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A REVIEW OF THE EFFECTIVENESS OF VA'S VOCATIONAL REHABILITATION AND EMPLOYMENT PROGRAM

HEARING

BEFORE THE

SUBCOMMITTEE ON ECONOMIC OPPORTUNITY

OF THE

COMMITTEE ON VETERANS' AFFAIRS
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CONTENTS

Page

Thursday, February 27, 2014

A Review of the Effectiveness of VA's Vocational Rehabilitation and Employment Program 1

OPENING STATEMENTS

Hon. Bill Flores, Chairman 1

WITNESS

Mr. Daniel Bertoni, Director, Education, Workforce, and Income Security U.S. Government Accountability Office 3
Prepared Statement 23
Ms. Heather Ansley, Esq., MSW, Vice President of Veterans Policy VetFirst 5
Prepared Statement 36
Mr. Paul Varela, Assistant National Legislative, Director Disable American Veterans 7
Prepared Statement 46
Mr. Jack Kammerer, Director, Vocational Rehabilitation and Employment Service, Veterans Benefits Administration, U.S. Department of Veterans Affairs 14
Prepared Statement 55

STATEMENT FOR THE RECORD

Paralyzed Veterans of America 57
Wounded Warrior Project 60

QUESTION FOR THE RECORD

Question From: Hon. Flores to Jack Kammerer 61

A REVIEW OF THE EFFECTIVENESS OF VA'S VOCATIONAL REHABILITATION AND EMPLOYMENT PROGRAM

Thursday, February 27, 2014

U.S. HOUSE OF REPRESENTATIVES,
COMMITTEE ON VETERANS' AFFAIRS,
SUBCOMMITTEE ON ECONOMIC OPPORTUNITY,
Washington, D.C.

The subcommittee met, pursuant to notice, at 10:01 a.m., in Room 334, Cannon House Office Building, Hon. Bill Flores [chairman of the subcommittee] presiding.

Present: Representatives Flores, Takano, Brownley, and Kirkpatrick.

OPENING STATEMENT OF CHAIRMAN BILL FLORES

Mr. FLORES. Good morning. The subcommittee will come to order.

I want to begin by welcoming everyone to our first subcommittee hearing of the second session of the 113th Congress.

Like you, I look forward to a productive session working with my friend and ranking member, Mr. Takano, and I want to thank all of you for being here this morning.

Today the subcommittee will conduct an oversight hearing on the Vocational Rehabilitation and Employment or VR&E program at the Department of Veterans Affairs.

This program and its VR&E counselors provide a wide array of rehabilitation and employment services through personalized rehab plans to help the most severely wounded and disabled veterans in employment or reach maximum independent living.

I believe the VR&E program should be the crown jewel of benefits provided to veterans through the Veterans Benefits Administration since this program has the opportunity to provide veterans great services to transition them to independence and employment.

While VR&E counselors continue to provide these vital services to our veterans, I believe, and I am sure our witnesses on the first panel would agree with me, that more must be done to improve the performance and the effectiveness of this program to ensure that veterans are receiving the services they deserve in a timely manner.

A recent GAO report crystallized some of these concerns by highlighting VR&E's problems with accurate performance metrics, workload management issues, and consistency of services throughout the nearly 400 VR&E office locations.

As I mentioned in our hearing last fall on VR&E's independent living program, I do not fault the VA's central office and field staff

for many of these issues. I believe that most of these issues stem from the lack of attention and resources that are provided to the VR&E Service by senior VA leaders which has been VA's practice through many administrations regardless of party.

VA's own testimony states that it saw a 14 percent increase in applications in fiscal year 2013 and as more and more veterans apply for disability benefits, I am sure that this number will only grow as budgets remain nearly flat.

It is because of this growth in workload and issues raised by the GAO report that I recently introduced two pieces of legislation to help modernize the VR&E program, H.R. 4037, Improving Veterans Access to Vocational Rehabilitation and Employment Act of 2014, which streamlines processes of VR&E to help counselors tackle their ever-growing caseloads and ensure that the most severely-disabled veterans have timely access to the services that they need for maximum rehabilitation.

H.R. 4038, the Veterans Benefits Administration Information and Technology Improvement Act of 2014, would require the VA to allocate more funding to update VR&E's corporate IT system called C–WINRS, C dash W–I-N–R-S, to improve oversight and tracking of taxpayer resources and the outcome of VR&E participants.

My concerns about VR&E's IT system continue to be validated when I hear stories about VR&E's offices not having internet connectivity for months at a time or offices who have to rely on old, outdated fax machines and paper more than computers and technology solutions.

I look forward to hearing testimony from our witnesses today and I hope to learn more about VA's plans to update their systems and implement the recommendations of the GAO's report.

We all agree that this program has the ability to greatly improve the lives of veterans, but more work still needs to be done so that we fulfill our promise to every eligible veteran.

With that, I will recognize the ranking member, Mr. Takano, for his opening remarks.

Mr. TAKANO. Thank you, Mr. Chairman.

Today we will hear statements and testimony about the effectiveness of the Department of Veterans Affairs' Vocational Rehabilitation Employment program, otherwise known as VR&E. This program was established to help eligible veterans find gainful employment and to facilitate their successful transition back into their communities.

The VR&E program helps return veterans back to the workforce by employing a five-track model of one, reemployment; two, rapid access to employment; three, self-employment; four, employment through long-term services or through long-term service; and, five, independent living for veterans unable to return to work.

Servicemembers returning from war are coming home with traumatic brain injuries, posttraumatic stress disorder, and many serious physical injuries. The VR&E program is uniquely positioned to assist our veterans in reintegrating them back into their communities and finding meaningful employment.

With the major draw down of our Armed Forces, we need to understand the impact of the growing wave of returning veterans and

to know if VR&E is properly staffed to meet the challenges in 2014 and beyond.

I look forward to hearing the new VR&E director's goals for the program as well as the program's financial needs. I also look forward to hearing the GAO's detailed review of the program and their recommendations on how we can improve the program.

Nothing is more important than ensuring that our transitioning servicemembers have access to the services like VR&E that they need to succeed in civilian life.

Thank you, Mr. Chairman, for scheduling this hearing today and I yield back.

Mr. FLORES. I thank the ranking member.

I now invite our first panel to the table. With us today is Mr. Daniel Bertoni with the U.S. Government Accountability Office; Ms. Heather Ansley with VetsFirst; and Mr. Paul Varela with DAV.

Your complete written statements will be made part of the hearing record and each of you will be recognized for five minutes for your oral statement.

Just as a reminder, you have to push the button in order to be heard over the PA system, and also the green light means that you are good to go. The yellow light means you have a minute left and the red light means that you need to wrap up soon.

So let's begin with Mr. Bertoni. You are now recognized for five minutes.

STATEMENT OF DANIEL BERTONI

Mr. BERTONI. Chairman Flores, Ranking Member Takano, Members of the subcommittee, good morning.

I am pleased to discuss our work on the Department of Veterans Affairs' Vocational Rehabilitation and Employment program which provided education, training, and job placement services to over 120,000 veterans last year.

My remarks today are based on our January 2014 report which examined outcomes for veterans seeking employment through the VR&E program and progress VA has made in addressing critical management issues.

In summary, we found that of almost 17,000 veterans who entered the program in fiscal year 2003 and received employment-related services, just under half obtained suitable employment by the end of fiscal year 2012. Another 30 percent discontinued the program, 20 percent were still receiving services.

While the average time to obtain employment was about four and a half years, time frames varied. For example, almost half of all veterans completed the program within three to six years, but nearly one-fourth achieved suitable employment in years seven through ten.

One reason for the lengthy time frames is that a good number of participants discontinued or interrupted their programs along the way, sometimes more than once before achieving success.

Veterans face several common challenges to completing the program and obtaining employment. We found that veterans with

mental health conditions and those who worked with multiple staff over time took considerably longer to complete their programs.

VA staff and veterans we interviewed also cited family obligations, financial difficulties, and civilian employers' limited understanding of military work experience as barriers to rehabilitation.

With regard to VA's progress in addressing critical management issues, we identified several key weaknesses. First, VA has identified limitations with its primary measure of program success, the rehabilitation rate, and is considering an alternative measure.

However, its proposed measure for individual staff reflects only the number and not the rate of successful outcomes and does not reflect the extent to which veterans are discontinued from the program without rehabilitation. Thus, it does not provide sufficient context for understanding overall program performance both regionally or nationally.

Going forward, we have recommended that VA consider additional measures to provide a fuller picture of program success.

VA also lacks performance measures related to enhancing veterans' long-term employment outcomes and currently considers a job placement to be successful if employment is maintained for only 60 days.

Research and practices at other federal employment programs suggest that VA's measure may be insufficient to gauge long-term employment success and VA may miss an opportunity to hold staff accountable and make program adjustments to achieve such outcomes.

With regard to workload management, VA's formula for allocating staff among regional office's may also be contributing to some ongoing workload challenges. We found that the ratio of cases to staff varied widely among offices with some averaging fewer than 100 cases per staff and others averaging several hundred.

Currently the VA staff allocation formula does not take into account workloads such as educational and vocational counseling which are substantial in some locations, and regional managers in five of the eight offices we contacted raised concern that the formula which has not been revised since 2003 may not effectively assign staff where they are most needed.

VA also lacks information about the regional offices' varied approaches to managing their caseloads. For example, some offices have veterans work with a single staff person throughout the rehab process and others may have veterans work with multiple staff who specialize in specific phases for types of cases.

Unfortunately, VA has not assessed the relative advantages or disadvantages of these varied approaches which is concerning given our finding that veterans who work with more staff over time are less likely to achieve suitable employment.

And, finally, we identified some gaps in SSA's training despite ongoing improvement initiatives. In particular, we found that VA does not provide sufficient training on helping veterans with job placement and workplace accommodations which are key to a modern approach to ensuring veterans with disabilities secure and maintain employment.

Mr. Chairman, this concludes my statement. I am happy to answer any questions that you or other Members of the subcommittee may have. Thank you.

[THE PREPARED STATEMENT OF DANIEL BERTONI APPEARS IN THE APPENDIX]

Mr. FLORES. Thank you, Mr. Bertoni.

Ms. ANSLEY.

STATEMENT OF HEATHER ANSLEY

Ms. ANSLEY. Thank you.

Chairman Flores, Ranking Member Takano, and distinguished Members of the subcommittee, thank you for inviting VetsFirst to share our views on the effectiveness of the Department of Veterans Affairs' Vocational Rehabilitation and Employment or VR&E program.

Access to quality vocational rehabilitation services is critical to helping veterans with disabilities receive the skills and training necessary to help them reintegrate into the workforce.

The opportunity to participate in the workforce is critical not only because of the financial benefits from employment but also because of the intrinsic value of work. Without the opportunity to continue participating in the workforce, many veterans with disabilities may become disconnected from the very society they pledged to preserve and protect.

Data from the U.S. Bureau of Labor Statistics shows that many veterans with VA disability ratings of 60 percent or higher are not participating in the workforce. VetsFirst is concerned about veterans with disability who like other people with disabilities face barriers to employment that include misinformation about disability and misperceptions about required accommodations.

Even if they know about the Americans With Disabilities Act or the ADA, many disabled veterans are unsure about disclosing a disability to an employer and fear job-related discrimination due to a disability.

VA's VR&E services are critical to helping servicemembers and veterans with service-connected disabilities who need assistance in developing and achieving a new path to employment.

According to the Veterans Benefits Administration's fiscal year 2012 annual report, 121,236 veterans received VR&E services during fiscal year 2012. Approximately 79 percent of these veterans served during the Gulf War era. VR&E considered 9,949 veterans in fiscal year 2012 to have successfully completed their rehabilitation program.

The GAO's recent report on VA's VR&E program laid out many challenges that hinder veterans in completing their VR&E services. As was said already, these challenges include the veteran's disability, the need for a realistic employment plan, family obligations, and issues related to military transition.

The presence of an employment barrier due to a disability is one critical factor that makes veterans who are seeking VR&E services unique from other veterans returning to the workforce. VetsFirst is concerned about VR&E's success in helping veterans with disabilities make a successful return to the workforce.

According to GAO, veterans, especially those with mental health issues, are facing challenges as they go through the rehab process. These challenges were illustrated by the GAO's finding that veterans with mental health conditions experience a decreased likelihood of obtaining a successful outcome within eight years of entering VR&E than those with other disabilities.

To address the needs of these and other veterans, we are pleased that VR&E is adding courses on mental health awareness and techniques to their training regimen for all vocational rehabilitation counselors.

VA must also ensure, however, that employees are properly trained on other issues that hinder the return to work of veterans with particularly significant disabilities.

We believe that these disabled veterans need more information about how to approach the workplace as a person living with a disability including understanding workplace accommodations.

To help veterans address some of their fears about approaching the workplace as a person with a disability, a research study conducted by the Northeast ADA Center in conjunction with the Army's Wounded Warrior program concluded in part that information about the ADA, including disclosure decisions and accommodation practices, should be included in a veteran's vocational rehabilitation.

In its report, GAO noted the need for additional training on accommodations for vocational rehabilitation counselors and we urge VA to develop and implement as soon as possible training on workplace accommodations.

We also encourage VA to partner with the Job Accommodation Network which is a service of the Department of Labor to facilitate training on these issues and to connect veterans for future accommodation needs that they may have.

Once placed in employment, some veterans need more supports to ensure their long-term success. VR&E considers a veteran to be rehabilitated if he or she maintains employment for at least 60 days. Although some veterans' cases may be followed for longer than 60 days, we believe that more must be done to ensure the long-term success of veterans with disabilities in the workforce, not only in placement but in retention and in promotion.

Thus, we believe VR&E should consider developing more partnerships with nonprofit organizations that provide the intense long-term services needed to assist veterans living with significant disabilities, including mental health conditions, in returning to and remaining in the workforce.

Lastly, we support efforts to ensure that VR&E receives increased supports which include additional staffing resources and access to information technology to help them better meet the needs of veterans.

For example, recent staffing increases have helped decrease the VR&E counselor caseloads, but more must be done. Additional gains will only come from more investment in VR&E and its services.

Again, thank you for the opportunity to share our views this morning. This concludes my testimony and I would be pleased to answer any questions.

[THE PREPARED STATEMENT OF HEATHER ANSLEY APPEARS IN THE APPENDIX]

Mr. FLORES. Thank you, Ms. Ansley.

And, Mr. Varela.

STATEMENT OF PAUL VARELA

Mr. VARELA. Good morning, Chairman Flores, Ranking Member Takano, and Members of the subcommittee. Thank you for inviting DAV to testify at today's hearing to examine ways to maximize the effectiveness of the Vocational Rehabilitation and Employment voc rehab program.

We appreciate the subcommittee's continued interest in oversight essential towards maintaining and enhancing this vital program. The committee's work ensures that our Nation continues to fulfill its promises to the men and women who served. It is indeed a pleasure to offer our organization's insights into the vocational rehabilitation program.

For over ten years, I had the distinct honor to serve as a DAV national service officer in New York and Los Angeles and witnessed firsthand the transformative effect of this program.

My oral remarks will summarize four key points from my written testimony.

First, DAV feels and the recent GAO report confirms the current voc rehab counselor to client ratio is too high and disproportionate throughout VR&E. As we have recommended, VR&E should maintain a voc rehab counselor to client ratio of no more than one to 125.

We were concerned to learn that eight offices average a ratio of one to 175 and in the Cleveland regional office, they average one to 206. Voc rehab counselors have a very hands-on approach with their participants and require the time and ability to address the unique needs and concerns of program participants more effectively.

The GAO report also confirmed what we had known before the findings of the report were published that demand for VR&E services is increasing and has done so steadily since 2008. There were 95,000 program participants in 2008 and as of March 2013, roughly 130,000.

Other factors must also be considered when increasing voc rehab counselor staffing levels to meet the one to 125 ratio to include increasing their administrative and support staffs to keep pace with increased VR&E participation. This includes purchases, beneficiary payments, and infrastructure.

Therefore, VA must request and Congress must approve sufficient resources to meet all the needs of the VR&E program.

Second, voc rehab is truly one of the more transformative benefits available to wounded, injured, and ill veterans, and enables them to overcome their service-connected disabilities. The program provides essential tools and resources needed to give them a sense of fulfillment as contributory members to their families and communities.

