FEDERAL AGENCY WATCH: Veterans and Traumatic Brain Injury

Federal Agency Watch: Veterans and Traumatic Brain Injury is a synthesis of Federal agency news and activities related to veterans and traumatic brain injury. It is compiled to keep those involved with brain injury up-to-date on Federal activities related specifically with Veterans.

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Department of Defense (DoD) and Veterans Administration (VA) – DoD and VA Agreement Facilitates Specialty Care for Injured Servicemembers

A long-standing agreement helps injured Active Duty Servicemembers receive the specialty care they need.

The memorandum of agreement (MOA) between the Department of Defense (DoD) and the Department of Veterans Affairs (VA) means eligible Active Duty Servicemembers who sustain spinal cord injury, traumatic brain injury, or blindness can be referred to VA medical facilities for healthcare and rehabilitative services.

Servicemembers assisted through the MOA in 2006 averaged 316 per month, 438 per month in 2007, and 504 for the first three months of 2008. Those figures include inpatient and outpatient care.
Many VA medical centers are Centers of Excellence specifically in the treatment of traumatic brain injury, spinal cord injury, and blind rehabilitation.

DoD military treatment facilities (MTF), VA medical centers (VAMC), VAMC staff, and the TMA Military Medical Support Office (MMSO) all work closely to determine when a Servicemember should be referred to a VA facility for care. MMSO works with MTF and VAMC staff to facilitate the healthcare authorizations needed to ensure timely admission of eligible Service members to VA facilities.

Ideally, the injured Servicemember will be treated at the VA facility that is as close as possible to family and home.

Servicemembers may be eligible for care under the MOA regardless of whether they have been seriously injured on the battlefield or in an accident while they are off-duty, such as a car accident or a serious fall.

The MOA, and ongoing efforts to improve it to meet the demands of trauma care, also illustrate how the VA/DoD Joint Executive Council and the VA/DoD Senior Oversight Committee are working to refine existing programs and improve care for veterans, Active Duty Servicemembers, and their families.

For more information about MMSO go to www.tricare.mil/mmso. For more information on VA healthcare benefits go to www.va.gov/health.

**Department of Health and Human Services – Health Resources Services Administration – Maternal and Child Health Bureau – Federal TBI Program Holds Servicemembers with TBI Summit Meeting**

The Federal TBI Program held a Servicemembers with TBI Summit Meeting April 1 and 2. The meeting was invite-only and was attended by Federal TBI Program grantees with activities focusing on servicemembers and also representatives from Federal agencies with a link to servicemembers.

The purpose of the meeting was to inform participants of States’ activities and also of the latest research and activities on the Federal level. Sessions included: “Combat and TBI: Assessment and Treatment Challenges;” “Community Services; Disability Benefits for Wounded Warriors;” and, “Providing Mental Health, Substance Abuse, and Co-Occurring Disorders Services for Returning Veterans and Their Families.” The PowerPoint presentations from the Summit are available at: http://www.nashia.org/conferences/leadership_meeting.html.

Other resources from the meeting included an updated “Assisting Servicemembers with Traumatic Brain Injury Technical Assistance Resource Tool” and an updated “Online Resources for Military Servicemembers, Veterans, and Families.”
“Assisting Servicemembers with Traumatic Brain Injury Technical Assistance Resource Tool” is a compilation of activities and initiatives that benefit servicemembers as reported by 36 State Agency and Protection & Advocacy grantees of the Federal TBI Program. Essential contacts for each State are included. This document is available at: http://www.tbitac.nashia.org/tbics/download/Assisting%20Servicemembers%20TA%20Tool.pdf.

“Online Resources for Military Servicemembers, Veterans, and Families” is an annotated list of Federal government and private organization resources that can be found on the Internet, specifically for military servicemembers, veterans, and their families. An alphabetical index of resources is included. This document is available at http://www.tbitac.nashia.org/tbics/download/tart_online-vets_draft-3-08.pdf.

Brigadier General Loree Sutton, from Defense Center of Excellence for Psychological Health and Traumatic Brain Injury, provided the closing keynote.

