



## Strategic Goal One

### *Restoration and Improved Quality of Life for Disabled Veterans*

#### STRATEGIC OBJECTIVE 1.1

##### *Specialized Health Care Services*

*Maximize the physical, mental, and social functioning of veterans with disabilities and be a leader in providing specialized health care services.*

#### Making a Difference for the Veteran

### VA's Suicide Hotline Begins Operations



The VA's National Suicide Prevention toll-free hotline 1-800-273-TALK (8255) is manned round-the-clock to ensure veterans with emotional crises have access to trained mental health professionals.

The Department of Veterans Affairs (VA) has begun operation of a national suicide prevention hotline to provide veterans with emotional crises with round the clock access to trained professionals.

"Veterans need to know these VA professionals are literally a phone call away," said former Secretary of Veterans Affairs Jim Nicholson. "All servicemembers who experience the stresses of combat can have wounds on their minds as well as their bodies. Veterans should see mental health services as another benefit they have earned, which the men and women of VA are honored to provide."

The hotline number is 1-800-273-TALK (8255). VA's hotline is staffed by mental health professionals in Canandaigua, New York. They take calls from across the country and work closely with local VA mental health providers to help callers. To operate the national hotline, VA is partnering with the Substance Abuse and Mental Health Services Administration of the Department of Health and Human Services (HHS).

"The hotline will put veterans in touch – any time of the day or night, any day of the week, from anywhere in the country – with trained, caring professionals who can help," added Nicholson. "This is another example of the VA's commitment to provide world-class health care for our Nation's veterans, especially combat veterans newly returned from Iraq and Afghanistan."

The suicide hotline is among several enhancements to mental health care that former Secretary Nicholson announced this year. In mid July, the Department's top mental health professionals convened in the Washington, DC, area to review the services provided to veterans of the Global War on Terror.

VA is the largest provider of mental health care in the Nation. This year, the Department will spend about \$3 billion for mental health. More than 9,000 mental health professionals, backed up by primary care physicians and other health professionals in every VA medical center and outpatient clinic, provide mental health care to about 1 million veterans each year.



**Significant Trends, Impacts, and Use of FY 2007 Results**

<b>Supporting Measure</b>			
<b>PERCENT OF SPECIALLY ADAPTED HOUSING (SAH) GRANT RECIPIENTS WHO INDICATED THAT GRANT-FUNDED HOUSING ADAPTATIONS INCREASED THEIR INDEPENDENCE</b>			
<b>Performance Trends</b>		<b>Impact on the Veteran</b>	
		<p>Specially Adapted Housing grants are provided to severely disabled veterans to build a new or adapt an existing dwelling to meet their adaptive housing needs.</p>	
		<b>How VA Uses the Results Data</b>	
		<p>VA intends to monitor this program measure and use data to gauge program performance and, where appropriate, make modifications to program policy.</p>	
	2006	2007	ST
■ Results	Avail 11/2007	TBD	N/A
■ Targets	N/A	98.0%	99.0%

(1) Actual 2007 results data will not be available until 10/2008.  
 (2) ST= Strategic Target

**Additional Performance Information Related to Strategic Objective 1.1**

**OIG Major Management Challenges**

- Quality of Health Care (see page 254 for more details)
- Electronic Medical Records (see page 257 for more details)
- New and Significantly-Increased Health Problems Associated with OIF/OEF (see page 260 for more details)

**GAO High-Risk Areas**

The Government Accountability Office did not identify any high-risk areas related to this objective.

**Program Assessment Rating Tool (PART) Evaluation**

In relation to this strategic objective, the Administration conducted a PART evaluation of VA’s Medical Care program during CY 2003, which resulted in a rating of “Adequate.” Please see OMB PART reviews on page 81 for more information.

**Program Evaluations**

A program evaluation of mental health services for seriously mentally ill (SMI) patients in VA is being conducted by the Altarum Institute in conjunction with RAND-University of Pittsburgh Health Institute. It will assess type, level and quality of care provided, and degree of satisfaction of patients receiving SMI services for schizophrenia, bipolar, major depression, post-traumatic stress disorder, and substance use disorder.



This study, unprecedented in its scope, will evaluate patient-centered outcomes measured across the continuum of care--from diagnosis through treatment, chronic disease management, and rehabilitation. The study was started in 2006 and will be completed in 2010. Particular attention is being paid to patient outcomes to determine if the services we provide are making a difference in our patients' lives. Service-connected veterans having these mental health conditions are a particular emphasis, especially in terms of determining why they may or may not choose to use VA for their health care.

