



## Federal Update for November 4 - 8, 2013



### *VA Health Care: Additional Guidance, Training and Oversight Needed to Improve Clinical Contract Monitoring*

#### **What GAO Found**

All 12 contracts GAO reviewed from the four Department of Veterans Affairs' (VA) medical centers (VAMC) visited contained performance requirements consistent with VA acquisition policy. However, the performance requirements lacked detail in six categories: type of provider or care; credentialing and privileging; clinical practice standards; medical record documentation; business processes; and access to care. GAO identified these categories from reviews of VA acquisition regulations, VA policies, and hospital accreditation standards; and VA officials verified that these six categories were an accurate reflection of performance requirements that should be in VA clinical contracts. GAO found, for example, one VAMC cardiothoracic contract that had detailed performance requirements while another VAMC's cardiothoracic contract did not contain a statement describing the contract provider's responsibilities for reporting and responding to adverse events and patient complaints. GAO also found that contracting officials lack tools, such as standard templates, that provide examples of the performance requirements that should be included in common types of clinical contracts. Such tools would help ensure consistency in requirements across contracts.

Contracting officer's representatives (COR) cited two main challenges in monitoring contract providers' performance--too little time to monitor clinical contractors' performance effectively and inadequate training. Most of the 40 CORs at the four VAMCs in GAO's review said that their clinical contract monitoring duties were a collateral duty and that they had other primary responsibilities, such as serving as a business manager or administrative officer for a specialty clinic within the VAMC. GAO found that, on average, each of these 40 CORs spent about 25 percent of their time monitoring an average of 12

contracts. CORs said the demands of their primary positions at times prevented them from fully monitoring contract providers' performance. Further, VA's current guidance related to COR responsibilities does not include any information on how VAMCs are to determine the feasibility of whether a COR's workload--including both COR and primary position responsibilities--will allow them to carry out their tasks as CORs for monitoring contract provider performance. GAO also found that current VA COR training programs focus on contracts that buy goods, not clinical services, and include little information on monitoring responsibilities. CORs questioned the usefulness of the COR training VA uses to prepare them for monitoring clinical contracts.

VA Central Office conducts limited oversight of COR and contract monitoring activities. VA Central Office reviews of COR clinical contractor monitoring activities are limited to a small number of annual file reviews that focus on verifying the presence of required documentation only and do not assess the quality of CORs' monitoring activities. Since implementing the program in March 2013 these reviews have been conducted in 4 of 21 network contracting offices and as of August 2013 none of the 4 offices has received feedback on these reviews. Without a robust monitoring system, VA cannot ensure that all CORs in its VAMCs are properly monitoring, evaluating, and documenting the performance of contract providers caring for veterans.

### **Why GAO Did This Study**

VA must frequently contract with non-VA health care providers so that clinical providers are available to meet veterans' health care needs. While recent studies have disclosed problems with VA's development of contracts for clinical services, there has been little scrutiny of how VA monitors and evaluates the care contract providers give to veterans.

GAO was asked to review VA's efforts to monitor clinical contractors working in VA facilities. This report examines the extent to which VA establishes complete performance requirements for contract providers, challenges VA staff encounter in monitoring contract providers' performance, and the extent to which VA oversees VAMC staff responsible for monitoring contract providers. GAO reviewed VA acquisition regulations and other guidance. In addition, GAO visited four VAMCs that varied in geographic location and selected a nongeneralizable sample of three types of clinical contracts from each of the four VAMCs to review.

GAO discussed how VAMC and VISN staff monitor and oversee these contracts and reviewed contract monitoring documentation.

### **What GAO Recommends**

GAO recommends that VA develop and disseminate standard templates that provide examples of performance requirements for clinical contracts, revise guidance for CORs to include workload information, modify COR training, and improve the monitoring and oversight of clinical contracts. VA concurred with GAO's recommendations.

### **Recommendations for Executive Action**

Recommendation: To improve the monitoring and oversight of clinical contracts, the Secretary of Veterans Affairs should direct the Under Secretary for Health to develop and disseminate tools, such as standard templates, for the most common types of clinical contracts in VA's health care system. Such tools should include performance requirement statements covering key categories of VA health care policy and guidance--such as credentialing and privileging, provider qualifications, and expectations for compliance with critical VA policies and medical record documentation requirements.