With such a powerful benefit, why limit the time frame in which a veteran can choose to use this benefit? In most cases, VR&E ben-

efits expire 12 years from the date of eligibility. This is what is commonly known as the use it or lose it period. We urge Congress to enact legislation that eliminates the 12-year limit to use this benefit.

Third, much of the VR&E process is still paper based unlike compensation and pension. Veterans still lack the ability to file their voc rehab applications online as a paper application is still required. As VBA moves forward with their electronic processing, this will lead to confusion as to which method is required to make certain applications for benefits.

Better IT systems also have the potential to increase overall efficiency, provide better accountability of the entire voc rehab program, could facilitate and enhance tracking capabilities of all services and procurements, provide ready access to data and include features that would allow for better voc rehab counselor performance tracking.

At present, much of the information required to get a full accountability of the program has to be done by examining local VR&E folders and assembling data. It is vitally important that VBA request and Congress approve the resources needed to make these much needed IT enhancements to improve access, oversight, and accountability throughout the entirety of the VR&E program.

Fourth, an often overlooked portion of the voc rehab program, independent living also requires proper resourcing. We reiterate our recommendations regarding this benefit as highlighted in our hearing in November 2013. We urge Congress to support legislation to remove the cap and eliminate the current restriction placed upon program participation.

Mr. Chairman, vocational rehabilitation embodies DAV's central purpose of empowering veterans to lead high-quality lives with respect and dignity. If we do not strengthen VR&E, it runs the risk of compromising that purpose. How can a wounded, injured, or ill veteran achieve such a fulfilling life when it takes months to even begin the program and is then adversely affected by staffing and resource limitations essential towards effective participation?

In closing, Mr. Chairman, despite some of the management and oversight challenges discussed in our testimony and the GAO report, we continue to believe that voc rehab is a vital and transformative benefit, essential and empowering, that has and should continue to make a tremendous difference in the lives of thousands of veterans every year.

DAV stands ready to work with the subcommittee and VA to offer our expertise, insight, and experience to enhance the program.

Mr. Chairman, this concludes my testimony and stand ready to answer any questions the committee may have.

[THE PREPARED STATEMENT OF PAUL VARELA APPEARS IN THE APPENDIX]

Mr. FLORES. Thank you, Mr. Varela.

And I thank the panel for their testimony.

I now recognize myself for five minutes for questions.

Mr. Bertoni, in your report, you mention that each regional office differs in how they monitor and how they distribute the caseloads to VR&E counselors.

What are your suggestions as to how the VA can improve management to ensure that there is consistency and appropriate workload management at all the VR&E locations which would help ensure better service to veterans?

Mr. BERTONI. A couple things, but it is no surprise that the field offices have a lot of discretion to configure their staff and manage their caseload that cuts across many different lines of work in the regional offices.

But in this case, we did see a lot of variation in terms of how they were organizing these modules to process cases. We have specialization versus generalization. There were clearly, you know, indications that there were advantages and disadvantages of each.

But it was concerning to us and in our analysis, we found that those who work with multiple counselors tend to have a lower success rate. You know, if you had four counselors, you were 27 percent less likely to be successful in your rehab.

So it just begs additional analysis. We have recommended that VA study some of these workload models, identify the advantages and disadvantages, and come up with some specific guidelines or best practices that they can share with the regions so they can apply those to their own operations to be more effective.

Mr. FLORES. Uh-huh.

Mr. BERTONI. The resource allocation model needs to be looked at. We have got staffing based on performance that can disadvantage lower performing offices. We have got workloads that are fairly substantial in some offices that are excluded, that are not giving proper credit.

And that leads to FTE ceilings. And if you do not have the proper FTE ceilings regardless of the workload mix, you are going to have deterioration in service.

So those two areas looking at how they are configured and factor that into your staffing allocation model to ensure that the appropriate staff are on the ground is important. And we have got two recommendations that should get them there.

Mr. FLORES. Okay. I want to dig into the weeds a little bit on this. Mr. Varela, I would like to follow-up with you because you had a recommendation as to caseload management. I think you said one to 125 was your or DAV's recommendation.

So, Mr. Bertoni, it seems to me like there is a difference in the degree of resources required for a rehab case versus an education case.

Can you tell me, should there be different metrics for those, two, in terms of VA staff to caseload?

Mr. BERTONI. VA is the expert here in terms of the——

Mr. FLORES. Okay.

Mr. Bertoni [continuing]. Work credit measurement system. And I would say you are correct. If you looked at the work credit measurement system, different workloads receive different credit. I do not know if what they are getting for voc rehabilitation, developing a rehab plan is sufficient or not. I think it is something that the agency needs to look at to ensure that they are getting equitable or just credit for various workloads.

Mr. FLORES. Mr. Varela, do you have any comments, any thoughts about that?

Mr. VARELA. Yes, Mr. Chairman. In terms of the workload credit, obviously there is an incentive to get a veteran to the completion of the program.

Mr. FLORES. Sure.

Mr. VARELA. And that is where they are going to give most of the credit. So there may be a precedence now that is not allowing VR&E to get the credit that they deserve for everything that they do. There is a lot of client contact that takes place. There is a lot of needs that have to be addressed. Circumstances are continually changing. There may have to be some coordination between VHA services——

Mr. FLORES. Yeah.

Mr. VARELA [continuing]. And other outside entities. So all of that needs to be built in to determine how effective the program is. And if somebody does not complete the program, that may not be the fault of the voc rehab counselor themselves. And they would get dinged for that. You know, that would be a smudge on their record. But that does not mean that they did not work with that veteran for a year——

Mr. VARELA [continuing]. Two years or three years. And that credit should be recognized.

Mr. FLORES. I am going to try to get in one more question in my remaining few seconds. This is for all of the panel, but, Ms. Ansley, let's start with you.

Can you tell us what your thoughts are for the C–WINRS Program? Try to keep it in about 20 seconds and tell me what you think the improvements should be, the IT system.

Ms. ANSLEY. Thank you.

We agree that we need better improvements that will help to track the metrics as people are moving through the system to know where people are at as they are tracking through and to be able to highlight some of these points as was mentioned by DAV as people step through the process, where are they at and are there ways to provide credit and to identify problems.

So if people are noting that they are at a particular level, you are seeing a high level of problem, what can we do to go back and fix that.

Mr. FLORES. Okay. Mr. Varela, regarding C–WINRS, what are your thoughts about the system?

Mr. VARELA. I know there are recommendations to enhance C–WINRS, but VA going forward, their major emphasis is VBMS.

Mr. FLORES. Right.

Mr. VARELA. Will C–WINRS be able to communicate with VBMS or will it continue to be a stand-alone platform? They obviously need to make those IT enhancements. Can C–WINRS be enhanced to the point where it gives us all the data that we are looking for? I do not have the answer to that question. That is really going to require some examination.

Mr. FLORES. Well, thank you.

Mr. Ranking Member, I am sorry I went over my time, but I recognize you for five minutes.

Mr. TAKANO. Well, just consider this sort of my little birthday gift. I understand Tuesday was your birthday and happy birthday belatedly.

Well, Mr. Chairman, thank you for recognizing me.

My first question goes to Mr. Varela and Ms. Ansley. How should the VA measure success or failure of the VR&E program? Do we have the right measures and the measures that would incentivize the right sort of actions?

Ms. ANSLEY. I do think that we need to make sure that we are not just looking at a particular time in point which was mentioned about you are now rehabilitated. I think that it is a process that veterans are going to go through.

So looking at the process as they are going through the stages to look for metrics there, but then also once you are considered rehabilitated, you have remained in employment, I would like to see some follow-up about what happens in out years.

Does the veteran—are they able to remain in the workforce? Are there things that develop as they move through their work career? It is really more about—the ultimate outcome and metric for me is a veteran remaining an active, productive member of the workforce and then how you measure that really requires more of a longitudinal process.

Mr. TAKANO. Great. Thank you.

Mr. VARELA. Any metrics implemented going forward has to have the input of the participant. The veteran has to have the opportunity to say whether this is working or whether it is not working.

And in our written testimony, we alluded to the new GI Bill complaint procedures that they have in place if you are having issues with a school or so on. You can go online and you can log these complaints.

Veterans need to be part of that process. And there was a 2004 task force that reviewed the VR&E program and that was one of the recommendations from that time was you need that individual's input to determine if you are on the right course, what changes need to be made, and if that veteran feels that they are getting the services that they actually sought.

Mr. TAKANO. Ms. Ansley, I want to return back to your suggestion that we look at the process. Can you give me some idea of what additional measures you would do so we do not just look at a simple outcome?

Ms. ANSLEY. Well, we certainly do need to when we are checking the process connect with that veteran and see if they got what they needed to actually return to the workforce.

And so being able, I think, to do surveys and outcomes of the veteran, what he or she was looking for in the process, did they remain employed, if so, were the VR&E services helpful to them, I think, are some key measures that we need to be connected with.

It is always difficult to look at, you know, metrics that come out from a program as you are going through the steps and then how did that really implement in someone's life as they are now taking that process and moving forward?

I would also suggest that there may be other programs that could be looked at within VR&E and vocational rehabilitation, you know, other systems that exist that might provide some guidance on standards.

Mr. TAKANO. Great. Thank you.

Mr. Varela, can you explain in more detail why it is so important to lift or at least extend the eligibility period for VR&E?

Mr. VARELA. Yes, Congressman. A veteran's situation is likely going to change over time. What was true today may not be true 12 years from now. And a veteran's service-connected disability is going to play a big part in that.

The conditions may change, get worse. There may be new disabilities that are identified. And so this veteran that had the time frame—may not have had the time to use it during that 12-year period. They may not have needed it during that 12-year period.

Now fast forward 13, 14 years when their circumstances have changed and they come to Vocational Rehabilitation and Employment and say I would like to utilize this program. If they had not met that 12-year requirement, they could be denied.

Now, there are ways around that, but that requires additional administrative review. They have to determine if a serious employment handicap exists. It should be open-ended. And when the need arises, they should be able to use it.

Mr. TAKANO. Thank you.

Mr. Chairman, I stopped right on the clock.

Mr. FLORES. Okay. You are very good. Thank you.

By the way, I just want to comment on the extension of the time period. As you know, your bill was incorporated with H.R. 357, which passed a couple of weeks ago, which extended the time period from 12 years to 17 years.

So the ranking member has been a champion of this and we have had some progress in the House. And hopefully our friends on the north side of the campus will take that up soon.

Ms. Brownley, you are recognized for five minutes for questions.

Ms. BROWNLEY. Thank you, Mr. Chair. Appreciate it.

I had a question, I think, directed to Mr. Varela and perhaps Ms. Ansley as well.

I want to thank all of you first for your continued work and service on behalf of our Nation's veterans.

In the testimony of the Paralyzed Veterans of America and their written testimony, they expressed some concern about the independent living program and it certainly has come up in my district in California in Ventura County.

They state in their testimony that although the program has proven to benefit disabled veterans during their rehabilitation, existing legislation continues to limit or cap the yearly enrollment. More than a decade of combat has produced many veterans that could benefit from assistance from the independent living option. Congress should remove the cap of 2,700 per year for independent living enrollment and vocational rehabilitation. Counselors should be trained and encouraged to recommend the IL program when it could benefit a veteran's rehabilitation.

So that is what they stated in their testimony. Certainly in my district, we have veterans that are calling our office pretty routinely who have been unable to attain services within the independent living program because of the cap and even probably more importantly in the 12-year statutory limit on veterans for attaining VR&E benefits.

So I was just wondering if either one of you could comment on where you stand on that and do you believe the 12-year limit is a problem. Do you believe the cap on enrollees for independent living, the independent living program is a challenge?

Ms. ANSLEY. We would certainly align ourselves with our friends from PVA in their comments on the independent living program. It is a program designed to assist those veterans that are in the most need of benefits and it seems to us as though if someone is meeting that need, why would we limit it based on an arbitrary cap, that, you know, these are the veterans that are most in need of service. And if you meet that need, that service should be there.

So we would support the independent living program being available as needed to veterans and also the 12-year delimiting period we would say, you know, again, if the services are needed, a veteran's circumstances may change, you know, we would not want to limit access to something that is going to help someone rehabilitate, return to the workforce, and be a productive member of their community.

Mr. VARELA. Congresswoman, there are two parts to that, so I will take the 12-year period first.

Obviously we would like to see the cap removed. I think this also would free up some VR&E resources as well. For those veterans that come in after the 12-year period and then have to prove to a voc rehab counselor that they have a serious employment handicap, that is one less administrative procedure that they would have to undertake.

Again, the 12-year period, these disabilities are not going to last for just 12 years. You know, these are disabilities that are going to be ongoing for the rest of their lives. So why limit access to that benefit for 12 years? Their disabilities do not have a 12-year shelf life nor should the benefit.

The independent living program, again, there should not be an arbitrary cap. It should be open to all veterans that need it. It is one of the more intricate tracks in the voc rehab program. As I mentioned in my oral remarks that VR&E services require a hands-on approach with their participants. It is even more so with those in the independent living program.

So that would be more time consuming as well. So you may want to look at whether VR&E stations require independent living specialists if we remove that cap more people enter the program.

I would also like to commend this committee and the VA for your oversight and the VA VR&E program because they have just instituted, I think it is a 14-hour training program on independent living services. So there are VR&E counselors who will have what looks like an in-depth training on the independent living program.

Ms. BROWNLEY. Thank you.

My time is about to run out, but I just am wondering if either one of you have any data at all with regards to this in terms of veterans who need this program and are not able to have access to it. Just yes or no and if you do, I can follow-up with you later.

Mr. VARELA. No, we do not have that data on hand at present.

Ms. ANSLEY. No, we do not have that data.

Ms. BROWNLEY. Thank you.

And I will yield back.

Mr. BERTONI. We just issued a report a couple months back on sort of the numbers around the program, so we can get you that.

Ms. BROWNLEY. That would be great. Thank you.

Mr. FLORES. I want to thank the first panel for their testimony and I appreciate your efforts on behalf of our Nation's veterans. You are now excused.

I now invite our second and final panel for the day to come to the witness table. On our second panel, we have Mr. Jack Kammerer, who is the new director of Vocational Rehabilitation and Employment Service at VA.

Before he came to the VA, Mr. Kammerer had a long and distinguished career in the U.S. Army and I was pleased to learn yesterday that he served with my friend from Texas, Mr. Guerin.

Thank you for your service to our country, Mr. Kammerer, and you are welcome to the subcommittee. You are now recognized for five minutes for your testimony. I realize I called you up here in a hurry, so take your time to get ready.

STATEMENT OF JACK KAMMERER

Mr. KAMMERER. Mr. Chairman, Mr. Takano, subcommittee Members, I appreciate the opportunity to discuss the Department of Veterans Affairs' Vocational Rehabilitation and Employment program.

In my brief tenure as VRE director, I have already seen how the VRE team is engaged in multiple initiatives which will result in better support for veterans.

Through VetSuccess on Campus, we have collaborated with 94 schools across the country to provide additional education and vocational counseling and other services to over 80,000 veteran students.

We also collaborate with the Department of Defense to provide assistance to servicemembers through the Integrated Disability Evaluation System and we have expanded counseling and other services for over 28,000 transitioning servicemembers.

We continue to work with federal, state, and local government agencies and private sector employers to increase veteran employment opportunities. VRE Service is currently developing new performance metrics to more effectively evaluate the full scope of VRE work activities at the local, regional, and national levels. VRE is also partnering with the Veterans Health Administration to develop video tele-counseling.

The VRE program assists servicemembers and veterans with service-connected disabilities to prepare for, find, and keep suitable employment. For veterans with service-connected disabilities so severe they are unable to work, the independent living program or IL offers services to improve their ability to live independently.

The VRE program also provides education and career counseling to transitioning servicemembers and veterans eligible for VA educational benefits and dependents of veterans who have permanent and total service-connected disabilities as authorized under Title 38, Chapter 36.

VRE has nearly a thousand professional vocational rehabilitation counselors and delivers service through a network of 420 office lo-

cations. Our service delivery model supports veterans where they are located with operations at 56 regional offices, 198 out-based offices, 71 IDES installations, and 94 VSOC sites.

In fiscal year 2013, VRE successfully rehabilitated over 10,000 veterans with service-connected disabilities with over 8,500 of those rehabilitated to suitable employment and the balance veterans whose rehabilitation gave them greater independence through IL services.

VRE had a 14 percent increase in applicants in fiscal year 2013. We are completing data validation for fiscal year 2013 and we believe we have supported over 130,000 veterans with Chapter 31 services.

