compensating family caregivers indirectly. VA does not have authority to provide caregivers with financial counseling.

3A.2a Direct support from the VA should include reimbursements for lodging, per diem, and transportation when the caregiver is at the veteran's bedside at a VA facility (may require legislation).

While VA can provide temporary lodging to caregivers in Fisher Houses and hoptels, legislation would be required to reimburse them for per diem and transportation when the caregiver is at the veteran's bedside at a VA facility. VA cannot comment on proposed legislation.

3A.2b Caregiver reimbursement and training programs that already exists for spinal cord injury (SCI) patients in San Diego should be duplicated throughout the VA system and expanded to include traumatic brain injury

(TBI) and very severely injured (VSI) patients. (Definition of VSI is a level one polytrauma patient.)

The SCI program referred to is specific for bowel and bladder care and as such is not readily transferable to TBI care. VHA is in the process of developing 2 other options.

Option 1. TBI Veterans and Veteran Directed Home and Community Based Care (H&CBC) (Geriatrics and Extended Care)

VHA is planning to introduce, in October 2008, a new option for comprehensive home and community based care services for TBI veterans. Through the cooperation of the U.S. Administration on Aging (AOA), VAMCs in as many as 12 states will be able to access H&CBC services through State Units on Aging/State Office of Disability.

This opportunity is a supplement to an AOA Grant focused on keeping people at high risk of nursing home care in their homes, with services. In this project, a VAMC would pay the state or county agency for veterans' care, as it would pay a home care agency. Veterans and caregivers will work with a non-VA case manager and a case-mix adjusted budget to determine which services and providers are needed to remain at home. The veteran/case manager may choose care from an agency or may pay family members or neighbors to provide care. The state trains the family members, in the same or similar fashion that home care agencies train their employees. Funds are handled by a fiscal intermediary. The case manager provides ongoing oversight. VA staff also provides oversight to the state and follows-up with the veteran.

States which receive the competitive grant and have a veteran focus are required to provide services for veterans of all ages and conditions. This option was developed with TBI veterans in mind, as almost half the states have significant H&CBC services for the TBI population.

Feature in Service Delivery: The AOA Grant features a consumer directed model of care, in this case, Veteran Directed Home Care. Working with a state agency case worker, the veteran and family will:

- Manage a flexible budget
- Decide for themselves what mix of services will best meet their personal care needs
- Hire their own personal care aides, including family or neighbors
- Purchase items or services to live independently in the community.

The State Agency is responsible for:

- Screening, assessment and care planning for the individual veteran and his/her caregiver
- Training and needed certification of caregivers
- Case management, fiscal intermediary and support broker services
- Monitoring utilization and satisfaction

Option 2. Paid Family Caregivers and Veteran Directed Home and Community Based Care

- Training of Family Members as Paid Caregivers in Home Health Care. VHA maintains a variety of agreements with over 4,000 home care agencies. Use of these agencies provides training and employment for family caregivers to provide home maker/home health aid services. The utilization of established home health agencies provides the expertise in training, quality oversight, and liability coverage that therefore precludes VA from having to establish an extensive infrastructure while still providing for needed care giver support.

3A.3 VA should enhance efforts to ensure caregivers are appropriately informed of all benefits and entitlements for themselves and the severely disabled veteran in their care.

The VA is developing a protocol for case management for both clinical and non-clinical service members.

Currently, Military Services Coordinators (MSC) are assigned to each of the major military treatment facilities (MTF). These MSCs are in constant contact with family members/caregivers and service members. From the initial contact, MSCs brief family members/caregivers and service members regarding benefit entitlements and assist them in filing claims for VA benefits and services.

OEF/OIF Care Management Teams (Program Manager, Case Manager, and Transition Patient Advocate) ensure veterans and caregivers are appropriately informed of all benefits and entitlements (VHA Handbook 1010.01, Transition Assistance and Case Management of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) Veterans). The VA Liaisons in the MTF, provide information on health care benefits to severely injured service members and families. The Polytrauma Rehabilitation Centers (PRC) are responsible for ensuring that patients and their families receive all the necessary support services to enhance the rehabilitation process, and to minimize the inherent stress of recovery from a severe injury. The designated Polytrauma/TBI care manager (social worker and/or nurse) assigned to every veteran and active duty service member receiving care at a PRC coordinates the support to match the needs of each family. Each PRC also has Army, Marines and Navy military liaisons to help with invitational travel orders, medical boards, and access to military benefits.

VA also established an outreach call center to maximize efforts to contact OEF/OEF veterans (and their families) by telephone to inform and educate them on their health care and other VA benefits. To date, the Combat Veteran Call Center staff has made calls to 281,645 OEF/OIF unique numbers and reached over 60,000 veterans. This has resulted (as of August 16) in 458 new veterans being seen for health care issues.

VBA counselors are available to educate patients and families about VA benefits, and to assist with the application process.

3A.3a Ensure the RCC informs the caregivers of all available benefits' and provides assistance and follow up throughout the transition process.

Recovery care coordination (RCC) is a care management strategy to help recovering service members, veterans with complex medical problems, and their families/caregivers, navigate the health care and benefit systems of VA and DoD. Through the development of a goal-directed recovery plan, the Federal Recovery Coordinator (FRC) is able to better coordinate treatment plans, provide for the informational needs of individuals and their families/caregivers, and identify benefits and services appropriate to an individuals needs. The recovery plan is a living document that undergoes constant revision and updating to reflect recovery, rehabilitation and reintegration of each individual.

3A.3b Caregivers should be provided ongoing contact and support from the RCC upon returning home with the veteran.

Recovery care coordination lasts as long as the recovering service member or veteran needs. Once an individual, with caregiver support, feels capable of independence, the FRC may step back, but is always available should the need arise.

3A.3c The RCC should act as an ombudsman for the caregiver in navigating benefits and entitlements.

A key part of the FRC Program is the ability of the advocate in coordinating benefits and services. FRCs are specifically cross-trained in DoD, VA, Social Security, Medicare, and DoL programs that are designed to meet the needs of these individuals.

3B.1 Establish a "Center for OIF/OEF Survivors" office within the VA.

VA currently provides information on the full range of survivors' benefits to OEF/OIF survivors such as Dependency and Indemnity Compensation (DIC), DEA, burial, loan guaranty, and insurance benefits. C&P Service has a Casualty Assistance Program to process claims from survivors of service members who die while on active duty. All in-service death reports from the military service

branches are immediately referred to the appropriate regional office Casualty Assistance Officer (CAO). Regional office CAOs work with the appropriate Military Casualty Assistance Officer to assist survivors in applying for VA benefits. Applications for DIC are faxed to the Philadelphia RO and receive priority processing.

We do not believe that a separate center for OEF/OIF survivors is needed to enhance the current level of service to survivors.

3B.1a Duties should include policy development, coordination, implementation, and oversight.

