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Summary of Recommendations

1. Education	
Number	Recommendation
1A.1	The VA should collect data to determine the extent to which veterans are negatively impacted by processing delays as well as the root cause of the delays.
1A.1a	<i>Enhance claim processes to ensure timely payment of education benefit claims to educational institutions and veterans. Payments should be consistent with the fiscal schedules of the institutions attended (may require legislation).</i>
1A.1b	<i>Consider lump sum payments by semester/trimester, etc. (may require legislation).</i>
1A.1c	<i>Identify any issues with forms, instructions and other veterans communication that may be impacting timely processing and implement an action plan to eliminate/remediate.</i>
1A.2	The VA should provide vocational rehabilitation ancillary services, such as tutoring and adaptive computer software, to vocational rehabilitation eligible veterans utilizing GI Bill education benefits (may require legislation).
1A.3	Veterans require additional outreach and assistance to increase the rate of usage of educational benefit programs. VA should analyze usage and develop outreach programs to maximize veteran and survivor usage of existing education benefit programs.
1A.3a	<i>The educational assistance for survivors includes certificate programs, apprenticeships and on the job training in addition to degree programs. The diversity of qualifying educational programs should be communicated.</i>
1A.3b	<i>Consider additional methods of outreach to veterans leaving active service. The outreach should include information on the full range of VA educational and vocational services and benefits; information designed to assist the veterans in connecting with educational institutions and/or potential employers; and information on how to best utilize Montgomery GI Bill Active Duty (MGIB) education benefits.</i>
1A.4	VA should canvas colleges, state programs, and other organizations, to develop, maintain, and publicize an online catalogue of available education assistance resources.
1A.4a	<i>Include available scholarship programs that are unique to veterans or survivors and specific educational institutions.</i>
1A.4b	<i>Provide information on eligibility and availability of state specific benefits for education/training.</i>
1A.5	Many veterans may not be familiar with admissions requirements for various educational institutions. VA should provide assistance with admissions requirements, similar to the resume writing assistance provided through the Vocational Rehabilitation and Employment Program (VR&E). This is particularly useful for veterans who entered military service following High School as a means to further their education.

IA.5a	<i>The VA should serve as a resource with the college/technical school admissions process. This would be similar to the role of a guidance counselor and would include assistance with matching educational goals with institutions of higher/advanced learning, college search, assistance with applications, information on the SAT, etc.</i>
IA.5b	<i>VA should consider job placement assistance following completion of the veteran's formal education, similar to the placement assistance afforded to participants in the VR&E program.</i>
1B.1	A study of federal veteran's hiring should be conducted/updated and senior VA oversight should be applied.
1B.2	The VA should propose a revision of the current veteran's preference law to enhance veterans' access to federal jobs (may require legislation).
1B.3	The VA should establish an outreach program to maximize utilization and integration of existing federal and state employment programs.
1B.3a	<i>Private resources should be integrated as an additive capability. VA should seek partnerships with Executive Retiree Associations and professional trade associations such as the Long Haul Truckers Association, the Home Builders Association, and the Direct Employers Association.</i>
1B.3b	<i>VA should consider establishing an office of community and corporate outreach with a focus on maximizing opportunities for veterans, to continuously identify local and private sector initiatives and enhance the private sectors awareness on the benefits of hiring veterans.</i>
1B.3c	<i>VA should partner with a human resource organization, such as the Society for Human Resource Management (SHRM) to develop a user friendly data base that is easily accessible and can be used by potential employers.</i>
1B.4	The VA should develop and support new legislative proposals for financial incentives to encourage businesses to hire veterans.
1B.4a	<i>Explore potential possible tax incentives with the Department of Treasury. Similar to the federal tax credit for hiring an individual who participated in a vocational rehabilitation program (may require legislation).</i>
1B.4b	<i>Develop outreach program for businesses to enhance awareness of existing programs such as the VR&E Special Employer Incentive Program where the employer can be reimbursed 50 percent of the veteran's salary for up to six months.</i>
1B.5	Enhance the tool "Related Civilian Occupations for Military Skills" on the VA website to be more user friendly and reflect both government and civilian occupations. Include geographical and salary information on job availability.