The Corporate WINRS system is the VRE case management application. C–WINRS records the application and adjudication of VRE claims, rehabilitation planning services, and disposition of cases.

The current C–WINRS enhancements focus on developing a subsistence allowance module to eliminate VRE's reliance on the legacy BDN system and move to payment through the corporate financial accounting system (FAS). The new FAS corporate module is being beta tested in eight regional offices. We are finalizing development for national deployment.

VRE has also built requirements for a new case management system that will expand in the functionality of the VBMS system.

GAO made six recommendations in its January 2014 report on VR&E. The first recommendation suggested revisions of national and regional performance measures for the VRE program. We are currently engaged in redesigning local, regional, and national performance measures to include a range of broader spectrum performance data to more effectively evaluate program success.

The second recommendation from GAO was to develop new measures of long-term employment to go beyond the minimum 60 days of post placement monitoring. VRE provides comprehensive counseling, training, and rehabilitative services to remove employment barriers that challenge veterans in obtaining and maintaining suitable employment. VRE works with participants over a multi-year period with training and education and up to 18 months of employment services. VRE counselors use judgment in determining when veterans have adequately adjusted to their employment and in certain circumstances will follow veterans beyond the 60 days.

VRE is exploring different ways to follow-up with employed veterans after their formal departure from VR&E. A post outcome case management tool is now in development.

GAO's third recommendation was to conduct non-response analysis of the results of VA's ongoing Voice of the Veteran surveys. While VA's current Voice of the Veteran program does not include non-response bias analysis, the survey findings are statistically valid. Contingent on resource availability, VBA will modify the survey contract to include non-response analysis of the results.

GAO's fourth recommendation focuses on VA's allocation of VRE staff among the regional offices. VR&E Service works closely with VBA's Office of Field Operations in determining resource allocations. VRE Service is designing a staffing model to account for re-

gional factors and with the Office of Field Operations will revisit the metrics used in the resource allocation model.

The fifth recommendation from GAO was to collect information on the regional offices' approaches for managing the VRE workloads, assess the advantages and disadvantages, and use the results of this assessment to provide guidance to the offices on best practices.

VRE Service allows managers to decide how best to manage their workloads but agrees that there is merit in analyzing data and communicating best practice.

The final recommendation was to provide additional training. The VRE Service has provided multiple training activities and curriculums on job placement and job accommodations and we will continue to develop and deploy additional training products.

Mr. Chairman, VRE Service will continue to assess and improve vocational rehabilitation services to servicemembers and veterans who have incurred a service-connected disability and we will continue to focus on enhancing both our service delivery and the actual services we provide.

This concludes my statement and I would be pleased to answer the questions from the subcommittee.

[THE PREPARED STATEMENT OF JACK KAMMERER APPEARS IN THE APPENDIX]

Mr. FLORES. Thank you, Mr. Kammerer. I appreciate your testimony, and I guess you have been drinking from a fire hose the last few weeks as you get your arms around this.

I know that you agree with me and I think you indicated this in your testimony that there is a need to improve the C–WINRS program or to create some other IT tool to better track the cost of participants.

You mentioned in your testimony that VR&E has built a set of requirements for a new case management system that will expand the functionality of the veterans benefits management system or the VBMS as it is more commonly called to better support the VR&E program.

Based on what you have learned so far, when do you expect that these requirements will be funded and once they are funded, how long will it take for the final product to be delivered and implemented?

Mr. KAMMERER. Thank you for your question, Mr. Chairman.

As I mentioned in my written statement and my oral statement, currently we have completed the development of business requirements for the next generation of a case management system.

At the same time, Mr. Chairman, we are improving the functionality of our current C–WINRS system to include a focus on the back end, the business side of it. And as I mentioned, we are piloting the subsistence allowance module.

The budget works in cycles. As you know, previous to the release of the President's budget and the upcoming oversight committee hearings, I could not give you any specifics on funding specifically, but I look forward to keeping the committee informed on the progress of our new system.

We are currently validating the requirements that we developed for the new system with our other business lines within VBA and VA and we will certainly keep you informed of progress.

Mr. FLORES. Okay. That would be good.

The President's budget will be delivered on Monday, the 4th, I believe. So I am hoping you will follow-up with us and let us know what the ranking is of these C–WINRS program and the VR&E IT resources following the release of that budget.

Mr. KAMMERER. Yes, sir.

Mr. FLORES. I am sorry. Go ahead. Okay.

The GAO report and the VSOs that were testifying here today have shown that they are concerned about the tracking, the 60-day tracking system that the VA currently has in place to track successful rehabilitation.

According to the GAO's report, the VA commented that it found little to be gained from directing limited resources to implementing and executing additional post placement measures.

You know, the ultimate goal, you and I both share this, the ultimate goal of VR&E is the long-term employment and rehabilitation of our veterans.

And so I was going to ask you why does the VA find it important to not extend that 60-day mark to truly support these veterans over the longer term.

We did also do a check a bit ago to make sure that these limits were not built in the statutes or not. So the VA has the flexibility to change this if it elected to do so.

Mr. KAMMERER. Yes, sir. Mr. Chairman, I understand your question. It is an important question.

As GAO mentioned in their report on our programs, Mr. Chairman, we are seeing veterans in our programs for an extended period of time. As you know, veterans have the 48-month training period for training and education as we in many cases train and educate them for future employment. And then we have the 18 months of employment services.

And as you mentioned, sir, the 60-day period is to stabilize a particular veteran in employment and then once that stabilization is complete, then we would in a dialogue with the veteran say that employment and rehabilitation is complete.

The challenge, Mr. Chairman, with that six-year or extended period of time is, I think we are sensitive to further extending the period of time and the formal relationship between the counselor and the veteran.

As I mentioned in my oral and written statement, we are looking at a post outcome case management tool to try to be able to measure beyond that 60-day period. And I look forward to looking at other ways to measure that as well. As. you know, Mr. Chairman, the congressionally directed long-term study is measuring three cohorts over a 20-year period. So we look forward to benefitting from that as well.

Mr. FLORES. Okay. Again, I realize you are new at the job, but if I were in your shoes, I would consider trying to extend that a little bit. And it could be something as simple as 120 days out, 180 days out, a phone call to the veteran saying how are you doing, you

still employed, things like that. So, again, we are not talking about a giant resource sink here, I do not believe.

One last question. Have the VA's voc rehab counselors participated in the VA all employee survey and, if so, what were the results of the survey?

Mr. KAMMERER. I do not know the answer to that question, Mr. Chairman. I would have to take that for the record and get back to you.

Mr. FLORES. Okay. That will be great.

I now recognize the ranking member for his questions.

Mr. TAKANO. Thank you, Mr. Chairman.

And thank you, Mr. Kammerer, for your service to our country.

Mr. Kammerer, can you tell me, are VR&E counselors trained on how to assist both the veterans with physical wounds and those with mental health issues or does the training treat these type of disabilities as the same, so——

Mr. KAMMERER. If I understood your question, Mr. Takano, it is our counselors, are they trained on both physical and mental health aspects of the veteran's rehabilitation?

Mr. TAKANO. Right. Or do they have the capacity to do both?

Mr. KAMMERER. Yes, sir, that is a great question. Thank you for that question.

As you know, Mr. Takano, Mr. Ranking Member, our vocational rehabilitation counselors have master's degrees in counseling and they have extensive training and in many cases extensive.

I just visited a regional office. In fact, I met one of the counselors who had worked at the state level, had worked with a couple of our nonprofit partners and was now working with the VA.

But to specifically answer your question, they are trained and able to assist veterans both with physical needs and on the mental health side. We certainly, in many and most cases defer to the mental health and the clinical experts. So in many cases, our counselors would make the appropriate referrals to assist those veterans with formal mental health services on the clinical side with VHA, or another agency. The Veterans Health Administration.

We have recently developed some mental health training that we are working on for our VRE workforce, sir, to better assist them with identifying and doing the proper referrals on mental health.

So, again, sir, we assist veterans with their rehabilitative needs and that is true on the physical side, too. I would say that we in many cases, as you know, make referrals to the proper physical rehabilitation means in many cases through VHA again.

Mr. TAKANO. But I think I heard from the GAO representative before that part of the retention problem is the inability to address some of these mental health issues of the veterans in the program; is that correct?

Mr. KAMMERER. Absolutely. And it is a very critical aspect of a veteran's rehabilitation. I think the other thing I would say is, as I mentioned in my statements, in my written and my oral statements, sir, that we also have VetSuccess on campus counselors who are also vocational rehabilitation counselors.

We have been partnering with VHA in their VITAL program which provides mental health assistance to veterans on campus in some cases based on their availability. So it is, as mentioned in the

statements and in the GAO report, it is a critical aspect of the veteran's rehabilitation.

I just want to be careful that I say that we make the proper referrals, but we certainly deal with and recognize and support the mental health aspects of a veteran's rehabilitation.

Mr. TAKANO. Thank you.

Is the VR&E program prepared for the influx of veterans that will result from the anticipated drawn down of our troops? What does the program need to ensure it is prepared to assist these transitioning servicemembers?

Mr. KAMMERER. As I mentioned in my statements, we do provide support to transitioning servicemembers. In some cases, as you know, they would become Chapter 31 clients. And if they are eligible and entitled, we would facilitate their assistance through the Chapter 31 services that we have spoken about.

Also, we provide the Chapter 36 education and employment counseling which is very important for many servicemembers. So we are working on our outreach for the Chapter 36 counseling services to make sure that we reach the right veterans.

And as I mentioned also, we have approximately 200 on military installations, Vocational rehabilitation counselors, helping in IDES and other tasks.

Mr. TAKANO. But, I mean, do you have any projections as to if there is going to be any increase in the numbers of servicemembers needing the VR&E program because of the anticipated draw down and are you prepared——

Mr. KAMMERER. That is a great question, too, and I am sorry if I did not directly——

Mr. TAKANO. That was my——

Mr. KAMMERER [continuing]. If I misunderstood your question. I think as the chairman mentioned in his opening statement, as we continue to see a reduction, as the backlog goes down and we continue to see adjudicated claims, we would expect to see an increase in applications for VRE services under Chapter 31 to include in some cases from transitioning servicemembers.

My boss, Deputy Under Secretary Curt Coy, has given me three specific tasks as the new VRE director. He has told me to understand the current and the future population to include transitioning servicemembers. He has told me, as we heard in the GAO report, to make sure we get the right performance metrics. And, sir, he has told me to make sure that we get the right service delivery and service delivery models.

So as part of your question about transitioning servicemembers, I am working very hard right now to understand the future population, as we have more adjudicated claims, make sure that we are prepared in the places we are and the places we need to be to support those transitioning servicemembers and veterans.

Mr. TAKANO. All right. Thank you so much.

Mr. FLORES. Ms. Brownley, you are recognized for five minutes.

Ms. BROWNLEY. Thanks, Mr. Chair.

Thank you, Mr. Kammerer.

I wanted to continue sort of my line of questioning on the independent living program. And I am just wondering, because my veterans are having issues with it in my district, and I am just won-

dering if you have any data on, you know, how many veterans applied in 2013 for the program and has the VA ever considered lifting the cap and have you done any kind of cost analysis on, you know, what it would cost if we did eliminate the cap?

Mr. KAMMERER. Yes, ma'am. Thank you for your question.

I would have to get back to you for the record on the exact number of veterans that were rehabilitated through independent living in 2013. I would say it is approximately two and a half percent of the workload. Total rehabilitations which as I mentioned in my statement was over 10,000. But I will get you the exact number for the record.

I am not able to talk about pending legislation outside the views process. I know Ms. Devlin, the former acting director of the VRE program, as mentioned earlier, did testify extensively in November about the IL program. So I have no specific comments beyond Ms. Devlin's testimony about the cap because I know that was previously addressed.

And if you need additional information, ma'am, I would be happy to get back to you on the record on that as well.

Ms. BROWNLEY. Well, that would be great. I would like to follow-up on that.

And, I mean, just in your position with the VA, are you hearing about this particular program and——

Mr. KAMMERER. No. I am certainly happy to comment on that. I did not mean to not more specifically answer your question. I just did not want to provide specific——

Ms. BROWNLEY. Correct. I understand.

Mr. KAMMERER. [continuing]. Numbers without having those——

Ms. BROWNLEY. Thank you, sir. I appreciate that.

Mr. KAMMERER [continuing]. Right at my fingertips. I think generally speaking that we have been, as I understand, right below the cap for the past several years. And so we have not currently had an issue with the cap. I think several years ago, we were close and we did some outreach several years ago.

So it certainly, as you mentioned, ma'am, and in my experience, in my brief experience in this position, it is a very critical aspect of what we do because if—and particularly with older veterans or veterans with very difficult challenges, physical and otherwise, while it is a very small population, most of those veterans, as you well know, to qualify for that program have to have a serious employment handicap and not be able to seek and maintain employment.

So what we want to do for them is to restore their activities of daily living. So anywhere providing them work to help them with modifications to their home and visiting their home and helping them with their rehabilitation is very, very critical, as I mentioned, again, for a very small but important population of veterans. And hopefully some of them at some point would be able to return to employment opportunities.

So I look forward to working with you and the subcommittee and GAO and others to make sure that we continue to strengthen that program.

Ms. BROWNLEY. Likewise. And I think for our vets in Ventura County in California, it is the 12-year statutory limitation that is

the—it is the bigger issue because they are older vets and, you know, because of the 12-year limitation, they have exceeded and do not have access to the program for that. So that is another area that I would like us to look into.

Mr. KAMMERER. Yes, ma'am.

Ms. BROWNLEY. Thank you very much.

I yield back.

Mr. FLORES. Thank you, Ms. Brownley.

Mrs. Kirkpatrick, you are recognized for five minutes for questions.

Mrs. KIRKPATRICK. Thank you, Mr. Chairman.

You have a challenging job and I appreciate the good work you are doing. I just want to talk a little bit about the jobs portion of that.

I recently took a combined Armed Service Veterans' and Affairs Committee trip to some military bases overseas. And my role in that was talking with active-duty members who are going to transition out of the military very soon and how we can have a seamless transfer when they become veterans.

And the two most frequent questions I got from service members was how am I going to find a job? What kind of job am I going to have? So I am interested in your Title 36 counseling that you start with active duty.

At what point do you start reaching out to those members who are going to transfer out?

Mr. KAMMERER. Thank you, ma'am, for that question. And as you mentioned, it is a very important discussion. It is a very important question.

I think the first answer I would provide is through the revised Transition Assistance Program, we do have content that describes our programs and services. And we are, as I mentioned in a response to Mr. Takano, we are working to be as aggressive as possible to reach out to transitioning servicemembers to provide them information on Chapter 36.

If I could answer your specific concern about jobs as well, the one thing that is critical with the VRE programs and services is in many and most cases and as I was discussing with Ms. Brownley about the IL, in most of our veteran clients, we are interested in making sure that we achieve an employment outcome for them.

If we help them participate in an educational or training program, at the end of the experience, we want to be able to help them gain and maintain the right employment for them based on their knowledge, their abilities, their military experiences. So that is absolutely critical.

I would say I visited an RO recently and we have an employment coordinator in the VRE program, in the RO, and I discussed with him——

Mrs. KIRKPATRICK. And may I just interrupt because——

Mr. KAMMERER. Yes.

Mrs. KIRKPATRICK [continuing]. My time is running out? What I really want to know are they present on the military bases and do they make contact with active duty service members?

Mr. KAMMERER. I am sorry I did not——

Mrs. KIRKPATRICK [continuing]. Is there contact a year out or eight months out?

Mr. KAMMERER. And I should have more specifically addressed that. We do have the 200 IDES counselors that are physically on military installations and they are vocational rehab counselors that have the master's degree in counseling.

And we do provide that content that I mentioned in the transition program. And we also have other contract and other counselors that support transitioning servicemembers that sign up for the Chapter 36 services. So we reach them when they are going through their transition. We make our content available through social media.

Mrs. KIRKPATRICK. So that could be just within the last week of their being in active duty, right? That is my concern.

Mr. KAMMERER. Oh, I understand your question. Yes.

Mrs. KIRKPATRICK. And, actually, if the contact does not happen until they start the transition process, that only leaves a week or so, right?

Mr. KAMMERER. I think the military services, ma'am, and the revised TAP program are working to reach servicemembers earlier in their transition.

