



Department of Veterans Affairs
FY 2014-2020 Strategic
Plan

Letter from the Secretary

Five years ago, President Obama charged me with transforming the Department of Veterans Affairs (VA) to best serve our Nation's Veterans. The President's unwavering support of those who have safeguarded our democracy is evident in the growth in VA's budget—from \$100 billion in fiscal year (FY) 2009 to \$151 billion in FY 2014. VA has used those resources to pursue excellence in the care, services, and benefits we provide to Veterans.

The VA Strategic Plan for 2010–2014 established our enduring principles: people-centric, results-driven, and forward-looking. We will continue to use those principles to increase Veterans' access to benefits, eliminate the disability claims backlog, and end the rescue phase of Veteran homelessness.

In terms of results, VA opened its first new medical center in 17 years in 2012 and, since January 2009, increased the number of community-based outpatient clinics by 55 to improve access for Veterans. We have ensured that nearly 90 percent of Veterans have a burial option within 75 miles of home. We have addressed both disabling health care issues from past conflicts and the needs of more recent Veterans. These decisions to better care for Veterans increased the disability claims backlog. Despite this growth, we have now reduced that backlog by 36 percent since March 2013. We are moving to a digitized processing system that will deliver faster and more accurate claims decisions in the future, accelerating elimination of the backlog. We reduced Veteran homelessness by over 24 percent between January 2010 and January 2013. VA has delivered or improved numerous other benefits and services to include expanding educational assistance through the Post 9-11 GI Bill; supporting family caregivers; hiring additional mental health professionals in accordance with Executive Order 13625; implementing the Veterans Opportunity to Work (VOW) to Hire Heroes Act of 2011 in conjunction with our interagency partners; assisting Veterans to avoid foreclosure; and improving our internal planning, human capital management, information technology management, and preparedness capabilities.

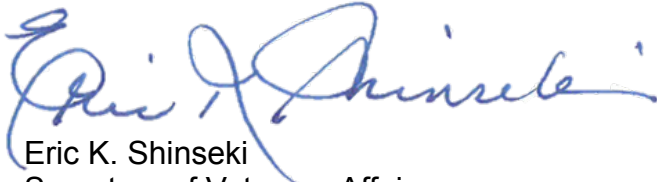
While we have accomplished much over the last 5 years, there is more to be done. The VA workforce is committed to this mission and privileged to have it. This VA Strategic Plan for FY 2014-2020 builds on our past accomplishments and drives further improvements in the delivery of benefits and services to Veterans. It maintains our focus on increasing access to VA benefits and services; reducing, and ultimately, eliminating the disability claims backlog in 2015; and ending the rescue phase of Veteran homelessness, also in 2015.

This plan further articulates three strategic goals as we look beyond 2015. First, we will work to ensure Veterans are empowered, independent, self-sustaining, and well equipped for civilian life. Second, we will improve our ability to partner and work with



those who provide benefits, services, and resources to Veterans through improved collaboration, business practices, and outreach. Finally, we will continue to improve our business operations to efficiently and effectively serve our Nation's Veterans.

We will achieve President Obama's vision for a 21st century VA. In doing so, we will strive to earn the trust and confidence of our Veterans as their advocate.

A handwritten signature in blue ink, reading "Eric K. Shinseki". The signature is fluid and cursive, with a large initial "E" and "S".

Eric K. Shinseki
Secretary of Veterans Affairs

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I. INTRODUCTION

Rapidly evolving technology across multiple disciplines, an increasingly unpredictable world, shifting social and demographic changes, and tight fiscal constraints drive the Department of Veterans Affairs (VA) to continually reassess how to efficiently and effectively provide the best services and benefits for America's Veterans.

We serve a shrinking, but increasingly diverse, Veteran population. The number and complexity of disability claims continue to increase. Changes in health technologies, health legislation, and health care delivery systems will impact both public and private sector health care models. Technological advances in all disciplines are changing the way we communicate, learn, shop, travel, monitor our health, conduct warfare, and even memorialize the fallen. Our service to Veterans must reflect these changes.

This VA Strategic Plan for FY 2014-2020 builds on our prior (FY 2011-2015) strategic plan. We will continue to significantly transform how we operate as a Department. We will keep the promises we have made to increase access, eliminate the claims backlog, and end Veteran homelessness. VA is committed to these promises, and its commitment is reflected in the selection of these promises as the Department's top priority goals, the Agency Priority Goals (APGs). In addition, this plan places a stronger emphasis on defining success by Veteran outcomes; enhancing the quality of and access to benefits and services through integration within VA and with our partners; and developing our workforce with the skills, tools, and leadership to meet our clients' needs and expectations.

VA serves Veterans. Our success must be defined by Veterans. We intend to measure Veteran success in terms relevant to individual Veteran outcomes from VA benefits and services such as decreasing Veteran unemployment, decreasing home foreclosures, decreasing homelessness, reducing processing times for disability compensation claims, increasing preventive care and healthy lifestyle changes, and increasing access to and utilization of virtual care modalities. We trust our military Servicemembers to protect our freedoms every day. The men and women serving our Nation can, in turn, trust VA to be an accessible advocate for Servicemembers, Veterans, survivors, and their beneficiaries – a model of unrivaled excellence in providing high quality and integrated services as an agile and innovative organization.

Figure 1.



Figure 1 is a visualization of the Department's Strategic Plan Framework.

II. THE DEPARTMENT OF VETERANS AFFAIRS

The Department of Veterans Affairs (VA), established as an independent agency under the President by Executive Order 5398 on July 21, 1930, was elevated to Cabinet level on March 15, 1989 (Public Law No. 100-527). The laws relating to Veterans benefits are revised, codified, and enacted as Title 38, United States Code, Veterans' Benefits.¹

The Department of Veterans Affairs serves America's Veterans and is their principal advocate to ensure that they receive medical care, benefits, social support, and lasting memorials. The Department promotes the health, welfare, and dignity of all Veterans in recognition of their service to this Nation.

Mission

Mission: To fulfill President Lincoln's promise

- *"To care for him who shall have borne the battle, and for his widow and his orphan"*²
- By serving and honoring the men and women who are America's Veterans

VA is a customer service organization. We serve Veterans. Veterans are individuals who have served in one of the seven uniformed services who meet the length of service and character of discharge requirements prescribed by law. This includes the Army, Navy, Marine Corps, Air Force, Coast Guard, Public Health Service, and Commissioned Officer Corps of the National Oceanic and Atmospheric Administration as well as eligible members of the Reserve and National Guard components, World War II Merchant Mariners, and certain members of the Philippine Armed Forces. VA also provides benefits and services to eligible survivors, spouses, dependents, and parents of Veterans, as well as caregivers of certain disabled Veterans.

Servicemembers in an active status may also be eligible for certain VA benefits and services, such as Servicemembers' Group Life Insurance, Traumatic Injury Protection, the Post-9/11 GI-Bill, and the VA home loan program.

In this VA strategic plan, when the phrase "Veterans and eligible beneficiaries" is used, it is intended to be inclusive of all who are eligible for VA benefits and services.

Core Values and Characteristics

VA's five core values underscore the obligations inherent in VA's mission: Integrity, Commitment, Advocacy, Respect, and Excellence. The core values define "who we are," our culture, and how we care for Veterans and eligible beneficiaries. Our values are more than just words – they affect outcomes in our daily interactions with Veterans and eligible beneficiaries and with each other. Taking the first letter of each word—Integrity, Commitment, Advocacy, Respect, Excellence—creates a powerful acronym, "I CARE,"

¹ The Department of Veterans Affairs was established by Public Law No. 100-527 and all laws relating to Veterans benefits are revised, codified, and enacted as Title 38, United States Code, Veterans' Benefits.

² Lincoln, Abraham. "Second Inaugural Address." Inauguration. United States Capital, Washington, D.C. 4 Mar. 1865.

that reminds each VA employee of the importance of their role in this Department. These core values come together as five promises we make as individuals and as an organization to those we serve. VA's core characteristics define "what we stand for," and help guide how we will perform our mission. They shape our strategy, guide the execution of our mission, and influence key decisions made within VA. The characteristics are Trustworthy, Accessible, Quality, Agile, Innovative, and Integrated.



Programs

VA operates the largest integrated health care delivery system in America. VA provides a broad range of primary care, specialized care, and related medical and social support services. VA is also the Nation's largest integrated provider of health care education and training for physician residents and other health care trainees. VA advances medical research and development in areas that most directly address the diseases and conditions that affect Veterans and eligible beneficiaries.

VA administers compensation benefits, pension benefits, fiduciary services, education benefits, vocational rehabilitation and employment services, transition services, and home loan and life insurance programs.

VA operates the largest national cemetery system honoring Veterans and eligible beneficiaries and their families with final resting places in national shrines, and with lasting tributes that commemorate their service and sacrifice to our Nation.

VA provides contingency support for the Department of Defense (DoD), DHS/Federal Emergency Management Agency (FEMA), and other Federal Departments and Agencies during times of war or national emergency.

Organization

VA is comprised of a Central Office (VACO), which is located in Washington, DC, and field facilities throughout the nation, as well as the U.S. territories and the Philippines. Programs are administered by its three major line organizations: Veterans Health Administration (VHA), Veterans Benefits Administration (VBA), and National Cemetery Administration (NCA). VA is the second largest Federal department, with a workforce of over 327,000 employees.³

Services and benefits are provided through a nationwide network of 151 Medical Centers, 300 Vet Centers, 820 Community-based Outpatient Clinics (CBOC), 135

³ About VA. *Department of Veterans Affairs*. 14 Mar. 2013. http://www.va.gov/about_va/vahistory.asp

Community Living Centers, 6 Independent Outpatient Clinics, 103 Residential Rehabilitation Centers, 139 Integrated Disability Evaluation System (IDES) sites, 131 National and 90 State or Tribal Cemeteries, 56 Regional Offices, 6 Fiduciary Hubs, 3 Pension Management Centers, 1 Insurance Center, 94 VetSuccess on Campus (VSOC) sites⁴, 284 Out-based benefits services offices (154 military, 130 Vocational Rehabilitation & Employment), 4 Education Regional Processing Offices (RPO), and 9 Regional Loan Centers.

Figure 2.

