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Institute on
Rehabilitation Issues

When Johnny (or Jeannie) Comes Marching Home . . . and Back to Work



34th IRI

Institute on Rehabilitation Issues

**When Johnny (or Jeannie) Comes Marching
Home . . . and Back to Work**
Linking Veterans Affairs and
State Vocational Rehabilitation Services
for Service Men and Women

**Rehabilitation Services Administration
U.S. Department of Education**

**The Council of State Administrators of Vocational
Rehabilitation**

**The George Washington University
Center for Rehabilitation Counseling Research and
Education**

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Dedication

This publication is dedicated to the men and women of our Armed Forces, who have postponed their dreams, careers, and families to protect the freedoms of our great country. It is our sincere hope that the information outlined in this booklet will benefit them in some small way for the sacrifices they have made on our behalf.

Acronyms Used

CGCEPD	California Governor’s Committee on Employment of People with Disabilities
CIL	Center for Independent Living
DoD	Department of Defense
DOL	Department of Labor
DOL	Department of Labor Veterans’ Employment and Training Services
VETS	Training Services
DTAP	Disabled Transition Assistance Program
DVOP	Disabled Veterans’ Outreach Program
FRC	Federal Recovery Coordinators
IPE	Individualized plan for employment
IRI	Institute on Rehabilitation Issues
IRS	Internal Revenue Service
LVER	Local veterans’ employment representative
MCFN	Military, Family, and Community Network
MOU	Memorandum of understanding
NET	National Employment Team
PTSD	Post-traumatic stress disorder
RSA	Rehabilitation Services Administration
TAP	Transition Assistance Program
TBI	Traumatic brain injury
USERRA	Uniformed Services Employment and Reemployment Rights Act
VA	Department of Veterans Affairs
VETS	Veterans’ Employment and Training Service
VFW	Veterans of Foreign Wars
VR	Vocational Rehabilitation
VR&E	Vocational Rehabilitation and Employment
WT	Warriors in Transition

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Introduction:

Meeting the Needs of Our Wounded Warriors— Collaboration for Independence and Employment

When Marine Corporal Corey had been in Iraq for 2 weeks, his unit came under enemy fire. He sustained a catastrophic life-threatening injury on the battlefield. Comprehensive medical intervention saved his life. Upon returning home, he was not prepared to do the job waiting for him. What was needed was a comprehensive effort to assist Joni in adjusting to the new career and life changes he was facing. This is where a support system of rehabilitation services once again “saved” Joni. He commented: “It became much simpler when I hooked up with rehabilitation folks. If I need anything, I know I can call on them.”

It is again time to demonstrate our renewed commitment to the service members and veterans who protect our freedoms. The recent wars have led to critical numbers of wounded warriors, significantly impacting those who have served on active duty, their families, the economy, and the lives of all Americans. As of July 31, 2007, some 1.6 million members of our Armed Services have been deployed to Iraq and Afghanistan since the terrorist attacks on the United States on September 11, 2001. Hearing loss, traumatic brain injury (TBI), vision loss, post-traumatic stress disorder, and loss of limbs, along with many other disabilities, have abruptly changed lives. Many of those most directly affected are uncertain about their future. Many are worried that they have lost their independence. And most are unsure about the resources available to them and how to access those resources.

Indeed, these returning wounded warriors require various supports and rehabilitation services. They deserve our best efforts to assist them in returning to a productive life through employment and independence. It is imperative that we, to the best of our ability, ensure ease of access to the many public- and private-sector entities reaching out to our service members and veterans with disabilities.

Primary Focus

This document is meant to serve as a guide for collaborative systems to streamline effective and efficient services to veterans and service members with disabilities to achieve independence and/or employment.

This publication provides an overview of how partnering leads to systems change and offers the infrastructure to support it. It is offered as a practical guide, rather than a compliance document. Specifically, it is intended to address and facilitate the collaborative provision of rehabilitation services to eligible veterans and service members with disabilities, who often prefer to be referred to as “wounded warriors.” Throughout this publication, the terms *veterans with disabilities*, *service members*, and *wounded warriors* are used interchangeably, particularly when one of the phrases is more appropriate in context. Although the current military campaigns may appear to be the most prominent reference, veterans with disabilities from all campaigns are included. In addition, the scope of veterans with disabilities includes both service-connected and non-service-connected disabilities.

Focus is placed on three primary service providers:

- Rehabilitation Services Administration’s (RSA) state Vocational Rehabilitation (VR) programs.
- Department of Veterans Affairs’ (VA) Vocational Rehabilitation and Employment (VR&E) program
- Department of Labor’s (DOL) Veterans’ Employment and Training Service (VETS) program

At least four groups may find this guide especially helpful:

- Rehabilitation service providers
- Rehabilitation supervisors and middle managers
- Administrators and executive leaders in rehabilitation
- Staff developers and educators

The content of this guide is driven by the needs of the two primary “customers” of the service providers noted above: (1) service members or veterans with disabilities and their family members; and (2) the businesses that hire or retain wounded warriors. The

guide also addresses key issues for the direct service staff who assist these individuals. More specifically, it provides a practical infrastructure, examples of best practices, and “how to” information for major players. This collaborative effort of RSA VR, VA VR&E, and DOL VETS programs demonstrates a variety of “win-win” approaches in service provision to wounded warriors. In addition to the wounded warriors, businesses and family members are also beneficiaries of this collaborative approach to rehabilitation because the document addresses their issues and needs when considering factors tied to employment and independence.

What This Document Is and Is Not

The scope of services available to wounded warriors runs wide and deep. This IRI cannot encompass the full breadth of the systems that provide those services. By design, it focuses on systems and services most closely aligned with wounded warrior independence and employment. The document

- Targets services and best practices that assist wounded warriors pursuing independence and employment through the “major players” (federal-state programs) noted above
- Brings key perspectives from the primary customers: veterans with disabilities and their family members and the businesses that recruit and hire these veterans or that assist them in returning to work
- Provides clear descriptors of the VR, VR&E, and VETS programs, particularly those components directly related to employment and retention of veterans with disabilities
- Offers suggestions to improve infrastructures, focused on independence through employment, transitioning into new approaches and through while the status quo in case management practices
- Identifies a multitude of resources to improve the scope and quality of services to veterans with disabilities pursuing employment or return to work after active duty
- Discusses specific and critical challenges, opportunities, and solutions encountered on the road to employment and

independence from the perspective of both veterans with disabilities and service providers

- Identifies other key players in successful partnerships that benefit veterans with disabilities at the national, state, and local levels

This document does not

- Review or critique “entire systems” (federal or state) that assist veterans with disabilities
- Provide detailed descriptors of every program involved in outreach to veterans with disabilities
- Address rehabilitation services and solutions for specific disabilities acquired by wounded warriors
- Discuss all legislative initiatives tied to veterans services or serve as a compliance document for providers
- Offer detailed explanations of medical systems or benefits payments to veterans with service-connected disabilities
- Address General Accountability Office studies or recommendations tied to veterans programs unless those recommendations are specifically tied to employment and independence
- Prescribe *the* course of action for any one program

Chapter Previews

The document is organized into seven sections. The unfolding of the focus on the perspective of wounded warriors, their family members, and the businesses who hire these veterans begins in chapter 1. Within this *Customer’s Perspective* chapter, their voices are directly expressed and their needs clearly delineated. Specific quotes assist the reader in remaining focused on the customer throughout the document and throughout the service delivery system.

Understanding the needs of these customers leads into the second chapter: *Major Players*. This section identifies and defines the major federal-state players in this collaborative venture, outlining the mission, functions, and services for each—RSA VR, VA VR&E, and DOL VETS—revealing what each player brings to the table. Commonalities and differences are explored, preparing the

reader to examine the challenges and opportunities discussed in the next chapter.

Chapter 3, *Challenges and Opportunities*, identifies the variety of challenges for the agencies serving wounded warriors, their families, and businesses. In identifying the challenges, opportunities are unfolded. Specific solutions are offered to the reader so that streamlining and collaboration in service provision and problem solving for the wounded warrior, family member, and/or business can be addressed more readily by others in pursuit of the same goals or outcomes.

The unfolding of opportunities is a natural lead in to the fourth chapter, *Information Networks and Partnerships That Work*. This chapter discusses collaborative approaches and includes information on the many other partners who can play a key role at the state and local level in comprehensively addressing the needs of wounded warriors in the process of rehabilitation.

Chapter 5, *Building the Infrastructure*, provides a roadmap or design for continuous improvement opportunities in implementing customized services for wounded warriors. It focuses particularly on two foundations for the infrastructure—a customer focus and buy-in from the top—and then provides suggestions for development of a memorandum of understanding.

Chapter 6, *Summing It All Up*, recapitulates the high points of the publication and draws practical conclusions. Finally, the appendices provide resource material—sample memoranda of understanding, definitions, processes, training suggestions—to ensure that the user is successful in assisting wounded warriors in their chosen road through rehabilitation to employment and independence.

The Win-Win Scenario

By looking at ways to streamline services to veterans and service members with disabilities through the eyes of wounded warriors, their family members, and the businesses that hire them, while also taking into account the perspective of those who provide services

to these individuals, it is hoped that this IRI will create multiple win-win scenarios that benefit the customers as well as the rehabilitation programs that address the needs of these customers.

Wounded warriors and their family members can benefit in several ways:

- Restoration of hope in their future through independence and employment
- Simplified access to needed services for independence and employment as they walk through the maze of government programs and local services
- Minimized “duplication of effort” in finding and receiving needed services, saving time and energy
- Coordinated efforts by a variety of service providers, which should minimize frustration
- Improved access to careers and not just jobs through improved planning and linkages to business partners
- Improved success in return to work by National Guard and Reservists

Similarly, there are benefits for businesses that hire wounded warriors or facilitate their return to work:

- Ease of access to needed resources tied to recruiting, hiring, and retaining veterans with disabilities
- Identification of solutions for compliance with the Uniformed Services Employment and Reemployment Rights Act via appropriate accommodation alternatives and linkages to resources to implement these solutions
- Coordinated services that save company time and minimize frustration when addressing disability issues in the workplace.

Finally, rehabilitation service providers can benefit through:

- Expanded knowledge of the major players, their programs, staff roles, services, eligibility, methods of access, and resources that facilitate employment readiness, employment, and/or job retention or return to work

- Improved cost-effectiveness in service delivery when working joint cases
- Minimized duplication of effort when writing rehabilitation plans, purchasing resources, and linking to business partners
- Trusted partnerships among programs and with business customers
- Opportunities for replication of successes among sister agencies throughout the country in order to better meet the needs of wounded warriors and the businesses with whom they are employed or retained

Hence, this guide for collaborative systems to streamline effective and efficient services to veterans and service members with disabilities to achieve independence and/or employment is provided to:

- Help wounded warriors easily access needed services with minimal hassle
- Facilitate systems change to ensure streamlined services that are provided collaboratively
- Improve cost-effectiveness with minimal duplication of effort, saving both customer and service provider time and money

Here is your opportunity to “walk the walk” in better serving those who have served our country. This guide is for you. If it is used properly, you will succeed in your mission of meeting the needs of our wounded warriors, their families, and the businesses who hire and/or retain them.

Chapter 1:

What You See Depends on Where You Sit!

A View from the Customer’s Perspective

If all rehabilitation professionals who read this publication begin to alter how they serve a veteran with a disability by implementing just one or two suggestions from this chapter,

. . . systems will change; resources will be coordinated; new solutions will be found and implemented; businesses will hire and retain more veterans with disabilities; families’ burdens will be eased; and, most importantly, we will have better served our veterans who have given so much for us. —Chair, 34th Institute on Rehabilitation Issues

One of the most viable ways to best address the needs of veterans with disabilities when assisting them in their quest for independence and employment is to apply a basic marketing principle: just ask the customer! This chapter focuses on input from the primary customers:

- Veterans from past or current campaigns who have sustained service-connected or non–service-connected disabilities and who have a desire to be independent and secure employment
- Family members of veterans with disabilities
- Businesses that have recruited, hired, and/or retained veterans with disabilities in both employment and return-to-work scenarios

In addition to the “direct connect” with the customers noted above, this chapter’s content also synthesizes findings from

- Special focus groups with veterans in a California study by the California Governor’s Committee on Employment of People with Disabilities (CGCEPD)
- Existing literature that is “customer-based”

The personal interactions from which the information for this chapter was gathered from a broad scope of individuals: wounded warriors seeking employment through a variety of federal and state programs; veterans without service-connected disabilities who needed assistance in maintaining a job due to the onset of disability while employed; veterans with disabilities acquired while on active duty who were trying to return to previous jobs; family members whose loved one was injured during active duty; businesses that partner with vocational rehabilitation (VR) programs and have recruited and hired veterans; businesses that need assistance with accommodating employees/veterans who were injured while on active duty and are returning to their job; and businesses that have faced challenges from the Uniformed Services Employment and Reemployment Rights Act (USERRA). Quotations and paraphrased remarks from these customers were gleaned by selected IRI prime study group members who interviewed these customers by phone, e-mail, or in person from January to April 2008. The issues that guided the discussion are listed in Table 1-1. In concert with customer input, this chapter also incorporates suggestions for possible improvements from veterans, family members, and businesses for consideration by the many entities that currently serve these veterans.

Table 1-1. Talking Points for Customer Input

Audience	Issues
Veterans	<ul style="list-style-type: none"> • Unmet needs: additional assistance needed to get a job, keep a job, or return to a job • Service provision: whether employment services received were “seamless” and whether any problems were encountered • Systems: how the “system” might work better for veterans
Families	<ul style="list-style-type: none"> • Issues and challenges faced when a family member returned home with, or acquired, a disability • Ways rehabilitation professionals can better serve families as veterans work to achieve independence through employment

Businesses	<ul style="list-style-type: none"> • Needs, issues, ideas, or problems related to recruitment of disabled veterans • Needs, issues, ideas, or problems related to return to work for veterans, especially those who are newly disabled • Needs, issues, ideas, or problems related to assisting injured veterans with accommodations for employment • Challenges faced or anticipated when dealing with USERRA and disabled veteran situations
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The Veteran’s Voice

This first segment of veterans’ feedback is summarized from the California focus groups as well as individual interviews and examines some pertinent questions beyond the purview of that study by drawing from other literature on veterans’ issues. How can veterans with disabilities prepare to transition to work and address the many issues that emerge after returning home from war? How does a system respond to those needs? How can intervention occur when veterans are unaware of or unwilling to acknowledge their disability?

Three themes were found throughout the literature and interviews:

- Pride in serving their country.
- Anger at the way they felt they were perceived by others (they did not like the label “disabled”).
- Frustration with the systems created to assist them.

Counselors assisting veterans need to be aware of these themes and understand their impact on successful intervention.

It is difficult for veterans to return to “normal” life since their perception of what is “normal” has been traumatically changed. Their perception of the world and the role they play is different than it was before they were deployed (Lembcke, 1999). Their experiences while serving this country had a profound impact on them, to the extent that they may need support to resume their lives and move forward. Anger, frustration, and pride create barriers for

returning veterans and their successful transition to the work environment (Ford, Russo, & Mallon, 2007).

They don't tell you about the emotions and the garbage you have to carry around afterward. They don't tell you about everything it wrecks. Like Pinocchio, he says, some day he's going to "be a real boy" again. —Iraqi veteran (CGCEPD, 2007)

Pride

"PRIDE," or "Professional Results in Daily Effort," is the motto of the Strategic Air Command of the U.S. Air Force. This also seems to be the motto for many veterans. No matter what branch of the Armed Forces they were in, all veterans spoke with pride and dignity about serving their country and their willingness to do it again without hesitation.

Anger

It is important to recognize the anger some of the veterans are feeling. Many veterans of this generation indicated that they preferred to be addressed as *wounded warriors*, since that term is more acceptable than *disabled*. They viewed the term *disabled* as a label with enormously negative implications. Veterans saw themselves as injured or wounded. This is what happened to them; it is not who they are. This viewpoint adds to the difficulty in locating veterans to provide them with the services they need to enter or reenter the labor market (GCEPD, 2007; interviews with veterans).

Helping veterans readjust to their community is vital to their ability to make the transition from military to civilian life. We need to learn from the experiences of the Vietnam aftermath. The treatment of Vietnam veterans showed us the consequences of not investing time, money, and effort into support programs, initiatives, and laws aimed at helping veterans return to a "normal" civilian life (Cohany, 1990; Ember & Klein, 2007).

Frustration

Many forms of frustration were voiced by the wounded warriors interviewed by the IRI study group.

Financial Concerns

Returning veterans experienced frustration related to financially supporting themselves so that they could survive. They needed a job that provided a living wage, as well as support to maintain that employment. For some, the military was their first employer, so they lacked job search experience.

Accredited Skills Recognition

Veterans spent a considerable amount of time learning and achieving particular military occupational specialties. Once discharged, they found that these skills were not accredited as civilian classes, leaving them at a disadvantage. They could not readily use these skills until they went through civilian skills training, which delayed their ability to provide income to their families. DOL and the Department of Defense (DoD) have established a joint work group to look at licensing and credentialing issues so that veterans may be prepared for a career path.

Mental Health Challenges

Another barrier was that a high number of men and women exiting the military experienced significant mental health issues (Bray, Fairbank, & Marsden, 2002; Kobrick, 1993). Complicating matters further was that individuals did not always realize they had post-traumatic stress disorder (PTSD) or seek services until they reached a crisis point (Bonello, 2008). What was called “soldier’s heart,” “shell shock,” or “battle fatigue” in previous wars has been called PTSD since the late 1970s. (The Disabled American Veterans funded a study by Cleveland State University titled *The Forgotten Warrior Project*, - and that led to its pilot project of outreach to Vietnam veterans who needed treatment for PTSD. This led the way to the VA establishing the veterans centers.)

Today, some call PTSD “the gift that keeps on giving” (CGCEPD, 2007; Ford et al., 2007).

Fragmented Systems

A prevalent and recurring theme was that veterans were returning to a system that appeared to them to be lacking and seemingly fragmented and, at times, difficult to access at the federal, state, and/or local level.

Employment

Employment was the dominant concern of most service members reentering civilian life. In listening to their concerns on this issue, it became apparent that veterans were uncertain about the variety of resources and links to businesses and jobs that were available to them once they were ready to work. Although veterans talked about looking for jobs, the underlying message appeared to be that they were seeking a career path and not just a job.

VR programs for veterans—such as vocational assessment, education, retraining, development of alternative employment plans, identification of assistive technologies, and assistance with job-seeking skills—focus on helping veterans with disabilities enter a different job or career. For veterans with severe disabilities for whom paid employment is not an option, these programs focus on enhancing their ability to live more independently in their homes and communities. Further, an array of federal, state, and private-sector programs and employer incentives promotes employment opportunities for veterans in general and veterans with disabilities in particular. Education and training assistance also is widely available.

Participation in VR programs can significantly increase employment and quality of life for people with disabilities. Unfortunately, the VA does not—and should—routinely track VR participants over time to evaluate program outcomes and identify factors associated with success. As a result, it is impossible to determine which programs work best. Research does show that VR and employment programs should be provided as early as possible

after the onset of the disability, in order to have the greatest impact on the service member's likelihood of returning to work. Likewise, the more rapidly an injured person can return to regular activities, the more successful the transition is to civilian life. Veterans who qualify for and complete the VA VR&E program achieve good results in the short run. Including a VR component in the recovery plan should increase the number of participants and program completion rates. Financial incentives also could increase program retention.

Gender Issues

There were also gender-related issues that have not been historically addressed with veterans, since most people associate the term *veterans* with men. There are growing numbers of female service members who are engaging in the same dangerous endeavors and are returning with some of the same issues as their male counterparts (Salgado, Vogt, King, & King, 2002).

Approximately 15% of the troops fighting in Iraq and Afghanistan are women. The Women's Mental Health Policy Council is looking into the needs of women veterans. Although women are not allowed to formally hold combat military occupational specialties, they often perform the same duties as infantry. There is an increase in military sexual trauma among women, which frequently leads to PTSD. Some veterans (women and men) suffered personal assault and/or sexual trauma while serving on active military duty. Personal or sexual assault are events of human design that threaten or inflict harm. VA define trauma as any lingering physical, emotional, or psychological symptoms resulting from a physical assault, sexual assault, or battery. Access to gender-appropriate care may be difficult within the VA, and women are less likely to seek services since the clientele are mostly men. On a positive note, the Veterans Health Administration has opened many clinics for women over the past several years; thus, it is beginning to address this concern.

Medical and Psychiatric Assistance

Internet blogs and chat rooms often reflect hundreds of postings by veterans (both women and men) talking about the need for medical and psychiatric assistance and service in a more timely manner so

they can be more functional and return to employment (see, for example, ABC News, 2007). Veterans with whom this IRI connected stated numerous reasons why they thought the system was not responding to their needs, but almost all, when asked, stated that they would serve their country again without hesitation.

Transitioning to Civilian Life

Another source of frustration was the time involved in transition from military life to civilian life. Employed veterans who are receiving pay with benefits suddenly find themselves devoid of those resources. While the Transition Assistance Program (TAP) is available, it has not traditionally been extended to unemployed reservists and members of the National Guard. The US Department of Labor Veterans' Employment and Training Services (DOL VETS) has reached out to every state's adjutant general, offering TAP employment workshops for any National Guard or Reserve component any time, anywhere. Many veterans have shown enthusiasm for TAP and the Disability Transition Assistance Program (DTAP) but stated that veterans eager to return home often pay little attention to the details of potential services. Some stated that even after utilizing services, they were not prepared for an active job search.

Lack of Centralized Services

One of the biggest causes of veterans' anger and frustration was the lack of a centralized service location. They traveled from one agency to another to get assistance with employment, training, benefits, and other services. They were told repeatedly to fill out more and more forms. At the local level, referring agencies may not be aware of the resources and programs that are available for veterans. Complicating matters further is the nature of some of the prevalent disabilities that veterans have—TBI and PTSD—which may diminish their patience and cognitive ability to unravel the maze of services.

Fortunately, significant collaboration between the DOL VETS and VA VR&E programs is in progress. Throughout the country, many VETS staff are colocated at VR&E offices. Similarly, some VR&E

outbases are located at the one-stop career centers with VETS staff, with both programs assisting with referrals to each other. In addition, a number of memoranda of agreement, with corresponding activities, have been established between the VR&E program and state VR programs.

Perception of Hesitance by Business

An additional area of both anger and frustration was the perception of some veterans that employers said that they were open and willing to hire them, but only limited numbers of veterans interviewed actually had a job. Reasons for this were undetermined. Veterans stated that the lack of documented skills training, job search assistance, and benefits while pursuing employment were all challenges faced in attempts to go to work adding that the perceived attitudinal barrier sometimes seemed even greater (Cohany, 2002).

Suggestions and Ideas

The veterans made suggestions in light of the challenges they experienced trying to reintegrate into civilian life and return to work. In general, veterans suggested that all veterans' services be consolidated into one location that was veteran friendly and that the VA website serve as a portal for all information dissemination. Additional suggestions follow.

