



## 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 Helps Disabled Veterans Adapt their Homes Through Grants



A Specially Adaptive Housing grant may be used to build a new home with appropriate adaptations or to modify an existing home to meet the veteran's individual needs

Changes in the laws that allow certain seriously injured veterans and servicemembers to receive grants to construct or modify homes are expected to result in many new grants. Before the changes, eligible veterans and servicemembers could receive Specially Adapted Housing (SAH) grants of \$10,000 or \$50,000 from VA over their lifetimes. Now they may receive up to \$12,000 or \$60,000. In addition, these amounts will now rise annually based on a cost-of-construction index. SAH grants of up to \$14,000 for temporary residences, previously available only to veterans, are now available to veterans and servicemembers. Eligible veterans and servicemembers may use the Specially Adapted Housing Program up to three separate times. However, the total amount of assistance received may not exceed the maximum in effect at the time of the third grant.

"Veterans seriously disabled during their military service have earned this benefit," said Secretary of Veterans Affairs Dr. James B. Peake. "This change ensures that every eligible veteran and servicemember has the chance to use the maximum amount afforded to them by our grateful nation."

Since the program began in 1948, it has provided more than \$675 million in grants to about 35,000 seriously disabled veterans. To ensure veterans' and servicemembers' needs are met and grant money is spent properly, VA works closely throughout the entire process with contractors and architects to design, construct, and modify homes that meet the individuals' housing accessibility needs.

Veterans and servicemembers with specific permanent and total service-connected disabilities entitling them to VA compensation are eligible for the Specially Adapted Housing benefit. A new law adds disabilities resulting from severe burn injuries to the eligibility criteria. Eligible individuals may use the grant to construct an adapted home or to modify an existing one to meet their special needs.

For more information about grants and other housing programs, call a local VA regional office at 1-800-827-1000 or a local veterans service organization. Additional program information and grant applications (VAF-26-4555) may be found at [Web: www.homeloans.va.gov/sah.htm](http://www.homeloans.va.gov/sah.htm).



**Significant Trends, Impacts, Use and Verification of FY 2008 Results**

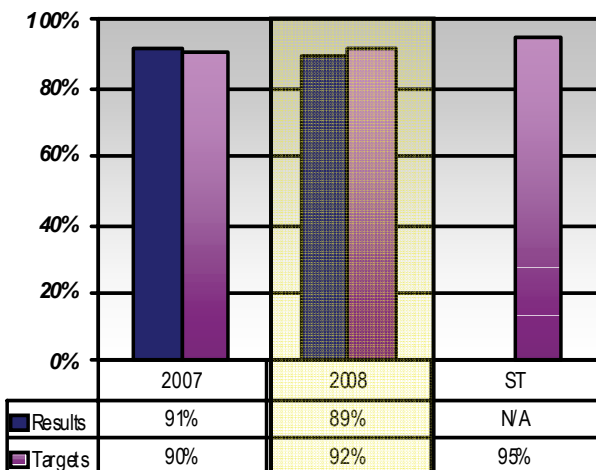
<b>Supporting Measure</b>				
<b>PERCENT OF SPECIALLY ADAPTED HOUSING (SAH) GRANT RECIPIENTS WHO INDICATED THAT GRANT-FUNDED HOUSING ADAPTATIONS INCREASED THEIR INDEPENDENCE</b>				
<b>Performance Trends</b>			<b>Impact on Veterans</b>	
	2006	2007	2008	ST
■ Results	93.2%	Avail. 12/08	Avail. 12/09	N/A
■ Targets	Baselined	98.0%	98.0%	99.0%
<p>(1) Actual data TBD. Final data are expected in 12/2009.                  (2) ST= Strategic Target</p>				
<b>How VA Verifies Results Data for Accuracy</b>			<b>How VA Leadership Uses Results Data</b>	
<p>Results data are compiled and verified for accuracy by 3<sup>rd</sup> party evaluations annually. The 3<sup>rd</sup> party evaluation staff is skilled in proper data collection and data analysis techniques.</p>			<p>Grant recipients are surveyed every year to determine their level of independence as a result of the SAH program. The surveys also gauge veteran satisfaction levels and other SAH program performance-related data.</p> <p>The responses from the surveys are compiled, and the results are analyzed by VA leadership. Program policy modifications are implemented based on results data.</p>	



**Supporting Measure**

**PERCENT OF SEVERELY-INJURED OR ILL OEF/OIF SERVICEMEMBERS/VETERANS WHO ARE CONTACTED BY THEIR ASSIGNED VA CASE MANAGER WITHIN 7 CALENDAR DAYS OF NOTIFICATION OF TRANSFER TO THE VA SYSTEM AS AN INPATIENT OR OUTPATIENT**

**Performance Trends**



(1) Actual data through 07/2008. Final data are expected in 12/2008.

(2) ST = Strategic Target

**Impact on Veterans**

This measure is designed to monitor how quickly VA case managers contact and engage severely wounded OEF/OIF veterans and their families. Case managers play an important role in helping these individuals make a smooth and efficient transition into the VA healthcare system. In this context, the case managers help these veterans and their families understand the constellation of benefits that VA has to offer.

