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VA AND DOD COLLABORATION: IMPROVING OUTCOMES FOR SERVICEMEMBERS AND VETERANS

HEARING

BEFORE THE

COMMITTEE ON VETERANS' AFFAIRS UNITED STATES SENATE

ONE HUNDRED SEVENTEENTH CONGRESS

FIRST SESSION

NOVEMBER 3, 2021

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C O N T E N T S

NOVEMBER 3, 2021

SENATORS

	Page
Tester, Hon. Jon, Chairman, U.S. Senator from Montana	1
Moran, Hon. Jerry, Ranking Member, U.S. Senator from Kansas	2
Brown, Hon. Sherrod, U.S. Senator from Ohio	7
Hirono, Hon. Mazie K., U.S. Senator from Hawaii	11
Cassidy, Hon. Bill, U.S. Senator from Louisiana	13
Hassan, Hon. Margaret Wood, U.S. Senator from New Hampshire	15
Boozman, Hon. John, U.S. Senator from Arkansas	16
Blumenthal, Hon. Richard, U.S. Senator from Connecticut	18
Tillis, Hon. Thom, U.S. Senator from North Carolina	20
Blackburn, Hon. Marsha, U.S. Senator from Tennessee	24
Sinema, Hon. Kyrsten, U.S. Senator from Arizona	25
Sullivan, Hon. Dan, U.S. Senator from Alaska	27

WITNESSES

Panel I

The Honorable Donald Remy, Deputy Secretary of Veterans Affairs	4
The Honorable Gilbert R. Cisneros, Jr., Under Secretary of Defense for Personnel and Readiness	5

Panel II

Nicholas J. Armstrong, PhD, Managing Director, Research and Data, Institute for Veterans and Military Families (IVMF), Syracuse University	29
Mike Hutchings, Chief Executive Officer, Combined Arms	31
Thomas Winkel, Founder and Director, Arizona Coalition for Military Families	33

APPENDIX

PREPARED STATEMENTS

The Honorable Donald Remy, Deputy Secretary of Veterans Affairs	45
The Honorable Gilbert R. Cisneros, Jr., Under Secretary of Defense for Personnel and Readiness	54
Nicholas J. Armstrong, PhD, Managing Director, Research and Data, Institute for Veterans and Military Families (IVMF), Syracuse University	63
Mike Hutchings, Chief Executive Officer, Combined Arms	72
Thomas Winkel, Founder and Director, Arizona Coalition for Military Families	77

Page

QUESTIONS FOR THE RECORD

IVMF response to questions asked during the hearing by:
Hon. John Boozman 83
Department of Veterans Affairs response to questions submitted by:
Hon. Jon Tester 86
Hon. Patty Murray 90
Hon. Mazie Hirono 94
Hon. Jerry Moran 104
Hon. Marsha Blackburn 106
Hon. Tommy Tuberville 108
IVMF response to Question for the Record submitted by:
Hon. Tommy Tuberville 110

ADDITIONAL RESOURCES

Reports with associated links submitted by IVMF
- A National Veterans Strategy: The Economic, Social and Security Imperative 113
- Improving the Delivery of Services and Care for Veterans: A Case Study of Enterprise Government 113

Supplemental documents submitted by ACMF
- History and Highlights of Arizona Coalition for Military Families (ACMF) 115
- Empowering Veteran Communities (EVC): Community Integration and Supportive Services for Suicide Prevention 147

VA AND DOD COLLABORATION: IMPROVING OUTCOMES FOR SERVICEMEMBERS AND VETERANS

WEDNESDAY, NOVEMBER 3, 2021

U.S. SENATE,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC.

The Committee met, pursuant to notice, at 3:05 p.m., via Webex and in Room SR–418, Russell Senate Office Building, Hon. Jon Tester, Chairman of the Committee, presiding.

Present: Senators Tester, Murray, Brown, Blumenthal, Hirono, Sinema, Hassan, Moran, Boozman, Cassidy, Tillis, Sullivan, Blackburn, and Tuberville.

OPENING STATEMENT OF CHAIRMAN TESTER

Chairman TESTER. I want to call this meeting to order, and I want to start out today a little different. Mike Rounds is not here today. We all know that Mike's wife has been fighting cancer for a good part of this year and maybe long before that, but she passed away yesterday morning. And I just want to—you know, we argue. We fight. We do all this stuff here. But in the end, we are a big family, and I just want to let the folks out there know that Mike Rounds is an important part of this Committee and our thoughts are certainly with him and the Rounds family today as they prepare for the future.

I want to thank you all for joining us today to discuss the collaborative efforts of the Departments of Veterans Affairs and Defense to meet the needs of our military and veteran communities.

Today, we will hear from the co-chairs of the Joint Executive Committee, the Honorable Donald Remy, Deputy Secretary of Veterans Affairs, and the Honorable Gil Cisneros, Under Secretary of Defense for Personnel and Readiness. As co-chairs of the JEC, their job is to lead interagency cooperation between the VA and the DOD. They partner on a number of initiatives, including the delivery of healthcare and benefits, the military to civilian transition, and health data interoperability. This interagency work must be a consistent, collaborative effort. Our servicemembers and veterans depend on it.

One of the most critical intersections of the VA's and DOD's responsibilities is ensuring the seamless transition from DOD to VA healthcare. This requires health exams upon separation that are comprehensive and that can be used to inform post-service treat-

ment and determine eligibility for benefits before they leave the Service.

But a servicemember's transition to civilian life extends beyond just healthcare and benefits from the VA. Choosing a next step after the military, whether it be education or employment, requires guidance from the VA and the DOD on what makes the most sense for that servicemember and his or her family. VA, DOD, and Department of Labor all have a role to play through the Transition Assistance Program, ensuring these men and women are prepared for life after service.

This stressful time places significant strain on a veteran's mental health. In Congress, we have made some strides in the provision of mental health care to our veterans, including passage of the Commander John Scott Hannon Act. Now VA must do its part to implement. But the DOD has a role to play, particularly in the development and deployment of joint mental health programs.

And I want to applaud the Biden administration for releasing a new strategy on veteran and military suicide prevention just yesterday. I look forward to working with your departments on this shared mission.

VA and DOD are also on parallel paths to deploying the Cerner electronic health record. Both departments' programs have had their setbacks, and it is important for the VA to learn anything it can from DOD's challenges and successes as they implement reforms coming out of Secretary McDonough's strategic review.

Another critical area for action is toxic exposure. Right now it is far too difficult for veterans to prove they were exposed to toxic substances. New programs like the Individual Longitudinal Exposure Record, or ILER, will enhance VA's access to DOD records on exposures, but that information is only as good as the DOD's recordkeeping.

Collaboration between your agencies goes beyond preparation for transition and servicemembers' records. It also includes shared facilities and supply chains. And as you continue working to improve the lives of servicemembers and veterans, there are opportunities to save taxpayer dollars through joint purchasing power.

We will cover these topics today with Under Secretary Cisneros and Deputy Secretary Remy. We will also hear testimony from community organizations who partner with the Federal Government to assist our Nation's veterans. These groups experience the collaborative efforts between these two agencies firsthand, both their successes and their failures, and their on-the-ground perspective is absolutely critical.

With that, I turn the chair—the mike over to Senator Moran.

Senator MORAN. I would take what you said first; I would turn the chair over to. But in the absence of that, I will take the mike.

Chairman TESTER. Well, that has been happening far too often.

OPENING STATEMENT OF SENATOR MORAN

Senator MORAN. Mr. Chairman, thank you for conducting and holding this hearing.

Both Secretaries, welcome to the Senate Committee on Veterans' Affairs and thank you for your presence with us today.

And, Mr. Chairman, thank you for your recognition of the sadness that is occurring in the—that has occurred in the Rounds family. And I, too, join—all of us join you in offering our sympathies and condolences to Senator Rounds and his family in the loss of his wife. And, what a tremendous family. And we are all saddened today.

This hearing is an excellent opportunity for us to discuss the current state of affairs between the VA and DOD in their collaboration, especially regarding how to better assist servicemembers and their families that are transitioning out of military service into civilian life.

I want to highlight the words I have noticed that are consistently used throughout the last 10 iterations of the Joint Strategic Plan to describe the JEC's goals for transition: collaborative, comprehensive, personalized, interoperative, seamless, and efficient.

However, when conducting oversight of the transition process, we continue to witness a fundamental problem of DOD and the military services balancing military readiness with prioritization of a servicemember's post-military readiness and entrance into civilian life. I would be remiss if I did not remind the Under Secretary Cisneros today that supporting a successful transition to a civilian life is a vital recruiting tool and impacts our Nation's ability to sustain an all voluntary force now and in the future.

The military is known to invest a lot of effort and resources into training and developing leaders while they are in uniform, and it should be everyone's mission to ensure that veterans are given the opportunity to use these positive attributes to give back to their communities after service and to benefit themselves and their families.

I look forward to hearing from the second panel as well. Your organizations represent the gold standard for how community programs can be maximized nationwide. It is my hope that both departments here today will listen closely and find value, as we will, in your testimony.

Lastly, I would like to discuss the impact of the vaccine mandate, what that impact has been, what it will be and will have. I would like to know what it will have on the operations of ineligibility for Services as well as the readiness levels at DOD. I look forward to hearing from you about the impact of the mandate on an individual's character of discharge and eligibility for VA benefits.

Thank you, Deputy Secretary Remy and Under Secretary Cisneros, for being here today on behalf of VA and DOD. And, Mr. Winkel, Dr. Armstrong, and Mr. Hutchings, I want to especially thank you for your work as you continue to do so many good things on behalf of veterans in our communities across the country.

Mr. Chairman, again, thank you.

Chairman TESTER. Thank you, Senator Moran. And we will start with the first panel. I want to welcome co-chairs of the JEC to the first panel: Honorable Donald Remy, Deputy Secretary of Veterans Affairs, and Honorable Gil Cisneros, Under Secretary of Defense for Personnel and Readiness.

Secretary Remy, you can start.

PANEL I

STATEMENT OF THE HONORABLE DONALD REMY

Mr. REMY. Chairman Tester, Ranking Member Moran, and distinguished members of the Committee, good afternoon to all of you. I, too, would like to start off with my condolences to Senator Rounds and to his family on the loss of Jean. I pray for the family's strength at this moment.

I want to thank you for the opportunity to appear before you with my colleague, Under Secretary Gil Cisneros, to testify on Veterans Affairs's collaboration with DOD, and I want to thank you for your strong support of this work.

To begin, however, I want to touch on concerns related to the supply chain, which I heard mentioned in the opening comments, and let you know that we are ready to deal with those challenges. The pandemic exposed global and U.S. supply chain weaknesses, and we expect the manufacturing and distribution disruptions to continue. As the virus spread, overall consumer demand decreased, and industrial activity, in turn, decreased. With the increasing level of vaccination globally and the end of lockdowns in many nations, however, consumer demand has increased dramatically.

While supply chains continue to face big challenges, including worker shortages and limitations in access to raw materials and key components, VA is actively addressing these challenges, implementing near-term methods to ensure internal VA supply chain resiliency, including monitoring the ability of our suppliers to fill orders completely and timely, identifying alternatives for preferred products, and treating medical products as enterprise assets.

We know that effective national response requires a durable public health supply chain anchored in domestic manufacturing so that care and preventative measures can reach our veterans. Sustaining that supply chain is critical for ensuring the health and the wellness of the Nation as well as for national security, and VA is working closely with the White House, with all Executive Branch agencies, to develop and implement the actions identified in the National Strategy for a Resilient Public Health Supply Chain. Bottom line here, those challenges are very real, and we are mobilizing to address them.

I want to focus on our collaboration with DOD. And thank you for that word, Senator Moran. During my confirmation hearing in May, I committed to ensuring that VA has a strong relationship with DOD, to ensuring that we have a long-term strategic approach and resolve all of our challenges together, and I committed to efficiently and responsibly using the resources that you appropriate for us.

After about three months on the job, here is what I can report: Our direction is clear. We are guided by the needs of servicemembers and our veterans. Our partnership is strong, and we are on the path to grow stronger. Secretary Cisneros and I are devoted to improving the delivery of healthcare, benefits, and services and transition support for those we serve.

We recently signed our VA-DOD Joint Strategic Plan for FY '22 through '27. That shifts us from a three-year to a six-year planning

cycle. The plan establishes our shared vision and five goals critical to caring for servicemembers and veterans as well as they have cared for us. It is our charter for the future, our contract with those we serve. And we are completely aligned on what matters most, fulfilling our Nation's sacred obligation to keep our troops safe when they send them into battle—when we send them into battle, I should say, and to care for them when they come home.

Fulfilling that obligation means collaborating effectively and efficiently on the healthcare that we deliver to the more than 18 million servicemembers, veterans, and their beneficiaries, a patient-centered system delivering quality, access, and value seamlessly across our two departments. It means integrating benefits and services delivery across joint business operations, a beneficiary-centric approach providing excellent customer service, eliminating gaps and discrepancies in benefits, and improving communication with beneficiaries.

It means helping veterans build fulfilling civilian lives with education and jobs worthy of their skills and service after they leave the ranks. That is enhancing the transition and post-separation experience with planning services and programs that ensure access to the highest quality care, benefits programs, and job training, and that is post-service placement at the right time in their lives' journey.

It means modernizing our shared business operations with a joint approach and innovative technology solutions that gain efficiencies, avoid cost, achieve better outcomes for servicemembers and veterans, all the while being good stewards of the taxpayers' dollars. And it means strengthening our interoperability and expanding our network of interagency and public-private partnerships to bolster our agility and promote operational efficiency, improving data interoperability, shaping policy, facilitating data-driven decisions, and enabling seamless experience for beneficiaries.

Chairman Tester, Ranking Moran, distinguished members of the Committee, we are committed to driving collaborative efforts to realize our shared vision, and Secretary Cisneros is a great partner in this endeavor. Thank you for your support and devotion to those we share this service—to those that have shared and served this country. I look forward to your questions.

[The prepared statement of Mr. Remy appears on page 45 of the Appendix.]

Chairman TESTER. Thank you, Secretary Remy. And please know for both of you your entire written statement will be a part of the record. Thanks for being in the five-minute time block.

Secretary Cisneros, you are up.

STATEMENT OF THE HONORABLE GILBERT R. CISNEROS, JR.

Mr. CISNEROS. First, sir, let me offer my condolences as well to Senator Rounds and his family.

Chairman Tester, Ranking Moran, and other distinguished members of this Committee, thank you for the opportunity to appear before you today along with Deputy Secretary of Veterans Affairs, Mr. Donald Remy, to discuss the important partnership between VA and the Department of Defense. We look forward to discussing

our collaboration, including joint efforts on healthcare, benefits delivery, transition and post-service placement, interoperability, and efficiencies in operations.

I would first like to take a moment to say that I am proud and humbled to be leading this critical joint work in concert with VA Secretary Remy. As some of you may know, I enlisted in the Navy in 1989 and finished my 10-year naval career as a commissioned officer. It was at that time I first had my experience with transitioning from military to civilian life. Later, while serving in the House of Representatives, I co-founded the Military Transition Assistance Pathway Caucus to support and advocate on behalf of servicemembers returning to civilian life and an area that I will continue to champion in my role as Under Secretary of Defense for Personnel and Readiness and as the co-chair of the Joint Executive Committee. I am passionate about this work, and I am motivated by what we can accomplish together.

Strategic planning is the bedrock of joint efforts and sets the condition for our collaborative work. It reflects our vision for the future and our enduring commitment to servicemembers, veterans, their families and caregivers. I am also pleased to share that Secretary Remy and I recently signed the VA-DOD Joint Strategic Plan, chartering our joint endeavor for the next six years. The VA-DOD partnership has never been stronger. Our roles and responsibilities position us well to ensure open and frequent dialog, lead change, resolve conflict, guide joint actions, initiatives, programs, and policies.

It may sound bureaucratic, but our relationship is anything but. We have already developed a meaningful, open-door, cooperative relationship which has yielded results, some of which I have highlighted in my written testimony.

Military-to-civilian readiness, or M2C Ready, as we call it, is one area Secretary Remy and I are both committed to. M2C Ready aligns more than 20 transitional programs, activities, and actions owned by multiple offices and agencies, under an overachieving framework during the critical and officially designed transition period, which extends from 365 days pre- to 365 days post-separation. Standardized assessments and exams, integrated programs, mental health touchpoints, and a new online, single, authoritative, tailored statement of benefits are all components of this important framework that we continue to champion.

Finally, interoperability and shared business practices are critical to increasing access and improving outcomes for our servicemembers and veterans. As of September 2021, there are 147 active healthcare resource-sharing agreements and 35 active nonmedical agreements nationally. These agreements cover a wide range of support services, operating and integrating programs, like the VA-DOD Integrated Disability Evaluation System.

We continue to improve performance in other areas, including our effort to reduce the payment reconciliation timelines to 30 days or less between the departments. We also continue to advance joint IT architecture, a DOD-VA common identity, and enterprise-wide implementation of the electronic health record, a project pivotal to the future of VA-DOD healthcare.

I am grateful for the opportunity to speak with you today and discuss VA-DOD collaboration and the Joint Executive Committee. Secretary Remy and I are committed to the collaborative efforts needed to realize the strategic vision laid out in the VA-DOD joint strategy.

In closing, Mr. Chairman, I thank you, the Ranking Member, and the members of your Committee for your steadfast dedication and support of our Nation's servicemembers, veterans, their families and caregivers. Thank you.

[The prepared statement of Mr. Cisneros appears on page 54 of the Appendix.]

Chairman TESTER. Thank you, Secretary Cisneros. Thank you both.

I will yield my time to Senator Brown.

SENATOR SHERROD BROWN

Senator BROWN. Thank you, Chairman Tester, and thank you for your comments about—all of your comments about our colleague, Senator Rounds.

Secretary Cisneros, I will start with you. Yesterday, the Administration announced its Military and Veteran Suicide Prevention Strategy. I appreciate that two of the main topics addressed in the strategy are upstream risk and lethal means. Data released by the VA—the most recent I believe we have is for 2018—shows that, in Ohio, 211 veterans died in my State of 12 million. Two-thirds of them involved a—two-thirds of those involved a firearm. I look forward to learning more about the joint public safety education initiatives among DOD, VA, and HHS, and DHS.

Senator Tester and I have been on this Committee—the Chairman and I have been on this Committee since our first day in the Senate in 2007. We continue to hear about the threat of far too many suicides or the incidence of far too many suicides, and yet, it just seems we—just I do not understand why we are not doing everything we can to increase the—to make better the handoff between DOD and the VA.

Legislation I am working on to create a pilot project in TAP to educate servicemembers about these challenges and the impact on the mental health can help. But, how are you going to address upstream risk? How are you going to, particularly for servicemembers transitioning from DOD to VA?

Mr. CISNEROS. Well, Senator, thank you for that question. You know, one life by suicide is just way too many. And this is an issue that is important to the Administration, the Secretary, the Deputy and myself, as well as my colleagues at the VA, is how can we take care—better care of our servicemembers and veterans when it comes to suicide.

You know, through the JEC and working with DOD, the focus that we have talked about taking is really to focus on mental health, how we can do that, and ensure that the transition from when servicemembers are coming forward with issues that they need support with their mental health, that those issues are going to continue to be treated. They are going to continue to be treated for those issues once they leave the Department of Defense and

move on to the VA. That transition is something that I know we are going to work collaboratively on, and we know it is very important to make sure that those individuals receive the treatment that they deserve.

Senator BROWN. Thank you. Secretary Remy, well, actually, both of you, if you would answer this. A couple of years ago, the Burn Pits Accountability Act was passed into law, requiring DOD to evaluate servicemembers for toxic exposure. I think most Americans know enough about what happened with Agent Orange and how long it took us to respond to it and how most Americans believe that the military knew a lot more about exposure to Agent Orange and knew a lot more about the companies that were exposing our servicemen and women and nobody paid much—nobody took much responsibility or paid much of a price. Burn pits, not exactly parallel or analogous but not too far off from that.

Talk to me about your efforts to do implementation of this law. Start, I guess, with you, Mr. Cisneros, and then Secretary Remy, too.

Mr. CISNEROS. Well, Senator, you know, you spoke of Agent Orange and the lack of effort there in the past, and that is something that is very personal to me. My father was a Vietnam veteran. He suffers today from side effects of Agent Orange. And that is not something we want to see our servicemembers have to go through again.

We are moving on this. You know, we have the ILER in place now to track where the burn pits took place to ensure that servicemembers who might have been in those areas, been exposed to those, those effects of the burn pits, that that information is being tracked. We will continue to do that and ensure that is information that can be passed on to the VA, that once those individuals have been kind of identified as exposed to that, that they can ensure they will receive the treatment that they deserve and that they have earned.

Senator BROWN. So if I were a servicemember about to leave the Service, would I be asked about my exposures during my separation history and physical examination? Would I get asked those questions?

Mr. CISNEROS. Senator, toxic exposure registry education and communication is being conducted at DOD. And again, the ILER is tracking the data, and it is continually being updated. And we do have a working group working on this, but they—that information is collected. They are educated on it, and it is communicated to them.

Senator BROWN. Okay. Thank you. I have other—another—I am sorry I did not get to you, Secretary Remy. I will follow up with a written question to you. And, Mr. Cisneros, I want to follow up on that with—I have run out of time.

But I just—I mean, it is still pretty shocking to me when we expose so many servicemen and women to burn pits and how higher-ups in the military simply were not thinking that through, about what that could mean for our men and women who served, and where taxpayers are going to be paying for that for the next 30 years as we paid—as we still pay for Agent Orange, even though we still have not taken care of enough people. But worse than tax-

payers paying for it are the men and women that have been exposed, and it is pretty shameful.

Thank you, Mr. Chair.

Chairman TESTER. Senator Moran.

Senator MORAN. Chairman, thank you. The character of discharge—I am going to direct this question first to you, Mr. Cisneros. The character of discharge for servicemembers could potentially cause serious second and third-order effects when it comes to eligibility for VA services and benefits. Mr. Secretary, can you explain to the Committee your guidance to commanders regarding how to proceed with discharge when a servicemember declines the vaccine?

Mr. CISNEROS. Senator, the—you know, we see the vaccine as a readiness issue. This is something the Secretary has talked about. The servicemembers right now receive 12 different vaccines that they are required to take.

Senator MORAN. I am not really questioning at this point the desire or the attention to have people vaccinated. My interest is about the discharge for their failure to do so.

Mr. CISNEROS. So the discharge is up to the individual Service as to how they proceed with that, and that is how it is being handled.

Senator MORAN. And is there any guidance coming from DOD to those Service commanders, the sectors?

Mr. CISNEROS. Right now, sir, it is pretty much the guidance has been that they are—it is within their realm to how they issue those discharges, and it is up to the Services.

Senator MORAN. Has any of those commanders made a determination?

Mr. CISNEROS. Sir, that I do not know. I can take that for the record as to what that will be. I do know the Air Force discharged 40 recruits recently, but they were left with the option to come back. You know, if they did receive the vaccine, they would still be able to come back into the Service.

Senator MORAN. Thank you, Mr. Secretary.

Secretary Remy, tell me about what VA services and benefits might be impacted by discharges other than honorable.

Mr. REMY. Thank you, Senator. And that is a determination, as Secretary Cisneros just indicated, that would be made by the Service in terms of the nature of the discharge.

If someone was discharged as other than honorable, we would look at their circumstances on a case-by-case basis. There may be an impact to their benefits. We would consider all factors before making a determination of whether or not there would be an impact to their benefits, factors including mitigating or extenuating circumstances, supporting evidence provided by third parties, the length of service, performance and accomplishments during service, the nature of the infraction, and the character of their service at the time of their discharge.

In an other-than-honorable discharge circumstance, there are some benefits that are available. Of course, crisis mental health care is available to all of our veterans regardless of the nature of their discharge.

Senator MORAN. Mr. Secretary, it appears to me, based upon your answer, that the Department, the Department of Veterans Affairs has considered the answer to the question I asked you. And there are prepared—what you just described is now a policy or a statement of the Department, what its intentions are?

Mr. REMY. Senator, this is how we approach any discharge of any servicemember. There is a process that we go through in evaluating whether or not the benefits would be available, and what I described to you is the process that we use under those circumstances when someone has an other-than-honorable discharge.

Senator MORAN. So under the—it is under a broad range of circumstances. A discharge.

Mr. REMY. Yes. This is not specific——

Senator MORAN. And those are the criteria not specific to this issue.

Mr. REMY. That is correct, sir.

Senator MORAN. Okay. Thank you.

Let me ask about transition. We have found there is not consistency among installations regarding senior leader engagement in the transition process. Understanding that the readiness and training of troops is a number one priority, a part of being able to sustain an all-voluntary force relies upon supporting those individuals during their service and after they take off the uniform. To you, Secretary Cisneros, can you opine on how commanders could be motivated to invest in facilitating access to all programs and counseling during transition?

My point in my opening statement was that they are different from commander to commander and circumstance to circumstance. How do we engage the commanders in every instance?

Mr. CISNEROS. Thank you for that question, Senator. You are correct. TAP class, or the transition—when we typically think of transition, we think of the Transition Assistance Program that members are required to attend before they separate from the Service, and that really is different from command to command, installation to installation. You know, that is something I personally, coming in to this job, want to work on and fix about how we can make it more uniform, how we can institute that no matter where you go to TAP class that it would kind of be the same class, whether you are attending TAP class at Fort Bragg or whether you are attending down at 32nd Street in San Diego, the naval station. That is one of the things coming into this job that I definitely want to work on with Mr. Remy and see how we can work that through the JEC to make a more uniform TAP class.

Senator MORAN. Secretary Cisneros, my time is expired. So I will not ask a question, but last week in this Committee we heard from Dr. Arthur DeGroat. Art DeGroat is Executive Director of the Military and Veterans at Kansas State University, someone the Chairman called "white-hot smart." And what we learned was, from your report, that 80 percent of TAP participants found it useful, a good thing. But we learned from Dr. DeGroat that there is a lack of any true personal connection, ultimately resulting in pointing to a computer screen, to websites, and asking veterans to seek their own assistance. That is not a good circumstance, assuming that this

"white-hot smart" witness knew the facts of the circumstances of many.

So I would explore that with you to make certain that there is—it goes back to this personal engagement that you indicate you are pursuing. It seems to me there is lots of gaps in that regard.

Mr. CISNEROS. Yes, Senator. And again, you know, this TAP class is not perfect, but I will say where it has come and where it is going is a lot different. As I said, when I got out 17 years ago, it was basically you have got to go to this, check the box, and move on. I think we have made a lot of progress since then, but I still think we have a lot of progress to continue to make.

Senator MORAN. I consider myself an ally of yours in accomplishing that. Thank you.

Mr. CISNEROS. Thank you, sir.

Chairman TESTER. All I have to say is Senator Moran is from Kansas State, as I recall, and anybody from Kansas State is "white-hot smart." Right?

Senator Hirono.

SENATOR MAZIE HIRONO

Senator HIRONO. Thank you, Mr. Chairman. I will just leave that last statement alone, I think.

Senator MORAN. I did not hear you what you said.

Senator HIRONO. Let's not go there. Okay. So thank you very much to both of you. And making the transition from active to veteran status as seamless as possible is a really important goal, and so I applaud your efforts toward that.

And one of the areas that we have long addressed was the ability of a servicemember to make sure that all of his or her health records go with him or her or them to the veteran status. And that has always been an issue because I remember commitments made many, many years ago between the VA and the DOD to effect this kind of capacity, and a billion dollars was spent towards that goal. And I think we are only now reaching that point where we can talk about these electronic records.

So as the VA—this is for Secretary Remy. As the VA moves forward with their own electronic health record rollout, as the DOD is doing, will the Department be using feedback from DOD's experience to help determine best practices, and if so, are any of these best practices location-specific, Secretary Remy?

Mr. REMY. Thank you for that question, Senator Hirono, and the short answer to that is, yes, and we do that in a number of different ways. We have a group that is a DOD-VA interoperability functional group called the FEHRM, and through the Federal Electronic Health Records Modernization group that supports both DOD and VA. And through that body, we are able to tap into the lessons learned from DOD in their prior deployment at all of their sites, and the information that is provided there can help us better prepare as we move forward in deploying the VA's electronic health record system.

They are systems that are provided by the same contractor, so there are synergies that are designed to be achieved there. And what we are trying to do is to make sure that we do not make mistakes that have been made in the past and, if we do, that we quick-

ly remedy them, that we can leverage the experiences of DOD and others in our deployment.

Senator HIRONO. Well, we have all heard of veterans who have incomplete or piecemeal health records. So will this system enable tracking or going back to during their time in service to complete their health records? Is there any capacity in the system to do that?

Mr. REMY. That is the ultimate goal. The goal is to make sure that the records of a servicemember from the time that they put on the uniform to the time that they separate from service to the time of death are all captured in this system, that our clinicians are able to use those records in a way to provide the care that the veterans need.

Senator HIRONO. I can see that going forward, yes. But what about all veterans who are currently trying to find their records so that they—for example, trying to determine whether they were in any kind of environment that would have exposed them to toxic substances. In fact, those records should even contain where they were deployed, where they served, so that if a health situation develops in the future it can be connected up to some exposure that they had. Don't you think that kind of information should also be in the health records? Because, you know, you were asked about burn pits, and there have been many exposures that only much, much later have been determined to be detrimental, and a lot of our servicemembers would not even be able to remember where they were deployed, where they might have been exposed to such substances.

So in terms of the kind of—even the kind of information that gets put on the records, that is also important, don't you think?

Mr. REMY. Yes. Yes, ma'am. Senator Brown asked this question earlier, and I know Senator Tester mentioned it in his opening remarks. And my colleague, Under Secretary Cisneros, talked about ILER which is a program that is designed to do exactly that, to track the locations——

Senator HIRONO. Okay.

Mr. REMY [continuing]. To track the exposure of servicemembers from the time they are on active duty to the time that they become veterans. And we hope one day to make sure that the data and information through the ILER system is also put into our electronic health record system.

Senator HIRONO. Good. Senator Brown also asked about the White House rolling out a new strategy for military and veteran suicide prevention that includes tailoring solutions to subpopulations where possible. I previously questioned the VA on suicide prevention efforts tailored to women veterans and API veterans, both identified as high risk groups.

Has the VA determined the best way to tailor outreach to these high risk subgroups? Are there cultural competency trainings for ethnic and racial subpopulations? Are those deemed important components for the suicide prevention program?

Mr. REMY. They are in fact, Senator Hirono. They are a component of the information that we provide to those veterans who are seeking and information that we provide to even those veterans that may not necessarily come to us. We do it through our vet cen-

ters, through our medical centers. But we have determined that we need to make sure that we meet our veterans where they are, that we provide the information that they need, and if it is information that is based on cultural uniqueness, we provide that information as well.

Senator HIRONO. If I could just ask one more? So I hope that you have a matrix on this kind of outreach so that you have some kind of a basis from which you are operating and then you can tell us how successful these outreach programs are in suicide prevention.

Mr. REMY. I can take that back, Senator, and make sure that we get back to you on that.

Senator HIRONO. Thank you.

Thank you, Mr. Chairman.

Chairman TESTER. I have got to alternate parties. Senator Tillis, you are up, virtually. Five, four, three, two, one.

Senator CASSIDY. You got me? Hey, thank you, Thom, I appreciate that. So——

Chairman TESTER. Senator Tillis. Senator Tillis.

Senator TILLIS. No, Senator Tester, I was just saying that Bill got on just before me.

Chairman TESTER. Okay. Sounds good. Senator Cassidy. Sounds good. Thanks for the clarification.

SENATOR BILL CASSIDY

Senator CASSIDY. Thank you, Thom.

So, Mr. Remy, great to see you and so glad you have been able to get into this position. You have inherited some issues. So I do not want to pinpoint you as the person responsible for anything, but rather, obviously, you are now the person who—for things past. Now we are talking about going to the future.

We have had a lot of conversation in this Committee. We put a lot of money for EHR interoperability between Department of Defense and the VA. We had a hearing not long ago from the OIG, and he had some interesting thoughts. So for example, he thought that the VA's approach to training employees on the new electronic health record, he said it was not thought through adequately. Now knowing it takes two to tango, so DOD is also involved, concisely please, what is the VA doing to better think through this interoperability with the EHR of the Department of Defense?

Mr. REMY. Thank you, Senator. It is good to be here. It is good to be with you, and it is good to be able to answer your questions. That OIG report recommendation was one with which we agreed, and since then we have been working together with Cerner, the contractor, to build a better training program to assure that we provide the information that the clinician needs in order for the system to be deployed successfully. We mentioned——

Senator CASSIDY. Now can I ask you—I do not mean to interrupt. We just have limited time. One of the specifics in my conversation with Mr. Case was that physicians were—doctors, nurses were initially involved in the workflows of the EHR, but they were not—quote, notably not involved in the design of the training and how to present the training to the clinicians.

So as a physician and knowing that ultimately the physician is, you know, a heavy user of EHR and oftentimes a choke point in

terms of moving patients through the interaction with EHR, what has been done to improve this abyss, if you will, the involvement of the clinician in the EHR?

Mr. REMY. Sir, we have involved—we have directly placed the clinician in the process of developing the work streams to assure that the training is adequate and effective. We have enhanced our Office of Functional Champion, which is part of our VHA team where the clinicians sit. And we have made sure that at every step of the way, as we build the future success of the electronic health record system, the clinician's voice is heard in that process.

Senator CASSIDY. Now when you say "the clinician's voice is heard," if a clinician is not in the room and does not have the ability to say, "This is not going to work. Do not go forward with it," then really that is a voice but is a voice as a forest falling in—a tree falling in a forest. There has to be some sort of authority given to that voice. Can you specifically mention the authority given to that voice?

Mr. REMY. Absolutely. The Office of Functional Champion, which is part of the VHA, which is where our clinicians rest, is now deeply involved and has authority to help build the training modules and to help deploy the system. And so to the extent that they are articulating challenges, issues or circumstances where things just will not work, we have that data. They are part of the decision-making process. They are part of our governance structure. So as the decisions are made about how to move forward, their voice is not only heard, but their voice is part of how we make a decision as to which direction we are going to go in the future.

Senator CASSIDY. So let me ask you—let me change the subject. I will go first to Mr. Cisneros. Senator Hirono was asking about suicide. And I previously learned that the peak suicide rate is within six months of separation, and I have been recently told that there has not been a significant improvement in veteran suicide rates despite the various interventions that have been implemented.