For the business community:

- Institute a bigger tax credit for employers as an incentive to hire veterans or establish a rebate/incentive program for employers that train and subsequently hire veterans with disabilities.
- Increase public awareness to educate and sensitize employers and employees about the "veteran's experience."
- Require potential vendors to hire a certain percentage of veterans to qualify for state contracts.
- Provide training and retraining to veterans in fields that will provide a living wage.

- Establish pilot projects with consortiums of employers willing to hire veterans with disabilities who are provided the necessary training and supports.

Systems change:

- Build on existing civil rights programs that would allow veterans with disabilities to transfer into specified state civil service classifications.
- Market the utilization of the “Crosswalk” (Occupational Information Network, n.d.) in determining transferable skills from military occupational specialties to civilian job classifications within the DOL coding.
- Make military occupational specialty certifications earned in the military transferable for both college credit in certification programs and qualifying experience for state licensing or certification requirements for similar civilian jobs.
- Coordinate the employment services and supports of the various state-level agencies and departments that provide funding for, or services to, veterans through the establishment of memoranda of understanding. This effort could help decrease bureaucratic barriers to services for veterans with disabilities, e.g., excessive paperwork and documentation requirements, numbers-based performance goals, etc.
- Continue to make the excellent VA website a portal for information dissemination to veterans. One possibility would be to offer a videotaped condensed version of the TAP and DTAP programs on the site. (DoD has recently developed and implemented an electronic version of TAP, known as Turbo Tap.)
- Continue to ensure early intervention and treatment by screening all veterans for PTSD and TBI before their exit from the military and, as needed, provide referral to treatment.
- Work with state and local entities to increase the availability of mental health services for veterans.
- Offer supplemental education programs to veterans whose qualifications do not completely fulfill state or local

requirements for specific job classifications as identified by the US Department of Labor.

- Offer more allocated wage supplements while veterans are in a training or education program.
- Provide legal and financial management services and establish priority for, or assistance with, obtaining affordable housing. Place this information on the VA website.

Outreach:

- Establish an outreach program to identify and engage veterans with disabilities. The program should include a system for tracking veterans being released from the military.
- Create a transition training academy model that incorporates interest assessment, accommodation assessment, industry-recognized real-world skills, private-sector partnership, and integration with existing employment services.
- Establish programs for younger combat veterans to help them continue through their normal developmental stages, which have been “interrupted” due to their combat service.

In his final State of the Union address on January 28, 2008, President G.W. Bush stated: “I call on the Congress to enact the reforms recommended by Senator Bob Dole and Secretary Donna Shalala so we can improve the system of care for our wounded warriors and help them build lives of hope and promise and dignity.” Some of the key issues mentioned by the veterans appear to be addressed in the Dole-Shalala study (President’s Commission on Care for America’s Returning Wounded Warriors, 2007), including recommendations to expand child care, introduce hiring preferences for spouses, transfer educational benefits to family members, and provide financial incentives to veterans who participate in and complete rehabilitation programs.

The Family Perspective

A chapter providing “customer feedback” would be significantly lacking if it did not include input from family members whose lives are often catastrophically altered when their veteran returns home with a disability. Often the family member can more readily voice the needs and concerns of the veteran or spot undiagnosed or untreated symptoms that significantly influence independence and return to employment for that veteran. Two stories depict some key issues to be addressed from the family perspective.

A Mother Speaks Out

The family perspective is well stated by a mother’s testimony before the Senate Committee on Veterans Affairs in October 2007. She explained the enormity of her crisis when her son returned from the war in Vietnam with a serious mental illness.

Throughout that period and since my son’s medical retirement, I have been his primary advocate in working with military, VA, and civilian mental healthcare, insurance, and disability benefit systems. Navigating these waters is always challenging and sometimes debilitating—even to someone like me, with over twenty years of experience in recruitment, accession, retention, and retiree policy and program management; having strong supporters within the VA, TRICARE, and other Federal and State agencies; and professional involvement in a local resource network that spans three Maryland counties. My family’s experiences; my advocacy work on behalf of OIF [Operation Iraqi Freedom] and Operation Enduring Freedom (OEF) veterans and families in rural areas of Maryland, North Carolina, Georgia, and California; and, connections to veteran advocates across the country, have led me to this conclusion:

It is impossible to overstate the stressors that rural and frontier family caregivers are bearing on a daily basis as they search for limited treatment and rehabilitative services, and work to support a loved one whose cognitive abilities

have been severely and sometimes permanently impaired by the invisible injuries of PTSD or other serious mental illness. (Walker, 2007)

A Dedicated Sister's Advocacy

Another family member recalled how she helped her newly disabled brother navigate the maze of rehabilitation services after he experienced a life-changing injury.

After overcoming the shock and getting through the grieving process, this sister began the very difficult steps of negotiating the health care systems that were taking care of her brother or were available to help him as he began his rehabilitation. One of her most valuable resources was the state's Center for Independent Living (CIL). The staff at the CIL was able to explain the severity of the injury and the potential for rehabilitation, assuming the best of care and a determined person willing to work long and hard to make it happen. It was with the help of the CIL that this sister and her brother developed a rehabilitation plan that she then shared with the social worker assigned to her brother. Initially her brother was projected to spend the rest of his life in a nursing home because of the seriousness of his injury.

Working as a "case coordinator" for her brother, she had to take on many more responsibilities than expected. She became the contact person for the VA, paid the hospital expenses, and obtained legal advice to become his legal guardian. This meant being responsible for his Social Security income, taking over his checking account, paying his bills, and managing his budget.

As her brother began to make progress, he obtained employment services from state VR in the form of computer skills training in order to return to the world of work. As often happens when someone has this type of lifestyle-changing injury, her brother's fiancé chose not to remain in the relationship and left with one of their two children. Because of the amazing progress this veteran was able to make through personal commitment, family support, and services from the VA and state VR, he obtained custody of his

daughter, returned to school to obtain his degree, and has a part-time job at the VA hospital.

During the years it has taken to support her brother, this family member has spent many hours negotiating with the VA hospital program, the state CIL program, and the VR agency. As she learned in this process, the agencies each have their own strengths and weaknesses, but by accessing the best from all, her brother and she are feeling a lot better about the future. Veterans who have experienced a catastrophic injury that requires significant rehabilitation will need an advocate willing to learn the health care systems and negotiate with the different rehabilitation systems. That person is often the family member, an individual who will not say no.

Improving Services

When a soldier or veteran incurs a lifestyle-changing injury due to combat or accident, his or her family members will experience their own personal trauma as they cope with their grieving process. As the wars in Iraq and Afghanistan continue into their sixth years, DoD, VA, DOL, and the state VR agencies are exploring ways to identify and improve services to all veterans, especially those returning from Afghanistan and Iraq with significant injuries. The grief will continue through the steps of loss, denial, anger, guilt, bargaining, and resolution. When the resolution is complete, a new battle begins. For the son, husband, wife, sister, or brother to achieve a normal and/or maximized community-based level of independence will require the people behind the scenes to develop a goal they feel is possible, without accepting “cannot be done” as an answer.

As part of this identification of needs, the family is seen as a valued resource for the veteran and a resource that should be a partner in the support of the disabled veteran. Two examples of support for the family that have evolved over the past few years are the websites militaryhomefront.DoD.mil, created by the DoD, and support groups found on nami.org. Most families do not have experience with rehabilitation goals and strategies, but what they do have is a vision that the person they love can return to civilian

life and live in the community with opportunities to improve the quality of his or her life. To help their loved one, they will need to obtain the best possible advice.

Issues to Address from the Family Perspective

- Family members play a key role in the rehabilitation and return-to-work efforts of the veteran.
- Family members' lives may be catastrophically altered when the newly disabled veteran returns home.
- A family member may be the one most aware of, or willing to identify, disability-related issues such as undiagnosed conditions or newly emerging impairments or barriers in employment that impact the veteran's independence and job retention.
- Support groups for family members play a key role in the mental health of the family and the needed supports that family provides to the disabled veteran.
- As mentioned, in the veteran's haste to "return home," TAP and DTAP sessions conducted by the various branches of the military for that veteran may not have the desired impact. Similar sessions for family members may enhance linkage to needed services for the veteran who is newly disabled. Such sessions should be customized to address the needs of the family as well.
- The needs and issues (both immediate and future) of "support staff" and family members who serve in the role of direct assist to the veteran should be identified and addressed. The DOL-VET's program is already providing some of these services to families.

Business: A Key Player for Successful Employment and Return-to-Work Ventures

Background on "Business as Customer"

In the pursuit of independence through employment for veterans with disabilities, one of the most important "customers" is the one that ultimately hires or retains veterans in employment: business! In order to work with business professionally and effectively on

behalf of the thousands of wounded warriors, it is vital not only to acknowledge business as a partner in endeavors to assist veterans with employment, but also to interact with business as a customer. Therefore, the unique needs of business that can and should be addressed by those collaborating with business on behalf of veterans with disabilities should be identified and addressed.

This IRI does not explain at length the critical elements of “business as customer.” That information is comprehensively addressed in the 32nd IRI, *The VR-Business Network: Charting Your Course*, (Anderson et al., 2006). However, the principles set forth in that IRI regarding sharing information about the key role that business plays in the success of improved government services to veterans with disabilities are vital. As stated in the 32nd IRI:

VR business customers have repeatedly shared some of the most common elements of successful partnerships:

- Trust
- Reliability
- Deliverability
- Responsiveness
- Consistency
- Quality
- Sustainability
- Flexibility

Businesses have shared that they expect VR to incorporate these elements into any formalization of in-state, regional or national networks. (Anderson et al., 2006, pp. 17-18)

This section of customer feedback offers rehabilitation professionals suggestions on the challenges that must be addressed when working with businesses that recruit, hire, or assist veterans with disabilities in their return-to-work endeavors.

Attitudes from Business: A General Overview

When businesses were interviewed for this report, they expressed eagerness to assist veterans with disabilities so that they can

become competitively employed or return to work. Many businesses have demonstrated the desire to go the extra mile to show their appreciation to America's veterans, particularly those who are disabled. The business climate is ripe for the development and implementation of products and services that meet specific needs in relation to veterans with disabilities and employment. Rehabilitation programs now have the opportunity to pursue this effort in order to best meet the needs of both the veteran and the business in a win-win environment. To do so, it is imperative for rehabilitation professionals to:

- Identify the specific needs and issues of business on this matter.
- Develop the products and services to meet those needs.
- Create the necessary liaisons and partnerships to do so in the most efficient manner.

CGCEPD (2007) conducted three public forums with businesses focusing on employment of veterans with disabilities. It found the following:

1. Employers did not seem to indicate a particular bias for hiring or not hiring veterans. What they did emphasize, however, was a need for qualified, responsible, career-oriented employees who had the required skills to perform the job. Most employers indicated that they had been successful in hiring veterans, with very little turnover. They found that veterans accepted instructions, were easy to train, and were willing to take on a great deal of responsibility.
2. The disability itself was not a factor in hiring decisions, unless it precluded the candidate from safely performing a requisite physical job function. In addition, all of the employers had provided various reasonable accommodations. Although not clearly stated, it appeared that they all used a process for providing accommodations, some more formal than others. Some determined whether they could provide the accommodation during the interview process, if the disability was disclosed. One employer mentioned that they still had difficulty determining if an accommodation was reasonable.

3. Employers expressed many positive attributes about hiring veterans:
 - A veteran was often viewed as having a higher level of commitment and responsibility than the average high school graduate.
 - Veteran employees demonstrated an ability to handle stressful situations more calmly and effectively.
 - For employers requiring solitary shift work, the veteran was familiar with the culture of working until you were relieved and not abandoning a post.
 - Veterans were comfortable working independently.
 - Military training was considered advantageous.They noted no major drawbacks to veterans as employees. However, one employer stated that it spent considerable time and effort undoing all the “baggage” veterans carried with them at discharge. Another employer stated that maybe the need to “undo baggage” was the result of that employer hiring the veteran too soon after discharge.
4. Employers observed that many veterans were unable to articulate their skill transferability and relate military terms to private-sector terms. Employers felt that some coaching in nomenclature would be beneficial to military personnel before discharge.

One-on-One Feedback from Human Resources Professionals in Business

In direct conversations with businesses throughout the country and discussions with rehabilitation staff who partner with businesses, a number of key factors regarding the employment, retention, and/or return to work of veterans with disabilities surfaced. Those issues are listed here to encourage rehabilitation professionals to initiate the actions necessary to address these needs.

1. Recruitment: Finding a New Job After Discharge

Businesses have already predetermined their most cost-effective and time-effective means of locating potential employees. Many stated that they preferred online recruitment and online applications. All of the employers stated that they would hire

veterans and people with disabilities whether they were veterans or not. Universally, they were looking for three characteristics in prospective employees: (a) mental/physical characteristics that match the job requirements; (b) existing transferable skills or the potential to learn new skills; and (c) likely longevity with the company, i.e., a career versus a job. The participating employers promoted primarily from within.

In addition, businesses realized that there were a variety of government programs to assist veterans with disabilities, some of which focused on employment. Businesses that worked directly with those government entities (primarily public VR programs) had established partnerships of trust with the agencies and had a number of suggestions tied to recruitment that should be considered:

- a. *Match skills to jobs:* Employers have found that the most successful ventures between rehabilitation programs and business have included a vital prescreening and job-matching component. They preferred that either the veteran, or his or her representative from rehabilitation, become familiar with the essential functions of the job (experience, education, certifications, licenses, technology, etc.) and apply those criteria in the application process. To quote one business, “Some tend to ignore this and fill out applications and resumes as a ‘one size fits all’ scattergun approach. This doesn’t work.”
 - Opportunity: Rehabilitation professionals can facilitate the identification and transfer of military skills to civilian job skills. An excellent online resource is the “Crosswalk” from military occupational code to civilian job code (Occupational Information Network, n.d.).
 - Opportunity: Ensure the acquisition of current medical and psychological information to initiate the most appropriate prescreening and job matching regarding the cognitive and physical skills and abilities of the disabled veteran in relation to the functions of the job.
- b. *Be there after the hire:* Particularly if accommodations are provided or if the veteran is hired from a special recruitment initiative, businesses need and expect serious

and engaged responsiveness by the rehabilitation entity after the hire. Issues can arise after hire that the business is ill equipped to address without the assistance of a skilled rehabilitation professional. For example:

- Emergence of a “new” disability (sometimes PTSD or other mental health issues that had been previously undiagnosed)
- Ineffectiveness of a planned or implemented accommodation
- Newly discovered challenges faced by the veteran in the workplace
- Lack of productivity with unknown causes
- Absence from work because of ongoing treatment, often in remote locations

c. *Coordinate services for business and the veteran:* When more than one government entity or advocacy group is serving the disabled veteran in his or her pursuit of employment, businesses strongly urge a more collaborative approach to minimize their time on recruiting, job matching, and problem solving and to maximize the veteran’s time on the job. Here is a hypothetical scenario. With existing resources, the DOL VETS program may have an established business connection for a job. Concurrently, the VR&E program may be in the midst of implementing the rehabilitation plan with the veteran. Simultaneously, the state VR program may have the rehabilitation technologist and business relations specialist working with the same business to address any accommodation issues, in-service training, or other customized needs at the job site.

- Opportunity: Staff from VR&E, state VR, and DOL VETS can and should establish trusted partnerships with each other at the local level, relying on each entity’s strengths in resource availability, business connections, and staff expertise before outreach to veterans with disabilities occurs so that their combined efforts related to employment are streamlined and effective, both for the veteran and the business.
- Opportunity: With the advent of the National Employment Team (NET) through the state VR

program and the Council of State Administrators of Vocational Rehabilitation, businesses are now able to extend their partnerships with VR beyond one city or state and replicate effective practices in recruiting, hiring, and retaining veterans with disabilities through the NET's "designated point of contact" in each VR agency. That point of contact can serve as the conduit for collaboration and coordinated linkages to the business community on behalf of the veteran and the variety of agencies serving that veteran.

Other business comments. Although the comments and recommendations were directed primarily to the public VR program, members of the IRI prime study group who represent VA VR&E and DOL VETS indicated their awareness of similar feedback from the businesses with whom they partnered. A number of businesses with long-term, trusted partnerships with the major federal/state service providers for veterans with disabilities seeking employment have expressed some views that merit attention.

Our company prefers the approach used by vocational rehabilitation when we recruit and hire veterans with disabilities. VR has already worked with us. They know our needs. They don't just prepare a person for a job and back off. They are there "after the sale," so to speak, by committing to the longer-term follow through after hire to ensure success. That's the method we prefer and recommend it be replicated around the country. The organizations that serve disabled veterans who do not do this will most likely fail in their endeavors in the long run.
—*Senior VP of human relations for a large municipality*

We already had a long-term and successful partnership in hiring people with disabilities from vocational rehabilitation. When we created a special recruitment initiative regarding disability and wanted to outreach to veterans, VR invited a veteran's organization to join the partnership. That representative indicated that their clients were job ready when referred to business and that they

were not staffed to do any follow-through. They seemed to imply that at that point, the vet is “out of the nest to fly on their own.” We needed more than that to ensure the success after the hire. —*Human resources director and steering committee chair for the state’s business leadership network*

We feel it is a privilege to assist in any way with employment or reemployment of those returning from deployment. I know there have been times, and perhaps will be times in the future, when someone may have a very good reason why they cannot work in our facility; sometimes it may involve a disability, but more often that is not the case. We have encountered a few instances where the accommodation needed/required was not compatible with our site or systems, but every effort is made to overcome any obstacles. Good partnership and communication is always the key. —*Society for Human Resource Management local chapter chair*

Hopefully, they [veterans with disabilities] have someone like you [rehabilitation professionals serving veterans] who can explain to them that their job is to align the information they give about themselves with the specific needs of the particular job for which they are applying. —*Human resources manager at an inbound call center*

2. Returning to an Employer after Serving on Active Duty

Many National Guard service members and reservists have been called to active duty from existing civilian jobs and subsequently return as newly disabled employees. Return-to-work needs and processes can be very different from those for new jobs. Consequently, rehabilitation agencies must upgrade their knowledge, expertise, and resources for this scenario. The interviewees shared some critical issues and ideas:

- Rehabilitation service providers showed a willingness to work with disabled veteran referrals from businesses to assist with known or suspected disabilities. They were

needed to help identify the problem and possible solutions. Rapid response was needed, particularly when there was a “job in jeopardy” scenario.

- Government “systems” need to be modified so they are simplified and streamlined and easier for businesses to work with.
- *Rapid* access was needed to current medical and vocational information that was critical for return-to-work decisions so businesses could make appropriate decisions about work assignments and accommodations.
- It was also helpful for businesses to know which of the veteran’s conditions were service connected and which were not.
- Rehabilitation service providers needed to be more open with businesses regarding hidden conditions or other psychological concerns impacting the veteran that were present or that could emerge after return to work.
- Timely services were needed from organizations assisting the veteran with return to work—not just for the veteran but for businesses—to make the return to work a productive venture.
- Service providers assisting the veterans needed to be responsive and provide ongoing follow-through with the business—not just immediately after return to work but until the work situation was stable and productive.
- “User-friendly” assistance was needed on USERRA issues for veterans who were newly disabled and returning to their civilian jobs.

Specific comments were as follows:

Because of our partnership with rehabilitation professionals, I rely on them to connect me and the employee-veterans who need assistance to the right resources. And they have—even to the point of coordinating those services and making sure my company gets exactly what it needs to retain the veteran. Doing this quickly and getting us the information we need is what makes the difference. —*Disability management director at a major utility company*

My experience with some veterans groups gives me some concern. They don't seem to "get it" when it comes to working with business after a hire or in a job retention situation. Understanding what's important to our business and the challenges we face in return-to-work situations is a must. —*Human resources manager, board member of a VR agency, and steering committee member of the state's business leadership network*

Summary

Listening to the perspective of veterans with disabilities, their family members, and the businesses that employ them is critical. It is probably the best way for rehabilitation professionals and advocacy groups to focus on the opportunity for continuous improvement as they navigate their way in best meeting the needs of veterans who wish to work and live as independently as possible in spite of their disability. Nevertheless, listening is not enough. Acting is the true challenge. Changing organizations and systems is not easy. Change is not just the purview of the leadership of an organization. Change does not always require more money. Change is up to the individual.

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Study Questions

1. The three primary customers involved in employment and independence for veterans with disabilities include
 - a. Veterans, service providers, and federal agencies
 - b. State VR, VA VR&E, and DOL VETS
 - c. Family members, vendors, and veterans
 - d. Businesses, family members, and veterans
 - e. Veterans, advocacy groups, and business

2. Major issues identified by veterans with disabilities related to employment and independence do **not** include one of the following:
 - a. Medical and psychiatric care
 - b. Perceived attitudes from employers
 - c. Disability payments
 - d. Fragmented services
 - e. Employment

3. Feedback from employers who hire or retain veterans with disabilities reflected concerns centered around which of the following? (Select two.)
 - a. Recruitment and retention
 - b. Reimbursement to offset training costs
 - c. Changes to current legislation impacting employment
 - d. Collaboration among various agencies assisting veterans with employment

4. The training and experience gained by veterans while on active duty is easily transferred into civilian accreditation upon discharge.
 - a. True
 - b. False

5. All but one of the following reflects suggestions from veterans with disabilities for systems change:
 - a. Develop and/or use a “crosswalk” for transferable skills from military skills and codes to civilian codes and descriptions.
 - b. Screen all veterans for PTSD and TBI, however subtle.
 - c. Increase the availability of mental health services
 - d. Provide legal and financial management services
 - e. Develop family programs

6. Family members have several issues they would like to see addressed as their loved ones return home but are newly disabled. Which of the following does not belong on this list of suggestions from the family?
 - a. Provide transportation for veterans to and from medical appointments.
 - b. Develop support groups for family members at the local level.
 - c. Provide support and services to family members who serve in the role of “direct assist” to veterans with disabilities in their family.
 - d. Create debriefing or information sessions for families to describe services available to the veteran after discharge.
 - e. Provide assistance to family members for their own mental health issues after a veteran returns home with a disability.

7. Which of the following does **not** belong on the list of critical elements of successful business partnerships that enhance the employment or retention of veterans with disabilities?
 - a. Trust
 - b. Reliability
 - c. Access to financial incentives
 - d. Responsiveness
 - e. Consistency
 - f. Sustainability
 - g. Quality
 - h. Flexibility

8. Employers observed that many veterans were unable to articulate their skill transferability in relating military terms to private-sector terms.
 - a. True
 - b. False

9. Which of the following was **not** included in issues most critical to businesses in their recruiting activities and outreach to veterans with disabilities?
 - a. Match skills to the job
 - b. Be there after the hire
 - c. Coordinate services to both the business and the veteran
 - d. Be prepared to offer tax credits and other financial incentives

10. In return-to-work scenarios for veterans with disabilities, particularly those in the National Guard or Reserves who returned to jobs they held prior to activation, rehabilitation professionals should proceed with their rehabilitation process and services in the same manner as when assisting a veteran in finding a job.
 - a. True
 - b. False

Chapter 2:

Major Players in Providing Vocational Rehabilitation Services to Veterans

Chapter 1 discussed the needs of veterans and their families and the business perspective. This chapter reviews the three major players found in all 50 states. Veterans have access to vocational rehabilitation (VR) services through one of three venues: the U. S. Department of Education's Rehabilitation Services Administration (RSA) state Vocational Rehabilitation programs, the Department of Veterans Affairs (VA) Vocational Rehabilitation and Employment (VR&E) program, and the Department of Labor's (DOL) Veterans' Employment and Training Service (VETS).