These duties are currently assigned to the Veterans Services Staff of the C&P Service.

3B.1b The establishment of a "Center for OIF/OEF Survivors" will ensure case management responsibility will be a critical function of that office with each survivor enrolled in VA programs

We do not believe that a separate center for OEF/OIF survivors is needed to enhance the current level of service to survivors.

Also, these duties are currently assigned to the Veterans Services Staff of the C&P Service.

3B.2 Establish a Case Management system for survivors and dependents.

VBA Letter 20-07-45 October 17, 2007, outlines the responsibilities for case management of active duty casualties. As stated, a Casualty Assistance Program Manager on the Veterans Services Staff is assigned to oversee day-to-day program operations and maintain a database of all reports of casualty (DD Form 1300) received and of RO actions taken.

Active duty death claims are streamlined and processed within forty-eight hours at the Philadelphia RO and Insurance Center. All other death claims (not active duty) are processed at the local VA regional office of jurisdiction.

Additionally, the Secretary recently established a working group to explore opportunities to expand services provided to survivors.

3B.2a Model after the case management programs for injured service members.

Please see response to 3B.2 above.

3B.2b The continued relationship with the VA is instrumental in helping survivors understanding of and timely delivery of benefits.

Please see response to 3B.2 above.

3B.2c Leverage resources and services at local, state and national levels.

Please see response to 3B.2 above.

3B.3 Eliminate SBP/DIC offset (may require legislation).

Defer to DoD.

3B.3a The quality of life of surviving family members should not be further adversely impacted by being penalized with the offset.

Please see response to 3B.3 above.

3B.3b Concur with Veteran's Disability Benefits Commission Report and the Dole/Shalala Report.

Please see response to 3B.3 above.

3B.4 Establish a registry for OIF/OEF survivors to assist with outreach efforts.

VBA currently provides outreach on the full range of survivors' benefits to OEF/OIF survivors through the Casualty Assistance Program. This program provides information on DIC, DEA, burial, loan guaranty, and insurance benefits. After the completion of the DIC claim and other VBA benefit information is provided, each regional office CAO continues to provide services to survivors as needed/requested.

3B.4a Implement war time identification coding for survivors in VA systems (e.g. OIF/OEF). Provide for better tracking and reporting as well as provide a mechanism to send OIF/OEF related specific materials to survivors.

Please see response to 3B.4 above.

3B.5 Survivors who are also veterans require specialized attention from the VA.

The report does not address specific concerns for those who are survivors as well as veterans or indicate what is meant by "specialized attention." VA is sensitive to the needs of all survivors, including those who are veterans. VA has a dedicated website specific to survivor issues that provides information regarding benefits and services as well as links to other organizations that have a specific mission in assisting survivors. Also, the Secretary recently established a working group to explore opportunities to expand services provided to survivors.

3C.1 The VA should provide women veterans segregated treatment and care for MST treatment.

Please see response to 3C.1a

3C.1a This capability should be available for both inpatient and outpatient treatment.

As stated in the Uniform Mental Health Services in VA Medical Centers and Clinics Handbook, all inpatient and residential facilities must provide separate and secured sleeping accommodations for women, regardless of the specific treatment emphasis. Mixed gender units must ensure safe and secure sleeping and bathroom arrangements including, but not limited to door locks or video surveillance and proximity to staff. With regard to specialized MST-related care, over half of the residential programs available serve only women or provide care for women in separate cohorts/treatment settings. For outpatient care, many facilities have established formal outpatient treatment teams that serve only women.

3C.1b Adequate numbers of female staff members should be trained and available to provide these services.

As stated in the Uniform Mental Health Services in VA Medical Centers and Clinics Handbook, facilities are strongly encouraged to meet women's requests for same-sex providers. Further, the Uniform Mental Health Services Handbook mandates that evidence-based mental health care must be available to all veterans diagnosed with mental health conditions related to MST and that all medical centers must provide this care through clinicians with particular expertise in sexual trauma treatment. VHA understands the intent of the recommendation and supports that recommendation. (It should be noted that MST victims are sometimes male and every effort is also made to provide those patients also with same sex providers – based on their preferences.)

3C.2 The VA should provide child care service options to enable veterans with dependent children to attend appointments (may require legislation).

VA certainly recognizes that the inability to secure child care may be a barrier to access to care for a certain number of veterans.

However, there is currently no legal authority to provide child care services. On May 21, 2008, in testimony before the Senate Committee on Veterans' Affairs, VA did not support a provision for a 2-year pilot program, at no fewer than three VISN sites, to pay veterans the costs of child care they incur to travel to and from VA facilities for regular mental health services, intensive mental health services, or other health services specified by the Secretary (section 204 of S. 2799).

3C.2a VA should consider expanding hours of operation so that veterans caring for children have more options available for appointments (e.g. nights and weekends).

As stated in the Uniform Mental Health Services in VA Medical Centers and Clinics Handbook, clinics in medical centers and very large community-based outpatient clinics (CBOCs) (those seeing more than 10,000 unique veterans yearly) must offer a full range of services during evening hours at least one day per week. Additional evening, early morning, or weekend hours need to be offered when they are required to meet the needs of the patient population.

3C.3 Homeless shelter programs should ensure capabilities exist for women veterans with dependent children.

VA has targeted women veterans to include women with children as a priority group to receive funding under VA's Homeless Providers Grant and Per Diem Program. It is expected that programs targeted to the specific needs of women veterans will be awarded under the last round of Capital Grants.

3C.3a Homeless women veterans and their dependent children should be segregated for safety.

Please see response to 3C.3 above.

3C.3b We support the recommendation in the 2006 Advisory Committee on Women Veterans that Veteran's Health Administration (VHA) consider that all Homeless Grant and Per Diem (HGPD) RFPs that would accommodate homeless women veterans include a scoring/rating component that addresses gender-related needs and issues of minor children.

VA agrees that providing high quality services to women veterans that meet their individual needs must include a plan of care for their minor children. With the rising number of women serving in the military, the number of women veterans requiring VA services will continue to grow.

VA's Homeless Providers Grant and Per Diem (HGPD) Program Special needs grants for women veterans to include woman with children provides transitional housing with support services for up to 2 years. The provider's ability to provide appropriate services for this population is incorporated into the review of the program application for funding.

VA will continue to evaluate the current HGPD approaches in providing child care funding along with other community best practice models. These models and approaches will be shared nationally and will be integrated into future HGPD efforts to serve women veterans.

4. Communication and Outreach

4A.1 Conduct focus groups on VA web site usability, accessibility and format with OIF/OEF veterans, their families and survivors. Make technology user friendly through recommendations from focus groups.

To improve the usability, accessibility and format of VA's website, VA launched a customer satisfaction survey to website users. The survey provides a forum for feedback on the form and content of the web site. The survey is also collecting information on the respondents (e.g. veteran, survivor, public) to better target information. The results of the survey will inform web site improvements.