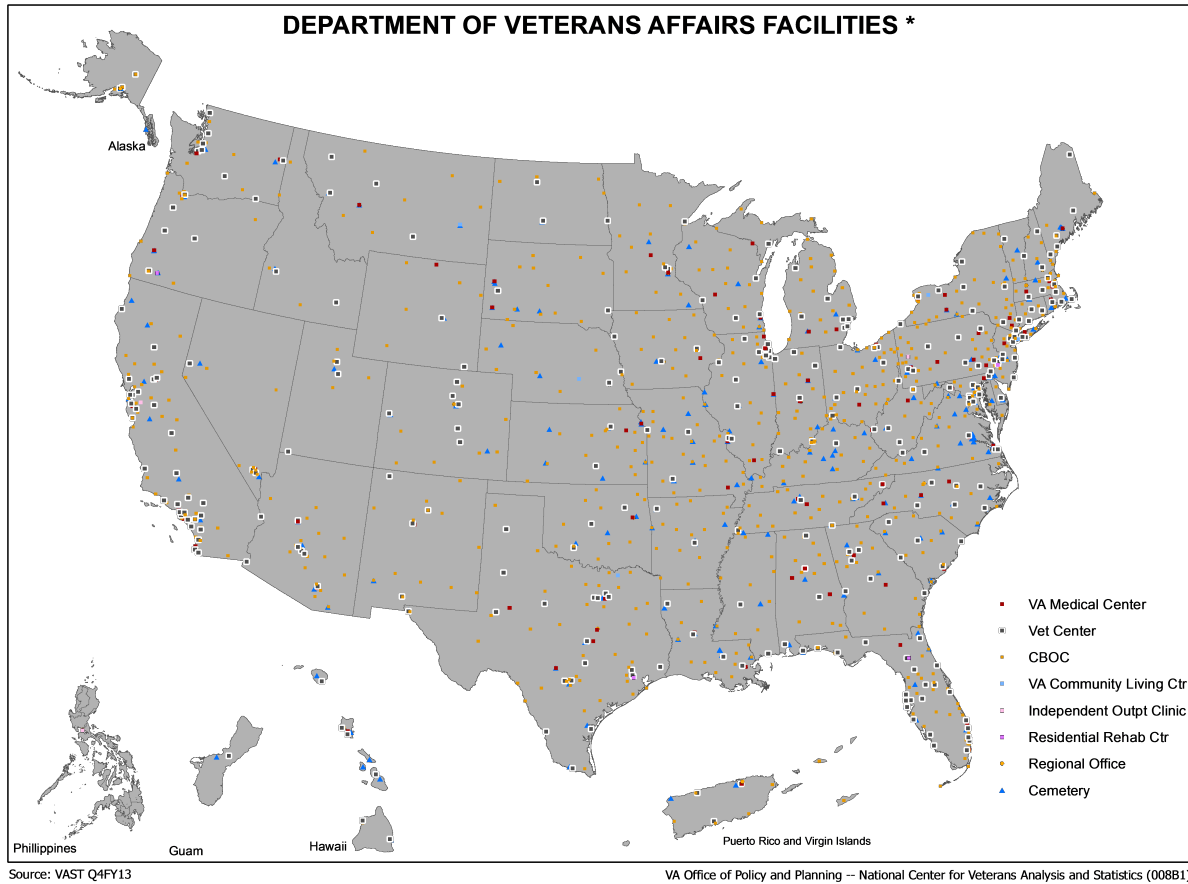


Figure 2 depicts the geographical locations of select VA facilities by primary service as of September 30, 2013.⁵ For more information about VA facilities in your area, please visit: http://www.va.gov/landing2_locations.htm.

⁴ Department of Veterans Affairs, Office of Public Affairs, News Release April 10, 2013.

⁵ National Center for Veterans Affairs Statistics (NCVAS). *Department of Veterans Affairs Statistics at a Glance*. Washington, D.C.: 2013. <http://www.va.gov/vetdata/>.

III. VA TRANSFORMATION – WHAT WE HAVE ACCOMPLISHED

In 2008, President-elect Barack Obama set an aggressive goal to transform VA into a modern 21st century organization that would effectively and efficiently care for Veterans and eligible beneficiaries and their families. This transformation involved a fundamental change to VA operations and a significant shift in VA's culture.

VA is achieving cultural change by applying three guiding principles to its problem-solving and decision-making processes by being people-centric, results-driven, and forward-looking.

- **People-centric** – To become an accessible and responsive organization, VA needed to expand and enhance its connections with Veterans and eligible beneficiaries, emphasize commitment and transparency, and engage with its own employees. VA also made a commitment to be more flexible and agile to ensure it could put in place the structure necessary to meet the service and benefit needs of Veterans and eligible beneficiaries, while equipping the VA workforce with the wherewithal to do so.
- **Results-driven** – The provision of effective and efficient benefits and services necessitated a new emphasis on data collection, metrics, and performance monitoring. Managers needed to be held accountable for results that mattered to Veterans and eligible beneficiaries. Additionally, it was essential that strategic vision drive budgetary decisions and program planning.
- **Forward-looking** – Investment in VA facilities, technology, systems, programs, and business processes needed to be conducted with a view to requirements emerging decades in the future, including the needs of an increasingly diverse demographic of Veterans and eligible beneficiaries.

VA's FY 2011-2015 strategic goals focused on quality, customer service, and improving internal operations. These goals shaped our efforts to transform VA into a 21st century organization:

- Improve the quality and accessibility of health care, benefits, and memorial services while optimizing value.
- Increase Veteran satisfaction with health, education, training, counseling, financial, and burial benefits and services.
- Raise readiness to provide services and protect people and assets continuously and in time of crisis.
- Improve internal customer satisfaction with management systems and support services to make VA an employer of choice by investing in human capital.

Over the past four years, VA has made great strides implementing the transformation efforts. Highlights of these accomplishments include:

- **Access** – VA has improved awareness of, and access to, VA benefits and services. Facilities expansion and upgrades, as well as new memorial service

locations, have diversified VA's nationwide presence, creating additional access in both rural and urban areas. VA was able to re-invest more than \$2 billion in both 2012 and 2013 in high-priority medical programs. As a result, more than 4,000 mental health providers have been trained in evidence-based psychotherapies for Post Traumatic Stress Disorder (PTSD) and other mental health conditions, and more than 1.9 million Veterans and eligible beneficiaries benefited from rural health programs in the first half of FY 2012, comprising 37 percent of all Veterans and eligible beneficiaries served. Additionally, new memorial service plans beginning in 2013 will ensure that 95 percent of Veterans and eligible beneficiaries live within 75 miles of a VA cemetery.⁶

- Backlog – VA understands the challenges presented by the disability claims backlog and has developed a comprehensive and aggressive plan to address the backlog. VA has adjudicated a record number of claims in recent years, with more than one million claims processed annually in FY10 - FY13. Improvements have been made in people, processes and technology to include deployment and continued enhancement of the Veteran Benefits Management System (VBMS), implementation of the Veterans Claims Intake Program (VCIP) and increasing awareness of the value of submitting fully developed claims.
- Homelessness – VA, in partnership with the Department of Housing and Urban Development (HUD), has reduced the Veteran homeless population from an estimated 75,600 in 2009 to approximately 57,849 by the latest count in January 2013, a 23 percent improvement.⁷
- Home Loan Program – In FY13, VA's Home Loan program guaranteed more than 629,000 home loans, the largest loan volume in program history; VA loans remained the largest no-down payment program in the Nation requiring no mortgage insurance. For the past 5 ½ years, VA has maintained the lowest foreclosure rate compared with the entire mortgage industry, including prime loans, and VA's seriously delinquency rate has improved for seven consecutive quarters; VA disbursed almost 1,100 grants for severely disabled Veterans to build or adapt their homes to a barrier free environment, and helped almost 74,000 Veterans save their homes or avoid foreclosure. Since 2008, VA has helped over 320,000 Veterans avoid foreclosure, saving the Government over \$11 B in potential claim payments.
- DoD Collaboration –VA has continued collaboration efforts with DoD on a variety of programs to ensure a seamless transition from Servicemember to Veteran status, including interoperable Electronic Health Records (iEHR), the Integrated Disability Evaluation System (IDES) process, sharing more comprehensive data through the Virtual Lifetime Electronic Record (VLER), and implementation of the transition assistance provisions in the Veterans Opportunity to Work (VOW) to

⁶ United States of America. Department of Veterans Affairs. *FY2013 Budget*. Washington, D.C.: Department of Veterans Affairs, February 2012.

⁷ The 2013 "Point-in-Time Estimates of Homelessness, Volume I of the 2013 Annual Homeless Assessment Report.

Hire Heroes Act of 2011 that requires all separating Servicemembers to receive a VA benefits brief prior to discharge. In addition, to assist Servicemembers in their transition from active duty, VA has stationed full- and part-time VA representatives at over 200 military installations worldwide.

- Human Capital Management – VA launched the Human Capital Investment Plan (HCIP) to transform the way it approaches managing its human capital, including programs that improve VA’s ability to hire and retain high-quality employees, empower employees to advance their careers, improve their performance and skills, and increase their personal development. HCIP has enabled VA’s human resources and administration office to launch critical initiatives and build infrastructure that supports them, including speed in recruiting, hiring, and retention (average days improved from 102 days to 87 days), and a corporate approach to training and development (with 140,000 VA employees trained to fill critical professional skills gaps).⁸
- Outreach – Access to VA has diversified and continued to grow through online efforts. VA’s FY 2012-2013 APG focused this aspect of access improving the speed, accuracy, and efficiency of information exchange. The eBenefits portal has more than 50 self-service features to manage and view benefit and service offerings online, including accessing official military personnel documents, viewing the status of disability compensation claims, transferring entitlement of Post-9/11 GI Bill to eligible dependents (Servicemembers only), and registering for and updating direct deposit information for certain benefits. As of September 30, 2013, there were over 3 million individuals with access to eBenefits, with over 3.9 million visits to the site in the month of September 2013. Outreach spans across multiple areas including Veteran employment initiatives. VA uses a multi-pronged approach to improve Veteran employment opportunities, and recent initiatives to ensure employment success for Veterans and eligible beneficiaries. As of April 2013, the Veterans Retraining Assistance Program (VRAP) has issued 96,000 Certificates of Eligibility since its inception in July 2012. Vocational rehabilitation benefits for Veterans and eligible beneficiaries who previously exhausted unemployment benefits were extended, and tax incentives for private enterprises hiring Veterans and eligible beneficiaries were also provided.

⁸ United States of America. Department of Veterans Affairs. *FY2013 Budget*. Washington, D.C.: Department of Veterans Affairs, February 2012.

IV. LOOKING TOWARD THE FUTURE

Secretary Shinseki stated that VA cannot limit itself to “two-year changes or five-year changes. [We must] put in place the processes, the systems, the disciplines, the behaviors that will change this [Department] in transformational ways for a very long time.”⁹

In developing this strategic plan, we looked beyond the FY 2014-2020 timeframe to develop strategic goals and strategic objectives that improve VA in the short term while positioning the Department to be able to respond to the challenges and opportunities we may face in the next 15-20 years.

This FY 2014-2020 Strategic Plan is based on rigorous analysis of long-term trends that may affect Veterans, VA’s benefits and service delivery, and the workforce. We conducted environmental scans and created a set of alternate future scenarios to describe a range of future environments, challenges, and opportunities the Department may confront 20 years from now. The most pertinent trends, challenges, and opportunities are summarized in the following paragraphs.