Agency Affected: Department of Veterans Affairs

Recommendation: To improve the monitoring and oversight of clinical contracts, the Secretary of Veterans Affairs should direct the Under Secretary for Health to develop and issue guidance on the performance standards that could be included in common types of clinical contracts--including Community-Based Outpatient Clinic, specialty, and temporary clinical provider contracts--to ensure that these performance standards are clearly stated in the contracts and have measurable targets for assessing contract provider performance.

Agency Affected: Department of Veterans Affairs

Recommendation: To improve the monitoring and oversight of clinical contracts, the Secretary of Veterans Affairs should direct the Under Secretary for Health to revise current standard operating procedures for CORs to provide guidance on the number of contracts, based on size and complexity, each COR should manage to

ensure that all CORs maintain a workload that allows them to fulfill their duties as a COR and their primary position responsibilities.

Agency Affected: Department of Veterans Affairs

Recommendation: To improve the monitoring and oversight of clinical contracts, the Secretary of Veterans Affairs should direct the Under Secretary for Health to modify existing COR training to ensure it includes examples and discussion of how to develop and monitor service contracts--including contracts for the provision of clinical care in VAMCs.

Agency Affected: Department of Veterans Affairs

Recommendation: To improve the monitoring and oversight of clinical contracts, the Secretary of Veterans Affairs should direct the Under Secretary for Health to increase Service Area Office and VA Central Office oversight of Contracting Officers and CORs by ensuring that post-award contracting files are regularly reviewed for all network contracting offices.

Agency Affected: Department of Veterans Affairs

## ***COLA 2014 Update ► Anticipated 1.5%***

The Bureau of Labor Statistics announced that it would publish September's Consumer Price Index figure on 30 OCT. That number is the final data point needed to calculate the 2014 COLA for federal and military retirees, as well as Social Security beneficiaries and those receiving veterans' benefits. The government shutdown delayed the announcement of the 2014 COLA figure, which the government planned to publish on 16 OCT. The government, closed for 16 days because of a budget impasse, reopened on 17 OCT. With available data the 2014 COLA was estimated to be around 1.5 percent which was confirmed 30 SEP as what the COLA will be. Retirees received a 1.7 percent COLA bump in 2013 and a 3.6 percent boost in 2012. The 2012 COLA increase was the first since 2008. The 2014 increase takes effect on December 1 and will be reflected in retirees' first annuity payments in January 2014. [Source: NAUS Weekly Update 25 Oct 2013 ++]

## ***Arlington National Cemetery Update ► Section 60 Memento Policy***

Arlington National Cemetery is relaxing its policies to allow family members of those buried in its section for those who died in Iraq and Afghanistan to leave behind small mementos and photos to honor those soldiers, a spokeswoman said 16 OCT. Section 60 is the part of the cemetery that is home to most of those killed in recent fighting. Families in that section had been leaving stones, photos and other mementos at their loved ones' gravesites, even though cemetery policy strictly regulates such impromptu memorials. Responding to complaints, cemetery staff cleaned out some of those memorials recently. Then families who had left the mementos complained about their removal. Patrick Hallinan is the executive director of the Army National Military Cemeteries and Arlington National Cemetery. He met with Section 60 families on 6 OCT, and worked out a compromise that will allow displays through the fall and winter months when the grass doesn't need cutting often, said cemetery spokeswoman Jennifer Lynch. Officials emphasized that items that are unsightly, anything affixed to headstones, dangerous items such as tobacco, alcohol, ammunition, and glass, as well as any item that might pose a risk to workers or visitors. Lynch said the cemetery will review its regulations and policies to see if long-term accommodation can be made. Officials said small mementos will be permitted. Photos will be allowed, but cannot be taped to headstones, Lynch said. [Source: Associated Press 17 Oct 2014 ++]

## ***VA Loans Update ► Buyer's Advantage in Seller's Market***

Veterans may have a leg up with VA loans when it comes to winning bidding wars in a sellers' market. The zero-down feature of VA loans can help eligible borrowers secure the purchase agreement on the home of their dreams in a sellers' market. According to a Forbes article in late February 2013, housing inventory has hit a 13-year low, but buyer traffic remains high. Fewer homes and more buyers are two key ingredients for a seller's market. Though real estate experts are not declaring it quite yet, one might consider the possibility that a seller's market may be brewing. In a sellers' real estate market, home prices are often driven up when the supply is low and the demand is high. Multiple interested buyers can lead to a bidding war and result in a home sale above asking price.

