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STATEMENT OF ROBERT A. PETZEL, M.D.
UNDER SECRETARY FOR HEALTH DEPARTMENT OF VETERANS AFFAIRS (VA)
BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS UNITED STATES SENATE

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Chairman Murray, Ranking Member Burr, and Members of the Committee, I appreciate the opportunity to discuss the VA's commitment to ensuring successful reintegration to civilian life for transitioning and recently-separated Veterans. I am accompanied today by Susan Pendergrass, Ph.D., Network Director, Veterans Integrated Service Network (VISN) 20, and Willie Clark, Western Area Director, Veterans Benefits Administration.

I will begin my testimony with a description of the joint efforts of VA and the Department of Defense (DoD) to ensure Servicemembers' transition between the two Departments is as smooth as possible. I will then focus on VA's comprehensive mental health services and oversight, as well as our efforts to prevent suicide among Veterans. Next, I will discuss the benefits and employment opportunities available to transitioning Veterans. I will end with a summary of the local efforts VA is making to help returning Veterans in the State of Washington, including VA's continuing partnership with community organizations.

VA in Partnership with DoD

Working in close partnership with DoD, VA strives to ensure that every Servicemember's transition from DoD to VA is as smooth as possible and in so doing, to honor the enormous commitment these individuals have made to our country.

Together, the two Departments continue to progress in providing a comprehensive continuum of care to optimize the health and wellbeing of Servicemembers, Veterans, and their eligible beneficiaries. Our joint efforts to provide a "single system" experience of lifetime services encompass efficiencies in three common areas: operations; health care; and benefits. Joint planning and resource sharing have reduced duplication and increased cost savings for both Departments. Our health care goal is a patient-centered health care system that consistently delivers excellent quality, access, and value across the Departments. We also strive to anticipate and address Servicemember, Veteran, and family needs through an integrated approach to delivering comprehensive benefits and services

Data Sharing Between the Departments of Defense and Veterans Affairs

DoD and VA share a significant amount of health and benefits information today. The Departments continue to spearhead numerous interagency data sharing activities and are delivering information technology solutions that significantly improve the secure sharing of appropriate electronic health and benefits information for those who have served our country.

Our objective is to ensure that appropriate health, administrative, and benefits information is visible, accessible, and understandable through secure and interoperable information technology to authorized users. For the past decade, we have shared increasing amounts of health information to support clinicians involved in providing day-to-day health care for Veterans and Servicemembers. Our clinicians can now access health information for over four million Veterans and Servicemembers between our health information systems. For nearly three years, we have worked together on the Virtual Lifetime Electronic Record (VLER) initiative. This project is being implemented in a phased approach to sharing health and benefits data to a broader audience, including private health clinicians involved in Veteran and Servicemember care, benefits adjudicators, family members, care coordinators, and other caregivers. We are currently in the first phase of this project, with four operational “pilot” sites, in the San Diego, California, Tidewater, Virginia, Spokane, Washington, and Puget Sound, Washington regions, where we are sharing health information between VA, DoD, and private sector partners. It is anticipated that providers VLER Health will be fully developed by 2014, providing health and benefits data to authorized users in a safe, private, secure manner, regardless of the user’s location.

The Puget Sound VLER Health pilot site includes three partners: VA Puget Sound, Madigan Army Medical System, and Multi-Care, a civilian health care system. VA Puget Sound identified 6,600 Veterans known to both VA and Multi-Care, resulting in an initial mailing effort with an initial response rate of 10 percent. Enrollment in the pilot began in 2011, with the focus on primary care at American Lake. To date, the program has received 792 signed authorizations.

Integrated Disability Evaluation System

VA and DoD’s joint efforts have created an integrated disability evaluation process for Servicemembers who are being medically retired or separated.

In early 2007, VA and DoD partnered to develop a modified, integrated Disability Evaluation System (DES) and a DES Pilot was launched in November 2007. This new, joint process was designed to eliminate the duplicative, time consuming, and often confusing elements of the separate disability processes within VA and DoD. The goals of the joint process were to: (1) increase transparency of the process for the Service member; (2) reduce the processing time; (3) improve the consistency of ratings for those who are ultimately medically separated; and (4) improve the benefits gap that existed between the point of separation or retirement and before receipt of VA disability compensation.