**How VA Verifies Results Data for Accuracy**

Data are analyzed monthly to ensure the service members identified for transfer by the VA Liaison located at the Military Treatment Facility align with the number and location of service members/veterans actually transferred during the reporting period.

The number and identification of the transferring seriously injured or ill (SI/I) patients serves as a verification tool for the measure's denominator (patients actually transferred). Attempts to contact the patient (numerator) are entered into a national database, along with clinical and demographic information obtained during the contact.

The data entered serves as verification that contact has been completed. Unsuccessful attempts to contact are also tracked, and verified as a means to ensure that continued efforts are undertaken to contact all SI/I patients referred to VA care.

**How VA Leadership Uses Results Data**

Measures data are posted on the VHA Support Service Center (VSSC) site monthly, where they are viewable by facility, network, and Central Office staff. Measure data are also published quarterly in the Executive Briefing Book maintained on the Office of Quality and Performance Web site. Data are shown nationally, as well as by VISN and facility. Quality Managers, Chief Medical Officers, Facility Directors, Network Directors, and Central Office staff access the data in the Briefing Book on a regular basis.

Results data serve as key VA monitoring capabilities with regard to OEF/OIF patients. Data are used to identify process and system problems that can then be resolved in a timely manner. If the performance level of a given facility markedly or repeatedly falls below the target of 90 percent, VA contacts the facility to determine possible reasons and solutions. Potential strategies may include increasing the number of case managers, additional staff training, improving documentation to capture accomplishments, and expanding ways for making contact with a veteran.



## Additional Performance Information for Strategic Objective 1.1

### OIG Major Management Challenges

- Quality of Health Care (see page 256 for more details)
- New and Significantly-Increased Health Problems Associated with OEF/OIF (see page 266 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 79 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, as well as 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 in 2008 was the presentation of the preliminary results of an extensive survey of all VA facilities that focused on evaluating the level of current services and the extent of the use of evidence-based care. These results will serve as a baseline and allow VA to track the use of its mental health enhancement funds by repeating the survey later in the study. This study is designed to provide detailed information on services currently provided, workload, cost, staffing, types of care, referral patterns, and use of primary care and mental health specialists. All of this information will facilitate the successful implementation of the Mental Health Strategic Plan, identify potential gaps in services, and guide the 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 to complement its current mental health measurement and quality improvement efforts. The level of detail and specificity in this evaluation reaches far beyond studies previously developed in VA.

### New Policies, Procedures, or Process Improvements

VA mandated that all OEF/OIF veterans who come to VA for care be screened for TBI. Screening policy and procedures have been defined in a VA directive, standardized tools have been disseminated, and performance indicators have been implemented to ensure the mandate is met. Veterans with positive screens are offered timely follow-up evaluations by providers



with training and expertise in TBI evaluation and care. In addition, an algorithm for the management of TBI symptoms has been developed by VA experts and disseminated nationally to veterans and their families as well as to providers.

In 2008 VA experienced increased inquiries and usage of the VA-Guaranteed Home Loan and the Specially Adapted Housing (SAH) grants. Legislation passed which increased the maximum guaranty amount up to 175 percent of the Freddie Mac single-family conventional conforming loan limit in certain high cost areas. SAH maximum grant amounts were raised to \$12,000 and \$60,000 as a result of new legislation. In addition, these amounts will increase annually based on a cost-of-construction index. SAH grants of up to \$14,000 for temporary residences, previously available only to veterans, are now available to veterans and servicemembers. This legislation also added disabilities resulting from severe burn injuries to the eligibility criteria for the SAH grant.

#### **Other Important Results**

In May 2008, VA began contacting nearly 570,000 recent combat veterans to ensure they knew about VA's medical services and other benefits. A contractor-operated "Combat Veteran Call Center" called two distinct populations of veterans from Iraq and Afghanistan: those who were sick or injured while serving in Iraq or Afghanistan and those who have been discharged from

active duty but have not contacted VA for services.

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 OEF/OIF servicemembers and veterans focused in part on combat related disorders such as TBI, PTSD, Substance Use Disorder, and depression.

Current measures are being refined and new measures have been designed to evaluate access to services and assess the **quality** of patient care across the continuum of care and in a broad variety of settings, including inpatient, outpatient, emergency, rehabilitation, and long-term care settings. Quality is further evaluated in special populations such as women, mentally ill, spinal cord injury, and OEF/OIF.

As of July 2008, VA processed 789 SAH grants for severely disabled veterans to build a new or adapt an existing dwelling to meet their adaptive housing needs and allow them to live more independently. This is a 21 percent increase in grant volume from 2007.

#### **Data Verification and 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 217.



## Complete Listing of Measures Supporting Strategic Objective 1.1

**Green or G:** Target was met or exceeded. **Yellow or Y:** Target was not met, but the deviation was not significant or material. **Red or R:** Target was not met, but the deviation was significant or material.