Mrs. KIRKPATRICK. That would be my request based on my conversation with service members.

Mr. KAMMERER. And I would not want to speak for the DoD side.

Mrs. KIRKPATRICK. Right.

Mr. KAMMERER. But I know on the transition activities, the VA supports that we are connecting with servicemembers earlier either through e-benefits or in the TAP program. And I think your concern is are we reaching and providing information to servicemembers as early as possible.

Mrs. KIRKPATRICK. Right.

Mr. KAMMERER. And I will make sure that I continue to work towards that working with DoD and——

Mrs. KIRKPATRICK. Thank you.

Mr. KAMMERER [continuing]. Making sure that we do that.

Mrs. KIRKPATRICK. I think that is really important. Thank you very much.

I yield back.

Mr. FLORES. Thank you, Ms. Kirkpatrick.

And, Mr. Kammerer, I appreciate your testimony today. And, again, I appreciate your service to our country and to our veterans. You are now excused.

I thank everyone for their attendance today and this frank discussion on how to improve this important program for our Nation's veterans.

Finally, I ask unanimous consent that all Members have five legislative to revise and extend their remarks and to include any extraneous material in the record of today's hearing. Hearing no objection, so ordered.

If there is nothing further, this hearing is adjourned. Thank you.

[Whereupon, at 11:03 a.m., the subcommittee was adjourned.]

APPENDIX

United States Government Accountability Office

Testimony

Before the Subcommittee on Economic Opportunity, Committee on Veterans' Affairs, House of Representatives

For Release on Delivery
Expected at 10:00 a.m. EST
Thursday, February 27, 2014

VA VOCATIONAL REHABILITATION AND EMPLOYMENT

Further Program Management Improvements Are Needed

Statement of Daniel Bertoni, Director
Education, Workforce and Income Security

GAO-14-363T

Chairman Flores, Ranking Member Takano, and Members of the Subcommittee:

I am pleased to discuss our work on the Department of Veterans Affairs' (VA) Vocational Rehabilitation and Employment (VR&E) program. The VR&E program helps veterans with service-connected disabilities[1] obtain and maintain suitable employment, which VA defines as employment consistent with veterans' abilities and interests. Eligible veterans may receive services such as vocational assessment, education, training, and job placement.[2] In fiscal year 2012, about 121,000 veterans participated in the program at a cost of almost $1 billion. The program is administered by VA staff located in the agency's 57 regional offices or additional satellite locations. In 2009, we reported on a number of challenges VA faced managing this program. More recently, the VOW to Hire Heroes Act of 2011 (VOW Act) mandated that GAO review the VR&E program.[3] My remarks today are based on the report issued January 14, 2014, which examined: (1) the outcomes for veterans seeking employment through the VR&E program, and (2) the progress VA has made in addressing critical management issues.[4]

To inform our work, we reviewed relevant federal laws, regulations, guidance, and documentation related to recent management initiatives; analyzed VA administrative data on VR&E participants who applied to the program between fiscal years 2003 and 2012;[5] and interviewed central

[1] To qualify for VR&E services, veterans generally must have a service-connected disability rated at 20 percent or higher and an employment handicap resulting in substantial part from the service-connected disability, and typically must receive the services within either 12 years of either discharge from the military or receipt of a VA disability rating. Veterans with a 10 percent disability rating may also be eligible if they have a serious employment handicap. 38 U.S.C. §§ 3102 and 3103.

[2] Eligible veterans for whom a vocational goal is not currently considered reasonably feasible may receive assistance intended to help them achieve independent living. Independent living benefits can include counseling, assistive device, and other services or equipment.38 U.S.C. § 3109.

[3] Pub. L. No. 112-56, § 233(d), 125 Stat. 711, 720.

[4] See GAO, *VA Vocational Rehabilitation and Employment: Further Performance and Workload Management Improvements Are Needed*, GAO-14-61 (Washington, D.C.: January 14, 2014).

[5] We assessed the reliability of these data through electronic testing and interviews with VA staff, and found them sufficiently reliable for our reporting purposes.

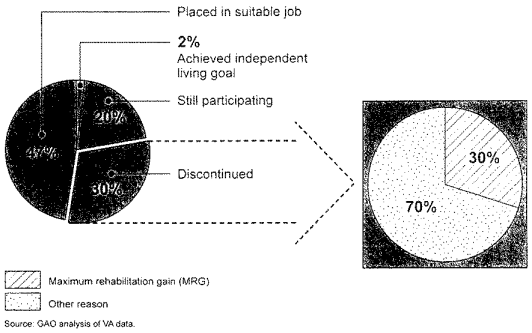
and regional office staff responsible for administering the VR&E program and providing services.[6] We also interviewed a nongeneralizable sample of 17 veterans who had participated in the VR&E program, and reviewed methods and results associated with VA's pilot satisfaction survey of VR&E participants. We conducted this work from October 2012 to January 2014 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives. A more detailed explanation of our methodology is available in our report.

With respect to program outcomes, we found that of almost 17,000 veterans who entered the VR&E program in fiscal year 2003—the earliest year for which reliable data are available—and received employment-related services, just under half had achieved rehabilitation (that is, suitable employment) by the end of fiscal year 2012. Another 30 percent had discontinued their participation in the program, although some of these were considered by VA to have obtained some benefits from program participation even though they did not achieve suitable employment.[7] Most of the rest were still receiving program services. (See fig. 1.)

[6] We interviewed VR&E managers and staff in 8 VA regional offices, selected to achieve diversity in VR&E caseload, performance in job placement and case processing timeliness, state unemployment rate, and geographic location.

[7] VA classifies some veterans who discontinue from the VR&E program as having achieved maximum rehabilitation gain (MRG), meaning they attained vocational skills or some other benefit from program participation even though they did not achieve suitable employment.

Figure 1: Outcomes to Date for Fiscal Year 2003 Applicants Who Received Employment-Related Services



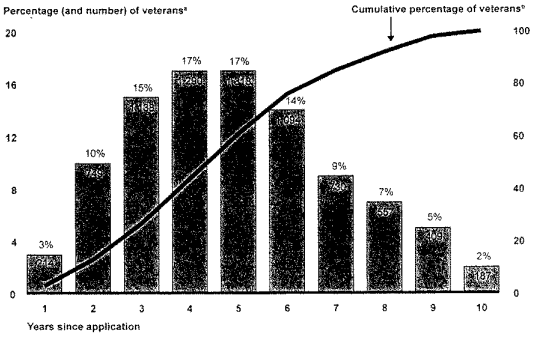
Source: GAO analysis of VA data.

Note: The percentages in the four outcome categories do not add up to 100 percent due to rounding. It is possible that some veterans who discontinued in fiscal year 2010 or later are included as MRG cases in this figure even though they actually discontinued for a different reason. This is because of a change in fiscal year 2010 in the meaning assigned to certain discontinuation reason codes in VA data.

We also found that while the average time to achieve employment was about 4 ½ years, time frames varied significantly. About half the veterans achieved success within 3 to 6 years, but many took considerably longer (see fig. 2). One reason for lengthy time frames is that some ultimately successful participants discontinued or interrupted[8] their programs along the way. Of those who achieved employment, about one-quarter interrupted their programs at least once, and about the same proportion discontinued, then returned to the program (some more than once) before ultimately achieving success.

[8] According to VA, VR&E uses the interrupted status as a tool to allow veterans time to resolve unexpected issues without using up time-limited employment services.

Figure 2: Time to Achieve Suitable Employment for Fiscal Year 2003 Applicants



Source: GAO analysis of VA data.

Note: Percentages of veterans placed in each year do not add up to 100 due to rounding.

[a]Indicates the percentage of successfully rehabilitated fiscal year 2003 applicants placed in suitable employment in each year following application.

[b]Indicates the cumulative percentage of successfully rehabilitated fiscal year 2003 applicants placed in suitable employment by each year following application.

We identified several common challenges that VR&E participants face to successfully completing their programs and achieving rehabilitation. Specifically:

- Our analysis of VA data indicates that VR&E participants with mental health conditions were 12 percentage points less likely to achieve suitable employment within 8 years of program entry compared to

participants without such conditions, the largest difference for any type of disability.[9]

- Our interviews with VA staff and veterans indicate that VR&E participants face challenges with developing employment plans that can realistically lead to success. For example, VA staff in one office said that veterans with mental health conditions may want to pursue an unrealistic career in law enforcement. Veterans we interviewed also cited challenges in reaching agreement with VR&E staff on an employment plan. Our analysis of VA data indicates that program participants often stop their program then return to receive additional evaluation services.
- Our analysis of VA data indicates that VR&E participants who work with more VR&E staff over time are less likely to achieve suitable employment. For example, veterans who worked with four staff were 27 percentage points less likely to achieve success within 8 years of program entry, compared to those who worked with only one staff member.[10]
- Our analysis of VA's satisfaction survey results indicates that many veterans who discontinued or interrupted their employment programs cited "family obligations" (27 percent) or "financial difficulties" (18

[9] We chose a period of 8 years for this analysis because many veterans take that long to achieve a successful outcome. This period of analysis provided enough time to observe successful outcomes and included results for veterans who applied in both fiscal years 2003 and 2004. We also analyzed the associations between specific disabilities and the likelihood and rate of achieving program success at various points in time after application, while controlling for other factors that may affect outcomes. Even after controlling for these factors, we still found that having a mental health condition was associated with a smaller chance of success.

[10] We analyzed the association between multiple staff and the likelihood and rate of achieving program success at various points in time following application, while controlling for other factors that may affect outcomes. Among other things we controlled for the number of times veterans discontinued from and re-entered the VR&E program, which could be associated with the number of staff they worked with. Even after controlling for these factors, we still found that working with multiple staff was associated with a smaller chance of success.

percent) as a reason.[11] VR&E managers and staff also noted such challenges; for example, managers in one office said veterans may quit training or take a job not suitable for their disability because they need to support their families.

- Managers, staff, and veterans we interviewed cited challenges with the transition from military to civilian employment. For example, managers or staff told us veterans may have difficulty translating military experience into terms that civilian employers can understand, or that they may need civilian credentials to get a job even with the expertise they gained in the military.

Once veterans achieve suitable employment, few return for additional services.[12] Specifically, we found that, of those who were rehabilitated, only 4 percent applied for and 2 percent ultimately returned to VR&E to receive additional employment-related services. Further, at the time of our review, only a small number of rehabilitated veterans returned to receive additional services under the expanded eligibility criteria authorized by the VOW Act.[13] VR&E managers or staff told us almost all the veterans who are eligible for additional services under the expanded criteria already qualify under the old criteria, which provide more months of additional services.

With regard to VA's progress in addressing critical VR&E management issues, we found that weaknesses remain in performance management,

[11] VA's Voice of the Veteran survey measures veterans' satisfaction with benefits and services received, including through the VR&E program. The results reported here are from the pilot survey fielded from October 2012 to January 2013. The results on reasons for withdrawing or interrupting from the program are based on the responses of almost 200 veterans who had withdrawn or interrupted after spending at least 60 days in the program. We assessed the methodology of the pilot survey and concluded that the results we are reporting are sufficiently reliable for our purposes. However, these results reflect the opinions of survey respondents and cannot be generalized to the broader population of VR&E participants.

[12] Under certain circumstances, veterans who have achieved suitable employment may return for additional VR&E services, such as if their disabilities have worsened to the extent they can no longer perform the occupation for which they were rehabilitated. The VOW Act expanded these eligibility criteria to include certain veterans who have exhausted their state unemployment compensation benefits. Pub. L. No. 112-56, § 233(a)(1), 125 Stat. 711, 719, (codified at 38 U.S.C. § 3102(b)).

[13] According to VA, between May 2012 and April 2013 10 veterans nationwide received additional services under the new VOW Act criteria.

workload management, and staff training, although the agency has made efforts to improve each of these areas.

VA has an initiative underway to improve its primary measure of program performance, but the alternative measure under consideration falls short of good practices. VA's primary measure of performance is its rehabilitation rate, which is the number of successful rehabilitations divided by the total number of successful rehabilitations and unsuccessful case closures. VA central and regional office staff cited problems with the current VR&E rehabilitation rate measure, including that it encourages VR&E staff to delay or avoid closing their cases unsuccessfully because this counts against their rehabilitation rate performance measure. To address these and other issues, VA is revising its individual, regional, and program-wide performance measures and plans to move from a rehabilitation rate measure for assessing individual staff performance to a measure of the number of positive outcomes, including rehabilitations. While this approach may be appropriate for assessing individual performance, as a measure of program performance, it lacks transparency because it does not reflect the extent to which veterans are discontinued from the program without rehabilitation. Further, this measure does not distinguish between rehabilitations and other benefits attained from participation—such as when the veteran gains some vocational skills from participation but does not obtain and maintain suitable employment. To provide a fuller picture of program success, we recommended that VA include in any revised set of national and regional measures (1) a measure of the proportion of participants successfully rehabilitated to employment, and (2) a measure of the proportion of participants who attained other benefits from participation. VA concurred with this recommendation and noted that rate-based measures will be included in its revised set of national VR&E performance measures.

In addition, VA lacks and does not intend to develop performance measures related to veterans' long-term employment outcomes, even though it is planning to collect information that could serve as a basis for such measures. Part of VR&E's mission is to help veterans maintain employment, and to address this, VA counts a job placement as a successful rehabilitation if it is maintained for at least 60 days.[14] However,

[14] VR&E staff have discretion to track employment for a longer period if necessary, but we found that in the majority of successful rehabilitations since fiscal year 2003 (almost two-thirds), employment was tracked for less than 6 months before case closure.

research and practices at other federal employment programs suggest that tracking employment for 60 days may not be sufficient to gauge whether a veteran will maintain a job for the long term. For example, Department of Labor employment and training programs measure job retention over 180 days.

VA is considering contacting rehabilitated and discontinued VR&E participants at 6 and 12 months after they finish the program to identify veterans who are having difficulties in maintaining employment, and possibly provide them additional supports. However, VA does not plan to use this information to develop a performance measure of longer-term employment outcomes, and thus may miss an opportunity to hold staff accountable for and make program adjustments to improve such outcomes. We recommended that VA develop new measures of long-term employment success that go beyond the current 60-day minimum, possibly drawing on its planned post-exit surveys. VA concurred with this recommendation in principle. However, it noted that because VA staff typically work with VR&E participants for years while in the program and potentially for up to 18 months following training completion, it sees no value in devoting limited resources to additional post-placement monitoring. We continue to believe that VA needs to hold itself accountable for the longer-term employment success of all participants, and that this could be done in a cost-effective way.

Lastly, with respect to performance management, although VA has generally followed recognized practices in designing its customer satisfaction survey, the reliability of pilot results is uncertain. Specifically, we found the agency has generally followed recognized survey practices including detailed survey planning, comprehensive questionnaire development and testing, and extensive data collection activities. However, VA did not perform a nonresponse bias analysis of the pilot survey results, even though response rates for the pilot surveys were below 30 percent. Guidance issued by the Office of Management and Budget calls for nonresponse analysis when a survey's unit response rate

is below 80 percent.[15] Since VA plans to use survey results to inform program improvements and training developments, to ensure that this survey effort yields reliable data to drive program improvements, we recommended that—as warranted by response rates—VA conduct nonresponse analysis of its ongoing customer satisfaction survey results. VA concurred with this recommendation and noted that if funding permits, it will modify its survey administration contract to include such an analysis.

With regard to workload management, problems with VA's formula for allocating staff among regional offices may be contributing to some offices' ongoing workload challenges. VA has taken steps to address workload management issues, such as reducing paperwork requirements. However, some offices we contacted still have concerns about high workloads, and the ratio of VR&E cases to staff varies considerably among the regions. In March 2013, for example, seven offices averaged fewer than 100 cases per staff member, while eight averaged over 175. VA's formula for allocating staff among the offices—which has not been significantly revised since fiscal year 2003—is based on offices' workloads and their performance on several metrics. Regional managers in five of the eight offices we contacted raised concerns about the formula, indicating that it may not effectively assign staff where they are most needed. For example, one concern is that the formula does not take into account educational and vocational counseling cases, which according to VA data may be disproportionately concentrated in certain offices. Another concern is that by assigning more staff to higher-performing offices, the formula may make it difficult for lower-performing offices to improve. To the extent the formula does not align staffing resources where needed, it may reduce some offices' ability to effectively serve veterans. We recommended that in revisiting its allocation formula, VA should consider these two issues and make adjustments as needed. VA concurred with this recommendation and said it plans to revisit its formula.