The DES Pilot was launched at three operational sites in the National Capital Region (NCR): Walter Reed Army Medical Center, National Naval Medical Center, and Malcolm Grow Medical Center on Andrews Air Force Base. The DES Pilot was recognized as a significant improvement over the legacy DoD and VA processes, and, as a result of the Senior Oversight Committee (SOC) findings and the desire to extend the benefits of the Pilot to more Service members, VA and DoD expanded the Pilot. By the end of March 2010, the DES Pilot had expanded to 27 sites and covered 47 percent of the DES population. In July 2010, the co-chairs of the SOC agreed to expand the DES Pilot and rename it IDES. Senior leadership of VA, the Services, and the Joint

Chiefs of Staff strongly supported this plan and the need to expand the benefits of this improved process to all Servicemembers. Expansion and full implementation of IDES was completed by September 30, 2011. Currently, there are 139 IDES sites operational worldwide, including the original 27 DES Pilot sites.

In contrast to the DES legacy process, the IDES provides a single set of disability examinations and a single-source disability rating used by both Departments in executing their respective responsibilities. This results in more consistent evaluations, faster decisions, and timely benefits delivery for those medically retired or separated. As a result, VA can deliver benefits in the shortest period allowed by law following discharge thus reducing the “benefit gap” that previously existed under the legacy process, i.e., the lag time between a Service member separating from DoD due to disability and receiving his or her first VA disability payment. This also prevents the Service member from having to navigate the VA disability system on his or her own after separation. The IDES has also eliminated many of the sequential and duplicative processes found in the legacy system. Yet, there is more to be done.

To monitor our overall performance for the IDES process, VA trackstrack the performance of the core processes on a bi-monthly basis for the over 25,000 Service members in IDES. In addition, VA’s Chief of Staff conducts bi-monthly internal Video Teleconferences (VTCs) with Central Office and Field Executive staff. VA also has joint monthly VTCs with both Army and Navy/ Marine Corps to discuss site performance and general collaboration opportunities.

VA is responsible for four core processes within IDES: claims development, medical examination, proposed rating, and VA benefits. VA average processing time for VA core processes has decreased from 186 days in February 2011 to 134 days as of February 2012. VA’s target for combined processes is 120 days of the 295 days combined VA-DoD target. While VA is currently meeting the goals for claims development and medical examinations, it is still falling short of meeting the standards for developing the proposed rating and the delivery of VA benefits. To address these shortcomings, VA assigned additional raters to Disability Rating Activity Sites (DRAS), increasing the number of Ratings Veterans Service Representatives (RVSRs) to 167 among the three IDES rating sites in Seattle, Baltimore and Providence, which represent a 35 per cent increase in personnel. To address the timeliness of benefit delivery, VA identified a process to receive Service member separation data electronically. This functionality is scheduled to be deployed in May 2012. The state of Washington has IDES sites: Joint Base Lewis-McChord, Bremerton Naval Hospital, Oak Harbor Naval Hospital and Fairchild Air Force Base. At these sites, nearly 1,700 Service members are currently in the IDES process, with 670 having completed. Despite the overall reduction in combined processing time achieved to date, challenges remain and there is room for significant improvement in IDES execution. VA and DoD are committed to supporting our Nation’s wounded, ill, and injured Warriors and Veterans through an improved IDES. As such, VA believes that its continued partnership with DoD is critical and is nothing less than our Servicemembers and Veterans deserve.

National Resource Directory

The National Resource Directory (NRD) is a comprehensive, Web-based portal that provides Wounded Warriors, Servicemembers, Veterans, and their families with access to thousands of

resources to support recovery, rehabilitation, and reintegration. NRD is a collaborative effort between DoD, Labor, and VA and has more than 13,000 Federal, state and local resources which are searchable by topic or location. NRD's success has resulted in more than 3,000 visitors per day to the Web site. NRD is continuously improving and implementing enhancements to the Web site that were identified by recent usability testing. In April 2011, the NRD launched a mobile version of the Web site.

Integrated Mental Health Strategy

VA and DoD are committed to working together to improve the access, quality, effectiveness, and efficiency of health care for Servicemembers, Veterans and their families. One of our cooperative efforts is the Integrated Mental Health Strategy (IMHS), which was developed to address the growing population of Servicemembers and Veterans with mental health needs. Mental health provides unique challenges for VA and DoD, because although each Department has separate missions they serve the same population, but at different times in their lives and careers. The IMHS centers on a coordinated public health model to improve the access, quality, effectiveness, and efficiency of mental health services. Recipients of these services include Active Duty Servicemembers, National Guard and Reserve Component members, Veterans, and their families.

The IMHS derives from joint efforts in 2009 and 2010 between VA and DoD subject matter experts, which included the DoD/VA Mental Health Summit. The Strategy is defined by 28 Strategic Actions which fall under the following four strategic goals: 1) Expand access to behavioral health care in DoD and VA; 2) Ensure quality and continuity of care across the Departments for Servicemembers, Veterans, and their families; 3) Advance care through community partnership and education, and reduce stigma through successful public communication and use of innovative technological approaches; and 4) Promote resilience and build better behavioral health care systems for tomorrow.