The major deliverable this year will be the results of an extensive survey of all VA facilities that will define the level of current services and the extent of the use of evidence-based care, and allow VA to track the use of its mental health enhancement funds by repeating the survey later in the study. This will provide detailed information on services currently provided, workload, cost, staffing, types of care, referral patterns, use of primary care, and mental health specialists. All of this information will facilitate the implementation of the Mental Health Strategic Plan, identify gaps in services, and guide further use of enhancement funds to improve patient care.

A second major deliverable is the identification of performance indicators to evaluate mental health care and patient outcomes, along with accompanying documentation of the justification for and strength of the indicators. These may also be adopted by VA in its ongoing efforts to measure and improve the quality of care provided. This level of detail and specificity has never before been developed in VA.

#### **New Policies, Procedures, or Process Improvements**

- VA mandated that all OIF/OEF veterans who come to VA for care be screened for TBI. Screening policy and procedures have been defined in a VA directive. Veterans with positive screens are offered follow-up evaluations by providers with training and expertise in TBI. In addition, an algorithm

for the management of positive symptoms has been developed by VA experts and disseminated nationally.

- In 2007 VA experienced an increase in the number of inquiries into the SAH grant program. Legislation passed in June of 2006 changed the one-time only usage of SAH grant benefits to a total of three times, not to exceed the maximum amounts established. As a result of the legislated changes, VA released revised computer-based training for SAH staff in 2007.
- VA also released an updated SAH manual, which provides more detailed instructions for VA staff on the processing of SAH grants.

#### **Other Important Results**

- In February 2006, VA opened a Polytrauma Call Center operated 24 hours per day, 7 days per week, to answer clinical, administrative, and benefit inquiries from severely injured patients and their families. From March through August 2007, the Call Center made 3,511 outreach phone calls, contacting 917 seriously injured OIF/OEF veterans. Through the outreach phone calls, VA has been able to provide these veterans additional assistance with outstanding health or benefits concerns.
- More than 100 measures focused on **specialized health care** are now analyzed by health care program officials quarterly, with focus on such areas as access, prevention/health promotion, cardiovascular disease, mental health, and most recently, measures related to health care for OIF/OEF servicemembers and veterans.
- New measures have been designed to assess the **quality** of patient care in a variety of settings, including inpatient, outpatient, emergency, and mental health. Quality is further evaluated in special populations such as women, mentally ill, spinal cord injury, and OIF/OEF.
- As of August 2007, VA processed 576 SAH grants for severely disabled veterans to build a new or adapt an existing dwelling to meet their adaptive housing needs.



**Data Quality**

VA's data quality improvement efforts, including its work on data verification and validation, are described in the Assessment of Data Quality on page 192.



## STRATEGIC OBJECTIVE 1.2

### *Decisions on Disability Compensation Claims*

*Provide timely and accurate decisions on disability compensation claims to improve the economic status and quality of life of service-disabled veterans.*

## Making a Difference for the Veteran

### Helping a Homeless Veteran in a Time of Need

Three days before Thanksgiving 2006, Ms. Tresa Jackson, one of the Women Veterans Coordinators at the St. Paul Regional Office, was contacted by a staff member at the Minneapolis VA Medical Center (VAMC) regarding a homeless woman veteran. The veteran was living in her car and needed help.



Tresa Jackson, one of the Women Veterans Coordinators at the St. Paul Regional Office, is to be commended for the excellent customer service she exhibited in assisting a homeless woman veteran with receiving VA benefits.

Ms. Jackson immediately went to the VAMC and met with the veteran. She assisted the veteran in filing a claim for service-connected compensation for a mental health condition and for nonservice-connected pension benefits. That same day, Ms. Jackson contacted the Minnesota Assistance Council for Veterans and was able to obtain a referral for housing while the veteran waited to be placed in the inpatient treatment program at the VAMC.

Ms. Jackson printed the veteran's clinical records and delivered the claim to a rating specialist at the regional office. The veteran was granted nonservice-connected pension benefits and received her first pension benefit payment on December 29, 2006. Ms. Jackson was just getting started. While the veteran was completing treatment, Ms. Jackson gathered the evidence necessary to grant 100 percent service-connected compensation. A retroactive benefit check was issued on April 4, 2007.