So your testimony states that significant work has gone into creating a Baseline Well-being Assessment administered by Department of Defense to measure and address the servicemembers' susceptibility to social pitfalls of transition. I guess, have you seen any—on the one hand, obviously work has taken place.

And, Mr. Remy, you may want to reply because the transition you speak of a year before and a year after post-separation.

But so far, there has not been improvement in suicide rates. Now you may tell me the first six months has decreased, and if that is the case, then I would like to know that. But if the six-month separation suicide rate has not gone down, what are we doing to look at these new programs and to see whether or not they need to be tweaked, et cetera?

Mr. CISNEROS. Senator, I will go first. I know the program that we are starting, the BWA program to kind of look at this, how we can move the—have that baseline start, is really just a pilot program right now that is beginning. We are looking to create that baseline so that we can move forward, but you know, as Mr. Remy and I, Secretary Remy—we are both committed to this. We are working on this issue through the JEC, and we are doing—you

know, moving forward, this is going to be one of the top issues that we deal with and really how we can put a dent in both suicide for our servicemembers and our veterans.

Senator CASSIDY. Okay.

Mr. REMY. And if I may add to that, indeed it is part of our strategic priorities that we have laid out in terms of how we are going to move forward and what we are going to look at and what we can collaborate on in order to make a difference for our servicemembers and our veterans.

Senator CASSIDY. I am out of time. I yield back. Thank you both for your service.

Chairman TESTER. Thank you, Senator Cassidy.

Senator Hassan.

SENATOR MARGARET WOOOD HASSAN

Senator HASSAN. Thank you, Chairman Tester and Ranking Moran, for this hearing.

Thank you for the witnesses—to the witnesses for being here today and for your work.

And I also want to acknowledge the Administration's recent announcement on the Military and Veteran Suicide Prevention Strategy as addressing this issue is not only obviously a priority of mine but, as you can hear from our colleagues, a priority of all of ours.

Under Secretary Cisneros, with that in mind, I want to start with you. This Committee has focused on the tragically high rate of veteran suicide, but unfortunately, servicemembers also die by suicide far too often.

I want to talk about Sean Cloutier from Concord, New Hampshire. On 9/11, he was just turning five years old. It was his birthday. He was wearing his birthday crown when Al Qaeda terrorists attacked our country. Sean announced that day that he wanted to join the military. Fourteen years later, he did just that, signing up for the Army right out of high school. A few years after joining the Army, Sean attempted suicide. He received some medical attention but not enough, and two months later Sean died by suicide at the age of 22. His mother, Patricia Cloutier, is an advocate for suicide prevention among servicemembers and veterans.

So, Under Secretary Cisneros, it is clear that the Department of Defense has to do more to help stop preventable tragedies like Sean's. You have gotten questions about this already from Senators Brown, Hirono, just now Cassidy. But, can you discuss with more specifics how the Administration's new suicide prevention plan would help current servicemembers and what more the Agency can do?

Mr. CISNEROS. Thank you for that question, Senator, and really, my sympathies are with Sean and his family. It is a tragic story that we have heard about from one too many servicemembers who have gone through this.

I think the initial thing when I read that report was that I was excited to see that the Administration at first was just taking this as an initiative that they wanted to work on and in putting it forward as one of their priorities. I think that alone is going to be something that is going to help move this forward. That is going to make it a priority not only for the VA and the Department of

Defense but for the entire Administration and, hopefully, the entire country.

I believe there is a section on there about lethal means.

Senator HASSAN. Yes.

Mr. CISNEROS. That needs to be addressed as part of, you know, one of the reasons that this is happening. And so I think hopefully that we will focus on that, the lethal means, as part of why this is happening and really kind of start to work on that issue as that being the number one means of suicide amongst our servicemembers.

Senator HASSAN. Thank you.

Deputy Secretary Remy, I wanted to talk to you about the Solid Start program. I have a bipartisan bill with Senators Cramer and Cassidy that focuses on servicemembers' transition to civilian life, and it strengthens the Solid Start program which, as you know, is a VA initiative that the prior administration started. It is an initiative that requires contact to every veteran three times in the first year after they leave active duty to check in and help connect them to VA programs and benefits. Those contacts can help support veterans in any number of ways, including helping to address veteran suicide. I was pleased that this Committee recently voted unanimously to pass this bill, and I will keep pushing to get it signed into law by the end of the year.

Can you speak to the successes that you have seen with the Solid Start program for veterans readjusting to civilian life and how strengthening it will benefit veterans?

Mr. REMY. Thank you, Senator, for that question. And I, too, am saddened by the story that you described when you were asking Secretary Cisneros his question.

This is a really good program, and I am excited about it. It has demonstrated to be very successful for our veterans and our community in terms of understanding what benefits are available to them and what resources are available. And so we have seen since the beginning of the program a significant increase in the use and effectiveness. As you know, we touch in with the veterans 90 days, 180 days, 365 days after departure, and that connectivity has been very beneficial to the veteran community.

Senator HASSAN. Well, I appreciate that, and I look forward to working with you on that.

I have two additional questions that I will submit for the record, one about the Transition Assistance Program and one about the impact of substance misuse disorders and opioids in particular for our servicemembers and our veterans, and I would look forward to working with you both on that. Again, thank you for being here.

Thank you, Mr. Chair.

Chairman TESTER. Thank you, Senator Hassan.

Senator Boozman.

SENATOR JOHN BOOZMAN

Senator BOOZMAN. Well, thank you, Mr. Chairman.

Thank you all for being here, and we appreciate the role that you play in helping our servicemembers transition, which is so, so very important.

Mr. Cisneros, in 2017, the budget included roughly $31 million for transition assistance compared to $100 million in unemployment benefits for transitioning servicemembers. Is the SkillBridge program something DOD can leverage to partner with industry and community nonprofits to provide job training and credentialing programs for transitioning servicemembers and spouses?

Mr. CISNEROS. Senator, thank you for that question. The SkillBridge program is a popular program. It has support within DOD. It has support amongst the Services. It definitely is one that I think we can continue to grow.

You know, we tried to make it more uniform now, where there is a website where individuals can go there and search the different programs, the different opportunities that are out there for them. I think here at JEC and what we can do more is really within DOD, is try and bring more businesses into that, to provide more opportunity. But it is a program, and it really is something that is a good part of helping individuals transition from military life to civilian life.

Senator BOOZMAN. So currently, the VA's data only captures veterans in the VA system, leaving out a significant part of the veteran population. To fully understand its population's needs and challenges, the VA and DOD could utilize community organizations that have complementary data to gain access to a more complete picture of veterans' needs. So I guess the question is: What are VA and DOD currently doing to share data with community-serving organizations who have additional information not currently captured by DOD and VA systems, if anything?

[IVMF response to Senator Boozman appears on page 83 of the Appendix.]

Mr. CISNEROS. Yes, sir.

Mr. REMY. If I may, Senator—and I am pleased that you are having the second panel here today, and they can foot-stomp this. That is a new word I learned since I came into the VA.

Senator BOOZMAN. I like that.

Mr. REMY. That there really is a connectivity and a sharing of data and information and perspectives around these issues and what the VSO community is doing and what the community organizations are doing to work with us to provide the transition for our servicemembers. So it is an exciting time to be able to partner with them and to share information with them and to watch them work with us and watch us work with them to serve our veteran community.

Senator BOOZMAN. So did that come from Senator Tester?

Mr. REMY. Senator Tester is "white-hot smart," so I probably got that from somebody else.

Mr. CISNEROS. Senator, if I could chime in on that as well.

Senator BOOZMAN. Yes, sir.

Mr. CISNEROS. You know, I think one of the great benefits of the electronic health records and really what we are working on through this benefits delivery discharge as we can expand that program is that, you know, more members will go and they will get that.

You know, right now currently, or it has been in the past, is that you had to go, you get your separation physical at DOD, whatever branch you might be in, and then you go to the VA and have to get another physical, and that is how you get into the VA program.

Really, kind of moving forward with the programs that we have, or what we are working on, is—and with the electronic health records is that it will just be a smooth transition so that hopefully one day nobody will be missed and everybody will just transition with their health record right from the active duty service into the VA. And I should not just say active duty service but also our Reservists and our Guardsmen as well, those that are serving right from military service into the VA.

Senator BOOZMAN. Right. Health is such an essential factor in the success of transitioning as a servicemember. Based on a 2010 study, female servicemembers are 20 to 40 percent more likely to be diagnosed with breast cancer. Currently, what is DOD's current screening policy for transitioning members? And based on findings related to the link between toxic exposure and breast cancer, would you recommend DOD, or could you recommend DOD, incorporate mammogram screenings during the separation physical?

Mr. CISNEROS. Senator, I would—you know, hopefully, the physicals are a holistic approach when members are separating. I cannot comment exactly what the female——

Senator BOOZMAN. I understand.

Mr. CISNEROS [continuing]. Record or the female examination is like, but I can take that for the record to see what that entails.

Senator BOOZMAN. Yes, I would appreciate if you would just follow up on that and make sure that, you know, that we are looking into that based on the study and the experience that we are seeing now, you know, with these veterans.

Mr. CISNEROS. Yes, sir.

Senator BOOZMAN. Thank you.

Chairman TESTER. Thank you, Senator Boozman.

Senator Blumenthal.

SENATOR RICHARD BLUMENTHAL

Senator BLUMENTHAL. Thanks, Chairman Tester.

Thank you for being here. Thank you for your service to our Nation.

I know this question is repetitive, but I want to make sure I hear it with my own ears. The current state of interoperability of the healthcare computer software, electronic medical systems, is now done? Interoperable? Working fine? If not, what are the problems?

Mr. REMY. If I could start, Senator Blumenthal, then turn to my colleague. The legacy systems that both DOD and VA previously had, had some level of interoperability. We are now modernizing those systems and moving to a new electronic health system that is a modern system. And the goal of that system is that it be interoperable, that you have an electronic record that moves from point A to point Z. Once we get the system up and running, that is how it will operate, but while we are modernizing, there still is a level of interoperability.

And one of the things we talked about earlier——

Senator BLUMENTHAL. There is some level of interoperability, but it is not complete.

Mr. REMY. The two systems are at different points in time in their maturity and their deployment within DOD and VA. And the two new systems, I should say.

Senator BLUMENTHAL. Do you agree with that, Secretary Cisneros?

Mr. CISNEROS. Yes, sir. You know, DOD should have its electronic health record's implementation done by—completely by the end of 2023, and I believe—I am not sure the exact date, but the VA will follow after that.

Senator BLUMENTHAL. Gentlemen, this is not a personal criticism of you, and I suspect others have made this point already. But I came to the Armed Services and the Veterans' Affairs Committee 10 years ago, and I daresay the answers you have just given me are slightly different but not much from what I heard then. There is a new system in the works.

It is just over the horizon, maybe a couple years from now. In the meantime, we are trying to make the two work together.

So I do not know enough about the software and the computers. I know that there have been new approaches, revisions, revisiting, under different administrations, not personal to you. But I suspect at some point the VA and DOD computer operations will be a case study for a business school somewhere, and it is not going to be this is how it should be.

And I guess, Mr. Chairman, I raise this issue. We have all heard it. I know it has been raised in this hearing. I just wanted to hear it with my own ears, and I am going to move on. I think we need to address this issue with the vigor and aggressiveness that it demands.

Mr. CISNEROS. Senator, if I could just comment on this, it is—I feel very confident of the success that we are going to have in this. It is very—I am very confident that it is going to be successful because basically we are using the same record. It is—you know, it is the same system that DOD and VA are using. We are just in different, you know, lines as far as the implementation goes.

So it is not different systems like it has been in the past, trying to get them to talk together. It is the same system, and so there is no bit of trying to get them to talk to each other because it is the same system.

Senator BLUMENTHAL. Right. Okay.

Mr. CISNEROS. So I am confident that, unlike in the past, our electronic health records that we are working on right now will be implemented and it will continue to—it will be—make for a smooth transfer to follow the——

Senator BLUMENTHAL. I appreciate that. And I am interrupting you only because I want to move on to another topic, but thank you for that answer.

The Solid Start program, which reaches out to servicemen and women as they leave if they have had mental or behavioral health issues, the number I got was the VA has successfully connected with over 70 percent of veterans who engaged with a mental health provider during their last year of service. Does that include men and women who are discharged with less than honorable? Are they

reached with the same frequency and thoroughness as the honorably discharged?

Mr. REMY. Senator, if I could respond, I do not know the data, and I can get back to you for the record on the data. But what I can tell you is that the efforts to try to reach those veterans are the same, to make sure that they have the mental health resources available to them.

Senator BLUMENTHAL. I would be interested in more data on that program.

Mr. REMY. Yes, sir.

Senator BLUMENTHAL. I have introduced a measure called the Unlawful Turn-Aways Act of 2021, which would require the VA to conduct outreach to less-than-honorably discharged veterans in the same way that they do currently the honorably discharged. If they are—if you are doing it already, that would be great. I am also cosponsoring an NDAA amendment that will accomplish the same end. But in the past, as you know, it has been a problem for whatever reason. Maybe some of them just leave without the same kind of thoroughness of recordkeeping, but I would be interested in any additional data that you have.

I apologize, Mr. Chairman, for going over my time.

Chairman TESTER. That is all right. Before I get to Senator Tillis, I just want to say that Senator Blumenthal is absolutely correct. Whether it was Obama or Trump or Biden, whatever these administrations are, we continue to have the same conversation. Only the difference is we appropriate billions of dollars and still have the same conversation. If you guys get this done, we will build a statute to both of you. Okay?

Senator BLUMENTHAL. And one for Senator Tester, too.

Chairman TESTER. That is right. Because of the generosity of the good Senator from Alaska, I will call on Senator Tillis, virtually.

SENATOR THOM TILLIS

Senator TILLIS. Well, thank you, Mr. Chairman, and thank you, Senator Sullivan.

Gentlemen, thank you for being here. I have got a real quick question. I signed onto a letter to you all about the impact the vaccine mandate is going to have, and I want to get down—and I suspect you are busy. We may not get a response to that letter in the time that we may feel some of the impact. So can you give me some sense of—with both agencies now, I think, in or near the window to get the first phase of the vaccine if you are doing a two-phase vaccine, can you give me an idea operationally where we are going to be in terms of people who are not vaccinated?

And then secondly, what will be the policy for the unvaccinated? Will it be a separation? An unpaid leave of absence? What personnel policies are you gaming out now? I assume the departments have spent time on this because it is imminent and its impact on the labor force.

And, Mr. Remy, we will start with you, and then, Mr. Cisneros, we will go to you.

Mr. REMY. Thank you, Senator Tillis. We are at a point now where we are still gathering the data with respect to the responses to the surveys and the gathering of information around vaccina-

tions. We have around 85 percent response rate for all of our employees that we have asked to provide information with respect to vaccinations, and we are continuing to gather more information that is coming in regularly.

Senator TILLIS. Mr. Remy, I am sorry to interrupt. Eighty-five percent response rate. Is that responding that they have been vaccinated or just responding with the status be either vaccinated or unvaccinated?

Mr. REMY. I am sorry. I should have been clearer. That is just responding to the survey of that group. We are gathering the data on how many have been vaccinated, how many have not been vaccinated, and why they fall into that category.

What we are also doing—and if you may recall, our process started a little earlier for our VHA employees who are those individuals that are providing healthcare services for veterans. And we have started our process in terms of what happens if they do not get vaccinated, your question there of providing counseling and information to them. We have a progressive discipline process that, you know, at the end of that process, could result in separation from employment. But at this stage, what we are doing is we are providing counseling and information and education to those individuals who have indicated that they have not been vaccinated or to those people who have not responded to the survey.

Senator TILLIS. Okay. Mr. Cisneros?

Mr. CISNEROS. Senator, yes, our response is very similar to Mr. Remy's. Right now we are gathering the information as far as our civilian workforce, who has been vaccinated. We have created a form. We have got a process for them to get online in order to go and to register, in order to have them input that so their supervisor can approve it. Just as Mr. Remy said with the VA, we do kind of a process as well for those that will not get the vaccine, a form of counseling that they have to and then also different steps along the way as far as there may be a suspension before there may actually be a termination.

Senator TILLIS. Okay. I am sorry. I do want to get to a couple of other policy questions. I think if you game this out I met with a major defense contractor yesterday, and they are looking at either a high single-digit or mid- double-digit reduction in force as a result of it. And I would guess that even after the counseling and the outreach we are talking about a pretty significant potential reduction in force or leave of absence, whatever you come up with. So I would be very interested in getting a response to the letter to see how we deal with that operationally.

Mr. Cisneros, I did want to ask you a question about the Individual Longitudinal Exposure Record and how important that is for information, health information that is in the DOD. That can be very helpful if that information is available to the veteran with respect to toxic exposures. Is the system on track to receive—or, to achieve full capability by the September 23 date?

Mr. CISNEROS. Senator, I know with the ILER program the individual can go, and they can request from a medical professional to see actually that form in order to—that will enable them to kind of access to it in order to see it. I believe that program, it is on track. It is on track right now, but that is a program that we will

continue to work on and continue to improve to ensure that individuals have access to their information.

Senator TILLIS. Okay. Well, since the Chair was gracious to recognize me, I am not going to go over. But, Mr. Remy and Mr. Cisneros, I will be submitting some questions for the record. One of them relates to the separation health assessments, and I have got a couple of other things on collaborations with nonprofits, with the VA, but I will submit those for the record.

Thank you, Chair.

Chairman TESTER. Thank you, Senator Tillis. I will take my first round of questions now. I am thinking back, Secretary Cisneros, about Brown's question about—he asked if—when folks are getting out of the military, if they are asked or talked to about toxic exposure. What I heard you say was, no, on a personal basis, they are not talked about toxic exposure. There is work being done behind the scenes, but as far as the soon to be veteran, when they are leaving the military, they are not talked about toxic exposure. Was that the correct read I should have got from that answer?

Mr. CISNEROS. Sir, they have access to ILER which would, you know, document whether or not they have been exposed.

Chairman TESTER. Do they have the ability to change the ILER if they think they have been exposed?

Mr. CISNEROS. They do not have right there to go in that process, like get in there and change it. They can raise that up with the medical professionals and go through the process of doing that, but that is not something that can be done like immediately.

Chairman TESTER. Are they made aware of the ILER?

Mr. CISNEROS. They are; they are made aware of it, and again, they can get that from a medical professional. You know, when they are seeing a doctor, they provide it to them.

Chairman TESTER. Okay. And I do not know what happened to our sound system, but we will just keep going.

The prevalence of military sexual trauma and the fear of retaliation for reporting is too high in the Armed Services. While it falls upon the VA to care for survivors of MST, it is up to DOD to reduce the occurrence of MST altogether. So, Secretary Cisneros, what efforts is the military taking to transform the culture—what efforts are you taking, specifically—in each Service so that no servicemember has to endure sexual trauma while in uniform.

Mr. CISNEROS. Senator, this is an issue that is very important to the Secretary and Deputy, as well as myself. When Secretary Austin came into office, he instituted the IRC, which got going, a mission in which the VA participated in as well. In just this past month, we implemented the guidance, for the [inaudible] communication process, the 82 recommendations that the IRC came up with. It addresses everything prevention to care. There are other issues as well.

But this is a top issue of ours, and this is something that needs to be, and is, one of my biggest priorities serving as the Under Secretary for Personnel and Readiness, to work with the Services. And those Services do have buy-ins to this program, this implementation of the IRC, and we will—are going to work to get this done to really make sure that we not only—that we focus on prevention,

as you mentioned. And that is a key issue that needs to be done and taken care of soon.

Chairman TESTER. And so how long have you been in this position?

Mr. CISNEROS. About two months, sir.

Chairman TESTER. Two months. We will probably come back and revisit this down the line to make sure that things are progressing because this is a big issue.

Secretary Remy, same issue. When processing claims related to MST, what is the biggest barrier that the VA faces in having the necessary evidence to evaluate the claim?

Mr. REMY. Thank you, Senator, for that question, and I will also reiterate the reality that this is a high priority for Secretary McDonough and for the JEC and working with Secretary Cisneros.

You know, one of the things we need to make sure that we have is data. We need to make sure that we understand the circumstances that an individual may have been in when they were on active duty, if they are a survivor of military sexual trauma, the data associated with that and any information that was provided in their discharge that might have affected their discharge so that when we provide benefits to those former servicemembers, now veterans, we can understand the landscape. And we have been working closely with DOD to make sure that we get that data.

Chairman TESTER. Okay. We are going to switch to the Hannon Act. One of the provisions that I fought for in the Hannon Act to include was the joint development of a strategic plan on the expansion of healthcare for transitioning veterans. It was meant to be a VA product with DOD input. The report was due more than two weeks ago. We were told that it would not be on time due to delayed concurrence from the DOD.

So look, can either of you, number one, tell us when we are going to get the report and, number two, speak to why there was a delay? We have had the Hannon Act out for some time now. The reports are—I will just be honest with you. The reports are necessary if we are going to do our job, making sure that Hannon is implemented. And Hannon passed by a good, solid margin. We have talked about suicide here a number of times. We have talked about mental health here a number of times. These reports may be a pain in the neck, but they are something that we need to get as a Congress and as a VA Committee. So can you talk to me why we do not have it and when we expect to have it?

Mr. REMY. If I could start and then turn to my colleague, you should have it this winter, in early 2022. And you know, as Secretary Cisneros just mentioned, he has been on the job now for two months. I have been on the job now for a little over three months. And this is an issue that we are talking about, and we are trying to make sure that we get to you what you expect from us and responsiveness around the Hannon Act. And we know that it is in the process of finalization, and we will get it to you soon.

Mr. CISNEROS. Yes, Senator, you know, again this is a very important piece of legislation, one that goes into great detail. We are currently looking at a piece of the legislation right now, the one that goes into healthcare, if healthcare can be provided for a period

of time after that. We should, hopefully, have that back to the VA as we are going through it in a matter of two weeks.

Chairman TESTER. So that is good. He is going to have it back in two weeks. We should get it quicker than January. Okay.

The other thing I would just say is I do not know how you implement Hannon without a strategic plan, and this baby has been out for a while. Thank you.

Senator Blackburn.

SENATOR MARSHA BLACKBURN

Senator BLACKBURN. Thank you, Mr. Chairman, and thank you to you all for being here.

Mr. Remy, let me come to you on FEHRM and the implementation on that. We have talked a lot about the need to have that one, centralized, single electronic health record to enhance patient care and efficiencies and effectiveness, and be certain that we have that data share, meaningful data share between DOD and VA, and working toward a seamless transition. And we think that is important for the care of the veteran, and we are now three years into a 10-year implementation. And at this point, there should have been 30 medical centers that had been put into the system, and right now, by the end of the fiscal year, the VA will have fielded one.

So it seems to be plagued, absolutely plagued, by a true lack of concordance between the Office of Electronic Health Record Modernization and the Veterans Health Administration and the Office of Information Technology. And the rollout at the Mann-Grandstaff VA Medical Center is an example of how mismanagement really puts lives at risk. So what I am hopeful of is that you and your team will step it up.

And what I would like to ask you for is a written report on reorganization or changes to the governance structure, the removal of accountable personnel from some of the past failures which have been there in the rollout and implementation, and a new life cycle cost estimate for the program. And I would like to have that in 30 days so that we can look at this and see what it is that is happening with this rollout and with the mismanagement that seems to have just plagued this program. And we think the success is crucial, and I would like to ask your help on that.

Mr. REMY. Well, Senator Blackburn, this is something that I have been working on since the day that I got to VA. You may recall in the confirmation hearing——

Senator BLACKBURN. Yes, I do.

Mr. REMY [continuing]. It was something I talked a lot about.

I can commit to providing a report. The one thing that I will note is the life cycle cost estimate that we are securing, it is an independent life cycle cost estimate being provided by IDA. It is going to take probably 9 to 12 months in order for them to provide it to us. They are the provider that knows the most about the electronic health record system, so that is why we went to them.

But the other issues that you have described are issues that I have been working on since day one.

Senator BLACKBURN. Okay.

Mr. REMY. And I do have a plan, and I am happy to share it.

Senator BLACKBURN. And you are happy to share that plan with us?

Mr. REMY. Yes, ma'am.

Senator BLACKBURN. That would be great. And if we could get it in the next 30 days, I would like to have that within 30 days. Is that possible for you?

Mr. REMY. With the exception of the life cycle cost estimate.

Senator BLACKBURN. Yes.

Mr. REMY. Yes.

Senator BLACKBURN. With the exception of the cost, but there again, we are going to have to go in and review that cost and look at what the overruns are going to be on that because, obviously, if we were to have 30 by now and we have got 1 we are looking at some significant cost differences. And there will have to be a re-evaluation on that.

Okay. I want to ask a couple of things about the ILER. In your testimony, Mr. Remy, you mentioned that all facilities have someone trained on the ILER. And so talk about what that functionally means because we seem to get different, I guess, different assessments from different facilities.

Mr. REMY. Yes, ma'am. It means that the system is a system that is available to assure that we have the information around exposure and location during a particular time period, and we have people at all the facilities that know that that system is available and that can input the data.

Senator BLACKBURN. Are they doing it, though?

Mr. REMY. They can receive the data. I believe that they are. You know, it is an interesting question that I recognize I need to gather more data to provide to you, but I have no reason to believe that they are not utilizing the system the way that it was intended. In fact, some of the data that we have show that there has been an increase in usage of the ILER system year over year.

Senator BLACKBURN. I think what we would want to look at is the ability of those—the functionality of the individuals that are doing that input and then the ability for the Office of Electronic Health Record Modernization to use that data, making certain that it is something that is usable, that is transportable, it is applicable, that it is usable.

So we will—my time is out, but I will send you a couple of questions regarding that. Thank you.

Mr. REMY. Thank you, Senator.

Chairman TESTER. Thank you, Senator Blackburn.

Senator Sinema, virtually.

SENATOR KYRSTEN SINEMA

Senator SINEMA. Well, thank you, Chairman Tester, and thank you to Ranking Member Moran, for holding this hearing and thank you to our witnesses. I am particularly grateful that Thomas Winkel, the Director of the Arizona Coalition for Military Families, is here to share the important work they have been doing to create a coalition of support for Arizona's servicemembers, veterans, and their families.

Like many of my colleagues on this Committee, I continue to be very concerned about the number of lives that are lost to suicide,

and the transition period can be a really challenging time. It is critical that the DOD and VA work together with community partners to best prepare servicemembers and their family members for the transition.

You know, Arizona is a great example of what can be achieved when you focus on building relationships across community partners, the VA, and DOD. Our efforts show that no one agency or entity can do it all, but as a network of support we can have a great impact.

So my first question is for Mr. Cisneros and then Mr. Remy. I have often found that family members and loved ones have a profound influence on servicemembers and veterans but can often feel left out of the transition process. That is why I introduced the Sergeant Daniel Somers Veterans Network of Support legislation. It was signed into law last year and establishes a program at the VA so transitioning servicemembers identify loved ones who will get updates from the VA to help them feel better informed during the transition process. You know, transitioning out of the military can be a challenging time for servicemembers and for their families who serve alongside them, and the more people who have the right information the more successful that transition can be.

So can you tell me what steps the DOD is taking with the VA to engage these family members to ensure that they are part of the transition and what more can be done?

Mr. CISNEROS. Senator, thank you for that question. Look, you know, at TAP family members have always been welcome to attend the TAP with the servicemember. You are right; it is important that the families are included in this process. And we definitely support that initiative and want to make sure that they have the information that they need in order to make sure because it is not just the individual. It is the entire family transitioning out of military life into civilian life. And so, you know, we want to—as you stated right earlier as well, we want to make sure that we work with the MSOs and the VSOs to include that process and include the families. But family members have always been welcome at the Transition Assistance Program, and they will continue to be so.

Mr. REMY. And, Senator, the same is true on the VA side. It certainly is the case that we recognize the importance of the family members in the transition, and we want to make sure that they are included in the process so that the transition can be as smooth as possible.

Senator SINEMA. Well, Mr. Cisneros, the COVID pandemic has upended how we operate in our daily lives. Most notably is the increased reliance on virtual environments. Before COVID, only certain servicemembers were allowed to participate in TAP virtually. So that quickly changed when the pandemic started. So how is the program operating now? Is it all virtual, a hybrid model, or back to people in person?

Mr. CISNEROS. Ma'am, that is—the TAP classes are run at the installations, at the installation level, and that is—it is a variety that it has been doing, but no member should have ever been excluded from attending TAP. That is mandatory for all members, to go through TAP when they transition out of the military. And if

that is something that was happening, that is definitely something I will look into.

Senator SINEMA. Thank you. So following up, this question is for both Mr. Cisneros and Mr. Remy. What steps is DOD taking to understand the impact of the transition to a virtual environment for TAP, and what challenges or benefits are you seeing? Has this opened up participation for family members?

Mr. CISNEROS. The virtual environment for TAP? Ma'am, I would have to take that for the record, to look and see how many family members have actually participated in TAP when it was virtual, but that is something we can try and get some data on and get back to you on that.

Mr. REMY. And the same is true here, but you know, I will say that the virtual environment does currently exist for our veterans as well as opening up in-person opportunities for people to gather information about what their benefits might be moving forward.

Mr. CISNEROS. If I could make one more comment, ma'am, regarding the separation and the family members, it is Military OneSource, which is our website as well as a 1–800 number that servicemembers and their family members can utilize. They are authorized to utilize that after separation, up to a year after separation, as well.

Senator SINEMA. Thank you. Mr. Chairman, I have additional questions, but I see my time is expired. I will submit them for the record, and I yield back. Thank you.

Chairman TESTER. Thank you, Senator Sinema.

Next is the very generous Senator from Alaska, Senator Sullivan.

SENATOR DAN SULLIVAN

Senator SULLIVAN. Well, thank you, Mr. Chairman, and I appreciate you and the Ranking Member holding this hearing. It is an issue that I care deeply about as a member of the Armed Services Committee, this Committee, as somebody who is still serving in the Reserves myself. So I think it is really, really important work that the VA and the DOD are doing, particularly in the area of healthcare.

So I wanted to get both of your views on some issues that relate to the integration, particularly Secretary Remy, as the JEC co-chair, I think that your views are particularly important. So can you give me a sense, given your four months on board, on how you have dug into these issues of continued integration of the DOD and VA healthcare systems? You might recall I asked you a number of questions during your confirmation hearing. And what insights or lessons learned have you already seen in your position?

Mr. REMY. Thank you for the question, Senator. And one of the things that I have learned since I have been in the role is how that interoperability, that integration actually, is effective both for our servicemembers and our veterans. And what I mean by that is the ability of our servicemembers to, for example, use our vet centers——

Senator SULLIVAN. Yes.

Mr. REMY [continuing]. If they need mental health assistance and the ability of our veterans, for example, to use our military hospitals in rural areas when that is necessary for them.

Senator SULLIVAN. Good. I mean, I am glad you mention it that way because, as we know, the goal here is better services for either our veterans with your organization or our military members, Mr. Secretary, with yours.

So let me get to that. I have a bill that I have been very focused on—it is S. 2526—that would authorize the SecDef and Secretary of the VA to enter into agreements for planning, design, and construction of facilities to be operated as shared medical facilities. The VA, as you might know, Mr. Secretary, in the hearing just a couple weeks ago said they were fully supportive of this legislation.

I want to know if either of you have looked at the example of the Lovell Federal Healthcare Center in north Chicago, which is really the only place in the country that has actually done this, believe it or not, and what lessons you may have learned from the successes and pitfalls from the VHA and DHA integration that has occurred there. I would like either of you to take a crack at that. Go ahead, Mr. Secretary.

Mr. CISNEROS. Senator, I have not had a chance to go to the Lovell Center over there, and I believe it is in north Chicago.

Senator SULLIVAN. Yes.

Mr. CISNEROS. But that is on my list of places to visit.

Senator SULLIVAN. Good.

Mr. CISNEROS. I believe it is a model that we can use for the future.

Senator SULLIVAN. It is a model, no doubt, but it is not perfect. And what we want to do is the next time we do this is to learn lessons from that model. It is pretty good. It is the only one in the country.

Let me give you an example of ones that I have looked at from that north Chicago facility. They still have restrictions on DOD physicians not being able to see VA patients, which kind of defeats the whole purpose. So have you had an opportunity to look, Mr. Secretary, at this model, lessons learned? Because my bill is already in the NDAA, this year's NDAA. So this is going to happen, and we want the VA and DOD to be ready when it does, with good thoughts and ideas on how to improve upon what we are doing in north Chicago.

Mr. REMY. Well, first of all, thank you, sir, for your bill, and we do, of course, support it. And second, I have had an opportunity, and I know that our teams have had an opportunity to look at the model in north Chicago.

Senator SULLIVAN. Good.

Mr. REMY. In fact, just last week we a had a meeting to talk about how we can look at this model and maybe move it into other locations but understand first what the challenges might be.

Senator SULLIVAN. Good. And what are they? I mean, if you can give us quickly.

Mr. REMY. You have just identified one, but the other is the joint use of the facilities. This is where your legislation is going to be incredibly helpful to both DOD and to VA in making sure that we can acquire facilities or lease facilities that are necessary in order to do this work.

Senator SULLIVAN. Good. I plan on hosting Secretary McDonough up in Alaska next month, and we are going to be doing a lot of dis-

cussion on these topics. I am going to bring some of our facilities. But it is an area that I think we could really improve on.

Mr. REMY. Yes.

Senator SULLIVAN. Let me have one final question. Secretary Cisneros, can you give us an update on the situation with vaccines, the vaccine mandate in the military? And you know I have concerns about that, but what I really have concerns about is somehow, you know, a servicemember serving his country for years and doing a great job and then having this end their career or somehow getting a bad conduct discharge or something like that, which I would totally oppose. What is the thinking right now? I know it is a fluid issue. But, can you give us an update? It is important.

Mr. CISNEROS. Well, sir, you know, the first thing is I am happy to report that our active duty forces are getting no—the vast majority of them have gotten the vaccine. I believe the number was over 97 percent today that we reported. The Navy is over 99 percent of their active duty force has gotten the vaccine. So the servicemembers see the importance of it.

As far as discharges or those who might refuse, you know, they can ask for an exemption, either it be for medical reasons or for religious reasons, but that has—you know, discharges and what that will be is left up to each individual Service as to how they will approach that.

Senator SULLIVAN. Okay. Thank you, Mr. Chairman.

Chairman TESTER. Thank you, Senator Sullivan.