Strategic Goal/Measure (Key Measures in Bold)	Past Results				FY 2008		Strategic Target										
	FY 2004	FY 2005	FY 2006	FY 2007	Results	Targets											
<b>Strategic Goal 1: Restore the capability of veterans with disabilities to the greatest extent possible, and improve the quality of their lives and that of their families.</b>																	
<table border="1"> <thead> <tr> <th colspan="2"><b>Recap</b></th> </tr> </thead> <tbody> <tr> <td>Green</td> <td>0</td> </tr> <tr> <td>Yellow</td> <td>1</td> </tr> <tr> <td>Red</td> <td>0</td> </tr> <tr> <td><b>Total</b></td> <td><b>1</b></td> </tr> </tbody> </table>								<b>Recap</b>		Green	0	Yellow	1	Red	0	<b>Total</b>	<b>1</b>
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Objective 1.1: Maximize the physical, mental, and social functioning of veterans with disabilities and be a leader in providing specialized health care services.

Specially Adapted Housing Independence (Percent of Specially Adapted Housing (SAH) grant recipients who indicate that grant-funded housing adaptations increased their independence)	N/A	N/A	93.2%	Avail. 12/2008	Avail. 12/2009	98.0%	99.0%
Percent of severely-injured or ill OEF/OIF servicemembers/veterans who are contacted by their assigned VA case manager within 7 calendar days of notification of transfer to the VA system as an inpatient or outpatient (through July)	N/A	N/A	Baseline	91%	* 89% Y	92%	95%

\* These are partial or estimated data; final data will be published in the FY 2010 Congressional Budget and/or the FY 2009 Performance and Accountability Report.



## 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

### One-Stop Service for Soldiers



VA opened the newly expanded Fort Bragg VA benefits office, located at the Soldier Support Center. The VA benefits office is now considered a one-stop service for soldiers by offering everything from VA intake interviews to medical examinations, as well as on-site vocational rehabilitation and employment counselors.

In 1998, VA opened a Benefits Delivery at Discharge (BDD) site in Fort Bragg, North Carolina. The BDD program expedites the disability claims process by completing claim development actions prior to a servicemember's release from active duty. As a result, BDD participants receive their disability compensation benefits shortly after release from active duty.

In 2008, VA opened the newly expanded Fort Bragg VA benefits office, located at the Soldier Support Center. The VA benefits office is now considered a one-stop service for soldiers. The office offers everything from VA intake interviews to medical examinations, as well as on-site vocational rehabilitation and employment counselors. VA also shares the Center with a multitude of other services including the Army Career and Alumni Program and four veterans service organizations.

VA's new facility was built with a complete, seamless transition from active duty to civilian life in mind. Fort Bragg soldiers and veterans praise everything from the location's accessibility, ease of use, and privacy to the one-stop service experience provided by the facility.

The Benefits Delivery Office is open from 8:00 a.m. to 4:00 p.m. weekdays. Information on VA benefits can also be obtained by calling toll-free 1-800-827-1000, or by visiting the VA Web site at [Web: www.va.gov](http://www.va.gov).



**Significant Trends, Impacts, Use and Verification of FY 2008 Results**

		<b>Key Measure</b>																										
		<b>AVERAGE DAYS TO PROCESS COMPENSATION AND PENSION RATING-RELATED ACTIONS</b>																										
		<b>Performance Trends</b>				<b>Impact on the Veteran</b>																						
		<table border="1"> <thead> <tr> <th>Year</th> <th>Results</th> <th>Targets</th> </tr> </thead> <tbody> <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> <tr> <td>2008</td> <td>179</td> <td>169</td> </tr> <tr> <td>ST</td> <td>N/A</td> <td>125</td> </tr> </tbody> </table>						Year	Results	Targets	2004	166	145	2005	167	145	2006	177	185	2007	183	160	2008	179	169	ST	N/A	125
Year	Results	Targets																										
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2006	177	185																										
2007	183	160																										
2008	179	169																										
ST	N/A	125																										
		<p>The average length of time it takes to process claims for compensation or pension has decreased by 4 days from 183 days in 2007 to 179 days in 2008. For the veteran, this is a slight improvement over last year's results and it means that on average they are waiting slightly less time for a compensation or pension claim decision.</p>																										
		<b>How VA Leadership Uses Results Data</b>																										
		<p>To improve the average days to process, VA hired nearly 2,000 new employees in 2008. As these new employees are trained and gain experience, they will help reduce processing time. In addition, consolidation of original and reopened disability and death pension claims to the three Pension Management Centers (PMCs), which began in May 2008, was completed in September 2008. Survivors benefit claims and dual claims (having both compensation and pension issues) will be consolidated to the three PMCs in FY 2009. This increases the resources dedicated to disability claims processing.</p>																										
		<b>How VA Verifies Results Data for Accuracy</b>																										
		<p>Data extracted from VBA systems of record (that is, Benefits Delivery Network and VETSNET) are captured electronically through a fully automated reporting process and imported into an enterprise data warehouse.</p> <p>VBA's Performance Analysis &amp; Integrity (PA&amp;I) staff assesses the data on a monthly basis to detect discrepancies that would indicate an error in the automated data collection system. This review by PA&amp;I staff and leadership ensures accurate reporting, consistency, and absence of anomalies. All reports produced from the enterprise data warehouse were developed using business rules provided by each of VBA's business lines.</p>																										