Department of Housing and Urban Development (HUD) and Department of Veterans Affairs (VA) – HUD and VA to Provide Permanent Housing for an Estimated 10,000 Homeless Veterans
Department of Veterans Affairs Secretary James B. Peake and Housing and Urban Development Deputy Secretary Roy A. Bernardi announced $75 million to provide permanent supportive housing for an estimated 10,000 homeless veterans nationwide. Bernardi and Peake made the announcement with Mayor Michael Bloomberg at a newly renovated housing program for homeless veterans in Queens and emphasized the Federal and local government's partnership to house and support America's homeless veteran population.

HUD's Veterans Affairs Supportive Housing Program (HUD-VASH) will provide local public housing agencies with approximately 10,000 rental assistance vouchers specifically targeted to assist homeless veterans in their area. In addition, VA and HUD will link local public housing agencies with VA Medical Centers to provide supportive services and case management to eligible homeless veterans.

HUD will allocate the housing vouchers to local public housing agencies across the country that are specifically targeted to homeless veterans based on a variety of factors, including the number of reported homeless veterans and the proximity of a local VA Medical Center with the capacity to provide case management.

HUD will provide housing assistance through its Section 8 Housing Choice Voucher Program which allows participants to rent privately owned housing. The VA will offer eligible homeless veterans clinical and supportive services through its medical centers across the U.S and Puerto Rico. Last year, VA provided health care to more than 100,000 homeless veterans and other services to over 60,000 veterans in its specialized homeless programs. The Bush Administration's proposed FY 2009 Budget seeks to double the
amount of funding announced today to provide an additional $75 million to support the housing and service needs of an additional 10,000 homeless veterans across America.

Local communities or "Continuums of Care" that receive HUD homeless assistance will work with local VA Medical Centers to identify eligible participants. The VA will then screen homeless veterans to determine their eligibility. Those eligible vets will receive treatment and regular case management to retain the voucher. VA Medical Center case managers will also work closely with local housing agencies to help participants find suitable housing. Participating local housing agencies will also determine income eligibility in accordance to HUD regulations for the Housing Choice Voucher Program.


**Department of Veterans Affairs (VA) – VA Research Currents Article**

“Understanding the Effects of Blasts on the Brain”
The April – May 2008 edition of “VA Research Currents” included an article focusing on VA-funded research into the effects of blasts on the brain. (VA Research Currents is produced by the Office of Research and Development to provide stakeholders of VA research with news about research results, new initiatives, major awards, research funding, and other matters of interest.)

The article, “Understanding the Effects of Blasts on the Brain,” is available at http://www.research.va.gov/resources/pubs/docs/va_research_currents_apr-may_08.pdf.

**Department of Veterans Affairs (VA) – VA to Pilot Innovative Remote Benefits Delivery Program**

Rural Montana veterans will now have easier access to Department of Veterans Affairs (VA) benefits information and assistance through an innovative, first-of-its-kind, remote benefits delivery pilot program using video-conferencing technology and staffing support.

This new video conferencing program, along with VA staff and Valley Veterans Service Center (VVSC) volunteers, will provide face-to-face assistance to veterans who don’t live near the Fort Harrison VA regional benefits office. Located in Hamilton, VVSC is a grass-roots organization run by volunteers to assist veterans in Southwestern Montana.

With the help of a trained volunteer, a veteran will be able to go to the VVSC to conduct a videoconference with Ft Harrison VA regional office staff to address any needed items regarding their benefits and claims. VVSC will schedule appointments with veterans on Fridays during normal business hours.

**Department of Veterans Affairs (VA) – VA Taps $37 Million for Homeless Grants**
The Department of Veterans Affairs (VA) is designating $37 million to fund at least 2,250 new transitional housing beds by giving grants to local providers.
The grants are intended to offset the operating expenses for transitional housing facilities operated by State and local governments, Indian tribal governments, and faith-based and community-based organizations that are capable of providing supported housing and supportive services for homeless veterans.

VA began its national effort to eradicate chronic homelessness 20 years ago by providing $5 million for a pilot program to support contract residential care and to create domiciliary care for homeless veterans in San Diego.

Today, VA supports more than 15,000 beds in transitional housing facilities or in VA residential treatment programs nationwide. The Department is the largest Federal provider of direct assistance to the homeless, including outreach and case management, treatment, rehabilitation, transitional residential care, therapeutic work and assistance with permanent housing. As part of its homelessness programs, VA also supports special programs for the treatment and rehabilitation of those suffering from mental illness and addictive disorders.