Veteran Demographic Trends

Summary

Today, there are an estimated 22 million Veterans whose service ranges from World War II, Korea, Vietnam, the Gulf War (includes Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND)) and the intervening peacetime operations. More than three quarters of this population served during a war or conflict.

Vietnam Veterans are the largest cohort followed by Gulf War Veterans. Veterans are predominately male and white. This will change over the next 30 years; women will make up almost one-fifth of the Veteran population and nearly 35 percent will be nonwhite. Gulf War Veterans will overtake Vietnam Veterans as the largest cohort. The age distribution of Veterans will remain stable over time, with the largest segment being those over 65 years old. However, the age distribution of women Veterans will shift from the largest segment being the 30-49 year old range to those 65 years and older.

Implications

Increases in the diversity of the Veteran population will result in the need for more diverse services, outreach, communications, and research and development. Utilization of services and benefits is unique to the individual, but on average, increases with age. The sustained percentage of Veterans over the age of 65, and the increasing percentage of women Veterans over the age of 65, means geriatric care will continue to be a significant portion of VA’s health care.

⁹ Phil Stewart, “Special Report: Obama’s struggle to mend veterans’ safety net,” Reuters (2012): accessed May 9, 2013, <http://www.reuters.com/article/2012/07/26/us-usa-veterans-obama-idUSBRE86P0JG20120726>.

¹⁰ Department of Veterans Affairs, National Center for Veterans Analysis and Statistics, Statistics at a Glance Pocket Card, FY 2008 to FY 2012.

Figure 3. Veteran Population Demographic Trends

		2010	2020	2030	2040	% Change (2010 to 2040)
Total Veteran Population		23,031,892	19,604,276	16,776,896	14,462,805	-37.2%
Period of service⁵	<i>WWII¹</i>	2,120,409	289,953	6,998	100	-100.0%
	<i>Korean Conflict²</i>	2,531,471	989,383	118,921	2,742	-99.9%
	<i>Vietnam Era³</i>	7,695,836	6,049,166	3,734,662	1,292,854	-83.2%
	<i>Gulf War⁴</i>	5,599,420	7,935,460	8,451,138	7,996,459	42.8%
Period of service as a percent of total Veteran population⁵	<i>WWII¹</i>	9.2%	1.5%	0.0%	0.0%	
	<i>Korean Conflict²</i>	11.0%	5.0%	0.7%	0.0%	
	<i>Vietnam Era³</i>	33.4%	30.9%	22.3%	8.9%	
	<i>Gulf War⁴</i>	24.3%	40.5%	50.4%	55.3%	
Race/Ethnicity	<i>White</i>	18,305,837	14,736,198	11,841,647	9,549,132	-47.8%
	<i>Black</i>	2,603,956	2,618,613	2,547,840	2,388,461	-8.3%
	<i>Hispanic</i>	1,343,105	1,448,494	1,557,605	1,655,098	23.2%
	<i>All other races</i>	778,994	800,971	829,804	870,114	11.7%
Race/Ethnicity as a percent of total Veteran population	<i>White</i>	79.5%	75.2%	70.6%	66.0%	
	<i>Black</i>	11.3%	13.4%	15.2%	16.5%	
	<i>Hispanic</i>	5.8%	7.4%	9.3%	11.4%	
	<i>All other races</i>	3.4%	4.1%	4.9%	6.0%	
Gender	<i>Male</i>	20,827,101	17,174,975	14,230,421	11,906,640	-42.8%
	<i>Female</i>	2,204,790	2,429,301	2,546,475	2,556,165	15.9%
Gender as a percent of total Veteran population	<i>Male</i>	90.4%	87.6%	84.8%	82.3%	
	<i>Female</i>	9.6%	12.4%	15.2%	17.7%	
Age segments	<i>18-29</i>	1,029,841	738,077	704,633	726,137	-29.5%
	<i>30-49</i>	5,457,818	4,669,894	4,129,257	3,538,118	-35.2%
	<i>50-64</i>	7,330,160	5,323,003	4,327,866	3,859,162	-47.4%
	<i>65+</i>	9,214,073	8,873,302	7,615,141	6,339,388	-31.2%
Age segment as a percent of total Veteran population	<i>18-29</i>	4.5%	3.8%	4.2%	5.0%	
	<i>30-49</i>	23.7%	23.8%	24.6%	24.5%	
	<i>50-64</i>	31.8%	27.2%	25.8%	26.7%	
	<i>65+</i>	40.0%	45.3%	45.4%	43.8%	
Female Age segments	<i>18-29</i>	215,027	150,666	128,503	144,320	-29.5%
	<i>30-49</i>	1,122,427	949,822	727,007	594,542	-47.0%
	<i>50-64</i>	563,691	896,603	913,479	716,471	27.1%
	<i>65+</i>	303,645	432,209	777,487	1,100,833	262.5%
Female Age segment as a percent of total Veteran population	<i>18-29</i>	0.9%	0.8%	0.8%	1.0%	
	<i>30-49</i>	4.9%	4.8%	4.3%	4.1%	
	<i>50-64</i>	2.4%	4.6%	5.4%	5.0%	
	<i>65+</i>	1.3%	2.2%	4.6%	7.6%	
Male Age segments	<i>18-29</i>	814,814	587,411	576,130	581,817	-29.5%
	<i>30-49</i>	4,335,391	3,720,071	3,402,251	2,943,576	-32.1%
	<i>50-64</i>	6,766,469	4,426,399	3,414,386	3,142,692	-53.6%
	<i>65+</i>	8,910,428	8,441,093	6,837,654	5,238,555	-41.2%
Male Age segment as a percent of total Veteran population	<i>18-29</i>	3.5%	3.0%	3.4%	4.0%	
	<i>30-49</i>	18.8%	19.0%	20.3%	20.4%	
	<i>50-64</i>	29.4%	22.6%	20.4%	21.7%	
	<i>65+</i>	38.7%	43.1%	40.8%	36.2%	

¹ World War II: December 7, 1941, through December 31, 1946, inclusive. If the veteran was in service on December 31, 1946, continuous service before July 26, 1947, is considered World War II service.

² Korean conflict: June 27, 1950, through January 31, 1955, inclusive.

³ Vietnam era: The period beginning on February 28, 1961, and ending on May 7, 1975, inclusive, in the case of a veteran who served in the

⁴ Gulf War: August 2, 1990, through date to be prescribed by Presidential proclamation or law (includes OEF/OIF/OND).

⁵ Figures represented in this category may reflect overlap in service periods (i.e. a Veteran may have served in Korean Conflict and Vietnam Era). Intervening peacetimes have been omitted to simplify figures represented.

Source: Department of Veterans Affairs, Office of the Actuary, Veteran Population Projection Model (Vetpop), 2011.

Figure 3 depicts the Veteran population demographic trends.

Veteran Geographic Trends

Summary

Veteran migration varies at the county level due to the costs of living and the unemployment rates of the county. A noticeable trend for the Veteran population is the projected higher growth in the Southern and Western regions. For more information on Veteran population, please visit:

http://www.va.gov/VETDATA/docs/Demographics/New_Vetpop_Model/VetPop2011_ExSum_Final_123112.pdf.

Implications

Veterans, irrespective of where they live, will still expect the Department to maintain effective communications and provide or facilitate the same quality care and services. VA will need to enhance access for Veterans in rural areas as well as urban areas. As the Veteran population distribution shifts, VA's infrastructure must have the flexibility to adapt to the changing geographic distribution of Veterans.

Impacts of Conflict

Summary

Weaponry, protective gear, and types of military operations (air, sea, ground, urban, etc.) impact the types of injuries suffered by Veterans. Each war or conflict has its own "signature wound." Traumatic Brain Injury (TBI) and Post Traumatic Stress Disorder (PTSD) have been considered as the signature wounds of OEF/OIF/OND. Mental and behavioral health issues as a result of serving in these conflicts are expected to continue. Nervous or respiratory system ailments are expected to rise as a result of increased exposure to chemical and biological weapons, and other hazardous materials.

Implications

Advances in technology, weaponry, and protective gear allow Servicemembers to survive injuries that in past conflicts would have been fatal. Furthermore, others return from conflict with the emotional effects of witnessing their friends and colleagues suffering injuries from IEDs and other radiation generating devices. These new physical and mental health conditions have propelled VA to focus more attention on applicable Research and Development (R&D) to ensure that the most advanced treatments are available to all Veterans who suffer from these injuries.

Social and Cultural Trends – Proximity and Personalization

Summary

We are an online and mobile society; physical proximity is no longer a constraint to communicating, whether to converse with family and friends or to purchase goods and services. A robust self-service online presence is expected. In 2016, e-retail will account

for 9 percent of total retail sales, up from 7 percent in both 2012 and 2011. More than 6.7 million, roughly a third of all students enrolled in postsecondary education took an online course for credit in fall 2011. We are increasingly using mobile devices to conduct our online interactions. Global mobile data traffic in 2012 was nearly 12 times greater than the total global Internet traffic in 2000.

Today's consumers are more assertive. They demand instant access to information and self-service options, and want control over these interactions with personalization. The use of mobile technologies and data analytics is expected to expand from making recommendations based on past activity (Google, Amazon, Netflix), to anticipating future needs. Health, for example, will become more personalized with increased use of telehealth and other virtual services, by leveraging genomics, and with tools that allow the individual to track their own health. The American Telemedicine Association (ATA) estimated that more than 10 million Americans have directly benefited from telemedicine services in 2012, more than double from 3 years ago. There are currently more than 13,000 consumer health applications for the iPhone.

Implications

Communications and information technology (IT) will continue to reshape the world. Like the general public, the communication preferences of Veterans and eligible beneficiaries and their families are changing. Veterans and eligible beneficiaries increasingly expect to receive VA communications via the Internet and on mobile devices. VA must embrace and fully support changing mobile lifestyles and personalize that interaction to Veteran needs at that time and place. VA must be able to collect and analyze data to understand our client's needs and expectations, and personalize the Veteran's experience with VA. VA needs to be able to adapt to and keep up with the rate of technological change.

Innovation and Capacity Building Partnership Trends

Summary

Social and economic challenges are driving a focus on innovation and new forms of partnerships within the public sector, and between the public, nonprofit and private sectors. The shift has begun to move away from the government as the sole solution provider for societal challenges to one in which governments look to the private sector as important partners in solving the Nation's problems. In recent years, more than 28 Federal innovation offices and programs have been created.¹⁵ Innovation is seen as a

¹¹ Sucharita Mulpuru, "U.S. Online Retail Forecast, 2011 to 2016," Forrester (2012): accessed May 9, 2013, <http://www.forrester.com/US+Online+Retail+Forecast+2011+To+2016/fulltext/-/E-RES60672?docid=60672>.