VA mortgages can help eligible borrowers win bidding wars against some conventional borrowers. A borrower looking to obtain a conventional loan normally must show he or she can come up with the cash for the down payment before getting the loan. Most VA loans can be obtained without a down payment; therefore, the zero-down-payment VA borrower will not have to prove that they have liquid assets to obtain a pre-qualifying letter, and would not usually have to meet this extra qualification. In a news release published in March 2011, the National Association of Realtors® (NARS) publicly came forward in opposition to high down payment requirements stating that they can keep many would-be buyers with good credit and income from becoming homeowners. Agents may consider offers less risky if they don't hinge on the buyer having to prove that they have enough money to cover the down payment. Agents frequently advise their clients to take the less risky bid. Eligible borrowers who want to know more about leveraging their VA home loan benefits in a sellers' market should contact a direct VA loan officer. [Source: Military.com | Money Matters | 25 Jul 2013 ++]

## ***VA Claims Backlog Update ► Reduction Momentum Slowed but not Stopped***

The veterans claims backlog continued to drop this month despite the two-week government shutdown and dire claims from Veterans Affairs leaders that momentum on the problem had been lost. VA officials reported 23 OCT that 411,704 compensation claims have been pending for more than 125 days, the 15th consecutive week the official backlog number has decreased. The figure is down about 10,000 cases since 28 SEP. But the decrease appears to contradict VA claims that the government shutdown would hurt efforts to clear the backlog, by depriving the department of funds for mandatory overtime to work on the problem. On 1OCT — the first day of the budget impasse — VA assistant secretary of Public Affairs Tommy Sowers predicted an increase in the number of overdue claims because of the shutdown. A week later, VA Secretary Eric Shinseki told members of the House Veterans Affairs Committee that “the momentum achieved in the past six months (on the backlog) has now stalled with the government shutdown.” He also indicated that the department's stated goal of zeroing out the backlog in 2015 could be jeopardized by the shutdown. In an email, VA officials acknowledged that the backlog did not increase during the shutdown but insisted that it did remain flat during the days department

funding was restricted. That ignores a 14 OCT report putting the backlog about 6,000 cases lower than where Shinseki had indicated just a few days earlier. The department attributes the 10,000-case drop from 28 SEP to 19 OCT to the five non-shutdown days included in that reporting period, and the “hard work of our Veterans Benefit Administration employees” despite the distraction. Republicans in Congress have accused the White House of exaggerating the effects of the shutdown and creating unnecessary hardships to make the budget fight more painful. That included decisions to close national parks and furlough thousands of government employees. VA programs were somewhat insulated from the shutdown, because of millions in advance funding appropriated to the department. That kept veterans hospitals and care centers open and most department employees on the job, but did affect non-essential programs such as the overtime claims work. Since March, veterans claims processors have trimmed the backlog total by an average of 31,000 a month. It is unclear whether the slower progress over the last three weeks will prevent similar progress by the end of the month.

In a statement, House Veterans Affairs Chairman Jeff Miller (R-FL) said he was pleased with the latest numbers. “It's great to see that the government shutdown didn't stop VA's backlog progress,” he said. “If VA's claims processing overtime program, which is now set to resume, is as crucial to success as department leaders claim it is, we expect the backlog to shrink considerably more in the coming weeks.” Ranking member Mike Michaud (D-ME) said there is “no question the shutdown had an impact on the VA and its ability to keep pace with the previous reductions” in the backlog. “While the impact of the shutdown on the backlog doesn't appear to be as severe as some had feared, at the very least, it's comforting to know that the current strategy in place is enough to continue reductions, even without overtime,” he said in a statement. Shortly after the shutdown's end, VA officials announced they would resume mandatory overtime for all VA claims processors, requiring about 20 hours of extra work before the end of November. The department also plans to reinstate mandatory overtime again next spring, an indication that they believe they'll need the extra effort to keep the backlog trend headed downward. [Source: Stars & Stripes | Leo Shane | 21 Oct 2013 ++]