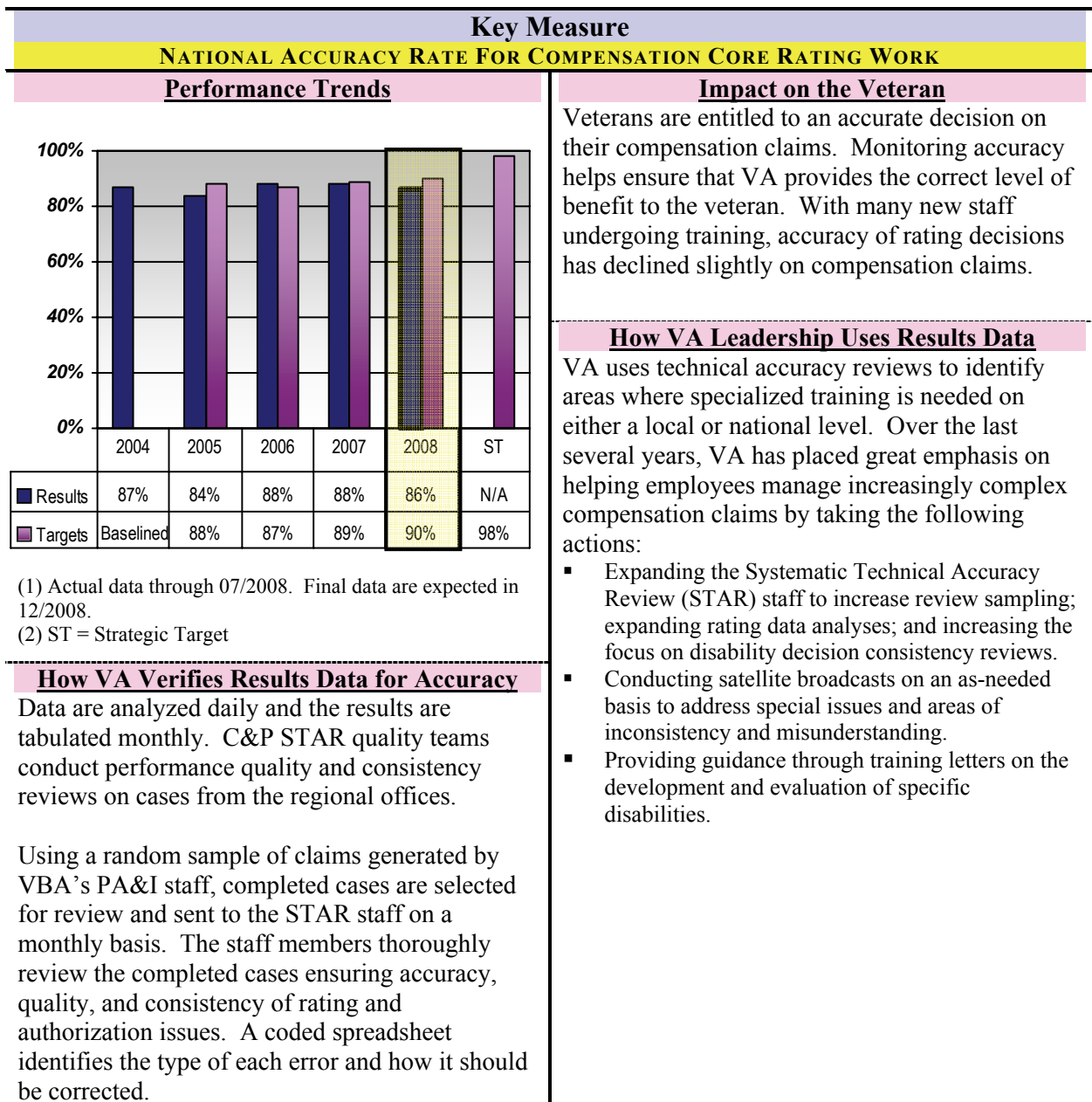
ST = Strategic Target





<b>Key Measure</b>																								
<b>AVERAGE DAYS PENDING FOR RATING-RELATED COMPENSATION ACTIONS</b>																								
<b>Performance Trends</b>				<b>Impact on the Veteran</b>																				
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Year	Results	Targets																						
2004	120	Baselined																						
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- (1) 2007 result is corrected.
- (2) ST = Strategic Target



**Additional Performance Information for Strategic Objective 1.2**

**OIG Major Management Challenges**

- Workload (see page 274 for more details)
- Quality (see page 276 for more details)
- Staffing (see page 278 for more details)

- Benefits Delivery Network System Records (see page 287 for more details)

**GAO High-Risk Areas**

- Modernizing Federal Disability Programs (see page 307 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 75 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. An example of VBA action taken from recommendations of the Disability Evaluation Report is the Disability Evaluation System (DES) pilot currently underway in the National Capital Region. The pilot focuses on a DoD-administered single comprehensive medical examination and a single disability evaluation provided by VA. The goals of the pilot program are to reduce the overall time it takes a servicemember to progress through DES from the time of referral to the Medical Examination Board to the receipt of VA benefits.