¹² Babson Survey Research Group. "2012 Annual Survey of Online Learning." Survey. 08 January 2012.

¹³ "Cisco Visual Networking Index (VNI) Global Mobile Data Traffic Forecast Update, 2012-2017," Cisco (2013).

¹⁴ "An Analysis of Consumer Health Apps for Apple's iPhone 2012," MobiHealthNews (2012): accessed May 9, 2013, <http://mobihealthnews.com/research/an-analysis-of-consumer-health-apps-for-apples-iphone-2012/>.

¹⁵ Lauren Rosen, Edward Van Buren, and John Mennel, "Partnerships for the Future," *Business Trends* (2013), accessed May 9, 2013, <http://dupress.com/articles/partnerships-for-the-future/#endnotes>.

way for government to do more with less by adopting new technologies or radically changing its existing operating models. Government is increasingly looking to partner with businesses, and learn from them how to innovate more effectively. Additionally, government institutions are more readily acknowledging the value and expertise that non-profit, academic affiliates and private sector organizations add to partnerships.

Implications

The ability to build performance capacity in the 21st century requires cross-sector solutions and collaborations that leverage the full range of American talent, creativity, and goodwill. VA must continue to create, strengthen, and expand productive and responsible public/private partnerships to more effectively serve Veterans and eligible beneficiaries. VA will need to develop a culture of partnership that encourages collaboration.

Workforce Trends

Summary

The future of VA relies on the ability of its people to cooperate and coordinate across agencies, to manage projects and manage change – to motivate, drive, and inspire people through the changes ahead. A significant portion of VA's workforce is rapidly approaching retirement age, with more than 30 percent of employees eligible for retirement, including roughly 50 percent of VA's senior executives. VA's changing workforce demographics call for new ways to serve customers, as well as innovative recruitment, retention, and succession management strategies. VA also has the opportunity to leverage technological advances to create a more connected, mobile workforce.

Implications

Addressing VA's complex challenges requires a high-quality workforce able to work seamlessly with other agencies, levels of government, and across sectors. VA leaders will need practical and strategic Human Capital Management (HCM) advice and guidance to ensure they have the requisite resources, skills, and capabilities to succeed in recruiting, developing, and retaining a high-performing workforce. VA will need robust workforce planning, employee and leadership development, succession planning, and knowledge sharing capabilities to prepare for the changes in the workforce.

Trends in Utilization of VA Services and Benefits

Summary

Access to, and utilization of, benefits has increased over the last five years, as illustrated in Figure 4. Of particular note is the 32 percent increase in the number of active VA home loan guaranty participants, the 75 percent increase in the number of VA education benefits beneficiaries, and the 19 percent increase in Veterans receiving VA disability compensation. Additionally, the 75 percent increase in VA education beneficiaries, and the 26 percent increase in the number of interments at Veteran state cemeteries emphasize the important role partners play in delivering services and benefits in collaboration with VA. Going forward, VA anticipates potential changes in

utilization based on the implementation of the Affordable Care Act (ACA). As the service and benefit needs of Veterans change, VA will need to be flexible enough to quickly adapt and proactively plan for the emerging trends in Veteran service and benefit needs, including pursuing more partnerships with those outside of VA.¹⁶

Implications

Changes in demand, whether through increased or decreased need or access, must be met by appropriate capacity modifications. The ability to project both workload and the associated costs of utilization will be necessary, as well as the ability to rapidly scale benefits and services provisions to match increases or decreases in utilization.

Figure 4. Utilization of VA Services and Benefits

		FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	% Change (FY 2008 - FY 2012)
Veteran Population		23,442,000	23,067,000	23,032,000	22,676,000	22,328,000	-5%
Veterans Unemployment	Veterans Unemployment (as of November of each calendar year)	5.2%	8.5%	8.6%	7.4%	6.6%	
	<i>Post-9/11 Veterans Unemployment (as of November of each calendar year)</i>	5.6%	9.6%	10.0%	11.1%	10.0%	
Veteran Benefits¹	Veterans Receiving VA Disability Compensation	2,952,000	3,070,000	3,210,000	3,355,000	3,525,000	19%
	<i>Veterans Rated 100% Disabled</i>	262,000	278,000	294,000	326,000	359,000	37%
	<i>Veterans in Receipt of Individual Unemployability (Receiving Payment at 100%)</i>	248,000	260,000	274,000	287,000	302,000	22%
	<i>Veterans Compensated for PTSD</i>	343,000	365,000	410,000	475,000	544,000	59%
	Veterans Receiving VA Pension	318,000	314,000	310,000	308,000	307,000	-3%
	VA Education Beneficiaries	541,000	564,000	800,000	924,000	945,000	75%
	Beneficiaries in the Fiduciary Program	102,000	104,000	111,000	122,000	134,000	31%
	Number of Life Insurance Policies Supervised/Administered by VA	7,200,000	7,250,000	7,300,000	7,190,000	7,020,000	-3%
	Active VA Home Loan Guaranty Participants²	N/A	1,310,000	1,430,000	1,570,000	1,730,000	32%
	Vocational Rehabilitation Trainees	55,100	59,800	61,500	60,300	62,400	13%
Veterans Health	Unique Health Care Enrollees	7,835,000	8,061,000	8,343,000	8,574,000	8,763,000	12%
	Unique VA Patients	5,580,000	5,744,000	6,000,000	6,166,000	6,333,000	13%
Memorial Service	Number of Interments at VA National Cemeteries	103,000	106,000	112,000	117,000	118,000	15%
	Number of Interments at Veteran State Cemeteries	24,800	26,800	27,800	29,500	31,200	26%

¹ Figures represented in this category may reflect overlap in service utilization (i.e. one Veteran may receive a VA pension and education benefits)

² Percentage change calculated for FY 2009 - FY 2012

Source: Department of Veterans Affairs, National Center for Veterans Analysis and Statistics, Statistics at a Glance Pocket Card, FY08 to FY12

Figure 4 depicts the utilization of VA services and benefits.

¹⁶ Department of Veterans Affairs, National Center for Veterans Analysis and Statistics, Statistics at a Glance Pocket Card, FY 2008 to FY 2012.

V. VA FY 2014-2015 AGENCY PRIORITY GOALS – KEEPING THE PROMISES

Four years ago, VA established three key priorities to improve service to its clients. These are: (1) improve Veteran access to VA benefits and services; (2) eliminate the disability claims backlog in 2015; and (3) eliminate Veteran homelessness in 2015. While significant progress has been made, there is still work to be done.

As a reaffirmation of our commitment to achieving these key priorities, “Access”, “Backlog”, and “Homelessness” will remain as VA’s Agency Priority Goals (APGs) for FY 2014-2015. VA will formally review progress in achieving performance targets for these goals on a quarterly basis. Pursuant to the Government Performance and Results Modernization Act of 2010, VA’s APGs have been posted on Performance.gov. For more detailed information, please visit <http://www.performance.gov>.

Improve Veteran Access to VA Benefits and Services

Overview

VA’s focus in FY 2014-2015 is to deliver seamless and integrated services while increasing the efficiency and effectiveness of virtual access. To achieve the best possible outcomes for Veterans, Servicemembers, and eligible beneficiaries, VA will improve access to, and encourage the use of, its virtual benefits and services. VA and DoD have established a jointly supported portal known as eBenefits, which allows Veterans, Servicemembers, and other eligible beneficiaries to access and submit information when, where, and how they want.

The development and proliferation of virtual access to care supports an organizational approach that is personalized, proactive, and patient-driven. VA virtual health services use technology and health informatics to provide Veterans with better access and more effective care management. Advances in virtual care expand where health care services can be accessed, reduce the need for travel to medical facilities, and transform VA’s delivery of health care and its effect on patients’ health outcomes. Improved access to care through telehealth and other virtual services is of particular benefit to rural Veterans, as well as those with chronic conditions and/or impaired mobility.

Eliminate the Disability Claims Backlog

Overview

VA will provide timely, accurate decisions on Veterans’ disability claims and eliminate the claims backlog in FY 2015. Improving quality and reducing the length of time it takes to process disability claims are integral to VA’s mission of providing benefits to eligible Veterans in a timely, accurate, and compassionate manner. To improve benefits delivery, VA is transitioning to an electronic claims process that will reduce processing time and increase accuracy. As of the end of September 2013, over 60 percent of

VBA's inventory is in electronic format and is being processed electronically by VBA employees using the Veterans Benefits Management System (VBMS). In addition, VA is delivering training that is more aligned with the needs of the workforce to operate in this electronic environment. VBA is encouraging Veterans to submit Fully Developed Claims (FDC) that include all supporting evidence when the claim is filed. The FDC is typically the fastest way for Veterans to receive a decision on their claims. Increasing the number of FDCs filed electronically by Veterans, or by Veterans' representatives on their behalf, reduces the major source of delay associated with gathering evidence to support a claim and helps reduce the overall time it takes to process a claim. Through people, process, and technology integrated initiatives, the workforce will achieve the goal of eliminating the disability claims backlog.

Eliminate Veteran Homelessness

Overview

VA has taken decisive action toward its goal of ending homelessness among Veterans. The Eliminate Veteran Homelessness (EVH) initiative is intended to prevent Veterans and their families from entering homelessness and to assist those who are homeless in exiting as safely and quickly as possible. VA's "no wrong door" philosophy will ensure that homeless and at risk for homeless Veterans have timely access to appropriate housing and services. Any door a Veteran comes to—at a medical center, a regional office, or a community organization—will lead to the tools to offer Veteran assistance. Eliminating homelessness among Veterans will advance the mission of VA by ensuring that all Veterans and their families achieve housing stability.

On a single night in January 2013 during the Point in Time (PIT) Count¹⁷, there were 57,849 homeless Veterans in the US. Effectively ending homelessness among Veterans requires rapid access to permanent housing, health care, employment, benefits and other supportive services. VA works closely with community partners to meet current and new demands for any Veteran who is experiencing or is at imminent risk of homelessness. Housing First and Rapid Re-housing are two of the many evidence-based approaches VA uses to end homelessness. The Housing First model follows the philosophy of providing permanent housing as quickly as possible to Veterans/individuals experiencing homelessness and then wrapping health care and other supportive services as needed around the Veteran to sustain housing and improve their quality of life. Rapid Re-housing is a set of strategies to help families quickly move out of homelessness and into permanent housing. It typically involves: housing search and landlord mediation assistance, short-term or flexible rental assistance, and transitional case management services. Rapid Re-housing provides crisis intervention

¹⁷ The annual PIT estimates are a snapshot of homelessness. They are submitted to HUD each year by communities and account for homeless Veterans in emergency shelters or transitional housing on the night of the PIT count (i.e., sheltered) as well as homeless Veterans who are in places not meant for human habitation such as the streets, abandoned buildings, cars, or encampments (i.e., unsheltered). Communities typically conduct their PIT count during the last week in January when a large share of the homeless population is expected to seek shelter rather than stay outside. Because counting people in shelters is more precise than conducting street counts, the timing of the PIT count is intended to improve the accuracy of the estimates. (Source: *Veteran Homelessness: A Supplemental Report to the 2010 Annual Homeless Assessment Report to Congress*).

services to quickly place an individual or family who is currently homeless into a permanent, sustainable housing situation.