Although the focus is on the three major players, we do not want to minimize the contributions of other partners in successfully serving veterans and their families. These other players include veteran service organizations, community rehabilitation providers, local and state governments, and private foundations.

State Vocational Rehabilitation Programs

Under the Rehabilitation Act of 1973, states receive federal grants from RSA to operate a comprehensive VR program. This state-operated program is designed to assess, plan, develop, and provide VR services to eligible individuals with disabilities, consistent with their strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice. By providing services in this way, the VR program enables individuals with disabilities to prepare for and engage in gainful employment. The VR program operates through designated state units in every state/territory. There are 80 such units nationally. Thirty-two states/territories have a combined agency (serving all disability groups), and 24 have separate agencies, one serving the general population of disabilities and one serving only those who are blind or visually impaired. The state VR program serves roughly one million eligible individuals per year with a staff of professional VR counselors. Some of those VR counselors function in specialty roles in areas such as traumatic brain injury, mental illness,

addiction disorders, and high school transition. Additional specialty staff in many of the VR programs may include business relations specialists, rehabilitation engineers or technologists, orientation and mobility specialists, interpreters, vocational evaluators, and rehabilitation teachers.

In addition to the core VR program focused on the consumer-customer, the 80 VR agencies have also formalized their partnerships with their employer-customers and created the National Employment Team (NET). The NET offers business customers a designated point of contact to connect with qualified applicants, resources, and support services in their local, multistate, or national marketplace. It is a “one-company” approach to serving business customers through the national network of the 80 publicly funded VR programs.

Eligibility

The VR program is an eligibility rather than entitlement program. To qualify for services, an applicant must be an individual with a disability—i.e., he or she must have a physical or mental impairment that constitutes or results in a substantial impediment to employment for the individual and be able to benefit from VR services to achieve an employment outcome. In addition, that individual must require VR services to prepare for, secure, retain, or regain employment. Individuals who receive Supplemental Security Income and/or Social Security Disability Insurance benefits are presumed to be eligible for VR services leading to employment, unless there is clear and convincing evidence that they are too severely disabled to benefit from VR services.

An individual has the right to submit a written application. That individual is considered to have “submitted an application” when he or she “requests” VR services and provides sufficient information for VR to determine eligibility. VR should determine that eligibility within 60 days of application.

Processes

The following process is used to assist a VR consumer:

- The VR agency assigns a VR counselor to each eligible individual.
- If existing information is not sufficient to determine whether the individual is eligible for VR services, VR provides assessment services to gather the needed information.
- The counselor gathers as much information as possible about the individual's work history, education and training, abilities and interests, rehabilitation needs, and possible career goals. In gathering the information, the counselor first looks to existing information; thus, it is important for the individual to bring copies of medical, educational, and similar documentation.
- Based on the information gathered, a multifaceted individualized plan for employment (IPE) that identifies the individual's desired employment outcome is developed. The IPE also lists, among other things, the steps necessary to achieve the individual employment outcome; the services needed to help the individual achieve that outcome; and evaluation criteria used to determine progress toward the employment outcome. The VR agency may provide only those services listed on the IPE.
- The state VR counselor provides some services directly and arranges for other services through specialty agency staff or through providers in the community.
- The plans are often multiyear, depending upon the vocational goals of the individual and the skill sets and training required by the employers.

Services

VR services are those services that an eligible individual may need in order to achieve his or her employment outcome. These include, but are not limited to, the following:

- Assessment for determining eligibility and VR needs
- Vocational counseling, guidance, and referral services
- Physical and mental restoration services

- Vocational and other training, including on-the-job training
- Maintenance for additional costs incurred while the individual is receiving certain VR services
- Transportation related to other VR services
- Interpreter services for individuals who are deaf
- Reader services for individuals who are blind
- Services to assist students with disabilities to transition from school to work
- Personal assistance services (including training in managing, supervising, and directing personal assistance services) while an individual is receiving VR services
- Rehabilitation technology services and devices
- Supported employment services
- Job placement, job retention, and return-to-work services
- For individuals who are blind or visually impaired, assistive technology, orientation and mobility training, and Braille and rehabilitation training

Based on an individual's available financial resources, the VR agency may require an eligible individual to help pay for services. However, assessment to determine eligibility and VR needs, vocational counseling, guidance and referral services, and job search and placement services are available to all eligible individuals without charge, regardless of financial resources.

Before providing certain VR services, the counselor must determine whether another source, such as medical insurance or Medicaid, can pay for the service. However, the counselor is not required to look for a "comparable service or benefit" if it would delay either immediate job placement or the individual's progress toward achieving an employment outcome or would delay provision of services to someone at extreme medical risk. "Comparable services and benefits" are benefits or services that are paid for, in whole or part, by another federal, state, or local public entity or employee benefits program, are available at the time the individual needs them, and are comparable to the services that the individual would receive from the VR agency.

The addresses and telephone numbers of the state VR agency offices are generally listed under “state government” in the telephone directory. One quick way to locate local VR programs is through www.rehabnetwork.org, clicking on the “Contact State Directors” link.

Department of Veterans Affairs, Vocational Rehabilitation and Employment Program

VA is one of the largest federal departments, with over 235,000 employees. As advocates for veterans and their families, the VA community is committed to providing the very best services with an attitude of caring and courtesy.

VA comprises a central office, which is located in Washington, DC, and field facilities throughout the nation administered by its three major line organizations: Veterans Health Administration, Veterans Benefits Administration, and National Cemetery Administration. Services and benefits are provided through a nationwide network of 153 hospitals, 895 outpatient clinics, 135 nursing homes, 46 residential rehabilitation treatment programs, 209 readjustment counseling centers, 57 veterans benefits regional offices, and 125 national cemeteries (Department of Veterans Affairs, 2008).

The VR&E program, one of the five business lines under the Veterans Benefits Administration, provides services and assistance to enable veterans with service-connected disabilities and employment handicaps to prepare for, find, and keep suitable employment. The program also provides independent living services for veterans with severe disabilities who may not have employment aspirations or capabilities and offers educational and vocational counseling to service members and veterans who have recently separated from active duty. In addition, VR&E provides educational counseling, vocational counseling, and special rehabilitation services to dependents of veterans who meet certain eligibility requirements.

VA Strategic Goals

The Secretary of Veterans Affairs identified five broad strategic goals for VA as the means to improve services to veterans and their families and to improve management in the department.

These goals comprise the VA Strategic Plan:

- Restore the capability of veterans with disabilities to the greatest extent possible and improve the quality of their lives and that of their families.
- Ensure a smooth transition for veterans from active military service to civilian life.
- Honor and serve veterans in life and memorialize them in death for their sacrifices on behalf of the Nation.
- Contribute to the public health, emergency management, socioeconomic well-being, and history of the Nation.
- Deliver world-class service to veterans and their families by applying sound business principles that result in effective management of people, communications, technology, and governance.
(Department of Veterans Affairs, 2006)

The VA Strategic Plan promotes program results, service quality, customer satisfaction, seamless transition, and data security. The first two goals are related to the VR&E program, and two strategic objectives under those goals are particularly relevant:

Objective 1.3: Provide eligible service-connected disabled veterans with the opportunity to become employable and obtain and maintain employment, while delivering special support to veterans with serious employment handicaps. . . .

Objective 2.1: Ease the reentry of new veterans into civilian life by increasing awareness of, access to, and use of VA health care, benefits, and services. (Department of Veterans Affairs, 2006)

Eligibility and Outreach

Awareness of eligibility for VA benefits has a direct and lasting impact on the degree to which VA is able to meet the needs of new veterans. VA partners with the Department of Defense (DoD) to conduct outreach activities and provide transition assistance to separating service members. Increased interagency collaboration in the Transition Assistance Program (TAP) and Disabled Transition Assistance Program (DTAP) can result in improvements in service members' understanding of VA benefits.

VA is working to increase active-duty and recently separated service members' awareness of their benefits and means of access to benefits, thus ensuring a smooth transition to civilian life. In addition, National Guard and Reserve personnel are eligible for a wide variety of benefits. Through interagency collaboration with the DoD and DOL, VA is partnering with the National Guard and Reserve to address the outreach challenges that are unique to those components of the veteran population.

Benefits and Services with the VR&E Program

VA's VR&E program benefits are authorized under Title 38 of the U.S. Code, chapter 31. VR&E has primary responsibility for administering chapters 18, 31, and 36 benefits and partial responsibility for administering chapter 35 benefits.

Training and Rehabilitation for Veterans with Service-Connected Disabilities

Through chapter 31, VR&E provides for all services and assistance necessary to enable veterans with service-connected disabilities to achieve maximum independence in daily living and, to the maximum extent feasible, to become employable and to obtain and maintain suitable employment.

VR&E services begin with an orientation and comprehensive evaluation by a qualified VR counselor. The evaluation includes an assessment of skills, aptitudes, and abilities and a review of impairments to employability. Evaluations are available on an as-needed, recurring basis, but eligibility for services provided by

chapter 31 is determined through the evaluation of an employment handicap.

This determination of an employment handicap is based on the extent to which the service-connected disability limits an individual's ability to obtain or maintain employment. Thus, an employment handicap is not the same as a disability. If an employment handicap does not exist, the individual receives career-counseling services and referrals as needed. If an employment handicap does exist, the veteran works with his or her VR counselor to develop career goals and a plan to overcome the employment handicap. Once the employment handicap is overcome, the individual cannot simply decide that he or she wants a new career.

If an employment handicap is determined, the individual and the VR counselor develop a comprehensive written rehabilitation plan that outlines the services to be provided during the VR program leading to employment and/or independence in the community. Each plan is specific to the individual and includes only those services needed for that specific plan. VR focuses on suitable employment that is long term and does not aggravate the disability. The focus is on providing necessary services to build on the individual's transferable skills, ensuring entrance into a career that can be sustained long term.

Depending on the individual written rehabilitation plan, services could be offered for as short as a month (identification of workplace adaptation) to as long as many years (formal education). Duration is no more or less than is determined to be needed for that career field and to overcome the specific employment handicap, and the timeline must be written into the individual plan. Because the plan is need-based, modifications to the written plan may be made based on need.

A VR & E counselor determines which of the following five tracks of services would be most suitable for the eligible veteran's needs (Steier, 2006):

- *Reemployment (with a former employer)*. This track is designed for those separating from active duty or in the National Guard or Reserves who are returning to work for their previous employer. Based on the rehabilitation plan, services may include job accommodations, job modification, case management, coordination and linkages of services with VA health care, reemployment rights advice, work adjustment services, and consultation with the employer. Post-employment follow-up is used to ensure stability and adjustment to return to work.
- *Rapid access to employment*. Rapid access to employment is for individuals who have expressed a desire to seek employment soon after separation or who already have the necessary skills to be competitive in the job market in an appropriate occupation. With a rehabilitation plan that has a goal of immediate employment, services may include job readiness preparation, resume development, job search assistance, development of employment resources, and job accommodations. Services conclude with a period of post-employment follow-up to ensure stability and adjustment to return to work.
- *Self-employment*. Self-employment is targeted to individuals who have limited access to traditional employment, need flexible work schedules, or need a more accommodating work environment due to their disabling conditions or other life circumstances. Features of this track include a rehabilitation plan with the goal of self-employment that may provide for analysis of the viability of a business concept; development of the business plan; training in the operation of small businesses; marketing and financial assistance; and guidance on obtaining adequate resources to implement the business plan. Services include at least 1 year of follow-up once the business has been determined stable in order to ensure the veteran's continued success when VR&E services conclude.
- *Employment through long-term services*. Individuals who need specialized training and/or education to obtain and maintain suitable employment are targeted for this track. The rehabilitation plan has the goal of training and/or

education and may provide for on-the-job training, apprenticeships, internships, job shadowing, work monitoring, work-study, public-private job partnering, or higher education sufficient to obtain suitable entry-level employment. Services conclude with intensive job readiness assistance, job placement, and follow-up services. These services are coordinated between VR&E's employment coordinator and staff members of DOL's VETS Disabled Veterans' Outreach Program (DVOP) and local veterans' employment representative (LVER).

- *Independent living services.* This option is designed for individuals whose disabilities are so severe that they are currently unable to pursue an employment goal. These individuals may need rehabilitation services to live more independently and to increase their potential to return to work. Services under this option may include independent living skills training, assistive technology, services at special rehabilitation facilities, and connection to community-based support services.

The five tracks are summarized in Figure 2-1.

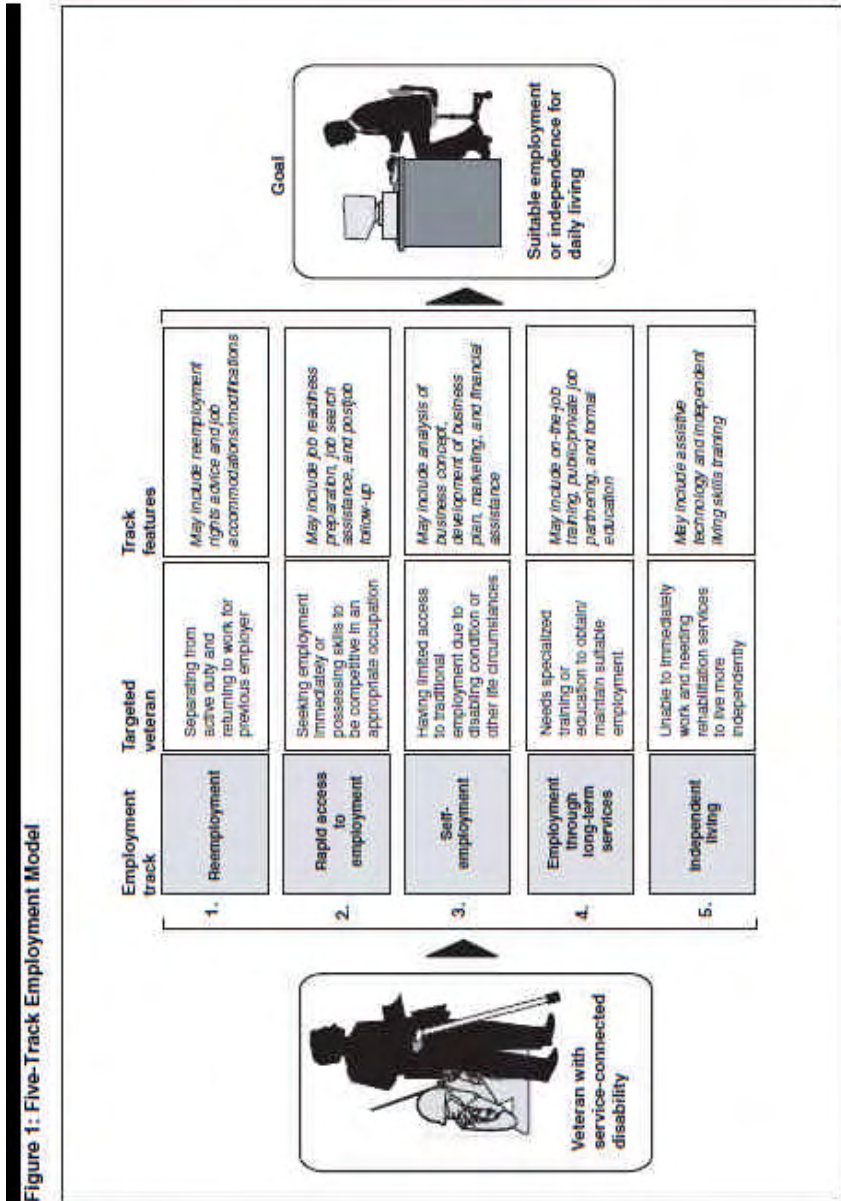


Figure 2-1. Five-track employment model (Government Accountability Office, 2007)

VR & E Medical and Related Services

The regulations that govern VR&E require that a chapter 31 participant be “furnished medical treatment, care and services which the VA determines are necessary to develop, carry out and complete the veteran’s rehabilitation plan.” These services are limited to the period or periods in which the veteran is a chapter 31 participant: for example, during initial evaluation, extended evaluation, rehabilitation to the point of employability, independent living services program, employment services, and other periods that are needed to facilitate reentry into rehabilitation (38 C.F.R. § 31). VA medical centers are the primary resources for the provision of medical treatment, care, and services for chapter 31 participants (38 C.F.R., § 21.240).

A variety of medical treatment services are authorized for a chapter 31 participant:

1. Prosthetic appliances, eyeglasses, and other corrective or assistive devices
2. Services to a veteran’s family as necessary for the effective rehabilitation of the veteran
3. Special services (including services related to blindness and deafness) including
 - i. Language training, speech and voice correction, training in ambulation, and one-hand typewriting
 - ii. Orientation, adjustment, mobility, and related services
 - iii. Telecommunications, sensory, and other technical aids and devices (38 C.F.R., § 17.48[g]).

Educational Benefits

Further rules indicate that service members within 6 months of separation from active duty and veterans within 1 year of separation from active duty are eligible for educational and vocational counseling. This may include testing and other assistance to aid the individuals in selecting either an educational or training objective and an educational institution or training establishment to meet that objective; or an employment objective that would be likely to provide them with satisfactory employment opportunities in light of their personal circumstances (38 C.F.R. § 3697).

Department of Labor, Veterans' Employment and Training Service (DOL VETS)

The workforce investment system supports economic growth. It provides workers with the information, advice, job search assistance, and supportive services they need to get and keep good jobs and provides employers with skilled workers in demand industries and occupations. These programs serve all employers and all job seekers at no cost. They also provide priority of service and supplementary assistance to veterans, veterans with disabilities, and other eligible persons (see 38 U.S. Code § 4215).

One such program is DOL's VETS. VETS mission is to "provide veterans and transitioning service members with the resources and services to succeed in the 21st-century workforce by maximizing their employment opportunities, protecting their employment rights, and meeting labor market demands with qualified veterans."

VETS offers employment and training services to eligible veterans through the Jobs for Veterans State Grants program. Under this noncompetitive grant program, funds are allocated to the designated administrative entity that operates the one-stop employment and workforce information service system within each state.

The grant supports two principal staff positions: DVOP specialists and LVER staff. Services are provided to maximize employment and training opportunities for veterans, other eligible persons, transitioning service members, their spouses (through TAP employment workshops), and, indirectly, employers. The grant allows states more flexibility to determine the most effective and efficient distribution of staff resources based upon the distinct roles and responsibilities of the DVOP and LVER positions.

Disabled Veterans' Outreach Program (DVOP)

The DVOP program was originally initiated as an administrative effort in 1977 to address the unemployment needs of veterans with disabilities from the Vietnam era. It was later codified in law by

the Veterans' Rehabilitation and Education Amendments of 1980. DVOPs target their services to veterans with barriers to employment, veterans with disabilities, and those who are educationally and/or economically disadvantaged. DVOPs may be located within the one-stop career centers or colocated with other service providers, such as VA. They provide intensive services to meet the employment needs of special disabled, disabled, and other eligible veterans and provide a full range of employment and training services to veterans, with emphasis on assisting economically or educationally disadvantaged veterans.

Local Veterans' Employment Representative (LVER)

The LVER program (see U.S. Code Title 38, § 4104) has been integral to veterans' employment services for the past 60 years. The program was first authorized under the original "GI Bill," the Servicemen's Readjustment Act of 1944, and was amended in 2002 by the Jobs for Veterans Act. LVERs are located in service delivery points, such as one-stop career centers, throughout the states. They are also outstationed at VR&E sites and other VA locations such as veterans centers. Their specific responsibilities are to

- Conduct outreach to area employers to assist veterans in gaining employment
- Provide seminars for employers and, in conjunction with employers, conduct job search workshops and establish job search groups
- Facilitate employment, training, and placement services furnished to veterans under the applicable state employment service delivery system

Joint Collaborative Efforts

The VR&E DOL VETS Joint Work Group, which was established through a memorandum of agreement (updated in 2005), drafted a long-range implementation plan with both short- and long-term goals and initiated a demonstration project to improve program performance. The pilot was implemented at eight locations: Denver, CO; Manchester, NH; Montgomery, AL; Oakland, CA;

Philadelphia, PA; St. Louis, MO; St. Petersburg, FL; and Little Rock, AK.

In November 2007, several members of the Joint Work Group held a prepilot site visit with Alabama State Vocational Rehabilitation, DOL VETS, and the state workforce agency. Information was gathered on how the agencies developed their strategies; the group then implemented a process to work together in providing excellent services to veterans with disabilities. Another meeting was held in December 2007 in Washington, DC, to finalize the pilot project model for implementation in January 2008.

VETS works closely with VR&E and receives referrals from VR&E of job-ready veterans with disabilities who have completed a program of service. VETS furnishes VR&E with states' quarterly data and the final fiscal year roll-up data, including (a) number of job-ready veterans referred from VR&E to the local employment office for intensive enrollment assistance (for each state and total); (b) numbers and rates of referred veterans who registered with the local employment offices for services (for each state and total); (c) numbers and rates of registered veterans who entered employment (for each state and total); and (d) average entry hourly wage.

Department of Defense, Transition Assistance Program (TAP)

TAP was developed by the DoD to help separating and retiring service members and their families make a smooth transition from a military career to the civilian sector (National Defense Authorization Act for Fiscal Years 1990 and 1991, § 502). TAP for active service members consists of four components:

- Preseparation counseling: conducted by the military services and mandatory for all separating service members
- TAP employment workshops: facilitated and sponsored by DOL
- Veterans benefits briefings: facilitated and sponsored by VA
- DTAP: facilitated and sponsored by VA

Preseparation Counseling

Preseparation counseling is mandatory. Recent laws require it to begin as soon as possible during 12 months prior to separation and 24 months prior to retirement (Veterans Education and Benefits Act of 2001, § 302). The transition process begins with the completion of DD Form 2648, Preseparation Counseling Checklist. This is a legal requirement, and a copy of DD Form 2648 must be placed in every service member's personnel file prior to separation. The preseparation counseling briefing typically outlines the benefits and entitlements available to transitioning service members.

A preseparation guide augments the four components of TAP with special emphasis on the preseparation counseling component. The guide provides information on the various services and benefits available to separating and retiring service members and their families. Information contained in the guide may also be used by DoD civilian employees affected by downsizing, reductions in force, base closures, and base realignments.

