

Chapter 5

Integrating Services and Strategies: A Continuum of Care

Introduction

The integration of services across agencies is essential if veterans with service-connected disabilities are to achieve their goal of successful transition and employment. The Task Force focused on how best to integrate the efforts of four primary federal and state agencies – VA (VBA and VHA), the Department of Defense (DoD), the Department of Labor (DOL), and State Vocational Rehabilitation (SVR) Agencies – to achieve the goal of seamless delivery of services. In addition, it is essential that VR&E strengthen its ties and partnerships with veterans service organizations, state directors of veterans affairs, county veteran service officers, and other stakeholders.

The concept of integrated and seamless delivery of services to veterans has been advanced by formal relationships between the DoD and VA. These agreements are designed to extend the continuum of care and services necessary to facilitate the successful transition from being injured to being a successfully rehabilitated veteran. VA's relationship with DOL on veterans' employment is another in the series of these types of relationships. Despite abundant long-standing and consistent recommendations about fully implementing these and other formal relationships, the Task Force believes that these agreements have not been fully implemented to achieve the level of operational service delivery that is envisioned by the Congress. The Task Force supports the concept of partnerships and integration of multi-organization services to facilitate efficiency and effectiveness in the delivery of services.

Focus on Integration of Services within VBA

Currently, VBA administers benefit programs outside of the VR&E Service that address the rehabilitation and independent living needs of veterans. The Loan Guaranty Service administers the Specially Adaptive Housing Program for disabled veterans eligible for a grant to modify their homes to accommodate their needs. The Compensation and Pension (C&P) Service makes payments to disabled veterans toward the purchase of a vehicle that can then be adapted through a VHA-funded program.

Within the Loan Guaranty and C&P Services, benefit claims can be processed without face-to-face contact with the veteran to assess the total needs of the veteran and how these benefits are integrated into the overall continuum of services. Today, these programs function independently within VBA with insufficient interaction between the Loan Guaranty Service, C&P Service, and the VR&E Service staff concerning the population of veterans applying for

and receiving these services. There is also no follow-on assessment of what the impact of these benefit has been on meeting the needs of veterans and improving their quality of life.

These two claims benefit programs are delivering services to veterans that may be better provided in the context of professional case management services. The case management concept provides the means to integrate a range of assessments and services – VA and community-based – to achieve a specific outcome and to improve the quality of a veteran’s life. In this model, Loan Guaranty and C&P provide services that should be integrated with a range of assessment, counseling, long-term case management, and other services to achieve the best outcome for the veteran. The C&P Service also administers two additional programs – 1) VA’s responsibilities for the Transition Assistance Program (TAP) and 2) an outreach program to homeless veterans – that may be more effective if integrated with the VR&E Service.

In designing a 21st Century VR&E service delivery system, the Task Force recommends that VBA consider integration of the Loan Guaranty and Compensation and Pension benefit programs that contribute to rehabilitation and independent living into the VR&E Service. At the minimum, there should be enhanced cooperation between VBA elements in order to better meet the needs of a service-connected veteran. Those filing claims for these two benefits are by definition veterans who might have the type of disabilities that may drive the need for additional services. The current VBA alignment of these benefits tends to act as a barrier to identifying the total needs of severely-disabled veterans, timely provision of services, and life cycle case management of services.

Focus on Integration of VHA and VR&E Services

Long before the concept of *One VA* became the Department’s standard, numerous commissions, committees, and panels have correctly recognized the potential strength of a formal relationship between VHA and VBA’s Vocational Rehabilitation and Employment Program. The Task Force considered a number of opportunities to achieve better integration of VHA and VBA services for veterans receiving VR&E benefits.

Realignment of VR&E Service and Independent Living to VHA

The Task Force debated the pros and cons of whether the VR&E Service should be realigned from VBA to VHA. We also discussed separating and moving VR&E’s Independent Living Program to VHA.

In considering the value of realigning the VR&E Service and Program to VHA, the Task Force recognizes the VR&E Service is a human service delivery organization that exists within an administrative claims processing organization. Providing these individualized services is fundamentally different from processing claims, a work process that does not require face-to-face interaction with the veteran. This situation has certainly fostered a number of organizational problems for the VR&E CO organization and Service. We also recognize that there is a rich set of resources within VHA in terms of various professions and programs that could be more effectively used to serve Chapter 31 veterans.