[15] Nonresponse occurs when members of the sample do not participate in the survey at all (unit nonresponse), or do not answer particular questions (item nonresponse). Nonresponse may result in nonresponse bias—systematic errors that result in under- or overestimation of a true value in survey results—because nonrespondents may have provided substantially different answers than those who did respond. A nonresponse analysis is an established survey research practice used to determine whether nonresponse bias has occurred. It can be performed using a variety of methods.

VA also lacks information about regional offices' varied approaches to managing their caseloads. VA's administration of the VR&E program is decentralized, and according to VA central office officials each office's management has discretion about how to manage their caseloads and assign cases among staff. Some offices, for example, have veterans work with one staff member throughout their participation in the program, citing as an advantage the rapport that develops between veteran and staff member. Others have their staff specialize in particular phases of the rehabilitation process, such as evaluation or case management. Although veterans work with different staff members, some managers and staff said this approach leads to efficiencies. VA's central office, however, has not collected information on or assessed the effectiveness of the regional offices' varied approaches. Further examination of these approaches is especially important given our finding that veterans who work with more VR&E staff over time are less likely to achieve suitable employment. We recommended that VA collect information on the regional offices' approaches for managing their VR&E workloads, assess their advantages and disadvantages, and use the results of this assessment to provide guidance to the offices. VA concurred with this recommendation and noted steps it plans to take to address it.

In the area of staff training, some gaps remain in its curriculum for VR&E staff, although VA has taken steps to improve training. In recent years, VA added new courses for VR&E staff, which has reduced redundancy in training from year to year and closed a number of gaps identified in a 2010 skill gap analysis. However, based on our review of the VR&E training curriculum and comments from regional office managers and staff, we found that VA does not provide sufficient training on strategies for helping veterans with job placement and workplace accommodations, which are key to ensuring veterans with disabilities successfully obtain and maintain employment. In particular, such training is not part of the curriculum for VR&E staff whose main functions are assessment and case management but who may also assist participants with job placement. We recommended that VA provide additional training to staff on job placement and workplace accommodations. VA concurred with this recommendation and said it plans to develop new courses in these areas.

Chairman Flores, Ranking Member Takano, and Members of the Subcommittee, this concludes my prepared remarks. I would be happy to answer any questions that you or other members of the subcommittee may have.

For further information regarding this testimony, please contact Daniel Bertoni at (202) 512-7215, or at bertonid@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this statement. Individuals who made key contributions to this testimony include Michele Grgich (Assistant Director), Jessica Botsford, David Chrisinger, Kirsten B. Lauber, and Lorin Obler.

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Testimony

of

VetsFirst, a program of United Spinal Association

Submitted by

Heather L. Ansley, Esq., MSW
Vice President of VetsFirst

Before the

Subcommittee on Economic Opportunity
Committee on Veterans' Affairs
United States House of Representatives

Regarding

Review of the Effectiveness of VA's Vocational Rehabilitation and Employment Program

February 27, 2014

Executive Summary of the Testimony of
VetsFirst, a program of United Spinal Association
Submitted by Heather L. Ansley, Esq., MSW; Vice President of VetsFirst
Before the Subcommittee on Economic Opportunity
Committee on Veterans' Affairs, United States House of Representatives
Regarding the Effectiveness of VA's Vocational Rehabilitation and Employment Program

Access to quality vocational rehabilitation services is critical to helping veterans with disabilities receive the skills and training necessary to help them reintegrate into the workforce. The opportunity to participate in the workforce is critical, not only because of the financial benefits from employment, but also because of the intrinsic value of work. Without the opportunity to continue participating in the workforce, many veterans with disabilities may become disconnected from the very society they pledged to preserve and protect.

The mission of the Department of Veterans Affairs' Vocational Rehabilitation and Employment (VR&E) program is to assist veterans with barriers to employment in overcoming those obstacles. To better meet the needs of a new generation of veterans, VR&E has received additional staffing in recent years and caseloads have decreased. VetsFirst remains concerned; however, that VR&E still lacks the resources needed to best assist all disabled veterans in returning to employment.

In addition, VetsFirst is concerned about VR&E's difficulty in overcoming the impact certain disabilities have on veterans' ability to succeed in a vocational rehabilitation program. Veterans who are living with mental health conditions have poorer VR&E outcomes than those with other disabilities. This is particularly concerning in light of the number of veterans who are experiencing mental health issues due to years of combat and multiple deployments.

To begin addressing these veterans' needs, VR&E vocational rehabilitation counselors must have the skills and training needed to facilitate job placement and disability-related accommodations. Research shows that many veterans who have acquired disabilities do not believe that they will be able to easily explain the types of job accommodations that they might need due to their disabilities. Without proper information about how to navigate the workforce as a person with a disability, veterans living with mental health conditions and other significant disabilities may face barriers in attaining and retaining employment.

Veterans with more significant disabilities may also routinely require a higher level of employment supports both pre- and post-placement than are typically provided by VR&E. Otherwise, some veterans who are unable to remain in the workforce due to disability may be forced to apply for benefits like Individual Unemployability or Social Security Disability due to a lack of supports. For veterans who require more supports and services, VR&E should consider partnering with a variety of non-profit organizations that provide the intensive services needed to assist veterans living with significant disabilities, including mental health conditions, in returning to and remaining in the workforce.

Chairman Flores, Ranking Member Takano, and other distinguished members of the subcommittee, thank you for the opportunity to testify regarding VetsFirst's views on the effectiveness of the Department of Veterans Affairs' (VA) Vocational Rehabilitation and Employment (VR&E) Program.

VetsFirst, a program of United Spinal Association, represents the culmination of over 65 years of service to veterans and their families. We advocate for the programs, services, and disability rights that help all generations of veterans with disabilities remain independent. This includes access to VA financial and health care benefits, housing, transportation, and employment services and opportunities. Today, we are not only a VA-recognized national veterans service organization, but also a leader in advocacy for all people with disabilities.

VA's VR&E services are critical to helping eligible servicemembers and veterans with service-connected disabilities receive the skills and training necessary to help them reintegrate into the workforce and their communities. The opportunity to participate in the workforce is critical, not only because of the financial benefits from employment, but also because of the intrinsic value of work. Without the opportunity to continue participating in the workforce, many veterans with disabilities may become disconnected from the very society they pledged to preserve and protect.

Overview of the Need for Vocational Rehabilitation Services

As of September 2013, 3.74 million veterans were receiving VA disability compensation.[1] The Veterans Benefits Administration's (VBA's) Annual Benefits Report for Fiscal Year (FY) 2012, provides an in depth view of the types of disabilities for which veterans are receiving compensation.[2] The most frequent condition for which a veteran typical receives compensation is a musculoskeletal system disability. However, the body system with the highest number of 100 percent ratings is mental disorders.

Veterans who receive VA compensation may also be eligible for VR&E services. According to VBA's annual report, 121,236 veterans received VR&E services during FY 2012. By era, 95,406 of these veterans served during the Gulf War. Veterans with a combined service-connected disability rating of 100 percent represented 8.8 percent of all participants in the VR&E program. During FY 2012, 9,949 veterans were considered to have successfully completed their rehabilitation programs.

Unfortunately, many veterans with disability ratings of 60 percent or higher are not participating in the workforce. As reported by the U.S. Bureau of Labor Statistics, 22 percent of Gulf War Era

[1] National Center for Veterans Analysis and Statistics, Department of Veterans Affairs Statistics at a Glance (2013), http://www.va.gov/vetdata/docs/Quickfacts/Homepage_slideshow_09_30_13.pdf.

[2] Department of Veterans Affairs, Veterans Benefits Administration Annual Benefit Report for Fiscal Year 2012, http://www.vba.va.gov/REPORTS/abr/2012_abr.pdf.

veterans reported having a disability related to their military service.[3] Of those veterans, 365,000 reported having a disability rating of 60 percent or higher. The workforce participation rate was 50.1 percent compared to 87.4 percent for veterans without a service-connected disability.

Veterans with disabilities, like other people with disabilities, face barriers to employment that include misinformation about disability and misperceptions about required accommodations. Many of today's veterans living with disabilities are concerned with how their disabilities might be viewed in the workplace. Even if they know about the Americans with Disabilities Act (ADA), many are unsure about disclosing a disability to an employer and fear job-related discrimination due to a disability.

These barriers are illustrated by a research study conducted by the Northeast ADA Center in collaboration with Kessler Foundation and Tip of the Arrow Foundation.[4] This study revealed that nearly half of those wounded warriors surveyed believed that their disability would be a barrier to employment. Furthermore, more than half of respondents believed they would not be able to easily explain the types of job accommodations that they might need due to their disabilities. Those veterans living with post-traumatic stress disorder had the most fear of discrimination during the hiring process and once on the job. To combat these fears, researchers concluded, in part, that information about the ADA, including disclosure decisions and accommodation practices, should be included in a veteran's vocational rehabilitation.

Overview of VR&E Eligibility and Services

Veterans are eligible to receive VR&E services upon application if they have an other than dishonorable discharge and a service-connected disability rating from VA of at least 10 percent. Servicemembers who apply for the services, are awaiting discharge from active duty, and receive a memorandum rating of 20 percent or higher from VA are also eligible for VR& E services. Application for VR&E services must be made within 12 years of the date of separation or upon notification by VA of an eligible service-connected disability rating.

A determination that a veteran is eligible for VR&E services does not automatically confer entitlement to the services. In order to be entitled to receive VR&E services, veterans must have "an employment handicap." An employment handicap is "an impairment resulting in substantial part from [a service-connected disability], of a veteran's ability to prepare for, obtain, or retain employment consistent with such veteran's abilities, aptitudes, and interests."[5]

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[3] News Release, U.S. Bureau of Labor Statistics, Employment Situation of Veterans – 2012 (Mar. 20, 2013) http://www.bls.gov/news.release/vet.t06.htm.

[4] Webinar, Northeast ADA Center, Beyond Yellow Ribbons: Workplace Inclusion of Veterans with Disabilities (June 30, 2011) http://www.northeastada.org/media/DBTAC/2011-06-30/June30webinarvets.pdf.

[5] 38 U.S.C. § 3101(1).

For veterans with service-connected disabilities of 20 percent or higher, the determination by a vocational rehabilitation counselor of an employment handicap is sufficient to confer eligibility. For veterans with service-connected disabilities of 10 percent, a vocational rehabilitation counselor must determine that "a serious employment handicap" is present. A serious employment handicap is "a significant impairment, resulting in substantial part from a service-connected disability rated at 10 percent of more, of a veteran's ability to prepare for, obtain, or retain employment consistent with such veteran's abilities, aptitudes, and interests."[6]

Once entitlement is established, vocational rehabilitation counselors work with eligible veterans to begin the process of developing a rehabilitation plan. VR&E delivers services through one of five tracks: reemployment, rapid access to employment, self-employment, employment through long-term services, and independent living. Although there are five tracks through which a rehabilitation plan may be delivered, it is possible for a combination of these tracks to be pursued within an individual rehabilitation plan. Veterans, who remain employed in suitable employment for at least 60 days, or one year if self-employed, are considered to be rehabilitated.

Effectiveness of VR&E Services in Preparing Disabled Veterans for Employment

The Government Accountability Office's (GAO's) January 2014 report, "VA Vocational Rehabilitation and Employment: Further Performance and Workload Management Improvements Are Needed,"[7] laid out many challenges facing the VR&E program as it seeks to return veterans with disabilities to the workforce. These challenges include the veteran's disability, the need to develop a realistic employment plan, family obligations, and issues related to military transition. The presence of an employment barrier due to a disability is one critical factor that makes veterans seeking VR&E services unique from other veterans returning to the workforce.

VetsFirst is concerned about the impact of a veteran's disabilities on his or her ability to successfully return to the workforce. According to GAO, "[v]eterans' disabilities—especially those related to mental health—present challenges through the rehabilitation process."[8] These challenges were illustrated by GAO's finding that veterans with mental health conditions experienced a decreased likelihood of attaining a successful outcome within eight year of entering VR&E than those with other disabilities.

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[6] 38 U.S.C. § 3101(7).

[7] Government Accountability Office, "VA Vocational Rehabilitation and Employment: Future Performance and Workload Management Improvements Are Needed," GAO-14-61, January 2014.

[8] *Id.*

The presence of mental health conditions clearly impacts the ability of veterans who are living with these disabilities to succeed in their efforts to return to the workforce. At the end of FY 2012, 150,138 Post-9/11 veterans were receiving compensation for post-traumatic stress disorder.[9] To address the needs of these and other veterans, we are pleased that VR&E is adding courses on mental health awareness and techniques to the training regimen for all vocational rehabilitation counselors. Ensuring that counselors have the training they need to better evaluate and assist veterans living with mental health issues is one of the tools that we hope will lead to better outcomes for these veterans following their VR&E services.

Once placed in employment, some veterans may need more supports to ensure long-term success. VR&E considers a veteran to be rehabilitated if he or she maintains employment for at least 60 days. Most veterans' cases are closed once they reach that employment milestone. GAO noted, however, that veterans' cases are sometimes left open for a longer period of time, particularly if there are specific concerns such as serious mental health conditions or a high-risk of job loss.

Although some veteran's cases may be followed for longer than 60 days, VetsFirst believes that VR&E must provide increased support and follow up to ensure that all veterans throughout the VR&E program have long-term employment success. Sixty days may not be sufficient to determine whether a veteran will be successful in his or her new job. Veterans with more significant disabilities may also routinely require a higher level of supports post-placement than are typically provided. Thus, we support models such as those developed by the National Organization on Disability (NOD) that promote intensive work and follow up with veterans.[10]

In response to GAO's recommendation that VA lengthen post-placement services and follow up, VA commented that it found little to be gained from "directing limited resources to implementing and executing additional post-placement measures."[11] We believe, however, that more must be done to ensure the long-term placement success of veterans with disabilities in the workforce. Otherwise, veterans who are unable to remain in the workforce due to a disability may be forced to apply for Individual Unemployability or Social Security Disability. We must ensure that veterans who are trying to work are not precluded from remaining in the workforce due to a lack of employment supports.

For veterans who require more supports and services, VR&E should develop partnerships with non-profit organizations that provide the intensive, long-term services needed to assist veterans living with significant disabilities, including mental health conditions, in returning to and

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[9] *See supra* note 2.

[10] National Organization on Disability, Wounded Warrior Careers: A Four-Year Report (2013), http://nod.org/research_publications/wwc_vets/WWC_4_Year_Report/.

[11] *See supra* note 7.

remaining in the workforce. Specifically, we recommend fostering opportunities that would allow VA to test whether providing veterans with these disabilities the opportunity to receive intensive services through community partners promotes improved completion and retention rates. Veterans, particularly those at high risk of applying for benefits such as Individual Unemployability, could be targeted with the opportunity to seek supportive services from participating non-profit organizations.

To ensure VR&E can better meet the needs of veterans, VetsFirst also believes that VR&E continues to need additional staffing resources. GAO's report showed caseloads that ranged up to 1 to 139.[12] While this represents a decrease in average caseloads, we believe that additional gains will only come from VR&E having the resources it needs to ensure that eligible veterans are not delayed in gaining entrance to services.

GAO also noted that the wide variation in caseloads between regional offices may illustrate a need for VA to better manage resource allocation. The current staffing model is based on workload, outcomes, and accuracy. GAO is concerned that this model may lead to adverse allocations for underperforming offices. We are pleased that VA has indicated a need to reevaluate resource allocation to ensure optimum staffing for regional offices within current resource limits.

In addition to ensuring VR&E is properly staffed, VA must ensure that employees are properly trained on issues that hinder the return to work of veterans with particularly significant disabilities. To ensure that veterans with disabilities are able to take advantage of employment opportunities, VR&E counselors must have the skills and training needed to facilitate job placement and disability-related accommodations. According to GAO's report, at least one of these areas was identified as a training deficiency by five of the eight regional offices reviewed.

GAO noted that "absent additional training on job placement and accommodations, counselors may be hindered in their ability to help veterans find and maintain employment."[13] We agree with this important statement. Our concerns about the lack of training on accommodations available to veterans with disabilities have led us to advocate for efforts to ensure that transitioning servicemembers receive information about disability-related employment and education protections through the Transition Assistance Program. We are pleased that this subcommittee supported those efforts, which were incorporated into the FY 2014 National Defense Authorization Act (Public Law 113-66).