All separating and retiring service members are encouraged to make an appointment with their local transition counselor for information on transition services and benefits (DoD, n.d.). Transition counselors are located in the following offices at local military installations:

- Army: Army Career and Alumni Program
- Air Force: Airman and Family Readiness Center
- Navy: Fleet and Family Support Center
- Marine Corps: Career Resource Management Center/Transition and Employment Assistance Program Center
- Coast Guard: Worklife Division; Coast Guard worklife staff can be found at the nearest Integrated Support Command

TAP Workshops

VETS provides the TAP employment workshops to transitioning service members. While these workshops are voluntary (as are the

veterans benefits briefings and DTAP), the Secretary of Defense and the various military services have committed to a goal of 85% participation by separating service members.

The law creating TAP established a partnership among the DoD, VA, the Department of Transportation, and DOL's VETS to give employment and training information to Armed Forces members within 180 days of separation or retirement (National Defense Authorization Act for Fiscal Years 1990 and 1991, § 502). Later, the law was amended to specifically include Coast Guard service members and their spouses (National Defense Authorization Act for Fiscal Year 1995, § 543).

TAP helps service members and their spouses make the initial transition from military service to the civilian workplace with less difficulty and at less overall cost to the government. An independent national evaluation of the program estimated that service members who had participated in TAP, on average, found their first post-military job 3 weeks sooner than those who did not participate in TAP.

TAP consists of comprehensive 3-day workshops at selected military installations nationwide. Professionally trained workshop facilitators from state employment services, military family support services, Department of Labor contractors, or VETS staff present the workshops. Workshop attendees learn about job searches, career decision-making, current occupational and labor market conditions, resume and cover letter preparation, and interviewing techniques. Participants also are provided with an evaluation of their employability relative to the job market and receive information on the most current veterans benefits.

Although experience shows that veterans generally enjoy a favorable employment rate in the nation's job market, many veterans initially find it difficult to compete successfully in the labor market. The TAP program addresses many barriers to success and alleviates many employment-related difficulties.

Service members leaving the military with a service-connected disability are offered Disabled Transition Assistance Program (DTAP). DTAP includes the normal 3-day TAP workshop plus additional hours of individual instruction to help determine job readiness and address the special needs of disabled veterans.

Conclusion

This chapter provided a brief overview of the major players and what they have to offer. As stated previously, there are many additional players who provide services to veterans with disabilities and their families. The next chapter focuses on the challenges and opportunities that face the major players and others in providing a seamless transition from military to civilian employment.

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Veterans' Rehabilitation and Education Amendments of 1980, Pub. L. 96-466, amended by Pub. L. 107-288 (codified at 38 U.S. Code § 4103A).

Study Questions

1. The state VR program is an
 - a. Entitlement program
 - b. Eligibility program
 - c. Fee for service
 - d. None of the above

2. The state VR program is available to
 - a. An individual who has a physical or mental impairment that constitutes or results in a substantial impediment to employment
 - b. An individual who can benefit from VR services to achieve an employment outcome
 - c. Only those individuals who are enrolled in Social Security Disability Insurance
 - d. a and b
 - e. All of the above

3. A VR counselor must determine if there are comparable services
 - a. In all cases
 - b. Only for those individuals who cannot afford to pay for the services
 - c. For all eligible individuals except when services would be delayed
 - d. a and c

4. “Comparable services and benefits” are those benefits or services that are
 - a. Paid for, in whole or part, by another federal, state, or local public entity
 - b. Paid for by an employee benefits program
 - c. Available at the time the individual needs them
 - d. Comparable to the services that the individual would receive from the VR agency
 - e. All of the above

5. VA VR&E's program is responsible for implementing chapter 31 services.
 - a. True
 - b. False

6. There are four tracks to employment in the VR&E program.
 - a. True
 - b. False

7. VA is an acronym to represent
 - a. Veterans Administration
 - b. Department of Veterans Affairs
 - c. Veteran Activities
 - d. None of the above

8. VR&E is responsible for administering the following chapters under Title 38, U.S. Code:
 - a. Chapter 36
 - b. Chapter 18
 - c. Chapter 31
 - d. Chapter 35
 - e. All of the above

9. The four components of TAP are preseparation counseling, DOL employment workshop, VA benefits briefing, and VA DTAP.
 - a. True
 - b. False

10. The DOL VETS Jobs for Veterans State Grants Program supports the following positions:
 - a. Disabled Veterans' Outreach Program specialist
 - b. Employment coordinator
 - c. Local veterans' employment representative
 - d. All the above
 - e. a and c

Chapter 3:

Challenges and Opportunities

In war, there are no unwounded soldiers. —Jose Narosky

While we cannot “unwound” combat veterans, in the coming years, there should be no doubt that substantial resources of the state Vocational Rehabilitation (VR) program and the Department of Veterans Affairs’ (VA) Vocational Rehabilitation and Employment (VR&E) will be needed to provide services to veterans with disabilities while still maintaining high-quality services to the veterans from other conflicts and other Americans with disabilities. This chapter explores some of the challenges and opportunities for both the state VR and VR&E systems as we go forward. Recognizing that veterans who experience polytraumatic injuries will generally be readily identifiable and likely receive significant rehabilitation services, this chapter focuses primarily on those veterans with disabilities who are not likely to seek out treatment or have a disability—such as traumatic brain injury (TBI) or post-traumatic stress disorder (PTSD)—that is not readily diagnosable immediately after demobilization or discharge.

Several challenges and opportunities are addressed in this chapter:

- Engaging with large numbers of veterans
- Effectively and efficiently connecting, across systems, with veterans with disabilities, including those who are homeless and those who are no longer on active duty
- Determining when to tell demobilizing veterans about VR and VR&E services
- Increasing effective collaboration between state VR and VR&E systems
- Increasing the state VR system’s understanding of military culture
- Streamlining, as much as possible, the bureaucratic realities of the state VR and VR&E systems to best serve veterans with disabilities

Challenge: Engaging with Large Numbers of Veterans

According to the report *Trends in Treatment of America's Wounded Warriors*, as of July 31, 2007, 1.6 million individual service members had been deployed in Iraq and Afghanistan since the September 11, 2001, terrorist attacks (Veterans for America, 2007). That same report added that more than 525,000 had been deployed two or more times. Dr. Ira Katz, deputy chief of patient care services for mental health, Veterans Health Administration, said in testimony before the House Committee on Veterans Affairs that as of June 2007, approximately 720,000 service members had separated from service in Iraq and Afghanistan and over 250,000 had sought care in the VA system (Katz, 2007). Dr. Katz added that 95,000 received at least a preliminary mental health diagnosis, and among these PTSD was most common, experienced by over 45,000, or 48%. The Department of Defense (DoD) Task Force on Mental Health (2007) reported in June 2007 that nearly 33,000 of these veterans have been treated for nondependent substance abuse issues and 27,000 for depressive disorders.

Opportunities

These numbers are the stark backdrop to meeting the challenge of servicing veterans in the best and most productive manner. This is a time for all of the rehabilitation programs to work together for a common cause that deserves nothing less than our extraordinary efforts on behalf of all our nation's veterans. It is a time for maximizing resources and collaboration among these programs and a time for minimizing apparent redundancy, confusion and chaos for the wounded warriors who are served. Chapters that follow offer suggestions on accomplishing this.

Challenge: Connecting with Veterans Who Are Homeless

One category of veterans that deserves our focused attention is the group that is presently or episodically homeless. The VA has estimated that over 150,000 veterans are homeless in America

(VA, 2008a). Vietnam veterans make up nearly 47% of these homeless veterans. There are already upwards of 1,500 Iraq and Afghanistan war veterans requiring stays at shelters across the country (McClam, 2008).

The presence of homeless veterans from the current wars in Iraq and Afghanistan should give us pause. These new service men and women are the potential harbinger of thousands of individuals who likely experience symptoms of TBI, PTSD, and/or substance abuse issues who need and require treatment (National Coalition for Homeless Veterans, 2008).

A number of programs nationwide provide quality outreach to homeless veterans. One example is the Veterans Benefits Administration's Homeless Coordinator Program, which provides outreach in every state in the nation. The VA (2008) reported providing health care to 100,000 homeless veterans and compensation and pensions to nearly 40,000 annually. Dr. James Peake, the secretary of veterans affairs, announced that the number of homeless veterans declined 21% in the last year. Peake touted the services the VA offered, as well as partners in the community, faith-based organizations, changing demographics, and improvements in survey techniques, as reasons for the reduction from 195,000 to 154,000 (VA, 2008b).

The National Coalition for Homeless Veterans (1-800-VET-HELP) is a resource and technical center for community-based service providers who work with homeless veterans. The program is funded through a grant by the VA. This organization strongly believes that all programs to assist homeless veterans must focus on helping veterans reach the point where they can obtain and sustain employment (National Coalition for Homeless Veterans, 2008). The VA (2008) estimated that 45% of this population has been diagnosed with mental illness, 75% have a substance abuse problem, and 35% have both. It seems reasonable that a significant proportion of these veterans would be eligible for both VR&E and state VR services, and some are doubtlessly engaged and working with these systems. We must as a system, however, recognize that a new generation of veterans with disabilities stemming from

conflicts in the Iraq and Afghanistan wars will require our vigilance and serious attention.

Opportunities

Both VR&E and state VR systems should be engaged regularly with homeless programs at a statewide level, especially those programs that specifically address homeless veterans. Some state VR systems have identified counselors with military backgrounds to serve as liaisons to the VA and to veterans groups in different capacities. This is an approach that seems to be continuously evolving and should be expanded. Regular training on homeless veterans that involves VR&E and state VR staff should be standard practice and expanded as necessary.

Challenge: Connecting with Veterans from the National Guard and Reserves

The numbers of Iraq and Afghanistan war veterans revolves around 1.6 million, and there is a potential for disability in a significant number of them. A recent study reported that mild TBI (i.e., concussion) among soldiers deployed in Iraq was strongly associated with PTSD and physical health problems 3 to 4 months after the soldiers return home. For National Guard and Reserve components returning home from the recent conflicts in the Middle East, attention has been paid to screening for potential mental health and/or physical complications of their combat duty, since many might have had concussions that were not recognized or that they failed to disclose.

A recent story in the *Philadelphia Inquirer* chronicled a reporter's attempt to engage all 131 surviving members of Pennsylvania's Alpha Company, which had sustained the death of six guardsman in combat and included 17 recipients of the Purple Heart. All but five members of the unit had been contacted and agreed to be interviewed. While some of the veterans emerged from the war stronger and more self-confident, many did not. Almost half (46%) had been treated for PTSD, and a third were receiving disability for PTSD, hearing loss, back problems, and other injuries (Infield, 2008).

This story is instructive in the need to engage the large percentage of veterans—including National Guard combat unit members—potentially eligible for VR and VR&E services. It is likely that some of these men and women are being served by VR and VR&E in some capacity; however, it seems likely that most are not.

Opportunities

State of Vermont: Establishing Linkages and Cooperation

Some states have begun innovative outreach programs. Vermont is an example of a potential best practice for outreach to returning National Guard and Reserve units. In Vermont, six “global war on terror outreach specialists” connect throughout the state with military service members and their families. They identify potential needs and provide access to available services, including mental health clinical services such as counseling and TBI evaluations. Almost all of these outreach specialists are recently retired combat veterans. They have been given great flexibility to do “whatever it takes” to engage veterans in getting help if they need it, including speaking at public forums to encourage referrals, meeting with veterans and their families in their home at whatever hour is required, arranging transportation for veterans to area clinics and hospitals, and being supportive in any way they can. They also have met returning units at their demobilization sites to make early connections. The outreach specialists rent vans and welcome these veterans by taking them wherever they needed to go, on base and off, to make their return to the United States an easier one. Bernie Sanders and Patrick Leahy, senators from Vermont, secured funding for this program. It has been extremely successful and could serve as a model around the country.

Vermont has a very well organized Military, Family, and Community Network (MCFN) (www.vtmfcn.org) that works to develop and maintain a multigroup community network between community, government, and private sectors that creates awareness programs and provides services to all returning service members and their families. The network was founded when chaplains, family program members, and the command of the Vermont National Guard approached the National Center for PTSD (based

in Vermont) and the VA about helping them to overcome the lack of support that National Guard and Reserve members feel compared with their active-duty counterparts. This statewide network's goal is to become a long-lasting community effort to understand, prevent, and deal with the lingering after-effects of war on communities. They welcome a variety of community members with the common goal of assisting veterans and their families in making healthy adjustments from the battlefield to the home front.

MCFN meets as a group once a month and is comprised of veterans, family members, VA service providers, state VR providers, nonprofit providers, clergy/chaplains, and state and federal congressional staff, among others—all concerned about the issues of returning veterans. The statewide network has coordinated several conference-style outreach training events. In local communities, MCFN chapters also meet monthly. One chapter in Bennington conducts a regular radio segment on issues related to returning veterans. This chapter is led by a state VR counselor who himself was a combat veteran in Vietnam. Other states have similar models that should be engaged by state VR and VR&E systems to encourage referrals.

VR&E: The Coming Home to Work Program

The Coming Home to Work (CHTW) Initiative became an integral part of VR&E's early intervention and outreach efforts to Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) servicemembers. The primary mission of the CHTW program is to provide early intervention and outreach services to servicemembers and veterans while they are receiving medical services at a VA medical facility, Military Treatment Facility or Community Based Health Care Organization (CBHCO).

Early Intervention and Outreach are critical elements to the CHTW program success. Early Intervention involves:

- Establishing contact with servicemembers prior to discharge from active duty status, and
- Establishing contact with veterans soon after discharge from active duty status.

Outreach Involves:

Meeting servicemembers and veterans where they are located whether they are at Military Treatment Facilities (MTFs), VA Medical Centers, Coming Home events, or Job Fairs.

The CHTW program has expanded to provide opportunities for eligible servicemembers to begin the vocational rehabilitation process which allows them to obtain work experience, develop skills needed to transition to civilian employment, and identify potential career opportunities. There are currently thirteen full-time counselors permanently stationed at twelve MTFs and a CHTW Coordinator in every VA Regional Office. This program does not replace or conflict in any way with medical treatment or military requirements (VA, 2008c).

Challenge: Determining When to Tell Demobilizing Veterans About Services

When service members are discharged to local communities, they are medically and psychologically screened and thoroughly debriefed on their benefits and access to the VA health care system. There is a sense, however, that these veterans are overwhelmed with so much information and paperwork that it becomes difficult for them to access or remember material they might have received or heard about VR&E or state VR services.

Opportunities

State of Illinois: Counselors for Returning Veterans

A recent article in the *Southern Illinois Post-Dispatch* (Dine, 2008) reported that the state of Illinois has just instituted what it is calling a first-in-the-nation state program that requires returning National Guard and Reserve troops to be screened for PTSD and TBI. In addition to the screenings, a 24-hour hotline has been established for veterans who have trouble readjusting. This hotline, which is staffed by clinical psychologists, received 860 calls from veterans and family members in its first 2 weeks. Legislators and veterans organizations are recommending that this model be expanded nationally. Illinois also funds ongoing counseling for veterans who

are referred or refer themselves for this program (Dine, 2008). Such a program could be a natural point for referrals to VR&E and state VR programs for VR services to veterans.

Give an Hour

Another counseling program that is growing across the nation is called Give an Hour. Like the Illinois program, it could also serve as a referral source for state VR and VR&E services if either were desired by service men and women. Give an Hour is a national organization that has established a network of mental health professionals who are literally giving an hour a week to provide free mental health services to returning troops and their families. Give an Hour currently has almost 1,000 professionals participating in its network, including psychologists, psychiatrists, social workers, substance abuse counselors, pastoral counselors, and marriage and family counselors. Give an Hour offers an option for men and women who might otherwise fail to seek or have access to appropriate mental health care and is separate from the military and the VA. Give an Hour also provides mental health services to spouses and children of returning service men and women, as well as their parents, siblings, and others not entitled to receive mental health benefits through the military (Give an Hour, n.d.).

VA: Seamless Transition to Veterans with Disabilities

One program that is connecting service men and women with disabilities with their local community while involving VA staff located at 10 DoD medical facilities is the State Benefits Seamless Transition Program (VA, 2007). The VA is partnering with states to help veterans with injuries receive benefits from their states when they move from military hospitals to VA medical facilities in their home communities. The State Benefits Seamless Transition Program staff identify injured military members who are transferred to VA facilities. VA staff contact state VA offices on behalf of veterans. The state offices, in turn, contact the veterans to inform them about state benefits for them and dependent family members. This program would also be a natural connection for referrals to state VR programs, especially when the extra capacity

of both the state VR and VR&E systems working together would greatly benefit the veteran.

Challenge: Increasing Collaboration Between State VR and VR&E

There are certainly challenges to serving the numbers of veterans with disabilities that may need services as a result of the Iraq and Afghanistan wars. An opportunity for collaboration between the state VR and VR&E systems lies in the fact that there are 7,000 state VR counselors and approximately 800 VR&E counselors nationwide—or nearly nine state VR counselors to every one VR&E counselor. State VR counselors are generally assigned to specific counties or districts and work within their catchment areas, which are community based. VR&E counselors are generally more centrally based with ties to local communities through support programs, Disabled Veterans’ Outreach Program Specialists (DVOPs), and local veterans’ employment representatives (LVERs), which are community based. VR&E counselors should be encouraged to reach out to their state partners, who likely would have the capacity to assist veterans with disabilities in cooperative ways to promote and enhance services.

Significantly increased resources are needed if we are going to adequately help all our veterans with disabilities live the most productive and independent lives possible. One inexpensive improvement would be to bring groups together to talk about rehabilitation issues for veterans with disabilities. Another suggestion is to offer joint training. Currently, state VR and VR&E programs offer training to their own staff on topics such as PTSD, TBI, substance abuse, and specific disabilities. Having training that involved both VR&E and state VR systems would be beneficial: each system could learn about the other while learning promising practices, and relationships could be established to encourage joint casework to best serve veterans and other individuals with disabilities.

Each state also has a designated transition assistance advisor (National Guard Bureau, n.d.). This person’s primary function is to serve as the statewide point of contact and coordinator to ensure

that National Guard and Reserve members are fully aware of available benefits. The advisors also provide information regarding VA benefits and services to Guard members and their families and assist in resolving any problems with VA health care, benefits, and TRICARE. State VR counselors should know who their state transition assistance advisor is.

Opportunities

Legislative Push for Increased Educational Benefits to Veterans

One trend that could help enhance VR services is a national expansion of tuition assistance to veterans. A significant number of states have had long-standing discounts for veterans who attend state colleges and universities, but across the nation legislators are introducing bills that expand and enhance college benefits to veterans (*USA Today*, 2007). Senator Jim Webb of Virginia, who attended college on the original GI Bill and has a son who is serving in the Marine Corps in Iraq, has introduced federal legislation that would significantly increase benefits under the more recent Montgomery GI Bill. Many veterans who are enrolling in college expecting to have much of their education paid for are finding that they are incurring significant debt because veterans' educational benefits have not kept pace with college tuition increases. As reported in the *Boston Globe* (Sennott, 2008), Senator Webb said that fully funding a national program would cost \$2.5 billion a year and would pay for the full cost of attending state universities for in-state residents as well as a stipend for living expenses. The program would also cover Reservists and the National Guard, but at lower amounts of compensation. There seems to be some movement on the bill, which was introduced in 2007 (Sennott, 2008). It should be noted that service members who are eligible for VR&E tuition assistance may have all tuition covered by the VA as part of their employment plan. The Post-9/11 Veterans Educational Assistance Act of 2008 or "New GI Bill" was enacted into law on June 29, 2008. A full discussion of this law can be found on <http://www.gibill.va.gov>.

Challenge: Increasing the State VR Program's Understanding of Military Culture

Now more than ever before, the military branches of the Armed Forces are a mirror of rural and urban America, reflecting the socioeconomic, multinational, and religious differences of our country. The men and women serving in today's Armed Forces come from every state and from every community in America. In addition, every service member is a volunteer. Today's volunteer military is more professional, better trained, and better paid than at any other time of history—whether peacetime or wartime. This aspect of the military helps create a distinct culture in itself.

Of course, each military branch has its own unique qualities, but these differences are overshadowed by the commonalities. Since each service contingent went to an all-volunteer format, they have raised the bar for who can be in the military. The standards are slightly different for each branch, depending on the need and skill sets required. Because of the high-tech equipment used by everyone—from the combat infantry soldier to the sailor living in a highly sophisticated, highly computerized ship—service members must be intelligent, quick to respond to change, eager to be trained, and willing to carry out dangerous assignments that are both popular and unpopular within their community of origin.

The veterans reintegrating into their communities are smart, proud, and independent. Among those who require VR services, most will find it very challenging to request help from people outside of their military family. This will be true for nearly everyone, whether they were in combat or not. Learning to trust others outside of their closely knit group will be as formidable as the tasks they took on as part of their military duty.

Opportunities

When beginning the rehabilitation process with a returning veteran, counselors will need to keep the person and not the disability or the cause of the disability in perspective. The veteran has a newly acquired impediment, which may test his or her sense

of self-worth. This requires counselors to use their best skills to assure veterans that they will be able to overcome this obstacle just as they overcame other barriers in the past.

Challenge: Streamlining Bureaucratic Realities to Best Serve Veterans with Disabilities

Veterans may perceive the state VR system as bogged down by bureaucracy. There are referral forms, orientations, applications, vocational planning questionnaires, health history questionnaires, multiple releases, individualized plans for employment to be completed by consumers, and more. There are waits for certifications for eligibility, lots of questions about barriers, and probably not enough questions about strengths. In the beginning, perhaps before relationships with counselors are established, people can feel that the process is too much of a hassle and not worth their time.

The “ping-pong effect” can also be present, in which two distinct VR services—one with the VA and one with the state—bounce a prospective consumer from one office to another. If a veteran is borderline-eligible for either system, there might be a tendency to refer from one system to the other and wait to see if that person is eligible before moving forward with services. While this approach is understandable, since the service provider genuinely wants to see a consumer get the best possible services, it can add a layer of bureaucracy that might cause a veteran to drop out of services.

Opportunities

Vermont has established veteran specialists: full-time VR counselors who all served in the military themselves. These veteran specialists work in regions of the state and carry a normal caseload but do outreach to the veterans community and take referrals for VR services directly from the veterans and their family. This arrangement allows for a stronger relationship between consumer and counselor at the beginning of the process, in hopes that the veteran will be better served and will not feel so overwhelmed by the VR process.

Veteran specialists within the state VR systems who have strong ties to the military service community and maintain connections with area VR&E counselors—along with established memoranda of understanding that spell out expectations for collaboration—are all important to cutting down on bureaucracy, which can inhibit service provision. Managers and supervisors must help counselors streamline the process if at all possible to allow for the best and quickest possible services to veterans with disabilities who are seeking employment in either system.

Challenges on the Horizon

Both the VR&E and state VR systems will be challenged on a number of levels in providing veterans with disabilities with the very best VR services. As thousands and thousands of potential consumers return home from the wars in Iraq and Afghanistan, we want to engage them where they are and when they need us, but that is not always easy to do. Homelessness was a very real reality of veterans after the Vietnam conflict and, while services and outreach are in place to assist this population, it is a challenge we cannot forget.