The first goal of expanding access to behavioral health care includes specific actions such as integrating mental health services into primary care settings; sharing mental health staff between the Departments; and developing processes for implementing joint DoD and VA telemental health services.

The second goal of ensuring quality and continuous care includes specific actions such as coordinating and standardizing training in evidence-based psychotherapies; developing quality measures for mental health services based on VA- DoD Clinical Practice Guidelines; evaluating patient outcomes and using this data to support clinical decisions and improve our programs; and implementing the "inTransition" mental health coaching program to assist with continuity of patient care between Departments.

The third goal of advancing care through community partnerships, education, and successful public communication includes specific actions such as exploring methods to help family members identify mental health needs through education and coaching; coordinating the Departments' communications plans to improve public health messaging; facilitating access to Web-based resources; and promoting a better understanding of military culture for providers.

The final goal of promoting resilience includes specific actions such as exploring methods to distribute knowledge on suicide risk and prevention; recommending and promoting family resilience programs; building from lessons learned in DoD's resilience programs; and translating mental health research into innovative programs. This unprecedented level of collaboration is providing unique opportunities to coordinate our mental health efforts across the two Departments, for the benefit of all of our Servicemembers, eligible Veterans, and their eligible family members.

One local example of the Integrated Mental Health Strategy involves collaboration between VA's National Center for PTSD and DoD. The center has been working with DoD's National Center for Telehealth and Technology at Joint Base Lewis- McChord to develop a suite of mobile mental health applications (apps) for smartphones. The first of these apps, the PTSD Coach, has been extremely well received. It has been downloaded over 50,000 times in 60 countries, with perfect ratings on iTunes and near perfect ratings on the Android Marketplace. It was also a 2011 Winner of the Federal Communications Commission Award for Advancements in Accessibility, identified by Nextgov.com as the highest rated in their evaluation of the "best government apps," and was selected as one of Yahoo's Top 10 Health Apps. One of the next apps, jointly developed by the VA/DoD team, will be the Family PTSD Coach.

Veterans Health Administration (VHA)

Mental Health (MH) Services

VHA places a high priority on providing timely, quality care to our Nation's Veterans living with mental health issues. While we have made marked improvements in the mental health services available to Veterans, we continue to experience rapid increases in demand. We have seen a 49.2 percent increase in the number of Veterans using VHA mental health services, from 897,643 Veterans in FY 2005 to 1,338,482 Veterans in FY 2011. During the period from end of FY 2005 through the first quarter of FY 2012, mental health staff levels increased by 51.8 percent, from 13,566 to 20,590.

In addition, VHA has been implementing major improvements for Veterans since 2006, including expanding the availability of telemental health services; establishing VA's National Center for PTSD Consultation Program available by toll free number (866-948-7880) or online to assist VA clinicians with questions about PTSD, its symptoms and treatment; and launching a national mental health outreach campaign, "Make the Connection," designed to connect Veterans and their family members to the experiences of other Veterans, and connect them with information and resources to facilitate the transition from service to civilian life. VA appreciates Congress' support, which enabled enhancement of these important mental health services.

VA is continuously strengthening and improving its mental health services program. In recent months, VHA leadership has taken a number of actions to bolster the already robust program. For example, VHA has:

- Disbursed \$12.1 million in funding to hire new mental health staff and develop appropriate

infrastructure to provide telemental health psychotherapy services to areas where there is lower staffing, such as small community-based outpatient clinics.

- Hired additional staff for our Veterans Crisis Line and the Homeless Call Center, given that needs continue to expand for these services. In addition, VHA is aggressively filling existing vacancies for mental health staff.

As always, VHA's goal and focus is to have mental health services closely aligned with Veterans' needs and tightly integrated with VA health care facility operations. To this end, VHA leadership has developed and is implementing an action plan with aggressive timelines for completion. Some of the actions outlined above are part of this action plan. The results-oriented action plan pursues five key objectives: 1) improve the accuracy of the mental health scheduling process to improve our performance measurement system; 2) measure the adequacy of mental health staffing through development of a consistent national staffing model; 3) systematically identify and address space shortages in mental health areas; 4) increase off-hours access; and 5) balance the demand for Compensation & Pension /IDES examinations. These actions have already been initiated, with deliverables scheduled throughout FY 2012.

To address mental health access, VHA has put in place a new four-part mental health measure that is included in the FY 2012 performance contract for VHA leadership. This performance contract forms the basis for evaluation of VHA leadership, including VISN Directors. Thus, the measures in the performance contract define what leadership is accountable to accomplish, and the evaluation based on their performance defines various outcomes for them, including bonuses.