Ensuring that all transitioning servicemembers have exposure to protections available through the ADA and other non-discrimination laws represent only one step toward breaking down barriers to

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[12] *See supra* note 7.

[13] *Id.*

employment for veterans with disabilities. VR&E must also prepare veterans with disabilities for the individual challenges that they will face in the workforce as people with disabilities.

Recently, we learned about the experience of one female disabled veteran who was seeking to return to the workforce. Despite having received assistance from VR&E, she felt unprepared for how to approach the workforce as a person with a disability. Although she had physical limitations that would hinder her ability to perform some workplace tasks, she was unaware of her ability to ask for workplace accommodations. Instead of being confident in her abilities, she was self-conscious about her disability.

This veteran's experience in returning to the workforce must not be repeated. Veterans with disabilities need more information about how to approach the workplace as a person living with a disability. Without the proper supports from VR&E, many veterans will continues to face these barriers alone.

It appears that VA is planning to develop training on accommodations and job placement that will be in effect by the last quarter of 2014. We urge VA to ensure that this training is developed and deployed as soon as possible. We also encourage VA to connect with the Job Accommodation Network, which is a service of the Department of Labor, in facilitating training on workplace accommodations.

Lastly, we remain concerned about veterans who are not receiving any vocational assistance from VA because they are unaware of how VR&E can assist them and how to access the benefits. According to the National Survey of Veterans,[14] many veterans are not fully aware of the benefits of seeking vocational rehabilitation through VA. Of those veterans who had not used VR&E services, the top responses were that he or she was unaware of how to apply for or receive the benefit (32.3 percent) and that he or she had never considered applying for VR&E services (31.3 percent).

We urge VA to undertake new efforts to educate veterans about VR&E services. Additional outreach regarding VR&E services may also help to address the tensions identified by GAO between veterans and vocational rehabilitation counselors that exist due to differing views about the purpose and nature of these services. Only when the purpose of and access to services is clear to veterans will those who can benefit from the VR&E program be likely to succeed.

Thank you for the opportunity to testify concerning VetsFirst's views on the effectiveness of VA's VR&E Program. We appreciate your leadership on behalf of our nation's veterans who are living with disabilities. I would be pleased to answer any questions.

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[14] Westat, National Survey of Veterans, Active Duty Service Members, Demobilized National Guard and Reserve Members, Family Members, and Surviving Spouses (Oct. 18, 2010), www.va.gov/vetdata/docs/SurveysandStudies/NVSSurveyFinalWeightedReport.pdf.

Information Required by Clause 2(g) of Rule XI of the House of Representatives

Written testimony submitted by Heather L. Ansley, Vice President of VetsFirst; VetsFirst, a program of United Spinal Association; 1660 L Street, NW, Suite 504; Washington, D.C. 20036. (202) 556-2076, ext. 7702.

This testimony is being submitted on behalf of VetsFirst, a program of United Spinal Association.

In fiscal year 2012, United Spinal Association served as a subcontractor to Easter Seals for an amount not to exceed $5000 through funding Easter Seals received from the U.S. Department of Transportation. This is the only federal contract or grant, other than the routine use of office space and associated resources in VA Regional Offices for Veterans Service Officers that United Spinal Association has received in the current or previous two fiscal years.

Heather L. Ansley, Esq., MSW

Heather L. Ansley is the Vice President of VetsFirst, which is a program of United Spinal Association.

Ms. Ansley began her tenure with the organization in December 2009. Her responsibilities include managing the public policy advocacy, veterans benefits services, and veterans outreach activities for VetsFirst. She also works to promote collaboration between disability organizations and veterans service organizations by serving as a co-chair of the Consortium for Citizens with Disabilities Veterans and Military Families Task Force.

Prior to her arrival at VetsFirst, she served as the Director of Policy and Advocacy for the Lutheran Services in America Disability Network.

Before arriving in Washington, D.C., she served as a Research Attorney for The Honorable Steve Leben with the Kansas Court of Appeals. Prior to attending law school, she worked in the office of former U.S. Representative Kenny Hulshof (R-MO) where she assisted constituents with problems involving federal agencies. She also served as the congressional and intergovernmental affairs specialist at the Federal Emergency Management Agency's Region VII office in Kansas City, Missouri.

Ms. Ansley is a Phi Beta Kappa graduate of the University of Missouri-Columbia with a Bachelor of Arts in Political Science. Ms. Ansley also holds a Master of Social Work from the University of Missouri-Columbia and a Juris Doctorate from the Washburn University School of Law in Kansas.

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STATEMENT OF
PAUL R. VARELA
DAV ASSISTANT NATIONAL LEGISLATIVE DIRECTOR
BEFORE THE
SUBCOMMITTEE ON ECONOMIC OPPORTUNITY
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES
FEBRUARY 27, 2014

Chairman Flores, Ranking Member Takano and Members of the Subcommittee:

Thank you for inviting DAV (Disabled American Veterans) to testify at today's hearing of the Subcommittee on Economic Opportunity to review how the Department of Veterans Affairs (VA) can maximize the effectiveness of Vocational Rehabilitation and Employment (VR&E) services.

As you know, DAV is a nonprofit veterans service organization comprised of 1.2 million wartime wounded, injured and ill veterans and dedicated to a single purpose: empowering veterans to lead high-quality lives with respect and dignity. To fulfill our mandate of service to America's disabled veterans, DAV employs a corps of 276 National Service Officers (NSOs), all of whom are wartime service-connected disabled veterans, in order to provide benefits counseling at no charge to veterans, their dependents, and survivors.

DAV's NSOs bring with them military experience, as well as personal experience navigating the VA health care and claims processing systems and all have participated and completed a VR&E rehabilitation plan as part of our DAV training. Due to our backgrounds and successful training, DAV's NSOs not only possess a significant knowledge base, but also a passion for helping our fellow veterans through the labyrinth of the VA system.

DAV NSOs are situated in all 56 VA regional offices (RO) as well as in other VA facilities throughout the nation. Last year, DAV NSOs interviewed over 187,000 veterans and their families; reviewed more than 313,225 VA claims files; filed over 213,762 new claims for benefits; and obtained more than $3.2 billion in new and retroactive benefits for the wounded, injured, and ill veterans we represented before the VA. Our NSOs also participated in more than 272,915 VA Rating Board actions. In addition to assisting them file claims for disability compensation, our NSOs regularly advise veterans of the opportunities and benefits offered by VA's vocational rehabilitation programs, particularly for those with disabilities making work difficult or impossible. As part of our structured and continuing training program, DAV NSOs are trained on all VR&E programs, and encourage our clients to consider VR&E programs whenever appropriate.

Vocational rehabilitation for disabled veterans has been part of this nation's commitment to veterans since Congress first established a system of veterans' benefits upon entry of the United States into World War I in 1917. Today the VR&E service, through its VetSuccess program, is charged with preparing service-disabled veterans for suitable employment or providing independent living services to those veterans with disabilities severe enough to render them unemployable.

Each year, it is estimated that 250,000 service members separate from active military service. Roughly 25,000 of those on active duty found "not fit for duty" as a result of medical conditions may qualify for VA disability ratings. With a disability rating of 10 percent or greater, a veteran would potentially qualify for VR&E services. Many veterans will first learn about potential entitlement through the Transition Assistance Program (TAP) Goals, Plans and Success (GPS) Program, but in most cases after filing their claims for disability benefits and then being notified by VA as to their entitlements, including VR&E services.

VBA's current policy manual, M21-1MR, provides guidance on which beneficiaries are to receive notice of potential VR&E entitlement. The M21-1MR states VBA is to inform veterans of the availability and purpose of vocational rehabilitation when "an original or reopened claim results in an initial service-connected (SC) disability rating of 10 percent or greater, an increased combined SC disability rating of 10 percent or greater is awarded, or a *DD Form 214, Certificate of Release From Active Duty,* is received showing the Veteran has been retired from the Armed Forces because of disability."

However, these notification procedures may create a missed opportunity for a veteran to exercise the use of potential VR&E benefits. VBA should reexamine its procedures and consider other ways to educate and encourage veterans to consider VR&E services in all appropriate correspondence, such as denials for increases or other benefit type determinations where entitlement exists. VR&E benefits and services are quite transformative; promoting the availability of the program in every instance where eligibility exists could be that additional option a veteran has been looking for while simultaneously going through the compensation and pension claims process.

In March 2004 the VR&E task force, created by the Congressional Commission on Service Members and Veterans Transition Assistance (Commission), released a report with 110 recommendations for VR&E service improvements. As a direct result of that report, VR&E implemented the five-track employment process that strengthened the program's focus on employment. While important adjustments were made in numerous areas, VR&E's incentive structure for veterans' remains primarily aligned with education and training programs, with no financial incentive for those seeking immediate employment. This creates a serious challenge for those veterans with financial commitments and limited resources.

In response to the 2004 VR&E task force report, VA implemented 100 out of the 110 VR&E task force recommendations. In the ten years since this report was issued, VA has identified other significant opportunities in its continuing efforts to enhance service to veterans. VR&E's current transformation effort, for example, focuses on modernizing and streamlining services using a veteran-centric approach.

While the Veterans Benefits Administration (VBA) has implemented most of the 110 VR&E task force recommendations, DAV calls on Congress to further enhance this vitally important benefit by—

- implementing satisfaction surveys of participants and employers;
- creating a monthly stipend for those participating in the employment track of VR&E's programs and creating incentives to encourage disabled veterans to complete their rehabilitation plans;
- increasing the ratio of VR&E counselors and case managers to handle a growing caseload;
- effectively tracking and reporting on participants to provide greater clarity on the utilization of the five-track employment model;
- tracking employment outcomes that are measured longer than 60 days after hiring; and
- eliminating the current 12-year eligibility limit for veterans to take advantage of VR&E benefits.

It is readily apparent that VR&E is working to maximize its services with very limited and antiquated resources. Its work will continue as the number of veterans in the various phases of VR&E programs is expected to rise as more service members return from the conflicts in Southwest Asia. Even though the focus of the VR&E program has changed to career development and employment, it is clear that VA will be unable to meet the current and future demand for employment services without much needed and immediate resources.

For more detailed information concerning VR&E program recommendations, we encourage you and your staff to review the 2015 *Independent Budget* at http://www.independentbudget.org/.

Client to Counselor Ratio, Proper Resource Allocation, Support and Infrastructure

Program participation has increased steadily since 2008 as confirmed by the recent January 2014 Government Accountability Office (GAO) Report. Therefore it is critically important to maintain the proper client-to-counselor ratio to avoid any disruptions, or service gaps, resultant from Vocational Rehabilitation Counselors (VRCs) being overwhelmed with high caseloads. The 1:125 VRC-to-client ratio must be met throughout VR&E. Unlike the Compensation & Pension (C&P) portion of the VBA, where rating decisions are completed with little to no direct claimant involvement, a VRC's involvement is extremely personal, much like a physician's relationship with a patient and by its very nature is more time consuming. Congress must ensure VA receives all the resources it needs to properly facilitate the VR&E program.

DAV is concerned to learn that in some ROs the VRC-to-client ratio can be as high as 1:175; with the highest disparity, 1:206, now taking place at the Cleveland RO. Failing to immediately address these instances where these above-average ratios exist will lead to veterans not receiving the services they need to successfully complete the program. VRCs must be responsive to the needs of their program participants and able to efficiently administer each veteran's unique set of circumstances; whether that be adjustments to the program itself, medical

referrals, financial matters, supply requests, contact requirements to address issues that surface, etc. An overwhelmed and overburdened VRC could in fact be detrimental to a veteran relying on VR&E services.

The National Defense Authorization Act (NDAA) for Fiscal Year 2008 enhanced services for members of the armed forces receiving medical separations, streamlining functions of the medical separation process between the Department of Defense (DOD) and VA. To further enhance services to our nation's ill, injured and wounded veterans, VRCs were placed at Integrated Disability Evaluation System (IDES) locations to provide them with direct counseling and services for those that would receive ratings of 20 percent or more upon separation from military service.

Now, VR&E services extend to active-duty service members receiving medical separation from the military and participating in the IDES program. In the IDES program, the service member has the benefit of speaking directly with a VRC at the location facilitating the IDES and can utilize the full potential of the VR&E program. This has a tremendously positive impact upon separating ill, injured and wounded veterans; this did, however, create a gap at the RO level as experienced VRCs are selected to participate in this program. The loss of a tenured VRC results in local RO VR&E having to shift work to remaining VRC staff.

With VA's implementation of the VetSuccess on Campus (VSOC) Program, first piloted in 2009 at select college campuses throughout the country, it has grown in the last five years to serve veterans at a total of 94 college campuses. Its reach and effect has increased and services are now in greater abundance within the veteran college community. VRCs at college campuses help our nation's veterans maximize the use of their educational benefits, along with myriad other benefit-related counseling services.

Here again, tenured VRCs are selected to participate in the program and creates some of the same challenges associated with facilitation of VRC participation within the IDES Program. DAV assures Congress that it does not take issue with two critically important programs such as IDES and VSOC; however, we must point out that all programs must be adequately supported to meet the demands of injured, ill and wounded service members and veterans. VRCs are thus excluded from making contributions to manage the ROs current and future workload when they participate in the IDES and VSOC Programs.

To simply provide VR&E with the resources they so desperately need to achieve this ideal client-to-counselor is only one component towards solving the problem. The increase in staff will also lead to meeting the needs of veterans in a timely manner; however, VR&E will require additional administrative support to help manage the influx of work created by additional VRCs.

If VR&E were simply to address one of these issues, increasing the VRC staff to meet the 1:125 ratio, one could reasonably conclude that it would result in a bottleneck of other services. For instance, if VRC staffing levels are increased, it's safe to say that more veterans would be serviced more quickly, but these services often require purchases of some kind. This would result

in increased purchasing demand and if VR&E does not have the proper administrative staff in place to keep pace with these purchases, work would inevitably back up.

Another question that is vitally important is whether VA has the space to accommodate an increase in staffing. VA must make known its current abilities to accommodate such staffing level increases and where there is a question regarding capacity, solutions must be sought to make such accommodations.

Therefore, VA must request and Congress must approve VR&E resources to adequately address all of its staffing and infrastructure needs.

IT Modernization Urgently Needed for Better Program Management and Oversight

As noted in DAV's November 2013 testimony, an earlier GAO report concluded that VR&E's case management Information Technology (IT) system, commonly referred to as CWINRS, (Corporate Winston-Salem, Indianapolis, Newark, Roanoke, Seattle) "... does not meet VR&E's current needs and limits its oversight abilities..." The CWINRS system does not properly capture some of the most basic data and information. As a tracking and oversight system it is woefully inadequate to allow sufficient management or oversight of VR&E programs in general. VR&E must be given the same level of priority as that given to the processing of C&P claims.

Rather than spend time and resources on trying to patch and upgrade the CWINRS system, DAV recommends that the VR&E IT needs be addressed through the new Veterans Benefits Management System (VBMS), which was primarily developed by VBA for managing the disability compensation system. Although VBMS is eventually intended to serve all of VBA's business lines, there remains much work on that core system, limited resources and no current plans to make it ready for use by VR&E. VR&E to VBMS integration must take place to address program gaps.

VR&E is still largely based in a paper environment. From application to the remaining program functions, a local VR&E folder exists to manage a veteran's ongoing program needs and service-procurements. This inhibits effective program management, oversight and data collection that is desperately needed to enhance facilitation and accountability of the program.

This new system would increase VR&E's overall program accountability and could help to capture more comprehensive information needed to determine the effectiveness of the program and those responsible for administering the program, straight down to the RO level. From this new system, information could be made readily available and correlated then used to establish the basis for meaningful performance and program metrics. However, any performance metric that is established that fails to include the veteran directly would be ineffective in our estimation. Therefore, program participants must have the opportunity to provide feedback, similar to VA's new GI Bill Feedback System.

Given the importance of the VR&E program overall, these IT needs must be addressed immediately. VA must request, and Congress must approve sufficient additional funding for IT development and deployment of VBMS capability as soon as possible.

Successful Employment Determinations & Transitional Payments Must Be Extended

After a veteran completes the objectives set-forth within their individual plans, they are transferred over to Employment Coordinators to seek out suitable employment opportunities. Now equipped with all the training and resources supplied to them as part of their VR&E participation, they will make the transition from training to suitable employment and economic independence. VR&E will provide employment assistance for up to 18 months, but once the veteran obtains suitable employment, their case can be closed and counted as a success for accountability and performance purposes if they maintain employment for 60 days. DAV recommends extending the evaluation period to one year to ensure suitable employment has been maintained and that VR&E resources and performance metrics align with this extended evaluation period.