The IT Web Support Office manages the organization, technical support, security and general policy regarding VA's Web presence. The VHA Communications Office and its Office of Web Communications manages VHA's Web presence. That office has taken the lead within VA in exploring and piloting new technologies, communications concepts and social media applications for VA use. As the Department's overall lead on communications strategy and policy, Office of Public and Intergovernmental Affairs (OPIA) is prepared to work with these and other appropriate VA offices and resources in coordinating the planning and modernization of the VA Web presence to better serve the needs of OEF/OIF veterans and all other veterans. OPIA will work with the Office of the Secretary to insure that this effort becomes part of the department's strategic communications plan. This will enable OPIA to plan focus sessions (4A.1) and coordinate other actions recommended by the Committee – 4A.1a, 4A.1b, 4A.1c, 4A.1d, 4A1f.

4A.1a Organize the web site by category of user instead of internal business structure (i.e. VHA, VBA).

The home page of VA's website provides the user with the option to select a business line or to select a category of user or special program. Categories of users on the VA home page include OEF/OIF Veterans, Disabled Veterans, Homeless Veterans, Minority Veterans, Survivor Benefits and Women Veterans.

4A.1b Provide clickable links e.g., Seamless Transition (Returning Service members icon), Veteran's Service Organizations (VSOs), other governmental agencies, etc.

VA's website does provide clickable links to many relevant websites including VSOs and other federal and state agencies. VA is currently conducting a customer satisfaction survey related to its website. Feedback from the survey will enable future improvements to the website.

4A.1c Setup a feedback mechanism that relates to the web site, such as a web survey that can be auto-generated to users at random. Conduct periodic reviews of feedback to identify future enhancements.

VA is currently conducting a customer satisfaction survey related to website users. Feedback from the survey may inform future improvements to the website.

4A.1d Future web site design or improvements must be tested to accommodate all disabilities and limitations.

VA's website complies with federal requirements to make online information and services available to individuals with disabilities. VA engineers test proposed Electronic & Information Technology (E&IT) products for Section 508 conformance within VA's Enterprise Architecture Framework. VA specialized staff tests programs including E-Gov initiatives programs and Web based and Software applications. VA hosts accessible E&IT demonstrations for VA stakeholders (veterans and disabled employees). VA participates in industry forums as well as state and local Government meetings to raise awareness of accessibility issues and programs.

4A.1e Creation of one single 800 national hotline utilizing customer services best practices external to the VA. This recommendation excludes the suicide hotline (this would mirror the 211 Texas information network).

Recommendation forwarded for consideration. However, one number covering all issues and services may not be practical or possible.

4A.1f Enhance search capabilities, currently returned information are voluminous and can overwhelm the user.

VA is exploring possible refinements to the search capabilities of its website.

4A.2 Create a web portal that allows the user to customize their information based on a personal profile. Sign in capabilities on the homepage should be provided for veterans, their families and survivors to access all needed VA information regarding health care, benefits and memorial services. The portal should be designed to include the following elements:

Recommendation forwarded for consideration.

4A.2a Those elements identified in the Dole-Shalala Commissions Report with respect to the e-benefits webpage.

The VA/DoD ebenefits portal will be fully responsive to the recommendations of the Dole-Shalala Commission Report.

4A.2b Expand My Health eVet to encompass all VA benefits and services.

My HealtheVet (MHV) currently links to the VA's Home Page benefits and services, in addition to educational and other informational sites. This approach allows veterans to manage the maintenance and updates of the content. MHV is working in collaboration with the eBenefits portal to allow veterans and beneficiaries to access all VA benefits and services from one access point by Veterans Day 2009. As specific benefits and services are identified, MHV provides home page highlights.

4A.2c Update the My Health eVet prescription drug section to list prescriptions not only by number, but by name as well to make it easier for the veteran to locate a particular prescription when ordering refills.

Currently the veteran is able to view medication names and their VistA medical record once they receive a one- time upgraded My HealtheVet account (In-Person authentication process). The IPA process requires the veteran to view a My HealtheVet Orientation video, sign VA Form 10-5345a, Individuals' Request For A Copy Of Their Own Health Information, and present a government issued photo identification to a qualified VA staff member at their VA facility to be physically identity-proofed. In the future, a veteran will have the ability to designate family, friends, and advocates access to their personal health information. The veteran will have the ability to control the display of medication names to these delegates based on the upgraded account.

4A.2d Establish a user created profile that will enable information dissemination tailored to a veteran's needs. VA could direct information update through this function. Examples available include WebMD (private company) which will send information to a participant as new information becomes available on their health condition or treatment.

My HealtheVet will be implementing a personalization feature that will enable veterans to receive tailored information based on health condition, treatment, preferences, and interests. This feature is currently planned for release in 2011.

4A.2e Create the ability to submit online fillable forms for benefits and healthcare. There is currently only limited capability.

Online applications for benefits are currently available through the Veterans On-Line Application (VONAPP) program. VBA, in partnership with VA's Office of Information & Technology, is in the process of contracting for a significant redesign of VONAPP. The redesign will provide for a more structured on-line interview process, guiding the veteran through relevant questions to ensure a more

complete benefit application is submitted. The new program will allow entry of structured data rather than text, and will provide the framework for data authentication and integration with our existing data systems. Recently, VBA began accepting benefit applications submitted through VONAPP without requiring submission of a signed paper application. This is an important first step in streamlining the application process.

In addition, My HealtheVet (MHV) is working with the Health Eligibility Center to deploy a Veteran Online Application (VOA). The VOA is submitted through MHV to apply for VA benefits.

The VA is developing an improved online application for health benefits which will enable veterans to submit their applications digitally. This application, hosted on VA's award-winning MyHealtheVet site, is expected to be released in December 2008.

VA strongly encourages the use of an identifier other than the SSN to support Department-wide SSN reduction/elimination efforts. Forms should include client- and server-side validation of user input. Form should be accessible and transmitted securely using a FIPS 140-2 compliant encryption.

4A.2f Establish e-mail capability for inquiries.

That basic capability currently exits through the Inquiry Routing and Information System (IRIS) component of the VA Web at https://iris.va.gov/scripts/iris.cfg/php.exe/enduser/home.php. From the Contact tab on VA's home page, a customer can enter a question and receive a response.

4A.2g Accept e-signatures for benefit submissions, authorizations, etc.

VBA recently began accepting benefit applications submitted through the VA On-Line Application (VONAPP) program without requiring submission of a signed paper application. This is an important first step in streamlining the application process. VBA is currently working with VA's Office of Information & Technology to implement appropriate "e-signature" and "e-authentication" processes and tools, to include access via an enterprise portal. These tools are necessary to fully and securely implement self-service capabilities such as change of address, submission of evidence review of claim status, etc.

4A.3 Establish VA specific e-mail addresses for separating service members, caregivers and survivors.