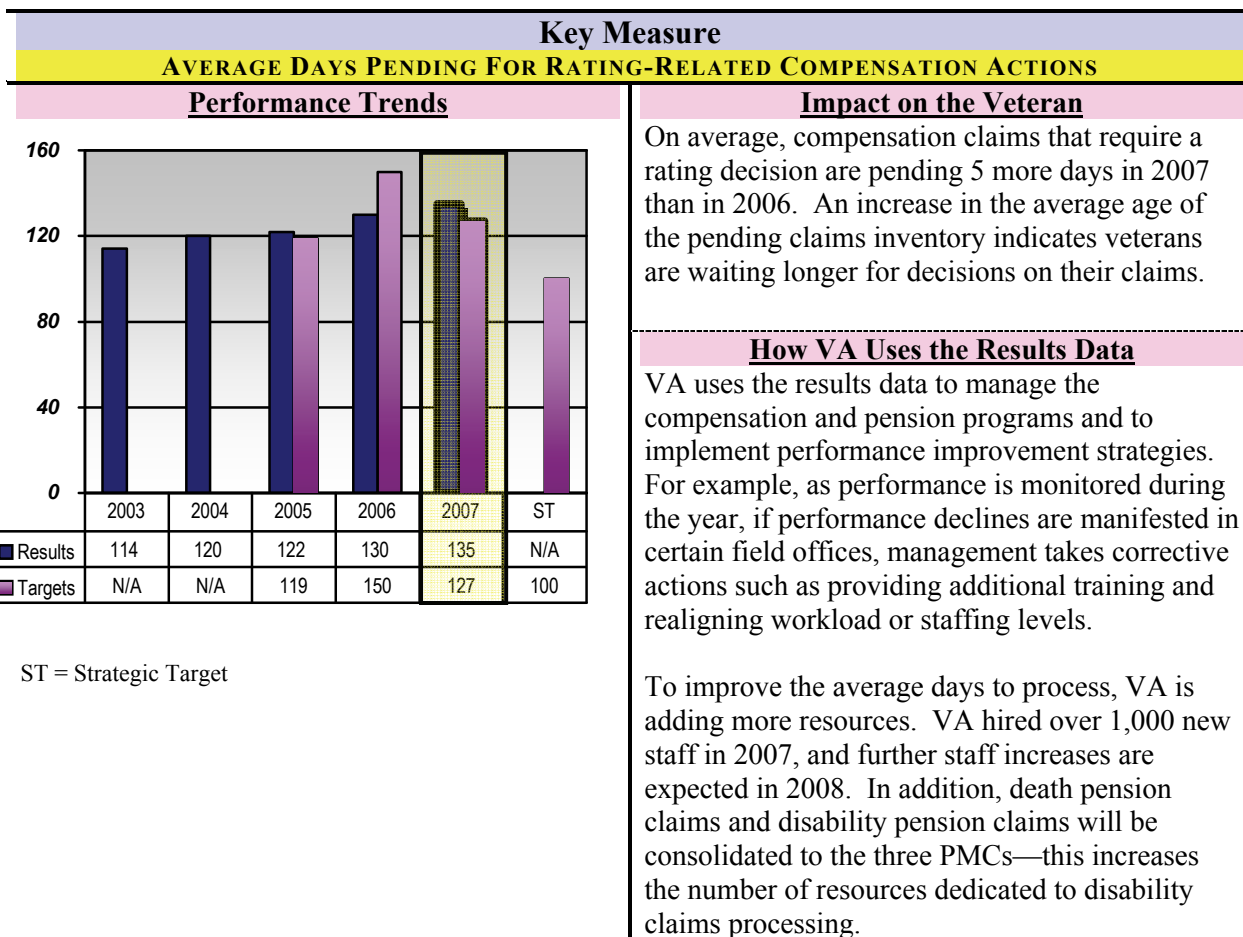
The veteran began receiving monthly benefit payments at the 100 percent rate on May 1, 2007. The veteran has since completed treatment, found suitable housing near her family, and has continued to receive care at the Minneapolis VAMC.