Thank you, gentlemen. Appreciate your testimony. We will move on to the next panel now, but thank you very much. Appreciate you being here.

Mr. REMY. Thank you, Mr. Chairman.

Chairman TESTER. You bet. We are now going to hear from some community organizations who work in partnership with the VA and the DOD to serve veterans. Today, we have with us Dr. Nicholas Armstrong, Managing Director of Research and Data at Syracuse University's Institute for Veterans and Military Families. We have Mr. Mike Hutchings, Chief Executive Officer of Combined Arms. We have Mr. Thomas Winkel, Founder and Director of the Arizona Coalition for Military Families.

Appreciate all of you being here.

Dr. Armstrong, we are going to start with you.

PANEL II

STATEMENT OF NICHOLAS J. ARMSTRONG

Mr. ARMSTRONG. Mr. Chairman, I would like to start by offering my condolences to Senator Rounds and his family.

Good afternoon, Chairman Tester, Ranking Member Moran, members of the Committee. I would like to thank you for the opportunity to testify on the topic of collaborative efforts between the Departments of Defense and Veterans Affairs to improve the military to civilian transition. I would also like to thank you for all the important work this Committee has accomplished over the last few years.

In addition to serving as Managing Director at the Institute for Veterans and Military Families at Syracuse University, I am a veteran. I served eight years in the United States Army, including nearly three years deployed in Iraq, Afghanistan, and Bosnia with the 10th Mountain Division. Upon my separation, I attended Syracuse University as the university's first post-9/11 GI Bill student and eventually earned my Ph.D. All this is to say I understand transition not only because I study it every day but because I also lived it.

I know firsthand how critical it is that we as a Nation get transition right for our servicemembers and their families. Therefore, I would like to start with a statistic. In 2018, the combined funding from DOD, VA, Labor, and the Small Business Administration devoted specifically to the Transition Assistance Program was approximately $182 million. With roughly 200,000 members separating from active service each year, this equates to an investment of about $910 per veteran. I say again, $910 worth of transition support for each exiting servicemember.

This contrast seems stark compared to the tens of thousands it costs to recruit and screen a basic trainee and the over $200 billion spent annually on post-service health, wellness, and benefit programs. It is stark considering that research consistently shows a strong connection between a positive transition experience and better health and well-being outcomes later in life. Conversely, a negative transition experience can linger for decades, sometimes spiraling into the most devastating outcome such as homelessness or suicide. Even VA researchers have coined the initial period after separation as "the deadly gap," when transitioning servicemembers are more likely to die by suicide than others.

To improve the transition experience, the DOD and VA must further integrate their efforts. However, this task is bigger than the VA and DOD alone. In fact, it is bigger than the entirety of the Federal Government. Supporting transition is a whole-of-the-nation task, one that government must lead but in close partnership with the nonprofit and private sectors.

This Committee and those who serve in the VA and DOD have made great progress. Last year marked historic legislative achievements. Legislation like the Hannon Act and the Phil Roe and Johnny Isakson Veterans Healthcare and Benefits Improvement Act have the potential to significantly improve the way DOD and VA support transition. I want to thank you for passing this legislation and for all the work this Committee, the VA, and DOD are doing to ensure implementation of this legislation is both effective and timely.

Still, there is more work to do. As you will see in greater detail in my written testimony, I believe there are three major ways we can improve collaboration between the DOD and VA to improve the transition experience.

First, we must take legislative action to create a permanent National Veterans Strategy and expanded interagency process. The Joint Executive Committee and this Administration's Joining Forces initiative are good blueprints for a permanent interagency council positioned to spur broader, whole-of-government collaboration between the DOD, VA, and other agencies.

However, these efforts cannot wax and wane across administrations. They must endure. Congress should take action to make permanent an elevated and expanded interagency mechanism with the power to set and execute a National Veterans Strategy that evolves with the changing needs of veterans and their families and actively integrates with the nonprofit and private sectors as partners in these efforts.

Second, we must enhance collaboration and coordination between the DOD, VA, and local communities. Ultimately, policy becomes reality in the communities where veterans live, work, and raise families. Community collaboration at VA medical centers and DOD installations often depend on local leadership. With congressional authority, VA and DOD can do more to enhance local engagement with community social service providers to integrate health and social care for transitioning servicemembers and veterans.

Third and finally, we must expand credentialing and job training offerings through public-private partnerships. Job training and credentialing programs must be available to transitioning servicemembers and their families regardless of where they transition from. The nonprofit sector has made great strides in providing job training services inclusive of family members, but nonprofits need continued investment to scale sustainably. Public-private partnerships, including financial investments on behalf of DOD and VA, can expand equitable access to these services.

Serving the veterans of tomorrow requires us to improve the transition process today. Ensuring an all-volunteer force for our Nation's future requires us to set transitioning servicemembers and veterans up for success in the present. Action is required, and success is in our reach. Thank you.

[The prepared statement of Mr. Armstrong appears on page 63 of the Appendix.]

Chairman TESTER. Appreciate your testimony, Dr. Armstrong, and now we will go with Mike Hutchings, virtually.

STATEMENT OF MIKE HUTCHINGS

Mr. HUTCHINGS. Chairman Tester, Ranking Member Moran, distinguished members of the Committee, thank you for this opportunity to discuss how collaboration among the VA, DOD and through multisectoral partnerships can improve outcomes for servicemembers and veterans.

I am excited to report that in Texas and in various parts of the Nation community collaboration with the VA has never been stronger. It is stronger because local VHAs and VBA leadership understand the value that additional resources and member organizations can bring to the shared mission of improving the veteran transition experience, advancing health outcomes for veterans, and most importantly, preventing veteran suicide.

Composed of other government agencies and local, regional, and national nonprofit organizations, Combined Arms's 177 member agencies serve as effective force multipliers for VA and DOD programming and customer service. We are able to fill gaps in programming through our network of trusted providers. We execute

interagency referrals between government agencies and nonprofits, and we provide increased client enrollment in VA programs.

While the DOD and VA in collaboration can provide A through F with transition support services, it is community based organizations like Combined Arms that fulfil G through Z or service those ineligible for VA services. Working in tandem enables a complete continuum of care, and Combined Arms stands ready to scale existing programming and partnerships to meet the ever evolving needs of our veteran and military families.

Combined Arms operates innovative, collaborative systems through four major pillars:

We have created an integrated technology platform that ensures veterans have access to thousands of social services provided by our vetted member organizations, and we flip the accountability from the veteran to the service organization by requiring all member organizations of the collaborative respond to a veteran request within 72 hours or less.

We deployed a white-labeled technology referral platform to veteran nonprofit hubs and collaboratives across the Nation. Currently, Combined Arms's technology platform is live and powering projects or veteran hub ecosystems in 26 states.

We have also created and developed an interagency referral tool called Check-In. This application is available via desktop and mobile and can refer a veteran to an organization in the collaborative in less than 30 seconds.

We also have a Texas-based transition center which serves as a co-working space available to all of our member agencies and creates intentional collaborative collisions for organizations that serve veterans.

Partnership, collaboration, and large-scale convening of resources are the cornerstone of our methodology and success. I would like to highlight a handful of our partnerships with Federal entities that have yielded increased collaboration among organizations and, more importantly, better care for our Nation's veterans:

Fifteen different VA programs and clinics at the Michael E. DeBakey VA Medical Center have been assigned to work within the Combined Arms system. This partnership allows the VA to utilize our system to refer veterans to nonprofit agencies delivering social services not provided by the DeBakey VA. Similarly, Combined Arms member organizations and Combined Arms can refer veterans into the VBA and VHA programs at the DeBakey Center.

We have worked with the Department of Labor's Veterans Employment and Training Services Navigator and Partnership Pilot since September of this year to directly connect transitioning servicemembers and spouses to quality employment and training resources.

And since launching the Texas Veterans Network in April of 2020, we have established a regular presence at all the major military installations in Texas. Each visit allows Combined Arms the opportunity to demonstrate the importance of community based resources as well as how to connect transitioning servicemembers to our technology.

To ensure that no servicemember falls through the cracks, Combined Arms should be included in transition workshops or transi-

tion checklists, which would encourage the servicemember to create a Combined Arms profile prior to separation.

In summary, Combined Arms has developed, perfected, and scaled a downstream model to directly connect veterans and military families with organizations that serve them. By having Federal, state, and community-based organizations working in closer collaboration, we can accelerate and streamline transitioning servicemember and veteran access to critically needed resources, which will help prevent unemployment, underemployment, substance abuse, family challenges, homelessness, criminal behavior and, in turn, save veteran lives.

Thank you again for your consideration of this testimony and for your continued service to our military and veteran community.

[The prepared statement of Mr. Hutchings appears on page 72 of the Appendix.]

Chairman TESTER. Thank you for your testimony, Mr. Hutchings.

Mr. Winkel, also virtually. Mr. Winkel?

Mr. WINKEL. All right. You got me?

Chairman TESTER. We got you.

Mr. WINKEL. Outstanding. Thank you, sir.

STATEMENT OF THOMAS WINKEL

Mr. WINKEL. All right. Thank you, Chairman Tester, Ranking Member Moran, Senator Sinema from Arizona, and members of the Committee on Veterans' Affairs, for inviting a simple "Mud Marine" to speak today.

As a veteran, I am heartened by the question before this Committee. Why? Well, because in Arizona we have an incredibly strong, nationally recognized partnership with the VA, military installations, the Arizona Department of Veterans' Services, and the community, and through all that we have built an ecosystem of support to do what none of us could do alone. It is my strong belief that every State's service members, veterans, and their families should have the same sustainable, robust ecosystem as Arizona's, or better.

In my 12-plus years working in this field, I have seen the VA and DOD grow in their collaborative efforts with each other and with the community to address some of the most complex challenges. So what do the VA and the DOD need in order to accept the community as an equal partner? Well, they need the legal authority and framework to partner, and they need State and community partners that they can trust, that have stability and data-driven approaches.

In Arizona, that community partner is a collective impact initiative called the Arizona Coalition for Military Families. With over 450 truly vetted partners and over 3,000 resources, we have served over 60,000 veterans, Service members, and their families.

Here are some examples of our collective effectiveness: From 2008 to 2010, the Arizona National Guard had three consecutive years of the highest number of deaths by suicide in the history of the organization. The Coalition was asked to assist with a solution. We included the VA and other community partners. There were zero suicides for the three years the program was in operation.

In 2016, the Clay Hunt Suicide Prevention Act opened a door for the VA to collaborate with the community in a more comprehensive way. We created the Be Connected Program, which uses the lessons learned from the successes of the National Guard program for a statewide focus. Appreciation goes to the late Senator John McCain and Senator Sinema for their support of this effort.

In 2018, all five of our active duty bases and other key stakeholders signed a DOD SkillBridge program MOU. The result is an average post-SkillBridge yearly salary of over $70,000.

The three VA health centers are part of the Be Connected program. So we have this continuity of care throughout the State. Directors of our three Arizona VA healthcare systems have shared that statewide partnership helped them work more effectively with each other during COVID–19.

These and literally hundreds of other examples are what we get when we include the community as an equal partner.

The VA and the DOD should have an organization in every State that they can fully trust. Fortunately, there is a collaboration already taking place that supports this. SAMHSA and the VA have an effort called the Governor's Challenge to Prevent Suicide. Governor-appointed teams comprised of the military, government, and community receive an extensive amount of technical assistance on best practices. Arizona has been a part of this project for over a decade now, and it has been instrumental.

Given that we have this pathway available, I have recommendations here and in my supplementary material. For the Senate, please authorize the DOD to update the Joint Ethics Regulations so that they can engage more easily with established public-private partnerships.

For the DOD, add the Governor's Challenge Team efforts to the list of sanctioned public-private efforts so that the base commanders and personnel from family programs, suicide prevention, and TAP can more easily engage.

For the VA, the Governor's Challenge effort needs to increase the emphasis on building collective impact initiative models or other such models. It also needs to fund their staffing and program needs with the Staff Sergeant Parker Gordon Fox Suicide Prevention Program. It was the original iteration of that.

Include input on the Governor's Challenge grant process from the National Association of State Directors of Veteran Affairs. They are waiting for you.

Utilize the CDC and the CDC Foundation work with the State Scorecard, the Vulnerability Index and the Warrior Built effort to assist the Governor's Challenge Teams. Ensure that the Community Veteran Engagement Boards, the CVEBs, are incorporated fully into the Governor's Challenge Teams. Increase efforts with qualified research institutions like Arizona State University and Syracuse IVFM to track and report data for those Governor's Challenge Teams.

I would like to recognize Governor Doug Ducey and the Governor's Office for Youth, Faith, and Family and also the leadership of the Arizona Department of Veterans' Services, VISN 22, Arizona's three VA healthcare systems, and the Regional Benefits Office

for their ongoing partnership in supporting all servicemembers, veterans, and their families.

Chairman Tester, Ranking Member Moran, and members of the Committee, I appreciate the time to speak.

[The prepared statement of Mr. Winkel appears on page 77 of the Appendix.]

Chairman TESTER. Yes, thank you, Mr. Winkel. I want to thank all three of you for testimony.

I am going to go with Senator Moran now.

Senator MORAN. Chairman, thank you very much and thank you to our three witnesses. Thanks for joining us.

Mr. Winkel, let me begin with you. I have met you, and it is nice to see you again although it would be better to see you I would enjoy seeing you in person. Thank you for your service as a Marine and your continued service for other veterans.

I continue to hear about how good ACMF is as an example how to maximize the community involvement in partnerships with our veterans, particularly as it relates to transition. Let me ask this question. As part of the team that designated and implemented the ACMF in 2009, what startup best practices can you share with members of this Committee who do not yet have an organization like yours in our States?

Mr. WINKEL. I really appreciate it, Senator Moran. Yes, I look forward to seeing you in person as well. One of the biggest things that I would recommend is contacting the Governor's Teams, ensure that they understand that the community is really the third leg of the stool that supports servicemembers and veterans and their families. It is incredibly important. Without it, you have got a wobbly stool. I mean, you know, there are lots of analogies for that.

But the reality is with a Senator on their side as a champion you should encourage them to go big with the efforts. This is really tough work, and so they are going to need folks in their corner, if you will. We were incredibly fortunate back in 2008 to have that type of support, and we have benefited from that ever since.

Senator MORAN. With the John Scott Hannon Act implementation, as we highlighted earlier, we need a number of steps to occur so that that implementation can be more quickly accomplished. But it creates partnerships with—let me say it differently. It gives opportunities for not-for-profit organizations in home communities the opportunity to engage in the efforts to reduce the number of suicides, eliminate suicide, and provide mental health services within a community. I think it is one of the best features of the many good features in that Act, and again, it highlights what we believe we can do as we further engage local organizations and local communities in the well-being of those members of their community who served the Nation. So I think the whole issue of this effort at home becomes even more important.

You mentioned, Mr. Winkel, the DOD ethics regulations that creates barriers on these partnerships. Would you highlight or elaborate on what you are talking about? What is an example so I can fasten it in my brain?

Mr. WINKEL. Well, I appreciate this question as well, Senator MORAN. First of all, I would say the Joint Ethics Regulations are really important. They are—it is needed, in essence, to be able to protect the military from getting too far into the weeds. There are some organizations out there that do not always practice the best practices that are available, and it has a variety of other uses. So I do not want to eliminate it by any stretch.

But when we have had pushback from the bases—now I am going back 13 years. We do not have that experience anymore. I will say the bases now are fantastic, and we work with all different levels, up and down the chain of command. It is amazing really and eye-opening.

But in the past, it has been used—and I worry about my other fellow States—to block, in essence, efforts to come on base or to do good work. The actual National Guard program that I mentioned, where we ended suicide for over three years, there were some wonderful proponents of it, but there was some archaic thinking that was going along. One of the individuals ended up being able to use that Joint Ethics Regulation to push us out. This person was quoted oftentimes as saying that suicide was just kind of a natural condition of training and that we should expect a couple of suicides a year.

And so you know, with that level of thinking and them being able to use that as a block, it creates some real difficulties for programs. I have got plenty of other examples of that. Fortunately, in Arizona, they are long past, but now I am worried about my fellow States.

Senator MORAN. Thank you very much.

Dr. Armstrong, thank you for your service to our Nation and to other veterans. Congress has looked for ways to include community organizations in the transition process. And as we have looked to overhaul the military to civilian aspect of that transition, your organization, IVMF, has always been a relevant and key player in those discussions that we have had. And I think I am always interested in the relationship, the working effort you have with Syracuse University and veterans groups to craft those opportunities for that transition to be better.

Can you lay out for the Committee the ongoing gaps that you see in the transition process when it comes to collaboration between organizations like yours, Federal agencies like DOL, VA, DOD, and veterans and military service organizations? How do we get it all to come together?

Mr. ARMSTRONG. Thank you, Senator, for that question. It is really a question we have been tackling from the very beginning as a research center. We have looked to different research in terms of what the needs are of servicemembers in transition, and often navigation rises to the top, among other needs, particularly with respect to employment, but trying to knit together all the sea of goodwill, both the programs that are offered by government but also by the nonprofit sector. And so, trying to pull that all together.

You know, we see in my testimony one of the leading points is around driving toward creation of a National Veterans Strategy and an expanded process that pulls in other Federal agencies, states, and local governments, as well as nonprofit and private sec-

tor and all the investment in that sea of goodwill, to align that work, to make it more accessible to those further upstream and helping provide that access even before servicemembers take that uniform off and transition into their communities.

Senator MORAN. Thank you for your efforts and for your answer. I may borrow "sea of goodwill" as a phrase I would like to use. I like it. It expresses a circumstance that certainly exists.

Mr. ARMSTRONG. Thank you.

Senator MORAN. Thank you.

Chairman TESTER. Thank you, Senator Moran.

I am going to start with you, Dr. Armstrong. When you transitioned out of the military, I do not want to date you, but when was that?

Mr. ARMSTRONG. It was 2007.

Chairman TESTER. Okay. And so what was your personal experience with that transition? And the next question is going to be: How have they improved, and what do they need to improve upon? I am talking both from a DOD perspective and a VA perspective.

Mr. ARMSTRONG. Thank you, Senator. So my experience was almost an optional set of potential transition workshops, things of that nature. Frankly, it is hard to remember because it was such a blur because the experience—and I think many others in transition would often relate to this in the sense that it often happens quickly in the sense that like having access to information about—you know, you are so ready to transition into your next role in life that sometimes you miss some of the key information, whether it is related to benefits or things that you will need when you arrive in your local community.

Certainly, a ton has been—has helped, has advanced with respect to the Transition Assistance Program. And certainly organizations like ours, which run programs that are complementary to the Transition Assistance Program, like programs like Onward to Opportunity which is a career training program that we operate on 19 military installations, actually with access to another 45 or so installations that provide access to industry, in-demand industries, specific training and credentialing opportunities that help to enhance that Transition Assistance Program experience. Certainly, that has been a huge advancement from what was not available when I transitioned personally.

Chairman TESTER. Okay. So you have done some work with SkillBridge?

Mr. ARMSTRONG. Yes, sir.

Chairman TESTER. Can you tell us what is required to provide access to SkillBridge on a new base?

Mr. ARMSTRONG. Early on for us, it was finding local leadership buy-in to help us bring our program onto the installations.

Chairman TESTER. Military leadership?

Mr. ARMSTRONG. Yes, sir.

Chairman TESTER. Yes. Okay. And do you find that the military is—and I do not want to get you in trouble. But, do you find the military is open to the things like SkillBridge, or is it kind of a pain in the neck?

Mr. ARMSTRONG. Very open, Senator, yes.

Chairman TESTER. Okay. Good, good. Is there anything we need to do with SkillBridge to make it more effective?

Mr. ARMSTRONG. Senator, yes, I think it could be more effective in the sense of, you know, providing more equitable access to those in transition. So if our program—for example, I mentioned we operate that program on 19 military installations. That has been a function of initially local base leadership, willingness to help us come on base to provide access to that.

But certainly with the resources of being able to expand those offerings, we do offer the program online and have actually seen a huge uptake in terms of both servicemembers, those from the National Guard and Reserve, and military spouses take advantage of that.

But in terms of scale, it is a matter of resources, and we deliver the program at no cost because these programs are largely funded by private philanthropy.

Chairman TESTER. So this question is for all three of our witnesses that testified on the second panel. The credentialing programs are an important tool in ensuring that transitioning servicemen have—servicemembers, I should say, have in-demand skill sets to meet the changing needs of employers. The Military Services also have credentialing programs that allow servicemembers to attain employment credentials outside their transition window, including on-the-job training for credentials related to their military occupation.

And we will start with you, Dr. Armstrong, go to Mr. Hutchings and Mr. Winkel. Are your organizations seeing an impact in the transitioning veteran population from these credentialing programs that are outside the transition window?

Mr. ARMSTRONG. Thank you, Senator, for that question. I can speak to our program in particular. We are seeing impacts for those programs. We have a robust data collection and measurement evaluation approach to the program itself. So we are capturing outcomes as transitioning servicemembers not only complete the programs but when they take and sit for certifications. And we also follow up with them at six month and annual intervals to understand their employment status. And we can report retention rates close to 80 percent, which is very good compared to many industry benchmarks. And I will pass that on to my colleagues.

Chairman TESTER. Mr. Hutchings.

Mr. HUTCHINGS. Thank you, Senator, for your question. Over the past year and a half, we have seen a slight increase in veterans coming into Combined Arms's system with additional credentialing that we had not seen in the past. Some brief examples of that would be certification while in the Service in yellow belt, green belt programs, many Six Sigma programs. We have seen some SAP credentialing software-style certifications that are happening as well. So it is something we have noticed over the past year and a half, two years, and it ultimately does help make them more competitive in the civilian marketplace as they seek to gain employment after their time in the Service.

Chairman TESTER. Mr. Winkel.

Mr. WINKEL. Yes, certainly, Senator, we have seen a massive impact on—actually, upscaling is huge. We use O2O, Onward to Op-

portunity and a variety of other things, including programs from DOL and WIOA to help folks become higher certified.

And when we are talking about just that wedge of individuals, I mentioned $70,000 for the overall SkillBridge. Well, those tend to range when you are looking at the upscaling elements of it, between $81,000 up to $144,000. So is it having an impact on the servicemembers' lives? Yes.

Chairman TESTER. Mr. Winkel, you might as well stay on. I want to talk to you a little bit about the suicide program that you had as it related to the Arizona National Guard. They went from many suicides to zero. That is pretty good success. In fact, that is really good success.

You talked about the different entities involved. But, what did you really focus on to get that to zero? Was there any one thing that you focused on, or was there multiple things? And if there were multiple things, what were they?

Mr. WINKEL. Wonderful question. Huge question. I will attempt to answer it precisely. Technically, we went after the culture, and that included things like leadership support, sincere leadership support, engaged leadership support.

We had a variety of different programs. We retrained everything. We used prevention, intervention, and postvention. The blessing of it is we never had to use the postvention. We were only using the prevention and the intervention modalities.

We did a ton of training. So the Guard was about 8,000 strong at that particular point, 8,500 maybe. And we trained every single person in a couple of things, and then we worked it up the ladders. By the time we got to the chaplains and first sergeants and things like that, they were all assist-trained, which was an excellent addition.

There were some wonderful programs out of the Joint Chiefs at that time, comprehensive soldier fitness and master resilience training, and we just flood the market. I think we had a total of 700 folks trained in master resilience training.

They ate it up because they saw that it worked. And it not only stopped the suicides, but it improved their overall general lives and their functioning and things like that. That was upstream; so was that prevention.

Chairman TESTER. So, Mr. Winkel, you dealt with these folks while they were in the Guard; is that correct?

Mr. WINKEL. That is correct. Yes, sir.

Chairman TESTER. Okay. Can any of the three of you speak to the connection between successful transition, meaningful employment, and veterans' mental health? And I am speaking after transition on these. Go ahead, Dr. Armstrong. I see you pushing the mike.

Mr. ARMSTRONG. Thank you, Senator. I can speak to meaningful employment being a protective factor specific to suicide, and so we see that helping folks transition, particularly with a focus around employment. While there are many social needs that folks may have in their transition, both themselves and their family members, securing employment, and also anecdotally for their spouse having employment, at the point of transition also are very impor-

tant buffers from both a mental health and suicide prevention standpoint.

Chairman TESTER. Thank you. The other two panelists like to respond to that? You do not have to, but if you want to, please do.

Mr. HUTCHINGS. Yes, Senator. You know, I will highlight something specific from our data. So since, you know, really 2017, Combined Arms has served over 50,000 unique veteran and military families through the system. And the three most requested resources that we have, looking at all of our data points, is: Number one is employment, career search and placement. Number two is social connectivity. And number three is volunteerism. Those are the three most requested things from the data points in our system.

That is showing and telling us that veterans or a transitioning servicemember, as they are transitioning, their focus is getting a job, connecting with their tribe of likeminded individuals, people they have shared experiences with, and giving back to their community. So veterans are truly economic assets, and they want to go back to the communities that they left long ago and have an impact on those communities and help the overall betterment.

Mr. WINKEL. I think, Senator, I would probably just throw in that we look and work a lot with Thomas Joiner's theories on suicide and suicide prevention. And what he is looking at are things like familiarity with lethal means. Okay. Well, you know, everyone in the military is familiar with those, with weapons and how to handle them and get used to the concept of death and putting their life on the line. The other two things are a sense of belongingness and a sense of burdensomeness. And so we directly go after those as well in both our statewide program and back when we were working with the National Guard.

Belongingness, that is tribe and all those other, you know, wonderful words. And then burdensomeness is, are there people reaching out to me? Are there folks that are interested in helping me?

The VA's and the DOD's outreach and attempts to support servicemembers is valuable to folks that are struggling.

Chairman TESTER. Thank you, guys. Thanks. Thank you for all you do. I appreciate it very much. I want to thank both panels for their words today.

Look, we have got challenges out there, but working together I think we can solve those challenges that we have. And I look forward to working with everybody that we heard from today to make sure we do right by our servicemembers in this country. It is important that the VA and the DOD and Congress are all on the same page, working together to meet the objectives of our servicemembers and our veterans.

So we will keep this record open for a week. Once again, thank you all for testifying today.

This hearing is now adjourned.

[Whereupon, at 5:11 p.m., the Committee was adjourned.]

A P P E N D I X

Prepared Statements

STATEMENT OF
HON DONALD M. REMY, DEPUTY SECRETARY
DEPARTMENT OF VETERANS AFFAIRS (VA)
BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE

NOVEMBER 3, 2021

Good morning, Chairman and Members of the Committee. Thank you for the opportunity to appear before you with my colleague and partner, the Honorable Gilbert Cisneros, Under Secretary of Defense for Personnel and Readiness. We are honored to share with you the collaboration between VA and DoD on our joint initiatives and accomplishments. This collaborative relationship between our departments is critical to achieving our shared mission to improve and enhance health care services, delivery of benefits, and seamless transition through coordination and shared resources for our service members and Veterans. An important component in ensuring Veterans have access to the benefits, health care, services they have earned and deserve, is ensuring that we have access to the supplies necessary to support them.

Before I discuss our joint collaborative efforts with DoD, I want to touch on an evolving national concern. The COVID-19 pandemic exposed global and U.S. supply chain weaknesses and we expect the manufacturing and distribution disruptions for some time. As the virus spread, overall consumer demand decreased and industrial activity, in turn, decreased due to the lower consumer demand and effects of COVID-19. With the increasing level of vaccination globally and the end of lockdowns in many nations, consumer demand increased dramatically, while supply chains continue to face big challenges, including worker shortages and limitations in access to raw materials and key components. VA is actively addressing these challenges, implementing near-term methods to ensure internal VA supply chain resiliency, including increased demand signal monitoring, identification of alternatives for preferred products, and treating medical products as enterprise assets. Effective national response requires a resilient public health supply chain, anchored in domestic manufacturing capabilities so that care and preventive measures can reach patients. Sustaining the resilience of the supply chain is critical for ensuring the health and wellness of the nation, as well as for national security, and VA is working with the White House and Executive Branch agencies to develop and implement the actions identified in the National Strategy for a Resilient Public Health Supply Chain. VA and DOD continue to work closely through these challenging times.

VA and DoD leadership, through the VA-DoD Joint Executive Committee (JEC), have moved past the historically bifurcated view that DoD's role ends, and VA's role begins, when the Service member separates from military service. VA is committed to ensuring that the partnership between VA and DoD is aligned, enduring and strong, with a common focus on putting the needs of Service members and Veterans ahead of process. We seek continuous improvement by establishing a clear direction for our efforts, overseeing joint work, and assessing outcomes through our joint strategic planning cycle.

VA-DoD Joint Strategic Planning Cycle

Under Secretary Cisneros and I recently approved the congressionally mandated VA-DoD Joint Strategic Plan for Fiscal Years 2022-2027. We have shifted from a 3-year to a 6-year planning cycle to enable a more long-term strategy. This plan reflects the growth in the relationship between VA and DoD and maturation of our Joint Strategic Plan to improve overall flexibility, timeliness, traceability, and alignment to both VA and DoD departmental strategic plans.

While the Joint Strategic Plan focuses on the big picture, and long-term strategy, the JEC issues Annual Priority Guidance to members of the JEC and VA-DoD stakeholders to identify current priorities and direct subcommittee leadership to develop action plans in our Joint Operating Plan. The detailed plans in the Joint Operating Plan establish agreed-upon milestones and performance measures for our joint work. Critical milestones are derived from this document inform our Quarterly Priority Milestone Review where the JEC co-chairs review progress, issue guidance, and maintains oversight at each quarterly JEC meeting. Each year, we assess outcomes and report accomplishments to Congress in our Annual Joint Report. This systematic strategic planning cycle allows us to jointly manage efforts to achieve our shared goals.

The new Joint Strategic Plan sets out five shared strategic goals: (1) Health Care Collaboration; (2) Integrate Benefits and Services Delivery; (3) Improvethe Transition and Post-Separation Experience; (4) Modernize Shared Business Operations; and (5) Strengthen Interoperability and Partnership. I will highlight a few joint achievements and priorities in each of these areas.

Strategic Goal #1 - Health Care Collaboration

VA and DoD together manage two of the largest health care systems in the Nation. We are uniquely positioned to gain value and efficiencies from a synergistic, collaborative relationship to best serve the long-term health care needs of Service members and Veterans. Our combined efforts reflect shared principles in health care, including ensuring timely access to care, improving beneficiary-focused outcomes, and building resilience and readiness. To enhance our ability to conduct joint planning and execution for medical facilities leasing and construction we require enhanced authorities from Congress for both VA and DoD. Our health care collaboration focused on key areas that acutely affect Service members and Veterans. I have provided some examples of the joint efforts to address such key areas on sexual assault/harassment prevention, environmental exposures, and telehealth.

Sexual Assault/Harassment Prevention and Survivor Care

The Secretary of Defense and the Secretary of VA have collaboratively made the implementation of anti-sexual assault and harassment programming, along with survivor care and support efforts, a top priority for both VA and DoD. In the JEC, we established a VA-DoD Sexual Trauma Working Group in 2019 to facilitate the transition of treatment for Service members who experienced sexual assault (including intimate partner sexual abuse) and/or sexual harassment during military service, assist Veterans in filing related disability claims, and ensure plans are implemented to process sexual trauma claims with VA

efficiently and effectively. DoD included VA in its Independent Review Commission on Sexual Assault in the Military, resulting in more than 80 recommendations for the Secretary of Defense. VA included DoD in VA's Sexual Assault/Sexual Harassment Prevention and Response Working Group formed to advance VA's leadership on issues of sexual assault and harassment prevention and survivor care and support.

Environmental Exposures – Individual Longitudinal Exposure Record

VA and DoD understand that accurate data is fundamental to providing quality health care and we continue to jointly develop the VA and DoD electronic Individual Longitudinal Exposure Record (ILER) to capture occupational and environmental exposures for Service members and Veterans. The ILER will enable connections for individuals by time, place, event, and all-hazard exposure monitoring data with medical encounter information (diagnosis, treatment, and laboratory data), across the Service member's career. This will improve the quality and quantity of information available to facilitate exposure-related health care delivery, assessment of exposure histories for individuals and populations, disability evaluations, and benefits determinations. When fully operational, ILER will increase communication and transparency between VA, DoD, Congress, beneficiaries, and other stakeholders. Finally, the system will provide a foundation for prospectively following exposed cohorts for the potential long-term or latent health effects that could be attributable to occupational and environmental exposures. In March 2021, a new interface went live between the Joint Legacy Viewer and the ILER enabling the exchange of exposure data as part of the federal Electronic Health Record (EHR).

We have also jointly formed the VA/DoD Deployment Health Working Group that meets monthly to share information on deployment related issues and military environmental exposures. The Deployment Health Working Group's mandate is to coordinate VA and DoD activities for data sharing related to environmental exposures, including environmental monitoring results, exposure-related documentation and research and the facilitation of timely VA notification by DoD of potential environmental exposures. This working group also plans the Airborne Hazards Symposium which bring together subject matter experts to share research and findings. This collaboration has yielded valuable insights and data on environmental exposures which VA was able to utilize to expand presumptive service connection for Veterans who were exposed to particulate matter during service in Southwest Asia and other locations and later diagnosed with asthma, rhinitis, and sinusitis. VA appreciates the continued collaboration with DoD and the efforts of this joint agency working group in VA's consideration of potential, future presumptive conditions for environmental exposures.

Telehealth

As the COVID-19 pandemic emergency evolved, Telehealth/Virtual Health use across the country increased in 2020 and 2021. Both VA and DoD shared expertise on telehealth delivery during the pandemic and collaboratively updated training and educational content to provide a mutual, common baseline framework for competency development. VA and DoD will continue working together in this area to increase access to health care and improve Service member and Veteran outcomes.

Strategic Goal #2 - Integrate Benefits and Services Delivery

The population of VA and DoD beneficiaries reflects diverse demographic characteristics eligible for a wide range of benefits. VA and DoD recognize the complexity of their benefits delivery systems and are committed to enhancing the process by integrating technology into joint business operations, eliminating gaps and discrepancies in benefits offered, and improving communication with beneficiaries. Some examples of the joint VA-DoD efforts to achieve this Strategic Goal for integrated benefits and services delivery are highlighted below.

Benefits Delivery at Discharge

VA and DoD established the ability to leverage electronic pre-separation service treatment information as a foundation for considering Service members' applications for Benefits Delivery at Discharge. This eliminates burdensome requirements for Service members to obtain and transmit records to VA, reduces time-consuming administration at military medical treatment facilities and speeds the application process by as much as 50 percent. Working together DOD and VA continue to make all available personnel records and clinical data available electronically for the Benefits Delivery at Discharge population to create more efficiencies.