State VR systems need to engage VR&E systems across the country in innovative and creative ways that enhance services to veterans with disabilities, as no one system is equipped to comprehensively serve all those that will require our assistance in the coming years. State VR systems should understand military culture and use VR counselors who have military experience as specialized counselors when they can. We must as a system make every attempt to streamline our paperwork processes.

Other challenges that are affecting returning veterans were not addressed in this chapter but are important to consider. For example, there is emerging evidence that domestic violence, toward both spouses and children, is increasing among returning veterans (Alvarez & Sontag, 2008). It is unclear if this trend is a result of traumatic combat experiences, is the toll that multiple deployments can take on a family, or is related to another factor, but it is a challenge that state VR and VR&E should not ignore.

Recently, attention has been paid to an increasing suicide rate among veterans. Some reports indicate that among veterans aged 20 to 24, the suicide rate is seven times higher than that of the general population, and it has been increasing since 2001 (Koopman, 2008). Again, as with domestic violence, suicide has been attributed to the increased incidence of PTSD and multiple deployments to Iraq and Afghanistan.

Finally, veterans are also being caught up in the present mortgage crisis. They are experiencing a foreclosure rate that is four times the national average (Howley, 2008). This issue is receiving some national attention, and the VA is ramping up programs to help veterans who are experiencing foreclosure. State VR and VR&E counselors should be aware of the housing crisis and how it is affecting veterans and understand the resources that are being made available for these service members.

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Study Questions

1. The primary disabling conditions generally attributed to the wars in Iraq and Afghanistan are PTSD and TBI.
 - a. True
 - b. False
2. The National Coalition for Homeless Veterans strongly believes that employment is important in serving veterans.
 - a. True
 - b. False
3. The volunteer program that is assisting veterans with mental health counseling is Counselors for Veterans.
 - a. True
 - b. False
4. Two significant emerging challenges among veterans from the most recent conflicts in Iraq and Afghanistan are increased suicide risk by veterans and increased rates of domestic violence in military families.
 - a. True
 - b. False
5. What federal department reported that veterans' homelessness dropped 21% between 2006 and 2007?
 - a. Department of Housing and Urban Development
 - b. National Coalition for Homeless Veterans
 - c. VA
 - d. DoD
 - e. None of the above
6. What percentage of veterans who are homeless served in the Vietnam War?
 - a. 25%
 - b. 45%
 - c. 90%
 - d. 12%
 - e. None of the above

7. Generally, among veterans with PTSD or TBI who did not have obvious symptoms of these conditions when they demobilized, how much time passed before they began to experience symptoms?
 - a. 1 year
 - b. 2 years
 - c. 3-4 months
 - d. 6-8 months
 - e. None of the above

8. What is the ratio of VR&E counselors to state VR counselors?
 - a. 2:1
 - b. 3:1
 - c. 5:1
 - d. 10:1
 - e. None of the above

9. DVOPs and LVERs are veteran specialists who work for which department of state government?
 - a. Department of Mental Health
 - b. Department of Labor
 - c. Department of Economic Development
 - d. Department of the Interior
 - e. None of the above

10. Transition assistance advisors are representatives of what branch of the U.S. military?
 - a. U.S. Army
 - b. U.S. Navy
 - c. Army and Air National Guard
 - d. U.S. Marine Corps
 - e. None of the above

Chapter 4:

The Rest of the Story—Information Networks and Partnerships That Work

The aim of this chapter is to assist veterans, family members, and the business community in accessing service providers at the local level. First, we provide contact information on how to access the three major providers of vocational rehabilitation services. Veteran service organizations are addressed (with contact information), and some promising local practices are discussed.

When this chapter refers to the local level, it is meant to encompass the administrators, vocational rehabilitation (VR) counselors, and employment specialists who work for the U.S. Department of Veterans Affairs (VA) regional offices, VA Vocational Rehabilitation and Employment (VR&E) services, state VR, and the Department of Labor (DOL) Veterans' Employment and Training Service (VETS). Each of these programs supports veterans in achieving independent living and quality employment, but they have not consistently worked together at the national and local levels. As the global war on terrorism enters its sixth year, it has become increasingly important that the three agencies work together so veterans can obtain the best possible services and achieve the best potential outcomes.

Major Service Providers: Summary and Local Information

State VR Program

Vocational rehabilitation, a state-supported division of services, assists individuals with disabilities who are pursuing meaningful careers. VR assists individuals looking to secure gainful employment commensurate with their abilities and capabilities through local job searches and awareness of self-employment and telecommuting opportunities. In addition to VR, some states have separate agencies serving individuals who are blind and visually impaired.

Services provided by state VR include, but are not limited to

- Counseling and guidance
- Referrals and assistance to get services from other agencies
- Job search and placement assistance
- Vocational and other training services
- Maintenance for additional costs while participating in the individualized plan for employment
- Transportation, if needed
- On-the-job or personal assistance services
- Interpreter services
- Rehabilitation and orientation/mobility services for individuals who are blind
- Occupational licenses, tools, equipment, and initial stocks and supplies
- Technical assistance for self-employment
- Rehabilitation assistive technology
- Supported employment services
- Services to the family

State contact information is listed at

http://www.rehabnetwork.org/directors_contact.htm

VR&E Services

VR&E's primary benefit program is rehabilitation services for veterans with a service-connected disability. To receive services, a veteran must be found both eligible and entitled. The outcome of these services leads to either suitable employment that is consistent with aptitudes and interests or achieving independence in daily living.

Services that may be provided by VR&E include:

- Comprehensive rehabilitation evaluation to determine abilities, skills, interests, and needs.
- Vocational counseling and rehabilitation planning.
- Employment services such as job-seeking skills, resume development, and other work-readiness assistance.
- Assistance finding and keeping a job, including the use of special employer incentives.

- Assistance in self-employment for those who have limited access to traditional employment and need a more accommodating work environment.
- Training such as on-the-job training, apprenticeships, and nonpaid work experiences, if needed.
- Postsecondary training at a college, vocational, technical, or business school, if needed.
- Supportive rehabilitation services including case management, counseling, and referral
- Independent living services.

More information is found at VR&E's website, <http://www.vba.va.gov/bln/vre/vrs.htm>.

DOL VETS

The mission of VETS is to provide veterans and transitioning service members with the resources and services to succeed in the 21st-century workforce by maximizing their employment opportunities, protecting their employment rights, and meeting labor-market demands with qualified veterans today.

The VETS program, and the Key to Career Success Campaign sponsored by both VETS and the Department of Defense (DoD), help identify employment services for those beginning their career, those who have found themselves unemployed, and those who have incurred a disability and need specialized support. Each one-stop career center has a DOL employment specialist trained to work with veterans. These individuals are referred to as Local Veterans' Employment Specialists (LVERS) and Disabled Veterans Opportunities Specialists (DVOPS). Their task is to help any veterans seeking employment obtain a job that meets their skills, abilities, and interest.

The website <http://www.careeronestop.org/militarytransition> provides resources and links to

- Match military experience to civilian occupations
- Get credentials, certifications, and licenses
- Find a job

- Provide information on financial resources
- Write a resume
- Plan education and training
- Provide resources for those who are disabled or injured
- Transition to civilian life
- Find local services
- Find state resources for veterans

Additional Resources for Veterans

Veterans Benefits Administration

The VA Veterans Benefits Administration website, **<http://www.vba.va.gov/>**, includes a brief description of the services available and related ancillary information. The website provides information on

- Burial
- The VA’s Civilian Health and Medical Program
- Death pension
- Dependency indemnity compensation
- Direct deposit
- Directions to VA Benefits regional offices
- Disability compensation
- Disability pension
- Education
- Home loan guaranty
- Life insurance
- Medical care
- VR and employment

Local and regional offices can be located through the top Locations tab and the “Find a Benefits Office” link on the right. Veterans may also call 1-800-273- TALK (8255).

Other phone numbers to contact the VA are as follows:

- Education (GI Bill): 1-888-442-4551
- VA Benefits: 1-800-827-1000
- Health Care Benefits: 1-877-222-8387

Government Jobs for Persons with Disabilities and Veterans

Federal agencies fill jobs two ways, competitively and noncompetitively. Persons with disabilities may apply for jobs filled either way. Jobs filled competitively are advertised through vacancy announcements. Jobs filled noncompetitively do not have to be advertised. Instead, a hiring official can select a person with a disability for that job.

To be eligible for these noncompetitive appointments, a person must meet the definition of being disabled. The person must have a severe physical, cognitive, or emotional disability; have a history of having such disability; or be perceived as having such disability. In addition, the person must obtain a Schedule A certification letter from a state VR office or the VA to be eligible for appointment under these special authorities.

Applicants with certification letters may apply directly to agencies' selective placement coordinators or their equivalent to be considered for jobs. Managers in the federal government can contact the agency's selective placement coordinator or human resources office or their equivalent to obtain more information about sources of applicants with disabilities. To be hired, applicants must meet the qualification requirements for the job and be able to perform the essential duties of the job with or without reasonable accommodation.

Disabled veterans may also be considered under special hiring programs for disabled veterans with disability ratings from the VA of 30% or more. More information on special appointing authorities for veterans, including those without disabilities, is provided at <http://www.usajobs.gov/ei4.asp>.

The website http://www.opm.gov/disability/mngr_3-13.asp also has links to additional information on noncompetitive employment, including a directory of selective placement program coordinators.

Coordinated Health Care for Warriors in Transition

Changes in the Army's health care delivery system have become visible, even to the untrained eye. What's more, the warriors in transition (WT) and families under care have begun to feel the results of the changes. Soldiers and their families are assigned a treatment team. This triad of a physician, nurse case manager, and military squad leader works together to help each soldier and family in the healing process. This personalized attention and treatment planning leads to better care and increased morale.

The Army has adopted many procedures from private-sector health care and lessons learned in military treatment facilities to open communication channels between WTs and medical decision-makers. These procedures include:

- Encouraging WTs and families to clearly express their needs.
- Treating each person according to his or her individual needs.
- Ensuring that triad members communicate with one another on the treatment.
- Having an ombudsman listen to WTs, families, and the triad when things do not work out and then recommend improvements in the process.

The Army plans to refine its current processes. It will add specialized caregivers to the system as they become available and will continue to add services as resources permit. This will give WTs greater access, within the WT unit, to more services and give family members more opportunities to get involved directly in the healing process.

A soldier's morale is one of the most powerful motivating factors in the arsenal. Any setback has the potential to get in the way of the soldier's performance. When the Army shows its investment in WT, they invest more in their own recovery, and they achieve success more quickly, more completely, and more permanently.

For more information visit

<http://www.armymedicine.army.mil/amap/amap.html>.

Federal Recovery Coordinator Program for Severely Injured Veterans

Based on suggestions from the President's Commission on Care for America's Returning Wounded Warriors, a new case management position has been created to ensure a long-term continuum of care for those seriously injured in Iraq and Afghanistan. The VA and its federal partners, DoD and the Department of Health and Human Services, have worked together to develop the joint Federal Recovery Coordinator (FRC) program. The program is designed to cut across bureaucratic lines and into the private sector to identify and deliver services needed for the seriously wounded and ill military personnel, veterans, and their families.

FRCs do not provide direct care to the veteran; instead, they coordinate 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 service members or veterans who qualify for the program. Currently, FRCs are based at the three military hospitals most likely to receive severely wounded service members: Walter Reed Medical Center in Washington, DC, National Naval Medical Center in Bethesda, Maryland, and Brooke Army Medical Center in San Antonio, Texas. A fourth site, Naval Medical Center San Diego, will receive two of the additional four field staff.

Participating patients include those with seriously debilitating burns, spinal cord injuries, amputations, visual impairments, traumatic brain injuries (TBIs), and post-traumatic stress disorder (PTSD). Veterans with these types of injuries receive a specialized assessment within 3 days of being admitted to one of the designated hospitals, and the FRC oversees the development and implementation of the federal individual recovery plan. This plan is the keystone to implementing excellent care throughout veterans' continuum of care and recovery and reintegration into the community.

The Federal Recovery Coordinators (FRC) are expected to engage in a lifetime commitment to veterans with severe disabilities and

their families. The coordinators will maintain contact 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.

Further information is available at

<http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1499>.

Other Useful Programs and Organizations

Table 4-1 lists some additional programs and organizations and their URLs.

Table 4-1. Useful Resources

Program or organization	Description	URL
Center for Women Veterans	VA office that ensures access and nondiscriminatory services for women veterans	http://www1.va.gov/womenvet
Center for Minority Veterans	VA office that ensures access and nondiscriminatory services for minority veterans	http://www1.va.gov/centerforminorityveterans
DVOP/LVER locator	Locates veterans' employment service professionals in a particular geographic area	http://networker.nvti.cudenver.edu/
Hire Vets First	Comprehensive career website for veterans,	http://www.hirevetsfirst.gov/

	with resources on job searching, resume writing, military skills translator, small business ownership, and more	
REALifelines Program	DOL program offering personalized employment assistance to seriously wounded and injured service members from the Global War on Terror	http://www.hirevetsfirst.gov/realifelines/index.asp
REALifelines elaws Advisor	Interactive online tool providing contact information for one-on-one employment assistance and online resources	http://www.dol.gov/elaws/realifelines.htm
USERRA	Information and resources about this law	http://www.dol.gov/vets/programs/userra/main.htm
DOL TAP	Career information for active-duty service members, the National Guard, the Reserve, and spouses of	http://www.hirevetsfirst.gov/e-tap/LMS/about/about.cfm

	service members separating from the military	
Veterans' Preference	Information about the laws that entitle veterans to hiring preferences for government positions	http://www.dol.gov/vets/programs/vetspref/veterans_preference_fs.htm
Wounded Warrior Project	Programs and services, including benefits counseling, employment assistance, and recreational activities, for severely injured veterans of recent conflicts	https://www.woundedwarriorproject.org/

DVOP indicates Disabled Veterans' Outreach Program; LVER, local veterans' employment representative; TAP, Transition Assistance Program; USERRA, Uniformed Services Employment and Reemployment Rights Act.

Family-Focused Services

Family Resources from the Key to Career Success Campaign

In addition to serving veterans and transitioning service members, the Key to Career Success Campaign provides links and resources for family members through its website,

<http://www.careeronestop.org/militarytransition/militaryspouses.aspx>:

- The military spouse resource finder
- Military spouse career center

- Military OneSource
- Military HOMEFRONT, a DoD website for reliable quality of life information designed to help troops and their families, leaders, and service providers
- Career planning and job search
- Family support
- Relocation resources
- Financial aid and scholarships

Returning from the War Zone: A Guide for Families of Military Personnel

This guide, available at

http://www.ncptsd.va.gov/ncmain/ncdocs/manuals/nc_manual_returnwarz_gp.html, helps military family members adapt back to home life with their loved one. Reintegration following time in a war zone is an adjustment for all involved. The guide

- Describes common reactions following deployment to a war zone
- Explains how expectations about homecoming may differ for service members and family members
- Explains how to talk and listen to one another in order to reestablish trust, closeness, and openness
- Describes possible problems to watch out for
- Explains how to offer and find assistance for your loved one
- Describes what help is available and what it involves

Independent Living Services

The independent living program is funded in part by the Rehabilitation Services Administration, which is located in the Department of Education. Each state and territory has at least one Center for Independent Living (CIL). Large states have more than one CIL. If the veteran has returned with a life-changing or catastrophic injury, then the mother, father, spouse, child, brother, or sister may be in need of a second opinion concerning the severity of the injury, and the potential for rehabilitation should be

clearly described and presented. The best place to obtain this information is at a local CIL. Independent living programs were started not just to provide help with assistive technology, but also to ensure that each state had an advocacy program representing individuals with disabilities. CILs provide four key services:

- *Information and referral:* Access to information and referral services is essential for people with disabilities. In addition to varied types of direct services, individuals need information on options, resources, and the issues that influence their ability to achieve independent lives. Referral assistance is also essential since achieving independence usually requires involvement of a variety of agencies and community organizations. Information and referral services are also provided to other service providers and the community at large.
- *Advocacy:* Many persons in the independent living movement have described the advocacy provided by CILs as the “cornerstone” of services. This service truly separates CILs from other community-based programs for persons with disabilities. CILs provide advocacy support to individual consumers as well as group advocacy.
- *Peer counseling:* Emphasizing the direct involvement of persons with disabilities as role models in the service process, peer counseling has also been described as a cornerstone of CIL services to consumers. A basic premise of peer counseling is that, by virtue of their disability-related experience, people with disabilities are uniquely qualified to assist their peers.
- *Independent living skills training:* Skills development is an important feature of achieving or enhancing an independent life. Examples of skill areas offered are managing personal assistance services; carrying out personal care and daily living activities; using message relay services; and managing personal finances.

Other than the core services, CILs can provide many other services in response to consumer needs. A few examples include:

- Attendant care.
- Adaptive technology services.

- Independent living aids.
- Mobility training.
- Transportation assistance.

For more information, see

<http://www.ilru.org/html/publications/directory/>.

Business-Focused Services

The National Employment Team

Recognizing the importance of business as a customer, the Council of State Administrators of Vocational Rehabilitation created a national network of businesses, Customers, and state VR agencies called the National Employment Team (NET). The vision Offers a “coordinated approach to serving business customers through a national VR team with a Designated point of contact in each state VR program that specializes in employer development-business consulting, and corporate relations.” The NET is a win-win network, with benefits for all parties: business benefits form direct access to qualified applicants and support services from the public VR system; VR consumer benefit from access to national employment opportunities and career development resources; and VR agencies benefit from a national system for sharing employment resources, promising practices, and business connections. For more information, see <http://www.rehabnetwork.org/busrel>.

Business Services Through the Key to Career Success Campaign

Veterans and returning service members can add value to any business. The Key to Career Success Campaign through the DOL not only serves veterans and transitioning service members and their families, but also provides quick links and hot topics for prospective employers through

<http://www.careeronestop.org/militarytransition/employers.aspx>:

- State job banks
- HireVetsFirst employer zone
- Military to civilian occupation translator

- Job description writer
- Hiring a vet
- Rights and responsibilities
- Connect with and recruit veterans
- Post jobs

The Work Opportunity Tax Credit

The Work Opportunity Tax Credit encourages employers to hire from a targeted group of job seekers by reducing employers' federal income tax liability by as much as \$2,400 per qualified new worker. All disabled persons who completed or are completing rehabilitative services from a state or the VA are eligible. In addition, three other target groups are eligible:

- A member of a family that is receiving or recently received Temporary Assistance to Needy Families or Aid to Families with Dependent Children.
- A veteran who is a member of a family that is receiving or recently received Food Stamps.
- A recipient of Supplemental Security Income benefits.

Additional information, including application procedures, is available at <http://www.doleta.gov/business/Incentives/opptax/>.

Small Business Disabled Access Tax Credit

Small businesses may take an annual tax credit for making their businesses accessible to persons with disabilities. Businesses that in the previous year earned \$1 million or less in gross receipts or had 30 or fewer full-time employees are eligible for the credit under Internal Revenue Service (IRS) Code Section 44. The tax credit is available every year and can be used for a variety of costs:

- Sign language interpreters for employees/customers who have hearing impairments.
- Readers for employees/customers with visual impairments.
- The purchase of adaptive equipment or the modification of equipment.
- Printed materials in alternate formats (e.g., Braille, audiotape, large print)

- The removal of architectural barriers in buildings or vehicles
- Other similar services (i.e., use of a job coach or a coworker to provide support to an employee with a disability)

The tax credit does not apply to the costs of new construction, and a building being modified to accommodate the disabled must have been placed in service before November 6, 1990.

The credit is 50% of expenditures over \$250 but not to exceed \$10,250, for a maximum benefit of \$5,000. In 1996, \$11,865,000 in disabled access tax credits was taken by all industries.

For additional information, contact a local IRS office or

<http://www.irs.gov>.

Architectural/Transportation Tax Deduction

Businesses may take an annual deduction for expenses incurred to remove physical, structural, and transportation barriers for persons with disabilities, based on IRS Code Section 190. All businesses are eligible. Examples of deductions include:

- Providing accessible parking spaces, ramps, and curb cuts.
- Providing telephones, water fountains, and restrooms that are accessible to persons using wheelchairs.
- Making walkways at least 48 inches wide and providing accessible entrances to buildings including stairs and floors.

The deduction may not be used for expenses incurred for new construction, completion of renovation to a facility, or a public transportation vehicle or for normal replacement of depreciable property.

The IRS allows a deduction of up to \$15,000 per year for qualified architectural and transportation barrier removal expenses. It is important to note that businesses may not take a deduction and a tax credit on the same expenditure.

For additional information, please consult your tax professional or contact a local IRS service office.

Services to All: Veterans, Families, and Businesses

Service Locator

The service locator home page (www.servicelocator.org) is rich with employment opportunities, training programs, and VR resources.

Two very valuable resources are the Military Transition Portal and the Skills Center. The Military Transition Portal provides information on a variety of local programs unique to each state, including the Helmets to Hard Hats program, the Troops to Teachers program, and many other links that may prove useful in helping a veteran prepare for or obtain employment. The Skills Center portal offers training and skill-building information and access to 550 training and employment information videos, 300 of which are in Spanish.

The service locator also provides information about additional state resources. As an example, Alabama's job link website includes links to major employers, information on veterans' priority in Alabama, and a list of dates and location for job fairs. The site provides contact information for the national Americans with Disability Act compliance office, as well as contact information for those who have become unemployed and need health insurance.

The most informative of the dropdown menus is the National Locators, which can be used to access many other valuable resources such as the Rural Development state and local offices, an excellent but not well-known program managed by the Department of Agriculture to help rural communities and people who live in rural areas. This program often collaborates with state VR.

Military OneSource

Military OneSource is a service provided by the Department of Defense at no cost for active duty, Guard and Reserve, and their families at any time. Services include help with child care, personal finances, and emotional support during deployments, relocation information, or resources needed for special circumstances. The service is available by phone, the Internet, and face to face through private counseling sessions in the local community. Qualified consultants provide personalized consultations on specific issues such as education, special needs, and finances. Customized research detailing community resources and appropriate military referrals are offered. Clients can also get help with simultaneous language interpretation and document translation services.

The interactive website includes locators for education, child care, and elder care, online articles, referrals to military and community resources, financial calculators, live online workshops called webinars, and “e-mail a consultant.” Additional resources include brief videos of consultants addressing common issues such as communicating as a couple, budgeting, and managing anger.

Face-to-face counseling sessions focus on issues such as normal reactions to abnormal situations (e.g., combat), couples’ concerns, work/life balance, grief and loss, adjustment to deployment, stress management, and parenting. Persons seeking counseling will receive up to six counseling sessions per issue at no cost to them. To access a counselor in their local community, individuals may call a Military OneSource consultant directly. Service is available in the continental United States as well as Hawaii, Alaska, the U.S. Virgin Islands, and Puerto Rico. For more information, see **www.militaryonesource.com**.