The Veterans' Disability Benefits Commission began work in May 2005. The purpose of the Commission was to carry out a study of the benefits under the laws of the United States 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 2007.

VA is studying the Commission's recommendations and has acted upon them by hiring a contractor to conduct a study and make recommendations regarding Transition payments, quality-of-life payments, and earnings loss payments in the compensation structure. The study began in February 2008.

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

VA proposed a regulation to implement the Expedited Claims Adjudication (ECA) Initiative. The regulation allows represented claimants to voluntarily waive certain response timelines, agree to respond quickly to VA requests for evidence, and file any desired appeals in an expedited manner. The regulation is under development and should result in a reduced Appeals Resolution Time for ECA appeals in this 2-year pilot project.

### **Other Important Results**

BVA's Leadership Initiative provides opportunities for all Board employees, as well as employees of other organizations within and outside of VA, to improve their leadership skills through training, mentoring, and networking. Events include programs where Senior Counsel shared their insights and experiences with regard to career development; a book discussion focusing on leadership; networking breakfasts; and a service event to provide comfort items for active duty personnel stationed in Iraq and Afghanistan.

The Board also sends high producing, high quality attorneys, veterans law judges, and administrative professionals to Leadership VA, as well as leadership seminars and programs offered through the United States Office of Personnel Management's Federal Executive Institute and the Management Development Centers. All of these various training courses are an integral part of the Board's plan to develop its future leaders.

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

More details on data verification and quality and measure validation for the key measures that support this objective are provided in the Key Measures Data Table on page 228.



## Complete Listing of Measures Supporting Strategic Objective 1.2

**Green or G:** Target was met or exceeded. **Yellow or Y:** Target was not met, but the deviation was not significant or material. **Red or R:** Target was not met, but the deviation was significant or material

Strategic Goal/Measure (Key Measures in Bold)	Past Results				FY 2008		Strategic Target
	FY 2004	FY 2005	FY 2006	FY 2007	Results	Targets	

**Recap**

Green	5
Yellow	4
Red	2
<b>Total</b>	<b>11</b>

**Strategic Goal 1: Restore the capability of veterans with disabilities to the greatest extent possible, and improve the quality of their lives and that of their families.**

Objective 1.2: Provide timely and accurate decisions on disability compensation claims to improve the economic status and quality of life of service-disabled veterans.

National accuracy rate (core rating work) % (Compensation) (through July)	87%	84%	88%	88%	* 86% Y	90%	98%
Rating-related compensation actions - average days pending (a) Corrected	120	122	130	(a) 132	121 Y	120	100
Compensation & Pension rating-related actions - average days to process	166	167	177	183	179 R	169	125
Overall satisfaction rate % (Compensation)	59%	58%	(1) N/A	(1) N/A	(1) N/A	65%	90%
National accuracy rate (compensation authorization work) % (through July)	90%	90%	91%	92%	* 95% G	93%	98%
Percent of veterans in receipt of compensation whose total income exceeds that of like circumstanced veterans	N/A	N/A	N/A	(2)	(2)	(2)	(2)
Percent of compensation recipients who were kept informed of the full range of available benefits	43%	44%	(1) N/A	(1) N/A	(1) N/A	53%	60%
Percent of compensation recipients who perceive that VA compensation redresses the effect of service-connected disability in diminishing their quality of life	N/A	N/A	N/A	(2)	(2)	(2)	(2)
National accuracy rate (Fiduciary work) % (Compensation & Pension) (through July)	81%	85%	83%	84%	* 82% Y	85%	98%
Productivity Index % (Compensation and Pension)	N/A	N/A	90%	88%	79% R	90%	100%
Deficiency-free decision rate (BVA)	93.0%	89.0%	93.0%	94.0%	95.0% G	92.0%	92.0%
Appeals resolution time (Number of Days) (Joint BVA-VBA Compensation and Pension measure) (a) 2008 and Strategic Targets established by BVA	529	622	657	660	645 G	(a) 700	(a) 675
BVA Cycle Time (Days)	98	104	148	136	155 Y	150	104
Appeals decided per Veterans Law Judge (BVA)	691	621	698	721	754 G	752	800
Cost per case (BVA time only)	\$1,302	\$1,453	\$1,381	\$1,337	\$1,365 G	\$1,648	\$1,619
(1) No customer satisfaction survey was performed for 2006-2008. VBA anticipates that a survey office will be in place in 2009 and that the first survey will be conducted in 2010 for 2009.							
(2) This measure is being removed as it does not reflect the intent of the governing statute of the Compensation program.							

\* These are partial or estimated data; final data will be published in the FY 2010 Congressional Budget and/or the FY 2009 Performance and Accountability Report.



## 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 Hires Veteran Employment Coordinators



The staff of the newly-established Veterans Employment Coordination Service recently gathered in Washington, DC for their initial training conference.