The new performance contract measure holds leadership accountable for meeting the following objectives:

- 1) The percentage of new patients to mental health who have had a full assessment and started treatment within 14 days of seeking an appointment.
- 2) Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) patients newly diagnosed with posttraumatic stress disorder (PTSD) receive at least eight sessions of psychotherapy within a single 14 week period;
- 3) Follow-up by a mental health professional within seven days after discharge to the community; and
- 4) Four visits within 30 days for any patient flagged as a high suicide risk.
- 5) Data Sharing Between the Departments of Defense and Veterans Affairs

MH Oversight and Best Practices

VHA recognizes the importance of oversight of mental health operations implementation of the Uniform Mental Health Services Handbook (UMHSH, VHA Handbook 1160.01). In addition to monitoring progress through the Office of Mental Health Operations (OMHO) Mental Health Information System, during fiscal year 2012, all VA medical centers are to undergo a site visit by OMHO. The purpose of this site visit is to provide an overarching initial assessment of implementation of the Uniform Mental Health Services Handbook to identify both areas of exemplary service and areas for growth related to the implementation of the UMHSH. This allows VHA Central Office to look at the full context of the data regularly gathered at the

national level to ensure that policy is being implemented at the local level. As of March 19, 2012, 47 of 140 site visits have been completed, with the remainder scheduled.

Site visits are staffed by a team composed of at least four members including a lead consultant and mental health subject matter experts from the Office of Mental Health Services, VISN Mental Health Directors, VHA Office of Homeless Programs, Program Evaluation Centers, The Mental Illness Research, Education and Clinical Centers (MIRECC), the National Center for PTSD Centers of Excellence, mental health leadership from the field, and/or mental health front-line providers. Site visitors meet with facility leadership, mental health leadership, front-line staff from each mental health program, Veterans and their families served at the facility, and community stakeholders. Site visitors complete reviews of the data provided by the OMHO Comprehensive Monitoring System and materials submitted by the facility, which include such items as reports from the Joint Commission, System-wide Ongoing Assessment and Review Strategy, VA Office of Inspector General, and Mathematica Policy Research. At the conclusion of each site visit, the facility is provided a preliminary verbal report, summarizing the strengths and areas for growth, including recommendations for further implementation. A final report is provided to each facility after review by the Director, OMHO, and approval by VHA Central Office. Following the dissemination of the site visit report, the assigned OMHO consultant collaborates with the VISN Mental Health Lead to develop a strategic action plan with each facility, focusing on the growth areas identified during the site visit, which will be monitored on a quarterly basis for implementation progress.

In a qualitative analysis of the initial 29 site visits, several strong practices have emerged across facilities. The most frequently noted strength is the increasing number of staff trained in Evidence-Based Psychotherapy (EBP) and the resulting increase in availability of EBPs for Veterans. Further, suicide prevention programs were highlighted at several facilities as a noted strong practice, followed by increasing focus across many facilities in incorporating recovery-oriented services within mental health. Site visit teams also noted that many facilities had strong ties with the DoD as well as other community agencies in collaborating for mental health care services. These strengths align closely with the Office of Mental Health Services' policy emphasis focus on rolling out EBP trainings across the VA, extending suicide prevention services, partnering with DoD on several mental health initiatives, and incorporating recovery-oriented principles throughout mental health service delivery.

The VA Puget Sound Health Care System, with campuses in both Seattle and Tacoma, WA, recently underwent a routine mental health site visit by the Office of Mental Health Operations on January 30-31, 2012. The site visit team identified several strengths. A primary strength of the facilities was the focus on having mental health staff trained in EBP treatments. The facilities have supported multiple individuals' participating in national-level training in EBPs and these treatments have been disseminated across both locations. Interdisciplinary care at Puget Sound VAMC both for Post Traumatic Stress Disorder (PTSD) and Addictive Disorders was highlighted as a major strength. Finally, at both facilities, the inpatient mental health unit's integration of recovery principles and practices into service delivery was noted as a particular strength.

In addition to identification of best practices from our OMHO site visits, VA national data from

other sources indicate additional best practices. VHA has made remarkable progress in the implementation of screening procedures for mental health disorders, with most recent data finding that VA patients are nearly universally screened for signs of PTSD symptoms (99 percent screened as recommended) and risky alcohol use (97 percent screened as recommended). These programs offer multiple EBPs, treatment for comorbid psychiatric disorders, and pharmacotherapy, and are model of care for SUD treatment. VA is also making steady progress in ensuring that opioid agonist treatment (OAT) for opioid dependence is available and provided to patients with opioid dependence, particularly by increasing use of office-based buprenorphine. Additionally, Primary Care-Mental Health Integration (PC-MHI) efforts have assisted in reducing stigma for Veterans wishing to access mental health services by bringing such services into the primary care setting. Since 2007, VA PC-MHI programs have recorded over 1.7 million Veteran encounters.