2. Transition	
Number	Recommendation
2A.1	VA should update and improve the VA participation in TAP content and presentation. Content should be available on the internet and other contemporary media.
2A.1a	<i>The VA web site needs to have an e-TAP section</i>
2A.1b	<i>Distribute CDs/DVDs to separating and demobilizing service members with all relevant TAP information relating to VA Benefits/Services.</i>
2A.1c	<i>Include a Podcast of a TAP briefing specific to VA benefits and services on the VA web site.</i>
2A.1d	<i>Create a Veteran's TAP (VTAP) program hosted at the local level for follow-up information.</i>
2A.1e	<i>VA should establish an OIF/OEF Registry to assist in outreach and health and benefits tracking.</i>
2A.2	The VA should maintain contact with returned NG/R members and units, and families of injured members.
2A.2a	<i>The VA should extend exceptional efforts to reach these service members including outreach and information programs tailored and marketed to the NG/R population.</i>
2A.2b	<i>Specific to the National Guard (NG), the VA should partner with the nationwide NG associations and state NG Bureaus to use these resources to provide a clear message to guard members that have been deployed of their available benefits/services.</i>
2A.2c	<i>The VA should actively participate in the national conferences for National Guard Association of the United States (NGAUS), Enlisted Association of the National Guard of the United States (EANGUS) and National Guard Officers Associations to provide information on available VA benefits and services and to heighten awareness.</i>
2A.2d	<i>Similar outreach and participation should be targeted at Reserve Associations.</i>
2A.2e	<i>VA transition coordinators need to interface with Guard and Reserve units in their respective areas of operation.</i>
2A.3	VA should enhance outreach to veterans on college campuses to heighten awareness of VA benefits and services.
2A.3a	<i>Consider and evaluate a veteran representative on campus concept.</i>
2A.3b	<i>Engage the National Association of Veterans Programs Administrators (NAVPA) in identifying opportunities to utilize their members on college campuses to provide information to veterans attending their institutions.</i>

3. Family and/or Caregivers, Survivors, and Women Veterans	
Number	Recommendation
3A.1	The VA should provide counseling services to caregivers and family members whose mental health may be adversely affected while providing care to the severely disabled veteran.
3A.1a	<i>VA should seek authority to include counseling services for caregivers and families, over a prolonged period of time (may require legislation).</i>
3A.2	Caregivers should be provided with financial counseling and fiscal support while caring for the severely disabled veteran.
3A.2a	<i>Direct support from the VA should include reimbursements for lodging, per diem, and transportation when the caregiver is at the veteran's bedside at a VA facility (may require legislation).</i>
3A.2b	<i>Caregiver reimbursement and training programs that already exists for spinal cord injury (SCI) patients in San Diego should be duplicated throughout the VA system and expanded to include traumatic brain injury (TBI) and very severely injured (VSI) patients. (Definition of VSI is a level one polytrauma patient.)</i>
3A.3	VA should enhance efforts to ensure caregivers are appropriately informed of all benefits and entitlements for themselves and the severely disabled veteran in their care.
3A.3a	<i>Ensure the RCC informs the caregivers of all available benefits' and provides assistance and follow up throughout the transition process.</i>
3A.3b	<i>Caregivers should be provided ongoing contact and support from the RCC upon returning home with the veteran.</i>
3A.3c	<i>The RCC should act as an ombudsman for the caregiver in navigating benefits and entitlements.</i>
3B.1	Establish a "Center for OIF/OEF Survivors" office within the VA.
3B.2a	<i>Duties should include policy development, coordination, implementation, and oversight.</i>
3B.1b	<i>The establishment of a "Center for OIF/OEF Survivors" will ensure case management responsibility will be a critical function of that office with each survivor enrolled in VA programs.</i>
3B.2	Establish a Case Management system for survivors and dependents.
3B.2a	<i>Model after the case management programs for injured service members.</i>
3B.2b	<i>The continued relationship with the VA is instrumental in helping survivors understanding of and timely delivery of benefits.</i>
3B.2c	<i>Leverage resources and services at local, state and national levels.</i>
3B.3	Eliminate SBP/DIC offset (may require legislation).
3B.3a	<i>The quality of life of surviving family members should not be further adversely impacted by being penalized with the offset.</i>
3B.3b	<i>Concur with Veteran's Disability Benefits Commission Report and the Dole/Shalala Report.</i>