The Task Force concluded that the VR&E program, along with the IL Program, should remain within the VBA. The judgment of the Task Force was that leaving the VR&E Service in VBA provides the best “home base” from which to make the systemic changes necessary to finally rebuild this program. It is far from certain that the problems that have plagued the VR&E Service could have been or would be solved in the future by simply moving the VR&E Service into a much larger and more complex organization that has significant challenges already. Such realignment would also create a set of unique problems for the VR&E Service in dealing with VBA. VHA is an organization that is faced with a myriad of complex policy, resource, and service delivery challenges already. Frankly speaking, the Task Force was concerned that if the VR&E Service and its programs were transferred to VHA that they would become “swallowed-up” in the vastness of the organization and not receive the priority and attention needed to make the transfer successful much less achieve the improvements in performance to justify the change.

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VHA-VR&E Integrated Operations

VBA and VHA must work together to achieve shared goals and outcomes through mutual support in their common mission. The Task Force strongly encourages a “team approach” utilizing the multidisciplinary strengths of both VHA and VR&E staffs. The welfare of disabled veterans is dependent on the ability of all VA professional groups to have input into the vocational rehabilitation plan. This team approach should be extended to Independent Living (IL) services. The Task Force recommends that VHA and the VR&E Service initiate projects to formalize and standardize VA-wide the operational processes and administration for improved life cycle delivery of services to veterans. Such an effort to better serve veterans was initiated by the New York Regional Office and the Northport VA Medical Center. (See Appendix 14.)

Centers of Excellence

VHA and the VR&E Service should develop a model for VHA specialty centers of excellence and VR&E Divisions to deliver seamless and comprehensive IL and other services that focus on special disabilities, specifically traumatic brain injury (TBI), spinal cord injury (SCI), stroke, and blind rehabilitation. This model should be based on the joint Tampa VAMC and St. Petersburg VR&E Division activities involving veterans with special disabilities. (See Appendix 14) In the view of the Task Force, veterans will benefit if VHA and the VR&E Service identify and mandate a VA-wide set of best practice work processes for the range of assessments, case management, and provision of VA and community based-services needed to help veterans transitioning from VHA centers of excellence.

Case Management

The Task Force has learned that there is a population of veterans who may enter the system through the Chapter 31 program but are first in need of what we have called “life rehabilitation” services before they can start or

complete vocational rehabilitation. At the same time, there are veterans who start in VHA and are referred to the VR&E Division at some point in their treatment. Currently, the Chicago VR&E Division and area VHA facilities have an informal process for tracking the status of veterans for whom they share responsibility. This case management process for shared veterans should be formalized into a best practice and standardized.

Mental Health Programs

VR&E should determine the need for new VHA-VR&E Service joint programs to supplement the Compensated Work Therapy (CWT) Program and provide specialized programs for Post Traumatic Stress Disorder (PTSD) veterans. Based on information provided by VBA's C&P Service, the number of veterans with neuro-psychiatric conditions has increased 8 percent during the period of FY 2000 through FY 2003. During this period, the number of veterans with these same conditions who are seeking vocational rehabilitation is increasing. Veterans with these conditions tend to require more frequent face-to-face interaction with their counselors over a longer period of time and present significant challenges for VR&E staff in providing initial employment assistance and sustaining the veteran on the job.

Task Force field visits revealed that VR&E counselors may not be fully trained to work with these types of cases and may not be taking advantage of VHA's CWT Program. The CWT Program provides rehabilitation services to individuals with mental illness, including access to vocational rehabilitation models that have been demonstrated in clinical studies as effective in increasing employment outcomes for individuals with these diagnoses.

VHA-CWT has the infrastructure in place to provide vocational services in a collaborative model with the VR&E Service.

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In the near term, the Task Force recommends that VHA and the VR&E Service develop, implement, and mandate a set of processes and protocols for service delivery to this population of veterans. The Task Force is also concerned about the need for a bridge program between CWT and the VR&E Service's rehabilitation and employment

programs for this growing population of veterans. VA should consider initiating some review effort to assess how best to provide a transition program for these veterans.

Focus on Integration of DoD and VR&E Services

DoD and VA must work together as a team to successfully transition disabled service members to rehabilitated veterans. Based on our assessment of the VR&E Service's work processes, the Task Force identified five opportunities for improved integration activities between DoD and VR&E to improve service delivery.

VA-DoD Joint Strategic Plan

During the work of the Task Force, we discovered that the VA-DoD Joint Strategic Plan does not reference vocational rehabilitation and employment as a benefit for eligible veterans. The agreement also does not include goals,

objectives, and plans that would promote a seamless coordination of services for veterans with a service-related disability who desire rehabilitation and employment. This agreement should be updated to recognize the role and function of vocational rehabilitation and employment services as well as to provide plans of actions and milestones to achieve better and more responsive integration of services.