We are evaluating technical options and costs.

4A.3a Creates the ability to send electronic appointment reminders, prescription refill reminders, etc.

My HealtheVet (MHV) currently is in field testing to deploy the view appointment feature, appointment notifications, and populating a veteran's calendar with their appointments. This feature should be available by Veterans Day 2008.

4A.3b Can provide alerts from the VA in disaster situations can be directed to specific geographical areas. (Example: Hurricane Katrina, where to go for healthcare in New Orleans, etc.)

Recommendation forwarded for consideration.

In addition, OPIA continues to work closely with VA's Emergency Preparedness staff and the Administration to provide timely dissemination of information to veterans via the media.

4B.1 Ensure all OIF/OEF veterans coming into a VHA or VBA facility for the first time receive an initial orientation, facility familiarization and enrollment assistance for health and benefits programs.

All VHA facilities have a process to recognize and assist new veterans. With out OEF/OIF population, VHA has hired dedicated employees and developed posters with contact information of the OEF/OIF staff. VHA has educated front line employees to ensure that these new veterans are directed to the appropriate staff to help them get needed assistance immediately.

Additionally, in April 2008, VHA chartered a workgroup to outline the care management process and to develop a standardized model of care emphasizing integrated/interdisciplinary teams and patient-centered care for OEF/OIF veterans. The draft model, which will be finalized in September 2008, includes a meet and greet process where OEF/OIF veterans will be provided an explanation of health benefits, eligibility information and a welcome packet to include at a minimum: OEF/OIF program contacts, information on programs and services available, one page VA benefits summary, military sexual trauma, mental health services, women's health, compensation and pension exams, family services such as support groups or educational classes, veteran centers, suicide prevention information, and an OEF/OIF program brochure.

Each VA RO is equipped with a Public Contact Unit dedicated to meeting face-to-face with visiting veterans and family members. Veterans and family members are provided assistance in applying for benefits and receive answers to their VA benefits questions. During personal interviews, a Veterans Service Representative obtains as much information as possible to complete the claim while the veteran and/or family member is present. Veterans who apply for Vocational Rehabilitation & Employment benefits are given specific guidance

regarding the location of their counseling sessions by either phone contact or appointment letter prior to arriving at the regional office.

Orientation to other areas of VA Regional Offices would not be relevant, as these areas are not open to veteran visitors due to the need to insure privacy and security of veteran files.

4C.1 Establish a VA marketing and communication team that will focus solely on technology and marketing to OIF/OEF veterans, families and survivors. This team should have the budget to conduct surveys, support the marketing and technology plans and the authority to conduct implementation across VA.

This recommendation has been forwarded for consideration. On June 16, 2008, Secretary Peake lifted VA's restriction on paid media advertising for outreach purposes.

VA is currently developing a survey for veterans, active duty service members, activated National Guard and Reserve members, and family members and survivors. The survey will assess current awareness of benefits by these groups. Survey results may help identify effective marketing and outreach outlets.

4C.2 Develop an OIF/OEF comprehensive marketing strategy that uses a phased in multimedia approach.

VA's Office of Public and Intergovernmental Affairs (OPIA) has the responsibility to take the lead on this and propose it to the Secretary.

4C.2a Engage a marketing consulting firm to develop a strategy and associated cost analysis.

Please see response to 4C.2 above.

4C.2b Develop both a long term and a short term strategy that targets all constituent demographic elements.

Please see response to 4C.2 above.

4C.3 Conduct an OIF/OEF focused image campaign.

Federal agencies are prohibited by law from conducting "image" campaigns; i.e., campaigns intended to enhance the public image of the agency. VA is now allowed to incorporate paid advertising into our outreach efforts to reach veterans and their families with information about benefits and services available to them.

4C.3a Identify spokespersons that can attract the attention of the various demographic groups of OIF/OEF veterans, families and survivors.

Recommendation forwarded for consideration.

4C.3b Leverage the outcome of the recent Employment Histories of Recently Discharged Veterans: study conducted by VA.

The Employment Histories of Recently Discharged Veterans conducted by VA was a panel survey. The second wave of the panel survey was conducted during the summer of 2008 and results should be available by early 2009.

Employment of veterans is primarily the purview of the DoL. Consequently, the results of the study have been shared and briefed to DoL staff. VA has also shared the results with the DoD and at a national research conference. Results of the study, to date, are posted on the internet for the public and are used by senior VA officials in their consideration of policy issues.

4C.3c Provide for a consistent message to be conveyed through multimedia outlets (e.g. television and radio public service announcements (PSAs), print advertisements, billboards, VSO magazines, etc.).

That is OPIA's intent and is part of VA's strategic plan.

4C.4 The Committee endorses the planned National Survey of Veterans (NSV) and recommends it include a separate OIF/OEF survey section.

The National Survey of Veterans will include an identifier for OIF/OEF veterans. Survey items will be asked of appropriate survey participants, depending on data being collected. The OIF/OEF veteran identifier will provide the capability to produce results specific for OIF/OEF veterans as well as compare those results to other cohorts of veterans.

4C.4a Include contact preferences that relate to the web site and communication vehicles and effectiveness of VA outreach.

The results of the planned NSV should provide valuable information on contact preferences of veterans, active duty service members, activated National Guard and Reserve members and family members and survivors.

4C.4b Tailor specific questions that can provide direction to the VA on the Committee recommendations on communication/outreach.

VA is currently developing a survey for veterans, active duty service members, activated National Guard and Reserve members, and family members and survivors. The survey will assess current awareness of benefits by these groups. Survey results may help identify effective marketing and outreach outlets. Results of the survey are expected by December 2010.

4C.4c Develop survey outcome reports that can provide results specifically categorized by OIF/OEF veterans.

Please see response to 4C.4b above.

4C.5 VA should partner with DoD on implementing a comprehensive education program on veterans benefits to all active and NG/R service members and their families. Family readiness and support groups could be a focus of ongoing VA education.

VA has a comprehensive program for conducting outreach to non-severely injured National Guard and Reserve members during four phases of the deployment cycle. These four phases are: pre-deployment; during deployment and demobilization prior to separation from active duty; immediately post-deployment; and life-long contact with the Guard or Reserve veteran. In each of these phases, VA works closely with DoD, Reserve and Guard families, communities, counties, state governments, veteran and military service organizations, and community agencies to ensure veterans are informed about VA and to facilitate their access to VA services, benefits, and health care.

4D.1 The VA should transition from a paper to an electronic system of records and files to create a single veteran record and enable veterans to check all their information online.

VA's Electronic Health Record (EHR) system, known as VistA, is recognized as one of the most comprehensive and sophisticated EHRs in use today. This system is in use throughout VA medical centers, nursing homes and outpatient clinics. The electronic health record is supplemented by the ability to image non VA documents.