Suicide Prevention

VA believes even one suicide among our Servicemembers or Veterans is one too many. According to the recently released “Charting the Future of Suicide Prevention: A 2010 Progress Review of the National Strategy and Recommendations for the Decade Ahead” prepared by the Suicide Prevention Resource Center and Suicide Prevention Action Network, VHA has “developed a comprehensive strategy to address suicides and suicidal behavior that includes a number of initiatives and innovations that hold great promise for preventing suicide attempts and completions.” The Review cites VA as becoming one of the most vibrant forces in the U.S. suicide prevention movement, implementing multiple levels of innovative and state-of-the-art interventions, backed up by a robust research capacity. We have initiated several programs that put VA in the forefront of suicide prevention for the nation. Chief among these are:

- Establishment of a national Crisis Line, Chat Service, and Texting Service, as well as the development of a major advertising campaign to provide the Crisis Line phone number and Web site to all Veterans, their families, and Servicemembers;
- Placement of Suicide Prevention Coordinators (SPCs) at all VA medical centers;
- Development of an enhanced package of care for high risk Veterans;
- Expansion of mental health services;
- Integration of primary care and mental health services; and
- Creation of a new “Make the Connection” campaign to help make it easier to seek mental health assistance.

On the macro level, one way to evaluate the impact of VA mental health care and VA’s suicide prevention program is to evaluate suicide rates. Previous findings demonstrate that Veterans screening positive for PTSD were substantially more likely to come to VA for care. Findings about depression were similar. Both sets of findings supported earlier evidence that those

Veterans who come to VA are those who are more likely to need care and to be at higher risk for suicide. The increased risk factor for suicide among those who came to VA is often referred to as a case mix difference. We have just received the 2009 death data from the National Death Index and have begun to look at these numbers in relationship to Veterans who receive care in VA. We are encouraged by these data, which indicate that there is no increase in suicide rates among VA users despite national increases, especially in middle-aged men. We believe that this indicates that our strategies are having an impact. Some positive indicators include:

- Suicide rates among Veterans who use VA health care have decreased since 2001.
- There is a decrease in suicide rates among Veterans under 30 who use VA health care relative to Veterans who do not use VA services, in those states that report through the National Violent Death Reporting System (NVDRS).
- There is a recent decrease in rates in men aged 40-59 receiving care from VA relative to rates of men of this age in America as a whole.
- In FY 2009, the suicide rate per 100,000 person-years among Veterans who use VA health care was 35.9, as compared to 36.6 in FY 2008. Among males, it was 38.3, versus 38.7 in FY 2008. Among females, it was 12.8, versus 15.0 in FY2008.
- In FY 2009, there were 22 suicides among male Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Veterans age 18-24 who use VA health care. The suicide rate in this group was 47.1 per 100,000. By comparison, in FY 2008, there were 32 suicides in this group, and a rate of 75.4 per 100,000.
- In FY 2009, the suicide rate among individuals with mental health or substance use disorder diagnoses among Veterans who use VA health care was 56.4 per 100,000, as compared to 23.5 among patients without these diagnoses. The resulting rate ratio was 2.4. This continues a steady trend of reducing rate ratios observed since FY 2001, when the rate among patients with mental health or substance use disorder diagnoses was 78.0 as compared to 24.7 among patients without these diagnoses (rate ratio of 3.2).

At VA Puget Sound, the suicide prevention outreach effort engaged business, civic, religious, and academic leaders as well as military and Veteran contacts as part of VA's national Suicide Prevention Outreach efforts. VA Puget Sound has already engaged 54 community outreach contacts during the first 5 months of this fiscal year.

VA Puget Sound had the second largest number of VA Crisis Line calls in the country during the 1st Quarter of FY 12. Puget Sound has consistently been among the highest number in the nation. The total number has doubled since the first quarter of last year and appears to be increasing still.

Women's Health

VHA is committed to providing timely, high quality comprehensive health care to women Veterans in a safe and sensitive environment at all sites of care. Since 2000, the number of

female Veterans using VA health care has more than doubled, from nearly 160,000 in FY 2000 to more than 337,000 in FY 2011. Among women Veterans returning from the current conflicts, Operation Enduring Freedom, Operation Iraqi Freedom and Operation New Dawn (OEF/OIF/OND) 79.4 percent are age 40 or below and 51 percent are 30 or younger. To meet the needs of these young women Veterans, VA is ensuring that any woman Veteran eligible for VHA care will receive complete primary care from a trained and proficient Women's Health primary care provider to include care for acute and chronic illness, gender-specific primary care, and preventive health services. Additionally, VA provides full gynecologic care; maternity care either through Fee Basis or Contract; and newborn care.

