

HELEN TYMES, CAREER SPECIALIST, NATIONAL ORGANIZATION ON DISABILITY  
(NOD), NORTH CAROLINA OFFICE, NOD ARMY WOUNDED WARRIOR CAREER  
DEMONSTRATION PROJECT

Testimony of

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NORTH CAROLINA OFFICE

NOD ARMY WOUNDED WARRIOR CAREER DEMONSTRATION PROJECT

To the Senate Committee on Veterans' Affairs

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Mr. Chairman, Members of the Committee: I am Helen Tymes, Career Specialist with the National Organization on Disability. My partner, Dwayne Beason, and I staff the North Carolina office of the NOD's Army Wounded Warrior Career Demonstration Program, or AW2 Careers. I was pleased to accept your invitation to testify before your hearing on "Easing the Burdens Through Employment" in relation to severely wounded veterans returning to civilian life from the wars in Iraq and Afghanistan.

As one who is laboring "on the ground" to help veterans and their families to adjust effectively to their often very difficult circumstances, I am very heartened that this Committee is devoting time and energy to examining what we and others are doing to make good things happen on these fronts.

About NOD

NOD is a 28-year old national nonprofit organization that has long worked to improve the quality of life of people with disabilities by advocating their fullest inclusion in all aspects of life. We are one of only three so-called "cross-disability" organizations working to improve the quality of life for all of America's 54 million people with disabilities.

Over our nearly 20-year history, we've worked with scores of communities across the country to help them improve the quality of life for their citizens with disabilities and honor those that do it well. Our World Committee on Disabilities honors countries that do the same with an award presented by the Secretary General of the United Nations.

We're perhaps best known for our Harris polls, which have tracked various quality of life indicators through statistically valid sampling of 1,000 people with disabilities. For more than 20 years, the Harris Interactive firm's researchers have tracked everything from access to health

care, to transportation, degree of optimism about the future, social interactions with friends and community, religious participation, and even voting.

Needless to say, the gaps in these quality of life indicators between people with and without disabilities remain very wide, notwithstanding gains we've made through the ADA and other policy reforms in the last ten to twenty years. Among these indicators, it should be no surprise that economic self-sufficiency displays the greatest gap. People with disabilities suffer a poverty rate that is three times the national average and our Harris polls have reported a 67% rate of unemployment, a number that's remained virtually unchanged since the end of WW II.

For this reason, the NOD board, led by our chairman, former Secretary of Homeland Security Tom Ridge, has decided that for the next five years NOD will devote the bulk of our resources to promoting economic self sufficiency among America's 33 million working-age people with disabilities. Within this focus, we are working on helping the most severely injured veterans returning from Iraq and Afghanistan become productive, contributing members of their communities by entering or resuming careers upon their transition home.

#### The NOD AW2 Careers Demonstration

Today, I want mainly to share with you what we are learning from the early phases of AW2 Careers. While this demonstration is focusing on helping the most severely injured soldiers in the Army's AW2 Program access careers upon transitioning home, the model we are piloting has applicability to a broad range of services beyond those devoted to increasing economic self sufficiency. It is a model that deals not only with veterans but also with their families. We strongly believe that the population of severely injured service members, like the rest of the country's people with disabilities, faces a very complex recovery process that affects a family over a prolonged period and requires an array of services and supports for it to gain a semblance of a good quality of life.

Our AW2 Careers Demonstration is an entirely privately funded\* initiative conducted by NOD under a Memorandum of Understanding with the U.S. Army and its Army Wounded Warrior Program (AW2). Today, NOD Career Specialists ensure that career services and other assistance are provided to 188 soldiers, veterans, and their families\*\* (soon to top 200) in the Dallas Metroplex and the states of Colorado and North Carolina. We link soldiers/veterans and family members to existing career services in the community—or provide them directly ourselves where such services are inadequate.

I want to proceed directly to address the Subcommittee's interest in our on-the-ground work with returning veterans and their families. But:

- First, let me stress that to understand fully what I will present it is important to know something about the nature of both the Army's Wounded Warrior Program and of the NOD AW2 Careers Demonstration. Brief descriptions of both (and of NOD) are in Attachment 1 and I urge those not familiar with these programs to read Attachment I before proceeding here.
- Second, Attachment 2 is a one-page summary of AW2 Careers outcomes and progress to date, drawn from our most recent evaluation records.