The investment in time and resources can be extensive to enable an injured, ill or wounded veteran to overcome employment obstacles brought on by service; to consider a veteran's case to be closed and to have retained suitable employment after just 60 days is disproportionate to the efforts expended by the participant and VR&E to arrive at that juncture. On average it can take a veteran nearly five-years from the date they make their application for benefits with VR&E, until placement into suitable employment. Tracking their progress closer to the one-year time-frame would offer a greater measure of oversight. It is added security to ensure that a veteran is making the adjustment, succeeding in the workforce and receives the support of VR&E, should any need arise during that time. A performance metric that allows a VRC to track a veteran's progress for up to one year would help to facilitate greater and more comprehensive participant outcomes.

Along with the completion of the program, a veteran will receive a transition payment for 60 days after completion. However, it may take considerably longer than 60 days from completion of the program to the beginning of suitable employment for various reasons. Transition payments beyond 60 days, closer to 180 days, should be considered with heightened emphasis on finding lasting and meaningful employment during that period of time.

Therefore, Congress must introduce and pass legislation that requires VA to extend the evaluation period for up to one year when determining if a veteran can be considered successfully rehabilitated to the point of true employability. Furthermore, it must be examined whether extending the transitional payment period beyond the current 60-day period provides greater relief to those seeking employment after completing their VR&E plan, especially in areas with underperforming labor markets and where there are limited or diminished job opportunities.

Eliminate the 12-Year Delimiting Date to Use Chapter 31 Services

At present, disabled veterans may qualify for VR&E services if they meet the current disability requirements. These are 10 percent disabled with a serious employment handicap

(SEH), 20 percent disabled with an employment handicap (EH) and must file a claim for VR&E services within twelve years of meeting the eligibility criteria. There are certain instances where the twelve-year period can be waived, particularly in cases where a SEH exists. This requires a decision to be made, a separate process to determine if a SEH exists, another administrative type function that could be eliminated if the program were open ended and could be sought at any time after service.

TAP GPS aims to provide relevant and critical benefit information to service members before they transition out of the military. This one-week workshop is dedicated to providing soon to be separated service members with information and services to ensure a successful transition. Whether it be employment, education, or VA benefits, the emphasis of TAP GPS is to make our nation's service members better prepared once they leave the military.

The significance of the VR&E Program is immensely powerful and transformative and often not realized until sometime after military separation. Changes inevitably occur with family, work and service-connected injuries that can worsen or manifest over time. Therefore, a service member that used post-9/11 GI Bill benefits after leaving service some time ago to prepare for one form of work may find themselves in need of VR&E assistance in order to make a career change. Use of VR&E must remain available indefinitely to serve the needs of injured, ill and wounded veterans when the need arises, regardless if that need arises within a specified timeframe. The price of admission into the VR&E program was their in-service disability, which in most cases lasts the entirety of their lives with no expiration date, nor should the availability of this benefit expire.

A great deal of information is disseminated during TAP GPS, including the availability of VR&E benefits and services. The information would best be described as an overview with no particular in-depth discussion or emphasis on any one benefit or program; understandable given the current time constraints associated with the facilitation of TAP GPS. With that being said, it is reasonable to consider a separating service member may not realize immediately the benefits of the VR&E Program, as the Post 9/11 GI Bill would be more enticing given its immediate positive financial impact.

Therefore, Congress must introduce and pass legislation that eliminates this prohibition of use beyond the twelve-year period to enhance the program to avail itself to injured, ill and wounded veterans that will require services beyond the twelve years, eliminate unnecessary administrative procedures and provide that needed safety net when circumstances in their lives change and unanticipated consequences of their service-connected disabilities interfere with their ability to lead substantial and meaningful employment.

Remove the Cap on Independent Living Participants

The Independent Living (IL) Program was initially created as a pilot program by Congress in October 1980 as part of Public Law 96-466, and was limited to no more than 500 participants. In 1986, Congress enacted legislation, Public Law 99-576, that made the program permanent and the cap on participants has increased over the years since, most recently increasing to 2,700 in 2010, with enactment of Public Law 111-275. While we appreciate the

fiscal constraints and budgetary scoring concerns that Congress must address, we believe that placing a cap of 2,700 IL participants establishes an arbitrary limit on a valuable program that serves some of our most deserving and needy veterans.

Moreover, there is little or no data available to determine how many veterans could benefit from participation in the IL program in the absence of the arbitrary cap. As GAO pointed out in recent report on the IL program (GAO-13-474), VR&E does not systematically track variances in caseloads among its ROs. Based on GAO's analysis, during fiscal years 2008 thru 2011, the number of IL participants ranged from a high of 908 at the Montgomery, Alabama RO to a low of four at the Wilmington, Delaware RO. The GAO report makes clear that every RO approaches the IL program differently, with some aggressively steering eligible veterans in that direction, and others apparently having little understanding or interest in pursuing the IL track. Anecdotally, we have heard VR&E officials indicate that the cap on participation discourages VRCs from promoting the IL program, and that conversely, if the cap were removed it could create greater interest among VRCs to promote this option to appropriate veterans.

It is also worth noting that a veteran can have more than one IL plan within the same year, and that each of this veteran's plans counts towards that cap, further limiting the number of veterans who can benefit. This requirement also creates some confusion in the reporting and accounting elements of the program that must be clarified.

There is now legislation pending that would remove this cap and require VR&E to improve the education of its employees in regards to the IL program. H.R. 3330, the Veterans' Independent Living Enhancement Act, was introduced by Congresswoman Michelle Lujan Grisham in October and currently has 20 cosponsors. We would urge this Subcommittee to consider and support this legislation.

In order to maximize the benefits of the IL program, VR&E must significantly enhance its internal and external awareness and outreach efforts. We have been informed that VR&E is preparing to distribute literature within VA facilities notifying veterans about the IL program and we applaud that effort. We have also been made aware that VR&E is creating a web-based training element on the IL program that will be mandatory for all VRCs. However, although participation in the web-based training will reach all current and newly hired VRCs once, it is imperative that this training be repeated at appropriate intervals to ensure the VRCs maintain current knowledge about the IL program and the opportunities it presents for appropriate veterans. VR&E should also review whether its VRC skills certification process is sufficient to ensure continued national understanding of the IL program.

The GAO report also found that one of the key reasons for differences in caseloads among ROs was due to the "... office's focus on IL cases and community outreach efforts, including the involvement of veterans service organizations." DAV would welcome opportunities to collaborate with other VSOs and VR&E to make veterans more aware of these services. As I mentioned earlier, DAV NSOs regularly counsel eligible veterans about the benefits of participation in VR&E programs including the IL program. Furthermore, as part of their continued employment with DAV, our NSOs will review the VR&E program, including the IL program, as part of our Structured and Continued Training Program, which must be

completed and repeated throughout our careers. In addition, we are currently planning to host a web-based training initiative to highlight components of the IL program as part for our ongoing training administered to NSOs.

As mentioned above, the IL program provides veterans with many services and goods from other VA programs, including health care from the Veterans Health Administration (VHA), equipment from the Prosthetic and Sensory Aids Services (PSAS) and adaptive equipment and services from the Specially Adapted Housing (SAH) and Home Improvement and Structural Alteration (HISA) programs. Despite the fact that these are all VA programs and offices, GAO and others have reported that coordination and cooperation can often be difficult. VR&E rehabilitation plans, including IL plans, often require concurrence from a VHA physician, such as in relation to mobility devices, and there may be occasions when the physician believes that allowing a veteran to rely on a mobility device may be contrary to the clinical need to encourage greater physical activity for their rehabilitation in responding to VR&E requests.

However, just as VBA has encountered problems in trying to get VHA doctors to complete disability benefit questionnaires for veterans with claims for disability compensation, VR&E has problems getting VHA physicians to approve IL plans in a timely fashion. VR&E and VHA must work together to provide better education and training to VHA staff to encourage greater cooperation.

VRCs have also encountered similar difficulty getting responses from SAH, PSAS and HISA program offices. In some instances, this may result in the purchase of goods and services from an outside contractor that could and should have been provided by internal VA programs. As with the difficulties related to VHA, VR&E must work with these program officials to remove unnecessary delays and other bureaucratic red tape that hinders the timely provision of services to IL participants. All of these offices work for the same Department and should be serving the interests of veterans. If they are unable or unwilling to work together effectively, the Secretary and Congress must take appropriate actions to make them do so.

Mr. Chairman, despite some resource, management, oversight and program challenges discussed in our testimony and the GAO report, we continue to believe the VR&E Program is one of the most powerful and transformative tools within VA's inventory. Our personal experience with VA personnel within RO has been good overall. We consider their flexibility and willingness to do whatever is within their capabilities to help our nation's injured, ill and wounded veterans invaluable. However, if any limitations exist, it falls well outside their abilities to adequately address these problems without adequate resource support.

We strongly encourage this committee to continue examining ways to improve and maximize the VR&E program. DAV remains at the ready to work with the Subcommittee and VA in any way we can to offer our assistance and support.

This concludes my testimony and I would be happy to answer any questions you may have.

Prepared Statement of Jack Kammerer

Mr. Chairman and members of the Subcommittee, thank you for inviting me to appear before you today to discuss the Department of Veterans Affairs (VA) Vocational Rehabilitation and Employment (VR&E) program. As I near the end of the first 90 days as the Director of VR&E Service, I have already seen how VR&E staff in Washington DC, and VR&E staff in the field offices are committed to and engaged in multiple initiatives to extend our outreach capabilities, increase program efficiencies, and enhance our current technologies, all of which will result in better support for Veterans.

Through our VetSuccess on Campus (VSOC) program, we have collaborated with 94 schools across the country to provide educational and vocational counseling and other on-site services to over 80,000 Veteran students. Under the VSOC program, Veterans have the opportunity to succeed through coordinated delivery of on-campus benefits assistance and adjustment counseling to assist Veterans in completing their college education and entering the labor market in viable careers. We also collaborate with the Department of Defense to provide services to Active Duty, Reserve, and National Guard Servicemembers through the Integrated Disability Evaluation System (IDES). Through our involvement in the IDES program, we have expanded early intervention counseling and other available services for over 28,000 transitioning Servicemembers at 71 military installations.

We also continue to work with Federal, state, and local government agencies, as well as private-sector employers, to increase Veteran employment utilizing special employer incentives, special hiring authorities, on-the-job training, and non-paid work experience for those Veterans in our program. VR&E Service is currently developing new program performance metrics that will more effectively evaluate the full scope of VR&E work activities at the local, regional, and national levels. VR&E Service is partnering with the Veterans Health Administration (VHA) to develop video telecounseling for nationwide implementation. VR&E intends to use the same, secure technology currently in use in VHA's telehealth initiative.

My testimony today will provide an overview of the VR&E program, performance summary, discussion of VR&E's case-management information technology system, and information on actions taken to implement the Government Accountability Office's (GAO) recommendations for the VR&E program provided in its January 2014 report.

VR&E Program Overview

The Veterans Benefits Administration's (VBA) VR&E program assists Servicemembers and Veterans with service-connected disabilities to prepare for, find, and keep suitable employment. For Veterans with service-connected disabilities so severe that they cannot immediately consider employment, the independent living (IL) program offers services to improve their ability to live as independently as possible.

The VR&E program also provides educational/career counseling to transitioning Servicemembers and Veterans that are eligible for VA educational benefits, and children, widows, and spouses of Veterans who have permanent and total service-connected disabilities, as authorized under Title 38, United States Code, Chapter 36. Additionally, VR&E provides vocational and rehabilitation benefits to children born with spina bifida for certain Veterans with service in Vietnam or Korea. VR&E employs nearly 1,000 professional vocational rehabilitation counselors and delivers services through a network of 420 office locations. Our service delivery model works to support Veterans where they are located, and includes operations at 56 regional offices, the National Capital Region Benefits Office, 198 VR&E out-based offices, 71 IDES installations, and 94 VSOC schools/sites.

VR&E Program Data

In fiscal year (FY) 2013, VR&E successfully rehabilitated over 10,000 Veterans with service-connected disabilities. Over 8,500 were rehabilitated into suitable employment, a 6.6 percent increase from FY 2012. The remaining were Veterans with disabilities so severe that they could not currently pursue employment, but were rehabilitated after they were able to gain greater independence through the delivery of IL services. VR&E also had a 14.2 percent increase in applicants in FY 2013, rising from over 72,000 to almost 83,000, demonstrating that our outreach efforts are reaching Servicemembers and Veterans in need of assistance.

Information Technology

Corporate WINRS (CWINRS) is the VR&E case-management software application (named after the stations that collaborated to develop the original version:

Waco, Indianapolis, Newark, Roanoke, and Seattle). CWINRS is used to record the adjudication of VR&E claims, rehabilitation planning, provision of services, and the disposition of cases. CWINRS tracks a Veteran's rehabilitation progress through the VR&E program. This includes establishing the Veteran's entitlement to benefits, tracking appointments, and forwarding transactions to the financial management systems for vendor payments. CWINRS utilizes VBA's corporate database to maintain participant information, and interfaces with VBA's Benefits Delivery Network (BDN) and other financial systems to process payment and accounting transactions. Case-specific information for participants in all five rehabilitation tracks available through the VR&E program (re-employment, rapid access to employment, employment through long-term services, self-employment, and independent living) is managed through the CWINRS application.

Current CWINRS enhancements focus on developing a subsistence allowance module, which will eliminate VR&E's reliance on the legacy BDN system and move towards payment through the corporate Financial Accounting System (FAS). The new FAS corporate payment module is being beta tested in eight regional offices, and is currently successfully making subsistence payments to more than 350 Veteran participants in the VR&E program. VR&E Service is finalizing development of this module to enable national deployment.

VR&E Service has also partnered with VHA to develop and pilot an online medical referral tracking system. This system promotes communication between VR&E and VHA and improves the coordination of services to Veterans. The new system was recently piloted at nine sites. We are analyzing data to help us develop a future deployment plan.

VR&E has also built requirements for a new case-management system that will expand upon the functionality in the Veterans Benefits Management System to support the VR&E program, including our VSOC and IDES programs.

Update on Implementation of GAO Recommendations

GAO made six recommendations in its January 2014 report titled, "VA Vocational Rehabilitation and Employment: Further Performance and Workload Management Improvements are Needed." First, GAO recommended that "any revised set of national and regional performance measures for the VR&E program include measures of (a) the proportion of program participants successfully rehabilitated into employment, and (b) the proportion of participants who obtain other benefits from VR&E services." As described earlier, VR&E is currently engaged in redesigning local, regional, and national performance measures that will include collection of a broader spectrum of performance data to more effectively evaluate program success. As a part of the redesign process, VR&E is investigating all viable options for capturing and reporting on not just positive program outcomes, but also on the outcomes of all program participants. Some measures may most appropriately be gathered at the national level, but all measures will be designed to align with each other and support effective oversight of the entire program.

GAO's second recommendation was to "develop new measures of long-term employment that go beyond the minimum 60 days of post-placement monitoring that is currently required. In developing measures, consider the feasibility of using results from planned post-closure surveys of Veterans as a data source." VR&E provides comprehensive counseling, as well as training and rehabilitative services, to remove employment barriers that challenge a program participant's ability to both obtain and maintain suitable employment. Unlike many other vocational rehabilitation and training programs, VR&E has the opportunity to work with participants over a multi-year period, including providing training and education, and up to 18 months of employment services focused on ensuring employment readiness and outcomes. Additionally, VR&E counselors use professional judgment in determining when Veterans have adequately adjusted to their employment positions and, in certain circumstances, will follow Veterans beyond the 60-day minimum post-employment period. Currently, VR&E is exploring different mechanisms and processes to follow up with employed Veterans after their formal departure from the VR&E program. A post-outcome case management tool is in development that will facilitate VR&E follow up with Veterans months after case closure to determine if additional services are needed to maintain employment or to sustain maximum independence in daily living. VR&E's ongoing Longitudinal Study is currently tracking three cohorts of Veterans (2010, 2012, 2014) over a 20-year period, and it will provide data to assess the long-term success of participation in the program and post-service outcomes.