Directory of Veterans Service Organizations and State VA Offices

The VA online directory of veterans service organizations and state VA offices is available at **<http://www1.va.gov/vso/>**. Some veteran service organizations are “chartered,” which means they

are federally chartered and/or recognized or approved by Congress and the VA Secretary for purposes of preparation, presentation, and prosecution of claims under laws administered by the VA. Inclusion of nonchartered organizations does not reflect government endorsement of those organizations or their activities.

Here are examples of the chartered organizations found in the directory:

- *The American Legion* (<http://www.legion.org>) was chartered by Congress in 1919 as a patriotic, wartime veterans organization devoted to mutual helpfulness. It is a not-for-profit community-service organization, which now numbers nearly 3 million members—men and women in nearly 15,000 American Legion posts worldwide. The American Legion has an approved Medicare Part D program to assist Medicare-eligible members in their search for a program that best fits their needs. It also has a prescription drug program and can offer assistance with housing and financial planning. “Heroes to Hometowns” is a transition program for severely injured service members returning home from Operation Iraqi Freedom/Operation Enduring Freedom.
- *Disabled American Veterans* (<http://www.dav.org>) is committed to building better lives for disabled American veterans, regardless of when or where they served. Veterans who have suffered profound disabilities can access rehabilitative services; assistance with PTSD and substance abuse issues; and assistance with applying for veterans benefits and getting support with transition, employment, and transportation.
- *Paralyzed Veterans of America* (<http://www.pva.org>) supports research and rehabilitation in the field of spinal cord injury or disease for both service-connected and non-service-connected injuries. Founded in 1946, it is the only organization chartered by Congress to provide services to veterans related to spinal cord dysfunction. Its service officers directly monitor health care through constant visits to VA and private medical facilities across the country;

they also provide support and training assistance to local county veteran service officers.

- *Vietnam Veterans of America* (<http://www.vva.org>) is an independent, self-governing membership organization that advocates on issues important to veterans. It focuses on access to quality health care and on holding government agencies accountable for providing services. The organization provides free representation to veterans in their claims for VA benefits. Members also assist in identifying the full range of disabling injuries and illnesses (such as the impact of Agent Orange, for example) upon Vietnam veterans.
- *Veterans of Foreign Wars* (VFW; <http://www.vfw.org>) supports efforts to find the causes of and the treatment for illnesses afflicting veterans and advocates on behalf of veterans in Congress and in local legislatures. The VFW has over 2 million members and local chapters all over the country. Veterans can obtain help finding jobs by joining a support network and have access to the VFW's Military Assistance Programs. The VFW and American Legion are also known for paying homage to veterans with annual observances and contributing to military memorials nationwide.
- *State Military Affairs Office*: Each state and territory has an office that deals with the issues of the veterans in the state. These offices can help veterans access available support and apply for benefits. The National Association for State Directors for Veterans Affairs' website <http://www.nasdva.com/> can be used to find the state military affairs office for each state and territory.

Effective Collaborations Between State VR and VA VR&E

Comparing VA VR&E and the state VR program is somewhat like comparing an aircraft carrier with a PT boat. The VA is a very large organization that gets the job done by taking care of big-picture items such as health care, training, or maybe a stipend to bridge living expenses during training. State VR does not have the

“deep pockets” of VA, but in most cases, it has an effective and efficient employment services network that is easily accessed. It also has the ability to respond quickly, which is often required to ensure a successful outcome for the consumer.

To bridge the communication gap between the two agencies, some have states share conferences, summits, or staff meetings to explore how the two agencies can work together more effectively and some have already entered into more formal cooperative agreements.

Vermont: Employment Summit

One of those states, Vermont, was highlighted in chapter 3. The focus of the 5th Vermont Governor’s Summit on the Employment of People with Disabilities, held in June 2008, was veterans with disabilities and their families. Two nationally known speakers were featured, and a panel discussion was held on the issues veterans face when they return home. Some of the unique problems related to military service, such as PTSD, TBI from intermediate explosive devices, and issues related to multiple long-term combat tours in Iraq or Afghanistan, were discussed. Vermont VR took the lead in organizing this event in collaboration with the VA, the state National Guard, and DOL VETS.

Montana: All-Staff Retreat

At Montana’s annual all-staff retreat, the state VR program invited staff from the VA regional office and the veterans center for cross-training. The highlight of the 3-day training was a workshop led by a Montana Iraqi war veteran working at the Missoula veterans center along with a VA VR counselor from the Missoula regional office. The Iraqi veteran provided a very frank discussion of the war and the most significant issues for returning veterans. Included in the training was a review of a screening form used to determine the severity of PTSD and a second form used to determine the severity of TBI, two of the most common significant injuries from the Operation Iraqi Freedom/Operation Enduring Freedom conflict. The VA VR&E counselor shared what the VA is doing to ensure that the returning veteran receives priority services that are

effective and sensitive to his or her special needs. By having this discussion, Montana will increase its working relationship between state and VA VR&E to improve services to veterans, especially those with significant disabilities.

Texas: Memorandum of Understanding

The Texas VR system and the Waco VA office have had a very productive and interactive relationship since 2005. After developing a memorandum of understanding with VA's central office, the Texas VR system began providing significant services to veterans throughout the state—over 4,000 of them during fiscal year 2006, with 137 of those involved in independent living services.

One of the unique aspects of this partnership was included as an attachment to the memorandum. It addressed procedures in the areas of referral, case management, and the development of concurrent individualized employment plans and individualized written rehabilitation plans with the two agencies and the veteran. The guidelines for the state VR counselors indicated that a veteran with a VA-compensable service-connected disability was eligible for state rehabilitation services; the counselor should refer the veteran to the appropriate VA VR&E office. If the veteran was also eligible for VA VR&E services, concurrent rehabilitation plans were developed. The attachment provided guidelines on how to develop a concurrent plan with the veteran and VA VR&E. The attachment also addressed what services only one of the two agencies could provide: for example, medical and subsistence maintenance costs by VA VR&E and transportation costs by Texas VR system.

One of the advantages for Texas veterans was easy access and closer locations. This progressive partnership bridged the differences between the two programs and used their commonality to provide an array of services otherwise not available to the veteran or his or her family. Dave Sherman and Mike Brevel, who have taken the lead for the Texas VR system in ensuring a strong relationship between the two agencies, have indicated they would be pleased to share information or provide a copy of the

memorandum and the attachment; David Sherman can be reached at (512) 424-4165.

An Example of Collaboration from the Veteran's Perspective

A veteran who completed his tour of duty in Iraq was determined to be entitled to VA services and was given information technology training near his home in Billings, Montana. With his training completed, he applied for and was offered a great job in Missoula, Montana, doing exactly what he was trained to do; it was his “dream job.” The problem with the job was its location in Missoula, a 6-hour drive from his home. The veteran could not afford to move himself and his family to Missoula, and the VA was not allowed to cover those types of expenses. To solve the problem, the VA VR&E counselor called the Billings office of the Montana VR program and asked if it would be able to help the veteran move to Missoula. After making a couple of phone calls to the central office in Helena, the plan was approved, and state VR facilitated the move. When the veteran moved to Missoula, he met with his new VA VR&E counselor and his new state VR counselor, where he went over some of the details concerning his transfer to the Missoula office. Because the two programs collaborated, the veteran found himself employed with a real job doing what he wanted and was trained to do.

An Example of Collaboration from the Business and Veterans Perspective

Upon returning home from Iraq, one of America's wounded warriors followed up on a conditional job offer that had been made by a business in his town prior to his deployment overseas. Unfortunately the major injuries that he sustained rendered him unable to perform the tasks of the job he was offered when he returned home. Because the business had a long term partnership with the state Vocational Rehabilitation (VR) program, they contacted the agency for guidance and direction. The VR business relations specialist and counselor immediately responded, activated a case and also connected with their colleague in the VR&E program who also opened up a case. Together the two agencies collaborated to assist the veteran and the business through joint

meetings, supportive rehabilitation plans, shared services, job site trouble shooting, direct communication with representatives from the business, and combined resources. The successful outcome of the veteran becoming employed in a more appropriate job with this business was further enhanced by the involvement of one of the local VSOs (Veterans Service Organizations). The on-going collaboration allowed this veteran to further enhance his civilian career and ultimately transfer to federal employment with yet another business partners of the state VR program.

Summary

It was the purpose of this chapter to assist veterans, their families, and the business community by describing the primary partners and support systems available for veterans with disabilities. While it is important that the target population understand who can provide help in their transition as a person with a disability, it is equally important that access to the support networks be provided in a user-friendly manner—a goal accomplished by the website www.servicelocator.org. By following the directions and doing some “web surfing” at this site, most of the organizations in this chapter can be contacted through addresses, e-mails, and websites.

Another aim of this chapter was to explore some of the effective partnerships that have evolved and are evolving between state VR and VA VR&E. These examples included active but informal partnerships between some state VR and VA VR&E offices and the building of relationships through joint conferences, summits, and invitations to each other’s all-staff meetings. The final example included the relationship between Texas VR and VA VR&E and how, with a functioning memorandum of understanding with guidelines for both partners, literally thousands of veterans were receiving co-case management services, resulting in better outcomes for the veteran.

A new program, the FRC project, is just beginning to provide services to wounded, injured, and ill veterans with the most significant disabilities. The government is making a commitment that men and women who have incurred significant injuries in the Global War on Terrorism will receive world-class medical and

rehabilitation treatment through this program. A lifelong case manager will track the continuum of care of their medical, rehabilitation, and reintegration progress. If the veterans find themselves not obtaining the support required in addressing their needs, the FRC has the authority to cut through the bureaucracy of the federal government and, if necessary, access support from the private sector. For those who gave so much, this will be an assurance that they will continuously receive support and gratitude from a grateful nation.

Study Questions

1. The VR&E program is located within the Veterans Benefits Administration.
 - a. True
 - b. False
2. FRCs provide direct care to the veteran.
 - a. True
 - b. False
3. The federal resource coordinator functions as a transition case manager whose responsibility it is to ensure that the veteran receives services after he or she leaves the hospital.
 - a. True
 - b. False
4. State VR services include things such as transportation and vocational training.
 - a. True
 - b. False
5. Every state and territory in the nation has a VA office.
 - a. True
 - b. False
6. VR&E cannot pay for postsecondary training at a college, vocational, technical, or business school, if needed.
 - a. True
 - b. False
7. Each state and territory has at least one Center for Independent Living (CIL).
 - a. True
 - b. False
8. Schedule A is a special hiring process for people with disabilities wanting employment in the federal government.
 - a. True
 - b. False

9. The website www.servicelocator.org is run by a private nonprofit job bank.
 - a. True
 - b. False

10. The three federal partners working together to help veterans obtain gainful employment in the community are the state VR agencies, DOL, and the Veterans Benefits Administration.
 - a. True
 - b. False

Chapter 5:

Building the Infrastructure

I was proud to serve America.
The military was my first job and I was wounded.
Now you want me to endure a fragmented *system*? —*A
wounded warrior, 2008*

As the previous chapter suggested, there are many partners and contributors to the provision of state vocational rehabilitation (VR) programs to wounded warriors and veterans. All play important roles in assisting individuals to reach successful employment outcomes. However, this publication cannot begin to cover the description and service integration possibilities for all of the various players listed in that chapter.

We believe that building an infrastructure for provision of VR programs to wounded warriors and veterans begins with forging an effective, working partnership among three major players: the Department of Veterans Affairs (VA) Vocational Rehabilitation and Employment (VR&E) program; the Department of Labor (DOL) Veterans' Employment and Training Service (VETS); and the state-federal VR program. This chapter is essentially a guide to developing relationships among these three agencies.

Foundation for the Infrastructure

Foundation Part 1: The Customer Comes First

Meeting the needs of the wounded warrior or veteran with a disability should be the primary concern of the collaborative system discussed in this chapter. The customer needs and benefits described in previous chapters and listed in Table 5-1 should be the foundation of the collaborative infrastructure. Throughout the development and implementation of the partnership and the memorandum of understanding (MOU), all parties should strive to develop a relationship and a method of operation that truly keeps the needs of wounded warriors and veterans at the center of the process.

Table 5-1. Principles: The Customer Comes First

- Reign in unnecessary bureaucratic barriers to services.
- Reduce excessive paperwork, documentation requirements and redundancy.
- Promote one-stop veteran-friendly locations.
- Provide a mechanism for outreach and referral in order to identify and engage wounded warriors and veterans with disabilities.
- Train and educate administrators, managers, and counselors/service providers regarding return-to-work needs for veterans with disabilities.
- Collaborate and effectively identify solutions to the real problems.
- Open up, simplify, and modify governmental processes.
- Provide for more timely and seamless service delivery.

Foundation Part 2: Get Buy-in from the Top

Establish a standing high-level work group—preferably at both the national and state or local level.

At the national level, high-level management or policy representatives from the funding agencies that are responsible for funding the three service structures (VA VR&E central office, DOL VETS, and the Rehabilitation Services Administration [RSA]), and from the Council of State Administrators of Vocational Rehabilitation (agreement already in place), need to meet to develop agreements at the national level. These agreements will be more general than those at the local level, but they can take some important steps to make the development of collaborative systems at the local level much easier. This high-level group may consider including the following activities:

Analyzing statutes and providing guidance about statutory differences, gaps, and general solutions to fill gaps and address statutory issues. This information would provide a national base from which local agreements could draw to include specific items in the local MOU. For example, VR&E under current law

generally cannot provide transportation, clothing, or temporary housing. VR&E is able however to provide clothing and footwear that are considered "uniforms" for specific jobs.

- This is an opportunity for collaboration with the state VR agency, which can provide these services.
- Addressing statutory program barriers and issues openly, providing information about minimizing barriers where possible but explaining the statutory requirements up front in guidance that can be used to educate partners about what to expect before misunderstandings occur.
- Partnering to provide national cross-training opportunities to better educate each program about the others.
- Partnering to provide technical assistance to local agencies as they develop local agreements, especially about statutory and regulatory requirements.
- Exploring at the national level issues around confidentiality, release of information, data sharing, and timely access to medical records.
- Establishing a mechanism to periodically evaluate the local and national progress in assisting wounded warriors and veterans with disabilities in becoming employed.
- Noting statutory improvements that could be made and consider joint vetting of the need for statutory changes where and as appropriate.

At the local level, the high-level work group should consist of management or policy representatives of the specific agencies or offices involved in the agreement. Local for this purpose means any level other than the national level. The activities of the local high-level workgroup would include:

- Developing the MOU, with special emphasis on the bullets in this list that require higher-level agreement than is delegated to the local office level.
- Explaining (through participation in joint local training activities, for example) the statutory provisions, opportunities, and barriers inherent in each program, so that misconceptions and problems related to lack of understanding are minimized from the beginning.

- Explaining the capacity and availability of services from each agency. This is particularly important since there is variation among state VR agencies in how services are delivered and in the availability of specialized service units such as vocational evaluation centers, comprehensive rehabilitation centers, assistive technology program services, and specialized blindness skills such as orientation and mobility and Braille.
- Sharing local training opportunities with partners to the extent allowable and feasible.
- Developing timely methods for information sharing and data sharing.
- Establishing a mechanism for quickly responding to concerns of wounded warriors or veterans with disabilities and other partner programs.
- Clearly delineating processes for joint cases, cross-referral activities, service provision and business connections for placement or return-to-work services.
- Establishing and executing a mechanism to periodically evaluate the progress of the agreement in assisting wounded warriors and veterans with disabilities to become employed.

High-level managers need to be involved in the creation of the agreement—in part, because these leaders will have to make decisions on some of the tough issues. It is more important to keep them involved in the project in meaningful ways—such as being part of the dispute resolution process and the periodic evaluation process and playing a role in ongoing training and information sharing.

Development of the Memorandum of Understanding

While a national MOU is desirable among the federal funding agencies (RSA, DOL VETS, and VA VR&E), the MOU developed at the national level should focus on activities the funding agencies can do that will assist the development of local partnerships and MOUs. Development of a one-size-fits-all “model” of an

operational MOU at the national level that will cover the universe of local variations is not realistic.

The MOUs developed at the local level will vary widely as a result of the different resources available to each state agency and VA VR&E service area and the timely availability of services in the local area. This section highlights content areas and potential areas of collaboration for each local area to consider. It describes possibilities and options for collaboration and organization, along with some features that should be considered for any operational MOU. It does not provide a model for a local MOU but provides a list of items that could be addressed. The actual MOU developed with the participation of the high-level local workgroup will no doubt pick and choose among the options in this chapter and will no doubt add new options or activities based on local needs and local resource configurations. Think of the information here as a starter kit.

The Formalities: Purpose and Goals

The MOU should have a statement of purpose, essentially the reason for the MOU. This section should also include one or more goal statements. The goal statements can either be a part of the discussion of the purpose or be separate statements. The goal statements should not include performance targets or quantifiable expectations but should be the kind of statement that could be quantified through simple performance data collection if the workgroup so chooses (see evaluation section below). If you choose to do some simple data collection, your goal statements can signal what was felt to be important about this collaboration and point the way to the kind of information you might want to collect.

The Content: What You Will Collaborate on and How You Will Do It

Presumably, your high-level workgroup shared information about agency capacity and statutory and regulatory requirements and pooled knowledge about available local resources. You will choose some activities to include in the MOU based on this discussion.

Here are some possibilities and options for collaboration you might consider.

Filling Statutory Gaps

State VR agencies can assist VR&E to provide programs that are either not allowed or limited in some ways by the rules governing the VR&E program. For example, VR&E temporary housing when needed to support planned rehabilitation activities. Also, VR&E planned programs can be time limited, and currently there is a limit on the number of individuals who can participate each year in independent living activities. These services are often of relatively low cost but can be critical to the wounded warrior or veteran with a disability that needs them.

Because many legislative proposals are in play, any comprehensive cataloging of specific statutory gaps may soon be outdated. Nevertheless, the ways in which state VR agencies can help provide more complete services by filling statutory gaps need to be considered in the MOU development process.

State VR agencies need to educate the VA VR&E and DOL VETS partners about statutory and state plan factors that may inhibit provision of programs to individuals referred to VR. Some factors that should be discussed include order of selection; the current status of the waiting list, if any; and the state VR agency's financial participation policies and how they might apply to services being considered for inclusion in the MOU. Comparable benefits policies may also need to be discussed.

DOL VETS needs to describe to partners the statutory role of the Disabled Veterans' Outreach Program (DTAP) specialist and local veterans' employment representatives (LVERs) and make clear the role that these staff members play in helping wounded warriors and veterans with disabilities access the Workforce Investment Act one-stop system and obtain employment.

Collaboration Based on Capacity

One way that VR&E and state VR agencies are collaborating has been through allowing VR&E access to programs or services that the state agency may have that are of particularly high quality or that are not otherwise easily available. In some areas, VR&E has arranged to use state VR “specialty” staff, facilities and programs, such as vocational evaluation services; a wide range of services available through state VR comprehensive rehabilitation facilities; assessment and prescription of assistive technology; VR business relations specialists and their connections to business; job accommodations provided by specialized units either funded or staffed by state VR agencies; and state VR orientation and training centers for individuals who are blind or visually impaired.

These collaborations are said to be based on capacity because some state VR agencies have such programs and others do not. Also, even when such programs exist, there may not be a need for VR&E to use these services because the VA has the capacity to provide such services through its own resources. However, for some services that are available through the VA, the services may not be available nearby and/or quickly. The kinds of “specialty” services the state VR agency has available, and the corresponding availability and timeliness of any VA-equivalent service, is a topic that should be discussed as part of the MOU development process.

The examples above (e.g., vocational evaluation, comprehensive rehabilitation centers) are representative of those areas in which some partnering has traditionally occurred. But this notion that VR&E can tap into special programs run by state VR agencies could be considered for extension into some new areas. For example, some state VR agencies run pre-college programs for individuals with disabilities going to college for the first time. Such seminars provide information about how to handle one’s disability on campus, orients the individuals to disabled student services and other campus programs, and provides information on disability rights and advocacy. Such programs could also be of use to young wounded warriors starting use of VA educational benefits. Other programs provided by some state VR agencies that might be areas for collaboration include driver’s education

programs and specialized services for individuals with hearing impairments.

Two areas that may be possibilities for collaboration are supported employment and independent living services. It is likely that some veterans from the conflicts in Afghanistan and Iraq will suffer injuries that will require long-term supports in the community for both the individuals and their families. It might be helpful to discuss access to the network of vendors and independent living service providers that state VR agencies have already developed. A related area of collaboration could involve sharing state VR specialty traumatic brain injury (TBI) program resources or state VR community TBI service networks.

The related areas of job development, job placement, and employer contact networks are another area of possible collaboration. In recent years, the state VR program has created its national network with business partners (The NET: National Employment Team) and VR&E has allocated more resources to these activities, and possible partnerships around employer contacts, sharing of job leads, and access to existing computerized systems are worth exploring in MOU development discussions.

A special case of capacity-driven collaboration can be called “remote case management” for lack of a better term. In general, this means that the state VR counselor acts as a case manager on behalf of and in constant coordination with the VR&E counselor to provide more accessible vocational counseling and other case management services to individuals who live long distances from the nearest VR&E office. Both agencies open service records on the individual, and both claim credit for successful outcomes. This case management activity can in no way supplant the legal authority of the VR&E counselor, but it can be of value to individuals living far from their VR&E counselor.

VR&E has responded to the problem of distance between the individual and the VR&E counselor by stationing some VR&E counselors outside of VA regional offices to provide access to VR&E services in more locations. Need for this kind of

arrangement would differ by location but is still worth discussing during MOU development.

Some General Types of Collaborative Arrangements

Collaboration has occurred around the concept of remote case management mentioned above. Such arrangements could also involve the funding of service gaps, with the state VR counselor and the VR&E counselor collaborating to develop similar plans with the same specification of vocational goals, services, and service responsibility.

Probably the most common form of collaborative arrangement at this time involves both the state VR counselor and the VR&E counselor opening a service record on the individual and developing similar plans; Again, these kinds of arrangements could also involve funding of service gaps.

Finally, collaboration could occur just through service-specific purchase arrangements, such as fee-for-service agreements or other agency agreements.

The Process: Details, Details, Details (and the Devil in Them)

Once the content and kinds of service arrangements have been decided upon, procedures will be needed to make things work. This section discusses process issues such as referrals, points of contact, and information sharing in a general way. (Each agency will no doubt have different requirements for referral processes and referral information.) There are many ways to handle each of these issues, and the biggest mistake is often just failing to lay out the details of such processes. The second biggest mistake is to forget the customer focus mentioned at the beginning of this chapter. Process discussions is the area where you most need to keep customer-friendly procedures in mind.

Referral Processes, Points of Contact, and Information Sharing at Referral

Given the range of possibilities for the content and processes, arrangements for making referrals will be needed. These arrangements will probably differ for each partner and maybe differ for some specific services. Just laying out the procedures is often the best way to avoid chaos and dissatisfaction between partners. Obviously, specify who refers to whom for what services. In addition, discuss when individuals should be referred. Some services and programs may be appropriate at particular points in the process. Also, discuss when to refer to DOL VETS, since an individual who wants to access training through the one-stop center may need to work with a DVOP earlier than one who uses the one-stop for job development and placement purposes.