VHA has collaborated with DoD as a member of the VA/DoD Pregnancy Workgroup which developed the Clinical Practice Guideline for Pregnancy Management. These guidelines provide clear and comprehensive evidence-based recommendations incorporating current information and practices for practitioners throughout the VA and DoD Health Care systems.

VHA is collaborating with DoD on research to evaluate post-deployment issues that impact women Veterans. Key areas of discussion include mental health, reproductive health, musculoskeletal injuries and pain, and cardiovascular risk prevention. The expectation is that both VHA and DoD can profit from exchange of policy, research and activities, and thus better serve women Servicemembers and Veterans.

Veterans Benefits Administration (VBA)

VBA assists Veterans in obtaining gainful, suitable careers through the Vocational Rehabilitation and Employment (VR&E) program. I will provide an overview of national programs and highlight the services provided to Washington Veterans by the Seattle Regional Office (RO).

Veteran Employment

VA is fully committed to assisting Guard and Reserve members, Servicemembers, and Veterans by broadening the availability of transition services and by providing comprehensive rehabilitation services that help reduce or eliminate these barriers so Veterans can maintain careers to the maximum extent possible. The primary mission of the VR&E program is to assist Veterans with service-connected disabilities and employment handicaps in preparing for, obtaining, and maintaining suitable careers and maximum levels of independence in their daily living. Vocational Rehabilitation Counselors engage Veterans in ongoing vocational exploration, allowing Veterans to identify career goals that fully utilize their skill sets and meet current labor-market demands. The Veteran and counselor develop an individually tailored rehabilitation plan that maps the necessary steps for the Veteran to reach his or her ultimate career goal.

Based on individual circumstances, the Veteran will work with a Vocational

Rehabilitation Counselor to select one of the following five tracks of services:

- Reemployment with a former employer;
- Direct job placement services for new employment ;

- Self-employment;
- Employment through long term services including on-the-job training (OJT), education, and other training; and
- Independent living services

After a plan is developed, a Vocational Rehabilitation Counselor or case manager will continue to work with the Veteran to implement the plan to achieve suitable employment and/or independent living. VA provides ongoing counseling, assistance, referrals to health care, and coordination of services such as tutorial assistance, training in job-seeking skills, adjustment counseling, payment of training allowance, if applicable, and other services as required to help the Veteran achieve rehabilitation.

During FY 2011, VR&E received 65,111 applications, and currently has approximately 109,400 participants in all facets of the program. Of those Veterans, approximately 67,100 are engaged in rehabilitation plans leading toward gainful career outcomes. As a result of increases in returning Servicemembers and VR&E's aggressive outreach program, the number of Veterans needing employment and independent-living services through VR&E is expected to increase in FY 2012 and FY

2013. Despite the current economic challenges, VR&E services helped approximately

10,000 Veterans in FY 2011 to reach their employment and independent-living goals.

VR&E Initiatives to Promote Hiring Veterans

VR&E is working on a number of initiatives and specialized services to promote the hiring of our Nation's Veterans. A specialized Web site unique to VR&E is VetSuccess.gov that includes job postings specifically targeted for Veteran applicants. Currently, the job board feature of VetSuccess.gov connects over 90,000 registered Veterans with over 7,500 registered employers. Through VetSuccess.gov, Veterans have access to job resources, resume-development tools, and military-to-civilian work- skill analysis tools. VetSuccess.gov also gives Veterans access to the Vet Central job career board of over eight million jobs. In FY 2011, the site had nearly 48 million hits.

The Services have identified three pilot locations for providing VR&E services for Servicemembers processing through the IDES: Nellis AFB, Ft. Campbell, and Balboa. VA is coordinating with the Services to assign 110 additional counselors to the largest IDES sites.

VR&E has also reached out to local college and university campuses to implement the VetSuccess on Campus program, which is designed to ease the transition from Servicemember to Veteran by coordinating Veterans' benefits smoothly and seamlessly. By the end of 2012, the program will be operational on 28 campuses. VA's 2013 budget request includes funds to expand the program to a total of 80 campuses serving approximately 80,000 Veterans.

Post-9/11 GI Bill

The Post-9/11 GI Bill provides education and training to our newest generation of Veterans to help them achieve their career goals. Through the end of February 2012, VA has issued over \$17 billion in Post-9/11 GI Bill benefit payments to approximately 700,000 individuals and their educational institutions. Of the 555,000 students who received Post-9/11 GI Bill benefits nationwide in FY 2011, over 15,000 students were from the State of Washington.