**Significant Trends, Impacts, and Use of FY 2007 Results**

Key Measure																								
AVERAGE DAYS TO PROCESS COMPENSATION AND PENSION RATING-RELATED ACTIONS																								
Performance Trends				Impact on the Veteran																				
<table border="1"> <thead> <tr> <th>Year</th> <th>Results</th> <th>Targets</th> </tr> </thead> <tbody> <tr> <td>2003</td> <td>182</td> <td>165</td> </tr> <tr> <td>2004</td> <td>166</td> <td>145</td> </tr> <tr> <td>2005</td> <td>167</td> <td>145</td> </tr> <tr> <td>2006</td> <td>177</td> <td>185</td> </tr> <tr> <td>2007</td> <td>183</td> <td>160</td> </tr> </tbody> </table>				Year	Results	Targets	2003	182	165	2004	166	145	2005	167	145	2006	177	185	2007	183	160	<p>The average length of time it takes to process claims for compensation and pension rating-related actions has increased by 6 days from 177 days in 2006 to 183 days in 2007. Therefore, on average it takes about 6 months for claimants to receive their benefits.</p>		
Year	Results	Targets																						
2003	182	165																						
2004	166	145																						
2005	167	145																						
2006	177	185																						
2007	183	160																						
				How VA Uses the Results Data																				
				<p>VA uses the results data to manage the compensation and pension programs and to implement performance improvement strategies. For example, as performance declines are manifested in certain field offices, management takes corrective actions such as providing additional training and realigning workload or staffing levels.</p>																				
				<p>To improve the average days to process, VA is adding more resources. VA hired over 1,000 new staff in 2007, and further staff increases are expected in 2008. In addition, death pension claims and disability pension claims will be consolidated to the three Pension Maintenance Centers (PMCs)—this increases the number of resources dedicated to disability claims processing.</p>																				

ST = Strategic Target



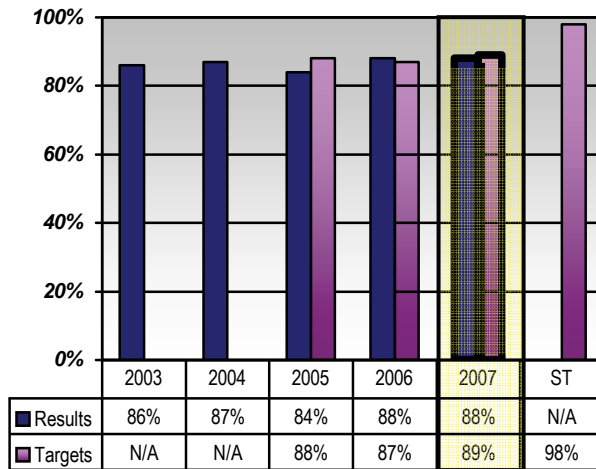
ST = Strategic Target



**Key Measure**

**NATIONAL ACCURACY RATE FOR COMPENSATION CORE RATING WORK**

**Performance Trends**



(1) Actual 2007 results data through 07/2007. Final data are expected in 01/2008.  
 (2) ST = Strategic Target

**Impact on the Veteran**

The veteran is entitled to an accurate decision on his or her compensation claim. Despite increased workload, VA has continued to maintain the accuracy of rating decisions on compensation claims, thereby ensuring that VA provides the correct level of benefit to the veteran.

**How VA Uses the Results Data**

VA uses technical accuracy reviews to identify areas where specialized training is needed on either a local or national level. Over the last several years, VA has placed great emphasis on helping employees manage increasingly complex compensation claims by taking the following actions:

- Expanded the Systematic Technical Accuracy Review (STAR) staff to increase review sampling; expand rating data analyses; and increase the focus on disability decision consistency reviews.
- Conducted satellite broadcasts on an as-needed basis to address special issues and areas of inconsistency and misunderstanding.
- Provided guidance through training letters on the development and evaluation of specific disabilities.

**Additional Performance Information Related to Strategic Objective 1.2**

**OIG Major Management Challenges**

- Pending Claims and Estimated Receipts (see page 264 for more details)
- Appeals (see page 266 for more details)
- Accuracy and Variance (see page 267 for more details)

**GAO High-Risk Areas**

- Modernizing Federal Disability Programs (see page 289 for more details)

**Program Assessment Rating Tool (PART) Evaluation**

In relation to this strategic objective, the Administration conducted a PART evaluation of VA's Compensation program during CY 2002, which resulted in a rating of "Results Not Demonstrated." Please see OMB PART reviews on page 78 for more information.