For more information, visit VA’s grant and per diem program Web page at www.va.gov/homeless/page.cfm?pg=3 or contact VA’s grant and per diem program office toll free at 1-877-332-0334, or e-mail VA at homelessvets@mail.va.gov.

**Department of Veterans Affairs (VA) – Five Years of VA Health Care for Combat Veterans**

Military veterans who served in combat since November 11, 1998, including veterans of Iraq and Afghanistan, are now eligible for five years of free medical care for most conditions from the Department of Veterans Affairs (VA). This measure increases a two-year limit that has been in effect nearly a decade.

The five-year deadline has no effect upon veterans with medical conditions related to their military service. Veterans may apply at any time after their discharge from the military -- even decades later -- for medical care for service-connected health problems.

The new provision, part of the National Defense Authorization Act of 2008 signed by President Bush on January 28, 2008, applies to care in a VA hospital, outpatient clinic or nursing home. It also extends VA dental benefits -- previously limited to 90 days after discharge for most veterans -- to 180 days.

Combat veterans who were discharged between November 11, 1998 and January 16, 2003, and who never took advantage of VA’s health care system, have until January 27, 2011 to qualify for free VA health care.

The five-year window is also open to activated Reservists and members of the National Guard, if they served in a theater of combat operations after November 11, 1998 and were discharged under other than dishonorable conditions.
Veterans who take advantage of this five-year window to receive VA health care can continue to receive care after five years, although they may have to pay copayments for medical problems unrelated to their military service. Copayments range from $8 for a 30-day supply of prescription medicine to $1,024 for the first 90 days of inpatient care each year.

**Department of Veterans Affairs (VA) – VA Creates Office to Coordinate Hiring Vets**

Secretary of Veterans Affairs Dr. James B. Peake announced creation of a Veterans Employment Coordination Service to oversee the Department’s program to recruit new veterans into the VA workforce, especially recently disabled combat veterans.

The new office will work with military transition programs, veterans’ service organizations and other VA programs to promote careers in the VA workforce. The program will also work with VA managers and human resource offices to ensure supervisors are aware of programs for hiring veterans. Efforts to assist severely injured veterans have already begun with the Department’s participation in local career fairs targeting veterans of the Global War on Terror.

In November 2007, VA announced plans to hire 10 full-time regional veterans employment coordinators who provide hands-on assistance to veterans interested in careers at the Department. The new office will oversee the regional coordinators. About 31 percent of VA’s 260,000 employees are veterans, and nearly 8 percent are service-connected disabled veterans. VA ranks first among non-Defense agencies in the hiring of disabled veterans and is second only to the Department of Defense in the overall number of veterans on the workforce. Last fiscal year, VA hired more than 9,000 veterans.

**Department Of Veterans Affairs (VA) – Secretary Appoints Panel of National Suicide Experts**

Secretary of Veterans Affairs Dr. James B. Peake announced the names of members appointed to two special panels that will make recommendations on ways the Department of Veterans Affairs (VA) can improve its programs in suicide prevention, suicide research, and suicide education.

Membership in the first group, the “Blue Ribbon Work Group on Suicide Prevention in the Veterans Population,” will be comprised of government experts in various suicide prevention and education programs. Those experts will come from agencies including the Department of Defense, the Centers for Disease Control, the National Institute of Health, and the Substance Abuse and Mental Health Services Administration.

The five-member work group is expected to meet from June 11-13, and will develop a report with recommendations for the Secretary within 15 days of meeting.
The second group is a nine-member expert panel, made up of nationally renowned experts in public health suicide programs, suicide research and clinical treatment programs, that will provide professional opinion, interpretation, and conclusions on information and data to the work group. It will also make recommendations to the work group on opportunities for improvement in VA’s programs.

Secretary Peake initially announced the formation of the work group during testimony to the House Veterans Affairs Committee on May 6.

**Equal Employment Opportunity Commission (EEOC) – EEOC Addresses Employment of Veterans with Service-Connected Disabilities**

The U.S. Equal Employment Opportunity Commission (EEOC) issued two question-and-answer (Q&A) guides providing technical assistance for employers and veterans on workplace issues affecting veterans with service-connected disabilities.