GAO's third recommendation was to "conduct nonresponse analysis of the results of VA's ongoing Voice of the Veteran customer satisfaction surveys." While VA's current Voice of the Veteran Continuous Measurement Satisfaction Research Program

does not currently include non-response bias analyses, the survey findings are statistically valid. However, contingent on resource availability, VBA will modify the survey contract to include non-response analyses of the results.

Fourth, GAO recommended that VA, "in revisiting VA's formula for allocating VR&E staff among the regional offices, (a) assess the inclusion of factors related to regional office performance and, if warranted, remove them from the formula, and (b) assess the exclusion of any factor related to the number of educational counseling cases in each regional office and, if warranted, add such a factor." VR&E Service works closely with VBA's Office of Field Operations in determining how resources are allocated. VR&E Service is designing the staffing model to account for regional factors impacting performance, and together with the Office of Field Operations, we will revisit the metrics used in the resource allocation model to ensure continued validity and data integrity.

GAO's fifth recommendation was to "collect information on the regional offices' approaches for managing their VR&E workloads, assess the advantages and disadvantages of these approaches, and use the results of this assessment to provide guidance to the offices on potential best practices or options to consider." VR&E Service allows local managers to decide how best to manage their workloads, but agrees that there is merit in collecting and analyzing data and communicating best practices on workload management.

GAO's final recommendation was "to provide additional training to all individual Vocational Rehabilitation Counselors (VRCs) on job placement strategies and workplace accommodations, potentially as part of the effort to develop a competency-based training approach." VR&E Service has provided multiple training activities and curriculums focused on job placement and job accommodations. VR&E conducted Employment Coordinator classroom training in 2012 and deployed Training and Performance Support System modules on Employment Services in June 2013 and Self-Employment in July 2013. VR&E Service also provided field offices with training modules on posttraumatic stress disorder (PTSD), traumatic brain injury (TBI), and employment training on November 29, 2013. The training includes information about job accommodations for Veterans with TBI and PTSD, and answers common questions regarding the Americans with Disabilities Act as it pertains to TBI and PTSD. Additionally, training on special employer incentives was released on January 29, 2014, and is accessible nationwide to all VR&E staff.

VR&E's Electronic Performance Support System (EPSS) has a section that offers essential guidance to VR&E employees on employment and job accommodations. EPSS is a portal designed to assist local VRCs in performing the essential functions of their job, to include employment-related duties. The employment section of EPSS offers assistance on procedures for identifying Veterans' job-accommodation needs, provides training to counselors to help them work with Veterans on their ability to overcome challenges in obtaining and maintaining employment, and provides VR&E employees appropriate intervention and monitoring strategies to help Veterans adjust to their new position and the workforce. These job aids are updated continuously based on feedback or changes in law, regulation, and VR&E Service policies.

Efforts are currently underway to update and convert existing training materials into web-based training on job accommodations and employment service delivery to better serve VR&E employees and Veterans.

Concluding Remarks

VR&E Service will continue to assess and improve the delivery of vocational rehabilitation services to a most deserving active military and Veteran population: those men and women who have incurred a service-connected disability. We have developed and fielded comprehensive and detailed training, conducted significant oversight, and continue to focus on efforts to enhance both service delivery and the actual services we provide.

Mr. Chairman, this concludes my statement. I would be pleased to answer questions from you or any of the other members of the Subcommittee.

Statement For The Record

PARALYZED VETERANS OF AMERICA

Chairman Flores, Ranking Member Takano, and members of the Subcommittee, Paralyzed Veterans of America (PVA), thanks you for the opportunity to submit our views pertaining to the VA's Vocational Rehabilitation and Employment (VR&E) program. PVA appreciates the fact that you are reviewing this program that is in-

tended to help those veterans that sustained disabilities as a result of their military service that may be inhibiting their progress as they consider future employment, or work towards improving their quality of life. We support this Subcommittees concern and effort as it recommends improvements for this program that can help the men and women that have honorably served their nation and are making an effort to transition back to the civilian world.

The purpose of the VR&E program, as authorized under Chapter 31 of title 38 USC, is to provide comprehensive services to address the employment barriers of service-connected disabled veterans in an effort to achieve maximum independence in daily living, and to obtain and maintain gainful employment. Ultimately, a goal of the VR&E program is to provide services to severely disabled veterans that will help them achieve the highest quality of life possible.

Information from the recent GAO report "*VA VOCATIONAL REHABILITATION AND EMPLOYMENT*, Further Performance and Workload Management Improvements Are Needed," (GAO–14–61) highlights some issues that will require attention and continued oversight of this important VA program. PVA generally concurs with the findings of the report and we likewise support the recommendations presented in the report. The members of PVA, veterans with spinal cord injury or disorder, tend to be higher volume users of VR&E services. As such, we would like to offer a few areas that could be improved in VR&E.

Eligibility Period

Currently, to be eligible for VR&E a veteran must have been discharged under circumstances other than dishonorable and have a disability rating of 20 percent or more that was incurred in, or aggravated by their service. The eligibility period to receive VR&E services is within a 12-year period beginning on either: (1) the date of separation from military service, or (2) the date the veteran receives a disability rating from the VA. The veteran must be in need of vocational rehabilitation in an effort to overcome employment barriers caused by such service-connected disability. VR&E provides for 48 months of entitlement to participate in the program. Unfortunately veterans only have twelve years from the date of the initial VA disability rating notification to utilize the program, with an exception for those with a serious employment disability. Although the eligibility period for VR&E was not a specific component of the GAO report this limiting factor could be detrimental to the success of a veteran's rehabilitation.

PVA and the other co-authors of the The Independent Budget, Disabled American Veterans, AMVETS, and Veterans of Foreign Wars, strongly believe that this 12-year eligibility period should be eliminated and all veterans with employment impediments should qualify for VR&E services. Many veterans are not aware of the VA's VR&E program and how it can be used by disabled veterans' to improve their lives. Often veterans learn of the VR&E services while talking to a VSO service officer or from information received from a service organization several years after their discharge. At that time they may have very few years remaining to utilize the program, or may be past the eligibility period.

After severe injuries such as traumatic brain injury (TBI) or spinal cord injury (SCI) a veteran requires years to complete rehabilitation and make the adjustment to basic activities of daily living. During this time he or she is focused on recovery and the activity of returning to work is not a top priority for the veteran. Nevertheless, the veteran's eligibility is elapsing.

Additionally, as many disabled veterans grow older, their service connected disability may impose further restrictions on the veteran, thus preventing him or her from continuing their civilian work activities. The veteran may still have the economic need and the desire to work for an additional ten or twenty years. With the 12-year time limitation, service connected disabled veterans become disqualified and not able to utilize the VR&E services later in life to maintain their active productive lifestyles.

Remove the Cap on Independent Living

The Independent Living (IL) Program, established by Congress in 1980 as an option within the Vocational Rehabilitation and Employment program to facilitate the provision of services, training, or equipment to veterans with severe disabilities. This program began as a pilot program with a limited enrollment of 500 severely disabled veterans each year. Since its beginning the program has seen periodic incremental increases in the maximum enrollment. Although the program has proven to benefit disabled veterans during their rehabilitation, existing legislation continues to limit, or cap the yearly enrollment. More than a decade of combat has produces many veterans that could benefit from assistance from the Independent Living option. Congress should remove the cap of 2,700 per year for Independent Living

enrollment and vocational rehabilitation counselors should be trained and encouraged to recommend the IL program when it could benefit a veteran's rehabilitation.

Reduce Counselor Caseload

As of March 2013, the VR&E field staff totaled 1,281, of which 890 were vocational rehabilitation counselors. The average caseload for counselors at that time was 139 veterans, a decline from 152 reported in FY 2009. We believe this caseload is excessive to achieve the results that could be realized. PVA has a vocational rehabilitation employment program that is currently located in six metropolitan areas—Long Beach, Augusta, Boston, Minneapolis, San Antonio, and Richmond. Each office is located in a VA hospital, at the spinal cord unit to work primarily with spinal cord injured veterans and other seriously disabled veterans. Although spinal cord injured veterans are considered seriously disabled by the rehab industry standards, thus difficult to place in employment, PVA's program has had a remarkable success rate for placing disabled veterans in employment. Since the rehab profession considers a caseload of 125 for one counselor to be the maximum, PVA has strived to keep councilors' workloads below that number. This has allowed each counselor to spend more time with each veteran, explore all impairments to employment such as day care for children or transportation problems, and work to find solutions for these issues. They also develop employment contacts throughout the region that are interested in hiring veterans for full-time employment, or perhaps part-time employment. Reintroduction to employment often starts as part time, allowing the veteran to become oriented back into the workplace. This individual attention and guidance requires extra time from the counselor, time that is not available if their caseload is excessive. For this reason, we believe Congress should authorize sufficient staff and appropriate sufficient dollars to reduce the caseload.

Increased Funding for VR&E

The number of servicemembers, including National Guard and Reservists who have recently separated, and over the next 5 years will leave active duty is an unprecedented total. Many will leave active duty with a service connected disability, while others will develop a disability related to their service after leaving active duty. Congressional funding for the VR&E program must keep pace with veterans' demand for this service. Our veterans have made a sacrifice for our nation, which is why our leaders must make a concerted effort to ensure that access to education, employment, and training opportunities are available for their transition to the civilian job market. There is a need for increased funding for additional staffing for VR&E including additional vocational rehabilitation counselors and employment coordinators. The current counselor to client ratios of approximately 139 veterans to one counselor is an unacceptable ratio. With many seriously injured service members returning from Iraq and Afghanistan who will need this assistance, PVA believes the funding for VR&E should be increased.

Chairman Flores, Ranking Member Takano, and members of the Subcommittee, PVA would like to thank you for this opportunity to express our views on the VA's VR&E program. We thank you for continuing the work in this Subcommittee to ensure that veterans have the best available programs, options, and opportunities as they transition to the civilian world.

Information Required by Rule XI 2(g)(4) of the House of Representatives

Pursuant to Rule XI 2(g)(4) of the House of Representatives, the following information is provided regarding federal grants and contracts.

Fiscal Year 2013

National Council on Disability—Contract for Services—$35,000.

Fiscal Year 2012

No federal grants or contracts received.

Fiscal Year 2011

Court of Appeals for Veterans Claims, administered by the Legal Services Corporation—National Veterans Legal Services Program—$262,787.

WOUNDED WARRIOR PROJECT

Chairman Flores, Ranking Member Takano, and Members of the Subcommittee:

Wounded Warrior Project (WWP) appreciates your holding this hearing and welcomes the opportunity to share our perspective on VA's Vocational Rehabilitation and Employment (VR&E) Program.

With WWP's mission to honor and empower wounded warriors, our vision is to foster the most successful, well-adjusted generation of veterans in our nation's history. With military careers often cut short by life-altering injuries, it is particularly important that this generation of wounded warriors be afforded the tools, skills, resources, education, and support needed to find their new passion, secure employment, and develop fulfilling careers in ways that matter to them and their families. But, for a variety of reasons, vocational rehabilitation, education, and employment programs designed to give disabled veterans the help they need to gain success in the workforce are too often failing them. The VA's VR&E program, in particular, should be a key transitional pathway for wounded warriors.

Wounded warriors and WWP's field staff—who work daily with our wounded warriors across the country—report wide-ranging variability in program administration and education/employment plan approvals, counselor skills, experience, understanding of TBI and PTSD, and interpretation and knowledge of the program's services. Though some warriors report positive experiences and have worked with dedicated counselors, this represents the exception and not the norm.

WWP annually surveys our alumni of servicemembers and veterans wounded after 9/11 to learn more about their physical and mental well-being and progress toward achieving economic self-sufficiency. In 2013 of those pursuing an education—only about 20 percent were using VR&E while 54 percent opted to use the Post 9/11 GI Bill to finance their education.[1] Given that VR&E provides counseling and other supports and is limited to service-connected disabled veterans, it is striking that the majority of our alumni are selecting the Post 9/11 GI Bill—which does not provide the counseling and assistance that VR&E offers. Some warriors and field staff offer the reasoning that the Post 9/11 GI Bill is easy access and a swifter means to get an education. Many others report it is because they would have "more freedom to pursue what they want, not what the vocational counselor tells them."

Warriors have reported instances of VR&E counselors challenging their employment aspirations by denying them access to their program of choice and pressing them instead to pursue "any job" as a goal. In other instances, wounded warriors seeking to go back to school to earn a second degree—to better compete in the job market—have met objection from counselors who view VR&E simply as a "jobs program." Still, others, particularly those with TBI and PTSD, have had to try to convince VR&E counselors—who do not adequately understand TBI and PTSD (and the broad spectrum of these disabilities and their impact on an individual's abilities and functional limitations)—that they would be able to handle and even succeed in higher education or employment. The prevalence of TBI and PTSD among this generation's warriors underscores the importance of ensuring that programs like VR&E are responsive to the unique circumstances associated with those conditions.

Additionally, warriors report delays in receiving VR&E services, difficulty communicating and scheduling with their counselors, and reduced opportunities to achieve successful and timely rehabilitation. The size of counselors' caseloads has particularly limited their ability to provide adequate on-going support and assistance to veterans throughout the course of their education or training program, especially to those with TBI and PTSD who need such supports.

The following comments are emblematic of the experiences of many:

"In my experience working with Voc Rehab counselors, many of my veterans were exasperated by their counselors and oftentimes felt as though their counselors had such a large caseload that they were not getting the attention needed . . . and more often than not being brushed off when they asked for assistance."

"While many of the Voc Rehab staff are sensitive to the veteran's needs, they do not seem to, as a whole, have an understanding of where the veteran is coming from . . . they are quick to write off a veteran's career choice due to their disability rather than take into account things such as passion, determination, and drive."

"Many veterans have to justify why they want a specific degree or [employment goal] and that doesn't always match up with what the counselor believes that veteran can be successful at based on their history or [medical] diagnosis."

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[1] Franklin, et al, 2013 Wounded Warrior Project Survey Report, 71 (July 2013). The percentage of alumni using the Post 9/11 GI Bill has continued to increase (53% in 2012, some 46% in 2011, and nearly 28% in 2010) while the percentage of alumni reporting the use of VR&E continues to decline (21% in 2012, down from almost 25% in 2011, and some 36% in 2010).

The recent Government Accountability Report on VR&E highlights VR&E's workload management challenges and gaps in VR&E staff training.[2] The wide variability in counselor caseloads among the regional offices is particularly concerning, as is the fact that the program is just now—at the end of 2013 and into 2014—providing new staff training courses on mental health to improve counselors' ability to assist veterans with PTSD and other mental health issues.[3]

VR&E counselors need to be sensitive and not only understand the struggles, but also the strengths, of warriors with TBI and PTSD so that they, in turn, can help warriors recognize that they are not "broken," but continue to have great potential. They must be partners in the warriors' rehabilitation, not critical gatekeepers who too readily dismiss "unrealistic" aspirations. In working with this generation, counselors must also understand the very profound disorientation experienced by warriors whose lives and life-plans have been upended and out of their control. As one put it, the "For me the most difficult part [of the transition] is finding purpose. [I] never really had to think about my purpose when I was in the Corps."[4] A VR&E counselor must have the sensitivity, training and experience to help that warrior find new purpose, or to link him to appropriate professional help. But even the most capable, empathetic counselor—challenged with 150 other "cases" to manage—is unlikely even to have sufficient time to provide that warrior the needed level and kind of support. More appropriate staffing levels must be a component of refocusing and re-energizing this important program. In all, we urge the Subcommittee to make the VR&E program a greater priority through budgetary, programmatic, and outcomes-based action.

Question For The Record

At the HVAC EO 2/27 hearing on the VR&E program, Chairman Flores asked VA witness Jack Kammerer the ranking of the CWINRS program in the VR&E program IT program resourcing for FY15.

The following is VA's response:

Response: Funding for CWINRS enhancements to develop the next VR&E case management system remains on the list of IT development requirements for resourcing. VA continuously reviews its overall list of IT requirements to determine if projects can move forward as additional funding becomes available. It is not possible to project if and when funding will become available, as requirements continue to evolve. Currently, this development project is not funded in FY14 or FY15.

[2] U.S. Government Accountability Office, "VA Vocational Rehabilitation and Employment: Further Performance and Workload Management Improvements are Needed," GAO–14–61 (2014).
[3] Id. at 27 and 32.
[4] Franklin, et al, 2013 Wounded Warrior Project Survey Report, 108 (July 2013).