**Program Evaluations**

In July 2007 the President's Commission on Care for America's Returning Wounded Warriors, led by Robert Dole and Donna Shalala, provided recommendations to improve and modernize the VA disability compensation program.





In October 2007, VA, in conjunction with the Department of Defense, submitted a legislative proposal to Congress to implement the recommendations of the President's Commission.

The Veterans' Disability Benefits Commission began work in May 2005 and recently concluded its work. The purpose of the Commission was to carry out a study of the benefits under the laws of the United States that are provided to compensate and assist veterans and their survivors for disabilities and deaths attributable to military service, and to produce a report on the study. The Commission issued its findings and recommendations in October. VA will study the Commission's recommendations and begin taking appropriate actions in 2008.

#### **New Policies, Procedures, or Process Improvements**

- VA is developing the Expedited Claims Adjudication to offer an expedited process to represented claimants who desire to shorten the time required to process their claims through a knowing waiver. The regulations required to affect this program have been drafted and are now under Departmental review.
- VA deployed the VETSNET Operations Report, a new workload management reports system, nationwide in May 2007. This system provides reports that are faster and more user-friendly than prior reports systems. This results in better, more timely

management information available for senior leaders to take necessary corrective action.

- The Veterans Service Center Managers Workshop held in May emphasized improving claims processing timeliness and methods to help newly hired veterans service representatives become more productive.

#### **Other Important Results**

The Board of Veterans' Appeals (BVA) introduced a number of employee incentives and training programs to increase productivity while maintaining high decisional quality. BVA trains Veterans Law Judges and staff counsel to write clear, correct, coherent, and concise decisions and employs a quality review process that translates "lessons learned" into directed training sessions. BVA has a full-time training coordinator who oversees training sessions on specific legal issues, writing skills, and other matters.

"Grand Rounds" and other training keep the legal staff current with continuing changes in the law. The ultimate benefit to our Nation's veterans is improved decisional quality, reduced remands, and quicker resolution of appeals.

#### **Data Verification and Measure Validation**

Verification and validation information for the three key measures that support this objective is provided in the Key Measures Data Table on page 204.



## STRATEGIC OBJECTIVE 1.3

### *Suitable Employment and Special Support*

*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.*

## Making a Difference for the Veteran

### **VA Teams Up with the Federal Aviation Administration to Provide Veterans with New Training Opportunities**

“A Hero to the Nation – A Hero in the Skies” – with that theme in mind, officials from the Federal Aviation Administration (FAA) and Veterans Benefits Administration unveiled FAA’s Veterans Employment Program on Capitol Hill in April 2007. A product of a memorandum of understanding signed by the two agencies in November 2006, the new program establishes a framework for providing transition for veterans with disabilities into the civilian workforce through on-the-job training programs administered by the FAA. Through this partnership, disabled veterans will be able to take advantage of VA vocational rehabilitation benefits while training for select positions in the FAA such as air traffic control specialist and airway transportation systems specialist.

The FAA Office of Human Resource Management, in collaboration with the Academy and Air Traffic Organization, has developed a training plan for veterans entering this program. The training, approved by VA, will allow disabled veterans who apply and are approved by VA to use their vocational rehabilitation benefits to attend classes at the FAA Academy. The Academy offers a wide array of training assistance and offers the best aviation training available. Veterans will complete the same training requirements as current FAA employees. Veterans must apply through VA’s Vocational Rehabilitation and Employment (VR&E) Service. The VR&E Web site, [www.vetsuccess.gov](http://www.vetsuccess.gov), has detailed information on the program.



A memo of understanding was signed by Admiral Daniel Cooper, VA Under Secretary for Benefits, and Marion Blakey, FAA Administrator, that established a program to provide a smooth transition for veterans with disabilities into the civilian workforce through an on-the-job training program administered by FAA.



**Significant Trends, Impacts, and Use of FY 2007 Results**

Key Measure						
VOCATIONAL REHABILITATION AND EMPLOYMENT (VR&E) REHABILITATION RATE						
Performance Trends				Impact on the Veteran		
				<p>A “rehabilitated” veteran is one who enters the rehabilitation program and successfully completes the program plan with the objective to obtain employment or gain independence in daily living.</p>		
				How VA Uses the Results Data		
				<p>The key indicator of the effectiveness of the VR&amp;E program is the rehabilitation rate. In this context, the measure is used to assess individual performance for all vocational rehabilitation counselors, counseling psychologists, VR&amp;E officers, and regional office directors.</p>		
				<p>For detailed information on how this measure is calculated, please see the Definitions section in Part IV.</p>		

**Additional Performance Information Related to Strategic Objective 1.3**

**OIG Major Management Challenges and GAO High-Risk Areas**

VA's Office of Inspector General did not identify any major management challenges related to this objective. The Government Accountability Office did not identify any high-risk areas related to this objective.