VI. VA FY 2014-2020 STRATEGIC GOALS

VA will continue to build on past accomplishments and drive further improvements in quality, customer service, preparedness, and internal management systems as described in our 2011-2015 strategic goals. VA's FY 2014-2020 strategic goals and strategic objectives shift the focus from improvements within a service or benefit delivery program to coordination and integration across programs and organizations, measuring performance by the ultimate outcome for the Veteran, and putting the Veteran in control of how, when, and where they wish to be served.

The FY 2014-2020 strategic goals are statements of what VA wants to achieve to advance our mission and address challenges and opportunities. Each strategic goal is then broken down into a set of strategic objectives to express more specifically how we will achieve the strategic goal. Each strategic objective is further defined by a suite of performance goals that establish the level of performance to be achieved.

Strategic Goal 1: Empower Veterans to Improve Their Well-being

The ultimate measure of VA's success is the Veteran's success after leaving military service. We intend to measure Veteran success in terms relevant to individual Veteran outcomes from VA benefits and services such as decreasing Veteran unemployment, decreasing home foreclosures, decreasing homelessness, reducing processing times for disability compensation claims, increasing preventive care and healthy lifestyle changes, and increasing access to and utilization of virtual care modalities. Strategic Goal 1 outlines the work that VA will do to directly improve the lives of Veterans, Servicemembers, their families, and their survivors.

Strategic Goal 2: Enhance and Develop Trusted Partnerships

No single office, organization, or agency owns the expertise and resources to deliver all of the benefits, services, and resources necessary to meet the needs and expectations of every Veteran. Strategic Goal 2 describes what VA will do to improve coordination and integration within and between VA and its external partners.

Strategic Goal 3: Manage and Improve VA Operations to Deliver Seamless and Integrated Support

Internal improvements are a continuous effort. Strategic Goal 3 represents VA's highest priority management objectives: developing our workforce and effectively and efficiently managing our infrastructure and processes.

Figure 5.

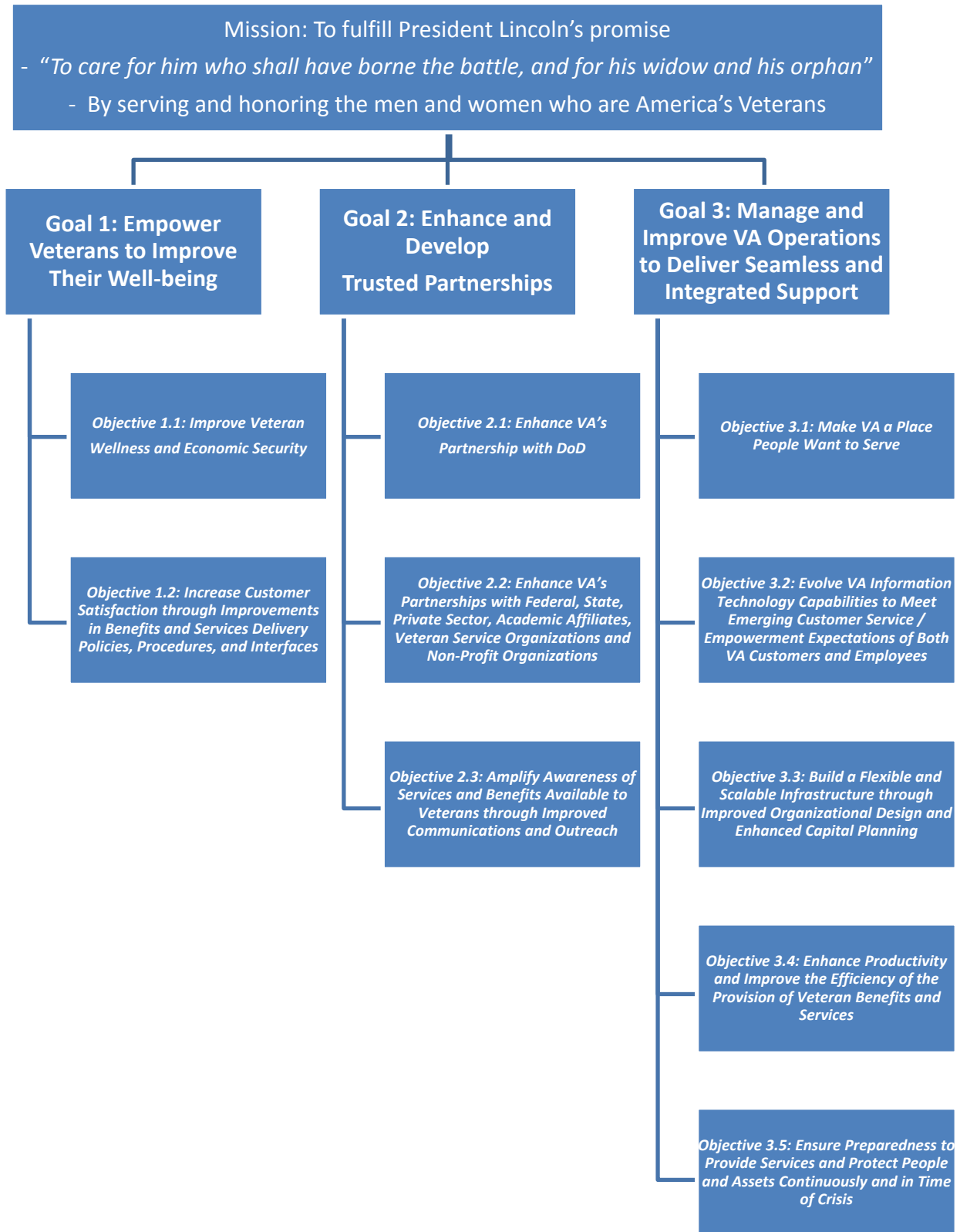


Figure 5 depicts the VA's mission, and the related Strategic Goals and Objectives.

Strategic Goal 1: Empower Veterans to Improve Their Well-being

Military service provides Servicemembers with tremendous skills, experience, and honor, but may also result in equally significant sacrifices and challenges. VA will work to ensure Veterans are empowered, independent, self-sustaining, and well equipped for civilian life.

Each Veteran is unique, yet shaped by: their generation; the conditions of their military service, including any war or conflict in which they served; their gender; their ethnicity; and their support system of faith, family, friends, and caregivers. Each has different needs and expectations, which may change many times between the time they take their induction oath and when the last benefit is received by their survivors.

VA will both directly, and in collaboration with its partners, deliver benefits and services in an integrated, client-centered portfolio that is personalized to meet each Veteran's needs and situation. Success will be measured in terms relevant to individual Veteran outcomes from VA benefits and services.

Strategic Objective 1.1: Improve Veteran Wellness and Economic Security

Summary:

Numerous programs provide a broad spectrum of benefits and support services that assist Veterans and eligible beneficiaries. To enable Veterans and eligible beneficiaries to choose the best benefits and services for their needs, VA will improve coordination between our programs, leverage supportive interactions between programs, and reduce overlap across programs. Success will be measured by the differences made in the lives of the Veterans we serve, including decreasing Veteran unemployment, decreasing home foreclosures, decreasing homelessness, reducing processing times for disability compensation claims, increasing preventive care and healthy lifestyle changes, and increasing access to and utilization of virtual care modalities.

Strategies:

VA will eliminate Veteran homelessness by the end of FY 2015. VA, in collaboration with its Federal partners, will continue to provide rehabilitation services for homeless and at-risk Veterans, including employment assistance, access to permanent and transitional housing, and other supportive services. As the number of homeless Veterans continues to decline, the focus will shift from rescue to prevention.

VA will improve Veteran career readiness to reduce Veteran unemployment. We will synchronize and align Veteran employment programs managed by VA, and improve coordination across the various Federal Veteran employment initiatives. We will increase support to our Veterans with disabilities and those who are GI Bill eligible through programs offering educational and vocational counseling. VA will increase support to Veteran entrepreneurs through public-private partnerships to provide capacity building and by providing access to Federal contracting opportunities.

VA will provide Veterans and eligible beneficiaries with personalized, proactive, patient-driven health care to optimize health and well-being, while providing state-of-the-art

disease management. VA's Patient Aligned Care Teams (PACT) will ensure patient engagement in self-care, preventive services, primary care, and mental health services. PACT is a partnership between the Veteran and the health care team with an emphasis on prevention, health promotion, and self-management. PACTs use a team-based approach, with various members of the team stepping in at different points in time to provide needed care. We will expand and refine, in coordination with DoD, research into the long-term consequences of TBI and PTSD. VA will increasingly seek to understand underlying health, injury and disorder mechanisms to create evidence-based diagnosis, treatment, and rehabilitation methods for Veterans and eligible beneficiaries with support from their families.

Associated Agency Priority Goal(s): Homelessness

Performance Goals:

1. Decrease the number of homeless Veterans (on a single night).
2. Decrease the unemployment rate of the civilian labor force of the civilian non-institutional population for Veterans, 18 years and over.
3. Increase the percentage of Montgomery GI Bill or Post 9/11 GI Bill participants who have successfully completed an education or training program.
4. Increase Prevention Index V scores – How well VA promotes healthy lifestyle changes, such as immunizations, hyperlipidemia, smoking cessation, and early screening for cancer.
5. Meet or exceed the Secretary's socio-economic goals for Service Disabled Veteran Owned Small Business (SDVOSB) and Veteran Owned Small Business (VOSB).

Strategic Objective 1.2: Increase Customer Satisfaction through Improvements in Benefits and Services Delivery Policies, Procedures, and Interfaces

Summary:

VA is a customer service organization. Complicated application processes, long processing timelines or difficulties getting information and appointments all impact the client's experience and satisfaction. Veterans and eligible beneficiaries deserve a support system that is responsive to their needs. VA must keep pace with Veterans' expectations and transform its customer services – soliciting regular customer feedback, streamlining processes, and delivering consistent service across customer-preferred channels.

We live in a connected world. The rapid pace of technological advancement is reshaping Veterans' expectations regarding how services, benefits, and support should be delivered. Today's client expects instant access to information and self-service options via the Internet, and increasingly through mobile devices like tablets and smartphones (and the next generation "smart" devices that are yet to be deployed).