- Finally, Attachment 3 is perhaps the most important document we would like to present. It describes how the service model of AW2—the Army’s own program—and of AW2 Careers differs in essential ways from the service models of others trying to serve the most severely wounded soldiers, veterans, and their families. We are convinced that it is this pro-active, “high touch” service model that makes the difference in progress for these severely wounded populations—and that the comprehensive independent evaluation we have funded will confirm that.

Here, let us stress that most veterans separated from active duty for medical reasons are given travel to their homes and disappear from the DOD radar screen. They are left to find their own ways to the VA, the Labor Department, and the other federal, state, and local government and nonprofit agencies with benefits and services to which they are entitled or they need. It is different for severely injured veterans eligible for AW2. They too are separated and given travel to “home.” But also, AW2 puts their name and contact information on the caseloads of one of AW2’s 150 Advocates who covers that veteran’s hometown. That Advocate is charged with reaching out pro-actively to find and engage that veteran and his/her family and sticking with him/her to ensure that s/he gets the benefits/services to which s/he is entitled or needs. When that veteran is ready for career activity, the Advocate passes the veteran’s name to the NOD Career Specialist for that area, who similarly pro-actively reaches out to the veteran and establishes the same kind of supportive relationship “for as long as it takes.” Neither AW2 Advocates nor NOD Career Specialists wait for a knock on the door or a phone call or an email from a veteran in need. We find and engage them.

Now, let me begin by noting that many of the most severely injured OIF/OEF veterans would have died in previous wars. Battlefield medicine, however, has advanced to the point that their lives endure but are frequently deeply impaired in both the physical and mental realms. Many observers still expect many of these veterans to live out lives in dependency, but we at AW2 and NOD strongly believe that most of these young men and women can become “self-sufficient, contributing members of their communities” (the Army’s admirable vision for its AW2 soldiers/veterans) by returning to school and some form of work. We, the nation that placed these young men and women in harm’s way, need to see this situation as an opportunity to learn “what works” to do that.

This, indeed, is the purpose animating AW2 and NOD’s AW2 Careers. It is important to note, however, that many of the challenges facing these veterans will not be surmounted quickly or easily. The effort must be long term in nature.

Let me begin with a summary of our statistics. We are only 11 months old, having opened our shop in late December 2008. We now have a caseload of 67 soldiers/veterans (mainly veterans) and are heading toward 100 in a few weeks. Of this 67, we have helped 28 to move into education, training, or work of some kind in less than a year. That number will, of course, increase as we move into our second and third years.

Here are two stories about veterans and their families.

- Veteran 1: The veteran called me to state he received a letter from the VA’s Vocational Rehabilitation folks stating he was denied benefits of VR & E. I asked the veteran if the letter

stated 'why' and he replied no. The veteran was immediately informed by me that I would follow-up on the situation and get back to him within 24 – 48 hrs. I contacted the VA / Winston –Salem to find out how it is that a Wounded Warrior with Severe PTSD and a 70% VA rated disability could be denied Vocational Rehabilitation. The VA representative stated, "That should have never happened. Unfortunately, we do have Case Managers that are handling a multitude of cases which cause many veterans to either be denied services or completely fall through the cracks." I gave the contact the veteran's information, and she researched the case to find out if the decision of 'no' was incorrect. The VA contact gave me the new VA Case Manager's name with a consent form to allow me to discuss the veteran's case. I arranged a teleconference with the veteran and his case manager, and an initial face – to – face appointment was then scheduled. I transported the veteran to Winston – Salem and attended his initial appointment with him. The Case Manager approved him to receive an Extended Evaluation and Plan, education funding and a voice recorder to record the Instructor's session and help the veteran recall what was said and took place in the classroom. Veteran will take a placement test at Fayetteville Technical Community College and enter the Computer Programming Curriculum in January 2010.

- Veteran 2: A veteran received a disability rating by the Army of 70% with other physical injuries sustained in the Global War on Terrorism. The veteran received a 100% disability rating from the VA. During the initial interview with the veteran, the CS discovered that the veteran was not being paid his full retirement benefits and immediately informed the Army's Advocate. It became apparent during the visit that the veteran was suffering from some degree of PTSD. He could not remember some basic things about himself and was unable to recall where his military documents were located. The veteran lost his DD Form 2, Retired Military Identification card, and could not account for his Army Knowledge On-line password to access his e-mail account. Also, the veteran was unable to access his military MyPay account. During the intake, the CS discovered that he was pending several charges of violating laws and had to attend court. CS transported the veteran to Seymour Johnson AFB in Goldsboro to obtain a new DD Form 2, Retired Military ID. CS also assisted veteran with obtaining a new ID and Password to access his MyPay account to submit the process and verification for a pay correction. We continue to work with him.