In relation to the EHR, in January 2002, the VA Under Secretary of Health mandated full usage of the VA's EHR by 2004. This memorandum referenced specific goals related to the installation and use of the electronic health record. Again in May 2003, the VA Under Secretary for Health reiterated the mandate for full usage of the VA's EHR by 2004 and directed that VA monitor compliance with this mandate. To demonstrate compliance with the usage of the EHR, order entry and progress note performance indicators were developed and monitored until an acceptable level of compliance is achieved.

These mandates and the results of the compliance monitors indicate a high level of usage of the EHR across the VA enterprise. VA's EHR and any associated paper health information are covered in the Privacy Act of 1974; System of Records, 24VA19 Patient Medical Records. Certain documents received from external sources pertinent to the veteran's health care are scanned into the EHR to ensure that the veteran's health record contains a complete view of all pertinent

health information. In addition, VA's health record management policies emphasize the reduction of paper health records and the continued use and improvement of the EHR. The VA also offers veterans a personal health record (PHR) known as My HealtheVet. This PHR allows the veteran access to view information from the VA's electronic health record via a secure portal.

VA is committed to providing veterans with the ability to access the internet and their health and benefits records online. Efforts are underway to establish approved technical solutions for the field so that secure veteran/guest internet access is available at all VA Healthcare System facilities for veterans use during hospitalization or outpatient visits.

VA's new online application for health benefits, which is expected to be released in December 2008, will provide veterans with information on the health benefits for which they are eligible.

VBA, in partnership with VA's Office of Information & Technology, is developing the Paperless Delivery of Veterans Benefits initiative. The concept of operations for the initiative is to employ a variety of enhanced technologies to support end-to-end claims processing. In addition to imaging and computable data, VBA will also incorporate electronic workflow capabilities, enterprise content and correspondence management services, and integration with its modernized payment system, VETSNET. In addition, VBA is examining the utility of business rules engine software for both workflow management and potentially to support improved decision making by claims processing personnel. Inherent in the initiative is providing the capability for self-service functions such as changing your address, submission of evidence, and determining the status of a claim.

4D.1a Beginning with all OIF/OEF veterans, all VA data should be stored electronically, to include health and benefits information.

Retention and reuse of benefit information is inherent in the VETSNET suite of applications. For example, all development actions undertaken are logged and retained; all letters are stored and available on-line for review and reference; and all rating decision data is retained for the lifecycle of the veteran. Integrating VETSNET and "paperless" concepts and technologies provides an even greater capacity for ensuring a streamlined benefits process for veterans.

VA's new online application for health benefits, which is expected to be released in December 2008, will provide veterans with information on the health benefits for which they are eligible.

Health care documentation relative to the veteran's health record is being stored electronically including paper documents that have been scanned. This applies to all veterans not just OIF/OEF veterans.

4D.1b Create a web portal that allows the user to customize their information based on a personal profile. Sign in capabilities on the homepage should be provided for veterans, their families and survivors to access all needed VA information regarding health care, benefits and memorial services. The portal should be designed to include the following elements:

VBA is currently working with VA's Office of Information & Technology to implement appropriate "e-signature" and "e-authentication" processes and tools, to include access via an enterprise portal. These tools are necessary to fully and securely implement self-service capabilities such as change of address, submission of evidence, review of claim status, etc.

VA managers of the MHV are exploring options to see if benefits information and profiles can be added.

In addition, MHV is working in collaboration with the Health Eligibility Center to address updating addresses online and simultaneously updating all VA records through the MHV demographic VistA extract.

A planned enhancement to the new online application for VA health benefits will allow veterans to review their personal information and update it online. The online application is expected to be released in December 2008; the timeline for delivery of the capability for veterans to manage their personal information is not yet developed.

4D.1c View only access should be available on claim status, medical appointments, prescription history and other benefits.

VBA is currently working with VA's Office of Information & Technology to implement appropriate "e-signature" and "e-authentication" processes and tools, to include access via an enterprise portal. These types of tools and processes are necessary to fully and securely implement self-service capabilities such as change of address, review of claim status, etc.

In addition, MHV offers a blended view of VA and non-VA medication histories. MHV is currently field testing to deploy the view appointment feature, appointment notifications, and populating a veteran's calendar with their appointments. This feature should be available by Veterans Day 2008. There is no functionality being developed for claims information access but future development may address that need.

VA is working jointly with Austin Finance Service Center (FSC) to make available on-line, claims status inquiry for VHA Fee paid claims as well as CHAMPVA paid claims. The first phase of this project will test the capability with providers and then work towards expanding to veterans and dependents. This

claims status inquiry will be similar to the current on-line functionality vendors utilize now to view FMS payments. A future phase will also address the issue of claims not yet processed. As these claims (unpaid, denied) do not move from the local VistA systems at present, it is anticipated this phase will not be available in FY 2009.

4D.1d E-signatures should be accepted for claim submissions.

VBA recently began accepting benefit applications submitted through the VA On-Line Application (VONAPP) program without requiring submission of a signed paper application. This is an important first step in streamlining the application process. VBA is currently working with VA's Office of Information & Technology to implement appropriate "e-signature" and "e-authentication" processes and tools, to include access via an enterprise portal. These tools are necessary to fully and securely implement self-service capabilities such as change of address, submission of evidence review of claim status, etc.

VA agrees with this recommendation and note that there are no technical obstacles for implementing e-signatures for employees or veterans. National as well as international standards exist, and VA has demonstrated the capability to provide electronic signatures to veterans in several pilots including the 1010-EZ (Silver Spring) and iMed Consent (Hines Hospital) pilots, and to employees in the VA Drug Enforcement Agency (DEA) Public Key Infrastructure (PKI) (Hines Hospital) pilot. VA can certainly consider expanding use of the electronic signature to other areas/functions such as claims submissions. Any legal issues related to use of electronic signatures (e.g., national statutes and case law) would need to be addressed by our legal counsel.

4D.2 Maximize the various types of technology that are available today to include e-mail, television PSAs, Podcasts, blogs, social networking (i.e. Linkedn, Facebook, Myspace) to connect with veterans and share information.

VA, as indicated in previous responses, supports this recommendation and OPIA will work to include supportive language in the VA strategic communications plan.

4D.2a Develop a VA social network.

Web-based social network applications are being explored and developed by the VHA Office of Web Communications. In addition, OPIA is working with OGC to facilitate ways to use social marketing sites to provide information on benefits services to veterans.

4D.2b Develop Podcasts on topics of interest.

OPIA can coordinate this with EES and IT Web Support Office to provide the content and editing.

4D.2c Build a knowledge database similar to Wikipedia that will provide all available information regarding the VA to users.

Recommendation forwarded for consideration.

4D.2d Employ Voice over Internet Protocol (VOIP), call center technology to enhance customer service.

Recommendation forwarded for consideration.

4D.2e Partner with DoD to establish VA links on Defense Knowledge Online (DKO).