To provide a personalized experience, we must listen, learn, and understand the needs and expectations of those we serve. We must have the knowledge, information and insight to understand why some choose not to fully engage with VA.

Strategies:

VA will provide timely, accurate decisions on Veterans' disability claims and eliminate the claims backlog. We will then implement a robust plan, and revisit procedures to ensure claims are addressed in no more than 125 days with at least 98 percent accuracy. The plan includes redesigning policies and procedures, continuing to enhance training for claims processors, and utilizing the most advanced IT. We will also increase the use of video teleconference hearings to address claims appeals.

VA will continue to expand implementation of PACT to improve partnerships with Veterans and eligible beneficiaries, increase team-based care coordination and management, and expand access to care. VA will improve patient-facing and clinician-facing e-health systems by expanding the development and use of health-related virtual modalities. These modalities include telehealth¹⁸, E-Consult¹⁹, secure messaging, MyHealthVet, and mobile applications.

VA will enhance client satisfaction by capturing client data once, sharing it enterprise-wide, and using this client data for a lifetime, which will promote more efficient use of data across business lines. We will identify sources of consistent, reliable, and authoritative Veteran data. We will establish architecture, business rules, roles and responsibilities, and governance to enable VA lines of business to use the authoritative common client data to improve delivery of benefits and services to Veterans. VA will gain access to additional external data, knowledge, and experiences so we can broaden our understanding of our client's needs and expectations. We will enable secure, privacy-protected electronic exchange of personal, health, and economic data on Veterans from induction oath through the final survivor benefit.

VA will rethink its operations as a Department, defining the fundamental crosscutting capabilities and interdependencies required to perform them. We will identify and address any internal organizational, policy, procedural, perceptual, and cultural boundaries that constrain our ability to coordinate, integrate, and deliver benefits and services.

¹⁸ Telehealth uses information and telecommunication technologies to provide health care services in situations in which the patient and practitioner are separated by geographical distance. Telehealth in VA increases access to high quality health care services using Clinical Video Telehealth (CVT), Home Telehealth (HT) and Store and Forward Telehealth (SFT).

¹⁹ E-Consult is an approach to provide clinical support from provider to provider. Through a formal consult request, processed and documented in the Computerized Patient Record System, a provider requests a specialist to address a clinical problem or to answer a clinical question for a specific patient. Utilizing information provided in the consult request and/or review of the patient's electronic medical record, the consultant provides a documented response that addresses the request without a face-to-face visit.

VA will streamline its virtual presence (Web sites, portals and call centers), reducing duplication and enhancing personalization to enable clients to get the information they need, on their schedule.

VA will increase access to burial benefits in national cemeteries through its plans to construct five new national cemeteries and by recognizing and addressing the unique needs of Veterans and eligible beneficiaries who reside in densely populated urban areas as well as sparsely populated rural locations. We will ensure that the service and appearance of our national cemeteries meets the highest standards commensurate with these national shrines.

Associated Agency Priority Goal(s): Access, Backlog

Performance Goals:

1. Increase compensation claims processing timeliness and quality.
2. Increase percentage of claims filed online.
3. Increase the National Call Center Customer Satisfaction Index Score.
4. Increase the percentage of patients rating VA Health Care as 9 or 10 on a scale from 1 to 10 (outpatient).
5. Increase the number of registered eBenefits users.
6. Increase the percent of patients who access VHA health care using a virtual format (e.g., video, smart phone or online services).
7. Maintain or improve the percentage of respondents who rate the quality of service provided by the national cemeteries as excellent.
8. Increase the percentage of Veterans served by a burial option within a reasonable distance (75 miles) of their residence.
9. Maintain or improve the percentage of respondents who rate the national cemetery appearance as excellent.
10. Reduce the number of times that a Veteran has to provide redundant information to VA entities.

Strategic Goal 2: Enhance and Develop Trusted Partnerships

VA is not the sole provider of benefits, services, and resources to Veterans and eligible beneficiaries. We will improve our ability to partner and work with those who provide benefits, services, and resources to our clients through improved collaboration, business practices, and outreach. We will ensure that the necessary benefits, services, and resources are accessible regardless of who provides them.

VA recognizes the importance of, and embraces, the opportunities to work with other Federal agencies, state and local governments, tribal organizations, Veteran Service Organizations (VSOs), Military Service Organizations (MSOs), labor unions, nonprofits, and private industry to better serve Veterans and eligible beneficiaries. DoD and VA, for example, are intimately joined, and VA will build on this relationship to communicate with Servicemembers from the moment they enter into service.

Strategic Objective 2.1: Enhance VA's Partnership with DoD

Summary:

VA's life-long engagement with its clients begins when Servicemembers first enter service and continues through the remainder of their lives. In support of this engagement, VA and DoD are working together to improve the access, quality, effectiveness, and efficiency of health care, benefits, and services provided to Servicemembers, Veterans, and other beneficiaries. VA will work closely with DoD to ensure that these benefits and services are delivered through an integrated client-centric approach that anticipates and addresses client needs; that the delivery of health care is provided through a patient-driven health care system that delivers quality, access, satisfaction and value consistently across the Departments; and through the efficiency of operations that are delivered through joint planning, training, and execution. The Departments must ensure that authorized beneficiary and health information is accessible, usable, shared, and secure in order to meet the needs of clients, customers, and stakeholders.

Strategies:

VA and DoD will continue to work towards achieving these goals with its many DoD partners through the VA-DoD Joint Executive Committee (JEC) in order to improve business practices, ensure high-quality, cost effective services for both VA and DoD beneficiaries, facilitate opportunities to improve resource utilization and sharing, and to remove barriers that might impede collaborative efforts.

VA and DoD will create an authoritative source of health information for DoD and VA beneficiaries, which will include the delivery of a highly flexible, reliable, secure, maintainable, and sustainable systems. VA and DoD will jointly implement the separation health assessment based upon the joint common criteria established by the Departments. VA will continue to partner with DoD and increase the information and self-service capabilities available through the eBenefits portal for active duty Servicemembers and Veterans and eligible beneficiaries.

Performance Goals:

1. Increase the percentage of active duty, National Guard and Reserve Servicemembers with an eBenefits log-on by the end of FY 2015.
2. Increase the percentage of Servicemembers receiving a separation health assessment prior to separation from active duty.
3. Increase the percentage of IDES discharges that meet VA-DoD goal of 60 percent of cases completed within 295 days.
4. Create clinical and technical standards profile and processes to ensure seamless integration of health data between VA and DoD and private health care providers.
5. Increase the percentage of VA and DoD providers trained in the use of consistent models of evidence-based practice for PTSD, depression, and other psychological health conditions.

Strategic Objective 2.2: Enhance VA's Partnerships with Federal, State, Private Sector, Academic Affiliates, Veteran Service Organizations and Non-Profit Organizations

Summary:

While VA is not the sole provider of benefits, services, and resources to Veterans and eligible beneficiaries, we hold ourselves accountable for each Veteran's success, no matter who provides assistance. To provide Veterans and eligible beneficiaries an integrated, coordinated, personalized portfolio of benefits and services efficiently and effectively, we must improve our communication, coordination, and relationships with our partners in other Federal agencies; state, tribal, and local governments; VSOs; MSOs; academic affiliates; unions; nonprofits; and private industry. We must develop a partnership culture that entails trust, transparency, mutual benefit, responsibility, productivity, and accountability. Increased public-private partnership opportunities empower staff with effective tools and resources for collaborations, and allow for building open innovation platforms.

Strategies:

VA will leverage responsible and productive partnership opportunities that can supplement VA services and help fill urgent or emerging gaps in services. We will pursue opportunities for partnering with organizations that can best provide what we cannot or should not.

VA will establish a partnership award program to acknowledge and recognize successful partnerships in various organizational and service categories.

VA will foster stronger collaboration and information exchange with across the spectrum of care, benefits and services providers.

Associated Agency Priority Goal(s): Homelessness

Performance Goals:

1. VA will leverage productive partnerships to augment VA care, services, and benefits to better serve Veteran community members
2. Appropriate partners will strategically include VA leaders in key national and community efforts to better align services, resources, and decision-making
3. Effective partnerships will fill new, emerging and unmet needs of Veterans when and where services are not available
4. Responsible partnerships will allow VA decisions-makers to become better informed of Veteran community needs

Strategic Objective 2.3: Amplify Awareness of Services and Benefits Available to Veterans through Improved Communications and Outreach

Summary:

The benefits, services, and resources available to our current and future clients, and the means and mechanisms for delivering them, must be widely-known and well understood. We will expand the ways in which we connect to our clients to amplify awareness of the services and benefits available to Veterans and eligible beneficiaries. We will connect with Veterans and eligible beneficiaries, our partners, and the Nation through clear, aligned, and proactive interactions.

Strategies:

VA will establish a robust, authoritative communications capability that provides and aligns a clear, concise, positive, and compelling message. We will establish standardized corporate communications policies and procedures to coordinate efforts across the Department.

VA will establish internal standardized enterprise outreach policies and procedures to coordinate efforts across the Department.

VA will develop outreach plans and strategies in collaboration with our partners to ensure Veterans and eligible beneficiaries and their families are aware of all of the programs for which they are eligible; not only those provided by VA and not solely programs designed to serve a Veteran-only population. We will pursue joint outreach campaigns to enable sharing of communications channels and audiences to reach more Veterans and eligible beneficiaries.

Performance Goals:

1. Increase the number of Veterans accessing VA services or benefits.
2. Increase the number of Veterans with whom VA currently communicates.

3. Increase the number of states with signed demographic data sharing agreements.
4. Increase Veteran satisfaction with VA services.

Strategic Goal 3: Manage and Improve VA Operations to Deliver Seamless and Integrated Support

VA will strengthen its business operations in targeted areas to ensure it is able to optimally and effectively serve Veterans and eligible beneficiaries. We are in a prolonged period of rapid technological and cultural change, as well as economic and emerging National Security threats. We must become nimble and responsive to change, giving ourselves maneuverability, space, and options in our response to shifting conditions. Our policies, processes, and approaches must allow us to expand and contract rapidly with minimal disruption to our business, benefits, services, and resources.

We must focus on developing cost-effective and integrated solutions to increase productivity and look for opportunities to divest, eliminate redundancies, and improve efficiency. We must integrate business support processes, Veteran-facing services and technology Department-wide.

Strategic Objective 3.1: Make VA a Place People Want to Serve

Summary:

VA recognizes that an organization is only as strong as its people, and realizes that it must build on successes and continue to transform the way it manages human capital. VA is a customer service organization. VA's greatest asset is its workforce.