In these cases you can see the role we play in action. Let me highlight some of the things we do as in these cases.

- NOD's AW2 Careers program provides immediate, real time, pro-active assistance and problem resolution for veterans and their family members. We do not sit behind a desk and wait for other agencies to assist. We are mobile and have the latitude to go to agencies and make face-to-face contact versus waiting for an agency to hopefully return a phone call. We assist the veteran with what needs to be asked or ask the hard questions ourselves.

- Due to the nature of our private funding, we have the ability to make immediate financial assistance for tuition, textbooks, educational supplies and needs, utilities, moving expenditures and transportation needs.

- NOD's AW2 Careers develops an Individualized Career Plan, administers Interest Inventories and assists veterans with making realistic career choices and goals. We assist veterans with

staying on track with goals and continually follow-up and re-assess. We are able to obtain and maintain trust from the veterans we serve by establishing an initial, trustworthy relationship and by showing that we have genuine concern for their needs and goals.

When I talk with my colleagues at our other sites in Colorado and Texas and with our leaders in the New York headquarters of NOD, we can step back and stress some early lessons emerging from our work to date.

1. A Fundamental Mismatch: Seriously Injured Veterans and Reactive Agencies: Sometimes by design and more often from funding limitations, many of the government, and, indeed, private programs in place to help veterans returning from Iraq and Afghanistan are constrained to a reactive service model, only responding when a veteran seeks services and thus placing the burden on veterans to find and approach the agencies. But we find that the most seriously injured veterans with whom we work are not really able to effectively access services from reactive agencies.

Many veterans, especially the most severely injured who often also suffer from cognitive disabilities, do not know the benefits to which they are entitled, which agencies offer them, and how to approach them.\*\* Further, many are isolated, geographically, socially, and/or psychologically. Their needs call for an entirely different service model—in our view along the lines of what we are testing in AW2 Careers. That model is to actively reach out to the veterans and ensure their needs are being met. The terms NOD uses to describe our service model are “pro-active, intensive, and prolonged, high touch case management relationships” with the veterans being served. It is important to note that few, if any, other government agencies and or private veterans’ service organizations can employ the service model adopted by AW2 and AW2 Careers.

When a soldier is going through the Army Board process leading to medical discharge—or shortly thereafter—that soldier, if s/he meets AW2 admission criteria regarding severity of injury, is, in effect, automatically enrolled as a “member” of AW2. When the new veteran is medically separated and heads for home, his/her name is added to a caseload list of an Army Advocate (and later, where applicable, an NOD Career Specialist) serving the geographical region that soldier calls home. That Advocate and Career Specialist are charged with reaching out and finding that soldier/veteran; establishing a close, supportive relationship; and ensuring s/he gets the benefits and services due her/him.

In NOD’s case, we require Career Specialists to contact “their” veterans at least once a month, usually electronically (but including face-to-face meetings early on and, later, once every six months, often by getting in their cars and going to see the veteran at home, where we get a much fuller picture of his/her situation). We do not sit in our offices and wait for a veteran to knock on our door.

Further, we have early indicators and even some evidence that this service model is much better received by the veterans. Anecdotally, it is clear that the close NOD Career Specialist outreach relationships have lifted some veterans out of their isolation and immobility and started them re-engaging in both their lives and careers. These relationships have also resulted in spouses and children moving forward on career paths. This is reflected in early survey results, including the

below veterans' ratings of satisfaction with "how helpful" the services to date of various agencies have been:

A Lot   Some   A Little   Not at All

NOD Career Specialist	61%	30%	7%	2%
AW2 Advocate	56%	29%	14%	2%
One Stop Center	29%	29%	29%	14%
Voc Rehab & Empt	28%	48%	20%	4%
ACAP	16%	43%	39%	11%
Other Agencies	0%	67%	33%	0%

Finally, we acknowledge that the AW2/AW2 Careers service model is more expensive than office-based, reactive models. To this we respond that our final evaluation is likely to confirm our early operating judgment that this model works more effectively, certainly for this population of most severely wounded veterans. Moreover, a broadly based cost-benefit analysis should weigh direct program costs against the benefits of reduced dependency costs, increased tax revenues from veterans' earnings, reduced costs for shelters and imprisonment, more successful marriages and parenting, and the restoration of self-confidence from a veteran's again being an "self sufficient, contributing member of his/her community," which is the Army's admirable vision for this population.