It might be good to require acknowledgment of the referral and follow-up about progress. Nothing makes a referrer happier than to know the referee made it to the desired destination successfully.

Regardless of formal referral procedures, it is helpful to establish local points of contact within each agency. Then, during emergencies or questions, an agency knows whom to call—one who will respond to the question, “Can you help me figure out how to get this guy where he needs to go?” by saying, “Send him to me, and I will take care of it.” This local point of contact can serve as a sort of “no wrong door.” (Customer friendly, remember?)

Information that should accompany the referral should be addressed in the MOU or in guidance material that accompanies it. Each partner should develop procedures within current legal requirements to expedite provision of referral information. Development of special consent forms, expediting evaluations, and/or purchase orders for diagnostic and other services—or just plain going to the copy machine without waiting for someone else to do it—might be options. Also, it is helpful, to the extent possible, to have a single point of contact who can gather information quickly when someone is referred and the information fell through the cracks.

To the extent possible, state VR and VR&E counselors should meet with a consumer together. In that process, they can clarify roles and explain to the consumer why two people are involved. It may be easier for consumers to explain their situation to yet another person if they are supported by a counselor with whom they already have a relationship. And most importantly, this will reduce the redundancy for the wounded warrior.

Ongoing Contact Between the Collaborating Agencies

One of the easiest ways for collaborative relationships to deteriorate is for individuals to quit talking to each other. Regular meetings or teleconference times can be used to discuss joint cases to save time. However contact is made, regular follow-up times mean that only so much time can pass before the parties talk.

Information Sharing Throughout the Life of the Joint Service Record

After referral, there will be continual information exchanges. The MOU may want to address the major requirements, such as sharing copies of rehabilitation plans, case closure information, and other casework information. Sharing of new or ongoing medical information should also be considered, and hopefully any expedited processes developed for provision of referral information will also help in providing needed medical information throughout the life of the case. The VA and Department of Defense (DoD) have both made improvements in online medical information systems that will improve access to medical information.

Cross-Training and Joint Training

Once the content and processes of the MOU are determined, the training begins. Consider joint training to introduce and explain the process and to begin the interaction among staff from the partner agencies. Consider when and how partner agency staff can be involved in training involving agency operations, so that they can begin to understand the rules, culture, and expectations of each agency. Also consider how partner agency staff can participate in

training of mutual benefit, such as training related to specific disabilities.

Dispute Resolution: When Things Go Wrong

Two kinds of dispute resolution procedures need to be considered in development of the MOU. One is a process for addressing disputes between the partners. When the dispute occurs at the operational level, the disputes might go to the high-level workgroup. It can be helpful to specify a level other than the workgroup if the workgroup does not agree.

Another process is needed for dealing with complaints from the individuals who are being served. Often one partner will hear complaints about the other partners, and a mechanism is needed to get things back on track.

Evaluation: What Did We Do and Did It Do Any Good?

First, it needs to be stated that evaluation does not mean a formal, burdensome, expensive activity involving statisticians, contractors, and 3-inch-thick reports. However, some information should be collected on individuals who participated in the collaborative services provided through the MOU. There are at least three reasons to collect some information.

- To understand what is happening in the collaboration for purposes of program improvement
- To serve as a reinforcer (when things go well) to the partners. It can be gratifying to look back and realize the accomplishments, and the information could also remind the high-level workgroup why this arrangement was made in the first place.
- To respond to the strong external and political interest in getting systems to work together to help wounded warriors and veterans with disabilities return to productive roles at work and in the community. External individuals with such interests include families of service members and veterans, other organizations who provide services to service members and veterans (including some organizations who might become potential additional partners), and

government and political entities (possibly including those who control funding).

Here are some questions to consider answering with your data collection.

- How many people received joint services under the provisions of the MOU?
- What services did they get, and which partner provided them? Collecting information that showed that all partners provided something would also show how the individual got a more complete package of services as a result of the collaboration than any single agency could have provided alone.
- What were the results in terms of successes and failures?
- In terms of the results, were they good jobs with good pay, other kinds of employment outcomes that were the best possible given the individual circumstances, or significant improvements in community living?
- Were individuals satisfied with the services they received and the outcome they obtained?

These seem to be some important questions. There could be others.

Information to answer these questions could be extracted from the existing management information systems of both state VR and VR&E. The process could be as simple as copying a few items onto a form and entering the items into an Excel spreadsheet. The data to collect and how to collect it should be discussed during the development of the MOU. This may be a good activity for the high-level standing workgroup to take on to keep them involved.

Characteristics of Some Existing Memoranda of Understanding

A number of MOUs are currently in place, especially between state VR agencies and VR&E. MOUs from CSAVR and Alabama are found in Appendix E. It is useful to read them; they show that while all included some of the components discussed above, none included all of the components. Also, in some cases, the final

product was relatively short and simple. This mix-and-match, cover-what-you-need approach is how we envisioned the information in the MOU development section of this chapter being used.

Each State MOU's contains unique features. Highlights include:

- *Utah.* The Utah agreement has some general language that the state VR agency will provide for services that the VA is not authorized to provide. It also has a provision for referral to the state VR agency when an individual cannot complete his or her rehabilitation plan in the time authorized under VR&E rules. Exchange of procedure manuals and cross-training provisions are included. Job placement is seen as a collaboration between state VR, VR&E, the state workforce agency, and the Governor's Committee on the Employment of People with Disabilities.
- *Texas.* The Texas MOU includes both the general state VR agency and the state VR agency that serves individuals with blindness or visual impairments. It includes both employment and independent living in the statement of need. The meat of the agreement is in Attachment A. The MOU has guidelines for development of concurrent VR plans that include some of the statutory gaps and also reporting requirements when the state VR counselor is providing ongoing case management.
- *Michigan.* The Michigan MOU is structured similarly to the Texas MOU. Michigan has designated liaison counselors who receive referrals from VR&E. The MOU also addresses services provided by Michigan Services for the Blind that are independent living service programs. It also addresses job retention, which could be an issue for individuals who served in the National Guard or Reserves and who need help returning to jobs under the Uniformed Services Employment and Reemployment Rights Act.

Suggested Infrastructure-Building Activities for Rehabilitation Staff

What Administrators/Leaders Can Do

- Participate in *Working Groups*. Working groups can be productive and set the example for productive collaborative actions. One illustration is the Joint Work Group (JWG) organized by the VA and DOL. Together they identified goals for the implementation of a pilot plan to improve performance. The Alabama State VR agency was involved with the pre-testing of this pilot project. The pilot is designed for implementation in six cities: Denver, Manchester, Montgomery, Oakland, Philadelphia, St. Louis, St. Petersburg and Winston-Salem.
- *Network* with state partners and develop informal ways of communicating (e.g., sharing information regarding training, agency policies, and other appropriate information). Also, informal lunch meetings to discuss efforts and get to know the major players are beneficial.
- Develop *MOUs*. Administrators can contact their state counterpart and develop a working MOU.
- *Model* collaborative behavior. Major players can demonstrate collaborative behavior for their staff by their support and actions regarding their counterparts. This can be done by facilitating joint efforts with training and other activities.

What Middle Managers Can Do

- *Network* with local partners and develop informal ways of communicating (e.g., sharing information regarding training, agency policies, and other appropriate information). Also, informal lunch

meetings to discuss efforts and get to know the major players are beneficial.

- *Model* collaborative behavior. Major players can demonstrate collaborative behavior for their staff by their support and actions regarding their counterparts. This can be done by facilitating joint efforts with training and other activities.
- Carry out and implement the contents of the MOU.
- Offer joint training for counselors and direct service providers.
- Share resources as appropriate.

What Counselors/Service Providers Can Do

- *Network* with VR&E, DOL, DOD counselors/service providers through informal and formal ways (e.g., sharing information regarding training, agency policies, and other appropriate information). Call counterparts when making/receiving referrals. Also, informal lunch meetings to discuss efforts and get to know the major players are beneficial.
- *Model* collaborative behavior. Major players can demonstrate collaborative behavior for their staff by their support and actions regarding their counterparts. This can be done by facilitating joint efforts with training and other activities.
- *Seamless efficient service provision*. Remember that the wounded warrior or disabled veteran has served the country for you and that he/she is entitled to expeditious and efficient services.

- *Avoid duplication* of paperwork. Carry out and implement the contents of the MOU.
- *Continuous learning*. Welcome and take advantage of joint training opportunities.
- *Respect*. Respect the veteran and treat them as you would yourself. Share resources as appropriate.

Notes on Expansion of the Partnership

In a single chapter, it was not possible to describe an infrastructure that included all the possible players. Thus, this partnership among state VR, VR&E, and DOL VETS was felt to be the core of the infrastructure. That is not to say that other players could not be brought in during the development of an MOU oriented for wounded warriors and veterans with disabilities or that additional MOUs could not be developed.

DoD might be the most likely source for continued partnering. In addition, a number of initiatives are under way, including the federal recovery coordinator program described in earlier chapters. Additional partnering might be beneficial with organizations that could increase access to mental health services. Even with any future increases in mental health emphasis by the VA or DoD, partnering with local resources that can deliver services where the individual lives is extremely important.

Other potential partners are local networks that provide supported employment services, independent living services, and services to individuals with TBI. Networks of service providers can also provide services in more communities in which the individuals live. Further, inclusion of entities related to job development, job placement, and employer networks could be beneficial. The Utah MOU mentions the Governor's Committee, for example. The list of potential partners is likely to vary from state to state, but the benefits of inclusion of existing employment-related resources in the infrastructure of partnerships should be obvious.

In closing, we encourage you to develop an MOU appropriate to your state or local area that includes at least the three agencies discussed in this chapter. These systems truly do provide similar (but not identical) services that can be combined to provide more complete VR programs for wounded warriors and veterans with disabilities. Whether this can be done in a seamless, timely, and user-friendly way is your challenge.

Read the MOUs in the appendix. Talk to your peers in other states. Even talk to your national funding agencies. Get some ideas. Then *just do it!*

Resources

- Goff, B. S. N., Crow, J. R., Reisbig, A. M. J., & Hamilton, S. (2007). The impact of individual trauma symptoms of deployed soldiers on relationship satisfaction. *Journal of Family Psychology, 21*(3), 344-453.
- National Board for Certified Counselors. (2008). NBCC testifies regarding mental health care and the VA. *The NCC: National Certified Counselor, 24*(1), 1. Retrieved July 10, 2008, from <http://www.nbcc.org/extras/pdfs/recert/newsletters/nbcc2008winter.pdf>
- Rosenheck, R. A., & Mares, A. S. (2007). Implementation of supported employment for homeless veterans with psychiatric or addiction disorders: Two-year outcomes. *Psychiatric Services, 58*(3), 325-333.

Study Questions

1. The purpose of joint training is to introduce and explain the process of the infrastructure and to launch and promote interaction between agency staff.
 - a. True
 - b. False
2. It is important to ignore disputes and just try to focus instead on the positives of service provision as specified in the MOU.
 - a. True
 - b. False
3. Counselors and service providers are not responsible for building partnerships with their counterparts in other agencies and should expect the supervisors and executive leaders to engage in partnership building.
 - a. True
 - b. False
4. Ongoing contacts and information sharing are necessary components for the infrastructure.
 - a. True
 - b. False
5. An example of filling a gap is for state VR and VR&E to provide services either not allowed or limited by the other agency.
 - a. True
 - b. False
6. The establishment of a national MOU eliminates the need for a local MOU and subsequent training. Then counselors and service providers would have more time to do what they have been doing.
 - a. True
 - b. False

7. A high-level working group can analyze statutes, provide guidance on statutory issues, and address program barriers.
 - a. True
 - b. False

8. A basic principle for the infrastructure is to control bureaucratic barriers and reduce excessive paperwork.
 - a. True
 - b. False

9. The foundation for the infrastructure is the customer.
 - a. True
 - b. False

10. Forging partnerships between VR&E, DOL VETS, and state VR is a way to help wounded warriors and veterans obtain services.
 - a. True
 - b. False

Chapter 6:

Summing It All Up

This closing chapter serves as an executive summary for this publication. Leading with some generic commentaries, it also includes highlights of the suggestions offered by veterans with disabilities, their family members, and the businesses that employ them, along with a variety of recommendations drawn from the remaining chapters. Additionally, it summarizes other issues that appear to be most pressing as the state Vocational Rehabilitation (VR) programs, the Department of Veterans Affairs (VA) Vocational Rehabilitation and Employment (VR&E) program, and the Department of Labor (DOL) Veterans' Employment and Training Service (VETS) program, along with other key players at the state and local level, strive to comprehensively address the needs of veterans with disabilities (both service-connected and non-service-connected and from current and previous military campaigns) when focused on employment and independence.

It is obvious that all the needs of returning veterans with disabilities cannot be covered here. The primary purpose of this document is to serve as a guide for the continued development and enhancement of collaborative systems to streamline effective and efficient services to veterans and service members with disabilities to achieve employment and/or independence. Often the road to successful outcomes requires the collaboration of multiple agencies, with the primary providers of the VA, the state VR program, and DOL VETS.

Messages from Our Customers

It is important to hear veterans expressing their needs and aspirations for their new future. Recurrent themes can be found among those voices: appreciation for the many types of assistance, services, and personal commitment they have experienced; anger because they do not like the label of “disabled”; frustration in dealing with so many systems and not knowing how to maneuver through them to receive effective services; and an unmistakable pride in their service to their country.

Also important is the family perspective. Families are a critical influence on veterans' independence and return to employment. Often the family members assist the veteran and seek and determine the appropriate services for their loved one. They are also prominent and active partners in successfully working with government agencies for the veteran.

Since independence and employment are critical factors in the future of the returning veteran, we must not forget how important it is for the business community to be open and willing to hire returning veterans with disabilities, helping them rebuild their lives with hope and promise and dignity.

Achieving Goals . . . With a Little Help

Returning to work after serving on active duty is not always easy, particularly for veterans with a disability. The veterans look for willingness from rehabilitation professionals to assist in this goal. They look for a rapid response and simplified and easier assistance to accomplish their goals. They want and need information that is timely and coordinated to assist them with inclusion in the community and employment as they strive for independence.

In this assistance to veterans with disabilities, collaboration cannot be overemphasized. Having the major players working together will help simplify and adapt governmental processes to facilitate a more timely, seamless, and successful transition so that wounded warriors or veterans with acquired, non-service-connected disabilities can achieve the goal of employment and independence. To this end, this IRI offers a variety of examples of how the VR&E, state VR, and DOL VETS programs can, through enhanced communication, blended services, and jointly developed case management, increase the successful outcomes for veterans who need their services.

More and more emphasis is being placed on the stream of care for veterans to ensure that they do not "get lost" in the systems that are in place to help them. Governmental and private-sector services are rapidly becoming more cohesive in responding to the demands of service members with disabilities who are returning to employment

and civilian life. With the debilitating wounds of burns, traumatic brain injuries (TBI), spinal cord injuries, amputations, visual impairments, hearing loss, post-traumatic stress disorder (PTSD), and many other conditions significantly impacting veterans returning from current campaigns, we must ensure that the needs generated by these conditions that impact employment and independence are addressed with a high level of quality and sense of timeliness.

Challenges and Opportunities Abound

This document identified a number of challenges and opportunities that are prominent in the service delivery systems that conduct outreach to veterans with disabilities. As of July 31, 2007, there were 1.6 million service members deployed in Iraq and Afghanistan since the attacks on September 11, 2001. This fact alone indicates the challenges facing our nation in the provision of services as these veterans return as wounded warriors. Couple with that the fact that there are thousands of veterans from previous campaigns who either have service-connected disabilities that are exacerbated or who acquire a disability after discharge. With these ever-increasing numbers, the challenges broaden for those involved in connecting veterans with disabilities to the variety of services they need and for which they are eligible. Linking the wounded warriors to available services, identifying unmet needs and underdeveloped services, and having the capacity to serve all those in need becomes the greatest challenge of all.

Recommendations and Issues for Consideration

In listening to veterans, their family members, and the businesses that recruit, hire, promote, or assist with return to work for veterans, a wide variety of recommendations have been offered and are summarized here.

Recommendations from Veterans

Veterans with service-connected and non-service-connected disabilities from current and former campaigns offered the following thoughts (through one-on-one interviews and group feedback sessions conducted by prime study group members):

1. Address key issues with businesses to make the workplace more receptive to veterans with disabilities:
 - a. Tax credits and other hiring or retention incentives.
 - b. Sensitivity training for employers regarding veterans' experiences.
 - c. Veteran hiring goals for federal and state contractors.
 - d. Pilot projects with consortiums of businesses focused on training or retraining of veterans with the necessary supports and livable wages.
2. Enhance outreach efforts to veterans with disabilities so that they are more aware of needed services and how to access them.
 - a. Develop better tracking systems for veterans released from active duty who are newly disabled and focus more on engaging those veterans in customized programs that meet their needs.
 - b. Develop a model for a "transition training academy" for these veterans which would include interest and accommodation assessments, "real-world" skills training, private-sector partnerships, and integration with existing employment services.
 - c. Target customized programs for young veterans that are age appropriate and assist them with transition and the developmental stages interrupted due to combat service, which they have yet to face.
3. Begin to retool existing federal, state, and nonprofit systems or programs to better address the needs of veterans.
 - a. Build and maintain a comprehensive national and state directory of these programs and identify their purpose, the service they offer, and how to find them.
 - b. Create "crosswalks" for transferrable skills from military occupational specialties to civilian jobs and create certifications of skills acquired in the military that can be transferred for college credit/certification.
 - c. Coordinate services veterans need to make it easier for them to access, while decreasing paperwork and "bureaucratic barriers."
 - d. Take the much-liked VA website and make it even better.

- i. Create a portal for all-inclusive information dissemination for veterans via web linkages.
- ii. Provide condensed versions of the Transition Assistance Program (TAP) and Disabled Transition Assistance Program (DTAP) briefings via online DVDs.
- iii. Encourage the Department of Defense and the Department of Veterans Affairs to screen all veterans for PTSD and TBI to ensure early intervention.
- iv. Encourage the Department of Defense and the Department of Veterans Affairs to increase the availability of mental health services.

Recommendations from Family Members

Family members raised several issues for consideration by IRI prime study group members.

1. Recognize the important role families play in assisting veterans in activities such as
 - a. Accessing needed services for their disability.
 - b. Identifying symptoms of undiagnosed disabilities.
 - c. Coordinating needed services.
2. Remember that family members' lives may be catastrophically altered when a veteran is significantly disabled and that family members need assistance in a variety of areas:
 - a. Mental health services for themselves and their veteran.
 - b. Support groups.
 - c. Information about the service programs in their area with readily available access
 - i. Some sort of TAP/DTAP briefing from the family perspective.
 - ii. Customized web pages for the family.
 - d. Issues tied to "support staff" for those who serve in the role of direct assist to the veteran, particularly with activities of daily living.

Recommendations from Businesses

Businesses that spoke with representatives of the prime study group expressed many positive attributes about hiring veterans with disabilities. They focused their suggestions on recruitment, retention, and return-to-work issues:

1. Ensure that veterans are provided the necessary skills and certifications to be qualified for the jobs for which they are applying.
2. Help veterans better identify transferrable skills acquired during active duty.
3. Better train veterans in the online and kiosk application processes.
4. Address safety and accommodation issues through all phases of the recruiting, interviewing, hiring, training, promotion, and retention process.
5. Have current and accurate medical and vocational information readily available when needed to ensure a smoother hire or return-to-work process.
6. Ensure that agencies representing veterans to business are responsive to the needs of business in assisting veterans being hired or those in a return-to-work situation after release from active duty—not just at the point of hire or retention, but well afterwards when challenges arise in the workplace.
7. Ensure that service providers respond quickly to businesses as they deal with employment and/or retention issues.
8. Assist businesses with education about veterans, their disabilities, available resources, and points of contact when assistance is needed.
9. Coordinate and streamline services to veterans and outreach to business customers.

General Recommendations for Service Providers

Each chapter in this publication offers a more comprehensive review of selected challenges, opportunities, solutions, and issues faced by organizations that assist veterans with disabilities, noting that these issues are critical in addressing the employment and independence of veterans with disabilities. Highlights of related

recommendations for service providers and agencies or organizations include the following.

1. Become more knowledgeable about other programs and their services and points of contact at the local level to ensure more comprehensive access to needed services by veterans and their family members.
2. Streamline services to veterans, reducing redundancy in areas such as plan development, implementation of planned services, contacts with potential employers, and linkages to needed resources and contacts while providing a more “rapid response” based on the needs of the veteran and minimizing the number of people and programs the veteran must deal with.
3. Improve outreach initiatives to veterans and their family members, particularly after the veteran has left the service or is demobilized from a deployment.
4. Improve subsequent outreach to businesses that employ these veterans or assist them in return to work after becoming disabled, realizing that it is the business that may first notice undiagnosed conditions.
5. Realize that veterans may be overwhelmed with information and paperwork upon discharge and, subsequently, may need renewed outreach by service providers at a later date.
6. Establish linkages and cooperation among all the local “players” in addressing the needs of veterans.
7. For those who have not served in the military, expand an understanding of military culture.
8. Create “top-down” support among state VR programs, VA VR&E, and DOL VETS programs through collaborative meetings and more formal initiatives such as
 - a. National and state workgroups.
 - b. National and state memoranda of understanding.
 - c. Interagency training and education.
 - d. Ongoing program evaluation and improvement.
9. Reexamine agency infrastructures in relation to improved services to veterans and family members, with particular focus on:

- a. Building the capacity within each organization to conduct better outreach, improve the sharing of information, minimize overlap in services, and capitalize on specialized expertise and resources.
- b. Clarifying staff roles in improved collaborative systems, particularly those of executive leadership, middle management, and direct service delivery staff such as counselors and employment specialists.
- c. Monitoring successful outcomes, promising practices, and related data.

There is a basic premise when applying marketing principles to the rehabilitation of individuals with disabilities: *If we meet the needs of our customers, our needs will be met.* When applied to our country's commitment to better serve veterans with both service-connected and non-service-connected disabilities from current and former campaigns, we can open the door to success in helping these veterans reach their goals and aspirations tied to employment and independence and in restoring the light of hope in their lives. We can do no less for those who have given so much.

Appendix A: Range of VR Services

Federal and state regulations identify (and define) a series of services that may be offered to individuals under certain circumstances. Some services are available only to eligible individuals; some services are available only to individuals who are financially eligible. These services may include the following:

- Assessment for determining eligibility and/or vocational rehabilitation (VR) needs, including rehabilitation technology
- VR counseling and guidance, including information, support, and referral services
- Physical and mental restoration services
- Vocational and other training services, including personal and vocational adjustment training, books, tools, and other training materials
- Maintenance
- Transportation
- VR services to family members
- Interpreter services, including sign language
- Reader services
- Rehabilitation teaching services
- Orientation and mobility services
- Job-related services, including job search and placement assistance, job retention services, follow-up services, and follow-along services
- Supported employment services
- Personal assistance services
- Postemployment services
- Occupational tools, licenses, equipment, and initial stocks and supplies
- Rehabilitation technology
- Transition services
- Technical assistance and other consultation services to individuals pursuing self-employment
- Other goods and services as determined necessary

Appendix B: Definitions

Chapter 31: The Vocational Rehabilitation and Employment (VR&E) program is authorized by Congress under Title 38, Code of Federal Regulations, Chapter 31. It is sometimes referred to as the “Chapter 31 program.”