Strategy 4.1 of the Joint Executive Council (JEC) Strategic Plan for 2008 – 2010 specifically states that VA and DoD will "continue expanding and developing shared servicemember/veteran-centric strategies for DoD and VA web portals, leveraging Defense Knowledge On-line (DKO) and Army Knowledge Ib-line (AKO) solutions, and develop service oriented architectures for enhancing services and benefits in both Departments." VA and DoD will report progress in this regard in the JEC FY 2008 Annual Report in February 2009.

5. National Guard/Reserves (NG/R)

5A.1 Engage NG/R at both the national and state level to re-assess the infrastructure for transition and include NG/R command level.

The VBA has an active working relationship with the National Guard Bureau. VBA personnel participate in regular conference calls with Guard Bureau members and State Transition Assistance Advisors (TAAs) to identify potential transition issues as well as best practices.
In May 2005, VA and the National Guard Bureau signed a Memorandum of Agreement (MOA) which outlined mutually agreed upon requirements, expectations, and obligations regarding the assistance for services and benefits to National Guard personnel returning from theaters of combat and separating from active duty. Since that time, local VA and National Guard leadership have signed 48 memoranda of understanding to strengthen relationships between VA and State Adjutant Generals.

VBA is an active participant at demobilization briefings for returning Guard and Reserve members. Through the end of June in FY08, VA has briefed in excess of 48,000 reserve component service personnel undergoing transition in addition to over 28,000 family members.

VA outreach efforts with NG/R veterans have changed recently in the last few months of 2008. Four current major initiatives include: Combat Call Center Initiative; Demobilization Enrollment Process; VA support at Post-Deployment Health Reassessment (PDHRA) and VA's partnership with the NG and the TAAs. VA is making a concentrated effort to offer the service members continued support throughout the deployment cycle: during the Soldier Readiness Processing (SRP) and prior to mobilization, during demobilization at the demobilization site and finally during the post-deployment period. During the demobilization process, service members are informed about the numerous services provided by VA Vet Centers, which are an effective vehicle for outreach services. Vet Centers are invaluable assets and widely used by returning G/R members.

At the demobilization briefings which are part of the mandatory presentations given at Army, Navy and USMC bases, Vet Center staff and Global War on Terrorism (GWOT) advocates are present to highlight their role and instruct veterans on how to access counseling services in their community. The Vet Centers may be the first service utilized by NG/R members and, if needed, Vet Center staff can refer the service members to a VA Medical Center for further health concerns.

The PDHRA is a Department of Defense (DoD) program that has been supported by VA since its inception two years ago. During the PDHRA, VA staff is available to provide enrollment into the VA Health Care System and appointments at the local VA Medical Center (VAMC), Vet Center and VBA RO for those requiring further medical, benefits or mental health evaluation.

While VA has numerous outreach activities for NG/R individuals, it is essential for the VA to partner with the NG and the TAA program in each state to ensure that NG/R service members are provided additional outreach when they return home. VA is notified of the date and location of returning troops so that VA staff may provide information about VA services and benefits. The TAAs reach out to troops and families in need and facilitate access to VA health care services, benefits and TRICARE benefits for troops returning to their state. Presently, VA is completing a Memorandum of Understanding with the USAR that identifies the roles, responsibilities and services provided by each organization, as well as the development of state coalitions. These state coalitions facilitate the integration of services and benefits in the state and community to meet the needs of returning NG/R veterans.

5A.1a The Joint Executive Council (JEC) should take the lead in addressing NG/R issues specifically relating to transition, benefits, and outreach.

Section 582 of the FY 2008 National Defense Authorization Act (NDAA) directed the Secretary of Defense to establish a national combat veteran reintegration program to provide NG/R members and their families with sufficient

information, services, referral, and proactive outreach opportunities throughout the entire deployment cycle. The "Yellow Ribbon Reintegration Program Office" was established by the Secretary of Defense in response to this NDAA requirement. At the April 23, 2008, JEC meeting, the Assistant Secretary of Defense for Reserve Affairs invited and VA's Deputy Secretary agreed to provide a VA liaison for the office. However, NDAA stipulates that the Under Secretary of Defense for Personnel and Readiness is the Department of Defense executive agent for the Yellow Ribbon Reintegration Program. As Co-chair of the JEC, the Under Secretary for Defense for Personnel and Readiness will address NG/R issues as appropriate at JEC meetings.

5A.1b Explore the possibility of having a VA team visit demobilized units three months after return from deployment.

Local VA staff currently participate in demobilization events to distribute information about VA services and benefits to veterans and their families. VA staff work directly with the organizers of demobilization events to identify how to effectively address the needs of veterans and their families during these opportunities. If resources allow, VA could provide a minimal outreach presence to family members during initial mobilization and additional outreach several months into the mobilization. By focusing on family members while the service member is activated, VA can provide information that may not be fully absorbed during the demobilization process. Once demobilization occurs, reinforcement of previously provided information may assist in transition.

5A.1c Create and leverage relationships with NG/R Associations to communicate to this constituent group.

Through a number of outreach initiatives, VA continues its efforts once members of the National Guard and Reserves have returned to their community. These measures range from nationwide to neighborhood outreach events to leverage VA's relationships with state and local partners, including a wide variety of organizations (including NG/R Associations).

In May 2005, VA and the National Guard entered into a partnership and signed a Memorandum of Understanding to enhance access to VA health care for members of the National Guard in each of the 50 states, District of Columbia, and territories of Puerto Rico, Guam, and the U.S. Virgin Islands.

The VA OEF/OIF Office of Outreach also has strong ties with the Adjutants General of the National Guard, TAA, and with State Directors of VA, all of whom can and do keep VA informed of any challenges in accessing VA health care or other issues in the state.

Moreover, Network, Regional Office, and Medical Center staff have signed state Memoranda of Understanding with 47 states that define the roles and

responsibilities of VA and the individual state's Departments of Veterans Affairs. A few states prefer to operate under the national agreement reached between the National Guard and VA in 2005. These state partnerships are the foundation for the development of state coalitions with participation by VA, State Adjutants General, State Directors of VA, and community and state organizations to address the coming home needs of the National Guard and Reserve members.

One important area recently opened to us will improve our outreach efforts during all phases of a service member's career. On June 16, 2008, Secretary Peake lifted VA's restriction on paid media advertising for outreach purposes. Our mission at the Department of Veterans Affairs is clear: to do all within our authority and ability to help service members readjust successfully into civilian society after their military experience ends, and to make sure they know VA is there to provide health care, benefits and other services they have earned.

The decision allows VA to use proven, modern advertising techniques that will appeal to veterans of all ages and their family members. It will give VA, with its variety and diversity of services and benefits, the ability to provide the right message through the right medium to reach veterans. Traditional advertising venues such as broadcast and print are available to us. But we are also looking at social marketing and internet based non-traditional media such as YouTube, MySpace and Facebook, as well as podcasting. All can be considered and evaluated in our outreach effort to veterans and their families.