2. The Need to Deal with both the Veteran and the Family: The process of recovering from injury and coming to terms with disability is a complex process that is all consuming not only for the veteran but the entire family. Retired parents may have to become caregivers to a veteran. Spouses whose job it was to take care of the children and household find them-selves suddenly in the role of caregivers to the veteran and/or even family breadwinners. Children may have to come to grips with a parent they no longer recognize. Investing in support for spouses, parents of veterans, and veterans' children who are drawn into this process is, in our view, a necessary and cost effective investment that the VA must consider as it administers ancillary benefits. And these benefits must be as flexible as are many of the benefits available through VR and E.

3. Unaddressed Mental Health Needs: More than half the AW2 population, including those in AW2 Careers, suffers from primary diagnoses of PTSD/TBI, with many having both, often also with physical injuries. But the behavioral/mental health concerns do not stop there. Many veterans suffer depression or other mental health issues (including violent or suicidal ideations) that require appropriate mental health services (especially including marital/family counseling). But, we find that these needs are largely unaddressed and can impede career progress by contributing to veterans' dropping out of education or training or losing a job. It is not a criticism of the VA to say that despite its efforts to expand such services, it simply isn't able to adequately service these needs. Sometimes the veteran denies these needs; or finds the local VA has no or limited mental health services or they are not close enough; or does not like what they perceive as the VA's reliance on problematic medications (not uncommon in other populations using psychotropic medications), with only limited therapy. We feel that the VA should supplement its direct mental health services by mobilizing and applying mental health services from other local agencies that are anxious to be helpful to veterans but need to be recruited, supported, and trained to do so.

4. Criminal Charges: We have encountered several situations where some behaviors associated with PTSD/TBI have resulted in veterans facing criminal charges (e.g., erratic driving, substance abuse, violence, including family abuse, etc.). It is hard to help a veteran stay on a career path when s/he is in court or jail. We have examples of our Career Specialists intervening with police, prosecutors, or the courts to request that notice be taken of the soldier/veteran's disability and considered as a mitigating factor in charges or sentence. This has sometimes resulted in remanding the soldier/veteran to treatment rather than incarceration. There is need for all agencies serving this population to intervene in such circumstances, bringing these factors to the consideration of such local authorities. (Indeed, one of our Career Specialists has led the effort in his part of his state to create a "Veterans Court" to which criminal charges against soldiers or veterans are referred for disposition taking such factors into account.)

5. Personal/Family Financial Management: Young veterans often have little or no experience or knowledge of properly managing family finances, despite ACAP and other Army training thereon. Our Career Specialists frequently find veterans in dire financial straits requiring emergency advice, training, and assistance. There is clearly a need for continuing personal/family financial management training and guidance.

6. Peer Support Mechanisms: The fact that so many of our veterans/families are isolated geographically, socially, and psychologically has led our Career Specialists to try various peer meetings and other peer supports, often with heartening results. Our sense is that this needs broader application.

7. Inadequate Education and Job Skills: We have not been surprised to find that many of our veterans lack the education credentials and job skills needed to succeed in the labor markets of today and the foreseeable future. Our response is to urge veterans to use the education and training benefits available to them to upgrade their credentials on either or both fronts. Many have responded positively. But others working with these veterans need to adopt the same emphasis.

8. The Need for Flexible Work Support Funds: The soldiers, veterans, and family members we serve frequently have very limited incomes. In addition, they face the need to spend modest amounts of money on things that can advance their career prospects—or impede them if such expenditures are not possible. These needs include things like tuition payments where federal educational benefits are delayed and the veteran cannot afford payments up front. Or, books, work clothes, computer repairs or software, travel expenses for a job fair or interview, license or other work related fees, and more. To meet such needs, we provide small grants from our work support funds that can facilitate career progress.

#### Next Steps:

As indicated above, our sense is that our model of services is highly promising and that its early indicators confirm this. But, we think we should take this developmental and testing phase further to generate firmer results, outcomes, and lessons.

Our present set-up of three sites over three operating years was devised three or so years ago, early in the then understandably chaotic period of our nation becoming aware of the challenge

and opportunity of responding to these severely wounded returning veterans—and of the initially chaotic and understaffed period of establishing the AW2 program. The private sector then stepped forward, with an impressive, welcome, but still limited support of our demonstration program.