Dual Compensation

There is a statutory prohibition for Veterans to receive both VA pension, compensation, or retirement pay and active service pay in the case where a Veteran is recalled to active-duty service. Under current regulations, VA cannot take immediate action based on information received from DoD that a Veteran is in receipt of active service pay for a given period. Rather, once VA receives notice from DoD that the Veteran is in receipt of active service pay, VA must then send the Veteran a notification letter advising of the information received and proposing to take action to adjust the Veteran's award. The process of the notifying the Veteran in advance, due process, adds to the overpayment incurred, thus increasing the Veteran's debt. Currently, VA provides Veterans with 60-days advance notice prior to adjusting the disability compensation award due to receipt of active service pay. Given the Veteran is already activated, it becomes nearly impossible for the Veteran to respond to a mailed notice. When the Veteran does finally respond or when the due process time period has expired, then VA can make the proper adjustment. Unfortunately, this adjustment, initiated after the event occurs, results in our nation's heroes returning from service with a financial debt that they will need to repay. At present, the only way for the Veteran's debt to be minimized, is for the Veteran to notify VA of their scheduled activation. By law, VA needs permission directly from the Veteran to adversely adjust their disability compensation award. Once this notice is received, VA can immediately adjust the award, thus eliminating or at minimum, significantly reducing the Veteran's debt due to dual receipt.
For Veterans returning to active service, there can be months of dual compensation that is received by the Veteran before VA can suspend benefits.

VA is currently engaged in rulemaking to address this overpayment/debt recoupment issue as a Veteran-centric approach to minimize the impact of dual receipt of compensation and active service duty pay leading to Veteran debt. VA and DoD have worked collaboratively to create integrated systems to share data and track the accuracy of data provided.

The coordinated initiatives between VA and DoD support VA's effort to significantly minimize Veteran debt incurred due to dual compensation. As VA moves forward in designing a process that minimizes the impact of dual compensation, the process also includes revocation and appellate rights. It is of utmost importance to VA that Veterans can identify when changes are warranted. VA continues to work towards a goal of reducing respondent burden, eliminating debt, and leveraging electronic inter-departmental data to improve service delivery to Veterans.

Military Personnel Data Quality

VA and DoD continue to develop Information Technology solutions to ensure appropriate Departments, agencies, Service members, Veterans, and their representatives have immediate and secure access to reliable and accurate data used in determining entitlements, verification of benefits, and Veterans' status. VA and DoD are working to digitally modernize Service member separation data and enable a paperless, standard record to ensure data privacy and support faster, data-driven decisions at all levels. An enhanced electronic record of service, an electronic self-service workflow, would empower the Service member with access and control of their military service record.

Strategic Goal #3 - Improve the Transition and Post-Separation Experience

In alignment with, and in support of the President's goals to improve the customer experience across all Federal agencies, VA and DoD continue to prioritize improving the customer experience for both Service members and Veterans. We work closely with the Department of Labor (DOL), other Federal organizations, state agencies, and non-governmental organizations to provide transition assistance planning, services, and programs at multiple stages throughout this journey. As part of that effort and to provide a more holistic approach to transition, VA, and DoD, through the JEC, approved the Military to Civilian Readiness framework in September 2019, which defines transition as 365- days pre- and 365- days post-separation. This includes such programs as the Transition Assistance Program (TAP) and VA Solid Start among others, the efforts of which I have provided below.

Military to Civilian Readiness

Military to Civilian (M2C) Readiness meets and builds upon several components of Executive Order 13822, *Supporting our Veterans During Their Transition from Uniformed Service to Civilian Life*, as well as the National Defense Authorization Act for FY 2019, Sections 522 and 552. Military to Civilian Readiness aligns the myriad of transition activities under one overarching framework and is complementary to current military to civilian support programs, thus providing a more defined exit pathway. The framework ensures that transitioning Service members, recently separated Service members, and Veterans: (1) receive comprehensive, standardized, and individualized assessments across both Departments, (2) are informed and educated about all post-separation VA, DOL, and DoD benefits and services they are eligible for, (3) are equipped with the tools they need to succeed and reintegrate into their communities, and (4) achieve sustainable economic well-being.

Transition Assistance Program (TAP)

One of the touchpoints in the M2C Ready framework is the TAP. To meet the congressionally mandated TAP requirements, VA, DOL, and DoD, along with other interagency partners, provides interactive TAP courses, one-on-one engagements, and opportunities to enroll in benefits and services that support a successful transition for Service members, military spouses, and their caregivers. Leveraging Service members' feedback, TAP interagency partners continually work to enhance TAP and increase TAP participation rates for all TAP courses. As an example, in FY 21 the VA TAP customer satisfaction rating for in-person classes was 95.7%, continuing the trend of exceeding the 95% target for every quarter since FY15, even during the pandemic.

As part of VA's focus on transitioning servicewomen and women veterans' unique needs, VA established the Women's Health Transition Training as an elective curriculum, designed to complement the VA TAP Benefits and Services curriculum. The self-paced, women-led online training helps Servicewomen understand VA's gender-specific health care services and encourages everyone to enroll in VA health care. Available anytime and anyplace, it's open to all Servicewomen and women Veterans regardless of separation date.

VA Solid Start Program

As an immediate follow-up to TAP, the VA Solid Start program attempts to connect with recently separated Servicemembers at three (3) key points (e.g., 90-, 180-, and 365-days) during the critical first year of military-to-civilian transition to provide assistance and support connecting transitioning Service members with earned benefits and services. VA Solid Start focuses on the specific needs of each recently separated Service member and open-ended questions help the VA Solid Start agents identify benefits and services that may help and support successful transition to civilian life. VA Solid Start is committed to helping all recently separated Service members establish a relationship with VA, increase their awareness of available VA benefits and services, lower their barrier to entry into VA mental health care, and support their successful transition into civilian life.

In FY 2021, VA Solid Start successfully connected with more than 149,000 recently separated Service members and has achieved a 58% successful connection rate. VA Solid Start also provides priority contact to recently separated Service members who have had a mental health care appointment during their last year of active-duty service. In FY21, VA Solid Start successfully connected with more than 24,000 of these recently separated priority Service members, for a successful connection rate of 75%.

Enhanced Statement of Benefits

Within the M2C Ready framework is a congressionally mandated Statement of Benefits that must be issued to transitioning Service members 30 days prior to discharge. DoD currently provides a list of benefits for which a Service member may be eligible post-discharge. The JEC saw an opportunity to enhance what was provided by DoD, and as a result, VA is developing a more individualized post-separation document called the Enhanced Statement of Benefits (ESOB) as part of the M2C Ready framework. The ESOB will initially provide tailored VA post-separation benefits information. The goal will be to

expand the ESOB to include DOL and DoD post-separation transition support programs and services as well.

Strategic Goal #4 - Modernize Shared Business Operations

VA and DoD are committed to using resources responsibly. While each Department has separate business operations to support individual missions, the shared population of beneficiaries presents opportunities where a joint approach to doing business gains efficiencies, avoids costs, and achieves better outcomes for Service members and Veterans. I have highlighted for you some examples of our joint achievements and shared challenges around the joint sharing of facilities and services and the VA DoD reimbursement process.

Joint Sharing of Facilities and Services

For background purposes, VA and DoD have been sharing health care resources at the local and enterprise scale since 1982 via 38 U.S.C. § 8111 "Sharing of VA and DoD Health Care Resources." Today, there are 140 active health care resource sharing agreements between 140 VA and DoD partners nationwide (63 VA and 77 DoD) covering a wide range of services. Authorized shared services include (but are not limited to): Inpatient, Outpatient, Ancillary Services, Pharmacy, Administrative Services, Existing Capital Space, Human Capital Resources, and Dental.

VA and DoD are currently limited to sharing existing capital infrastructure due to the Departments lacking the necessary authority to plan and build extra capacity into our construction and leasing projects to address the needs of our joint patient population. Despite continued congressional interest in increased VA and DoD joint medical sharing in markets and repeated attempts by VA and DoD to enact legislation that would provide authorities for joint planning in this area, the lack of legislative relief has significantly hampered our ability to collaborate on joint capital projects. VA and DoD continue to jointly submit requests for legislative relief to eliminate statutory impediments for developing combined capital projects, permit proactive joint capital asset planning and capital investment in shared medical facilities in a more integrated manner. This integration has potential cost avoidance for the Departments' future planning, design, construction, and lease funds.

VA-DoD Reimbursement Process

VA and DoD worked together to develop and implement an enterprise-wide standard payment and reconciliation process to manage medical care workload provided through resource sharing agreements. The Departments successfully piloted a simplified central data payment reimbursement model to replace the existing resource intensive individual claims-billing reimbursement process. Reimbursement between the pilot sites consistently met or beat a 30-day timeframe to reconcile and pay clean health care claims. Here in the National Capital Region, the pilot reduced the average billing timeframe from 174 days down to 30 days.

The piloted standard reimbursement model resulted in a unified set of DoD-VA Standard Operating Procedures designed to function as overall guidance for all Resource Sharing locations. Additionally, lessons learned along with the best practices will be used

by the Federal Electronic Health Record Modernization (FEHRM) to standardize billing processes for both Departments going forward.

Strategic Goal #5 - Strengthen Interoperability and Partnership

VA and DoD continue to strengthen and expand its network of interagency and public-private partnerships to bolster organizational agility and promote operational efficiency. The Departments are committed to improving interoperability and the exchange and use of data as a strategic asset to inform decision-making. We have been working closely together on critical areas such as the Electronic Health Record, the Joint Health Information Exchange, and the Joint Data and Analytics Strategy as noted below to ensure interoperability between the two agencies to improve our services to Service members and Veterans and streamline how both agencies share and store important information.

Electronic Health Record

VA is partnering with DoD, the FEHRM Office, and the Department of Homeland Security's United States Coast Guard (USCG) to make significant progress in Electronic Health Record (EHR) System modernization. Both VA and DoD have robust joint participation in the FEHRM in order to ensure interoperability of the EHR between both agencies. This effort is one of the most complex and transformational endeavors in the Department's history, and VA is committed to working with our partners to realize the full promise of a modern, integrated record to cultivate the health and well-being of Veterans.

To further the Departments' federal EHR deployment operations, the FEHRM continues to prioritize activities that provide value. For example, the delivery of common capabilities within the joint space such as managing the Federal Enclave; managing the joint Health Information Exchange (HIE); executing the Enterprise Operations Center; spearheading joint sharing site deployments; coordinating configuration and content changes to the EHR; and advancing interoperability. Moreover, the FEHRM can provide significant value by sharing lessons learned across DoD, VA, and USCG, helping accelerate progress and minimize risks.

FEHRM spearheaded efforts to establish a common approach to deploy federal EHR capabilities to joint health care resource sharing sites. Deploying the federal EHR to shared-resource, integrated VA and DoD facilities requires careful collaboration, joint decision-making, and a thorough understanding of the possible effects of the federal EHR deployment. The FEHRM is leading the analysis and integration of deployment activities at these joint sites with a specific focus on technical, functional, and programmatic issues, including implementation schedules, joint access, and network security. This work has the potential to enable the DoD and VA health care systems to work together in new ways to deliver health care to Service members, Veterans, and their families.

Joint Health Information Exchange (HIE)

Building on the success of DoD and VA's individual health information exchange work, the HIE is a modernized health data sharing capability managed by the FEHRM. The joint HIE enhances the ability of DoD, VA and USCG to share data bidirectionally electronic health record quickly and securely with participating community health care providers. This

capability enables more informed, seamless care for patients who are navigating between different health care providers.

The joint HIE connects DoD, VA and USCG providers with a large number of private sector partners, representing more than 2,000 hospitals, 8,800 pharmacies, 33,000 clinics, 1,100 labs, 800 federally qualified health centers and 300 nursing homes, to help health care providers in the Departments and in the private sector make more informed care decisions as they care for Service members, DoD beneficiaries and Veterans.

Joint Data and Analytics Strategy

VA and DoD are developing a joint data and analytics strategy in alignment with the Federal Data Strategy, VA Data Management and Analytics Strategy, Personnel & Readiness Strategy, and DoD Data Strategy. This mission for this work is to use data as a cross-agency joint strategic asset to shape policy, enable data driven decisions, create operational efficiencies, and enhance experiences and outcomes. The final VA-DoD Joint Data and Analytics Strategy and Roadmap will enhance the Veteran and Service member's end-user experience, streamline the transition process from active duty to Veteran status, and enable both Departments to better address critical data intensive requirements such as suicide prevention, health care, and benefits determination.

Way Ahead

I again extend my gratitude to Congress for your continued support of VA-DoD collaboration and our shared commitment to serving Service members and Veterans with excellence. As the Departments continue to adapt and evolve, the VA-DoD JEC provides an essential forum for leadership from VA, DoD, the Military Services, and interagency partners to work together to drive improvements in the delivery of health care, benefits and services, and transition support. Our strategic goals capture shared priorities for both Departments to serve a common population: Service members, Veterans, their eligible family members, caregivers, and survivors.

Mr. Chairman and Members of the Subcommittee, thank you for the opportunity to testify today to discuss our collaboration with DoD. I am happy to respond to any questions you may have.

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Statement of

Gilbert R. Cisneros, Jr.

Under Secretary of Defense (Personnel and Readiness)

Before The

Senate Veterans Affairs Committee

On Department of Veterans Affairs and Department of Defense Collaboration

November 3, 2021

NOT FOR PUBLICATION UNTIL RELEASED BY THE COMMITTEE

Introduction

Chairman Tester, Ranking Member Moran, and other distinguished Members of the Committee, thank you for the opportunity to discuss the collaborative relationship between the Department of Veterans Affairs (VA) and the Department of Defense (DoD). VA and DoD are working closely to improve the quality, efficiency, and effectiveness of health care and the delivery of benefits and services, while enhancing interoperability and efficiency in our joint operations. We do this primarily via the Joint Executive Committee (JEC), a VA-DoD interagency collaborative body co-chaired by Secretary Remy and myself. We are uniquely situated, not just because of our positions within our respective Departments, but because we are also statutorily charged as the "chief collaborators" on behalf of our Departments. As such, we are the standard-bearers leading nearly all joint efforts between VA and DoD.

As a result of the JEC, our Departments have moved past the historically bifurcated view that DoD's role ends and VA's role begins when the Service member separates from military service, to embrace a new appreciation of overlapping interests and intertwined responsibilities across the Service member and Veteran life-cycle. Secretary Remy and I are honored to share our collaborative goals and some of our Departments' collaboration actions.

Joint Framework for Collaborative Success

While no Service member or Veteran shares identical experiences, there are a broad set of common stages they universally traverse. VA and DoD focus on those moments in each stage to proactively identify and address potential gaps and opportunities for collaboration, coordination, and shared resources. The Fiscal Year (FY) 2004 National Defense Authorization Act (NDAA) directed the establishment of the JEC to maximize coordination and sharing between and within the Departments. There are four subordinate executive committees aligned under the JEC: Health Executive Committee (HEC), Benefits Executive Committee (BEC), Transition Assistance Program Executive Council (TAP-EC), and the Information and Technology Executive Committee (ITEC), in addition to seven independent working groups that focus on a range of specific joint topics, from military sexual trauma to suicide prevention (Attachment 1: Joint Executive Committee Organizational Structure).

As such, the JEC provides a comprehensive senior-leader forum and framework to pursue our collaborative priorities (Attachment 2: FY 2022 VA-DoD Strategic Goals and Priority Objectives – Summary Chart). Together, it works to enhance lines of communication, addresses barriers and challenges to collaborative efforts, facilitates opportunities to improve resource utilization, asserts and supports mutually beneficial opportunities to improve business practices, and allows collaborative exploration on opportunities for high-quality, cost-effective healthcare delivery. Title 38, U.S. Code, Sections 320 and 8111 requires the JEC to produce a strategic plan to shape and focus VA and DoD collaborative work. Guided by the Joint Strategic Plan, the JEC provides an essential forum for leadership from VA, DoD, the Military services, and interagency partners, such as the Department of Labor (DoL), to work cooperatively to drive improvements in the delivery of healthcare, benefits and services, transition, job training and post-service

placement.

Our relationship has never been stronger. A timely example of this strength can be found in the DoD's Independent Review Commission (IRC) on Sexual Assault in the Military. The Commission membership included the assistant secretary from the Office of Public and Intergovernmental Affairs at the Department of Veterans Affairs. This interagency addition was critical to shaping recommendations on victim care and support. As we continue to tackle joint challenges, we lean forward into the authorities Congress has provided by including voices from other federal agencies, critical to Service member and Veterans support. As co-chairs, we recognize the ability to reach our full potential relies on collaboration beyond VA and DoD. As such, in 2019 VA and DoD extended an official invitation to DoL to participate in the JEC. The work and perspective DoL brings to the JEC positively impacts VA and DoD efforts.

Over the last three-years (FY 2019-2021), the VA and DoD—through the JEC—have undertaken 193 targeted actions to achieve 72 joint priorities. Historically, the strategic plan covered only three years and was more of an operational document. As the JEC structure has matured, so too has our collaboration, allowing us to expand our planning cycle to a six-year period. Mr. Remy and I recently signed the VA-DoD Joint Strategic Plan for FY 2022-2027 that focuses on five overarching goals: (1) Health Care Collaboration, (2) Integrated Benefits and Service Delivery, (3) Enhancing Transition and Post-Service Placement, (4) Modernizing Shared Business Operations, and (5) Strengthening Interoperability and Partnerships.

Our vision for the future is included in the FY2022-FY2027 VA-DoD Joint Strategic Plan. Our efforts continue. Through the JEC, we are prioritizing and synchronizing joint initiatives, programs, and policies; increasingly sharing resources; and enhancing interoperability.

Strategic Goal 1: Health Care Collaboration

Our Departments continue to tackle joint objectives that will provide a consistent, patient-centered healthcare system that delivers excellent quality, access, satisfaction, and value. VA and DoD together manage the two largest health care systems in the nation, which includes an overlapping population. Over the years we have gained value, efficiencies, and consistency and reduced duplication and waste, from a collaborative relationship that provides high-quality care for more than 18 million Service members, Veterans, and eligible beneficiaries.

As a result of the COVID-19 pandemic, telehealth and virtual health use across the country has increased in 2020 and 2021. VA and DoD shared expertise on telehealth delivery during the pandemic and updated training and educational content resulting in a common framework for competency development and service delivery. Together, we will continue embracing telehealth and virtual health to increase access to health care, including for Service members and Veterans who may be unable to travel or are not near an installation or medical facility, with the goal of improving access and outcomes for all beneficiaries.

Strategic Goal 2: Integrated Benefits and Service Delivery

The JEC aims to deliver comprehensive benefits and services through an integrated beneficiary-centric approach that anticipates and addresses the needs of stakeholders, provides excellent customer service, and is transparent.

The population of VA and DoD beneficiaries is diverse with eligibility for a wide range of benefits through each stage of the Service member and Veteran life-cycle journey. VA and DoD recognize the complexity of this system and continue efforts to enhance the process by integrating technology into joint business operations, eliminating gaps and discrepancies in benefits offered, and improving communication with beneficiaries.

Section 621 of the FY 2019 NDAA required the extension of commissary, exchange, and certain morale, welfare, and recreation retail facility privileges to Veterans awarded the Purple Heart or Medal of Honor, former prisoners of war, those with a service-connected disability, and caregivers for Veterans. This expansion created eligibility for nearly 4.1 million new patrons. In under a year, the teams at VA and DoD worked diligently to develop eligibility criteria, identify and resolve installation access issues, and implement acceptable identifications credentials, successfully implementing the expansion on January 1, 2020.

Strategic Goal 3: Enhancing Transition and the Post-Separation Experience

About 200,000 Service members transition out of the military each year. The transition from military to civilian life—especially the 365-days prior to the 365-days post separation—is widely recognized as a challenging and stressful time for Service members and their families.

As such, the JEC co-chairs directed the re-alignment of the Transition Assistance Program Executive Council (TAP-EC) under the direct purview of the JEC, which connected the co-chairs of the TAP-EC directly to the co-chairs of the JEC. Further, we prioritized enhancing transition and the post-separation experience as a strategic priority. The inclusion of transition and post-service placement in the Joint Strategic Plan reflects our shared focus on providing a comprehensive, timely and a personalized approach to ensure transitioning Service members and Veterans have access to quality care, benefits programs, job training, and post-service placement services at the right time.

Military to Civilian Readiness (M2C Ready) Framework. In 2019, the JEC approved the M2C Ready Framework that aligns the myriad of disparate transitional activities, including the Transition Assistance Program (TAP), under one overarching umbrella, and officially designated the transition period as the critical 365-days pre-separation to 365-days post-separation. The six-step framework (Attachment 3: Military to Civilian Transition Readiness (M2CReady) Framework) ensures a Service member leaves the military with easy access to and support of all the benefits and resources to which they are entitled.

M2C Ready is a result of several JEC-sponsored Military to Civilian Transition Summits and Executive Order 13822: *Supporting Our Veterans During Their Transition From Uniformed Service to Civilian Life*. Many of the early aspects of M2C Ready were later codified in various NDAAs. M2C Ready has become a holistic, living, adjustable framework that puts the Service member at the center of the process. Its creation facilitated standardized and individualized

assessments conducted by each Military service, addresses known risks of transition and highlights opportunities for improvement.

Significant work has gone into creating a Baseline Well-Being Assessment (BWA) administered by DoD to measure and address a Service member's susceptibility to the social pitfalls of transition. VA and DoD have come together to develop a joint separation health exam (OneSHA initiative) reducing redundancies and creating efficiency. The enhanced statement of benefits (ESOB) will eventually provide a single, authoritative, online statement—hosted at VA.gov—containing a comprehensive, tailored list of eligible post-separation benefits from Departments including the VA, DoD, and DoL with the ability to apply in real-time for those benefits. The JEC approved a prototype of the system in 2020, with implementation slated for 2022. Other efforts included extending eligibility for MilitaryOne Source to Veterans and their families for one-year post service. Military OneSource offers more than 200 support services, including individualized consultations, coaching, and non-medical counseling, and has been actively used in post-military life. Finally, DoD, in partnership with VA and DoL, continue to seek opportunities to provide eligible Service members with job training, employment skills training, apprenticeship, and other employment preparation opportunities to facilitate job access in the civilian sector upon transition from military service.

Strategic Goal 4: Modernizing Shared Business Operations

VA and DoD are committed to using resources responsibly. While each Department has appropriately separate business operations to support our respective missions, the overlapping population of beneficiaries presents opportunities for a joint approach to gain efficiencies. With this priority in mind, modernizing shared business operations is the JEC's fourth strategic goal. The collaborative work undertaken by VA and DoD identifies and addresses barriers to effective delivery of services through proactive joint planning and execution, innovative technology solutions, and a commitment to financial stewardship. A prime example is our joint work on reimbursement methodology.

DoD and VA have worked together to develop and implement an enterprise-wide payment and reconciliation process to manage medical care workload provided through resource sharing agreements. A successful pilot on an enterprise-wide payment and reconciliation process to manage financial and medical care workload led to the adoption of new joint business rules. Reimbursement between sites consistently meets or exceeds the 30-day target to reconcile and pay clean health care claims. Here in the National Capital Region, the pilot has reduced the billing process from 174 days to 30 days.

Strategic Goal 5: Strengthening Interoperability and Partnerships

Cross-agency and public-private partnerships create opportunities to drive meaningful change. The effectiveness of any partnership depends on the ability to exchange and use information. VA and DoD continue to strengthen and expand their network of interagency and public-private partnerships to bolster organizational agility and promote operational efficiency. The Departments are committed to improving interoperability. The exchange and use of data

facilitate data-drive decisions, and enable a seamless experience for beneficiaries.

While interoperability and partnership are terms often used in government, this has real implications for joint VA and DoD efforts. Through the guidance and direction of the JEC, VA and DoD have piloted and expanded the adoption of the Defense Medical Logistics Standard Support (DMLSS) inventory management system. Over the course of a multi-year rollout, VA and DoD will continue to integrate a single logistics and supply management system for medical and surgical items and services, leveraging the DoD supply chain and creating a centralized ordering system, rather than using two separate VA and DoD systems. The effort was first piloted at the Captain James A. Lovell Federal Health Care Center (FHCC), a joint VA DoD facility, in North Chicago, Illinois.

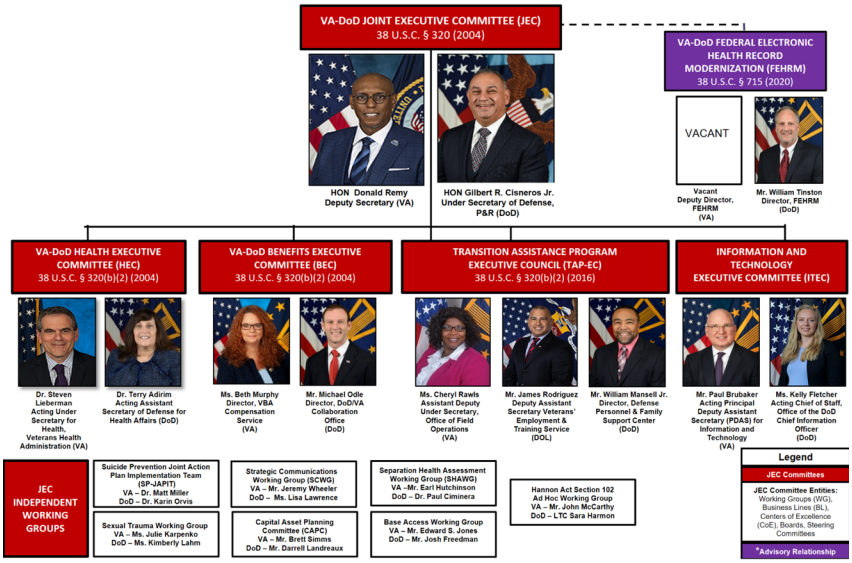
Day-in and day-out, we continue to see positive movement on joint efforts that have taken years to achieve. An example is our six-year effort to develop combined capital projects, permit proactive joint capital asset planning, and capital investment in shared medical facilities in a more integrated manner. Differences in Title 10 and Title 38 limit our ability to reach our full potential due to the Departments lacking the necessary authority to plan and build appropriate capacity into our construction and leasing projects to address the needs of our joint patient population. We appreciate the Senate's inclusion of a provision to address this challenge in the FY2022 NDAA.

Conclusion

Thank you again for the opportunity to discuss VA and DoD collaborative efforts. Our joint work is never ending. Our efforts continue. Through the JEC, we are prioritizing and synchronizing joint initiatives, programs, and policies; increasingly sharing resources; and enhancing interoperability. Our vision for the future is included in the FY2022-FY2027 VA-DoD Joint Strategic Plan. We also appreciate your continued support to our Service members, Veterans, their families and caregivers. We look forward to your questions.

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Attachment 1: Attachment 1: Joint Executive Committee Organizational Structure



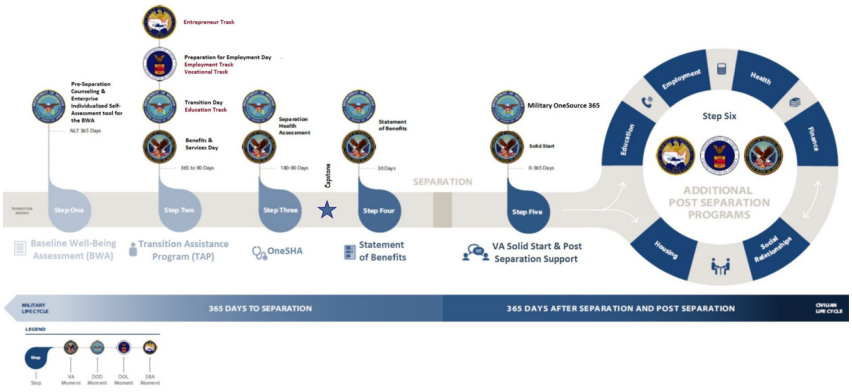
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Attachment 2: FY2022-FY2027 VA-DoD Strategic Goals and FY2022 Priority Objectives

Goal 1 – Improve Health Care Collaboration	**Goal 2 – Integrate Benefits and Services Delivery**	**Goal 3 – Enhance the Transition and Post-Separation Experience**	**Goal 4 – Modernize Shared Business Operations**	**Goal 5 – Strengthen Interoperability and Partnership**
Suicide Prevention Environmental Exposures/Individual Longitudinal Exposure Record (ILER) Telehealth Military Medical Provider Readiness (MMPR) Opioid Safety and Awareness Sexual Trauma Health Care Assistance	Military Personnel Data Transmission Joint Plan to Modernize External Digital Authentication Extension of Certain MWR Privileges to Certain Veterans and their Caregivers Improve the transition from DoD's SCAADL to VA's Caregiver Support program Dual Compensation Service Treatment Record (STR) Electronic Sharing Sexual Trauma Benefits Assistance	Military-to-Civilian Transition (M2C Ready) Mandatory Separation Health Examinations Sexual Trauma Transition Assistance	Base Access VA-DoD Reimbursement Process Joint Sharing of Facilities and Services VA-DoD Legislative Collaboration Integrated Disability Evaluation System (IDES) Identity Management	Electronic Health Record (EHR) Modernization Interoperability Joint Data and Analytics Strategy

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Attachment 3: Military to Civilian Transition Readiness (M2CReady) Framework





TESTIMONY OF

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Managing Director, Research and Data
Institute for Veterans and Military Families, Syracuse University

BEFORE THE

U.S. Senate Committee on Veterans' Affairs
Hearing on VA and DoD Collaboration:
Improving Outcomes for Servicemembers and Veterans
November 3, 2021

Mr. Chairman, Ranking member, Members of the committee. I'd like to thank you for the opportunity to testify on the topic of improving the collaboration between the Departments of Defense (DoD) and Veterans Affairs (VA) for the purposes of improving the military-to-civilian transition.

My name is Nick Armstrong. I served eight years in the U.S. Army, including nearly three years deployed in Iraq, Afghanistan, and Bosnia with the 10th Mountain Division. After transitioning out, I attended Syracuse University as the University's first Post-9/11 GI Bill recipient, where I eventually earned my PhD. Today, over a decade later, I am still at Syracuse University, serving as the Managing Director of Research and Data for the Institute for Veterans and Military Families (IVMF).

All this is to say, I understand the military-to-civilian transition, not only because I study it every day, but also because I lived it. I know firsthand how critical it is we as a nation "get transition right" for our service members and their families. Therefore, I'd like to start with a statistic. In 2018, the combined funding from the DoD, VA, Labor, and Small Business Administration devoted specifically to the Transition Assistance Program and its associated transition supports was approximately $182 million. With approximately 200,000 members separating from active service each year (excluding transition made by members of the guard and reserves), this equates to an investment of $910 per transitioning service member on the part of government, directed toward supporting a robust and successful transition to civilian life.

I say again: $910 worth of transition support per exiting service member. The contrast seems stark compared to the tens of thousands it costs to recruit and screen basic trainees, and the over $200 billion spent annually on post-service health, wellness, and benefit programs. It's stark considering that research consistently shows a strong connection between a positive

transition experience and better health and well-being outcomes later in life. The opposite is also true. A negative transition experience can linger for decades, sometimes spiraling into the most devastating outcomes such as homelessness or suicide. Even VA researchers have coined the initial period after separation as "the deadly gap" when transitioning veterans are more likely to die by suicide than others.

To improve the veteran's transition experience, the DoD and VA must further integrate their efforts. However, this task is bigger than the VA or DoD alone, in fact it is bigger than the entirety of the federal government. Supporting military-to-civilian transition is a whole-of-the-nation task—one that government must lead, and in close partnership with the nonprofit and private sectors.

In recent years, this committee and those that serve in the VA and DoD have made great progress. Last year marked historic legislative achievements. Legislation like the Hannon Act and the Phil Roe and Johnny Isakson Veterans Healthcare and Benefits Improvement Act have the potential to significantly improve the way that the DoD and VA support the military-to-civilian transition. I want to thank you for passing this legislation, and for all the work this committee, the VA, and DoD are doing to ensure implementation of this legislation is both effective and timely.

My testimony will focus on three major recommendations for how DoD, the VA, and other key players can improve the way they work to improve military transition policy and service delivery.

First, I will call for legislation to institutionalize a National Veterans Strategy and expanded interagency process to spur broader collaboration from the VA and DoD to other key agencies, states, and the private and nonprofit sectors. The Joint Executive Committee (JEC) and Joining Forces Initiative provide good blueprints. These efforts, however, cannot wax and wane across administrations. Rather, there is an opportunity to reimagine how we might better align public and private sector resources supporting veterans—the Sea of Goodwill—within a whole-of-government framework that is codified in statute.

Second, we must find ways to expand collaboration and integration between VA medical centers and DoD installations, and between those entities and the communities where they reside. No matter who collaborates in Washington, service members, veterans, and their families engage services in their communities where they live, work, and raise families. Today, the VA and DoD have the opportunity to improve the way they integrate their work with the communities where they reside.

Finally, the DoD and VA must be empowered and resourced to expand and enhance credentialing and career training services for both transitioning service members and their spouses. Currently, both the DoD and VA operate some form of job training programs for this population, but research increasingly shows, many of the most valuable programs are those being delivered by the nonprofit sector informed by the changing needs of industry. This

represents another opportunity for the VA and DoD to lean more on the nonprofit and private sector to deliver these services. Without collaboration with nonprofits and significant public-private partnerships, the DoD and VA may continue to duplicate services and undercut emerging innovations.

The future of our all-volunteer force depends on it. Today, one-third of 17-to-24 year old adults are unfit to serve in the military, less than 15 percent of young adults even want to serve, and now 79 percent of U.S. Army recruits come from a military family. If our all-volunteer force is to continue, it requires us to direct our limited resources—public and private—smartly on the military-to-civilian transition. The imperative is not only a moral obligation, but one of national security.

A National Veterans Strategy and Expanded Interagency Process

Why A National Veterans Strategy?

Eight years ago, IVMF published a research-based report outlining the economic, social, and national security imperatives for a National Veterans Strategy. These arguments still hold as firm today as they did then. And how we as a nation support the military-to-civilian transition provides the perfect use case.