To that end, the VR&E CO should appoint a senior staff member to be an active participant with DoD to further this relationship for delivery of VR&E services and coordinate all DoD-VR&E data, system, and process issues. To the best of our knowledge, the VR&E Service has not had a proactive working relationship with the staff in the Office of the Under Secretary of Defense for Personnel and Readiness and those of the military services responsible for education, training, and transition assistance.

Disabled Transition Assistance Program (DTAP)

It is essential that VR&E staff become proactive in the delivery of services, including administration of VA's role in DTAP. To that end, the Task Force believes that the VR&E Service should work with DoD to establish a representative office at every Military Treatment Facility either on a full time or intermittent basis as deemed feasible. In some locations the use of trained contract counselors may be more cost efficient.

Verification of Military Experience and Training

Veterans seeking VR&E assistance can bring with them their Verification of Military Experience and Training (VMET) document (DD Form 2586). These forms are available only from Army, Navy, Air Force, and Marine Corps Transition Support Offices. VMET documents are intended for separating or retiring service members. These documents are available to service members from their local Transition Support Offices within 12 months of their separation or 24 months of their retirement. The VMET form contains information that can be helpful in the triage process and for more complete assessments. However, VR&E staff indicated to Task Force members that the use of VMET data is not part of the VR&E Service's best practices and some VR&E staff members are not aware that this information exists.

To improve operations of the VR&E process and speed delivery of services, the Task Force recommends that the VR&E Service take two actions. First, the VR&E Service should make use of the VMET data a best practice and standardize its use. Second, the VR&E Service should work with DoD to facilitate the means to allow the VR&E staff to have direct online access to VMET data so that when a veteran comes to VBA for services, this information can be accessed to facilitate the triage and employment process.

Education Credit for Military Experience and Training

Many Chapter 31 veterans decide to improve their employment opportunities by entering into a training or educational program. It would be beneficial if veterans could find out if their military experience and training could be applied as educational credit before they begin their vocational training.

The Task Force suggests that DoD and VR&E work in a collaborative effort aimed at assisting veterans who want to apply their military experiences for educational credit. A veteran's vocational rehabilitation plan would be enhanced if a summary of completed military training programs, as well as any education coursework the veteran might have taken through DoD tuition assistance or appropriate life experiences, could be translated into potential educational credits. For veterans successful in receiving educational credit for their military experiences, the Task Force assumes that veterans will complete their vocational training program earlier. This could lead to more efficient use of VR&E Program dollars and result in service-connected veterans becoming employment-ready more quickly. The Task Force understands that the Coast Guard and the Army National Guard are already using commercial software packages to assist veterans in determining what military experiences might qualify for educational credit.

Computer/Electronic Accommodations

A key component of the Five-Track Employment Process is the ability of VR&E to make assessments of the need for job accommodations and to facilitate those accommodations. This is an area where DoD could provide significant capabilities to support VR&E's employment services. The DoD Computer/Electronic Accommodations Program (CAP), within the Office of the Assistant Secretary of Defense for Health Affairs, provides nationwide technical assistance to more than 50 federal agencies by providing assistive technology and services for employees with disabilities. Currently CAP provides these services to VA for its employees. The Task Force envisions CAP as a way for VR&E Service to have a one-stop assistive technology capability that can be called upon at any time to assist a veteran on a cost reimbursable basis. A DoD-VR&E joint approach would facilitate the provision of services not currently provided at all VA Regional Offices, standardize these services, and continue the seamless delivery of services to veterans by staff who know and understand the assistive technology needs of the veteran.

Focus on Integration of DOL and VR&E Employment Services

In considering how to improve the performance of the VR&E Service, the Task Force spent time understanding the role of the Department of Labor Veterans' Employment and Training Service's (VETS) Disabled Veterans Outreach Program (DVOP) and the relationship of the state DVOP staff to the VR&E employment process. VETS administers two grant programs – for DVOP specialists and the Local Veterans' Employment Representative (LVER) program – that fund staff at state employment service offices. According to DOL, in FY 2003 there were about 1,195 DVOP staff and about 1,090 LVER staff. These staffing levels represent a slight reduction from the FY 2001 staffing levels of about 1,300 DVOP specialists and about 1,200 LVERs.