Our sense, as experienced operators of demonstration projects, is that the present pilot project, while important as a source of early lessons, is still nonetheless too limited. Three sites are too few; three years are too few. Far better in terms of both serving more people but more important in generating more reliable data to support lessons learned, would be more sites for more time with more staff. We feel that expanding our present three sites to twelve and to five years instead of three and to two Career Specialists in all of the sites would yield important dividends in lessons learned and confirmed. Moreover, expanding the number of sites would yield similar dividends. Hence, we argue for up to nine additional sites, or a dozen in all.

Moreover, additional sites would allow clusters of sites to focus on potentially important themes. For instance, we would envision a cluster including concentrated mental health services; another including concerted advice to employers on both ways to accommodate the needs of disabled veterans in order to be productive and ways to “sculpt” or structure job requirements to the same end; yet others emphasize peer group supports. Then, too, some or all of the additional sites should provide career services to the severely disabled veterans from all DOD uniformed services. To these ends, we seek Congressional and agency support as well as the continuation of private funding.

On broader fronts, we would urge that the Committee support:

- Expansion of the AW2 program and the inclusion by it of severely wounded veterans of the other DOD uniformed services. This model of service is not only applicable to “Army Green” but also to similarly injured Marines, Sailors, and Air Force people; and these services should “try out” this approach by partaking of our demonstration project.
- That the VA consider a demonstration project along the lines of AW2 Careers. This would mean that the VA would establish a two-tiered structure, at least for exploratory, demonstration project purposes, with a “high touch” pro-active program like AW2 Careers for those so eligible, with revamped “regular” services for those not so severely disabled.

Thank you for your invitation and attention.

Attachment I to Testimony of Helen Tymes: Brief descriptions of NOD, of the Army’s Wounded Warrior Program (AW2), and of NOD’s AW2 Careers Demonstration Project.

The National Organization on Disability

The mission of the National Organization on Disability (NOD) is to expand the participation and contribution of America’s 54 million men, women, and children with disabilities in all aspects of life. NOD was established in 1982 with the goal of inclusion for people with disabilities. It was a key player in the passage of the Americans with Disabilities Act (ADA) in 1990 and the placement of the statue of Franklin Delano Roosevelt in a wheelchair in the nation’s capital.



With offices in New York City and Washington, DC, NOD works nationally in partnership with international, national, and local organizations. NOD has earned respect for its work as an advocate, program developer, and provider of the field's most important research on the status of Americans with disabilities (the NOD/Harris Surveys). NOD provides direct services to clients only as a part of demonstration programs aimed at developing new approaches and scaling up those that work.

NOD focuses on economic self-sufficiency for people with disabilities. Our most significant projects are AW2 Careers as described below and Start on Success (SOS), a student internship program that transitions young people with disabilities into the workforce and helps prepare special education students—especially from racial or ethnic minorities and low-income, urban families—for competitive employment.

Despite a primary focus on education and employment, NOD remains vigorously involved in the wider range of concerns affecting people with disabilities, including those that arise at the moments of greatest vulnerability. NOD/Harris Surveys reveal that 56% of people with disabilities do not know whom to contact in the event of a disaster. NOD's Emergency Preparedness Initiative (EPI) promotes the inclusion of people with disabilities in emergency preparedness planning and response by participating in emergency planning exercises, hosting conferences and by providing information, technical assistance, and other resources to emergency planners, first responders, disability advocates, and people with disabilities.

NOD is the only disability organization with credentialed personnel experienced in emergency management and disability issues.

### The U.S. Army Wounded Warrior Program (AW2)

At this writing, the U.S. Army Wounded Warrior (AW2) Program\*\* assists close to 5,000 of the most severely injured soldiers and veterans of the wars in Iraq/Afghanistan. To be "in" AW2, a soldier/veteran must have one or more severe physical disabilities (e.g., burns, blindness, amputations, spinal cord injuries), often combined with Post Traumatic Stress Disorder (PTSD) and/or Traumatic Brain Injury (TBI).

Assistance is provided by a cadre of over 135 "Advocates," Army employees or contractors who are stationed around the country with caseloads averaging 37. Advocates are counselors, advisors, navigators, case managers, and, yes, advocates with respect to the many and often confusing benefits and services available to and needed by such soldiers and veterans. The Advocates' mission is to pro-actively facilitate soldiers/veterans' receipt of the supports and services they need to become "contributing members of their communities," the Army's admirable vision for those in the AW2 caseload. The Advocates are charged with staying engaged with veterans for "as long as it takes." (Family members are also served.)