VOW to Hire Heroes Act

VA is actively implementing the Vow to Hire Heroes Act of 2011. Passed on November 21, 2011, the act includes the Veterans Retraining Assistance Program (VRAP), special employer incentives (SEI), and special tax incentives. VRAP will provide up to 99,000 unemployed Veterans who do not have any remaining VA education or VR&E benefits and are not in receipt of VA disability compensation due to unemployability up to 12 months of technical training for in-demand jobs. The SEI program can reimburse an employer for up to 50 percent of the Veteran's salary for up to nine months. Special tax incentives of up to \$9,600 are available for employers who hire unemployed and/or disabled Veterans. VA is working closely with the Departments of Labor and Defense to implement this Act and finalize outreach plans for Veterans and stakeholders.

OEF-OIF Nationwide Benefits Outreach

VA supports OEF and OIF Veterans and Servicemembers through a variety of outreach events. VBA holds outreach events on its own, as well as in collaboration with education, government, and community partners. VBA participates in outreach events focused on recently separated Servicemembers as well as National Guard and Reserve members returning from mobilization. Many ROs participate in Yellow Ribbon "Welcome Home" and demobilization events. VBA uses these outreach events to provide information about VA benefits, answer VA benefits-related questions, enroll members in eBenefits, review Veteran records, and accept claims for VA benefits. Since the beginning of FY 2012, VBA employees have provided over 2,400 hours of outreach and interacted with approximately 40,000 Veterans and Servicemembers through their participation in these events.

Outreach to employer partners is critical to increasing employment opportunities. VR&E uses a variety of communication methods to connect employers with staffing needs with qualified and job-ready Veterans, including e-mail announcements to Veterans regarding new job opportunities, invitations to employers as guest speakers on national monthly conference calls with all VR&E staff, and participation in and hosting of national and regional job fairs. The VR&E program currently has a number of memorandums of understanding in place with organizations to promote comprehensive services and employment for Veterans. These partnerships are invaluable because they allow Veterans to receive the services they need for all facets of their lives, which in turn facilitates and supports further success in their employment endeavors.

Seattle Vocational Rehabilitation and Employment Division

The Seattle Regional Office provides employment assistance for Veterans and Servicemembers living in Washington. Job-placement services are collaboratively provided by VA, the Department of Labor Veterans Employment and Training (VETS) program, and the Washington State Employment Securities Division. Services provided from these partners may include job-search skills training, resume development, interview coaching, and lessons on how to navigate and complete web-based job applications.

For Veterans in the program who already have appropriate work skills and satisfactory education, but lack recent work experience, VR&E administers the Non- Paid Work Experience Program (NPWE). This program provides eligible Veterans with practical job experience at a government facility. There is no cost to the employer, and the Veteran receives a subsistence allowance from VA. The program gives the Federal employer the authority to hire the Veteran non-competitively after completion of the NPWE placement. The Seattle RO's VR&E staff developed NPWE sites at the following locations: Washington State Employment Security Department, City of Mukilteo, Port Angeles Community College, the Snoqualmie Indian Reservation, and several Federal agencies including VA.

Another program available to Veterans through the VR&E Division in Seattle is the on-the-job training (OJT) program, which allows any employer to hire qualified Veterans at a trainee wage and also qualifies private-sector employers for tax incentives. VR&E counselors provide Veterans with ongoing case management, reasonable accommodations, and all the required tools, uniforms, and supplies they need to learn their new jobs. Seattle Veterans are completing OJT programs at the Bonneville Power Administration and Puget Sound Electrical Apprenticeship Program. Several smaller skilled-trade contractors have provided OJT sites in past years.

OEF-OIF Benefits Outreach in Washington

In 2011, the Seattle RO participated in 127 community outreach events reaching 11,096 Veterans and their dependents. These events were focused on homeless, former prisoners of war, women, and minority Veterans, as well as separating Servicemembers. During FY 2011, the Seattle VR&E Division received 2,088 applications for services, had 3,070 participants in all facets of the program, and rehabilitated 352 disabled Veterans. To reach Servicemembers early, the VR&E staff at the Seattle RO works closely with the Integrated Disability Evaluation System (IDES) staff to provide evaluation and employment services to participants in the IDES program. VR&E staff work with IDES staff at the RO, the Disability Rating Activity Site, and DoD sites throughout Washington.