**Program Assessment Rating Tool (PART) Evaluation**

In relation to this strategic objective, the Administration conducted a PART evaluation of VA's Vocational Rehabilitation and Employment program during CY 2006, which resulted in a rating of “Adequate.” Please see OMB PART reviews on page 79 for more information.

**Program Evaluations**

The Secretary's Task Force Report of 2004 on the Vocational Rehabilitation and Employment program made over 100 recommendations. Over 88 recommendations have been completed or implemented. One of the major recommendations for the program was to implement the Five-Track Employment Model, which was completed during 2006. In 2007 VA completed a training needs assessment to use in identifying the requirements for the VR&E program. Using this tool, VA began work on the Electronic Performance Support System for the Vocational Rehabilitation Counselor position. The Electronic Performance Support System will be used in the regional office VR&E divisions as a reference tool for current staff and a standardized training tool for newly hired staff; the tool will help staff provide consistent services to veterans.



### **Other Important Results**

VR&E Service conducted several training sessions on topics such as the following:

- Fiscal Accuracy and Integrity
- Program Outcome Accuracy
- Maximum Rehabilitation Gains
- Functional Capacity Evaluations
- Cognitive Assistive Devices
- Independent Living

Through the Quality Assurance Review program, VR&E was able to identify areas that warranted attention and additional training for all VR&E counselors. Standardized training is provided to improve the counselors' performance in providing the best possible service to veterans nationwide. These training sessions were provided throughout the year; it is anticipated that improvement will be demonstrated during the next fiscal year's quality assurance reviews.

### **Data Verification and Measure Validation**

Verification and validation information for the key measure that supports this objective is provided in the Key Measures Data Table on page 206.



## STRATEGIC OBJECTIVE 1.4

### *Improved Standard of Living for Eligible Survivors*

*Improve the standard of living and income status of eligible survivors of service-disabled veterans through compensation, education, and insurance benefits.*

## Making a Difference for the Veteran

### **VA's Life Insurance Programs for Service-Disabled Veterans Provide Eligible Survivors With an Improved Standard of Living**

The purchase of life insurance is an important aspect of providing financial security to one's survivors. VA's life insurance programs are particularly important for service-disabled veterans and their families because these veterans may not be able to purchase life insurance from the commercial insurance industry due to lost or impaired insurability resulting from military service. VA provides two life insurance programs that are specifically designed for service-disabled veterans.



This veteran is a policyholder of Veterans' Mortgage Life Insurance and Service Disabled Veterans Insurance. These programs provide over \$2 billion in life insurance protection to the many families of service-disabled veterans.