## ***Agent Orange | C-123 Aircraft Update ► VA Asked to Reverse Decision***

Rep. Suzanne Bonamici (D-OR) joined with 19 other members of the House of Representatives to implore Department of Veterans Affairs Secretary Eric Shinseki to reverse the agency's stance against awarding presumptive benefits for Agent Orange exposure to crews who flew aboard C-123 aircraft after the Vietnam War. In a letter dated this week, the congresspersons cited the agency's recent decision to award such benefits to Lt. Col. Paul Bailey, who suffered from cancer that he believes stemmed from his service aboard a C-123 after the war. The Air Force used C-123 to drop the defoliant Agent Orange over Vietnam during the war. Even after the war ended, the planes were deeply contaminated with Agent Orange, which has been determined to contribute to cancers. But the Air Force destroyed many of the aircraft and the VA has not acknowledged that crews who flew in the planes after the war may also have suffered the effects of exposure. A national advocacy effort for C-123 veterans is led by retired Air Force veteran Wesley Carter of McMinnville, who has enlisted the help of Sen. Jeff Merkley, D-Ore. and others in a crusade to have the DoD acknowledge that many of them suffer from symptoms related to Agent Orange exposure. [Source: The Oregonian | Mike Francis | 22 Oct 2013 ++]

## ***PTSD Update ► PE | CPT Treatment Study Planned***

The Department of Veterans Affairs is preparing to launch a 17-site, \$10 million study that will examine the two leading forms of treatment for posttraumatic stress disorder: Prolonged Exposure Therapy (PE) and Cognitive Processing Therapy (CPT). “Our primary goal is to compare the treatments,” said Dr. Paula Schnurr, the study’s lead investigator. “But we’ll also examine which treatments are best for different types of patients; for example, women versus men.” Schnurr is deputy executive director of VA’s National Center for PTSD and a research professor of psychiatry at the Geisel School of Medicine at Dartmouth. “Patient-centeredness is fundamental to the delivery of care in VA,” she said, “and information about the comparative effectiveness of different treatments is a key element of making care ‘patient-centered.’ We want to make sure that Veterans have information that can help them find the care that is best for them.”

In Cognitive Processing Therapy patients learn how to identify, challenge and ultimately neutralize unhelpful thoughts. In Prolonged Exposure Therapy, the patient is allowed to re-experience the traumatic event in a safe and supportive environment and, eventually, engage in activities they've been avoiding because of the trauma. The two therapies are based on differing theories about how PTSD develops. Schnurr said study participants will include male and female Veterans who are experiencing PTSD due to any military event. Half the study population will be randomly selected to receive Cognitive Processing Therapy, while the other half will receive Prolonged Exposure Therapy. Both therapies will be administered in 12 weekly sessions. The study's results will be determined by conducting regular follow-up visits with the participants. These visits will occur at both the middle and the conclusion of the study and then three to six months later. Enrollment in the study is scheduled to begin in March 2014.

Dr. Kate Chard, another member of the research team said, "PTSD is an anxiety disorder that people sometimes develop after witnessing or experiencing a dangerous or life-threatening event. The trauma can be caused by any number of things: exposure to combat, a car accident here at home, physical abuse, a sexual assault..." Chard is a psychologist in the Cincinnati VA Medical Center's PTSD Division. She's also an associate professor of clinical psychiatry in the University of Cincinnati's Department of Psychiatry and Behavioral Neuroscience. "People with PTSD," she said, "often continue to feel anxious or frightened even though the danger is no longer present." Another investigator on the study, Dr. Josef Ruzek said PTSD symptoms tend to fall into three primary categories. "People with PTSD may have flashbacks or intrusive memories about the traumatic event," he explained. "Or they may have a tendency to avoid places or situations that remind them of the event. A third symptom is difficulty concentrating, or getting startled too easily." Ruzek is director of dissemination and training at VA's National Center for PTSD and a faculty member at Palo Alto University. For more information on PTSD, visit the VA National Center for PTSD Website at <http://www.ptsd.va.gov>.  
[Source: VHA | Tom Cramer | 24 Oct 2013 ++]

## ***Independent Budget 2015: Vet View of Most Important VA Issues***

The four Independent Budget (IB) partners have released their critical issues for FY 2015. The IB, which VFW co-authors with AMVETS, Disabled American