5A.2 Address the issue of NG/R Individual Mobilization Augmentees (IMA), who often may not be aware of available benefits upon return home.

In September 2008, VA partnered with the Department of the Army, Navy, Marines and Air Force) to ensure that all Reserve Component soldiers including IMAs returning from OEF/OIF theaters will be offered the opportunity to enroll in VHA health care during the demobilization program at selected active duty army bases where Guard and Army Reserve soldiers out-process from active duty and return home. These Army bases include: Camp Shelby, MS; Camp Atterbury, IN; Ft. Dix, NJ; Ft. McCoy, WI; Ft. Hood and Ft. Bliss, TX; Ft. Riley, KS; Ft. Sill, OK; Ft. Lewis, WA; Ft. Benning, GA; Schofield Barracks, HI; Ft. Bragg, NC; Ft. Richardson, AK; Ft. Carson, CO; and Ft. Stewart, GA. In addition, there are four Navy demobilization sites and three Marine sites. Networks and VA Medical Centers in close proximity to these installations are responsible for providing support for this initiative.

For the first time, VA staff is integrated into the mandatory briefings provided to all demobilizing Guard and Reserve veterans at these sites. VA staff is allowed 15-30 minutes to brief soldiers on VHA health care and benefits and completing the 1010EZ enrollment form. Soldiers identify their choice of VA Hospital to receive their 5 years of no-cost health care for service related illness or injuries. They will also learn about the extended period of 180 days post-deployment to

receive dental care at VA. They are also encouraged to attend the Transition Assistance Program (TAP) briefings that are also available at each demobilization site.

VA staff, including eligibility personnel from the nearby VAMC, provide support and educational programs on VHA health care, referrals and standardizing the processing of forms to VA. VHA Outreach Office staff coordinate efforts with VAMC staff and local Demobilization Commanders for the location and time to support reserve component troops undergoing demobilization. A roster depicting the month, day and number of those undergoing demobilization is coordinated each week with Network, VAMC staff and the services. This initiative began on May 28 at two pilot sites (Ft. Bragg and CP Shelby). The additional thirteen Army sites have begun coordination activities or enrolling Army soldiers at their demobilization sites. Pilot programs with the Navy and the Marines have also been initiated.

This initiative is a critical effort in supporting VA's mission to reach out and serve our newest veterans including those IMAs in the Army, Navy, Air Force and Marines as they return from the theater and offering them the opportunity to enroll in VHA health care prior to them separating from active duty.

If IMA service members do not take advantage of enrollment at the demobilization site or TAP briefings, VA continues to support the Post-Deployment Health Reassessment Program that is available at a military unit or to individuals on-line with the DoD call center contractor staff addressing their needs and providing a referral to VA primary care or to Vet Centers for additional services. Additional referrals are provided to IMAs with any of those VA contacts who provide further education about VA benefits and services.

5A.2a Evaluate current VA national outreach plan to test for effectiveness of participating and non-participating NG/R veterans in VA programs.

Recommendation forwarded for consideration.

5A.2b Engage the state NG/R component commands in identifying veteran populations for VA outreach.

VHA OEF/OIF Outreach staff provides briefings to senior leaders in the National Guard and Reserves at a variety of events. VA Medical Centers execute "Welcome Home events" annually and invite senior leadership to these events in order to learn about VA services/benefits and encourage Guard and reserve members to attend such events at the state and local levels. These outreach efforts are coordinated between the VAMC Program Managers and Vet Center staff as well as State Directors of VA. These efforts facilitate opportunities for senior leaders to identify veterans in their state and command who may be in need of VA outreach.

In addition, VA partnered with the NG to identify veterans in need of VA outreach. The NG hired 60 TAA's and trained VA staff to work for the Adjutant General in each state, District of Columbia and the territories of Guam, Virgin Islands and Puerto Rico and provide VA outreach services. The TAA program places an individual at each state's Joint Forces Headquarters to act as an advocate for Guard members and their families within the state and serve as an advisor on Veterans Affairs issues for the Family Programs and Joint Forces Headquarter staffs. With health benefits training in both DoD and VA, these individuals assist Guard members and their families with access to VA care. They also assist Guard members and their families with other VA entitlements like compensation and educational benefits. The TAA's work with the State Director of Veterans Affairs and other state coalition members to remove barriers members and their families experience in gaining access to the VA for health care and benefits and other outreach services.

5A.2c Reexamine the criteria for establishment and locations of Vet Centers to consider expanded coverage specifically targeting areas with large NG/R populations.

Readjustment Counseling Service (RCS) established 23 new Vet Centers in FY 2008, increasing the number of Vet Centers from 209 to 232. RCS has been authorized to establish an additional 39 new Vet Centers by the end of FY 2009, which will increase the number of Vet Centers from 232 to 271.

Site selection for the new Vet Centers is based upon an evidence-based analysis of national veteran population by county. The analysis used VetPop2007, VA's latest official estimate and projection of the veteran population by county (projected as of September 30, 2007). This information was used in combination with data downloads from the DOD Manpower Data Center (DMDC) as to the current number of separated OEF/OIF veterans and their reported home counties. Site selection criteria also included area market penetration by existing Vet Centers and geographical proximity to other VA health care facilities in the Vet Center's Veterans Service Area (all counties served by the Vet Center). Criteria for the 39 new Vet Centers planned for 2009 was further refined to ensure that all counties with over 50,000 un-served veterans will have a Vet Center.

5A.2d Facilitate a greater partnership between VA facilities, VSOs, and local NG/R centers by encouraging local steering committees in key geographical centers (e.g. United Veterans Council San Diego).

VA's VSO Liaison works with national and local VSOs to provide support, foster partnerships and enhance outreach to veterans and their families. VA facilities across the nation actively partner with local National Guard and Reserve organizations.

6. Medical Issues

6A.1 VA should disseminate educational materials on common symptoms of PTSD more widely.

VA agrees with this recommendation as information about the nature and treatment for PTSD and other war-related disorders is a useful tool for combating the stigma that may prevent those in need from seeking clinical care. VA takes every opportunity to disseminate information on PTSD, the most recent example being VA's presentations and provision of information brochures at the SAMHSA/VA/DoD conference entitled: Paving the Road Home: The National Behavioral Health Conference and Policy Academy on Returning Veterans and Their Families (Aug 11-13, 2008) that was attended by over 600 State and community providers. In addition, VA's National Center for PTSD has a wealth of information on PTSD that is regularly updated on its Internet website www.ncptsd.va.gov. Also, VA's MyHealtheVet Web site is evolving to provide information to veterans and their families about PTSD and other mental health problems.

6A.1a Identify better communication means that will be more effective in communicating and educating family members and caregivers. The significant role of family members cannot be overstated.