3B.4	Establish a registry for OIF/OEF survivors to assist with outreach efforts.
3B.4a	<i>Implement war time identification coding for survivors in VA systems (e.g. OIF/OEF). This will provide for better tracking and reporting as well as provide a mechanism to send OIF/OEF related specific materials to survivors.</i>
3B.5	Survivors who are also veterans require specialized attention from the VA.
3C.1	The VA should provide women veterans segregated treatment and care for MST treatment.
3C.1a	<i>This capability should be available for both inpatient and outpatient treatment.</i>
3C.1b	<i>Adequate numbers of female staff members should be trained and available to provide these services.</i>
3C.2	The VA should provide child care service options to enable veterans with dependent children to attend appointments (may require legislation).
3C.2a	<i>VA should consider expanding hours of operation so that veterans caring for children have more options available for appointments (e.g. nights and weekends).</i>
3C.3	Homeless shelter programs should ensure capabilities exist for women veterans with dependent children.
3C.3a	<i>Homeless women veterans and their dependent children should be segregated for safety.</i>
3C.3b	<i>We support the recommendation in the 2006 Advisory Committee on Women Veterans that Veteran's Health Administration (VHA) consider that all Homeless Grant and Per Diem (HGPD) Request for Proposals (RFPs) that would accommodate homeless women veterans include a scoring/rating component that addresses gender-related needs and issues of minor children.</i>
4. Communication and Outreach	
Number	Recommendation
4A.1	Conduct focus groups on VA web site usability, accessibility and format with OIF/OEF veterans, their families and survivors. Make technology user friendly through recommendations from focus groups.
4A.1a	<i>Organize the web site by category of user instead of internal business structure (i.e. VHA, VBA).</i>
4A.1b	<i>Provide clickable links e.g., Seamless Transition (Returning Service members icon), Veteran's Service Organizations (VSOs), other governmental agencies, etc.</i>
4A.1c	<i>Setup a feedback mechanism that relates to the web site, such as a web survey that can be auto-generated to users at random. Conduct periodic reviews of feedback to identify future enhancements.</i>
4A.1d	<i>Future web site design or improvements must be tested to accommodate all disabilities and limitations.</i>
4A.1e	<i>Creation of one single 800 national hotline utilizing customer services best practices external to the VA. This recommendation excludes the suicide hotline (this would mirror the 211 Texas information network).</i>
4A.1f	<i>Enhance search capabilities, currently returned information is voluminous and can overwhelm the user.</i>

4A.2	Create a web portal that allows the user to customize their information based on a personal profile. Sign in capabilities on the homepage should be provided for veterans, their families and survivors to access all needed VA information regarding health care, benefits and memorial services. The portal should be designed to include the following elements:
4A.2a	<i>Those elements identified in the Dole-Shalala Commissions Report with respect to the e-benefits webpage.</i>
4A.2b	<i>Expand My Health eVet to encompass all VA benefits and services.</i>
4A.2c	<i>Update the My Health eVet prescription drug section to list prescriptions not only by number, but by name as well to make it easier for the veteran to locate a particular prescription when ordering refills.</i>
4A.2d	<i>Establish a user created profile that will enable information dissemination tailored to a veteran's needs. VA could direct information update through this function. Examples available include WebMD (private company) which will send information to a participant as new information becomes available on their health condition or treatment.</i>
4A.2e	<i>Create the ability to submit online fillable forms for benefits and healthcare. There is currently only limited capability.</i>
4A.2f	<i>Establish e-mail capability for inquiries.</i>
4A.2g	<i>Accept e-signatures for benefit submissions, authorizations, etc.</i>
4A.3	Establish VA specific e-mail addresses for separating service members, caregivers and survivors.
4A.3a	<i>Creates the ability to send electronic appointment reminders, prescription refill reminders, etc.</i>
4A.3b	<i>Can provide alerts from the VA in disaster situations can be directed to specific geographical areas. (Example: Hurricane Katrina, where to go for healthcare in New Orleans, etc.).</i>
4B.1	Ensure all OIF/OEF veterans coming into a VHA or VBA facility for the first time receive an initial orientation, facility familiarization and enrollment assistance for health and benefits programs.
4C.1	Establish a VA marketing and communication team that will focus solely on technology and marketing to OIF/OEF veterans, families and survivors. This team should have the budget to conduct surveys, support the marketing and technology plans and the authority to conduct implementation across VA.
4C.2	Develop an OIF/OEF comprehensive marketing strategy that uses a phased in multimedia approach.
4C.2a	<i>Engage a marketing consulting firm to develop a strategy and associated cost analysis.</i>
4C.2b	<i>Develop both a long term and a short term strategy that targets all constituent demographic elements.</i>
4C.3	Conduct an OIF/OEF focused image campaign.
4C.3a	<i>Identify spokespersons that can attract the attention of the various demographic groups of OIF/OEF veterans, families and survivors.</i>
4C.3b	<i>Leverage the outcome of the recent Employment Histories of Recently Discharged Veterans: study conducted by VA.</i>