Our assessment of the role of the DVOP is based on interviews with VR&E field staff and VSO field representatives. Task Force members also visited the National Veterans Training Institute (NVTI) in Denver, Colorado where we observed two training courses. While visiting the NVTI, Task Force members participated in

four focus group discussions with class attendees. The Task Force was also aware of the concerns and conclusions of the *Congressional Commission on Servicemembers and Veterans Transition Assistance* regarding veterans' employment and the VETS DVOP program. The Task Force also reviewed recent General Accounting Office Reports on the Veterans Employment and Training Service.

The Task Force did not assess the feasibility of transferring DOL's Veterans' Employment and Training Service to VA and integrating it with the VR&E Service although the *Congressional Commission on Servicemembers and Veterans Transition Assistance* recommended in its 1999 report that Congress consider combining these programs at VA if certain goals were not met. The Task Force took the position that as long as the DVOP exists in its present form, the VR&E Service needs to do all it can to obtain consistent field performance from the program on a nationwide basis.

The impression received during Task Force fact-finding visits was that the relationship between the DVOP and VR&E is not working as well as it could be. There are, however, locations where the DVOP process is considered by the VR&E staff to work very well. For example, in St. Paul, the local DVOP is co-located in the VR&E RO office and works aggressively with the staff. In San Diego, the VR&E staff performs virtually no employment function thus relying on the DVOP process to facilitate employment for veterans. Overall, the problems noted by the *Congressional Commission on Servicemembers and Veterans Transition Assistance* and more recently by the GAO still exist.

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In brief, the VETS legislative mandate for DVOP implementation is to provide grants to the states to deliver these services. State authorities responsible for direction and control of DVOP staff hire these state employees as the state agency believes appropriate. We understand that these grants do not mandate the use of specific work processes or skill, experience, and knowledge requirements for DVOPS and LVRS. At the state level, it is normally the State Vocational Rehabilitation Agency (SVR) that proactively addresses issues of rehabilitation and employment for persons with disabilities.

Since the DVOP strategy does not mandate a standardized nationwide process, each local VR&E office has developed local policies and procedures that are unique to that location. As a result there is inconsistency across the nation in how local VR&E staff work with DVOP specialists. We also heard concerns during our interviews at the Regional Offices that DVOP specialists are often not skilled and trained to deal with persons who have disabilities.

The challenges faced by local VR&E offices in dealing with the DVOP may become even more significant. The 1998 Workforce Investment Act (WIA) created a One-Stop Center System at the state level to integrate and streamline the delivery of services. This One-Stop Center concept has evolved into a

decentralized employment center concept with multiple centers in a state serving areas or regions. The operations and resources of these Centers are controlled by local Workforce Boards. There are now literally hundreds of these autonomous Centers and Boards nationwide. This approach significantly increases the number of organizations and the variety of ways of doing business that VR&E Service staff must interface with on a routine basis. The GAO has raised concerns about the functioning of the DVOP within the One-Stop environment in a September 2001 Report on *Veterans' Employment and Training*.

To improve the working relationship of the VR&E Service with DOL, the VR&E Service should consider taking two actions:

- The VR&E service may not want to tie accomplishment of its performance goals to the performance of the DVOP. The DVOP is implemented in a myriad of approaches across the nation and there is no consistency in the process and how it works. Some are good – as in the VR&E/DVOP relationship in San Diego – but others are not. Rather than looking at the DVOP as being “the” employment function for the VR&E Service, the VR&E Service should consider taking advantage of the DVOP on a case-by-case basis as one of several relationships that might be of assistance to supplement the Five-Track Employment Service Delivery System.
- The VR&E Service should consider initiating a proactive strategy as a way to dramatically improve the performance of the DVOP in supporting the VR&E program and gain the active support and cooperation of state authorities responsible for administering the DVOP. The specific recommendations to implement this strategy appear in Chapter 6.

Focus on Integration of VR&E and State Vocational Rehabilitation (SVR) Services

While working to improve the VR&E-DVOP process, the VR&E Service should establish partnerships with the network of state agencies devoted to providing vocational rehabilitation and employment services to persons with disabilities.

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The Task Force was surprised to learn during its fact-finding activities that the VR&E Service has not leveraged the resources and capabilities of State Vocational Rehabilitation Agencies (SVRs) even though these agencies have the expertise and resources to deal with persons with disabilities that DVOP specialists do not have. Under the Rehabilitation Act of 1973, as amended, the Rehabilitation Services Administration oversees a

federal-state partnership in 50 states and territories that provide rehabilitation and employment.