This new guide for employers explains how protections for veterans with service-connected disabilities differ under the Americans with Disabilities Act (ADA) and the Uniformed Services Employment and Reemployment Rights Act (USERRA). The document further describes how the ADA in particular applies to recruiting, hiring, and accommodating veterans with service-connected disabilities. The EEOC enforces Title I of the ADA, which prohibits employment discrimination against people with disabilities in the private sector and state and local governments. The U.S. Department of Labor enforces USERRA, which applies to the reemployment of veterans with and without service-connected disabilities.

The other new publication, “Veterans with Service-Connected Disabilities in the Workplace and the Americans with Disabilities Act (ADA),” answers questions that veterans with service-connected disabilities may have about the protections they are entitled to when they seek to return to their former jobs or look to find their first, or new, civilian jobs. The document also explains changes or adjustments that veterans may need, because of their injuries, to apply for, or perform, a job, or to enjoy equal access to the workplace.

This guide is available at: http://www.eeoc.gov/facts/veterans-disabilities.html.

Each guide includes a list of resources on where to find more information on USERRA and the ADA; public and private organizations that can assist employers who want to recruit and hire veterans or can help veterans who are seeking employment; and organizations and agencies that can help identify specific reasonable accommodations for veterans with service-related disabilities.
Further information about the EEOC is available on its web site at www.eeoc.gov.

**Veterans Administration (VA) and Department of Defense (DoD) – VA – DoD Program Serves Severely Disabled Combat Veterans**

Bolstering its commitment to improve services to those seriously injured in Iraq and Afghanistan, the Department of Veterans Affairs (VA) and its Federal partners have marked a milestone with establishment of a promised new office and deployment of workers to key military treatment facilities.

In coordination with the Department of Defense and the Department of Health and Human Services, the joint Federal Recovery Coordinator Program is designed to cut across bureaucratic lines and reach into the private sector as necessary to identify services needed for seriously wounded and ill servicemembers, veterans and their families.

A key recommendation of a presidential commission chaired by former Sen. Bob Dole and former Health and Human Services Secretary Donna Shalala, the recovery coordinators do not directly provide care, but coordinates Federal health care teams and private community resources to achieve the personal and professional goals of an individualized "life map" or recovery plan developed with the servicemembers or veterans who qualify for the Federal recovery coordinator program.

At VA, which is coordinating the recovery coordinators’ office, a director has been appointed, Ginnee Quisenberry, and six field staff members are actively working with 85 patients at three major military treatment facilities, with four additional coordinators expected to be appointed soon.

Currently the Federal recovery coordinators are based at three military hospitals most likely to receive severely wounded servicemembers evacuated from the combat theater: Walter Reed Army Medical Center in Washington, National Naval Medical Center in Bethesda, Md., and Brooke Army Medical Center in San Antonio. A fourth site, Naval Medical Center San Diego, will receive two of the additional four field staff expected to be appointed soon.

Though initially based in military facilities, their work seamlessly extends into the patient's civilian life after discharge. Heeding President Bush's charge to ensure these severely injured persons do not get lost in the system, the coordinators actively link the veteran with public and private resources that will meet their rehabilitation needs.

Participating patients will include those with seriously debilitating burns, spinal cord injuries, amputations, visual impairments, traumatic brain injuries and post-traumatic stress disorder.

While initially focused in early stages for current military hospital inpatients, the FRCP involvement is expected to be a lifetime commitment to veterans and their families. The coordinators will maintain contacts by phone, visits and e-mail.
When a veteran settles in a remote area, VA will be able to use multimedia systems that integrate video and audio teleconferencing so that veterans may visit a Federal clinic or private center near their homes to link up with their case coordinator for a meeting.

The Federal agencies are actively discussing ideas for ongoing improvements to the process, including monitoring demand patterns for possible adjustments to staffing as well as improved Web-based information for the servicemember adjusting to civilian life, such as links to a comprehensive guide to governmental and private-sector services integrated with their individual recovery plan and their own health records.

If you have any questions about the above information, please contact Kenneth Currier at 301-656-3145 or khcurrier@tbitac.nashia.org.

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