Ultimately, service members transition to their local communities upon separation, not simply from one government agency to another. In some instances, those in transition may engage supportive services from a host of public, private, and social sector organizations. In other cases, they engage with few or none at all, and for some, with adverse consequences. It follows that the military-to-civilian transition requires DoD and VA coordination, yet it goes beyond their sole responsibility and reach. In other words, DoD and VA coordination is without question necessary, but still insufficient by itself to fully reintegrate service members back in civilian life.

Despite the noteworthy progress that has been made to TAP over the last decade, and recent suicide prevention legislation, the scope of challenges facing veterans and their families has fostered duplication of effort and a confusing marketplace. For example, last year the GAO documented 45 programs across the federal government delivered by 11 different agencies supporting the employment transitions of service members and veterans. Many of these lack robust monitoring and evaluation, and several had no defined goals or outcomes whatsoever. We should note that the GAO report only covered federal government programs. There are literally hundreds of nonprofit and private sector led career preparation and training programs operating under the DoD SkillBridge authority and several operating at a national scale—with measurable outcomes.

Furthermore, we've learned that enduring interagency coordination typically requires not only sustained leadership from the highest level, the White House, but also Congressional

authorization and funding to last. Consider the Veterans Employment Initiative (VEI) that was established by executive order under President Obama in 2009 to expand employment opportunities for veterans in the federal government. In our assessment of this initiative for the Office of Personnel Management, we learned that executive orders might spur short-term interagency collaboration but lack the authority to sustain long-term inter-agency work. Over time, progress toward achieving VEI goals waned due to inconsistent participation by senior officials.

Challenges with inconsistent leadership representation have affected the JEC in the past as well. In another case study on enterprise government, we found that the JEC has at times lacked the necessary representative authority required to drive cross-agency policy implementation forward. For it to work well, both agencies must continue sending senior representatives with sufficient decision-making authority.

All this to drive home the point that we need not simply a two-agency centric, but rather an enduring whole-of-government strategy and process. One that can set priorities, allocate resources, and synchronize effort across the federal enterprise. One that aligns federal efforts with state and local government and the private and nonprofit sectors to optimize impact. And one that can endure across administrations.

How Would a National Veterans Strategy Work?

Today, a blueprint for this process exists in the form of the Joining Forces initiative in the White House. Recently, Joining Forces released a report laying out a series of government-wide goals with specific action items for federal agencies beyond DoD and VA. In the introduction to the report, President Biden touches on a number of key points to include the need for a government-wide strategy, and the commitment of multiple agencies. It's clear that the Administration recognizes this need and is taking substantive steps to make supporting the transition experience a whole-of-government effort.

However, Joining Forces is one initiative of one administration. We can no longer afford interagency collaboration only when the sitting administration recognizes a need for it. Past interagency efforts have come and gone under changing administrations. Congress should take action to institutionalize an interagency process like Joining Forces through legislation, giving this process the authority and budget to affect lasting positive change on the transition experience of service members and their families. This process can build off both Joining Forces and the current JEC process but should include broader representation of senior administration leadership from all agencies with a stake in supporting military-to-civilian transition, and leadership directly from the White House.

Perhaps most importantly, this process must also include the nonprofit and private sectors in its makeup. Too often, government acts as if it is the sole service provider in the transition policy space, when realistically, it is one of tens of thousands of providers that veterans and their families interact with daily. In a society with an all-volunteer force, it is the responsibility of our

national community to support transition, both as our moral obligation and to sustain our own security. We should look to the UK model, and their Armed Forces Covenant, which not only sets a government-wide strategy, but thoroughly includes the nonprofit and private sector as a part of that strategy.

Better transition and veteran policy requires engagement with employers and nonprofit providers in communities where veterans are accessing services. Otherwise, government risks failing to capture innovation, further duplicating effort, or worse, disadvantaging veterans by delivering programs misaligned with the rapidly evolving needs of employers and the broader economy.

Finally, as currently constructed, interagency processes make it nearly impossible to evaluate our transition programming effectively. Last year, Congress passed legislation that commissioned a longitudinal study and expanded interagency data sharing between agencies to evaluate TAP. But evaluating TAP and other transition programs should not always require an act of Congress. Instead, interagency program evaluation must be a continuous part of our service delivery efforts.

One component of a national veterans strategy should involve implementing a unified framework for program evaluation to know how well programs are performing, how they might improve, and how they are serving the unique needs of specific subpopulations. The Joining Forces report rightly calls this out as a primary goal. However, these efforts for interagency program evaluation and data sharing must endure well beyond the Biden Administration. The efforts carried out by Joining Forces in the coming years must be made a regular practice across the federal government for veteran and military transition policy.

Enhance Collaboration Between DoD, VA, and Communities

Why does VA and DoD need to focus on Community Collaboration?

Today, through our AmericaServes initiative, the IVMF works closely with nonprofit providers, local government agencies, and in several locations, even VA facilities and DoD installations. Through this effort we've helped more than a dozen communities bring together available health and social services into an integrated system of care, with a single point of entry for veterans, transitioning service members, and their families seeking services.

One key observation from our work is that effective collaboration with VA Medical Centers (VAMC) and DoD installations are almost entirely a function of local leadership. This works well in some communities where VAMC and installation leadership are open to collaboration with local nonprofit providers in their community.

In Pittsburgh, for example, the VAMC is an active participant within the broader care coordination network. Veterans accessing medical care at the Pittsburgh VA can be

electronically referred out to other human and social service providers to address social needs such as employment, legal, and housing—and vice versa. This is not always the norm. Not all VAMCs participate in our networks, when those networks represent an excellent opportunity to connect with newly transitioned veterans not yet enrolled in VA Health Care. At the same time, many beneficiaries of VA Health Care are potentially missing out on needed social services to complement their medical care.

The same is true for the Veterans Benefits Administration. Veteran Service Organizations (VSOs) can help veterans understand what benefits they're eligible for, then directly access those benefits. This requires benefits advisors to not only help veterans obtain financial benefits but work collaboratively with local nonprofit providers in the community that can meet other immediate needs of the veteran and their family.

The VA should study barriers and opportunities to work with social service providers and integrate health and social care in communities**.** This is because emerging research suggests hospitals must become better integrated with the network of social service providers in communities, to ensure the whole spectrum of social determinants of health are addressed, and to prevent downstream negative outcomes that have both human and financial cost.

One study assessed the role of Area Agencies on Aging (AAA) in integrating the delivery of health and social services for the elderly. Researchers looked at counties where AAAs (which provide many social services to elderly people) partnered with local hospitals. Partnerships between hospitals and these social service providers were associated with a $136 decrease in Medicare spending per beneficiary annually. As poor mental health was associated with higher healthcare spending as a whole, this decrease in spending per beneficiary may represent better mental and physical health, in part driven by better collaboration between the health and social sectors. Further, partnerships between AAAs and hospitals were associated with a 0.5 percentage point drop in avoidable nursing home use.

It is important to note that necessary research like the study described above requires the sharing of data between healthcare entities, community providers, and research and evaluation partners. The VA should expand the way it partners with universities and local nonprofits that have valuable data on the wellbeing of veterans not captured through the VA's healthcare system. In order to understand the social determinants of veteran health, the VA will need to expand its sources of data and evidence.

One example of this work is an initiative between the IVMF and VA's Center for Health Equity Research and Promotion (CHERP), also based in Pittsburgh. Sharing data between the VA and the IVMF's AmericaServes program allows researchers to better understand how the social determinants of health affect veterans' overall wellbeing. More initiatives like this are needed.

How do we integrate VA and DoD Efforts into Communities?

This research speaks to both the improvement in health outcomes and the financial cost savings that can come from these partnerships. Medicare and Medicaid are now aware of this opportunity and are using a variety of pilot programs to encourage collaboration between participating health providers and nonprofits. The VA has similar power with the network of VAMCs across the country. Pushing VAMCs to collaborate with local community providers to coordinate health and social services is not only consistent with the behavior of the other major U.S. healthcare providers, but also supported by research.

Currently, in our network in greater Pittsburgh, the IVMF is trying to understand how social and health services can interact and support each other. With IVMF support, the PAServes network and the Allegheny County Department of Human Services are now actively sharing utilization data to evaluate how veteran clients are navigating between county and nonprofit health and social services.

By the same token, DoD has to do more to coordinate services for military families before and during transition with community providers near installations. This means better connectivity between the services and the communities where service members are transitioning to and from. This is a recommendation that comes from a National Academy of Sciences report commissioned by the DoD, which calls for greater coordination of services for the military family unit, particularly at the point of transition. This includes working with local VAMCs, helping families stay connected with health resources in communities, but also with nonprofit providers. In our AmericaServes networks, on the occasions where military installation services worked with our community hubs, their ability to support service members and their families during transition is significantly enhanced. These partnerships allow installations to connect service members and their families with services that not only support their needs but help them acclimate to their community.

There are existing examples of successful programs trying to bridge this gap, and these programs deserve attention and resources. For example, the ETS sponsorship program represents one of the first programs that meaningfully connects a separating servicemember at their final duty station with a VA-trained sponsor embedded in the community they transition to. These ETS sponsors support the service member by connecting them with local VA and community resources upon arriving. The IVMF is formally collaborating with VA researchers in an ongoing pilot program evaluation of the ETS Sponsorship program in Texas. Fully integrated programs like these that pull together DoD, VA, and local community partners, are the future of transition support.

Expand Credentialing and Job Training Offerings Through Public-Private Partnerships

At the center of a successful military-to-civilian transition is a successful career transition. Ensuring that both transitioning service members and their spouses find meaningful careers after service is a fundamental building block of post-service well-being for decades to come. A quality job provides purpose, identity, and the financial means for the veteran family to address their needs and thrive.

For this reason, six years ago the IVMF launched the Onward to Opportunity program, now the largest career skills program operating under the DoD SkillBridge Authority. Onward to Opportunity provides career exploration curriculum, employment skills, and access to industry-recognized certifications to 11,000 transitioning service members, veterans, and spouses every year—at no cost. The program operates on 19 military installations across the country and provides virtual training to participants in all 50 states.

Today, demand for programs like Onward to Opportunity outpace the capacity of nonprofits to supply them. Two major barriers exist preventing programs like Onward to Opportunity from providing full services to everyone that requires them. First, collaboration between DoD installations and nonprofits depends greatly on installation command leadership. This leads to inequities in who has easiest access to programs like Onward to Opportunity. Transitioning service members separating from installations without a presence of career skills program providers may interact with a less robust set of transition supports.

In addition, new research suggests lack of access to these types of programs can impact the employment outcomes of transitioning service members. According to the Veterans Metrics Initiative, service members who utilized credentialing and job training programs during transition were nearly twice as likely to find a job than those who did not.

Credentials are the worker's currency in the modern-day economy. Our efforts must be focused on helping transitioning service members and spouses gain credentials that, when matched with their military experience, make them competitive in the modern-day job market. However, DoD and VA must do more to support the efforts of nonprofit providers already delivering these programs. In particular, the VA greatly expanded its job training offerings in the past year following the pandemic. However, government should not be delivering these programs alone, instead entering into public-private partnerships with successful nonprofit providers already doing so.

Relatedly, the second major barrier facing many nonprofits providing these services is financial sustainability. To this point, private philanthropy funded many of the initiatives supporting the career transitions of service members. As a result, programs like Onward to Opportunity had to develop robust program evaluation and measurement capabilities to meet the demands of private philanthropic funders. Nonprofit programs that can provide evidence of their success are a worthy recipient of DoD and VA investment. As noted above, there are currently 45 different programs aimed at supporting the career transition of service members across the

federal government, many of which lack robust outcome measures and program evaluation, and some that offer duplicative services. Before starting any new federal employment programs for transitioning service members, DoD and VA must conduct a coordinated assessment of the existing programs and make honest determinations about where funds might be better spent in partnership with the public sector as opposed to direct government service delivery.

Last year, Congress passed legislation to create a VA transition grants program, sending dollars to community-based organizations supporting transition. This is an excellent first step and Congress should ensure the swift and effective implementation of these grants. However, DoD must be financially and programmatically involved in these partnerships as well. Not only is it a moral imperative that DoD ensure their service members are equipped for post-service careers, but it is also good financial policy. The most recent available data suggests DoD spends more on unemployment insurance claims for unemployed transitioning service members (about $300 million) than it does on all of its career transition programs (this also impacts readiness and national security). New legislation like the Onward to Opportunity Act doubles down on the commitment of the VA's transition grants and brings DoD to the table as financially invested in this effort.

Conclusion

Serving the veterans of tomorrow requires us to improve the transition process today. Ensuring an all-volunteer force for our nation's future requires us to set transitioning service members and veterans up for success in the present. Action is required, and success in our reach.

Ultimately, DoD and VA collaboration will only improve with a permanent, congressionally mandated interagency process broader than these two agencies alone. With backing from Congress, and leadership from the White House, an interagency council positioned to bring all the resources and power of the federal government to bear against the challenges faced by transitioning service members and their families is the only way forward.

For those who have worn the uniform in our nation's defense, a happy and thriving post-service life is possible. But it depends on our ability to ensure their transition from military-to-civilian life goes smoothly, setting them up for decades of success. This depends not only on the collaboration of DoD and VA, but on the collaboration of every federal agency, and the nonprofit sector as well.

Thank you.

STATEMENT OF COMBINED ARMS BEFORE THE
VETERANS' AFFAIRS COMMITTEE
U.S. SENATE
MULTI-SECTORAL COLLABORATION: LEVERAGING PUBLIC AND PRIVATE
PARTNERSHIPS TO IMPROVE SERVICEMEMBER AND VETERAN OUTCOMES
November 03, 2021

Chairman Tester, Ranking Member Moran, distinguished members of the Committee: Thank you for this opportunity to discuss how collaboration among the VA, DoD and community-based organizations through multi-sectoral partnerships can improve outcomes for Servicemembers and Veterans.

I am excited to report that in Texas and throughout the nation, community collaboration with the VA has never been stronger. It's stronger because local VHA's and VBA leadership understand the value that additional resources and organizations bring to the collective fight of veteran transition and sustainable support. Combined Arms' 177 member agency collaborative, composed of other government agencies and nonprofit organizations serve as agile and effective force multipliers for VA programming and customer service. We're able to fill gaps in programming through our network of trusted providers, we execute inter-agency referrals between government agencies and nonprofits, and we provide increased client enrollment in VA programs by asking all of our clients if they are registered with the VA.

Combined Arms has successfully built a downstream model utilizing technology, accountability, and collaboration to help veterans and military families navigate the fragmented social determinants of health landscape and we're replicating this model in communities around the nation. In order to provide holistic transition support, continued partnerships with the DoD and VA are integral to success. While the DoD and VA can provide A-F with transition support services, it is organizations like Combined Arms that fulfill G-Z or serve those ineligible for VA services. Working in tandem enables a complete continuum of care, and Combined Arms stands ready to scale existing programs and partnerships to meet the ever evolving needs of our veteran and military families.

The Combined Arms Model
Combined Arms is a dynamic, ever-evolving collaborative impact organization that is using an innovative approach of technology and service delivery to disrupt the veteran transition landscape. By providing a veteran driven online assessment that efficiently connects veterans to member organizations and the resources the veteran needs, Combined Arms is helping veteran

and military families navigate the fragmented social determinants of health landscape. Combined Arms operates its collaborative system through four major pillars:

1. Combined Arms created an integrated technology platform that ensures thousands of military veteran families have access to 900+ customized social service resources provided by our 177 vetted member organizations. Combined Arms has flipped the accountability from the veteran to the service organizations through our unique data driven methodology and enforced accountability mechanism that requires all member organizations to respond within 72 hours of a veteran clients' request.
2. Combined Arms has developed a white-labelled technology referral platform that we have deployed to veteran non-profit hubs and collaboratives across the nation. This technology platform lives within the community in which it is deployed, efficiently and expeditiously connecting and serving nonprofits, government agencies, and military and veteran families. Currently, Combined Arms' technology platform is live and powering veteran hub ecosystems in 26 states across the nation. With our national partner referral network, which consists of 43 organizations covering the US, Combined Arms can serve the veteran community and connect them to social service resources in all 50 states.
3. Utilizing our member organization network, Combined Arms has developed an inter-agency referral tool called Check-In. This application is available via Desktop or Mobile, and can refer a veteran to any organization in the collaborative in less than 30 seconds, or can refer a veteran directly to our licensed social work intake team, if a more hands-on approach is required for care. Through this referral process, the referrer receives high-level case updates to ensure that the veteran or family member they referred, is being taken care of.
4. Combined Arms runs a co-working space that's available to all 177 government and nonprofit agencies. This co-working space is centrally-located and creates intentional collaborative collisions for those professionals that serve military veteran families. The Combined Arms Center is also a single point of entry from transitioning service members, veterans, and their families.

These four pillars have effectively connected over 50,000 unique veteran clients to the 900+ resources provided by the 177 member organizations since 2016. It is self-driven by the veteran and custom-fit for their needs based on how they answer the assessment. Little effort is required on behalf of clients who may be in crisis mode, unable to access other services, or unaware of services that exist. If a client reports a score less than 13 from the World Health Organization wellbeing index or "WHO 5" on the profile, then an alert is sent to the intake team for additional follow up on mental health. Every time a client returns to our system 30 days apart, the system automatically asks for an update on the WHO 5 and tracks the data so we can see trends of their responses. Similarly, if clients report being homeless or living in a shelter, then an alert is sent to the Intake Team for additional follow up and assessment to ensure the client is properly referred

to vetted housing programs. The Intake Team provides ongoing follow up with veterans reporting they are homeless until permanent housing has been confirmed. The Combined Arms Intake Team is trained on STRONG STAR's Crisis Response Plan if they engage with clients demonstrating suicidal ideation.

The Combined Arms system actively prevents client re-traumatization, as pertinent information can be shared between the Combined Arms system and the member organization delivering services. Clients are not asked the same questions multiple times, thus reducing frustration and increasing speed and efficiency of service delivery. The standard procedure is that Combined Arms member organizations follow up with the referred client within 3 days per the contract agreed upon. All of the aforementioned components act as "prevention nudges" - minor yet impactful structural supports that keep clients engaged in care and community which are both preventative measures and facilitators of veteran health. Case progression is monitored by Combined Arms regularly to ensure that no clients are slipping through the cracks. Because of this experience, we firmly believe that suicide prevention lies in the ability to provide direct access to social services to the veteran as far upstream in their transition process as possible. If we can prevent unemployment and underemployment, substance abuse, family challenges, homelessness, and criminal behavior by accelerating veteran access to critically needed resources in a faster, more efficient way then we will prevent veteran suicides.

Federal Collaborations

Collaboration with the VA

15 different VA programs and clinics at the Michael E. DeBakey VA Medical Center (MEDVAMC) have been assigned to work within the Combined Arms system ranging from the Post Deployment Clinic to Womens Clinic to the Mental Health and TBI and Benefits programs and other peer support or outreach programs. The objective is for the VA to utilize the Combined Arms system to refer veteran patients to vetted government and nonprofit agencies delivering social services not provided by MEDVAMC. Similarly, other agencies can refer veteran clients into the VBA and VHA programs. Additionally, on a monthly basis, Combined Arms, MEDVAMC, and Houston Regional Office (VBA) join forces on "Vet Connect Days" to make VBA and VHA programs and care more accessible to veteran clients seeking services through the Combined Arms system. These events increase client enrollment into VA programs.

MEDVAMC is also one of few VA hospitals in the nation that work with local organizations like Combined Arms and county Medical Examiner to track, analyze, and report veteran suicides in the region served. Based on the data available to these partners, the Combined Arms team and VA partners discovered that approximately 65 veterans died by suicide in Harris County - the fourth largest veteran population in the United States - last year. Their average age is 53 with the most vulnerable populations being the youngest and oldest generation of veterans, aged 25-

33 and 65+ years. This data is important for Combined Arms partners to better understand what programs and services can be deployed to actively prevent future veteran suicides and ensure that the number of deaths by suicide each year continues to decline.

South Carolina Department of Veteran Affairs

Combined Arms has partnered directly with the South Carolina Department of Veteran Affairs and key statewide veteran non-profits to deliver our technology platform as a foundation to strengthen veteran support and the coordinated delivery of services in the state. Through this partnership, the SCDVA, and veteran backbone hubs can execute inter-agency referrals for veterans and military families throughout the entire state of South Carolina.

Department of Labor Collaboration

U.S. Department of Labor, Veterans' Employment and Training Service ("VETS") Employment Navigator and Partnership Pilot (ENPP) and Combined Arms, work together to better serve the population of transitioning service members (TSMs), and their spouses (S), through directly connecting TSMs/S with quality employment and training resources and opportunities to improve TSMs/S employment outcomes as they transition from military service.

Department of Defense

Since launching the Texas Veterans Network in April 2020, we have established a regular presence at Fort Hood, Fort Bliss, Dyess Air Force Base, JRB Fort Worth, and Shepard Air Force Base. Our visits are usually tied to employment or career fairs aboard the installations. Each visit allows Combined Arms the opportunity to demonstrate the importance of community based resources as well as how to connect TSMs via our technology. This valuable interaction helps educate the transitioning service member (TSM) about the basic resources available (education, benefits, employment) to them upon separation and after. In mid 2021 we noticed a significant decrease in participation aboard the base activities. The leadership at Fort Hood reported that they have seen participation decrease for most base activities with the exception of career focused opportunities and other bases have reported the same. This is a barrier for Combined Arms as meeting the TSM in person is the most intentional way for us to ensure that they get connected to resources before they separate. Combined Arms is providing the pathway for TSMs to reintegrate into their communities and seamless access to the resources/services that they need in the cities they are returning to. To ensure that no service member falls through the cracks, Combined Arms should be included in transition workshops or transition checklists which would encourage the TSM to begin a profile.

Conclusion

Combined Arms has developed, perfected, and scaled a proven downstream model to directly connect veterans and military families with organizations that serve them. In order to make meaningful progress towards our collective goal of successful veteran transitions, community-

based organizations must be given a greater opportunity to work closer with federal agencies. The earlier in the transition process that organizations like Combined Arms are able to connect with transitioning service members & their families, the more positive the transition experience and establishment of a foundation for lifelong success. By having federal, state, and community based organizations working in close collaboration, we can accelerate and streamline transitioning service member and veteran access to critically-needed resources which will help prevent unemployment and underemployment, substance abuse, family challenges, homelessness, and criminal behavior and, in turn, save veteran lives.

Thank you again for your consideration of this written testimony and for your continued service to our military veteran community.

Very Respectfully,

Mike Hutchings
CEO, Combined Arms



Special thanks to Mia Garcia, Lolly Rivas, and Kelly Stormer from Combined Arms.

Senate Committee on Veterans' Affairs
Hearing on VA and DoD Collaboration: Improving Outcomes for Service Members and Veterans

Thomas R. Winkel, Director, Arizona Coalition for Military Families - November 3, 2021

View on how VA and DoD collaborate to support service members and veterans and utilize partnerships with public or private organizations to further enable these efforts.

Thank you Chairman Tester, Ranking Member Moran, Arizona Senator Sinema, and members of the Committee for Veterans' Affairs for inviting me to speak today.

As a veteran, I am heartened by the question before this Committee. Why? Because in Arizona we have incredibly strong, nationally recognized partnerships with the VA, military installations, the Arizona Department of Veterans' Services, and the community and through that we have built our Ecosystem of Support to do what none of us could do alone. It is my strong belief that every state's service members, veterans, and their families should have the same sustainable, robust ecosystem as Arizona's, or better!

In my 12+ years of working in this field I have seen the VA and DoD grow in their collaborative efforts with each other and the community and that growth in collaboration should be applauded. Public/private partnership can be key to addressing some of the most complex challenges facing service members, veterans and their families, including suicide, transitioning, finding meaningful careers or a new social support system, substance use, family violence and other tragic situations, or just simply getting the best out of post-service life.

So what does the VA and DoD need in order to accept the community as an equal partner? They need the legal authority and framework to partner and they need state and community partners that they can trust, have stability and use data driven approaches.

In Arizona, that partner for the VA and DoD is a collective impact initiative called the Arizona Coalition for Military Families.

Here are some examples of how VA and DoD have partnered effectively with our state and community:

> From 2008 - 2010, the Arizona National Guard had three consecutive years of the highest number of deaths by suicide in the history of the organization. The Coalition was asked to assist with a solution based on the belief that suicide is preventable. Through the implementation of a comprehensive support program that included the VA and other vetted community partners, there were zero suicides for the three years the program was in operation.

In 2016, the Clay Hunt Suicide Prevention Act opened a door for the VA to collaborate with the community in a more comprehensive way. Arizona was a pilot program state and with support from the VA, state and other community partners, we created the Be Connected© Program, which uses the lessons learned with the success of the National Guard program for a statewide focus on all 500,000+ service members, veterans and their families. This includes all veterans, including those who are not connected to the VA. Appreciation goes to the late Senator McCain and Senator Sinema for their support of this effort.

In 2018, all five of our Active Duty Bases and other key stakeholders signed a DoD Skillbridge Program MOU. The result is that an average post-SkillBridge salary for our program participants is over $70,000/year because we intensively cultivate effective matches between employers and service members and educate employers and for-profit Skillbridge Placement companies to not view SkillBridge as free labor for low-skilled positions. We are currently working on additional agreements to more fully support Transition Assistance Programs with Luke Air Force Base leading the way.

The three VA Health Centers, the Arizona Department of Veterans' Services, and the Arizona Coalition for Military Families all have designated Be Connected staff to increase continuity of care.

An overall positive effect of this public/private partnership is that the Directors of our three Arizona VA Health Care Systems have shared that the statewide partnership fostered by Be Connected© helped them work more effectively with each other and relevant state agencies during COVID-19 because of the relationships built prior to the pandemic through this collaboration.

Partnership with DoD will expand further over the next three years as Arizona State University and the Coalition were awarded a DoD funded grant focused on cross-cutting prevention. This project will combine the National Guard program and Be Connected© models to create an adaptable program model that can address multiple areas of prevention in coordination with military entities.

These and literally hundreds of other examples are what we get when we include the community as an equal partner.

Path Forward

The VA and DoD should have an organization in every state that they can trust, that is stable and that is data driven. Fortunately, there is a collaboration already taking place that supports this.

SAMHSA and the VA have an effort called the Governor's Challenge to Prevent Suicide Among Service Members, Veterans, and their Families. Governor Appointed State Teams, comprised of the military, government and the community, receive an extensive amount of technical assistance on best practices for upstream suicide prevention from nationally recognized subject matter experts. Arizona has been part of this project for over a decade now and it has been instrumental in galvanizing partners in our coordinated effort.

Given that we have this pathway available, I have a variety of recommendations in the supplementary materials I've provided, in particular the Empowering Veteran Communities - Be Connected Report. Here are some additional recommendations for consideration:

For the Senate:

- Authorize the DoD to update the Joint Ethics Regulations (JER) (DoD 5500.7R) so they can engage more easily with established public/private partnerships.

For the DoD:

- Consider highlighting or adding policy that encourages Active Duty base commanders and their personnel to more intensively engage with Governor's Challenge Teams.
- Add the Governor's Challenge Teams efforts to the list of sanctioned public/private efforts so that base personnel from family programs, suicide prevention, and TAPs can more easily engage.

For the VA:

- Increase the emphasis on building collective impact initiative models and other similar structures to support the Governor Challenge Team efforts to implement the strategic plan they create.
- Please consider utilizing the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program to fund the Governor Challenge Teams' organization and programs.

- Increase the collaboration to include input on the Governor's Challenge Grant process from the National Association of State Directors of Veteran Affairs - NASDVA.
- Utilize the CDC and CDC Foundation's work with the State Scorecard, Vulnerability Index, and Warrior Built effort to assist the Governor's Challenge Teams.
- Ensure that the great work of the VA Veterans Experience Office and in particular the Community Veteran Engagement Boards (CVEBs) are incorporated more fully into the Governor's Challenge Teams efforts.
- Increase successful partnerships with qualified research institutions like Arizona State University, and Syracuse University's Institute for Veterans & Military Families to track and report data for the Governor Challenge Teams.

I'd like to thank Governor Doug Ducey and his Governor's Office of Youth, Faith and Family, and also the leadership of the Arizona Department of Veterans' Services, VISN 22, Arizona's three VA Health Care Systems and Regional Benefits Office for their ongoing partnership in supporting all service members, veterans, and family members.

Chairman Tester, Ranking Member Moran and members of the Committee, I appreciate the time to speak.

Questions for the Record



Responses to Member Questions from November 3rd Hearing

Q (Senator Boozman): Is the Skillbridge Program an opportunity to provide more job training and services to servicemembers and spouses?

The Skillbridge program is a massive opportunity for the Department of Defense to expand and standardize, to improve employment transition services for service members and spouses. Skillbridge is the program that offers the authority for nonprofits and companies to provide additional job training and employment services to transitioning service members beyond the core TAP curriculum. Research increasingly shows these types of programs have a higher impact on positive employment outcomes for transitioning veterans than the core TAP curriculum without augmenting supports. For example, research from the Veterans Metrics Initiative (TVMI) suggests service members who utilized credentialing and job training programs during transition were nearly twice as likely to find a job than those who did not.

In Secretary Cisneros response to this question, he used one word key to the Skillbridge program's long-term success: standardization. While existing efforts by the Department to standardize Skillbridge are important, there is more that can be done. Currently, the depth and quality of Skillbridge programs available to service members greatly depends on wherever they happen to be when they make their separation. For example, the Onward to Opportunity program, one of the largest Skillbridge providers, operates on 19 military installations and trains around 11,000 service members and spouses a year. However, those who transition from installations without an O2O presence may have a harder time accessing those training opportunities than those on installations where there is a presence. The most important tool we have to standardize and grow Skillbridge is to financially invest in those nonprofit providers that can already demonstrate success, and who are experiencing demand that outstrips nonprofit capacity to provide. While government should not deliver all veteran training programs, it has the resources to sustain and standardize what the nonprofit sector is already providing.

Q (Senator Boozman): Currently the VA's data only captures data on those in the VA health systems. What are VA and DoD doing to share data with community-based organizations with additional information on veterans' needs?

The IVMF is currently engaged in a number of data sharing initiatives that can improve the way DoD and VA can serve this population. Importantly, these research efforts are focused on understanding how the social determinants of health affect overall health. For example, the IVMF is sharing data with the VA's Center for Health Equity Research and Promotion (CHERP) to understand how the social determinants of health (e.g. employment, housing, social support etc) affect veteran wellbeing. These initiatives are absolutely key in order to fully understand veterans' challenges, and to serve them holistically.

The VA has a robust, class-leading research infrastructure to conduct rigorous clinical studies. The VA does some research with outside universities, but has the opportunity to do even more with nonprofits and community based organizations serving veterans. Consider that the VA only has *health* data on those utilizing VA healthcare. Which means it doesn't capture data on the financial, housing, employment and social needs of veterans. Community nonprofits have this data, and Congress and the VA should work together to expand the VA's ability to share data and partner with these organizations to better and more fully understand veteran needs.

For a full list of all the data sharing partnerships the IVMF is currently involved in, see below. These partnerships represent good blueprints for the type of activity that legislation could further expand and support through resources and expanded authority for the VA.

IVMF-Public Sector Program Evaluation and Data Sharing Efforts

1. VA Program Evaluation: Partnered Implementation Evaluation of a National Sponsorship Program for Transitioning Service Members. (ONGOING)

Project Summary:

- VA-DoD supported suicide-prevention pilot program implementation (ETS-Sponsorship Program) to: (1) engage transitioning servicemembers (TSM) prior to them exiting the military, (2) connect them to certified sponsors in their post-military hometowns and community organizations to assist with their transition, and (3) enroll them in needed VA services.
- Initial program rollout planned in six locations with plans for future expansion with evidence of program effectiveness.

IVMF Role:

- IVMF researchers serve as members of the VA program evaluation team, providing expertise and access to consented TSM and veteran utilization data of community-based services via AmericaServes community hubs in Texas and throughout the country.
- In addition, IVMF is supporting the VA team in providing access to providers and facilities to recruit and train sponsors to support national program expansion.

VA and Key Federal Partners:

- VA VISN 2 MIRECC, VA VISN 17 Center of Excellence, U.S. Army Soldier for Life, National Center for PTSD, National Center on Homelessness Among Veterans, DoD Uniformed Services University of the Health Sciences

2. VA Quality Improvement Pilot Study: Developing Cross-Sector Collaborations to Meet the Social Needs of Veterans. (ONGOING)

Project Summary:

- VA supported pilot study grow the evidence base needed to guide participation of VA medical facilities in community hubs such as AmericaServes.
- Characterizes the level of, as well as the barriers to and facilitators of, formal and informal participation of VA medical facilities in AmericaServes Networks.
- Identifies the number, percentage, and characteristics of AmericaServes clients who also receive services from VA medical facilities
- Develops stakeholder-informed recommendations to guide participation of VA medical facilities in community-based social service networks.

IVMF Role:

- Supporting data preparation and secure exchange of 2019 AmericaServes utilization data with VA team on all 2019 AmericaServes clients to identify Veterans who are served by both organizations
- Facilitating relationships with local community-based organizations to lead semi-structured interviews identify and compare the barriers to and facilitators of different levels of VA participation
- Working with VA research team to identify areas of opportunity and to develop recommendations to guide future participation of VA medical facilities in community-based social service networks

VA Partners:

- VA HSR&D Center for Health Equity Research and Promotion (CHERP)

3. County-Level Cross-Sector Data Sharing and Integration Partnership

Project Summary:

- Project to support cross-sector data sharing between AmericaServes community network (PAServes) in Pittsburgh, PA and the Allegheny County (PA) Department of Human Services (DHS)
- Through record-level matching across systems, compares local veteran utilization of social services providers in PAServes network and veteran utilization of services via county-level administrative data sources
- Develops a more complete picture of how veterans are utilizing both public sector and private/nonprofit social services in the greater Pittsburgh area
- Identifies gaps and opportunities to better screen for and identify veterans across disparate county agencies and data pipelines

IVMF Role:

- Support data preparation and secure exchange of PAServes client service utilization
- Advise County DHS on data collection practices for military-connected individuals within its existing data systems;
- Conduct joint analyses on how veterans are navigating both public and private sector health and social care in the greater Pittsburgh area to inform state and local policy and philanthropic supports that evolve with the changing needs and provider capacity

Partners:

- Office of Data Analysis, Research, and Evaluation (DARE), Department of Human Services, Allegheny County, PA
- The Heinz Endowments

Department of Veterans Affairs
Questions for the Record
Committee on Veterans' Affairs
United States Senate
VA and DoD Collaboration Hearing

November 3, 2021

Questions for the Record from Senator Jon Tester

Question 1: In 2016, The JEC pledged to have bi-directional records sharing by 2018, and VA announced records sharing capability with DoD in 2019. When will this capability be implemented?