Veterans and Paralyzed Veterans of America, provides the Administration and Congress a veterans' view of the most important issues as it pertains to VA healthcare, benefits and infrastructure, as well as issues facing service members as they transition from uniform to veteran status. The IB is in its 28th year of publication and has been praised by Congress as an honest and accurate view of what VA needs to take care of all veterans. The 2015 IB highlights the following five issues:

- Trends in VA Funding. While the demands on the VA health-care and benefits systems continue to grow, funding for these programs is not keeping pace with those demands.
- Completing the Transformation of VA's Benefits Claims-Processing System. Although there is measurable progress in reducing the backlog of veterans' claims, the Veterans Benefits Administration must increase its openness, transparency, cooperation, and collaboration with Congress and veterans service organizations to successfully complete this transformation.
- Maintaining VA's Critical Infrastructure. To provide high-quality, accessible care, the Department of Veterans Affairs must receive adequate funding to maintain current structures and reduce the backlog of critical infrastructure gaps in utilization, space, condition, and safety that are outlined in VA's Strategic Capital Investment Plan.
- Accountability to Veterans and Their Representatives. The Department of Veterans Affairs must ensure its organizational structure, policies, and programs promote good governance to be responsive to the needs of veterans.
- The Continuing Challenge of Providing Specialized Care and Benefits Services to Veterans. The Department of Veterans Affairs must work to provide integrated health services and benefits that meet the needs of newer veterans and veterans from past generations of service.

The full IB will be released in conjunction with the President's proposed budget earlier next year. To read details on the critical issues and review past year's IB inputs go to: <http://www.independentbudget.org/>. [Source: VFW Washington Weekly 18 Oct 2013 ++]

***Homeless Vets Update ► Financial Literacy Impact***

Veterans are more likely to end up homeless not just because of military stressors but also because of poor financial skills, according to new research. A new report in the American Journal of Public Health found that military members in general are less familiar with household budgets, more likely to be targets for predatory lenders and “may not have the opportunity to learn the skills necessary for being financially independent and managing money.” The study — part of a host of new research released by the journal 22 OCT on veterans housing and health issues — might help explain why veterans are overrepresented in the homeless population. Past studies have found that veterans make up about 20 percent of Americans without stable housing, even though veterans are less than 8 percent of the population.

A Department of Veterans Affairs study published in the journal found that about 2 percent of all veterans who sought health care last year were at risk of losing their home or had spent time on the streets. While post-traumatic stress, brain injuries and drug abuse have been established as contributing factors to the homelessness problem, the financial literacy study lists money mismanagement as another dangerous pitfall, and one that’s potentially easier to address. Researchers from the University of North Carolina and Duke University said the study of 1,000-plus veterans from the Iraq and Afghanistan era found nearly one-third had gone over their credit limit, written a bad check or been contacted by a collection agency. About 5 percent of those surveyed spent some time homeless. The median income for the group was \$50,000, and researchers said the financial problems weren’t confined to low-income veterans. “Money mismanagement was reported by a substantial number of veterans and urgently needs to be addressed,” the report said. “Financial education even on simple issues, such as how to create a budget, avoid financial scams, balance a checkbook ... could readily and inexpensively be added into pre- and post-separation work with veterans.”

VA leaders have set a goal of ending veterans homelessness over the next two years and have expanded housing assistance and job training programs. Researchers said the department and military do offer some financial literacy programs, but their effectiveness needs to be re-examined. A VA study out of New York, also published 22 OCT in the journal, found that homeless veterans are six times more likely to consider suicide than those with stable finances. A VA study by Colorado researchers noted that half of all homeless veterans could be

suffering from traumatic brain injury. The special issue of the journal was developed with help from VA and its National Center on Homelessness Among Veterans. In an editorial published with the research findings, VA Secretary Eric Shinseki and Housing and Urban Development Secretary Shaun Donovan said their hope is that the work will increase public focus on the problem. “Homeless veterans — all homeless Americans — must not remain our invisible citizens,” they wrote. “What they need are permanent places to live, jobs, education and quality healthcare.” [Source: Stars & stripes | Leo Shane | 23 Oct 2013 ++]