In November 2007, the Department of Veterans Affairs (VA) announced the hiring of 10 full-time Regional Veterans Employment Coordinators to focus efforts to attract, recruit, and hire veterans throughout the Department. These regional coordinators will work with over 160 Local Veteran Employment Coordinators at human resources offices throughout the Department.

"After our young men and women have concluded serving in our military, VA will use every hiring flexibility available to bring their talents and skills to our Department should they want to continue to serve this great Nation through VA," said Deputy Secretary of Veterans Affairs Gordon H. Mansfield.

"VA believes enhancing a veteran's opportunity for employment is not merely the obligation of a grateful Nation. It is good government and good business. This stepped-up recruitment and hiring of veterans into the Department of Veterans Affairs ensures we are able to employ some of our Nation's most highly motivated, disciplined, and experienced citizens," added Mansfield.

During FY 2007, 31 percent of VA employees were veterans, and nearly 7.7 percent were service-connected disabled veterans.



## VACO Veterans Career Fair a “Huge Success”



Veterans Rick Schiessler and Billy Wright have a conversation while at the One-VA Veterans Career Fair.

More than 300 veterans attended the One-VA Veterans Career Fair in September to learn more about jobs available at VA Central Office (VACO) and local VA facilities. This was the first job fair hosted by VACO Human Resources (HR) aimed specifically at veterans and the turnout exceeded all expectations. “The job fair was a huge success and is another indication of VA’s commitment to serving veterans,” said Acting Deputy Assistant Secretary for Human Resources Management Willie L. Hensley. “I plan to ask the administrations and staff offices to help us expand this effort to local communities around the country.”

Participating veterans learned about the federal application process, had questions answered by HR professionals, and talked one-on-one with VA employers from VHA, VBA, NCA, IT, General Counsel, and other offices seeking to fill positions. The job fair, along with other veteran recruitment programs such as the Veterans Employment Coordinator Service, is one of several VA HR initiatives designed to help VA meet its succession planning goals and boost the number of veteran employees in its workforce.



**Significant Trends, Impacts, and Use and Verification of FY 2008 Results**

Key Measure																											
VOCATIONAL REHABILITATION AND EMPLOYMENT (VR&E) REHABILITATION RATE																											
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>2004</td> <td>62%</td> <td>67%</td> </tr> <tr> <td>2005</td> <td>63%</td> <td>66%</td> </tr> <tr> <td>2006</td> <td>73%</td> <td>69%</td> </tr> <tr> <td>2007</td> <td>73%</td> <td>73%</td> </tr> <tr> <td>2008</td> <td>76%</td> <td>75%</td> </tr> <tr> <td>ST</td> <td>N/A</td> <td>80%</td> </tr> </tbody> </table>				Year	Results	Targets	2004	62%	67%	2005	63%	66%	2006	73%	69%	2007	73%	73%	2008	76%	75%	ST	N/A	80%	<p>A “rehabilitated” veteran is one who successfully completes the rehabilitation program plan. Rehabilitated veterans are capable and equipped with the required skills and tools needed to hold suitable employment or improved ability to live independently.</p> <p>Over the past several years, VA has improved performance in this area due to several factors including the following:</p> <ul style="list-style-type: none"> <li>• VA has placed an increased focus on ensuring veterans are employable by completing the program.</li> <li>• The hiring of employment coordinators has allowed VA to refine the employment coordinator role and provide more direct job placement services.</li> <li>• Training of counselors, managers, and employment coordinators has enabled VA to provide a higher quality of service to veterans. Training is focused on Maximum Rehabilitation Gains, Functional Capacity Evaluations, use of Cognitive Assistive Devices, and Independent Living.</li> </ul>		
Year	Results	Targets																									
2004	62%	67%																									
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ST	N/A	80%																									
<p>ST = Strategic Target</p>				<p><b>How VA Verifies Results Data for Accuracy</b></p> <p>Data are verified monthly against the source data by Vocational Rehabilitation and Employment Service analysts and distributed to regional offices.</p> <p>The regional offices review the data to ensure alignment with activities performed and that the data agree with the raw data submitted for analysis.</p>																							
				<p><b>How VA Leadership Uses Results Data</b></p> <p>The key indicator of the effectiveness of the VR&amp;E program is the rehabilitation rate. The measure is used to assess the performance of vocational rehabilitation counselors, counseling psychologists, VR&amp;E officers, and regional office directors as well as the effectiveness of the program and services provided.</p> <p>For detailed information on how this measure is calculated, please see the definitions section in Part IV.</p>																							



## Additional Performance Information for 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 76 for more information.

### Program Evaluations

In response to the Secretary's Task Force Report of 2004 on the Vocational Rehabilitation and Employment Program, an outside entity was contracted to perform a Veterans Employability Research Study to quantify and document reasons veterans discontinue the VR&E Program before completion.

Upon receipt of the Veterans Employability Research Study findings in February 2008, VR&E contracted an outside entity to perform a follow-up study on employment-based rehabilitated veterans. In contrast to the Veterans Employability Research Study, this study will:

- Examine the employment activities of successfully rehabilitated employment-based participants as well as those who discontinued program participation.