A culminating step to this goal is sometimes for AW2 soldiers/veterans to return to active duty, or, more commonly, to leave active duty and resume or enter civilian careers as veterans, where one of their options is to resume or enter civilian careers.

But civilian career development is a specialized activity that the Army and its Advocates have little experience with and limited time to devote to. To develop and learn what approaches the Army could most effectively use to assist severely disabled AW2 soldiers and veterans to move forward on their career paths, the AW2 Program and the nonprofit NOD concluded a Memorandum of Understanding (MOU) in 2007 for a public/private collaboration under which NOD would assist AW2 in advancing the careers of the soldiers/veterans it serves (including their family members, as well).

NOD's activities with AW2 under this MOU have had two major focuses: First, NOD drafted a Field Manual on Careers: Education, Training, and Work for the AW2 Advocates. This primer on career goals and services will shortly be promulgated to AW2 field staff as official guidance for their work on the careers front. Our major project is the AW2 Careers Demonstration Project, the focus of my testimony today. AW2 Careers is a pilot project whose lessons are to be transferred to AW2 both during the project and at its scheduled completion in 2012, when AW2 plans to assume full responsibility for career services and may conduct them in large part on the basis of the demonstration's experiences.

### AW2 Careers

NOD's AW2 Career Demonstration Program is a 4.5 year\*\*\* pilot project (now just into its second full operating year) under which NOD has placed one or more NOD Career Specialists in three locations (the Dallas, Texas, Metroplex; Colorado Springs, serving the state of Colorado; and Fayetteville, serving the state of North Carolina), where, over a three-year period, they team with the local Advocates, concentrating on career development for soldiers, veterans, and family members who are ready for such services.

### Operational Model

Like the Advocates, the Career Specialists employ a pro-active, intense, prolonged case management model helping the veterans think about and explore career options; obtain education, skill, aptitude, and interest assessments; devise resumes and career plans; acquire additional education and training; enter into work of various kinds (full- or part-time, paid or volunteer, for nonprofit, for-profit, or governmental employers—or self-employment as entrepreneurs or individual contributors); and advance in that work once so engaged. They do this by finding and linking veterans/families to relevant career services locally or providing the services themselves where local resources are inadequate.

The AW2 career process is represented by the flow chart below, through all or some of which will move an AW2 veteran/family member. This is not necessarily a linear, forward only, process. Some veterans

may backtrack to an earlier cell, to plan a different career or go to college, etc. Some may both work and go to school at the same time—or, may volunteer while working and/or in school. Career planning may be preparation for work or school and/or may occur while working or in school. Note, too, that Career Specialists “stick with” veterans after job placement for the full duration of the project.

A goal of a Career Specialist is to assist the veteran to move as far and as quickly through these cells as possible during the project’s duration. Job placement is not the only criterion of success; equally important is motion forward. A closely linked goal is to learn “what works” to help the veteran move from step to step (see evaluation, below).

Some veterans have already, on their own, entered school or at work, but many are in cell #1 and are our prime target population. They may be still in outpatient rehabilitation, still too injured to consider career steps at this time. Or, they may still be adjusting to the home environment and family situation; content to live on benefits at this time; discouraged from trying and not making progress; or just not ready or interested at this time. Many need time and encouragement to move forward.

Others are dispersed across the other cells of the flow chart. Wherever they find the veterans, our Career Specialists find and establish relations with them, assess their needs, and assist them in moving forward. Attached is our most recent statistical status and progress report as of the end of October 2009.

NOD has undertaken this Careers Demonstration mindful that it must utilize, not duplicate, other resources with the mission of assisting wounded veterans. In AW2 Careers local sites informal collaborators include the public agencies serving disabled veterans (Department of Labor and its VETS and "Real Lifelines" programs; the Veteran's Administration Vocational Rehabilitation and Employment offices; and the Social Security Administration offices); private nonprofit Veteran's Service Organizations (including Disabled American Veterans, VFW, Paralyzed Veteran's Association, AMVETS and American Legion) and a host of new voluntary organizations operating both nationally and locally, such as the Wounded Warrior Project and Yellow Ribbon Fund, that have formed since September 11th. The roster of such collaborators varies from site to site.