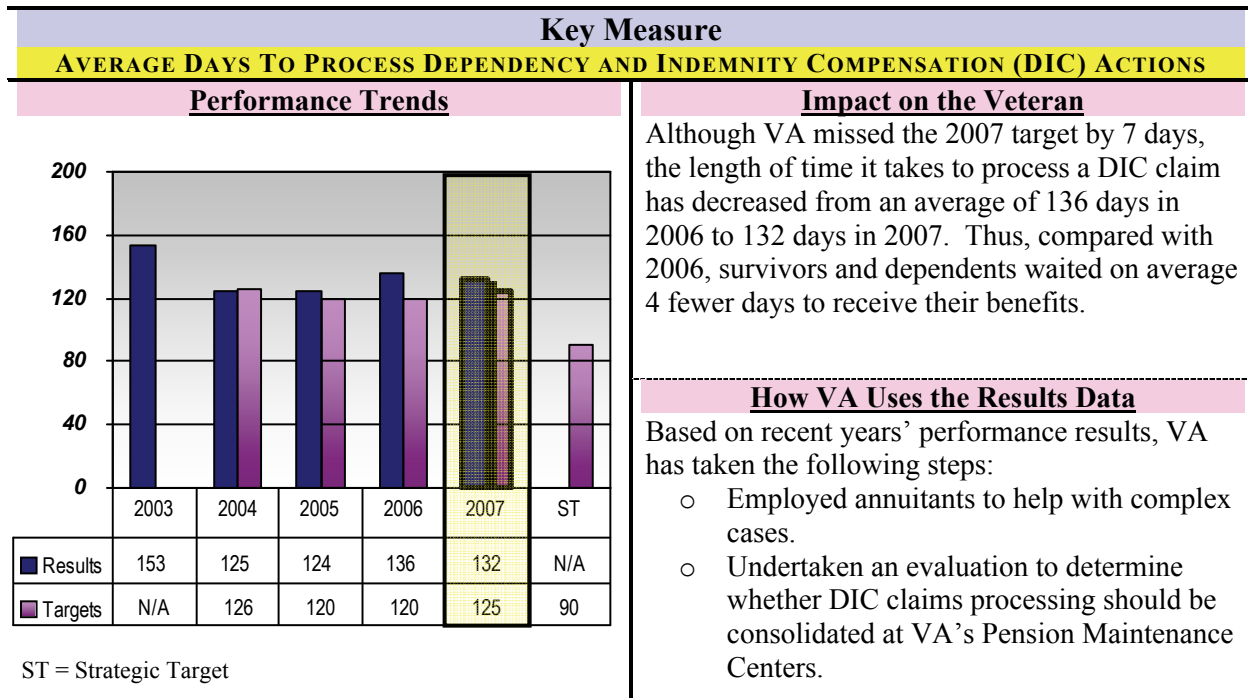
Service Disabled Veterans Insurance (S-DVI) is open to veterans separated from service on or after April 25, 1951, who receive a service-connected disability rating. Eligible veterans can purchase up to \$10,000 of life insurance at standard (healthy) rates. S-DVI policyholders who are totally disabled before age 65 can have their premiums waived and can purchase up to an additional \$20,000 in coverage. Veterans' Mortgage Life Insurance (VMLI) provides up to \$90,000 of mortgage protection life insurance at standard premium rates to service-disabled veterans who have received a grant for specially adapted housing. S-DVI and VMLI programs provide over \$2 billion in life insurance protection to the families of service-disabled veterans.

Servicemembers' Group Life Insurance (SGLI) while in service are guaranteed the right to convert from SGLI to VGLI upon separation, without proof of good health. Although not limited to disabled veterans, the conversion privilege is an especially important feature for veterans who may not be able to purchase life insurance as a result of their service-connected conditions. VGLI is lifetime-renewable term insurance available up to a maximum of \$400,000. In addition, if a servicemember is totally disabled at the time of separation from active duty, he or she may have their SGLI coverage extended free of charge for 2 years.

Veterans' Group Life Insurance (VGLI) is another VA life insurance option for veterans who leave military service with service-connected disabilities. All members who carry



**Significant Trends, Impacts, and Use of FY 2007 Results**



**Additional Performance Information Related to Strategic Objective 1.4**

**OIG Major Management Challenges**

- Pending Claims and Estimated Receipts (see page 264 for more details)
- Appeals (see page 266 for more details)
- Accuracy and Variance (see page 267 for more details)

**GAO High-Risk Areas**

- Modernizing Federal Disability Programs (see page 289 for more details)

**Program Assessment Rating Tool (PART) Evaluation**

In relation to this strategic objective, the Administration conducted a PART evaluation of VA's Compensation program during CY 2002, which resulted in a rating of "Results Not Demonstrated." Please see OMB PART reviews on page 78 for more information.

**Program Evaluations**

The Veterans' Disability Benefits Commission began work in May 2005 and recently concluded its work. The purpose of the Commission was to carry out a study of the benefits under the laws of the United States that are provided to compensate and assist veterans and their survivors for disabilities and deaths attributable to military service, and to produce a report on the study. The Commission issued its findings and recommendations in October. VA will study the Commission's recommendations and begin taking appropriate actions in 2008.

**New Policies, Procedures, or Process Improvements**

- VA is using rehired annuitants to provide training and mentorship and to assist the Tiger Team in Cleveland as they process claims from across the country. We expect this to increase the number of completed rating-related claims.
- VA is evaluating the consolidation of dependency and indemnity compensation



(DIC) claims processing to VA's Pension Maintenance Centers to determine if this would improve efficiency in processing claims.

**Data Verification and Measure Validation**

Verification and validation information for the key measure that supports this objective is provided in the Key Measures Data Table on page 206.