## ***Vet End of Life Care ► 25% of U.S. Deaths are Vets***

End-of-life care is not a comfortable topic of conversation for most families, but it should be spoken about more often, especially within the veteran community. According to the National Hospice and Palliative Care Organization, 26 million veterans are living in the United States today. Twenty-five percent of all deaths in the U.S. are veterans and more than 1,800 veterans die each day. Although these statistics may be surprising, what is even more staggering is the fact that only 33 percent of veterans receive benefits from the U.S. Department of Veterans Affairs; only four percent of veterans die in a VA facility, leaving 96 percent to pass away in a community-based service. The U.S. is seeing many of the veterans who served in World War II, the Korean Conflict, the Vietnam War, the Gulf War, and those who served during peacetime pass away. Finding a community hospice that is trained in veteran services can make a major difference in both the patient and their family’s experience during one’s end-of-life. Hospice providers that are trained in the We Honor Veterans program are equipped to recognize the unique needs of veterans who are facing a life-limiting illness. The program trains caretakers to be sensitive to the notion that lifelong scars left behind from war can come to the surface when a veteran faces a terminal illness.

When you are looking for care for your grandparent, husband or wife who has served, look for caretakers who are trained in veteran issues so they can help you and your loved one achieve a more peaceful ending. In certain cases where there might be some specific needs related to the veteran’s military service, combat experience or other traumatic events, these hospices are able to provide the tools that will support those they are caring for. Not every veteran has unique needs, but there are many aspects that influence a veteran’s ideals and values, which is important for palliative care professionals to be aware of. One should not assume

that a non-combat veteran did not experience extreme stress, as this is not always the case. Individuals who were prisoners of war, those who have experienced Post Traumatic Stress Disorder (PTSD), the amount of time they spent in a war, the branch of service in which they served, their rank and whether they enlisted or were drafted are all factors that caretakers need to consider. Veterans were trained to believe that expressing emotions exudes weakness and it may compromise missions. These same emotion-suppression techniques that were taught during their military training can also be what they employ to handle their own end-of-life circumstances. Although not everyone is the same, many veterans may be happy to celebrate their service. One way you or your hospice caretaker can help do this is by asking the patient if they would like to be issued new medals and awards if they were lost or stolen. The process of replacing the medals will allow for you to gain new knowledge of the veteran's service, while also allowing you to show your gratitude for their sacrifice. Each veteran's war experience is different and should be treated delicately, without prior assumptions. It is very important for the community, families and caretakers to be aware of the differences and sensitivities that veterans experience at the end of life. For more information, visit [www.WeHonorVeterans.org](http://www.WeHonorVeterans.org). [Source: Mission Home Health | Laura Semmler | 29 Oct 2013 ++]

## ***Following is a Summary of Veteran Related Legislation Introduced in the House and Senate Since the Last Bulletin was Published:***

- H.R.3330: Veterans' Independent Living Enhancement Act. A bill to amend title 38, United States Code, to repeal the limitation on the number of veterans authorized to be enrolled in programs of independent living services and assistance administered by the Secretary of Veterans Affairs.
- S.1573: Military Family Relief Act. A bill to amend title 38, United States Code, to provide for the payment of temporary compensation to a surviving spouse of a veteran upon the death of the veteran, and for other purposes.

[Source: <http://www.loc.gov> & <http://www.govtrack.us/congress/bills> 12 Oct 2013 ++]

## ***Veteran Hearing/Mark-up Schedule ► as of 30 Oct 2013***

Following is the current schedule of recent and future Congressional hearings and markups pertaining to the veteran community. Congressional hearings are the principal formal method by which committees collect and analyze information in the early stages of legislative policymaking. Hearings usually include oral testimony from witnesses, and questioning of the witnesses by members of Congress. When a U.S. congressional committee meets to put a legislative bill into final form it is referred to as a mark-up. Veterans are encouraged to contact members of these committees prior to the event listed and provide input on what they want their legislator to do at the event.