The Task Force understands that there are cases in which VR&E staff members have worked with SVR agencies. However, there is no coordinated VR&E strategy and operational plan to formalize this partnership and make it an inherent component of the service delivery strategy. The Task Force recommends

that the VR&E Service take two actions to leverage the capabilities of SVR agencies.

- Initiate a Memorandum of Understanding (MOU) with the Council of State Administrators of Vocational Rehabilitation (CSAVR) and become an active participant in the CSAVR community. The Task Force has provided a draft MOU in Appendix 15.
- Establish a pilot project with a SVR agency to develop the policies and procedures for leveraging the capabilities of SVR agencies in other states. We recommend that this project model be implemented at the Montgomery Regional Office with the Alabama Department of Rehabilitation Services. The results of this project should be used to guide the development and design of specific work processes.

As this Task Force was concluding its work, we learned that a milestone was reached recently in a cross-agency effort to develop common performance measures for federal job training and employment programs, an effort that obviously impacts VR&E, DOL, and other federal agencies as well as states. DOL's Employment and Training Administration issued a Training and Employment Guidance Letter to the state workforce liaisons and agencies with background and particulars on a common measures policy.¹ This undertaking is part of the President's Management Agenda to improve the management and performance of the federal government, specifically program effectiveness in this case. VA is represented at these cross-agency meetings; VR&E will want to keep on top of discussions and decisions.

Focus on Integration with Stakeholders

Much has been written on improving cooperation between VA, veterans service organizations, state directors of veterans affairs, county veteran service officers, and other organizations that assist veterans. The Task Force suggests that the level of cooperation between VR&E and other stakeholders be taken up a notch. The term "strategic partnership" is more appropriate. As an example, VR&E should seek advice from the National Association of State Directors of Veterans Affairs on how to better integrate services at both the state and local level for disabled veterans who are seeking vocational rehabilitation services or employment. Full partnerships and cooperation are vital elements in assuring timely service to service-connected disabled veterans. A well-developed network is in place and it should be used to improve outreach efforts to inform veterans about VR&E services as well as to generate potential employment opportunities.

Integration of the VR&E Services with the Wider World of Vocational Rehabilitation

The wide world of vocational rehabilitation is composed of a variety of organizations. These organizations include the Centers for Independent Living; national organizations such as the National Council on Disability, National Council on Independent Living, the Commission on Accreditation of Rehabilitation Facilities, and the National Organization of Disability Examining Physicians; academic institutions; and private sector disability, rehabilitation, and employment firms or associations.

It appears that the leadership and management of the VR&E Service has been isolated from this larger vocational rehabilitation community. This has been apparent as we identified needs for continuing professional education and training of the workforce, the organization's limited capacities to stay on

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top off emerging knowledge and technology for rehabilitation, and the absence of a proactive agenda for corporate participation in this larger community. We noted in our field visits that on an individual basis, some counselors have made efforts to tap into this larger community, but these efforts met with limited results because there was not a commitment by the VR&E leadership and a corporate strategy to leverage this community.

Achieving an integrated and seamless service delivery system for disabled veterans must include the VR&E Service establishing relationships and participating with other organizations in this larger world. It is critical that the VR&E Service be in the mainstream of disability, rehabilitation, employment

"Many disabled veterans are not receiving suitable vocational rehabilitation and employment services required to provide a smooth transition into the workforce." – FY 2005 VSO Independent Budget

knowledge, and technology. To achieve this goal, the leadership of the VR&E Service should establish proactive relationships with these and other organizations so that the VR&E Service can leverage the capabilities of this larger world to improve the quality of life and employment opportunities for disabled veterans.

Integrated Operations Summary

The concept of an integrated and seamless service delivery system is the accepted strategy for improving the delivery of a variety of benefits to disabled veterans. The new VR&E employment-driven service delivery system incorporates the integration of multi-agency services and relationships as an inherent component. This new service delivery system emphasizes:

- Improving the integration of services within VA for vocational rehabilitation and employment,
- Strengthening partnerships with DoD, DOL, SBA, VSOs, state directors, county officers, and other stakeholders,
- Leveraging state vocational rehabilitation capabilities, and
- Connecting the VR&E Service into the world of rehabilitation.

In the past, the VR&E Service has not effectively planned and managed the organizational relationships essential to achieve the goal of integrated and seamless delivery of services. The recommendations provided in Chapter 6 identify specific actions to facilitate the integration of services in the future.

¹ Guidance Letter No. 15-03, dated Dec. 10, 2003.