DoD Response: In March 2018 VA implemented the capability for bi-directional records sharing. This bi-directional capability both reduces the amount of manual record transfers for those in the Disability Evaluation System and will lead to fewer duplicate Separation Health Assessments for Service member's separating from Service.

Question 2: The Committee was informed that delays in the expected Strategic Plan on Health Care Coverage for Veterans Transitioning from Service in the Armed Forces occurred due to a "DoD error that occurred in their task manager system." Why was a computer error able to wreak such havoc on a time-sensitive mandated report and what is being done to ensure this doesn't happen again?

DoD Response: Supporting separating Service members and Veterans as they transition to civilian life is a significant joint priority for both Departments. VA and DoD jointly developed a strategic plan for the provision of health care for transitioning Veterans and are doing our due diligence in the coordination process to ensure we address the Congressional intent.

All DoD Hannon Act reporting requirements are now tracked by the DoD-VA Collaboration Office to ensure timely transmittal to Congress.

Question 3: Credentialing Programs in DoD.

3a. How can DoD work to better align military occupation training standards and credentials with civilian occupations?

DoD Response: DoD has taken a number of actions to align military training standards and credentials with civilian occupations. We continue to build upon these actions enhancing alignment. In October, the Under Secretary of Defense for Personnel and Readiness approved Department of Defense Instruction 1322.33, "DoD Credentialing Programs," which, among other things, requires military training and education providers to conduct military training to credentialing crosswalk and to update the

crosswalk on an annual basis on the respective Military Service's Credentialing Opportunities On-Line (COOL) website. The instruction also requires collaboration with other federal agencies.

Additionally, the apprenticeship programs under the United Services Military Apprenticeship Program (USMAP) are part of the Department of Labor's registered apprenticeship program and have been aligned to civilian occupational classification standards. Further, the DoD's SkillBridge Program allows the credentialing website to receive real time feedback from industry on potential gaps between military training and experience and civilian credentialing requirements.

3b. The services branches have told the committee that demand for credentialing programs is increasing, what is DoD doing to ensure the military services can keep up with demand? What are the challenges here?

DoD Response: DoD remains committed to ensuring that Service member demand for credentialing is met. The Under Secretary of Defense for Personnel and Readiness issued a new DoD Instruction (DoD Instruction 1322.33, "DoD Credentialing Programs," October 13, 2021) that, for the first time, provides DoD-wide oversight of credentialing programs, including establishing enterprise-wide policy, assigning responsibilities, and prescribing procedures related to the implementation and management of DoD credentialing activities. This policy is designed to provide the coordination needed to help the Department meet the challenges associated with increasing Service member interest in credentialing programs.

Question 4: The Skillbridge program allows Service members to receive specialized training or participate in internships during their last six months of service so they can immediately pursue their chosen career path after service. The Committee has heard there is an uneven approach to Skillbridge programs across the military services and from base to base. What is DOD doing to standardize the way the different military services and bases implement Skillbridge?

DoD Response: In 2019, the Office of the Under Secretary of Defense for Personnel and Readiness adopted an enterprise-wide single Memorandum of Understanding (MOU) model to improve process transparency and to systemize accountability, standards of conduct, and responsibilities. The single MOU model standardizes DoD policy and procedures and provides a single point of entry for all partners to ensure that Service members have consistent information, access to programs, and opportunity. The MOU aides in reducing the administrative burden on all parties involved, and ensures a fair, equitable, and thorough evaluation of suitability for all potential SkillBridge partners. The DoD SkillBridge staff convenes monthly meetings with the military Service's SkillBridge program managers and other key related Military Service program and policy personnel. These meetings serve to enhance uniformity and consistency in policies and implementation across the Military Services.

Question 5: Transition Assistance Program.

5a. How does DoD hold commanders accountable for allowing Service members the time they need to prepare for transition?

DoD Response: Our commanders are committed to providing transition services as both a Service member support program and a strategic readiness program. The Inspector Generals of the Military Departments conduct an inspection of each installation's TAP at least once every three years, as part of senior command oversight.

5b. What can be done to make transition a higher priority when the focus is on readiness and retention efforts?

DoD Response: The Department views transition as a strategic readiness imperative, and as such is wholly committed to ensuring a successful transition for every Service member. The Transition Assistance Program (TAP) is a force multiplier supporting readiness and recruitment, while providing a foundation that creates the conditions for Veterans to be successful, visible, and active members of their communities. The flexibility afforded by the current TAP process, which allows the transition process to be tailored to each Service member, ensures they are provided information and resources to meet their specific needs.

Question 6: When will Service members and Veterans be able to access their ILER and make corrections if necessary?

Joint VA-DoD Response: The Individual Longitudinal Exposure Record (ILER) is an objective record that mines and collates a Service member's locations, deployments and dates of service in each of these locations, and an exposure database that indicates what, if any, environmental hazards were present during the Service member's deployment or stationing. In this way, the ILER represents a record of potential exposure. Currently, Service members can request a copy of their ILER through a military medical service provider.

As required by section 9105 of the National Defense Authorization Act of FY 2021 (P. L. 116-283), work is ongoing to develop a means for Veterans (not Service members at this time) to see their record in a way that is easy to interpret. Since ILER represents an objective record from mining information from other databases, at this time, changes to the record cannot be made. DoD is working on a method to "correct the record" as can be done for other official records.

Question 7: What coordination are your agencies doing on toxic exposure research efforts? Is there a strategic plan? Are other agencies involved?

Joint VA-DoD Response: The Millennium Cohort Study is an area of active DoD-VA research collaboration, data exchange and study development that is cross cutting regarding topics addressed: chronic disease, neurodegenerative disease, mortality

homelessness, posttraumatic stress disorder and exposure to polyfluoroalkyl substances (PFAS/PFOA). A current interagency collaboration is supporting VA, DoD and CDC/ATSDR to conduct longitudinal surveillance on veterans who had served at Karshi-Khanabad (K2), Uzbekistan. VA and DoD have studied the relationship of breast cancers to exposures since the Vietnam era, and women Veterans were the subject of several significant studies. Currently underway is a significant Vietnam mortality study that has enumerated the entire Vietnam era population of about 9 million Veterans. Once completed, this study will undoubtedly be delivering gender stratified results as well.

Strategic plan: VA's office of Health Outcomes Military Exposures (HOME) conducts health outcomes surveillance routinely and looks for trends that may need further research. HOME monitors cohorts and follows the findings of the National Academy of Sciences, Engineering and Medicine for these groups.

VA aims to focus on four priority areas: review of specific military environmental exposures (airborne hazards, DU, fuels, Agent Orange, garrison exposures among others); cohort surveillance; review and response for event driven issues; provision of education for VA providers, VBA claims, Congress, VA leadership and Veterans. The priorities and related actions are developed through a collaborative process and review by the Environmental Exposures Sub-Council and the VA Executive Board.

DoD and VA conduct the joint Deployment Health Working Group, a sub-working group of the Health Executive Committee (HEC), which focuses on military environmental exposures. In addition, ongoing research is routinely discussed. DoD and VA execute research that is shared with one another and often involves both groups performing the research together.

VA is working extensively with DoD and other federal agencies on toxic exposure research efforts and is aligning the VA's Military Exposures Research Program (MERP) strategic plan with that of our DoD and other federal partners with focus on Military Exposures. Such coordination will ensure that we are collectively filling the research gaps and that there are not redundancies in approach to addressing these problems. We are coming to the table with not only Federal agencies but also academic affiliates to leverage and expand resource capabilities including subject matter expertise, infrastructure, data bases, emerging technologies, and development of exposure assessment assays. Ongoing collaborative efforts in this arena also include VA-DoD Postdeployment Health Work Group and the Individual Longitudinal Exposure Record (ILER) Steering Committee. In addition, VA co-led the Intergenerational Effects of Military Exposures Work Group with DoD. This work group included representation and subject matter experts from multiple agencies such as VA, DoD (Army Public Health), Centers for Disease Control, National Institutes of Health (NIH), and Health Resources Service Administration. Project In-DEPTH is a collaborative study between VA and NIH to carryout deep phenotyping of Gulf War Illness.

Department of Veterans Affairs
Questions for the Record
Committee on Veterans' Affairs
United States Senate
VA and DoD Collaboration Hearing

November 3, 2021

Questions for the Record from Senator Murray

Question 1: We need to provide Veterans with programs that are responsive to the changing workforce and can equip them with the skills they need to secure good jobs and meet their career aspirations.

1a. How does the Joint Executive Committee incorporate feedback from colleges, universities, and potential employers to ensure the Transition Assistance Program (TAP) keeps up with today's needs?

Joint VA-DoD Response: TAP provides comprehensive, holistic, timely and personalized transition support that reflects assessment, evaluation, collaboration and continuous improvement over the past 10 years. The Transition Assistance Program Executive Council (TAP-EC), a part of the Joint Executive Committee, receives feedback from non-governmental entities through established avenues of allowable communications, such as Federal Advisory Committee Act (FACA) committees, working groups, forums, task forces and summits. The TAP-EC reviews and assesses the feedback as part of the annual curriculum review, and then implements recommended changes when determined to be accurate, reliable and of value to all transitioning Service members.

1b. How frequently are adjustments made to TAP?

VA Response: VA updates the Benefits and Services course twice per year, to include a technical update and a deep-dive revision. The technical update consists of required website updates, minor technical updates to fix glitches, benefits eligibility changes, legislative requirements and/or VA policy updates associated with benefits and services. The deep dive involves an interagency annual curriculum review, and the design changes/content revisions are based on feedback from interagency partners, VA Benefits Advisors (BA), transitioning Service members and VA subject matter experts.

DoD Response: The TAP curriculum is updated at least once a year. These updates consider DoD and Military Service policies; TAP Executive Council assessments; and feedback from Service members, TAP facilitators and counselors, and non-governmental entities. This comprehensive scope allows for regular introduction and integration of new ideas, perspectives, and material into the curriculum.

Question 2: Effective collaboration between the VA and DoD is critical to suicide prevention efforts, especially during the transition from military to civilian life. Findings of the DoD Inspector General last year were concerning, with reports that half of military treatment facilities or their TRICARE network did not meet access to care standards for mental health, and more than half of Service members and families referred to the purchased care system did not receive care. If Service members are not able to access care during their service, how can there be an effective handoff for Service members as they transition?

Joint VA-DoD Response: TAP is conducted along a pathway that includes deliberate steps to ensure success and to provide warm handovers when necessary. During the initial counseling not later than 365 days prior to transition, all Service members complete a self-assessment and develop an individual transition plan structured around their specific needs. This initial touchpoint in transition allows the TAP counselor to identify any needs, which, if not addressed in the TAP pathway, will require a warm handover to a supporting agency. The individual transition plan is reinforced by the transition support tier assigned to the Service member indicating their initial level of transition readiness.

Throughout the transition process, the Service member is provided multiple opportunities to request or seek additional assistance through the vast array of resources provided during TAP. No later than 90 days prior to separation or retirement, a Service member meets with the commander or commander designee for Capstone. During this final event in the transition process, the Service member's career readiness standards, progress and completions are reviewed to determine if the Service member is prepared for transition. Should it be determined necessary, by either a lack of completion of a career readiness standard or from knowledge of the individual by the commander/commander designee, the Service member may be provided a warm handover. The warm handover connects the Service member with the appropriate supporting agency based on the identified need.

Additionally, VA understands that the first year after separation from military service poses challenges for recently separated Veterans. In December 2019, VA launched VA Solid Start (VASS) to engage and connect with Veterans, regardless of their character of discharge, during this critical period. VASS provides early and consistent caring contact to newly separated Veterans at least three times during their first year of transition from the military. Specially trained VA representatives address issues or challenges identified by the Veteran during these calls and assist with accessing benefits, services, health care, mental health care, education and employment opportunities. From December 2019 through September 2021, VASS made over 157,000 successful connections with Veterans throughout their first year following military separation. VASS also provides priority contact to those individuals who had a mental health care appointment during the last year of active duty, supporting a successful transition to VA mental health care treatment. Since inception of the program through September 2021, VASS has connected with over 25,000 such Veterans.

Question 3: As VA continues to make improvements to its new Electronic Health Record (EHR) product, the Department needs to ensure the system includes built-in privacy protections and is accompanied with appropriate training on permitted use for anyone with access. While having interoperability between VA and DoD's systems is a key benefit to the new EHR, Veterans should not have to worry that their VA medical history could be improperly accessed or used against them when applying for jobs with DoD.

3a. What privacy protections are already built into the EHR?

VA-DoD Joint Response: All users must complete Health Insurance Portability and Accountability Act of 1996 (HIPAA) training and renew it annually to get access to the system. This training emphasized that only the minimal necessary information is to be accessed to provide quality care to the patient. Along with that, every chart accessed is logged for accountability and review. A system called P2 Sentinel reports on activity that is inappropriate or atypical to proactively look for potential privacy violations.

3b. What guidelines for permitted use exist for individuals with access to VA's electronic health record systems?

VA-DoD Joint Response: The HIPAA privacy and security rules as stated herein govern who has authorized access to any health record.

3c. What type of access do DoD employees have to Veterans' records?

VA-DoD Joint Response: Whether Active Duty, dependents, Veterans or others, all records systems are private and must be treated as such. Any potential violation of the HIPAA privacy, security, and breach notification rules will be investigated, and appropriate action taken. Conversely, any blocking of access to patient records has the potential of seriously impacting the quality of care rendered and must be carefully weighed against restrictive measures and applicable information blocking prohibitions.

Question 4: The Independent Review Commission on Sexual Assault outlined specific actions needed to address sexual assault in the military. However, DoD's timeline for implementing the IRC's recommendations establishes completion deadlines no sooner than 2027 and as late as 2030.

4a. Why does DoD's timeline for implementation not reflect the same urgency articulated in the IRC's recommendations and the urgency of the sexual assault crisis facing our Service members?

VA Response: VA shares the commitment and sense of urgency in ensuring that survivors of sexual assault and harassment during military service have access to the care and support they need in their recovery. Fully supporting implementation of the IRC recommendations is a top priority for VA, and the Department stands ready to collaborate with DoD on their implementation.

DoD Response: In keeping with the Secretary's direction to move swiftly and deliberately, implementation of the first tier of the IRC recommendations commenced immediately with actions that are most critical to establishing an infrastructure that prevents sexual assault. It is also important to note that timelines and deadlines in the roadmap are a conservative estimate, and in many cases account for time to fully implement across the Reserve Components. The Department is committed to completing implementation on an accelerated timeline, where possible.

4b. What improvements to DoD-VA collaboration in support of military sexual assault survivors are included in the Recommendation-Implementation Roadmap?

VA Response: The Secretary of VA and Secretary of Defense have collaboratively made the implementation of anti-sexual assault and harassment programming, along with survivor care and support efforts, a top priority for VA and DoD. VA stands ready to collaborate with DoD on implementation of the Independent Review Commission (IRC) recommendations.

DoD Response: Supporting sexual assault survivors in close coordination with the VA is very important and is a high priority within the Joint Executive Committee (JEC). The Sexual Trauma Working Group, a working group aligned directly to the JEC, brings together key leaders and subject matter experts from DoD and VA to address sexual trauma- related benefits, health care, and transition assistance, as well as to assist with joint data review and reporting

Department of Veterans Affairs
Questions for the Record
Committee on Veterans' Affairs
United States Senate
VA and DoD Collaboration Hearing

November 3, 2021

Questions for the Record from Senator Hirono

Question 1: I have heard concerns from Service members who say they were not given adequate time away from their military duties to participate in meaningful Transition Assistance Program (TAP) sessions. In many cases, it is rushed, and the member is not fully prepared to absorb this vast amount of information.

1a. Can you commit to working to ensure Service members are able to take the time needed to participate in TAP?

VA Response: VA works closely with the DoD and Service Branches to schedule the VA Benefits and Services course, which includes instructor-led virtual and in-person brick and mortar courses.

DoD Response: The Department is committed to the Transition Assistance Program (TAP) as both a Service member support program and a strategic readiness program. Commanders have flexibility in scheduling TAP; however, TAP includes a mandatory set of five core curriculum courses that every transitioning Service member is required to attend. The core curriculum courses include 1) DoD Transition Day, that contains three different courses — Managing Your Transition (MYT), Military Occupational Code (MOC) Crosswalk, and Financial Planning for Transition (FP); 2) VA Benefits and Services (VABAS); 3) and DOL Employment Fundamentals for Career Transition (EFCT). With the exception of EFCT, there is no exemption for attendance in the core curriculum.

The Military Services can provide an exemption from EFCT in accordance with applicable law and DoD policy. Examples of individual circumstances that may warrant exemption from EFCT: retirement after 20 or more years of service, proof of employment, proof of acceptance into a training or degree program.

1b. What can VA and DoD do to change the culture around TAP so that Service members understand the program's importance, and so Veterans know the breadth of services available to them after leaving Active Duty?

Joint VA-DoD Response: TAP provides a common level of support, regardless of Service or component, to approximately 200,000 Service members each year at over 200 locations around the globe, while providing the military departments with the flexibility to execute TAP in accordance with each respective Service culture. Since the

inception of TAP in 1991, through the Veterans Opportunity to Work (VOW) to Hire Heroes ACT in 2011, and the recent improvements driven by the fiscal year 2019 John S. McCain Act, TAP has continued to evolve from an inflexible program with minimal regard for the needs of each Service member to an individualized program enabling transition as a well-planned, organized progression that empowers Service members.

Today, TAP provides an individualized, robust program with alternate pathways and multiple levels of assistance guided by trained TAP counselors, allowing Service members to be in control of their transition process and use the programs, resources and information that fit their needs and align with their post-transition goals.

It's never too early for Service members, Veterans, and their families to learn about the benefits they have earned and deserve. The sooner they are informed of the benefits and services available to them, the sooner they can plan for a successful transition. As part of our shared commitment, VA and its interagency partners must continue to engage internal and external partners, to include Veterans Service Organizations (VSO) and Military Service Organizations (MSO), with targeted messaging and information designed to educate transitioning Service members about TAP, VA benefits and services, and VA resources.

Question 2: Yesterday, the White House rolled out a new strategy for military and Veteran suicide prevention that includes tailoring solutions to sub-populations where possible. I've previously questioned VA on suicide prevention efforts tailored to women Veterans and AAPI Veterans – both identified as high-risk groups.

> **2a. Please provide details on the kinds of cultural competency training happening through both VA and DoD, as it relates to mental health outreach?**

VA Response: VA provides proactive suicide prevention messaging, resources and upstream information on crisis response, lethal means safety, mental health wellness, whole health well-being, Veterans Benefits Administration (VBA) benefits and resources available through Vet Center Services.

VA and DoD collaborated on the development of several military culture training courses that are available online to any clinician through Veterans Health Administration (VHA) TRAIN. Military Culture: Core Competencies for Health Care Professionals is a comprehensive, in-depth course comprising four 2-hour stand-alone modules on military culture for DoD, VA and community-based providers who support the care of Veterans, Service members and their families. The course provides up to eight free continuing education credits. Three additional military culture courses, each offering 1 hour of free continuing education credit, have been developed in collaboration with DoD. These courses include Military Culture and Spiritual Health, Military Culture in Primary Care and Military Culture in the Reserve and National Guard. VA is working with community

partners to disseminate these resources nationwide. All resources can be accessed through VHA TRAIN (https://www.train.org/ vha/home), an affiliate of the TRAIN Learning Network; through the Mental Health Community Provider Toolkit (https://www.mentalhealth.va.gov/communityproviders/) and through the Center for Deployment Psychology (www.deploymentpsych.org/Military-Culture).

DoD Response: Cultural competency, as it relates to delivering effective, quality care to patients who have diverse beliefs, attitudes, values, and behaviors is part of training received through clinical training programs, graduate medical education, and is a covered topic in many maintenance of certification programs. This practice requires systems that can personalize health care according to cultural and linguistic differences. It also requires understanding of the potential impact that cultural differences can have on health care delivery.

Within the Department of Defense, there is a unique culture, and even micro cultures, that vary by the unique specialized area in which a Service member works. Toward military enculturation, various sites of medical and mental health care delivery have programs to imbue their Mental Health Providers with cultural competency with their particular patient population. Additionally, this knowledge and competency further develops through ongoing on the job training, mentorship, and experience professionally operating in the DoD setting. The DoD also benefits from the fact that many of its Mental Health Providers are Active Duty Service members or former Active Duty Service members themselves.

2b. We spoke briefly about the metrics used to measure the success of these initiatives – please provide more information where possible.

VA Response: VA leverages all available digital outreach efforts to empower Veterans and promote consistency across VA. In addition, VA conducts virtual resource engagements to target VA staff, family members, Veterans, transitioning Service members and local groups advocating for Veterans. VA suicide prevention outreach events and activities include, but are not limited to:

- Suicide prevention clergy training programs.
- Mental health summits.
- Presentations and briefings.
- Resilience workshops.
- Virtual claims clinics.
- Virtual fairs, meetings, and forums.
- Suicide prevention symposiums.

VA provides information and resources about benefits and services through its GovDelivery platform, an email service that allows VA to inform and engage with Veterans. Suicide prevention outreach will be included in all outreach and measured using the suicide prevention matrix provided in the following table:

Suicide Prevention Outreach Matrix
1. Total Number of Completed Outreach Hours
2. Total Number of Outreach Events
3. Total Number of Outreach Connections (with Veterans, Family Members, Beneficiaries and Stakeholders)

DoD Response: While there are no specific metrics to measure success of integrating cultural competency in medical training, DoD providers are all licensed and/or board certified. Cultural competency as a training point and point of continuing medical education is a growing focus area.

Question 3: My office has heard from Veterans who are also military spouses that navigating VA benefit eligibility – in particular health benefits – can be confusing and frustrating for both the mil-spouse Veterans and their providers.

3a. Are you aware of this issue?

VA Response: VA's Benefits and Services course makes it easy to reference resources related to health care benefits. The curriculum is also digital-friendly. The VA Benefits and Services Participant Guide includes quick response (QR) codes that participants can scan with their mobile devices for quick access to resources like VA.gov. The curriculum includes interactive activities that guide Service members and military spouses through online resources and application processes, such as applying for VA health care in real time.

VA is unaware of any specific situation or situations regarding Veterans who are also spouses who are having difficulty determining their eligibility for VA health care benefits. If further details can be provided of the situations in question, VA can review and provide additional information.

All Veterans who enroll in the VA health care system are issued a personalized handbook that details the VA health care benefits and health care services they are entitled to receive based on their health care enrollment priority group. Veterans can also obtain eligibility and enrollment information at the VA Health Care | Veterans Affairs webpage.

DoD Response: DoD does not determine eligibility for VA benefits. We respectfully refer questions regarding eligibility for VA benefits to the VA.

DoD's Military OneSource program provides military spouses of currently serving members (Active, National Guard, and Reserve) with expert tools, information, and resources, to include assistance with benefits through the VA. Additionally, the

Department's Spouse Education and Career Opportunities program, accessible through Military OneSource, provides military spouses with information across the spouse education and employment landscape as well as content (including VA health care) related to separation from military service through the Military Spouse Transition program, or MySTeP. Service members and military spouses are eligible to use Military OneSource resources up to 365 days post-separation or retirement.

3b. Does either VA or DoD keep track of how many military spouses qualify as Veterans according to the VA?

VA Response: VA is able to track this data only if one of these individuals is receiving compensation benefits at a rate of 30% combined degree of disability or higher, creating entitlement to additional payments for dependents. If Senator Hirono is able to refine the request (i.e., if she wants to know how many compensation recipients are receiving additional benefits based on a spouse who is also a Veteran), then VA will be able to provide that data.

DoD Response: DoD does not determine eligibility for VA benefits and does not collect or maintain this data.

3c. What is DoD doing at MTFs (military treatment facilities) to inquire about Veteran status, track Veterans using their healthcare systems, and ensure you are utilizing appropriate screenings for diseases that are more prevalent among Veterans?

VA Response: VA defers to DoD to comment on policy and procedures at military treatment facilities.

DoD Response: The DoD currently has multiple DoD/VA sharing agreements in place, which effectively use joint resources to provide care to DoD and VA-eligible beneficiaries. The DoD is also exploring opportunities for further integration between the DoD/VA in larger Markets to enhance health care access for beneficiaries in both systems. To facilitate access to care, the DoD implemented the VA's Healthshare Referral Manager (HSRM) program into the DoD's Integrated Referral Management and Appointing Center (IRAMC) model. The DoD IRMAC model uses the HSRM electronically to coordinate specialty care appointments for VA-eligible beneficiaries referred to military medical treatment facilities (MTFs). When VA-eligible patients are seen in MTFs, the appointment and front desk staffs initiate encounter documentation during the registration and check-in process by validating patient eligibility for care based on established Patient Administration and VA standard processes. MTF staff register VA-eligible patients using a specific patient category, which documents the patient's insurance plan and facilitates patient tracking and care coordination.

To support high-quality care, the DoD and VA are continuing their long-standing Evidence-Based Practice Guideline Working Group, which selects new guidelines for development based on prevalence in the joint patient populations, high cost, high risk

and existing non-evidence-based variance in treatment plans, which can lead to poor outcomes. Both DoD and VA providers currently have access to over 25 DoD/VA Clinical Practice Guidelines for conditions common to both VA and DoD beneficiaries. The DoD's Joint Legacy Viewer application currently captures all VA problem lists, lab results, pharmacy prescriptions, and radiological images, which facilitates MTF providers' ability to provide clinically appropriate care based on each patient's medical history. The new joint DoD/VA Cerner electronic health record further enhances the patient identification process, facilitates capture of accurate financial information for each visit and provides more seamless access to each VA-eligible beneficiary's medical history. Finally, MTF health care teams screen DoD and VA beneficiaries using the same industry-standard, evidence-based protocols for alcohol use, depression, anxiety, post-traumatic stress disorder, tobacco use, and obesity. MTF providers use the results of these screening tools to develop clinically-appropriate treatment plans in support of better health outcomes.

3d. I know a records-sharing agreement exists between the VA and DoD but Veterans who use the VA and MTFs report this is more aspirational than actual. Can you tell me currently, what and how information is shared between VA and DoD?

VA-DoD Joint Response: Currently, VA and DoD share and review health care documentation and information through the Joint Legacy Viewer (JLV) system, which allows each Department to view the other's electronic health record side-by-side with their own. Every day more than 180,000 patients' data is pulled up in JLV between DoD and VA clinicians. Using JLV, VA and DoD can see all lab results, radiology reports, medications, allergies, medical visits, problems, procedures, demographics and notes from both of the existing legacy systems. Once VA and DoD are on the single Cerner electronic health record platform, there will be complete integration of health information such that the record will appear seamlessly to the provider without additional required action.

Question 4: Encouraging mil-spouse Veterans to use VA benefits.

4a. Similarly, what are you doing to ensure mil-spouse Veterans are being encouraged to utilize their VA benefits at DoD employment centers?

VA Response: VA's portion of the Transition Assistance Program (TAP) is led by VA Benefits Advisors (BAs) who are trained and well-versed in all facets of VA offerings. The course helps Service members and their spouses understand how to navigate VA and learn about the benefits and services they have earned through their military service. The course offers interactive exercises, provides real examples, and covers important topics, such as family support, disability compensation, education and health care benefits.

Service members and their spouses also can access the web-based TAP curriculum, including the VA Benefits and Services course, any time through Transition Online

Learning (TOL) at TAPevents.mil/courses. Military spouses also are encouraged to take advantage of VA's new virtual instructor-led TAP Benefits and Services course, which provides the same information as the in-person course.

DoD Response: DoD does not provide direct transition services or support to Veterans. However, DoD highly encourages military spouses, including the subset of military spouse Veterans, to attend TAP either in person or online without the need for a Common Access Card (CAC) or government-owned equipment. While TAP does not provide tailored information for the subset of mil-spouse Veterans, mil-spouse Veterans who choose to attend TAP have access to the identical VA, DoL, and other interagency partners' information as transitioning Service members. Mil-spouse Veterans' post-service benefits are based on individual qualifications documented throughout their career during which they could have served under one or more of over a dozen statutory authorities carrying distinct benefits. Mil-spouse Veterans may or may not have been eligible for TAP support and services based on their individual service criteria. Military spouse Veterans who were TAP eligible at the time of their separation, received or had access to TAP services and support based on the statutory authority covering their service at the time of their separation.

4b. Are they required to ask about military service?

VA Response: Prior to the VA Benefits and Services course, BAs are provided with a participant roster that captures military service affiliation. BAs also conduct one-on-one sessions with Service members and military service affiliation is part of the introductory portion of the session.

DoD Response: TAP does not query military spouses concerning their Veteran status. TAP provides direct transition services and support to Veterans Opportunity to Work (VOW) Act -eligible transitioning Service members and their spouses, with all TAP modules available any time to anyone who eligible online at TAPEvents.mil/courses.

4c. Are there procedures in place, once someone identifies as a Veteran to connect them with GI Bill, VR&E, and other employment and education benefits they may have earned through their service?

VA Response: Transitioning Service members learn about potential VA benefits and how to submit applications during TAP's VA Benefits and Services course. Additionally, VA's post-separation programs, such as VA Solid Start (VASS) and VA Personalized Career Planning and Guidance Program (PCPG), connect Veterans with the GI Bill, Veteran Readiness and Employment Program (VR&E) and other employment and education benefits. This information is covered in the TAP VA Benefits and Services one day course.

DoD Response: TAP does not query military spouses concerning their Veteran status. TAP provides direct transition services and support to VOW Act-eligible transitioning Service members and their spouses with all TAP modules available any time to anyone

online at TAPEvents.mil/courses. Additionally, VA Benefits Advisors are located on most installations where mil-spouse Veterans are able to make an appointment to speak about any of the benefits provided by the VA, including GI Bill, VR&E, and other employment and education benefits. DoL hosts virtual workshops through Transition Employment Assistance for Military Spouses and Caregivers (TEAMS).

Question 5: What can VA and DoD do to better ensure Veterans who are also dependents of Active Duty Service members are aware of the benefits available to them, and know how to access those benefits?

VA Response:
BAs deliver VA Benefits and Services Courses at over 300 military installations worldwide. Additionally, Military Life Cycle modules are available to inform Service members about benefits and services they can use while still in uniform. BAs conduct one-on-one assistance sessions with Service members to explain their benefits and connect them with local support and help Service members prepare for transition through VA's portion of TAP, as well as support other transition-related activities. VA Benefits and services extend to Active Duty Service members dependents (i.e., Military Spouses).

VA provides an array of materials and information to Veterans and transitioning Service members through dozens of in-person and virtual outreach events annually, TAP classes, social media channels (Facebook, Twitter, Instagram, LinkedIn and YouTube), GovDelivery subscribers, websites, proactive media and Veterans Service Organization (VSO) engagements. In October 2021, VA published the VA Transition Guide in the Stars and Stripes newspaper, as well as in the online edition. To date, more than 165,000 people have viewed the guide, and it has been downloaded more than 20,000 times. Over the last 6 months, VA hosted Satellite Media Tours featuring education and insurance benefits and services. These Satellite Media Tours reached an audience of more than 5 million through news stories from over 40 media outlets.

DoD Response: DoD does not provide direct transition services and support to veterans. Rather, TAP is a statutory program providing information about resources and benefits available to VOW Act eligible transitioning Service members and their spouses. DoD will continue to highly encourage mil-spouses to attend TAP to receive information from VA and DoL either in-person or online at (TAPEvents.mil/courses. VA and DoL also execute robust veteran outreach and engagement programs for all veterans, including mil-spouse veterans.

Question 6: Given that the population of military spouses who are Veterans are women, and women who served in the military report high levels of sexual harassment and assault, what MST protocols do you have in place at your MTFs to screen for MST and connect women Veterans to available services, supports, and benefits at the VA?

VA Response: In terms of VA efforts, VA liaisons are co-located with DoD case managers at military treatment facilities to provide on-site consultation and collaboration regarding VA resources and treatment options. VA liaisons meet with Service members to discuss the VA system of care and the individual's health care needs. VA liaisons provide access to care for transitioning Service members to help ensure VA meets their unique needs. If military sexual trauma (MST)-related treatment needs are identified, VA liaisons communicate this information to the receiving VA medical facility to ensure continuity of care, to include the scheduling of VA health care appointments, as necessary. If the VA liaison identifies a need for the Service member to apply for MST-related VA disability compensation, he or she is connected to the appropriate VBA resource.

In addition, it is VA policy that all former Service members seen or referred for health care in VA are screened for MST, and all individuals who screen positive are offered a referral for care. This process is an important way to ensure that they are aware of and offered the free MST-related care available through VA. In addition, every VA health care system also has a designated MST coordinator who serves as the local point person for MST-related issues and can help with access to MST-related services and programs.

VA and DoD continually work together to foster strong relationships between MST coordinators and DoD staff (particularly Sexual Assault Response Coordinators) to facilitate communication, consult on cases as needed and participate in each Department's training efforts.

DoD Response: DoD policy requires all health care providers be trained in gender inclusive, trauma-informed care associated with a disclosure of sexual assault and sexual harassment for all patients. Health care providers are required to report sexual assault disclosures to Sexual Assault Response Coordinators or Victim Advocates, who will ensure patients are aware of their reporting options and available resources, including services available through the VA.

Question 7: Are Veterans who are also dependents of Active Duty Service members a Veteran population whose needs are being considered in the large VA-DoD projects like electronic health records modernization?

VA-DoD Joint Response: DoD and VA consider the needs of all beneficiaries, including Veterans who are also dependents of Active Duty Service members when it comes to the Electronic Health Record Modernization program. For this project, VA and DoD collaborate closely to meet the needs of their shared user population.

Question 8: What are DoD and VA doing to learn about the unique needs of this population and how to best serve them?

VA Response: To learn about the unique needs of this population, BAs participate at pre-retirement and separation installation events, as well as other events for retirees

and spouses. At these events, BAs provide information on where and how to learn more about benefits, programs and services. Through these informational interactions, VA learns more about this population and their unique needs.

One of the key themes that emerged from the 2020 Military to Civilian Transition Summit was the need to partner with community resources to better engage military spouses and families in the transition process. The Summit also discussed using tools and technology to meet the needs of the military spouses and families in the community.