As stated in the Uniform Mental Health Services in VA Medical Centers and Clinics Handbook, providers need to discuss family involvement in care with all patients at least yearly and on the discharge form for an inpatient mental health unit. The treatment plan needs to identify at least one family contact, or reason for lack of a contact. The OMHS has provided funding for the training of clinicians and dissemination of a continuum of family services for eligible veterans.

6A.1b Develop a PTSD self assessment tool on the VA web site. The state of Illinois has such a tool in development which should be reviewed as a model.

VA is working on such web-based self assessment tools to be placed on the MyHealtheVet site. The PTSD Checklist (PCL) may also be self administered. We will look into the tool used in Illinois.

6A.1c A web-based program should be established for family member use for education on PTSD.

Family education on PTSD is already included on the web site of the National Center for PTSD. Additional information can be included on MHV as the mental health component of that resource is further developed. Every VAMC has specialized outpatient PTSD capability, as do many CBOCs. The Uniformed Mental Health Services Handbook requires access to these services. Also

Readjustment Counseling Service Vet Centers are available for counseling for PTSD and other war related problems.

6A.2 Identify the VA resources where medical and other professional assistance on PTSD can be obtained.

Every VA Medical Center has specialized outpatient PTSD capability, as do many CBOCs. The Uniformed Mental Health Services Handbook requires access to these services. Also, Readjustment Counseling Service Vet Centers are available for counseling for PTSD and other war related problems. VAMC and CBOC locations are available online as are Vet Center locations. These facilities are also listed in the Telephone Book Yellow Pages for cities where they exist.

6A.2a Better highlight PTSD treatment assistance locations on the web site.

All VA Medical Centers have specialty outpatient PTSD capability. In response to this recommendation, VA will consider specifically noting this information on its Internet web sites.

6A.2b Showcase Vet Centers along with an explanation of their role, staffing, and locations.

The Vet Center program is a VHA mechanism for community outreach to returning combat veterans. In response to the growing numbers of veterans returning from combat in OEF/OIF, the Vet Centers initiated an aggressive outreach campaign to welcome home and educate returning service members at military demobilization and National Guard and Reserve sites. Vet Center outreach workers educate returning veterans regarding the Vet Center readjustment services available to them, to include counseling for PTSD, the Vet Center veteran peer staffing model, and provide information regarding Vet Center locations to assist veterans to access help once they return home. Through its community outreach and brokering efforts, the Vet Center program also provides many veterans the means of access to other VHA and VBA programs. To augment this effort, the Vet Center program recruited and hired 100 OEF/OIF veterans to provide the bulk of this outreach to their fellow veterans. To improve the quality of its outreach services, in June 2005, the Vet Centers began documenting every OEF/OIF veteran provided with outreach services. The program's focus on aggressive outreach activities has resulted in the provision of timely Vet Center services to significant numbers of OEF/OIF veterans and family members. Since the beginnings of hostilities in Afghanistan and Iraq, the Vet Centers have seen over 288,000 OEF/OIF veterans, of whom over 216,000 were outreach contacts seen primarily at military demobilization and National Guard and Reserve sites and more than 72,000 were provided readjustment counseling at Vet Centers. The Vet Center Program has also provided outreach services to the United States Marine Corp IRR reservists across the Nation.

6A.3 The VA should develop a PTSD response program, like the 24/7 Employee Assistance Program (EAP), utilized in Corporate America that is equipped to handle the full range of PTSD issues. The program should have a VA staffed 800 number separate from suicide hotline.

VA is implementing a pilot call center manned by combat veterans and operated by our Readjustment Counseling Service, VA's nationally acknowledged leaders in outreach to veterans of all service areas. The Vet Center program has successfully operated toll free call-in services for years during working hours. The call center will be staffed 24/7 by combat veteran peers and will be a valuable addition to current outreach efforts to veterans of OEF/OIF. The extension to a national 24/7 system will provide confidential peer counseling, information on military-related issues such as post-traumatic stress disorder (PTSD), and referrals to DOD, VA, and/or other available service providers for veterans' benefits and medical care. The call center will be integrated with the VA health care system to ensure timely referrals, crises intervention, and follow-up services for veterans needing assistance. The VA call center is projected to be operational by December 2008.

6A.3a Staff with veterans who can help their fellow veterans to provide reassurance in overcoming the "stigma" that may be associated with PTSD.

As described in para 6A.3, the 24/7 call center staff will include combat veterans with training in counseling and referrals.

6A.3b Provide professional medical staff who can counsel the most severe cases and provide guidance on next steps.

As described in para 6A.3, the 24/7 call center the call center will be integrated with the VA health care system to ensure timely referrals, crises intervention, and follow-up services.

6A.3c Conduct follow up phone calls to reinforce next steps, answer questions, and demonstrate VA's care and commitment.

As described in para 6A.3, the 24/7 call center the call center will provide follow-up services.

Response to Recommendations Contained in the Interim Report of the Advisory Committee on Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) Veterans and Families

Background:
In June 2008, LTG Dave Barno, Chair of the Advisory Committee on OIF/OEF Veterans and Families, met with Secretary Peake to deliver the Committee's Interim Report, which is based on the Committee's first year of work.

This Committee's charge is to provide recommendations and advice to the Secretary on the full spectrum of health care, benefits, and related family support issues that confront OIF/OEF service members during their transition from active duty to veteran status.

Interim Report:
The Interim Report contained more than 100 recommendations in the areas of:

- ***Education and Employment***: Cover the areas of claims processing and timeliness, program improvement (including issues which are addressed by the new GI Bill), job placement assistance, leveraging private resources, outreach and vocation rehabilitation and education.

- ***Transition***: Highlight the importance of outreach and continued contact with VA in helping aid in a smooth transition including improvements to the TAP program, expanded use of available technologies, and increased use of registries.

- ***Family, Caregivers, Survivors, and Women's Issues***: Improvements to the Recovery Care Coordinators program, outreach to families and caregivers, and timely delivery of benefits. Committee also recommends expanded counseling services, case management for survivors and the establishment of a "Center for OIF/OEF Survivors".

- ***Communication and Outreach***: Improvements to the content, layout and search capabilities of the VA website, establishment of personalized web capabilities linked to VA programs and services, and improved and expanding marketing efforts.

- ***National Guard and Reserve***: Establish a more prominent VA presence at demobilization sites, increasing communication and outreach, and facilitating greater partnerships.

- ***Medical Issues***: Recommendations include increased education about and services for PTSD and increased access to PTSD services.

VA Comments:
The VA response document how VA is already addressing the Report's concepts and ideas. In some instance, VA was not able to comment on a recommendation because it required legislation, did not fall under the purview of VA, or requires more in-depth research.

The information contained will be briefed to the Committee on September 16 in Palo Alto, CA. The intent is to focus their effort on areas where VA services and benefits may not be meeting the needs of OEF/OIF veterans and families.