- November 4, 2013. Rep Takano, Ranking Member on the House Committee on Veterans Affairs, Subcommittee on Economic Opportunity, is holding a field hearing entitled, “Examining Higher Education Institutions’ Services to Veterans.” The Field Hearing will be held at the Riverside Community College in Riverside, California. VFW and the American Legion were invited to participate.
- November 6, 2013. The Senate Committee on Veterans’ Affairs has tentatively scheduled a confirmation hearing for Mr. Sloan D. Gibson for the position of Deputy Secretary of Veterans Affairs and Ms. Constance Tobias for the position of Chair, Board of Veterans’ Appeals.
- November 6, 2013. The Economic Opportunity Subcommittee, House Committee on Veterans Affairs, will conduct a field hearing entitled, “Texas’ Innovative Approaches to Jobs and Employment for Veterans.”
- November 7, 2013. Economic Opportunity Subcommittee, House Committee on Veterans Affairs, will hold a field hearing entitled, “Complications of Geography: Focusing on VBA Outreach, Accessibility, Leadership and Staffing Efforts to Meet the Needs of Veterans Living in Areas Remote from a Regional Office.” The hearing will take place at 2:00 PM (PST) at the Las Vegas City Hall in Nevada.
- November 13, 2013. The Economic Opportunity Subcommittee of the House Committee on Veterans Affairs will conduct a hearing on November 13, 2013 (originally scheduled for October 23, 2013) entitled, “VA’s Independent Living Program – A Program Review. [Source: Veterans Corner w/Michael Isam 29 Nov 2013 ++]

## ***Native American Veterans:DOL Needs a Clear Plan to Improve Employment and Training Services on Tribal Lands***

### **What GAO Found**

The Department of Labor (DOL) is in the early stages of implementing several of the 2010 report's recommendations, but implementation of the remaining recommendations has not occurred. The agency has begun to take steps to respond to three of the report's six recommendations: improve interagency collaboration, create an advisory subcommittee for Native American veterans, and conduct a needs assessment. To increase collaboration, DOL has conducted several listening sessions with tribal leadership and begun collaborating with agencies that serve veterans, including the Department of Veterans Affairs (VA) and the Department of the Interior's Bureau of Indian Affairs, to learn more about how to better serve Native American veterans. With regard to an advisory subcommittee, DOL is developing a proposal to establish a subgroup for Native American veterans on its existing veterans' employment and training advisory committee, and is considering appointing a representative from the Native American veterans' community to serve on that committee. To assess need, DOL has identified a potential source for data within DOD that provides race and ethnicity and address information for returning veterans that could help better target visits to tribal land, but its plans to acquire these data are still being negotiated and could take time to finalize. However, DOL has taken little to no action on recommendations to increase outreach, pursue program flexibility, and boost economic development. DOL officials told us that leadership transitions and budget challenges have contributed to their limited response to date. In addition, since delivering the report in 2010, DOL has not developed a strategy that specifically establishes roles and responsibilities, goals, costs, and time frames for implementation of the report's recommendations.

DOL could build on its efforts to implement the report's recommendations, even in a constrained budget environment. For example, DOL could expand the collaboration it has begun with other agencies that serve Native American veterans on tribal land, such as the Department of Education (Education). GAO site visits indicated that some Native American veterans received employment services from a vocational rehabilitation program administered by Education. DOL

can consider partnering with this program. DOL could also identify and disseminate lessons learned from states that have collaborated with other agencies and tribal governments. For example, a DOL program in Montana has leveraged other agency resources, such as collaborating with the VA Vet Center to provide both health and employment services to Native American veterans in remote tribal areas using mobile units, an approach that may be applicable in other states. To boost economic development, DOL could review information from its existing grants and guidance on economic development to disseminate to DOL grantees that serve Native American veterans.

### **Why GAO Did This Study**

The unemployment rate for all veterans has risen since the beginning of the economic downturn, but the unemployment rate for Native Americans living on tribal land has been higher. In addition, tribal land is frequently located in remote areas characterized by limited economic development, which can make finding a job challenging. DOL administers several grant programs that provide employment assistance to all eligible veterans, including Native Americans. In response to a statutory mandate, in October 2010, DOL submitted a report to Congress recommending that the agency take actions to increase employment and training opportunities for Native American veterans living on tribal lands. GAO assessed (1) the status of DOL efforts to implement the report's recommendations and (2) whether and how DOL can improve on its efforts to implement the report's recommendations. GAO reviewed federal laws, regulations, and DOL guidance; interviewed DOL, state, and tribal officials as well as Native American veterans; and conducted site visits to tribal lands in four U.S. regions.