DoD Response: Veterans who are also dependents of Active Duty Service Members are called dual eligible beneficiaries, and may receive the full benefits of both their DoD and VA health entitlements in accordance with applicable eligibility and enrollment rules. Currently, DoD has multiple DoD/VA sharing agreements in place, which effectively use joint resources to provide care to DoD- and VA-eligible beneficiaries. DoD has integrated VA's HealthShare Referral Manager program into the DoD's Integrated Referral Management and Appointing Center model to streamline the appointing process and ensure that dual eligible beneficiaries do not get inadvertently billed. The DoD/VA Joint Incentive Fund program has also approved the Unified Health Credentialing project, which will make accessing digital health services faster, easier, and more reliable for shared DoD/VA health beneficiaries. DoD and VA work closely to provide policies, programs, and procedures for both beneficiaries and staff, delivering the highest quality health care and patient experience at the lowest possible cost to the taxpayer.

Department of Veterans Affairs
Questions for the Record
Committee on Veterans' Affairs
United States Senate
VA and DoD Collaboration Hearing

November 3, 2021

Questions for the Record from Senator Moran

Question 1: As of over a year ago, approximately 71,000 Veteran Health Identification Cards (VHIC) credentials were enrolled for recurring access at installations on U.S. territory. For our Veterans overseas, access at installations in foreign countries is subject to status of forces agreements, international laws, and other agreements with host countries. Are complementary efforts being made to make certain that they can uniformly access DoD installations with medical facilities by using their VHICs?

VA-DoD Joint Response: VA has limited authority to furnish hospital care and medical services to Veterans living or traveling abroad. 38 U.S.C. § 1724 prohibits VA from furnishing hospital or domiciliary care or medical services outside any State, unless the Secretary determines that such care and services are for the treatment of a service-connected disability or as part of a rehabilitation program.

Veterans living or traveling abroad may receive or be reimbursed for treatment of service-connected disabilities or treatments for conditions associated with and held to be aggravating a service-connected disability (38 C.F.R. § 17.35) if the Veteran is eligible and enrolled in the Foreign Medical Program (FMP). The program is unable to assist Veterans who do not meet eligibility requirements or family members under current statutory authorization

Currently, the only feasible way a Veteran traveling or living abroad would be eligible to obtain hospital and medical services on an overseas military installation is if the Veteran is retired military eligible and enrolled in TRICARE Select Overseas Program. The TRICARE Select Overseas Program affords the eligible/enrolled TRICARE beneficiary hospital and medical services in an overseas military medical treatment facility on space available basis.

Question 2: Currently Veterans can only obtain a VHIC by going to their nearest VA medical center.

2a. For Veterans living abroad that utilize the Foreign Medical Program, what efforts are being made to enable them to obtain a VHIC?

VA Response: There are no current or planned efforts to provide Veteran Health Identification Cards (VHICs) to Veterans who are not able to visit a VA medical center for identity verification and photo.

2b. If no efforts are being made: What reasoning is behind not affording the same access to VHICs to Veterans living overseas?

VA Response: VHICs are only issued at VA medical facilities. VHICs are designed to make it easier and quicker for Veterans to be seen in VA medical centers, but they are not mandatory for Veterans to receive VA health care services. Approximately half of enrolled Veterans currently have a VHIC. There are no VA medical facilities overseas, with the exception of Manila and some U.S. territories.

Department of Veterans Affairs
Questions for the Record
Committee on Veterans' Affairs
United States Senate
VA and DoD Collaboration Hearing

November 3, 2021

Questions for the Record from Senator Blackburn

Question 1: Status of the Individual Longitudinal Exposure Record.

1a. What is the current operational status of ILER? What is live now?

VA Response: ILER is currently available and used by Environmental health clinicians and Compensation and Pension clinicians. Epidemiological capabilities are still being developed.

1b. How is VA utilizing the system?

VA Response: ILER can be used now to verify deployment for those who do not have automated verification of Airborne Hazards Open Burn Pit Registry eligibility.

1c. What will go live in 2022?

VA Response: ILER will add two additional major data bases in 2022. The exact data bases are to be determined by the ILER steering group. The Public Health Center Chemical Warfare Agent data base and the Airborne Hazard and Open Burn Pit Registry are in ILER now.

1d. Is ILER still on track to be fully operational in 2023?

VA Response: ILER will be fully operational by FY 2023. Fully operational does not mean that no further development will occur. ILER will add additional functions over time.

Question 2: Is there communication between ILER and the Office of Electronic Health Record Modernization, the Veterans Health Administration, and the Office of Information Technology?

VA Response: Yes, there is communication between ILER and the Office of Electronic Health Record Modernization, VHA and the Office of Information Technology.

Question 3: Do you foresee the data in ILER being part of a Veteran's full medical history within their electronic health record?

VA Response: VA is working to make ILER fully interoperable with the EHR. Providers will have links within the Electronic Health Record (EHR) through which to access ILER during a Veteran visit with the provider. The link into ILER reports will facilitate the provider's understanding of whether or how military environmental exposures displayed by the ILER report might affect the Veteran's health. ILER will not be integrated into the EHR but will be accessible from links within the EHR (interoperable). The ILER output will be another part of the Veteran's occupational and environmental history, typically collected in patient encounters.

Question 4: Will the longitudinal exposure information that ILER provides aid VBA in making benefits decisions as much as, if not more than, the electronic health record, and for a fraction of the time and cost?

VA Response: VBA will use ILER as one of its many databases to adjudicate claims. ILER provides one piece of establishing a possible exposure. ILER focuses on making exposure information more available. VBA will still rely on health records for information regarding illness. It is unlikely to save money but may save time.

Department of Veterans Affairs
Questions for the Record
Committee on Veterans' Affairs
United States Senate
VA and DoD Collaboration Hearing

November 3, 2021

Questions for the Record from Senator Tuberville

Question 1: Please explain how the federal vaccine mandate will impact those who have successfully transitioned from active duty to civilian life and now may have their employment threatened because they have elected not to take the vaccine?

VA Response: Under Executive Order 14043, Coronavirus Disease 2019 Vaccination Requirement for Federal Employees, all Federal Government employees are required to be fully vaccinated for COVID-19 unless they have a legally required exception. Regarding the VA workforce, to include our Veterans who have worked with us for years after their successful transition from military service or may have just joined us after their transition from military service, requiring COVID-19 vaccination is about keeping our Veterans safe. Getting more of our employees vaccinated for COVID-19 is the best and most important way Veterans are confident they will be safe when entering our facilities. Whenever a Veteran or VA employee sets foot in a VA facility, they deserve to know that we have done everything in our power to protect them from COVID-19.

Our expanded effort to get all of our employees vaccinated demonstrates we are working to keep that fundamental promise. VA employees must comply with this vaccine mandate policy, and those who do not may face progressive discipline up to and including removal from Federal service.

DoD Response: Vaccination against coronavirus disease 2019 (COVID-19) is necessary to protect the health and safety of Federal workers and those with whom they interact, including families. The Centers for Disease Control and Prevention (CDC) data indicate that the unvaccinated are 12 times more likely to be hospitalized than the vaccinated. Thus, the unvaccinated pose a risk, serving as a potential source of disease propagation within congregate settings, and risk to the health and safety and potential loss of valuable DoD talent.

While the Department is aware of the possibility that employees may choose to leave the Federal workforce in lieu of becoming vaccinated, our primary concern revolves around the health and safety of all DoD personnel and the public who they serve. The Department will provide counseling and education on the benefits of vaccination to those employees who may be vaccine hesitant. However, we will comply with Federal policy that is intended to provide a safe and healthy work environment in which our employees can perform their national security responsibilities without fear.

<u>Question 2</u>: VA has not agreed to participate in the Operation Deep Dive study or share data. Specifically – the study has requested information regarding which of these former Service members were enrolled in the VA. Can you please elaborate on why the VA has not provided this data to Operation Deep Dive, and if there are any obstacles, how we can overcome them to facilitate this important sharing of data?

<u>VA Response</u>: Operation Deep Dive (OpDD) is an outside group and that VA must ensure protection of veterans PHI and PII while seeking to advance understanding of suicide. It is inaccurate to say that "VA has not agreed to participate in the study or share data."

In January 2019, Dr. John McCarthy, Director of Data and Surveillance, Suicide Prevention, Office of Mental Health and Suicide Prevention, and Dr. Karl Hammer, principal investigator with the Operation Deep Dive, documented Dr. McCarthy's participation in the OpDD study, with the following understandings:

- OpDD would provide VA with data needed for analyses.
- VA would analyze the data in association with VHA data.
- VA would share aggregate results of study analyses.

In April 2019, OpDD asked VA to provide a letter to clarify that VA would not provide any identified information; VA provided the letter. However, OpDD was unable to provide VA with any study data due to constraints regarding sharing from the other organizations, including the Department of Defense, that OpDD was engaged. VA had not agreed to provide study data due to VHA privacy constraints. More recently in 2021, OpDD reached out to VA to request an updated agreement and to request information regarding VA contacts by individuals identified in the OpDD study. VA has coordinated with the OpDD team to lay the foundation for a new agreement, which first required updated paperwork for the study, to include a new research protocol.

OpDD is working on this updated paperwork and then VA will need to establish a new Institutional Review Board protocol for this updated study. At that point, VA national privacy and data system experts will need to provide guidance regarding the sharing of identified Veteran information, including health system contact information, with non-VA scientists.

Dr. Armstrong's Response to QFR from Senator Tuberville

QFR: Mr. Armstrong, in your testimony you state that currently, both the DoD and VA operate some form of job training programs for both transitioning service members and their spouses, but research increasingly shows many of the most valuable programs are those being delivered by the nonprofit sector informed by the changing needs of industry.

Can you talk a little bit more about how the nonprofit sector may be better informed by the changing needs of industry? I am focused on filling the gap in the U.S. cybersecurity workforce—have you found the nonprofit community to be focused on moving skilled veterans into cyber jobs?

Response: In the last decade, the nonprofit sector and private industry have made great strides as successful partners in training and placing skilled veterans in careers. The activities of the nonprofit sector are well informed by industry demands because those industries often turn to the nonprofit sector as training partners to fill their workforce needs. This is a two-way street, requiring that companies realize the opportunity that the veteran talent pool represents, and that nonprofits deliver training that is in-demand and reflects the future needs of the workforce. These partnerships are highly successful and represent an opportunity for government to invest in and support.

One example nonprofit training being informed by the private sector is the IVMF's Onward to Opportunity program's new partnership with Boeing. Boeing recognized a need for more aerospace and defense experts in its workforce. Subsequently, it partnered with the Onward to Opportunity program to offer an Aerospace and defense learning pathway to transitioning service members to help fill their workforce needs and provide meaningful career opportunities at the same time. These types of industry specific workforce training interventions are a valuable blueprint for government investment, leveraging a public-private partnership model that engages government, nonprofits and companies alike.

As it relates to cyber security specifically, the nonprofit and private sector have had success in training and placing veterans in cyber jobs, but more can be done. One of the top career tracks utilized in the Onward to Opportunity program is information security. Further, there are a wide variety of Skillbridge providers that offer some sort of cyber training. While it's an in-demand skillset, cyber security is a broad and demanding field in which to upskill. Training programs must ensure they are providing adequate support and guidance along a veteran's training and placement journey to ensure high rates of progress and attainment. Leveraging veterans to bolster America's cyber security workforce is the right idea, however, our strategies shouldn't be restricted only to training and job placement. Many of the veteran-owned small businesses that go through IVMF's entrepreneurship programs also focus on cybersecurity. Government should also assess how its procurement policies are leveraging veteran-owned cyber small businesses and how its small business training programs are developing specialized resources to support those focusing on cyber security.

Additional Resources

REPORTS WITH ASSOCIATED LINKS SUBMITTED BY IVMF

The following reports are available for download:

A National Veterans Strategy: The Economic, Social and Security Imperative

ivmf.syracuse.edu/article/a-national-veterans-strategy

Improving the Delivery of Services and Care for Veterans: A Case Study of Enterprise Government

www.businessofgovernment.org/report/improving-delivery-services-and-care-veterans



Senate Committee on Veterans' Affairs

Hearing on VA and DoD Collaboration: Improving Outcomes for Service Members and Veterans

Supplemental documents for the testimony of Thomas R. Winkel, Director, Arizona Coalition for Military Families on November 3, 2021:

- History & Highlights (pg 2-5)
- Be Connected Ecosystem of Support (pg 6)
- Additional Recommendations for VA, DoD collaborations with State and Community (pg 7)
- Arizona Veteran Be Connected Vignettes, 2021 (pg 8-9)
- Arizona Veteran Covid and Career Navigation Vignettes, 2021 (pg 10-12)
- Arizona Roadmap to Veteran Employment, 2015 (13-30)
- Arizona Veteran Workforce Support Video Links, 2021 (pg 31)
- New York Times Article on Be Connected (pg 32)
- Separate Attachment - Empowering Veteran Communities - Be Connected Community Integration and Supportive Services for Suicide Prevention, ASU

History and Highlights

About ACMF

The Arizona Coalition for Military Families is a nationally recognized public/private partnership focused on building Arizona's statewide capacity to care for, serve and support service members, veterans, their families and communities.

Launch

Launched in 2009, the Coalition was created based on a six months needs assessment. A team traveled statewide and spoke with hundreds of service members, veterans, family members, providers and community members to better understand the needs of our military and veteran community. The primary need identified through the assessment was stronger coordination and collaboration among the numerous military, government and community organizations that serve this population.

History

The Coalition was established as a public/private partnership and incubated within the Arizona National Guard as part of the federal Joint Family Support Assistance Program (JFSAP). In 2010, the Coalition moved under the umbrella of a nonprofit fiscal sponsor, which provides administrative support for accounting, finance and human resources.

Recognition

In the decade since, the Coalition has used a collective impact model to engage partners in a common goal of strengthening how our community services, supports and employs service members, veterans and their families. Our Arizona models for state-level collaboration and upstream veteran suicide prevention have been nationally-recognized by two Administrations of the White House, Office of the Secretary of Defense, Secretary of the VA and the U.S. Department of Veterans Affairs, Office of Chairman of the Joint Chiefs of Staff, National Guard Bureau, CDC & CDC Foundation, SAMHSA, and in numerous publications including the New York Times.

Additional recognition and national conference and convening participation highlights include:

The Arizona Department of Veterans' Services was awarded the **VA's Abraham Lincoln Pillars of Excellence Award** for the Be Connected Program.

ACMF was invited to provide testimony to the **House Committee on Veterans' Affairs Subcommittee on Economic Opportunity**

Be Connected was featured in the **New York Times** as an example of a suicide prevention program with bipartisan support.

Arizona's Be Connected program was presentedat the **2019 and 2021 VA/DoD Suicide Prevention Conferences**.

In August 2019, the Coalition and our partners celebrated a decade of collaboration at the **Arizona National Guard**, exactly ten years later in the same location as the launch.

Be Connected was involved with the creation of and featured at the signing of the **President's Executive Order for the PREVENTS** suicide prevention initiative at the White House on March 5, 2019.

The Coalition and the Phoenix VA were recognized as winners of the national **VA Community Partnership Challenge** for partnership in the Be Connected program in 2018.

Arizona convened teams for the **National Governor's and Mayor's Challenges** to Prevent Suicide Among Service Members, Veterans & Their Families from 2018 – 2020.

Arizona's Be Connected program was presented in a breakout session at the **2017 VA/DoD Suicide Prevention Conference** in Denver, CO.

Be Connected was featured at the annual **American Association of Suicidology** conference.

Arizona attended the first Implementation Academy focused on strengthening support for military families at the **2014 SAMHSA Implementation Academy** in Baltimore, MD.

In October 2014, Arizona was invited to present our capacity-building model as part of a best practice showcase of states at the first **National Guard Bureau Joining Community Forces Workshop** at Camp Dawson in West Virginia. In addition to a presentation of our model, there was also a panel discussion with the other best practice states. The event was hosted by General Frank J. Grass, Chief, National Guard Bureau. Also in attendance were Brigadier General Ivan Denton, National Guard Director of Manpower and Personnel, The Adjutants General from all 54 states and territories, representatives of federal JCF partners and teams from the National Guard of each state and territory.

In April 2014, **Colonel James P. Isenhower, III**, from the Office of the Chairman of the Joint Chiefs, presented the keynote address at the 5th Annual Statewide Symposium in Support of Service Members, Veterans & Their Families.

Representatives of ACMF presented at the main conference and the Military Summit at the **2013 National Conference on Volunteerism and Service & Military Summit** in Washington, D.C.

Arizona was invited to participate in the Policy Academies as an alumni state and provide technical assistance to other states going through the process for the first time at the **2013 SAMHSA Veterans Policy Academies** in Washington, D.C.

Representatives of ACMF, the Arizona National Guard and TriWest Healthcare Alliance presented on Arizona's cross-sector integrated training model for suicide prevention at the **2012 VA/DoD Suicide Prevention Conference** in Washington, D.C.

Representatives of ACMF presented at the Summit and main conference on strategies for effective military/community partnerships at the **2012 National Conference on Volunteerism and Service – Community Blueprint Summit for Change** in Chicago.

In conjunction with our annual Symposium and in partnership with SAMHSA, ACMF hosted representatives of ten states for advanced technical assistance training focused on state-level collaboration at a **2012 Technical Assistance Training**.

ACMF was invited to brief the spouses of senior military leaders, including the spouses of National Guard Adjutant Generals from every state, at the **2012 Defense Leadership Conference**.

Arizona's model is highlighted in a report released in April 2012 titled **"Well After Service: Veteran Reintegration and American Communities,"** which focused on highlighting best practices for state-level, community-based models to support service members, veterans and their families. A representative of ACMF was part of a working group that contributed to the dialogue to develop the content of the report in support of the **Joining Community Forces initiative**.

ACMF representative Nicola Winkel was invited to be a part of the **Insight interview series by m/Oppenheim**.

ACMF briefed national key stakeholders and partners on our public/private partnership model for state-level collaboration at the **2011 Office of the Secretary of Defense for Reserve Affairs: Family & Employer Programs and Policies**.

ACMF briefed our public/private partnership model and contributed to the dialogue on best practice approaches for community collaboration at the **2011 Working Group in support of the Joining Community Forces Initiative**.

ACMF was invited to brief our partnership effort and participate in a panel focused on community support for warriors and families at the **2011 Chairman of the Joint Chiefs of Staff panel on Warrior and Family Support**.

ACMF briefed on our Military/Veteran Employment Initiative at the **2011 SAMHSA Veterans Policy Academy**, and a follow-up event included mini-teams from Policy Academy alumni states.

A team from Arizona presented our public/private partnership model at the **2011 Department of Defense Family Resilience Conference** in Chicago.

2011 Roundtable focused on veteran employment with **Admiral Michael Mullen, Chairman of the Joint Chiefs**.

ACMF has a **lead role** in implementing the action plan developed by a team of Arizona public and private stakeholders at the **SAMHSA Veterans Policy Academy** in Washington, D.C., in 2010. ACMF participated in follow-up Policy Academies on state-level collaboration and tribal veterans in 2011.

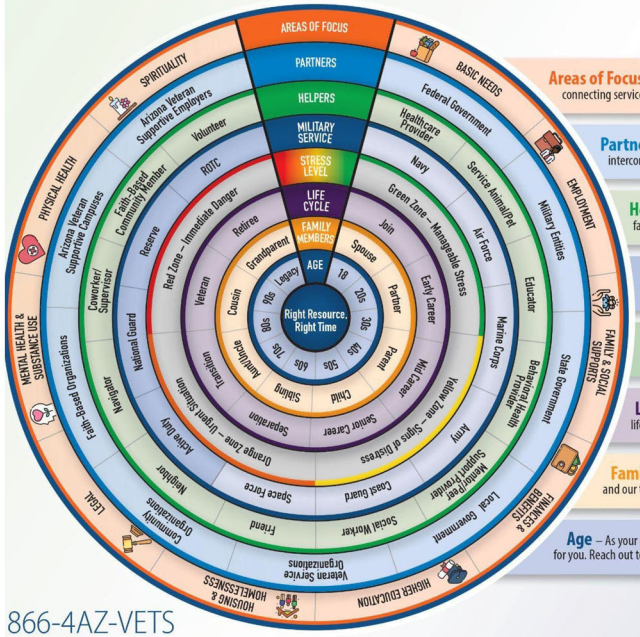
ACMF was invited to present the **public/private partnership model** used in Arizona as a best practice approach for fostering state-level collaboration in support of service members, veterans and their families at a **2010 Roundtable hosted by the White House National Security Council Staff and the Office of the Secretary of Defense**.

Arizona was **one of ten** states to participate in a **SAMHSA Veterans Policy Academy**. The team consisted of leadership from key stakeholders from military, government and community organizations. The team developed an **Action Plan** with ACMF as the umbrella and facilitator to implement the plan.

The Be Connected® Ecosystem of Support

We're on a mission to connect every Arizona service member, veteran & family member to support and resources through our Ecosystem of Support – a unified network of people, organizations and communities.

beconnected
CONNECT EVERY VETERAN



Areas of Focus – Be Connected focuses on all of the social determinants of health, by connecting service members, veterans & family members to support and resources.

Partners – We deliver services and support through our unified, statewide, interconnected partner network, enabling us to maximize our collective impact.

Helpers – Helpers play a key role in engaging and connecting people and families to the resources and support they need, when they need it.

Military Service – We're here for all service members and veterans – regardless of branch, component, length/era of service and discharge status.

Stress Level – Our upstream approach means support is available across the stress levels, with a goal of earlier intervention.

Life Cycle – Be Connected offers resources throughout the military life cycle, from the start of service to separation and beyond.

Family Members – Every family member matters to Be Connected and our team is here for you with support and connection to resources.

Age – As your needs change and evolve throughout your life, Be Connected is here for you. Reach out to our team today for personalized support.

866-4AZ-VETS
www.ConnectVeterans.org

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Additional Recommendations From our Partners

The following are additional recommendations for ways the VA and DoD can collaborate with the community to support service members, veterans and family members around employment, health, education and more. These recommendations were gathered from Be Connected partners and compiled by the Arizona Coalition for Military Families.

Increasing Services for Families and Healthcare

- The VA does a great job in creating communication toolkits for facility public affairs officers. The toolkits contain valuable marketing strategies to ensure the Veteran population is aware of the outstanding services we provide. However, **we need to expand the reach to our DoD partners, enabling a two-way continuum promoting the healthcare services we both offer.** If we can gain access to outside email distribution lists, we can continue to utilize our platforms to foster collaborative opportunities.

Direct Outreach and Service Delivery Opportunities Examples

- **We are looking forward to working with the VA and incorporating Be Connected into the Somers Veterans Network of Support efforts from legislation signed into law last year.** This legislation provides transitioning veterans with the opportunity to designate up to 10 loved ones who can receive updates from the VA regarding services, programs and partners available to the transitioning service member. The pilot program is set to start in the next six months and is anchored in recognizing that loved ones are a critical part of the equation during the transition, especially given that research shows it can be challenging.
- **Share more of each other's resources and programs when we are out in the community.** For example, Be Connected is sharing the Military Family Relief Fund Program at all community presentations. In addition, the Arizona Department of Veterans' Services and the three VA healthcare systems will share Be Connected special projects with their clients and networks, such as the Essential Needs project, the Transportation project, and the COVID-19 Relief project.
- **Increase the compensation and awareness of AmeriCorps Volunteers, and VA Workstudy.** In Arizona these are dedicated Be Connected assets, used by the Active Duty, Family Program Offices, and Cities like Surprise, Arizona, supporting the service members, veterans and their families in the surrounding community. For example, Arizona@Work for Employment, Surprise IHELP/ Phoenix Rescue Mission for Homelessness, VITA Free Tax Service & Support, AHCCCS & SNAP Assistance and Chance Shelter of our Furry Friends.

Arizona Veteran Be Connected Vignettes, 2021

A support line team member received a call from the daughter of a senior Army veteran, who was experiencing quite a bit of frustration due to not receiving callbacks for follow-up appointments for her father who was recently diagnosed with cancer. She said they had tried calling the VA and were unable to talk to anyone about making an appointment, including having issues navigating to the right place to schedule appointments. The support line team member was able to call the VA and get transferred to the appropriate scheduling department, and then warm-transfer the veteran's daughter to the appointment scheduler so that she could schedule her father's appointments.

A Prescott veteran wrote a message and poem to the Be Connected team, following an interaction with the program for the first time: "It is remarkable how much you have accomplished in such a short period of time. After fifty years of frustration, in four short days you have renewed my confidence and my hopes for a real solution."

A team member, who is also a veteran, was experiencing issues with their apartment and these issues made the living situation difficult. A fellow team member noticed the colleague was distracted by the issues they were encountering and called the Be Connected support line on their behalf. The support line team was able to compile and provide several legal and housing resources to the team member in just a few short hours.

The Be Connected team was asked to assist the Maricopa County Courts with the first ever virtual Legal Standdown, as the in-person event was cancelled due to COVID-19 restrictions. The support line conducted preliminary screenings and set up virtual appointments for veterans, while the navigator team went into the community to assist veterans with attending their virtual appointments, including supplying equipment and connectivity. Two Be Connected partner organizations, U.S. VETS and Phoenix Rescue Mission, donated the devices for the veterans to privately hold these virtual appointments, with or without navigator support.

A northern Arizona veteran received a shocking medical bill in the mail from an ambulance ride late last year. His nearest community navigator stepped in to advocate for him, including contacting the billing organization, with the veteran present. The navigator's support enabled an understanding to be achieved between the organization and the veteran, where the organization agreed to pay the $2,000 service fee owed by the veteran. This resulted in reduced stress for the veteran, who shared his appreciation of the program with the navigator.

A navigator team lead assisted an elderly Army veteran, who had medical concerns regarding getting his license back. Up to this point, the veteran had received traffic fines amounting to over $3,000. The fines sparked a financial crisis for the veteran that was also affecting his housing, troubled further by the inability to transport himself to his medically-necessary appointments. The navigator reached out to the local Veteran Justice Outreach (VJO) office to request assistance connecting to the homeless court. The VJO offered to assist the veteran during the homeless court hiatus, due to COVID-19. The navigator was able to connect him to the local Veterans' Court and coordinate an upcoming court date for the veteran. The navigator was later informed the proposed petition included 8 hours of community service. All fines were dismissed,

and the veteran was notified that he should be able to get his license back and transport himself to medical appointments—among other things! The navigator continues to support the veteran with housing and other needs.

A Korean war veteran requested assistance with setting up a new Jitterbug telephone, due to reception problems with another carrier. The navigator was able to successfully set up his new telephone and train the veteran on making and receiving calls, voicemail retrieval and text messaging. The navigator also connected the cellular telephone to the veteran's home wi-fi in order to alleviate some connectivity issues due to the veteran's rural location. Additionally, the veteran requested help with setting up one-click links to his frequently accessed links on his computer. This veteran was overjoyed when the navigator completed all requested tasks, as he would now be able to stay connected.

A support line specialist received a few calls from veterans attempting to retrieve their DD-214s, but who have been unable to do so due to the National Archives being closed (other than for death/burial purposes). The specialist was able to show each of these callers how to use the VA.gov website to get to Milspec, the portion of the website that enables users to retrieve a copy of their DD-214.

A transitioning service member was placed in a SkillBridge opportunity, but the organization was not able to offer the service member employment upon the completion of the SkillBridge. As a result, he was feeling very stressed. A career specialist was able to connect with the service member and talked him through some practices to relieve the stress. Once the service member was able to regroup, the Career Navigation team scheduled a one-on-one meeting with him to coach him on personal branding, leveraging LinkedIn networks and resume best practices. The following week, the service member reached out to the Career Navigation team and said, "Man, I love your approach of coming at me from a mental health perspective and giving me time to absorb the stuff in the Career Nav process… I feel like I'm so much more prepared with you taking this holistic approach."

A veteran went through the Career Navigation program and earned a career placement with a starting salary of $95,000. He utilized multiple services within the program--personal branding, tailoring resumes and interview support and preparation. After securing his position, he followed up with the Career Navigation team to update them on his success, mentioning that he absolutely loved the program and would appreciate the opportunity to mentor others as they work through the different aspects of the program.

COVID-19 & Career Navigation Vignettes

An Air Force veteran was laid off from his position because of COVID-19. This veteran was in need of stable housing for his partner and young child, as well as a new job. Funds were provided for rental assistance and the veteran was connected to the Career Navigation program. As a result he was able to secure employment. He is very relieved and appreciative of our coordinated efforts in support of his family and new career opportunities!

A Hopi Army veteran and family of five were referred into the program due to hardship caused by COVID-19. He has lost wages due to reduction of hours, and the COVID relief fund was able to pay his auto payment and upgrade his propane tank to keep his family warm.

An Air Force veteran, who is currently a college student, was impacted by COVID-19 when the pandemic shortened the school semester. A reduction in the semester hours dramatically impacted the GI Bill monthly stipend he received for both December and January. As a result of the grant, our team was able to provide coverage of his December rent and cell phone bill. He was truly speechless over the support for his family!

A Navajo Marine Corps veteran lost employment in July 2020, followed by his wife falling ill with COVID-19. This veteran struggles with PTSD, and assistance was provided to him, his wife and two small children by covering auto insurance, a car payment and cell phone bill.

A 100%-disabled Army Special Forces veteran was in need of housing stability for his wife and three children after a reduction in job hours due to COVID-19. Funds were provided to help them maintain stable housing. When he found out that his family was approved for financial assistance, and that money was being sent to his landlord, he literally had a shout of happiness!

An Army veteran reached out to our program. His spouse was laid off from her position due to the COVID-19 pandemic, and his salary does not cover their needs. His spouse is currently seeking employment and has been introduced to the Career Navigation team for support. The fund was able to provide stability for this family, which includes a college-age son, by paying their utility bills.

A veteran who had previously worked with the Career Navigation team provided a great update to the team. He completed a SkillBridge placement. Although the employer did not have an open position to hire the veteran upon completion of his SkillBridge placement, he worked so hard during his time with the company that they referred him to a private contractor. This private contractor offered him a position and the veteran is set to begin his new role in mid March.

An individual wasn't finding much success in obtaining a job, despite her well-rounded knowledge in resume writing and other employment-related areas. She then decided to take Career Navigation training sessions and immediately found employment in her field of interest.

On top of being in a field that she considered to be at the top of her career interests, she was also given a high-end salary. She was extremely grateful and expressed her gratitude by saying, "I would not have gotten this job had it not been for the Career Navigation team."

A veteran was facing financial challenges and couldn't pay his bills. The Career Navigation team, who he was in initial contact with, linked him to the Be Connected support line. From there, the support line specialists were able to get him the resources he needed. This success story is special because the veteran identifies himself as someone who doesn't usually ask for help, quoted saying, "I don't usually ask for help. All those programs and resources that are out there are for other people." Thankfully, he gave Be Connected a chance to assist him and he was able to get the resources he needed. He was happy and grateful for the assistance and support and is now actively and regularly engaged with both the Be Connected and Career Navigation teams.

A veteran was having a hard time putting food on the table for her family. After getting connected with Be Connected, the team utilized the COVID Community Support Project to assist her by providing her with a gift card for a local grocery store. Because the veteran was able to feed herself and her family, she was now able to focus on her challenges regarding employment. She was extremely grateful for the Be Connected and Career Navigation teams and their resources.

A veteran was having a hard time finding employment after separating from the military, as he wasn't able to get an employment offer after multiple job interviews. The Career Navigation team had the opportunity to work with him. He was extremely happy to follow the process and practice what the Career Navigation training sessions taught. Immediately after completing the training sessions, the veteran was able to find meaningful employment in a field he highly desired with a high-level salary. "We give people assurances like 'Hey look, we will continue to work with you even after you separate from the military' because a lot of programs, they get dropped or people stop after they leave the military," said a Central Career Specialist with the Career Navigation team. "We continue to follow through...I call it the Aftercare Approach."
In April, a transitioning service member reached out to the Career Navigation team for assistance in regards to SkillBridge opportunities. During the early weeks of March and April, the service member had attended multiple training sessions, which included the Career Navigation Orientation. Further, throughout the months of May through September, the career seeker was given resume education and was connected to multiple Arizona Veteran Supportive Employers. In December, the career seeker informed the Career Navigation team that he was waiting on a formal offer letter.

In May, a transitioning service member reached out to the Career Navigation team for assistance in regards to SkillBridge opportunities. Throughout the months of June through August, the career seeker attended training sessions, including Career Navigation Orientation and worked closely with the team. In August, the career seeker stated that a SkillBridge placement had been obtained through the U.S. Department of Veterans Affairs, as a Supervisory Management Analyst. The career seeker stated that the position would begin the

following month. Throughout the duration of the SkillBridge, the career seeker was contacted by the Career Navigation team to ensure that the process and experience was optimal. In mid January, the career seeker stated that two offers of employment were extended at the conclusion of the SkillBridge, one pertaining to the VA and another with the Arizona Air National Guard. The career seeker chose the latter, accepting a position as a medical officer that will begin at the conclusion of her service contract.

In October, a transitioning service member reached out to the Career Navigation team for assistance in regards to SkillBridge opportunities. During the early weeks of October, the service member had attended various training sessions (Career Connections, Career Navigation Orientation and Career Readiness, formerly known as the Resume Webinar). The following month, the employer engagement team reached out to an Arizona Veteran Supportive Employer and connected the career seeker's resume to the employer through a direct hiring contact. Within a few days, the employer sent correspondence to the employer engagement team stating that they would like to move forward with the SkillBridge opportunity for this particular service member. From that point forward, the service member was guided by the Career Navigation team to complete necessary preparation, including job-related assessments. The service member began the SkillBridge opportunity with the employer.



ARIZONA ROADMAP TO VETERAN EMPLOYMENT:

A STATEWIDE PLAN TO CONNECT SERVICE MEMBERS, VETERANS & THEIR FAMILIES TO EMPLOYMENT, TRAINING AND RESOURCES

Recommendations and next steps for:
Job Seekers · Employment Service Providers
Employers · Community Members

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INTRODUCTION

Arizona is home to over 625,000 service members and veterans from all branches and eras of service. These individuals and their families are a great asset to our state and our workforce.

Over the last several years, unemployment and underemployment among this population has been a continuing concern. At a time when more resources are focused on this issue than ever before, there are still gaps in the process of military-affiliated job seekers gaining employment.