VA's workforce must be able to adapt to the changing demographics, needs, and expectations of the Veteran population as well as changes in the workforce population. More than 30 percent of VA's workforce is eligible for retirement, including roughly 50 percent of VA's senior executives. Today, we have skills gaps in health care, acquisition, claims processing, human resources (HR), and IT, and we need to address those and build the workforce for tomorrow. The skills needed for success in the future are not the skills of today. VA must recruit, train, motivate, and lead its workforce with inspired and inspiring leadership. VA must consider human capital management and workforce planning as key enablers for every initiative or project we undertake in order to have the right people with the right skills in the right job at the right time.

Strategies:

VA will identify the critical skills and competencies needed to achieve the best current and future results and develop workforce planning and development strategies that are tailored to address skills gaps. To fully succeed in transformation and continue on the successes built to date, VA will develop strategic leaders and build a cadre of talented successors in the federal government's management and executive functions. VA will develop and cultivate leadership skills and build the pipeline for future leaders to ensure effective succession management plans.

VA will improve enterprise-wide governance of human capital management using a strategic approach that includes top management, employees, and other stakeholders. .

VA will improve strategic HCM by implementing an enterprise-wide, career development and training management program, and identifying organizational owners for occupational specialties.

VA will require ongoing development of leadership capabilities and develop enterprise-wide human capital strategies that, when implemented throughout the organization, will improve employee engagement, increase individual contribution and satisfaction by fostering ownership, empowerment, resiliency and commitment to serving Veterans and eligible beneficiaries.

Performance Goals:

1. Improve our position on the Office of Personnel Management (OPM) Federal Employee Viewpoint Survey – Best Places to Work.
2. Increase our scores on the OPM Federal Employee Viewpoint Survey Talent Management Index.
3. Increase the percentage of VA employees who are Veterans.
4. Decrease VA's hiring timeline.
5. Improve High Performance Workplace score.
6. Increase the score of the Diversity Index.
7. Increase the retention rate.
8. Decrease VA's Veteran employee turnover rate (Veterans).

Strategic Objective 3.2: Evolve VA Information Technology Capabilities to Meet Emerging Customer Service / Empowerment Expectations of Both VA Customers and Employees

Summary:

The explosion of information capabilities available to all citizens via the Internet and mobile computing has forever changed how individuals communicate with each other and with providers of goods and services. Information “on demand” is now a core expectation; so is the ability to transact both work and personal business “anytime, anywhere.” These trends have resulted in tremendous changes to what individuals expect in terms of customer service as well as how they expect to manage their own work life and career. For VA this presents huge challenges and opportunities in terms of how it delivers services to Veterans and eligible beneficiaries and how it empowers its employees to perform their duties. New and emerging IT capabilities must be delivered that:

- Enable each Veteran to manage his/her relationship with VA in a unified manner, with both the Veteran and the VA employees serving them able to access and maintain a holistic view of the Veteran's complete profile along with services entitled, available, and provided.

- Enable Veterans and eligible beneficiaries, VA employees and trusted partners with the ability to access authorized VA-maintained information “anytime, anywhere.”
- Enable VA employees with the flexibility to take advantage of emerging technologies to increase alternative work arrangements such as telework.

Inherent in these capabilities is recognizing the need to continually evaluate and address concurrently emerging information security challenges. Safeguarding Federal computer systems and supporting critical IT infrastructure has been an ongoing Federal concern. Increased information sharing and use of mobile computing also serve to highlight the need to strengthen information security.

Strategies:

VA will implement an enterprise shared services strategy to offer broader service-based capabilities instead of point solutions.

VA will support and enhance enterprise-wide information sharing through the implementation of a Customer Data Integration (CDI) environment to identify, develop, designate and enforce authoritative information sources and services.

VA will continue its efforts on the Ruthless Reduction Task Force (RRTF) to identify and eliminate redundancies within VA’s IT environment.

VA will implement its Unified Communications Strategy to further leverage common services and reduce its IT footprint through the convergence of our facility voice, contact center, video, audio conferencing, and collaboration environments into a single platform and operational model.

VA will accelerate the implementation of our wireless infrastructure.

VA will develop and implement strategies to support “bring your own device” and “use your own device” to support the increasingly mobile workforces and Veteran population.

VA will continue to implement and extend the Continuous Readiness in Information Security Program (CRISP) operating model, including security management, contingency planning, configuration management, segregation of duties, and access controls for protecting VA sensitive information.

VA will continue to implement the use of Personal Identity Verification (PIV) Only Authentication (POA) for access to VA computer systems as mandated by Federal identification standards (Homeland Security Presidential Directive [HSPD] -12).

VA will pursue cost-effective system modernization to enhance operational and management processes and improve oversight.

Performance Goals:

1. Increase use of shared data and information.
2. Reduce number of redundant and legacy systems.
3. Increase wireless and mobile capabilities.
4. Work with the Department to reduce number of sensitive data loss incidents.

Strategic Objective 3.3: Build a Flexible and Scalable Infrastructure through Improved Organizational Design and Enhanced Capital Planning

Summary:

The size of the Veteran population may be decreasing, but the demographics and preferences are increasing in complexity. VA's infrastructure – organizational structure, equipment, and facilities – must become more flexible and scalable in order to better serve Veterans of today and tomorrow.

Strategies:

VA will rethink how it operates as a Department, defining the fundamental cross-cutting capabilities and interdependencies required to achieve them. We will identify and address any internal organizational, policy, procedural, perceptual, and cultural boundaries that constrain our ability to coordinate, integrate, and deliver benefits and services. VA will evaluate alternate organizational designs that improve integration of benefits and services to provide the client a coordinated experience when utilizing multiple benefits and services.

VA will explore opportunities for sharing and out-leasing facilities and services across VA and with other federal agencies; state, tribal, and local governments; nonprofits; and private industry to support Veterans and Veterans' families.

VA will continue capital planning efforts to provide safe, secure, modern, and sustainable infrastructure, and enhance capital planning efforts that increase the flexibility of VA's capital infrastructure to accommodate integration of services and promote sharing of physical and virtual space within and between VA and its partners.

VA will expand "connected" health benefits and services which may reduce our dependency on physical infrastructure.

Performance Goals:

1. Reduce the amount of VA's vacant square footage by repurposing or disposing facilities / properties to support Veterans and Veterans' families.
2. Increase the number of projects taken off existing Extremely High-Risk Seismic Report.

3. Increase the number of VA-owned buildings that meet Federal sustainable building principles.
4. Reduce the amount of facility condition deficiencies.

Strategic Objective 3.4: Enhance Productivity and Improve the Efficiency of the Provision of Veteran Benefits and Services

Summary:

VA has a fundamental responsibility to be an effective steward of taxpayer dollars. VA must continue to eliminate wasteful spending and ensure that the proper controls, practices, and safeguards are in place to prevent misspending of tax dollars.

Strategies:

VA will continue to be good a steward of its resources by closely monitoring agency travel to mission essential needs. We will continue working to decrease improper payments, recapture misallocated funds, and dispose of unnecessary real estate.

VA will improve the models and systems used to forecast and capture cost. We will adopt the direct tracking of people, equipment, and consumables. We will implement a modernized financial management system.

VA will continue to mature its capability based planning, programming, budgeting, and execution (PPBE) process to tie strategy to budget and budget to performance.

VA will continue to review its internal buying patterns and identify opportunities for strategic sourcing to achieve significant savings for recurring requirements.

VA will develop a strategic capital equipment planning model and a plan to improve medical equipment life cycle.

Performance Goals:

1. Reduce the amount of obligations per unique patient user.
2. Reduce improper payments.
3. Reduce the cost per processed claim while improving timeliness and accuracy.
4. Increase the percent of patients who access VHA health care using a virtual format (e.g., video, smart phone or online services).

Strategic Objective 3.5: Ensure Preparedness to Provide Services and Protect People and Assets Continuously and in Time of Crisis

Summary:

Hurricane Sandy (2012), the bombing at the Boston Marathon (2013), the emergence of the H7N9 influenza strain in China (2013), and the fertilizer plant explosion in West, TX (2013) all serve as recent reminders that natural, public health, and technological

disasters and terrorist attacks can occur at any time, in any place, and with little or no warning. VA must protect against and prepare to respond to as well as recover from all hazards to ensure the safety and security of Veterans and eligible beneficiaries, volunteers, employees, and visitors at VA facilities while integrating, improving, and increasing VA's resilience through operational continuity and preparedness.

VA defines "readiness" as the ability to serve Veterans and eligible beneficiaries now and on a day-to-day routine basis, and "preparedness" as the ability to serve Veterans and eligible beneficiaries in times of crisis and to serve as a national asset to the Nation. These aspects of "readiness" and "preparedness" define the Department's 4th Mission. The priorities of the 4th Mission include personnel accountability (e.g. Veterans and eligible beneficiaries, employees, contractors, and others on VA property); establishing and maintaining command, control, and communication; continuing to provide services to Veterans and eligible beneficiaries; and for VA to serve as a National asset following an emergency or disaster.

Strategies:

VA will continue to develop and refine our Continuity Program in accordance with HSPD-20 – National Continuity Policy. Through the VA Comprehensive Emergency Management Program, VA will support DoD, DHS/Federal Emergency Management Agency (FEMA), and other Federal Departments and Agencies in support of Presidential Policy Directive-8 – National Preparedness. VA will utilize the VA Integrated Operations Center (VA IOC) in order to provide the Secretary a single office responsible for proactively collecting, coordinating, and analyzing information in order to make recommendations to VA leadership. VA will continue to develop a comprehensive Department Exercise, Training, and Evaluation Program in accordance with DHS National Exercise program.

VA will standardize the on-boarding, monitoring, and off-boarding process for VA employees, contractors, and affiliates. VA will fully implement HSPD-12 to include the Personal Identity Verification (PIV) card as the standard process for provisioning logical access to VA information systems (LACS) and standardize Physical Access Control Systems (PACS) to VA facilities to ensure the safety and security of Veterans and eligible beneficiaries, volunteers, employees, and visitors.

VA will evaluate and streamline vulnerability assessment programs of VA facilities to mitigate against natural and technological disasters and terrorist attacks. VA will establish a comprehensive Active Threat/Active Shooter Incident Response Program to maximize response success in any VA facility.

VA will develop and implement an Insider Threat program in accordance with Executive Order 13587 - Structural Reforms to Improve the Security of Classified Networks and the Responsible Sharing and Safeguarding of Classified Information in order to protect classified material in the VA.

Performance Goals:

1. Increase the Department's preparedness posture to respond to and recover from all-hazards incidents.
2. Reduce VA's vulnerability to insider threats, and safety and security risks.