### **What GAO Recommends**

GAO recommends that DOL develop a written strategy to implement the 2010 recommendations that incorporates roles and responsibilities, goals, costs, and time frames. DOL should also expand collaboration with other agencies to leverage resources and identify and disseminate lessons learned from prior relevant efforts. DOL agreed with GAO's recommendations.

### **Recommendations for Executive Action**

Recommendation: To strengthen DOL's efforts to respond to the 2010 report recommendations to improve employment services and training opportunities for

Native American veterans on tribal land, the Secretary of Labor should ensure it has a written strategy to position the agency to efficiently and effectively respond to the 2010 recommendations, including the identification of roles and responsibilities as well as the goals, costs, and time frames to complete their implementation.

Agency Affected: Department of Labor

Recommendation: To strengthen DOL's efforts to respond to the 2010 report recommendations to improve employment services and training opportunities for Native American veterans on tribal land, the Secretary of Labor should identify and disseminate lessons learned and promising practices from DOL and other agencies' efforts. To identify such lessons or practices, DOL could: (a) Review efforts by Jobs for Veterans State Grants (JVSG) grantees to improve Disabled Veterans' Outreach Program and Local Veterans' Employment Representative outreach, such as the use of mobile units to conduct outreach on tribal lands; and (b) Review DOL's portfolio of employment and training grants and guidance related to economic development for application to JVSG and the Workforce Investment Act of 1998 Section 166 grantees.

Agency Affected: Department of Labor

Recommendation: To strengthen DOL's efforts to respond to the 2010 report recommendations to improve employment services and training opportunities for Native American veterans on tribal land, the Secretary of Labor should expand collaboration with other agencies to leverage agency resources. This effort could include working through the Advisory Committee on Veterans' Employment, Training and Employer Outreach and other efforts, strengthening relationships with agencies that also serve Native American veterans, such as Department of Defense, Veterans Affairs, Small Business Administration, and Bureau of Indian Affairs, as well as building relationships with other agencies that serve Native American veterans, such as Education and Department of Health and Human Services.

Agency Affected: Department of Labor

## ***VA Meets President's Mental Health Executive Order Hiring Goal***

WASHINGTON (Nov. 5, 2013) – The Department of Veterans Affairs has hired 815 Peer Specialists and Peer Apprentices, exceeding the hiring goal set in President Obama's Aug. 31, 2012 Executive Order aimed at improving access to mental health services for Veterans, service members and military families.

On June 3, VA announced the department met another goal established by the Executive Order by hiring 1,600 additional mental health professionals.

“We have made strong progress to expand Veterans’ access to quality mental health services, but we must continue to increase access,” said Secretary of Veterans Affairs Eric K. Shinseki. “These newly hired employees, Veterans themselves, are uniquely equipped to guide fellow Veterans through difficult issues.”

Peer Specialists and Peer Support Apprentices are a unique cadre of people joining VA's mental health care teams. They are Veterans who have successfully dealt with their own mental health recovery for a minimum of one year. Peer Specialists are trained and certified, while Peer Support Apprentices are undergoing training and certification to become Peer Specialists. An additional component from the Executive Order mandated that all training for these peer counselors would be complete by the end of the year. VA remains on track to meet that requirement.

“We are proud to have exceeded the hiring goal established by the President in his Executive Order,” said Under Secretary for Health, Dr. Robert A. Petzel. “We are well on the way to have all of these new hires trained by the end of the calendar year.”

Specialists and apprentices are working at every VA medical center throughout the country as well as at Community-Based Outpatient Clinics with over 10,000 enrollees. As the Nation's largest integrated health care system, VA cares for more than 6.3 million Veterans annually, and has seen an increase in the amount of service men and women who are dealing with mental health issues. VA's push

to hire Veterans who can provide peer support is a key part of a greater effort aimed at increasing access to mental health care services for the nation's Veterans by hiring thousands of new mental health professionals.

Earlier this year, VA announced a 50 percent increase in staffing for the Veterans Crisis Line (1-800-273-8255), which has been credited with rescuing more than 26,000 actively suicidal Veterans.

This year, VA held [Mental Health Summits](#) at 151 VA medical centers across the country to further engage community partners, Veteran Service Organizations, health care providers and local governments, and to address the broad mental health needs of Veterans and their families.