4C.3c	<i>Provide for a consistent message to be conveyed through multimedia outlets (e.g. television and radio public service announcements (PSAs), print advertisements, billboards, VSO magazines, etc.).</i>
4C.4	The Committee endorses the planned National Survey of Veterans (NSV) and recommends it include a separate OIF/OEF survey section.
4C.4a	<i>Include contact preferences that relate to the web site and communication vehicles and effectiveness of VA outreach.</i>
4C.4b	<i>Tailor specific questions that can provide direction to the VA on the Committee recommendations on communication/outreach.</i>
4C.4c	<i>Develop survey outcome reports that can provide results specifically categorized by OIF/OEF veterans.</i>
4C.5	VA should partner with DoD on implementing a comprehensive education program on veterans benefits to all active and NG/R service members and their families. Family readiness and support groups could be a focus of ongoing VA education.
4D.1	The VA should transition from a paper to an electronic system of records and files to create a single veteran record and enable veterans to check all their information online.
4D.1a	<i>Beginning with all OIF/OEF veterans, <u>all</u> VA data should be stored electronically, to include health and benefits information.</i>
4D.1b	<i>Veterans and survivors should be able to update addresses, banking information, etc. online. A single on-line action should update all VA records simultaneously. Industry best practices should be used as the standard.</i>
4D.1c	<i>View only access should be available on claim status, medical appointments, prescription history and other benefits.</i>
4D.1d	<i>E-signatures should be accepted for claim submissions.</i>
4D.2	Maximize the various types of technology that are available today to include e-mail, television PSAs, Podcasts, blogs, social networking (i.e. Linkedn, Facebook, Myspace) to connect with veterans and share information.
4D.2a	<i>Develop a VA social network.</i>
4D.2b	<i>Develop Podcasts on topics of interest.</i>
4D.2c	<i>Build a knowledge database similar to Wikipedia that will provide all available information regarding the VA to users.</i>
4D.2d	<i>Employ Voice over Internet Protocol (VOIP), call center technology to enhance customer service.</i>
4D.2e	<i>Partner with DoD to establish VA links on Defense Knowledge Online (DKO).</i>
5. National Guard/Reserves (NG/R)	
Number	Recommendation
5A.1	Engage NG/R at both the national and state level to re-assess the infrastructure for transition and include NG/R command level.
5A.1a	<i>The Joint Executive Council (JEC) should take the lead in addressing NG/R issues specifically relating to transition, benefits, and outreach.</i>
5A.1b	<i>Explore the possibility of having a VA team visit demobilized units three months after return from deployment.</i>
5A.1c	<i>Create and leverage relationships with NG/R Associations to communicate to this constituent group.</i>

5A.2	Address the issue of NG/R Individual Mobilization Augmentees (IMA), who often may not be aware of available benefits upon return home.
5A.2a	<i>Evaluate current VA national outreach plan to test for effectiveness of participating and non-participating NG/R veterans in VA programs.</i>
5A.2b	<i>Engage the state NG/R component commands in identifying veteran populations for VA outreach.</i>
5A.2c	<i>Reexamine the criteria for establishment and locations of Vet Centers to consider expanded coverage specifically targeting areas with large NG/R populations.</i>
5A.2d	<i>Facilitate a greater partnership between VA facilities, VSOs, and local NG/R centers by encouraging local steering committees in key geographical centers (e.g. United Veterans Council San Diego).</i>
6. Medical Issues	
Number	Recommendation
6A.1	VA should disseminate educational materials on common symptoms of PTSD more widely.
6A.1a	<i>Identify better communication means that will be more effective in communicating and educating family members and caregivers. The significant role of family members cannot be overstated.</i>
6A.1b	<i>Develop a PTSD self assessment tool on the VA web site. The state of Illinois has such a tool in development which should be reviewed as a model.</i>
6A.1c	<i>A web-based program should be established for family member use for education on PTSD.</i>
6A.2	Identify the VA resources where medical and other professional assistance on PTSD can be obtained.
6A.2a	<i>Better highlight PTSD treatment assistance locations on the web site.</i>
6A.2b	<i>Showcase Vet Centers along with an explanation of their role, staffing, and locations.</i>
6A.3	The VA should develop a PTSD response program, like the 24/7 Employee Assistance Program (EAP), utilized in Corporate America that is equipped to handle the full range of PTSD issues. The program should have a VA staffed 800 number separate from suicide hotline.
6A.3a	<i>Staff with veterans who can help their fellow veterans to provide reassurance in overcoming the “stigma” that may be associated with PTSD.</i>
6A.3b	<i>Provide professional medical staff who can counsel the most severe cases and provide guidance on next steps.</i>
6A.3c	<i>Conduct follow up phone calls to reinforce next steps, answer questions, and demonstrate VA’s care and commitment.</i>