Employment handicap: Based on regulations for the Department of Veterans Affairs (VA), an impairment of the individual veteran’s ability to prepare for, obtain, or retain employment consistent with his or her abilities, aptitudes, and interests. The impairment results in substantial part from a service-connected disability. For veterans rated at 20% or more, a finding of employment handicap results in a finding of “entitled.”

Entitled: A term applied to a veteran who was found entitled for Chapter 31 benefits based on a service-connected disability and an employment handicap.

Serious employment handicap (SEH): A significant impairment of a veteran’s ability to prepare for, obtain, or retain employment consistent with his or her abilities, aptitudes, and interests. The SEH results in substantial part from a service-connected disability. For veterans rated at 10% and for veterans whose 12-year period of basic eligibility has passed, the finding of an SEH is necessary to establish “entitlement.”

Significant disability: In the state Vocational Rehabilitation (VR) program, an individual with a significant disability is defined as one

- (i) Who has a severe physical or mental impairment which seriously limits one or more functional capacities (such as mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, or work skills) in terms of an employment outcome
- (ii) Whose VR can be expected to require multiple VR services over an extended period of time; and
- (iii) Who has one or more physical or mental disabilities resulting from amputation; arthritis; autism; blindness; burn injury; cancer; cerebral palsy; cystic fibrosis; deafness; head injury; heart disease; hemiplegia; hemophilia;

respiratory or pulmonary dysfunction; mental retardation; mental illness; multiple sclerosis; muscular dystrophy; musculoskeletal disorders; neurological disorders (including stroke and epilepsy); paraplegia, quadriplegia, and other spinal cord conditions; sickle cell anemia; specific learning disabilities; end-stage renal disease; or another disability or combination of disabilities determined on the basis of an assessment for determining eligibility and VR needs to cause comparable substantial functional limitation.

Suitable employment: Work that is within a veteran's physical and emotional capabilities and consistent with his or her pattern of abilities, aptitudes, and interests.

Service-connected disability: A disabling condition that has resulted from or was aggravated by an injury or illness while the veteran was serving on active duty in the military.

Transferable skills: Reasonably developed skills, knowledge, and abilities attained through both training and experience (civilian and military) that relate to current employment opportunities in the labor market.

Appendix C: VR&E Program Steps

Step 1: Eligibility Determination

To receive an evaluation for VR&E services eligibility, a veteran must:

- A. Have received, or will receive, a discharge that is other than dishonorable
- B. Have a service-connected disability rating of at least 10%, and
- C. Submit a completed application for VR&E services
The basic period of eligibility in which VR&E services may be used is 12 years from the latter of the following:
 - A. Date of separation from active military service, or date the veteran was first notified by VA of a service-connected disability rating.
 - B. The basic period of eligibility may be extended if a vocational rehabilitation (VR) counselor determines that a veteran has a serious employment handicap.

Step 2: Actions After Eligibility Is Established

The veteran is scheduled to meet with a VR counselor for a comprehensive evaluation to determine whether he or she is entitled to services. The comprehensive evaluation includes

- A. An assessment of the veteran's abilities, aptitudes, and interests, and
- B. An assessment of whether service-connected disabilities impair the veteran's ability to find and/or hold a job using the occupational skills he or she has already developed; a process of vocational exploration and goal development.

Step 3: Entitlement Determination

A VR counselor determines whether a veteran has an employment handicap based on the results of the comprehensive evaluation. Entitlement to services is established if the veteran is within his or her 12-year basic period of eligibility and has a 20% or greater service-connected disability rating and an employment handicap.

If the service-connected disability rating is less than 20% or if the veteran is beyond the 12-year basic period of eligibility, then a serious employment handicap must be found to establish entitlement to VR&E services.

Step 4: After an Entitlement Determination Is Made

The veteran and VR counselor work together to

- Select a VR&E program track leading to an employment or independent living goal (note that service members are not entitled to a program of independent living)
- Identify viable employment or independent living services options
- Determine transferable skills
- Explore labor market and wage information
- Identify physical demands and other job characteristics
- Narrow vocational options to identify a suitable employment goal
- Investigate training requirements
- Identify resources needed to achieve rehabilitation
- Develop an individualized rehabilitation plan to achieve the identified employment or independent living goal

Step 5: Determining the Components of a Rehabilitation Plan

A rehabilitation plan is an individualized, written outline of the services, resources, and criteria that will be used to achieve successful rehabilitation. It is an agreement that is signed by the veteran and the VR counselor and is reviewed annually to determine whether any changes may be needed. (See <http://www.vba.va.gov/bln/vre/vrs.htm>.)

Depending on their circumstances, veterans will work with their VR counselor to select one of the following five tracks of services:

1. Reemployment (with a former employer)
2. Rapid employment services for new employment
3. Self-employment
4. Employment through long-term services
5. Independent living services

Step 6: After a Rehabilitation Plan Is Developed

After a plan is developed and signed, a VR counselor or case manager will continue to work with the veteran to implement the plan to achieve suitable employment or independent living. The VR counselor or case manager may coordinate services such as tutorial assistance, training in job-seeking skills, medical and dental referrals, adjustment counseling, payment of training allowance if applicable, payment of tuition and fees if applicable, and other services as required to achieve rehabilitation.

Appendix D: Ensuring Success of the Infrastructure—Training and Education

In order to ensure success, training and education must take place. Current personnel are the current target for training, and future personnel are the current target for education. However, current personnel are encouraged to participate in formal education as well.

Ideally, training can be conducted on three levels: executive/administrator, middle management, and counselor/direct service provider. The learning objectives vary depending on the level of responsibilities. Although training is separated according to audiences, the general approach for all includes joint training, cross-training, and team training. In addition, the content of training for each group includes use of the manual, agency roles, sharing services, developing memoranda of understanding (MOU) and cooperative agreements, the customer, major players, challenges and opportunities, and gaps in the systems. Action-driven plans will be developed in areas such as return to work, model in all systems, and university participation. Also, in this age of technology, which makes the flow of information expeditious, effective, and efficient, how to handle confidentiality and security measures will be addressed, as electronic information sharing is an integral component of the system design.

Training

Administrator/Executive Leader Training

Training Description

Executive leaders will participate in joint training to discuss the goals for servicing the wounded warrior and disabled veteran. The goal of training is to develop or improve an MOU that will facilitate a seamless system of service provision leading to employment and/or independent living.

Training Objectives

1. Measure the cost of the wounded warrior.
2. Increase working knowledge of the policies and operations of major partners: the Department of Veterans Affairs (VA), the Department of Defense (DoD), the public vocational rehabilitation (VR) program, and the Department of Labor (DOL).
3. Develop an MOU with all players.
4. Write an action plan.

Training Outline

8:00–8:30	Continental breakfast and networking
8:30–9:15	Opening and the cost of the wounded warrior/disabled veteran (see chapter 1); additional material
9:15–10:30	20-minute presentation by VR, VA, DoD, DOL; overview of chapter 2
10:30–10:45	Break
10:45–11:45	Roundtable discussion of challenges and opportunities
11:45–12:30	Collaboration and promising practices
12:30–2:00	Power luncheon—speaker TBD
2:00–3:00	Infrastructure implementation—chapter 5; specified topic/activity (e.g., <i>operating within confidentiality</i>)
3:00–4:00	Working groups/networking; write an action plan
4:00–4:30	Evaluation and closing

Middle Manager Training

Description

Managers will participate in joint training to discuss the goals for servicing the wounded warrior and disabled veteran. The goal of training is to strengthen lines of communication, flesh out the MOU, and carry out a seamless system of service provision leading to employment and/or independent living.

Training Objectives

1. Examine the cost of the wounded warrior.
2. Increase working knowledge of the policies and operations of major partners: VA, DoD, VR, and DOL.
3. Work through an MOU with all players.
4. Write an action plan for counselors/service providers.

Training Outline

8:00–8:30	Continental breakfast and networking
8:30–9:15	Opening and the cost of the wounded warrior/disabled veteran (chapter 1); additional material
9:15–10:30	20-minute presentation by VR, VA, DoD, DOL; overview of chapter 2
10:30–10:45	Break
10:45–11:45	Roundtable discussion of challenges and opportunities
11:45–12:30	Collaboration and promising practices
12:30–2:00	Power luncheon—speaker TBD
2:00–3:00	Infrastructure implementation—chapter 5; specified topic/activity (e.g., <i>operating within confidentiality</i>)
3:00–4:00	Working groups/networking; write a local action plan including resource sharing, joint training, and cross-training opportunities; professional shadow days
4:00–4:30	Evaluation and closing

Counselors/Service Provider Training

Description

Counselors/service providers will participate in joint training to discuss the concerted efforts for servicing the wounded warrior and disabled veteran. The goal of training is to develop a working knowledge of major players and promote working relationships among counselors/service providers or improve an MOU that will facilitate a seamless system of service provision leading to employment and/or independent living.

Training Objectives

1. Examine the cost of the wounded warrior.
2. Increase working knowledge of the operations of major partners: VA, DoD, VR, and DOL.
3. Develop an MOU with all players.
4. Write an action plan.

Training Outline

8:00–8:30	Continental breakfast and networking
8:30–9:15	Opening and the cost of the wounded warrior/disabled veteran (chapter 1); additional material
9:15–10:30	20-minute presentation by VR, VA, DoD, DOL; overview of chapter 2
10:30–10:45	Break
10:45–11:45	Roundtable discussion of challenges and opportunities
11:45–12:30	Collaboration and promising practices of counselors/service practices
12:30–2:00	Luncheon—speaker TBD
2:00–3:00	Infrastructure implementation—chapter 5; specified topic/activity (e.g., <i>sharing records/planning/confidentiality</i>)
3:00–4:00	Small workgroups/case studies and resolutions
4:00–4:30	Evaluation and closing

Education

Council on Rehabilitation Education—accredited rehabilitation counselor education programs provide master’s degrees in rehabilitation counseling. Graduates are prepared to take the Commission on Certified Rehabilitation Counselor exam, offered twice a year. Graduates are highly skilled and recognized by the Rehabilitation Services Administration as qualified rehabilitation counselors. Current personnel have opportunities to return to formal education programs to upgrade skills. As well, cooperative agreements with universities to provide internship sites and hire graduates could be strengthened and/or enhanced.

The application of this document in current academia could fit into at least four course offerings. For example, this document

could be adapted to courses with titles such as Introduction to Rehabilitation, Legal and Ethical Issues of the Professional Counselor, Medical and Psychosocial Aspects of Disability, and Community Resources. Suggested lessons outlined for professors are readily adjusted.

Lessons Plan Content Ideas for Academic Implementation (2 hours)

Lesson 1: Major Players in Service Member Rehabilitation (Chapter 2)

- Introduction to VA administration (Vocational Rehabilitation and Employment program)
- Introduction to Rehabilitation Services Administration (VR program)
- Introduction to Department of Labor (Veterans' Employment and Training Service program)
- Introduction to Department of Defense (Transition Assistance Program)

Activities include literature reviews, discussion board questions, reflection papers.

Lesson 2: The Customer (Chapter 1)

- Overview of military life
- Medical and physical impact
- Psychological and psychiatric impact
- Rehabilitation needs

Activities include visiting service members' websites and developing papers of their experiences, writing thank you letters to wounded warriors.

Lesson 3: Systemic Challenges and Opportunities (Chapter 3)

- Legislative differences in services
- Agency policies and procedures (formal and informal)
- Locating and serving homeless veterans

Activities include developing a chart of services, developing a public awareness campaign, writing an ideal plan, discussing case studies, designing model one-stop centers.

Lesson 4: Collaboration and Promising Practices (Chapters 4 and 5)

- Networking sessions
- Other partners
- The infrastructure
- Cooperative agreements

Activities include planning networking sessions, compiling a promising practices manual, building a local infrastructure.

Appendix E: Sample MOU's CSAVR

**MEMORANDUM OF UNDERSTANDING
BETWEEN
DEPARTMENT OF VETERANS AFFAIRS
VOCATIONAL REHABILITATION AND EMPLOYMENT
SERVICE
AND
COUNCIL OF STATE ADMINISTRATORS OF
VOCATIONAL
REHABILITATION
Washington, D.C.**

In order to advance, improve, and expand the employment opportunities for veterans with disabilities, the Department of Veterans Affairs, Vocational Rehabilitation and Employment Services (VR & E) and the Council of State Administrators of Vocational Rehabilitation (CSAVR) commit themselves to active cooperation and coordination in implementing the objectives set forth in this agreement.

The CSAVR and VR & E believe that quality employment outcomes for veterans with disabilities can be increased and improved through a closer working relationship. VR & E and CSAVR agree to encourage their respective offices to establish cooperative agreements with the intended purpose of improved services to their common clients.

THE CSAVR and VR & E will act as liaisons to their respective agencies to facilitate the establishment of cooperative agreements between State Vocational Rehabilitation (VR) agencies and Department of Veterans Affairs (VA) regional offices. Such agreements are intended to identify opportunities where collaboration and partnership can result in improved services and increased employment outcomes for veterans with disabilities.

The CSAVR and VR & E will share information and coordinate activities, as appropriate, to carry out and support the objectives of the cooperative agreement.

The CSAVR and VR & E will also provide technical assistance and support to any State VR and VA office that requests their assistance in facilitating the development of a state/local agreement.

This agreement does not in itself authorize the expenditure or reimbursement of any funds. Nothing in this agreement shall obligate the parties to expend appropriations or other monies, or to enter into any contract or other obligation.

Further, this agreement shall not be interpreted to limit, supersede, or otherwise affect either party's normal operations or decisions in carrying out its mission or statutory or regulatory duties.

This agreement shall become effective upon the date of signature of the underlined parties and shall remain in effect for two years. This agreement may be terminated at any time upon 30 days advance notice by one party to the other, and may be amended by the written agreement of either party, and/or their designees.

**DEPARTMENT OF REHABILITATION SERVICES
AND U.S. DEPARTMENT OF VETERANS AFFAIRS
VOCATIONAL REHABILITATION AND EMPLOYMENT
SERVICES**

This agreement is entered into between the Alabama Department of Rehabilitation Services, hereafter referred to as ADRS, and the Department of Veterans Affairs, Montgomery Vocational Rehabilitation and Employment Services, hereafter referred to as VA-VRE.

I. Purpose

In order to advance, improve and expand the work opportunities for veterans with disabilities, ADRS and VA-VRE herein commit themselves to working cooperatively in implementing the objectives set forth in this agreement.

II. Statement of Need

ADRS and VA-VRE believe that quality employment outcomes for veterans with disabilities can be increased and improved through a closer working relationship between ADRS and VA-VRE.

III. Terms of Agreement

Through collaboration and cooperation in the development of individualized plans for employment, delivery of planned services, and activities related to either return to work or obtaining employment, ADRS and VA-VRE staff will avoid the duplication of services to eligible veterans with disabilities. Attachment A describes the referral and service delivery process that will be followed by ADRS and VA-VRE staff. The ADRS and VA-VRE will share information and coordinate activities, as appropriate and in accordance with applicable statutes, to carry out and support the objectives of this cooperative agreement. These activities, services and records shared will be provided in a timely and accurate manner.

IV. Authority

Title I and Title VII of the Rehabilitation Act of 1973, as amended.

Title 38 United States Code, as amended.

This agreement does not in itself authorize the expenditure or reimbursement of any funds. Nothing in this agreement shall obligate the parties to expend appropriations or other monies, or to enter into any contract or other obligation. Further, this agreement shall not be interpreted to limit, supersede, or otherwise affect either party's normal operations or decisions in carrying out its mission, statutory or other regulatory duties. Nothing in this agreement shall be interpreted as altering eligibility requirements for any ADRS or VA-VRE program authorized under Title 38 United States Code, as amended or Title I or Title VII of the Rehabilitation Act of 1973 as amended.

V. Effective Date and Termination

This agreement shall become effective when signed by both parties listed below and shall remain in effect until either party chooses to discontinue. This agreement may be terminated at any time upon 30 days advance notice by one party to the other, and may be amended by the written agreement of both parties, and/or their designees.

Steve Shivers, Commissioner
ADRS

Ricardo F. Randle,
Director
Montgomery VA Regional Office

Richmond H. Laisure
VRE Officer

Attachments:

- A: Referral and service delivery process
- B: ADRS Liaison to VRE Contact Map
- C: VA-VRE Referral Forms
 - C1 - Cover letter
 - C2 - Data sheet
- D: ADRS Forms for Information Sharing
 - D1 – Confirmation to VRE of Assigned VR Counselor
 - D2 - Referral & Feedback Form on VRE Referral
- E: ADRS Referral Form to VRE

**MEMORANDUM OF AGREEMENT BETWEEN
ADRS AND VA-VRE**

ATTACHMENT A

REFERRAL AND SERVICE DELIVERY PROCESS

General Information

Under the ADRS and VA-VRE Memorandum of Agreement, both entities will coordinate resources to maximize vocational rehabilitation services to veterans with disabilities, in order to facilitate their return to work or their entrance into competitive employment.

Referral and Eligibility

VA-VRE Process:

A VA-VRE counselor determines eligibility for Chapter 31 vocational rehabilitation services to veterans with service connected disabilities.

- If the veteran is eligible for VA-VRE services and seeking employment, that veteran will be referred to the appropriate ADRS liaison counselor (see Attachment C). If the veteran is also determined eligible for ADRS services, the VRE

rehabilitation plan, as described below, will be shared with the appropriate ADRS liaison counselor.

- If the veteran is ineligible for VA-VRE services, but appears to need ADRS services, the veteran will be referred to the appropriate ADRS liaison counselor and VA-VRE will close the case.

ADRS Process:

Referrals from VA-VRE will be made to the designated ADRS liaison counselor (see attachment B). That counselor will then refer the veteran to the appropriate rehabilitation counselor and notify the VA-VRE counselor concurrently (see attachment D)

ADRS counselors will determine ADRS eligibility and specific rehabilitation needs for each veteran referred by VA-VRE staff.

- If a veteran, who is referred to ADRS for services by a source other than VRE, has a VA compensable service connected disability and is eligible for ADRS services, that veteran will be referred by the ADRS counselor to the VA-VRE program. ADRS staff will make the referral, utilizing the formatted referral letter (see attachment E), submitting that letter to the Montgomery VA-VRE office. It will be the veteran's responsibility to complete VA Form 28-1900 which is available on-line or in print.
- If found entitled to services by VA-VRE, the ADRS rehabilitation plan will be shared with the appropriate VA-VRE counselor.

INFORMATION SHARING

With a signed release from the veteran, available records and other information will be shared between ADRS and VA-VRE without cost and in a timely manner. Any information shared will be shared in compliance with HIPPA rules.

When VA-VRE is referring a veteran to ADRS for services, the following referral packet of information will be shared:

- Current contact information (see attachment C)

- Current medical and psychological records
- Copy of the rehabilitation plan, if available
- Education and work history information
- Referral cover letter (see attachment C)

DEVELOPING SHARED PLANS

The development of the ADRS rehabilitation plan and the VA-VRE rehabilitation plan will, to the greatest extent possible, be complimentary so as to avoid duplication of services and to streamline the rehabilitation process for the veteran.

VA-VRE SERVICES

VA-VRE will pay or arrange for all required tuition, fees, books, supplies, tools, equipment, subsistence allowance, and provide medical care and treatment in accordance with current VA regulations for all veterans determined entitled to VA-VRE services.

Training:

As needed, VA-VRE can authorize training such as on-the-job training, non-paid work experience, apprenticeship, and educational training (for example, certificate or college training) in preparation for suitable entry level employment. Coordination between the VA-VRE counselor and the ADRS counselor is required when developing training plans.

VA-VRE will pay the vendor directly for all required tuition, fees, books, supplies and needed tools and equipment.

Medical

ADRS is not responsible for providing medical services for veterans eligible for VA-VRE programs. If such medical services are required, the ADRS counselor will advise the VA-VRE counselor for referral assistance to a VA medical facility for treatment. However, ADRS may provide medical services to

determine and expedite eligibility or to allow the veteran to participate in the rehabilitation program.

Maintenance and Transportation

VA-VRE will pay a subsistence maintenance allowance to veterans in training according to applicable VA-VRE schedules.

VA-VRE generally cannot pay for transportation costs. If transportation services are needed by a VA-VRE/ADRS shared case and cannot be paid by VA-VRE, the VA-VRE counselor and ADRS counselor should discuss the need and ADRS may provide the service in accordance with ADRS policies.

Assistive Technology

In accordance with VA-VRE/ADRS individualized plans, the VA-VRE counselor will purchase, as needed for rehabilitation and employment purposes and in accordance with VA policies and procedures, appropriate assistive technology to accommodate the veteran after evaluation and identification of the assistive technology that will address specific needs for rehabilitation and employment in accordance with appropriate policies and procedures.

ADRS SERVICES

Under this memorandum of agreement, the primary but not the only, services from ADRS for disabled veterans, as set forth by VA-VRE are focused on counseling and guidance, disability-related education and follow-along, suitable employment, job-site or job task accommodation or modification and/or evaluations, job retention assistance and/or return-to-work intervention (i.e. the ADRS RAVE program).

In addition, the case management and service delivery activities of the ADRS counselor will include, but not be limited to, the following:

- The ADRS counselor will notify the VA-VRE counselor if the veteran fails to keep appointments and/or is otherwise uncooperative.
- The ADRS counselor will provide the VA-VRE counselor with copies of case notes in accordance with approved plan, as needed, for shared cases.
- When either agency closes a shared case, each counselor will notify the counselor of the other agency.

Assistive Technology

When VA-VRE is unable to purchase the needed assistive technology for vocational rehabilitation and employment, ADRS may make the purchase in accordance with appropriate policies and procedures.

Return to Work Cases

ADRS will apply best practices procedures from their RAVE (Retaining A Valued Employee) program for all services rendered to veterans who are in a “return-to-work” situation.

Coordination of Employment Activities

ADRS and VA-VRE staff making contact with businesses on behalf of the veterans who are served as shared cases will coordinate their activities so as to encourage collaboration and avoid duplication of services. Each agency will respect the existing proprietary relationships between that agency and current employer accounts, working through the designated “account representative” of the agency that has an active working relationship with the employer. The lead business contact for local employer development and placement will be the ADRS Employer Development Coordinator (EDC).

JOINT ACTIVITIES

With a focus on collaboration and use of similar benefits, ADRS and VA-VRE will jointly initiate the following:

- Staff in-service training focused on an overview of the MOA and review of internal “best practices” for shared cases
- Routine review of the service provision process and employment outcomes for shared cases
- Troubleshooting to streamline services and to focus on continuous improvement
- Tracking and sharing outcome data