In order to effectively focus our efforts statewide, key stakeholders have contributed to the development of the **Arizona Roadmap to Veteran Employment**. This initiative encompasses job seekers, employment service providers, employers and the community at all levels; the overall goal is to clearly identify action steps for each group in order to connect service members, veterans and their family members to employment opportunities, training and resources.

This is an entirely Arizona led and developed initiative and is the first of its kind in the nation. While there are many positive efforts to promote veteran employment across the country, many have fallen short of enacting lasting changes. This comprehensive approach facilitates the systemic change that is necessary in order to produce a collective and sustainable impact, and provides a foundation for innovative solutions and partnerships.

Service members, veterans and their families bring valuable skills and experience to the nation's workforce. A renewed, collaborative, cross-sector focus on this issue will help ensure that every potential employee has the opportunity to be competitive in Arizona's workforce and give Arizona's employers the opportunity to fully benefit from their participation in the civilian workforce.

For more information and updates:
www.ArizonaCoalition.org/employment
roadmap@arizonacoalition.org

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ROADMAP DEVELOPMENT PROCESS AND PARTNERS

The Arizona Roadmap to Veteran Employment was developed in partnership by public and private sector organizations, with the Arizona Department of Veterans' Services and the Arizona Coalition for Military Families taking the lead role of convening stakeholders, collecting data and fully developing and implementing the plan. Development of the Roadmap included roundtables, an online survey and a feedback process from stakeholders statewide.

"I still have a great deal of experience and knowledge to offer...I have a desire to continue working and being a productive citizen in this great country."

— Job Seeker,
Arizona Roadmap Survey

The **Arizona Department of Veterans' Services** is the state agency that enriches and honors Arizona's veterans and their families through education, advocacy and service. The department provides direct services to help veterans connect with their VA benefits through 19 Veterans Benefits Offices statewide; two skilled nursing Veteran Home facilities in Phoenix and Tucson; one Veterans' Memorial Cemetery in Sierra Vista with additional cemeteries planned in Northern Arizona and Marana; and a Fiduciary to provide conservator and guardian services for incapacitated veterans.

In addition, the Arizona Department of Veterans' Services provides critical, statewide coordination and technical assistance to public and private sector organizations serving veterans. This includes a focus on targeted populations such as veterans experiencing homelessness and women veterans, as well as partnering to build community capacity to address veteran employment and higher education.

DVS.AZ.gov

ARIZONA COALITION FOR MILITARY FAMILIES
BUILDING SUPPORT FOR ALL WHO SERVE

The **Arizona Coalition for Military Families** is a nationally-recognized public/private partnership focused on building Arizona's statewide capacity to care for and support all service members, veterans, their families and communities. Since launching in 2009, the Coalition has been recognized as a best practice model by the Office of the Chairman of the Joint Chiefs, National Guard Bureau, the Joining Forces Initiative, the Substance Abuse and Mental Health Services Administration, the Points of Light Foundation and other national stakeholders.

With a common vision of no wrong door and no wrong person, the Coalition facilitates coordination and collaboration among military, government and community organizations; provides training & technical assistance; and builds infrastructure to connect people and families to the right resource at the right time. The fiscal sponsor and administrative service organization for the Coalition is Empowerment Systems, Inc., an Arizona nonprofit and 501(c)(3) tax-exempt organization.

www.ArizonaCoalition.org

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WHAT ARE THE GOALS FOR THE ROADMAP?

Job Seekers:
Job seekers and employees have access to information and support resources for their job search and career progression.

Employment Service Providers:
Employment service providers are equipped with the training, contacts and resources to effectively assist job seekers with job search and barriers to employability.

Employers:
Employers know the value of these employees, how to connect to this pool of job seekers and can effectively capitalize on and retain employees.

The Roadmap will also provide a platform for innovative solutions and partnerships and serve as a way to document and share best practices implemented by employers, employment service providers and other key partners.

EMPLOYMENT EQUATION

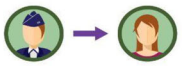
The Roadmap is structured around an employment equation that focuses on the interests and needs of different key stakeholder groups, as well as the relationship between those stakeholders, with an end goal of successful hiring and retention.



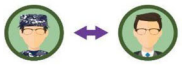
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WHO ARE THE JOB SEEKERS?

Active Duty Service Members Transitioning from Military Service
This includes service members of all ages who are exiting the military at different stages of their career (e.g. 20+ years of service, medical retirement, less than 20 years of service).



National Guard & Reserve Service Members
This includes those who are transitioning out of the military, as well as those who are continuing to serve on part-time status but seeking full-time employment.



Veterans
This population includes those who are no longer serving in the military and is comprised of people spanning all age ranges.



Spouses, Significant Others & Family Members
A recent national report indicated that 90 percent of active duty military spouses are underemployed. In addition to spouses, other family members may be experiencing challenges in finding employment that can negatively impact the well-being of the family.



The unemployment rate is disproportionately high for veterans ages 18 to 24.

— US Bureau of Labor Statistics

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FACTORS THAT MAY AFFECT JOB SEARCH

What is their current status?
Different challenges may arise for job seekers depending on whether they (or their family member) are serving on active duty, planning to transition out of the military, serving part-time in the Reserve/National Guard or already separated from the military.

What is their time of service?
Time of service for military/veteran job seekers can vary, with some having served 4 years or fewer, while others have served for 20 years or more.

Where are they located?
Job seekers may already be living where they wish to find employment, but many desire to relocate after leaving military service.

What are they accustomed to?
Some service members and veterans have only experienced the military workplace (structured, full-time, ongoing access to training and education, clear paths for advancement, an environment of service), while others may also have experience in civilian workplaces before, during or after military service.

What are the unknown factors?
Some job seekers may be experiencing personal issues that are not apparent to others, which could affect their ability to gain and maintain employment.

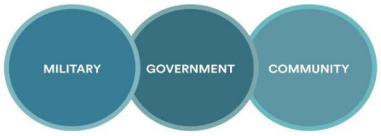
Benefits of Hiring Veterans:

Advanced team-building skills, strong organizational commitment and experience in diverse work-settings.

— The Business Case for Hiring a Veteran: Beyond the Clichés

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WHO ARE THE EMPLOYMENT SERVICE PROVIDERS?



It is very common for service members, veterans, and their families to access resources in multiple systems of care.

Military
These programs offer assistance to currently serving military members, transitioning members and their families.

Government
All levels of government (federal, state and local) provide various services designed to help people find employment. Some are focused exclusively on assisting military-affiliated job seekers, while others are available to everyone.

Community
Private, community-based organizations (including both nonprofit and for-profit) provide employment services varying in size and scope depending on the agency. Some focus solely on helping job seekers find work, while others offer employment services as a part of their overall mission.

In addition to organizations that provide direct assistance for finding employment, there are a range of other military, government and community resources that impact the lives of service members, veterans and their families as they connect to employment and advance their careers. This includes institutions of higher education, programs focused on entrepreneurship, trade associations and others.

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WHO ARE THE EMPLOYERS?

When looking at Arizona employers, it is vitally important to consider the size of each employer, as approaches and efforts to hire military-affiliated job seekers will vary based on size, resources and industry. Here is a simple breakdown of what designates an employer's size:

As of 2010, businesses with fewer than 500 employees represented 97% of employers in Arizona and employed 45% of the private-sector labor force.

— U.S. Small Business Administration

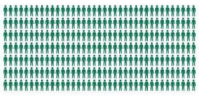
Microbusiness:
1–5 employees



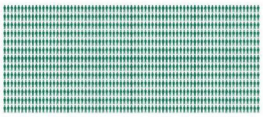
Small Business:
6–49 employees



Medium Business:
50–499 employees



Large Business:
500+ employees



The Arizona Commerce Authority is focused on recruiting, growing, and creating businesses in these key sectors:

- **Aerospace & Defense**
- **Technology & Innovation**
- **Renewable Energy**
- **Bioscience & Health Care**
- **Optics/Photonics**
- **Advanced Manufacturing**
- **Advanced Business Services**

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ISSUES EXPRESSED BY JOB SEEKERS



"It's not just about finding a job; it's about celebrating a new phase of civilian life and enjoying all that we have been fighting for."

— Job Seeker, *Arizona Roadmap Survey*

35% of employed survey respondents consider themselves underemployed.
32% did not access any employment service provider programs.

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ISSUES EXPRESSED BY EMPLOYMENT SERVICE PROVIDERS



"There is a huge disconnect between the military transition and workforce systems. There are also many programs out there to serve vets that are not working together resulting in duplicative services."

— Employment Service Provider, *Arizona Roadmap Survey*

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ISSUES EXPRESSED BY EMPLOYERS



"We have had several veterans in our employ and have always found them loyal, hardworking, and knowledgeable...they make good leaders within our company."

— Employer, *Arizona Roadmap Survey*

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RECOMMENDATIONS FOR JOB SEEKERS

The goal of this Roadmap is to strengthen opportunities for you to become employed and grow your career. These are a few things to keep in mind and focus on as you engage in your job search:

Know your potential
Be clear on what you bring to an organization as a potential employee. Your military service and experiences are valuable and many employers believe there is great benefit to hiring someone with a military background or affiliation.

Focus on your job search
Measure your expectations regarding the time, effort and energy that it takes to land a position. Know that the market is competitive and that finding a job fitting your experience and interests can take time. Think of your job search as your full-time job in itself and one that might require developing your skills in different areas, such as networking, interviewing and learning about specific companies you are interested in.

Manage the transition
Consider what you can do to manage the challenges that may accompany this transition. This can include managing your expectations of the job search process and planning ahead while still in the military when possible.

Actively engage in available support resources
Great efforts are being made to honor your service by providing support and assistance for the job search process, but it is your responsibility to take full advantage of what is available to you.

Consider alternative & targeted approaches to finding employment
Traditional full-time employment is just one of the ways to enter the civilian workforce. Consider other opportunities, such as apprenticeships, internships, service learning or vocational training.

Next steps for Job Seekers

1. Complete the job search checklist (available at the website below) to determine your next steps.

2. Connect with an employment support program (locations are available in every county statewide to assist with your job search).

3. Find supportive services to address areas such as housing, finances, family stress and physical health.

Learn more at **www.ArizonaCoalition.org/employment** (navigate to the job seeker section).

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GUIDELINES FOR CARE FOR EMPLOYMENT SERVICE PROVIDERS

The *Guidelines for CARE* for employment service providers to become a partner organization on the Military/Veteran Resource Network were developed for our community by our community with the input of service members, veterans, family members, partners, providers and stakeholders. Keep in mind that the Arizona Department of Veterans' Services (ADVS) and the Arizona Coalition for Military Families (ACMF) can provide training and technical assistance necessary to fulfill the list of requirements for each of these areas:

- **Connect** to the Culture
- **Ask** the Right Questions at the Right Time
- **Respond** Effectively
- **Engage** in the Military/Veteran Community

By becoming an Employment Service Provider partner organization, you will have access to a range of training, technical assistance and support, and have the opportunity to strengthen service delivery, coordination of care and connection to service members, veterans and their families.

Next Steps for Employment Service Providers

1. Connect with ADVS/ACMF for orientation and any needed technical assistance.
2. Schedule any needed training.
3. Implement any needed policies/ procedures.
4. Complete the application process to become a partner organization.
5. Build your organization profile and share best practices.

Learn more at **www.ArizonaCoalition.org/employment** (navigate to the employment service provider section).

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GUIDELINES FOR CARE FOR ARIZONA VETERAN SUPPORTIVE EMPLOYERS

The Arizona Veteran Supportive Employer designation is based on Arizona's *Guidelines for CARE*, developed for our community by our community with the input of service members, veterans, family members, partners, providers and stakeholders. The Arizona Department of Veterans' Services (ADVS) and the Arizona Coalition for Military Families (ACMF) can provide all the training and technical assistance necessary to fulfill the list of requirements for each of these areas:

- **Connect** to the Culture
- **Ask** the Right Questions at the Right Time
- **Respond** Effectively
- **Engage** in the Military/Veteran Community

By becoming an Arizona Veteran Supportive Employer, you will have access to a range of training, technical assistance and support, and have the opportunity to strengthen hiring and retention of military-affiliated employees.

Next Steps for Employers

1. Connect with ADVS/ACMF for orientation and any needed technical assistance.
2. Schedule any needed training.
3. Implement any needed policies/ procedures.
4. Complete the application process to become an Arizona Veteran Supportive Employer.
5. Build your organization profile and share best practices.

Learn more at **www.ArizonaCoalition.org/employment** (navigate to the employer section).

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RECOMMENDATIONS FOR COMMUNITY MEMBERS

Everyone in our community can have an important role in strengthening support for service members, veterans and their family members:

- Extend support and encouragement to service members, veterans and their families wherever you encounter them (community, school, workplace, etc.).
- Sometimes just listening and sharing a resource is enough.
- Consider becoming a Military/Veteran Resource Navigator to learn how best to connect a person or family into the available network of services and resources.
- Encourage organizations you are connected to, whether through your employer, civic group, faith-based community or other organization, to get involved in strengthening support for Arizona's military, veteran and family population.

Next Steps for Community Members

1. Keep key resources on hand to share with service members, veterans and family members when needed:

Veterans Crisis Line 1-800-273-8255 PRESS 1

Access confidential help 24/7, by phone, chat and text
www.VeteransCrisisLine.net

MILITARY/VETERAN RESOURCE NETWORK
MILITARY · GOVERNMENT · COMMUNITY

Connect to Arizona-specific resources and information
www.MilitaryVeteranResourceNetwork.org

2. Attend a Military/Veteran Resource Navigator training (find the schedule of upcoming trainings statewide at www.ArizonaCoalition.org/events/navigator-training).
3. Connect organizations you are affiliated with to the Arizona Department of Veterans' Services & Arizona Coalition for Military Families to become partner organizations.

Learn more about the Roadmap at www.ArizonaCoalition.org/employment.

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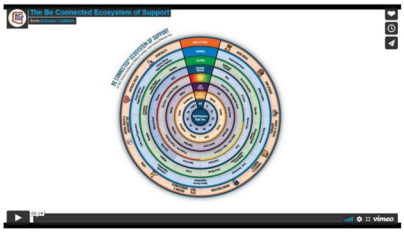
FRONT COVER PHOTO CREDITS (left to right, top to bottom): U.S. Air Force photo/Maj. Gabe Johnson, U.S. Marine Cpl. Giovanni Labello, U.S Air Force photo/Airman 1st Class Jerilyn Quintanilla, U.S. Air Force, Gunnery Sgt. Bill Lisbon, Lance Cpl. Laura Cardoso, U.S. Air Force photo/Airman Jerilyn Quintanilla, Cpl. Austin Hazard, Sgt. Dean Davis, U.S. Air Force, U.S. Army, Senior Airman Rashaunda Williams, U.S. Air Force photo/ Staff Sgt. Gary Matthieson, U.S. Army, Cpl. Reba James, U.S. Navy photo/Mass Communication Specialist 1st Class Janine Deneault, U.S. Marine Pfc. Sean Dennison, U.S. Air Force, Cpl. Austin Hazard


www.ArizonaCoalition.org/employment | roadmap@arizonacoalition.org

Arizona Veteran Workforce Support Video Links:



Arizona SkillBridge program overview:
https://vimeo.com/257536644



Be Connected Ecosystem of Support: https://vimeo.com/538524444

The New York Times

Program to Prevent Suicide by Veterans Earns Bipartisan Support



Gloribel Ramos wore body armor and held a plastic rifle so she could better understand the experience of war, during a training session for a program designed to help veterans contemplating suicide.
Conor E. Ralph for The New York Times

By Jennifer Steinhauer

Published Sept. 20, 2019 Updated Sept. 24, 2019

PHOENIX — Gloribel Ramos sunk slightly under the weight of her 32-pound body armor and gingerly gripped a plastic facsimile of an

Program to Prevent Suicide by Veterans Earns Bipartisan Support (Published 2019)

Arizona State University

Empowering Veteran Communities (EVC)

Community Integration and Supportive Services for Suicide Prevention



Empowering Veteran Communities (EVC) Community Integration and Supportive Services for Suicide Prevention



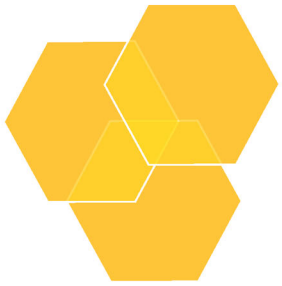
A Multifaceted Approach

In order to address the increasing national rates of Veteran suicide, novel approaches to supporting Veteran communities are required. The purpose of this report is to provide a community integration and supportive services framework that aligns stakeholders and resources in order to empower Veteran communities. This framework is based on an upstream prevention model that leverages community partners to address the social and health needs of Veterans. The policy proposals offered for consideration are the result of profiling such an initiative called ***Be Connected***, an upstream suicide prevention program for service members, veterans, and their families across Arizona.

BACKGROUND

In August 2016, VA published a report on its findings from the most comprehensive analysis of Veteran suicide in our nation's history, examining more than 55 million Veteran records from 1979 to 2014 from all 50 States and four territories. The report built on previous VA Suicide Data Reports, which were an approximation of Veteran suicide rates based on mortality records from only 20 states. Key findings include that in 2014, on average, 20 Veterans died by suicide each day. The Federal Government alone cannot achieve effective or lasting reductions in the veteran suicide rate. This is not because of a lack of resources. It is, in fact, due substantially to a lack of coordination: Nearly 70 percent of veterans who end their lives by suicide have not recently received healthcare services from the Department of Veterans Affairs.

VA relies on its focused outreach efforts targeted at teaching members of the general public, including Veterans, to encourage Veterans at risk of suicide to engage either with VA or community providers/resources. While VA continues to develop and enhance these programs and efforts, they are designed to reduce risk of suicide in the population of Veterans who are under VA care, with a focus on Veterans at high risk and acuity. VA must necessarily rely on external sources and resources to identify and engage vulnerable Veterans outside our system of care before they escalate into acute crisis. As part of this effort, VHA has also collaborated with Veterans Service Organizations (VSOs) that also see the reduction of suicides by Veterans as a national priority.



PROJECT OVERVIEW

Suicide prevention efforts in the literature primarily revolve around secondary prevention efforts (i.e. identifying at-risk populations and connecting them to mental health resources) and tertiary prevention efforts (i.e. identifying suicidal populations and connecting them to mental health resources). Secondary suicide prevention often includes methods of mental health screenings and gatekeeper training to identify individuals at a high risk for suicide. Tertiary suicide prevention is focused on suicidal populations and includes interventions such as psychotherapy, psychiatry, and others. Primary prevention efforts, also referred to as upstream suicide prevention or a public health approach to suicide, targets a general population before suicidal thoughts or behaviors occur and involve interventions that address all social needs.

Preventing suicide requires both reducing risk factors and increasing protective factors. Risk factors can be individual, relationship, community, and societal conditions that are associated with suicide, such as substance use or loss of employment. These risk factors can be fleeting or constant, changing rapidly with an individual's situation and environment. Equally important are protective factors which can reduce the likelihood of suicidal thoughts and behavior. Examples of protective factors include social support and connectedness. Protective factors can be strengthened through formalized social groups, like churches or hobby clubs, but also through casual relationships with your neighbor, librarian, or bartender. A community-driven suicide prevention effort should both address risk factors by connecting an individual's social needs to appropriate resources and also increase protective factors by educating and strengthening the community support system.

The public health model of suicide prevention requires a wide variety of resources that impact the social determinants of health, which are the conditions in which people are born, grow, live, work and age. They are often categorized into six main areas of focus: social, institutional, environmental, lifestyle, medical, and mental. While "downstream" behavioral and physical medical services continue to be critical for reducing risk for suicide, these are not the only opportunities for intervention. More "upstream" interventions require proactive solutions to improve quality of life and prevent the need for "downstream" services, which are often more resource intensive. By supporting services members, veterans and their family members at all factors on the health spectrum, the model works to prevent a mental health crisis before it even occurs.

BE CONNECTED

An example of the upstream model is the Arizona "Be Connected" initiative, a statewide suicide prevention program for service members, veterans, and their families. This initiative is led by the Arizona Coalition for Military Families (ACMF), a nationally recognized public/private partnership and collective impact initiative focused on building Arizona's capacity to care for, serve, and support the military, veteran and family community.

In 2010, the Arizona National Guard experienced the highest rates of suicide in its recorded history. In collaboration with the Adjutant General and numerous stakeholders across the state, the ACMF led the development of a program specifically for the 8,000-member Arizona National Guard called "Be Resilient."



This comprehensive effort reduced suicide among Arizona National Guard members to zero during the three years of operation.

Following passage of the Clay Hunt Suicide Prevention for American Veterans Act in 2015 and with the advocacy of the late Senator John McCain (R-AZ), Arizona would go on to be selected as a pilot site to test new approaches for preventing veteran suicide through VA and community partnership. Thanks largely to the success of Be Resilient, the Be Connected initiative was launched in 2017.

Be Connected is often described as a suicide prevention program that's not focused only on suicide. Similar to a care coordination model, Be Connected helps its clients navigate the complex health and social services systems to connect them to the resources they need. Service members, veterans, and their families across Arizona can access Be Connected by meeting with a resource navigator in-person, calling a support line, matching to resources on a web platform or participating in training to equip helpers. The program has partnered with hundreds of organizations statewide to vet more than 1,400 resources to provide a wide range of services through a single, centralized platform.

The Be Connected model is an exemplar for working toward health equity for the US military and veteran community. The program has been nationally recognized through the Mayors' and Governors' Challenge to Prevent Suicide among Service Members, Veterans and their Families, hosted by SAMHSA and the VA ,and was singled out by the White House as a program of distinction.

There are several key elements of the Be Connected model:

Statewide
Be Connected is a statewide program that operates with a team of teams across multiple organizations and communities around the state.

Active partnership of all major stakeholders (VA, state agencies, nonprofits, etc.)
Be Connected is a true partnership between all of the key stakeholders focus on the military, veteran and family population. As a result of this partnership, stakeholders can collectively accomplish what any one organization alone could not, thereby extending the reach of every organization. One member of the local VA leadership described Be Connected as the "missing link" in serving veterans as it can fill in the gaps where VA is restricted due to eligibility requirements.

A collective impact model with a dedicated backbone team
Be Connected operates with a collective impact initiative model and a dedicated backbone team that works closely with all of the key stakeholders and ensures that the initiative is always advancing.

Capacity-building
Training is a core focus of Be Connected. Online and in-person training is provided to equip everyone in the community as helpers. Training includes military/veteran culture, resource navigation, suicide intervention and more.

Upstream
Be Connected uses an upstream model of suicide prevention, with a goal of connecting people and families to support and resources before they reach the crisis point, across a range of social determinants of health. The program is equipped to assist people in crisis as well when needed.

An open door to all
The program serves all military members, veterans and their families, as well as all providers and community members who are helpers. There are no eligibility restrictions on who the program can assist.

Data & evaluation focused
There is a significant focus on data and evaluation for Be Connected, including developing ways to assess the impact on social determinants of health as a result of the program.

ASU Partnership: A particularly unique partnership exists with Arizona State University's College of Health Solutions, with whom Be Connected has engaged to prioritize data collection and evaluation efforts. Essential evaluation components include daily metrics, support line and navigator encounter data, and the Arizona Veteran Survey, a biennial statewide survey of the military and veteran community. Synthesis of these data help the Be Connected program deliver tailored interventions/ services, document their impact on the individual, organizational, and community levels, and raise awareness of upstream suicide prevention.



PROPOSAL

VA's efforts to reduce the incidence of suicidal ideation, factors and behavior (and suicide completions) among all Veterans will be complemented by establishing a national footprint of state- level collective impact initiatives. These initiatives will be tasked with engaging and organizing military, government and community stakeholders to focus on Veteran suicide prevention and collaborate with their local VAs. Collaborating with community-based providers who are able to implement suicide prevention programs and outreach will proactively increase connection with Veterans that are currently beyond VA's reach. This novel approach is required because on average, 70% of Veterans dying each day by suicide are not under VA care at the time of their deaths; effective partnering and coordination with eligible grantees is thus key to our being able to reduce, if not prevent, the number of these tragic occurrences.

Each city, county, and state are different; some are equipped to handle the return of thousands of post-service veterans and their families. In most places, however, a scattering of services is provided by disconnected agencies and organizations with no national infrastructure to scale state-level initiatives in support of this population.

This proposal would create a community integration and supportive services grant program for suicide prevention modeled on VA's Supportive Services for Veteran Families (SSVF) grant program (PL 110-387). SSVF has been able to leverage partnerships with community-based organizations who use VA grant assistance to provide participants, who may not have had any contact with VA, with supportive services, including outreach, case management, and financial assistance.

These grants will be the connection that brings state and local stakeholders together to align efforts in coordination, collaboration, data collection and service delivery around the issue of Veteran suicide prevention. The President's Roadmap to Empower Veterans and End the National Tragedy of Suicide (PREVENTS) initiative and EVC framework, brings the necessary and unifying resources to empower communities where veterans choose to live and contribute.



STRATEGIC OBJECTIVES

This policy framework proposal supports the PREVENTS Initiative section VI and one of the top five priorities for VA - Eliminating Veteran Suicide.

OVERVIEW & METHODOLOGY

Grants will be given at the community level first to establish a collective impact initiative and state plan and second to implement identified strategies for the coordination of services and prevention of veteran suicide. Technical assistance will be provided throughout the process:

Phase	Activities	Funding	Result
I	Prior to the first phase of collective impact funding, technical assistance will be provided and focused on assisting states in 1) identifying public and private stakeholders 2) designating the entity that will house the collective impact effort and 3) to establish a plan for building a backbone team. The backbone team is one or more individuals who will shepherd the effort forward, complete essential activities to support implementation and to engage and coordinate with national, state and local stakeholders and partners.	Phase one funding will support the creation of the collective impact initiatives and backbone teams.	▪ Designated state-level entity ▪ Established backbone team
II	Once the designated entity and backbone team are in place, technical assistance will be provided for the development of a state plan for addressing Veteran suicide prevention, based on a state scorecard, vulnerability and resilience indexes and selected strategies. Development of the plan will be through a structured process to identify what is currently working, what is potentially duplicative, potential gaps and the segments of the population to prioritize. Submission of this plan will be a requirement to access phase three funding.	Phase one funding supports the operation of the backbone team to develop the state plan.	State plan
III	States will begin implementation of their state plans. Technical assistance will be provided for implementation of the state plan and program evaluation on an on-going basis.	Funding will be provided to implement state-level strategies. Funds will be a combination of baseline funding and optional additional funding based on state/local matching funds.	▪ Program operation ▪ Data collection and evaluation



TOOLS

1) **Vulnerability & Resiliency Index** – Data and other research methods will be used to understand and articulate the risk and resilience profile for segmented groups of Veterans.
   a. This will assist in the creation of the strategic planning as well as needs assessments.
   b. Universities are particularly well positioned to contribute to data collection and evaluation efforts.

2) **Community Scorecards** – Scorecards will be developed to assess the vulnerability and resiliency indexes created to assist with the needs assessment.
   a. Establish common metrics at the national and state level to assess the implementation community grants.

3) **Navigation** – Community organizations need the capacity and capability to assess resources and services available within the geographic area of responsibility, gaps or redundancy in service, and assessing the performance of services coordinated. "Navigation" or the coordination of services follows the assessment of availability.

4) **Network Platform** – A digital tool that affords passive or active "navigation" to the right resource(s) at the right time. There are preexisting models of nationally driven, locally implemented (necessary for a public health approach and collective impact model), that also use a technology network for navigation.

SUPPORT

1) **Policy Academy** – Brings community awardees together to receive specialized technical assistance aimed at developing or strengthening sustainable strategic plans.
2) **Implementation Academy** – Brings community awardees together to receive intensive technical assistance focused on strategic plan priorities and determine optimal ways to implement best practices and define success.
   a. Each Implementation Academy targets a specific topic, connects teams with subject matter experts, and promotes peer-to-peer sharing.
3) **Technical Assistance** – Continuous guidance to strengthen collaboration, increase coordination, and implement evidence-based best practices.
4) **Existing infrastructure** – VA CVEB, SAMHSA Policy Academy and Technical Assistance, CDC technical assistance and others

MILESTONES, METRICS, AND OUTCOMES (EXAMPLES)

1) **Process based**
   a. Program and organizational alignment
   b. Collaboration or partnerships
2) **Outcome Based**
   a. Outreach
      1) Number of veterans and family members identified
      2) Engagement with veterans not actively using the VA
      3) Demographics of outreached and engaged individuals (location, branch, component, gender, age, separation phase, etc.)
      4) Identified needs of engaged individuals
      5) Number of direct service encounters
   b. Resources, services and referrals provided or utilized:
      1) Utilization of earned benefits (GI Bill, VA Home Loan)
      2) Enrollment in VA Health Care
      3) Utilization of community resources
      4) Career readiness preparation and placement
   c. Cost per veteran served
   d. Lower rate of suicide, suicide attempts and calls to the hotline
   e. Improved quality of life
   f. Training conducted (navigator or community support training)

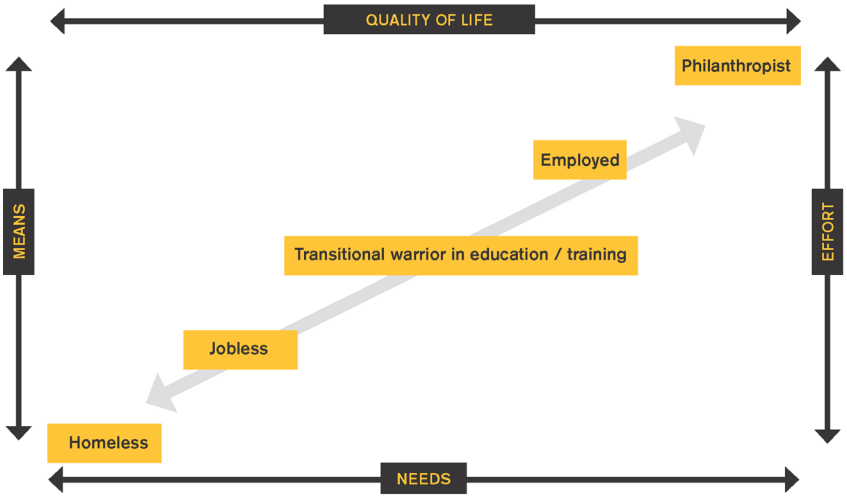
COMMUNITY COLLABORATION - OPERATIONALLY

Develop community collaboration efforts that can find and service all veterans, including the 70% of veterans not using the VA.
Once developed, the community collaboration responds to the needs of the individual veteran by providing the requisite service(s).

- Once a veteran is identified, the collaboration will assess their needs, provide services and continue to move them up the model to improve outcomes.

Ability to Improve an Individual's Quality of Life

While there is a variation of needs within this diverse population, the goal of any veteran community coordination effort should be to improve outcomes and advance veterans regardless of resource intensity.



The "No Wrong Door, No Wrong Person" approach provides veterans with a universal gateway to community services and government programs. It enables clients to approach the agency with the problem they need to address, rather than a preconceived idea of the programs or services they think that they should receive.

Points of interaction and identification are often not just with clinicians (medications, counseling, group therapy, etc...) but also with neighbors, churches, law enforcement, non-profits, VSOs, veteran friendly campuses or employers. In these scenarios, there are not often any singular silver bullets, rather a need to provide a "menu" of services.



Social Determinants of Health

Addressing an array of factors is important for improving health outcomes

For a collaboration to be effective, it will need to respond to diverse veteran populations to proactively connect with all veterans and address their issues. A potential tool for this is community-based training to create more open doors in the community, ranging from people highly trained in intervention to community members who are proactively trained to be an open door.

A Prevention-Focused Community Training Model



Universal (All)
Increased Awareness & Gateway Training

The goal is to reach the population at large and increase awareness of the military, veteran & family population and the gateway for resources and support.



Selective (Some)
Resource Navigation Training

Some members of the community that have a high likelihood of veteran engagement are provided with in-depth training on how to engage and connect a service member, veteran or family member to resources and support.



Indicated (Few)
ASIST (Applied Suicide Intervention Skills Training)

Select members of the community are trained in advanced skills for suicide intervention with veterans at high risk or in crisis situations.

A Framework for Prevention

Not all Veterans have the same risk for suicide, and prevention strategies are most effective when they are matched to a Veteran's or group of Veterans' level of risk

PROPOSED LEGISLATIVE AUTHORITY

The proposed policy would allow VA to provide grants to eligible entities to establish state-level collective impact initiatives. Collective impact initiatives will create an environment for veterans where they can thrive by delivering or coordinating the services and support needed to reduce the risk of suicide. These initiatives are not a substitute for the Department's Suicide Prevention services, but compliment or augment the delivery of existing services. Services should include universal, selected and indicated interventions to promote a public health model of suicide prevention.

POLICY RECOMMENDATIONS

Authorize
the VA Secretary to fund non-federal organizations to coordinate the provision of services that reduce the risk of suicide.

Providing or Coordinating Services
Organizations should have experience coordinating services that improve the quality of life, reduce the risk factors that contribute to suicide and provide suicide prevention services for veterans and their families.

Strategic Planning
Organizations should be able to provide an assessment of need as well as a detailed strategic plan outlining how to coordinate, deliver, or align existing services to improve the quality of life and reduce the factors that contribute to the risk of suicide for veterans and their families.





Provision of Technical Assistance

The VA should work with HHS to provide training and technical assistance to participating eligible entities regarding the planning, development, and provision of suicide prevention services to veterans and their families.

Coordination of Services should include (but not limited to):

- Outreach and screening, capacity to identify veterans at risk
- Education of services and resources available to veterans, families and communities
- Resource navigation
- Peer support services
- Assistance obtaining benefits federal, state and local
- Deliberate coordination with established federal efforts (CVEBs, SAMHSA, National Guard, etc.)
- Other national and local veteran serving organizations

Monitoring and Evaluation

Develop uniform measurement and constant collection for activities conducted, data reciprocity and sharing strategy for research purposes, and ensure the accuracy of the data collected.

- The VA should seek to have an independent third party assessment and validation partner (academia or similar) capable of continued research that improves the evidence-based approach to reduce the risk of suicide.
- Organizations should leverage technology platforms that go beyond capturing encounters to documenting impact in a way that can be aggregated across communities as well as shared or combined with other data sets to create further insight.



Empowering Veteran Communities (EVC) Community Integration and Supportive Services for Suicide Prevention

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