In addition, NOD is collaborating with the nonprofit, foundation-funded Give an Hour network, which stimulates local mental health providers to donate, gratis, an hour of mental health services per week to returning Iraq/Afghanistan veterans needing such services. Give an Hour advises both AW2 Advocates and NOD Career Specialists on how to make appropriate mental health interventions when needed, and assists in providing such services where appropriate.

Evaluation

The Economic Mobility Corporation (Mobility), a nonprofit organization led by Mark Elliott, a workforce development specialist who helped design the program, is responsible for conducting the program evaluation. AW2 Careers' two main goals: 1) developing effective ways to help veterans achieve better employment and education outcomes; and 2) using what we learn to inform the military and the helping professions and agencies about how best to assist such severely disabled veterans meet career goals.

A final evaluation after the completion of Year 3 will report on: 1) how effectively the program is implemented at each site; 2) the extent to which the initiative increases the level and quality of the employment and educational services that veterans and their families receive; 3) what employment and educational outcomes veterans/families achieve after receiving program services; and 4) what career supports or other factors were most helpful in generating such outcomes.

### Funding

NOD designed AW2 Careers to be privately funded (to enable quick actions devoid of bureaucratic impediments) with national funders supporting the national office's management, technical assistance, evaluation, and communication/promotional activities, and local funders supporting each site. At present, AW2 Careers is supported by 17 national and local foundations and two private corporate donors. These funders (counting grants provided and renewals that are likely) support 93 percent of the present 4.5-year project budget of \$4.6 million. NOD is seeking to fill the remaining gap through additional support from present and other potential funders.

Attachment 2: AW2 Careers Monthly Status Report as of October 31, 2009

TX CO NC All

Number of Soldiers/Veterans on the Careers Caseload as of October 31 62 59 67 188

Enrolled in AW2 Careers in October 2009 0 4 4 8

Current Status of Soldiers/Veterans

Currently employed<sup>1</sup>, in education or training and/or volunteering 39 38 36 113

Engaged in career planning 34 25 35 94

Still on active duty 1 2 6 9

Engaged in career planning 0 1 5 6

Currently not on active duty, employed, in education/training or volunteering 21 17 25 63-33%

Engaged in career planning 10 12 23 45

Status not confirmed (unable to contact Soldier/Veteran or data missing) 1 2 0 3

Outcomes Achieved After Receiving Services

Soldiers/Veterans who ever achieved any outcome after receiving services<sup>2</sup> 28 38 28 94-50%

Soldiers/Veterans who achieved any outcome in October 2009 1 1 4 6

Soldiers/Veterans currently in an outcome achieved after receiving services 23 29 26 78-41%

Family members currently in an outcome achieved after receiving services 7 0 4 11

Employment among Soldiers/Veterans

Ever employed in a civilian job since on the caseload 25 29 18 72

Currently employed in a civilian job<sup>3</sup> 20 22 17 59

Ever obtained a civilian job after receiving services<sup>4</sup> 13 23 9 45

Obtained a civilian job in October 2009 0 1 0 1

Currently in a civilian job obtained after receiving services 10 18 8 36

## Education Among Soldiers/Veterans

Ever attended education/training since on the caseload 26 21 25 72

Completed education or training 1 2 2 5

Currently attending education or training 21 18 21 60

Ever started education/training after receiving services 14 11 15 40

Started education/training in October 2009 0 0 1 1

Currently in education/training begun after receiving services 12 9 14 35

## Volunteering among Soldiers/Veterans

Ever volunteered since on the caseload 14 15 11 40

Currently in a volunteer activity 13 10 9 32

Ever started a volunteer activity after receiving services 9 11 6 26

Started a volunteer activity in October 2009 1 0 3 4

Currently in a volunteer activity begun after receiving services 7 6 5 18

## Contact Since the Start of the Demonstration at Each Site

Soldiers/Veterans ever contacted 61 57 67 185

Soldiers/Veterans who ever received a service or referral 57 56 67 180

Soldiers/Veterans ever seen in person 5 52 39 58 149

Family members who ever received a service or referral 32 0 8 40

Contact in October 2009

Soldiers/Veterans contacted (service, referral or follow up) 28 43 59 130

Soldiers/Veterans who received a new service or referral 21 25 46 92

Soldiers/Veterans who had follow up or update contacts 25 31 40 96

Soldiers/Veterans where contact attempted but not made 23 6 6 35

Soldiers/Veterans seen in person 2 13 24 39

Family members who received a service, referral or follow up 6 0 7 13

1 Includes civilian jobs only.

2 16 Soldiers/Veterans achieved 2 outcomes: 9 employed + education; 5 employed + volunteering; 2 education + volunteering.