- Give VR&E Service an understanding of optimal needs and services for vocational rehabilitation participants and their successful readjustment to civilian employment.

### Other Important Results

VR&E Service conducted several training sessions for counselors, managers, and employment coordinators on topics including:

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

In addition, VR&E Service completed 2 of 6 Electronic Performance Support System (EPSS) modules. These modules provide reference tools for current staff and a standardized training tool for newly hired staff, ensuring consistent service provision to veterans.

Through the Quality Assurance Review program, VR&E Service was able to identify areas that warranted attention and additional training for all VR&E counselors. Standardized training is provided to improve the counselors' 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

More details on data verification and quality and measure validation for the key measure that supports this objective are provided in the Key Measures Data Table on page 228.





## Complete Listing of Measures Supporting Strategic Objective 1.3

**Green or G:** Target was met or exceeded. **Yellow or Y:** Target was not met, but the deviation was not significant or material. **Red or R:** Target was not met, but the deviation was significant or material

Strategic Goal/Measure (Key Measures in Bold)	Past Results				FY 2008		Strategic Target
	FY 2004	FY 2005	FY 2006	FY 2007	Results	Targets	

<b>Recap</b>	
Green	6
Yellow	0
Red	0
Total	6

**Strategic Goal 1: Restore the capability of veterans with disabilities to the greatest extent possible, and improve the quality of their lives and that of their families.**

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.

<b>Rehabilitation rate % (VR&amp;E)</b>	62%	63%	73%	73%	76% G	75%	80%
Speed of entitlement decisions in average days (VR&E)	57	62	54	54	48 G	52	40
Accuracy of decisions (Services) % (VR&E)	86%	87%	82%	77%	82% G	79%	96%
Customer satisfaction (Survey) % (VR&E) (1) No customer satisfaction survey was performed for 2005-2007. (2) 2008 data will be available by the end of CY 2009.	79%	(1) N/A	(1) N/A	(1) N/A	(2) TBD	84%	92%
Accuracy of Vocational Rehabilitation program completion decisions % (VR&E)	94%	97%	95%	93%	95% G	94%	99%
Serious Employment Handicap (SEH) Rehabilitation Rate % (VR&E)	N/A	N/A	73%	73%	75% G	75%	80%
<b>Common Measures**</b>							
Percent of participants employed first quarter after program exit (VR&E)	N/A	N/A	N/A	N/A	N/A	N/A	80%
Percent of participants still employed three quarters after program exit (VR&E)	N/A	N/A	N/A	N/A	N/A	N/A	85%
Percent change in earnings from pre-application to post-program employment (VR&E)	N/A	N/A	N/A	N/A	N/A	N/A	TBD
Average cost of placing participant in employment (VR&E)	N/A	N/A	N/A	\$8,856	\$8,000 G	\$8,000	\$6,500
** These are designated as "common measures" because they are also used by other agencies that manage vocational rehabilitation programs. They also support the Performance Improvement Initiative of the President's Management Agenda. Targets shown above are estimates and may change. VBA anticipates receiving the first batch of data from the Department of Labor in December 2008. This information will be used to set a baseline.							

\* These are partial or estimated data; final data will be published in the FY 2010 Congressional Budget and/or the FY 2009 Performance and Accountability Report.



## 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

### Advisory Committee on Gulf War Veterans

Gulf War veterans made an invaluable contribution to national security and peace in a volatile region. Established by Secretary Peake in April 2008, the Advisory Committee on Gulf War Veterans will review the Department's benefits and services and recommend policies to ensure that they adapt to the needs of veterans who served in the Southwest Asia theater of operations during 1990–1991.

The 14-member committee is comprised of Gulf War and other veterans, veterans service organizations' representatives, medical experts, and the survivor of a Gulf War veteran. These members were selected to provide a variety of perspectives, experiences, and expertise.

The committee held its first meeting in June 2008 and its second in September.

During the meetings, the committee has received in-depth presentations on benefits, services, and clinical standards and practices from the National Cemetery, Veterans Benefits, and Veterans Health Administrations. Veterans from across the country have attended the meetings and given their perspectives and recommendations during public comment periods. Additionally, veterans who have not been able to travel to the meetings have been able to listen through the Veterans Affairs Nationwide Teleconferencing System (VANTS) and submit their comments in writing.

During the September meeting, the committee spoke with five Gulf War veterans at the Washington, DC VA Medical Center. The members were able to hear veterans' experiences with the claims process as well as their experiences at the medical center. The veterans were candid in voicing their concerns and appreciative for the opportunity to speak face to face with a committee formed to address Gulf War veterans' health care and benefits needs. The committee is expected to complete its work within 18 months.