VA's Disabled Transition Assistance Program (DTAP) is an integral component of VR&E's outreach program of services and benefits. DTAP encourages and assists potentially eligible Servicemembers in making informed decisions about VA's VR&E program. In FY 2011, the Seattle VR&E staff conducted 121 DTAP briefings at Joint- Base Lewis McChord (JBLM), Naval Station Bremerton, Naval Station Bangor, Naval Station Everett, Whidbey Island Naval Station, and Fairchild Air Force Base. Seattle VR&E staff members provide additional support to JBLM through bi-weekly counseling services to Servicemembers currently awaiting separation

at JBLM's Warrior Transition Battalion. In FY 2012, this mission will expand significantly, with three full-time Vocational Rehabilitation Counselors assigned to support the IDES process in Washington.

Additionally, Seattle VR&E staff members have participated in numerous job fairs, to include the Hire America's Heroes Job Fair at Century Link Events Center, as well as job fairs at Joint Base Lewis-McChord, Puget Sound Naval Shipyard, and AMVETS Washington State headquarters. Additionally, VR&E employment coordinators conduct monthly Job Club events for Veterans at the Seattle, Everett, Lynnwood, and Lakewood areas. The Seattle RO management team is making every effort to hire and promote Veterans. As of December 2011, 50 percent of the RO's employees were Veterans. Of these Veterans, 32 percent are disabled. The Seattle RO focuses recruitment efforts on hiring Veterans by using Veteran-hiring authorities, identifying candidates through the VR&E program, and distributing recruitment flyers at military bases and TAP briefings.

Washington's Veterans: Transitioning Home

VA Puget Sound Health Care System strives to lead the nation in terms of quality, efficiency and public service through its proven record of innovation and extraordinary care of Veterans. As one of two tertiary care medical centers in VA's northwest region, VA Puget Sound provides a full range of primary and secondary care services for Veterans living in Washington State, as well as Veterans in states comprising VISN 20, Alaska, Idaho, and Oregon, as well as Veterans from Montana, and California.

VA Puget Sound Health Care System distinguishes itself as a leader in teaching, research and patient care while earning prestigious recognition as part of the largest health care network in the country. VA Puget Sound Health Care System has distinguished itself as a leader in teaching, research and patient care while earning prestigious recognition as part of the largest health care network in the country.

The concept of an integrated post-deployment health clinic began at VA Puget Sound and was modeled after its Gulf War Clinic and lessons learned in terms of establishing a "one-stop" shop for new Veterans and those returning from war. That program developed into a national model, with integration of primary care, mental health, and social work at its core. Now integrated into primary care services, the goals and objectives of the clinic include the following:

- Post-deployment health services are offered through primary care.
- Post-deployment health is a short-term service focusing on rapid evaluation and stabilization or, when appropriate, referral to specialty service care.
- Has a focus on health, recovery, and integration.
- Care begins prior to entrance into a medical facility (less reliance on "brick and mortar" facility care).

- Liaisons with DoD facilities, Washington State Department of Veterans Affairs, Washington National Guard, and the community.
- Provides patients with a well-identified point of entry into the VA Puget Sound Health Care System.
- Care will soon be provided at the clinic the patient chooses. Future plans call for expansion of this model of care to all community-based outpatient clinics (CBOC).

Based in the concepts of partnership, integration and transition, a regional interagency group (originally created through an interagency Memorandum Of Understanding in 2005) continues to meet to problem solve and to support efforts for returning combat Veterans. This group includes VHA, VBA, the Vet Centers, Washington State National Guard, State Dept. of Veterans Affairs, Employment Security among others.

In addition, the OIF/OEF/OND program emphasis at VA Puget Sound is embedded in an integrated care model which now incorporates not only primary care, mental health and social work, but is integrating the Patient Aligned Care Team Model as well. Historically, VA Puget Sound was one of the first VA medical centers to embed team-based social workers at Madigan Army Medical Center to ensure smooth transition from active duty to Veteran status. Currently, VA Puget Sound is working with 139 serious ill or severely injured OEF/OIF/OND Veterans. Within the last year, VA Puget Sound social workers engaged 170 Servicemembers in care via referrals from military-treatment engaged facilities. To date, for FY 2012, VA Puget Sound completed 25 OIF/OEF/OND-specific outreach events, including Yellow Ribbon reintegration programs, demobilizations, community outreach, and local events at colleges and universities. In addition, 60 OIF/OEF/OND Veterans are currently enrolled in the Caregiver Support Program, and 52 caregiver applicants are undergoing the approval process.

Madam Chairman, VA works closely with DoD to help our Veterans return home and reintegrate into civilian life safely, easily, and with as much success as possible, and we continue to explore ways to smooth their way. This is true throughout the Nation, and equally so in the State of Washington. I am happy to respond to any questions you may have.