3 Currently employed means the last employment assessment indicates that the Soldier/Veteran is employed. However, "current" does not indicate that the status was verified in the current month. The same applies to the education and volunteer information.

4 In TX, the 13 soldiers have obtained 16 jobs. In CO the 23 soldiers have obtained 31 jobs.

5 in TX, this figure is the number seen in person since December 2008

## Attachment 3: The essence of NOD's AW2 Careers Demonstration--A Unique Service Model for a Severely Injured Population

NOD's first Career Specialist (CS) told us a revealing story about one of his early home visits to an AW2 veteran:

It was a hot Texas summer day and I found John Doe's small house in a remote area. He was sitting in his living room, the shades closed, the room dark, a gun within reach, a dog at his feet. We talked about his PTSD and what he wanted to do with himself. During this, he mentioned that he could see from his chair's location down the long hall through the house. He frequently

saw shadowy figures running toward him, in and out of hall doors along the way. “I know they’re not real,” he said, “and I won’t have to use this gun because my dog is not barking.”

(Our CS allowed as to being relieved that the dog had not barked at him when he arrived. He has since helped this veteran enter school and his wife to search for a job.)

Well over half the AW2 population has primary diagnoses of Post Traumatic Stress Disorder (PTSD) or Traumatic Brain Injury (TBI)—93% in our AW2-CD caseload in North Carolina—often also with other severe physical injuries (amputations, etc.). And, many entered the Army when young, with few of the civilian experiences and skills today’s labor markets value and with few of the coping skills that young adults who did not join the military developed to meet the routine demands of civilian life. While some veterans do well in adjusting to civilian life, many experience financial crisis, marital discord, constant pain, and inadequately addressed PTSD, TBI, depression, and other mental health issues. The results include homelessness, self-medicating with drugs or alcohol, and behaviors (including violence to themselves or others) that sometimes result in incarceration.

Recognizing the complexity of these conditions and that these often young men and women have decades of life before them, top leaders in the military, Veterans Affairs, and other agencies (Admiral Mullen, Brigadier General Sutton, etc.) have recently acknowledged that a “high touch” approach is needed both within the military and in communities to which veterans return. Moreover, they admit, neither DOD nor the VA alone can meet the challenges these populations pose. Rather, a broad array of community resources must be mobilized and applied.

Fortunately, AW2 and NOD are stewards of just such an approach. To successfully serve such a population, AW2 devised—and AW2-CD also adopted—a unique model of services: pro-active, intense, prolonged, “high touch” interpersonal relations between Advocates and CSs, on the one hand, and soldiers/veterans and families on the other. Moreover, Advocates and CSs call on other federal agencies and help communities embrace veterans/families by mobilizing whatever local public or private services are needed.

The key to this model is clearly pro-activity. Normally, when soldiers are medically retired and head for home, they are left to fend for themselves, to find on their own the benefits or services they need and are due from the Veterans Affairs Department and others. Not so for soldiers eligible for AW2 because of the severity of their injuries (30% disability in one area of injury or a total of 50% in more than one). Rather, the new AW2 veterans’ names are added by AW2 to the caseload of the Army Advocate (counselor/case manager) serving their home communities—and, when the veterans are ready—also added to the NOD AW2-CD caseloads for career services. Those Advocates and CSs are charged with reaching out and finding the veterans and establishing supportive relationships. Advocates and CSs do not wait to respond to a phone call or a knock on the door as so many other agency professionals must do; instead they initiate contact by phone, email, and personal visit and begin to make what needs to happen, happen.

It is NOD’s sense that, while our CSs are not therapists, the relationship with a caring adult who is always in your corner (and sometimes in your face) is what helps bring these veterans out of their isolation and back into a positive engagement with their families and communities. These

Advocates and CSs also find and mobilize and apply various local services; they are the key local coordinating point, the “network tender.”

It is further our sense that, for budgetary and other reasons, no other agency providing social and other services to any needful population operates by such a service model at this scale. AW2 and NOD, the Army and DOD, and the Congress, thus have a precious opportunity and responsibility to develop, promote, and, yes, celebrate this model. We believe it is a model that we at NOD can promote to the benefit of the severely disabled not just in the military and not just with veterans but in civilian population groups as well.