*Department of Veterans Affairs  
2008  
Gulf War Advisory Committee*



**Significant Trends, Impacts, Use and Verification of FY 2008 Results**

Key Measure																											
AVERAGE DAYS TO PROCESS DEPENDENCY AND INDEMNITY COMPENSATION (DIC) ACTIONS																											
Performance Trends				Impact on the Veteran																							
<table border="1"> <tr> <td></td> <td>2004</td> <td>2005</td> <td>2006</td> <td>2007</td> <td>2008</td> <td>ST</td> </tr> <tr> <td>Results</td> <td>125</td> <td>124</td> <td>136</td> <td>132</td> <td>121</td> <td>N/A</td> </tr> <tr> <td>Targets</td> <td>126</td> <td>120</td> <td>120</td> <td>125</td> <td>118</td> <td>90</td> </tr> </table>								2004	2005	2006	2007	2008	ST	Results	125	124	136	132	121	N/A	Targets	126	120	120	125	118	90
	2004	2005	2006	2007	2008	ST																					
Results	125	124	136	132	121	N/A																					
Targets	126	120	120	125	118	90																					
<p>Although VA missed the 2008 target by 3 days, the length of time it takes to process a DIC claim has decreased from an average of 132 days in 2007 to 121 days in 2008. Thus, compared with 2007, survivors and dependents wait on average 11 fewer days to receive their benefits.</p>																											
<p><b>How VA Leadership Uses Results Data</b></p> <p>Based on recent performance and the strong desire to improve, VA leadership will consolidate DIC claims processing within three Pension Management Centers in 2009.</p> <p>Through this centralization, leadership anticipates that DIC claims processing will experience improvements in timeliness without sacrificing accuracy of decisions.</p>																											
<p><b>How VA Verifies Results Data for Accuracy</b></p> <p>Data extracted from VBA systems of record (that is, Benefits Delivery Network and VETSNET) are captured electronically through a fully automated reporting process.</p> <p>VBA's Performance Analysis &amp; Integrity (PA&amp;I) staff assesses the data on a monthly basis to detect discrepancies that would indicate an error in the automated data collection system. This review by PA&amp;I staff and leadership ensures accurate reporting, consistency, and absence of anomalies.</p>																											

ST = Strategic Target



## Additional Performance Information for Strategic Objective 1.4

### OIG Major Management Challenges

- Workload (see page 274 for more details)
- Quality (see page 276 for more details)
- Staffing (see page 278 for more details)
- Benefits Delivery Network System Records (see page 287 for more details)

### GAO High-Risk Areas

- Modernizing Federal Disability Programs (see page 307 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 75 for more information.

### Program Evaluations

The Veterans' Disability Benefits Commission began work in May 2005. 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 2007.

In response to the recommendations, VA contracted with Economic Systems, Inc., to conduct studies and provide recommendations for incorporating Long-Term Transition Payments, Quality of Life Benefit Payments, and Earnings Loss Payments into the VA compensation

structure. The study began in February 2008.

### New Policies, Procedures, or Process Improvements

In 2008 VA did the following:

- Began routine quarterly monitoring of compensation and pension rating decisions by diagnostic code.
- Began Disability Evaluation System (DES) pilot in the National Capital Region in cooperation with DoD for active duty persons entering the Physical Evaluation Board process in November 2007.
  - The pilot program aims to ensure that all servicemembers separating from service have the opportunity to enroll in the VA Health Care System.
- Began processing all Benefits Delivery at Discharge cases in a paperless environment in August 2008.
- Continued consolidation efforts including the following:
  - Consolidation of customer service calls to nine National Call Center, which began in November 2007 and is scheduled to be completed in FY 2009.
  - Establishment of a fiduciary hub pilot, consolidating fiduciary activities to one site in August 2008.
  - Consolidation of original pension and reopened pension work to the three Pension Management Centers, which began in May 2008 and concluded in September 2008.

### Data Verification and Measure Validation

More details on data verification and quality and measure validation for the key measure that supports this objective are provided in the Key Measures Data Table on page 228.



## Complete Listing of Measures Supporting Strategic Objective 1.4

**Green or G:** Target was met or exceeded. **Yellow or Y:** Target was not met, but the deviation was not significant or material. **Red or R:** Target was not met, but the deviation was significant or material.

Strategic Goal/Measure (Key Measures in Bold)	Past Results				FY 2008		Strategic Target
	FY 2004	FY 2005	FY 2006	FY 2007	Results	Targets	

<b>Recap</b>	
Green	0
Yellow	1
Red	0
<b>Total</b>	<b>1</b>

**Strategic Goal 1: Restore the capability of veterans with disabilities to the greatest extent possible, and improve the quality of their lives and that of their families.**

Objective 1.4: Improve the standard of living and income status of eligible survivors of service-disabled veterans through compensation, education, and insurance benefits.

<b>Average days to process - DIC actions (Compensation)</b>	125	124	136	132	121 Y	118	90
Percent of DIC recipients who are satisfied that VA recognized their sacrifice (Compensation)	80%	N/A	N/A	(2)	(2)	(2)	(2)
(2) This measure is being removed as it does not reflect the intent of the governing statute of the Compensation program.							

\* These are partial or estimated data; final data will be published in the FY 2010 Congressional Budget and/or the FY 2009 Performance and Accountability Report.