VII. CROSS-AGENCY PRIORITY GOALS

Per the Government Performance and Results Modernization Act (GPRAMA) of 2010 requirement to address Cross-Agency Priority (CAP) Goals in the agency strategic plan, the annual performance plan, and the annual performance report, please refer to <http://www.performance.gov> for the agency's contributions to those goals and progress, where applicable. The Department of Veterans Affairs currently contributes to the following CAP Goals:

- Veteran Career Readiness (Related to Objectives 1.1 and 3.1)
- Job Training (Related to Objectives 1.1 and 3.1)
- Cybersecurity (Related to Objectives 3.2 and 3.5)
- IT Management/Data Center Consolidation (Related to Objectives 1.2, 3.2, and 3.3)
- Human Capital Management/Closing Skills Gaps (Related to Objectives 1.1 and 3.1)
- Entrepreneurship and Small Business (Related to Objective 1.1)
- Procurement and Acquisition Management/Strategic Sourcing (Related to Objective 3.4)
- Real Property Management (Related to Objectives 3.3 and 3.4)
- Financial Management/Improper Payments (Related to Objectives 3.2 and 3.4)
- Sustainability (Related to Objective 3.3)
- Open Data (Related to Objective 3.2)

VIII. PERFORMANCE MEASUREMENT, EVALUATION, AND MONITORING PROGRESS

In accordance with the GPRAMA of 2010, VA will work closely with OMB to make the Department's performance data transparent and accessible by publishing content on <http://www.performance.gov>. Content will be updated to show VA's strategic goals, strategic objectives, and priority goals, as well as CAP Goals.

VA will leverage existing governance and reporting boards and meetings to regularly track and review performance on each performance goal. Additional information will be provided on the progress of the Department's performance to the public through documents such as VA's Annual Performance Plan and Annual Performance Report. VA leaders will use this information to take corrective action when necessary and encourage progress towards the performance goals set forth in this Strategic Plan. These reviews will inform strategic decision-making, budget formulation, and near-term agency actions.

As time progresses, VA will work with OMB to assess and update information from its strategic plan, performance plan, and progress reports. These assessments will consider performance goals and other indicators for each strategic objective, as well as other challenges, risks, external factors and other events that may affect outcomes. The information will be published in a format that will allow users to see trends, look across goals that contribute to common themes, see programs that contribute to common goals, and cross-reference other related data. VA's stakeholders, partners, and the public at large will all have access to this content. Upon review of each strategic objective, VA leaders will determine what actions should be taken to maintain or improve progress on the strategic objectives and incorporate those decisions and implementation activities into the next Annual Performance Plan and other operating plans. In addition, VA leaders will consider what administrative actions, budget, legislative or policy proposals should be included in the President's Budget or the agency's Congressional Budget Justification for congressional consideration.

While VA will begin implementation of strategic reviews at the strategic objective level in FY 2014, it should be recognized that these reviews may in some cases represent a significant change to agency operations, and that not all components of the strategic review process will be operationalized in the initial year. However, VA will develop a maturity model for future improvements to the strategic reviews to ensure continued improvements are made over time.

VA's focus on performance measurement and evaluation serves as an assessment of progress being made to improve program outcomes and look at opportunities for productivity gains using a variety of analytical, research, and evaluation methods to support the assessment. The results inform many of the decision-making processes at

VA, as well as decision-making by VA's stakeholders. Ultimately, this helps to ensure that VA can effectively and efficiently serve Veterans and eligible beneficiaries.

IX. PLAN DEVELOPMENT, ENGAGEMENT, AND CONSULTATION

This plan was developed by VA's Strategic Planning Team (SPT) with the support and regular engagement of VA's leadership. VA's SPT consists of representatives from every Administration and Staff Office in the Department of Veterans Affairs. It reflects inputs from stakeholders across the Department, VA's workforce, external partners, Veterans and eligible beneficiaries, and the general public. Multiple opportunities throughout the drafting phase of the strategic plan helped to keep stakeholders involved in the process and to inform the strategic plan as it took shape.

The process began in the summer of 2011 with a future-focused environmental scan, which researched a range of subjects that could impact Veterans and the Department of Veterans Affairs. Using the SKEPTIC framework (Socio-demographics, Competition, Economics/Environment, Political, Technical, Industry/substitutes, Customers), a Department-wide team developed more than 100 issue papers outlining potential drivers of change over the next 15 to 20 years. The environmental scanning process included interviews with more than 50 internal and external leaders and subject matter experts who were asked "What are the strategic drivers that will most impact VA over the next 10-15 years, and how should VA respond to meet Lincoln's promise to care for Veterans and their eligible beneficiaries while advancing the best interest of the nation?"

Through a series of workshops, the SPT analyzed data and ideas from the environmental scan to identify a set of "strategic drivers" likely to generate significant change for Veterans and VA in the future. Using these drivers and considering the spectrum of possibilities they indicated, we constructed a set of possible future "worlds." Additional workshops were conducted where participants "lived" in each of the worlds and identified what actions the Department must take to be successful in each scenario. Armed with the results of these workshops, we developed a set of strategic imperatives to describe what the VA must do and be in the next 10 to 15 years to successfully deliver on our mission, regardless of what the future might bring.

In the spring of 2012, consultations were held with Congress, the National Association of State Directors of Veterans Affairs (NASDVA), Veteran Service Organizations, Military Service Organizations, VA's unions, and VA advisory committees. The strategic imperatives were used as a discussion aid to elicit input on the long and short-term issues that were important to each stakeholder community. The feedback received indicated that the strategic imperatives resonated positively with our stakeholders, particularly the focus on partnerships.

The strategic imperatives were also used to conduct a gap analysis. Each administration and staff office identified its role in meeting the strategic imperatives and identified gaps between the department's current functions and capabilities and where they will need to be to fully satisfy the strategic imperatives. Teams of subject matter experts developed actionable strategies to close the identified gaps, and VA senior

leadership held strategic visioning sessions to provide the “top-down,” enterprise-wide view to the strategies in development. Figure 6 depicts the VA Strategic Imperatives.

Analysis of the gaps and options led to the development of the draft goals and objectives that comprise this Strategic Plan. VA senior leadership reviewed all of the proposed options and made the final decision on the goals and objectives to be addressed in the 2014-2020 timeframe and the strategies to achieve them.

During the fall of 2013, a draft of this plan was made available for public review and comment through the Federal Register and to VA’s workforce using a web-based interactive idea crowdsourcing tool. We received over 400 comments from these engagements ranging from feedback on the validity of the high level strategies to specific tactical implementation ideas. As with the initial external engagements, the partnership theme was well received by external stakeholders.

Figure 6.

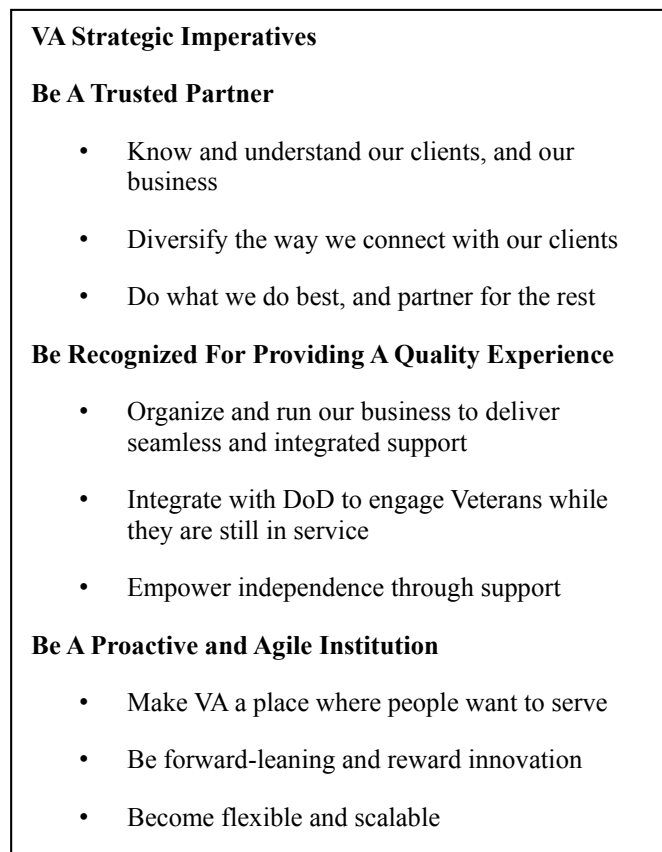


Figure 6 depicts the VA Strategic Imperatives

APPENDIX: LIST OF ACRONYMS

ACA	Affordable Care Act
ACE	Acceptable Clinical Evidence
ADC	Average Days to Complete
APGs	Agency Priority Goals
ATA	American Telemedicine Association
ARCH	Access Received Closer to Home
CAE	Corporate Analysis and Evaluation
CAP	Cross-Agency Priority
CBOC	Community-Based Outpatient Clinic
CDI	Customer Data Integration
CIP	Critical Infrastructure Protection
CRISP	Continuous Readiness in Information Security Program
CVT	Clinical Video Telehealth
DBQs	Disability Benefits Questionnaires
DHS	Department of Homeland Security
DoD	Department of Defense
DoL	Department of Labor
DME	Development, Modernization, and Enhancement
ECA	Expedited Claims Adjudication
EVEAH	Enhancing Veterans Experience and Access to Health Care
EVH	Eliminate Veteran Homelessness
FDC	Fully Developed Claim
FEMA	Federal Emergency Management Agency
FOC	Full Operating Capability
GAO	Government Accountability Office
GPRAMA	Government Performance and Results Modernization Act of 2010
HCIP	Human Capital Investment Plan
HCM	Human Capital Management
HHS	Department of Health and Human Services
HT	Home Telehealth
HUD	Department of Housing and Urban Development
HUD-VASH	Department of Housing and Urban Development – VA Supportive Housing Program
HSPD	Homeland Security Presidential Directive
ICAM	Identity Credentialing and Access Management
IDES	Integrated Disability Evaluation System
IEDs	Improvised Explosive Devices
iEHR	Integrated Electronic Health Record
IOC	Initial Operating Capability
IPT	Integrated Project Team
IT	Information Technology
JEC	Joint Executive Committee
MI	Major Initiative
MSO	Military Service Organization

NASDVA	National Association of State Directors of Veterans Affairs
NCA	National Cemetery Administration
NMHC	New Models of Health Care
OAO	Office of Acquisition Operations
OEF/OIF/OND	Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn
OMB	Office of Management and Budget
OPM	Office of Personnel Management
OSDBU	Office of Small and Disadvantaged Business Utilization
PACT	Patient Aligned Care Team
PIT	Point-in-Time
PIV	Personal Identification Verification
POA	Personal Identification Verification Only Authentication
PPBE	Planning, Programming, Budgeting, and Execution
PTSD	Post Traumatic Stress Disorder
R&D	Research and Development
RPO	Regional Processing Offices
RRTF	Ruthless Reduction Task Force
SFT	Store and Forward Telehealth
SGLI	Servicemembers' Group Life Insurance
SHEP	Survey of Health Experience of Patients
SPT	Strategic Planning Team
TAP/DTAP	Transition Assistance Program/Disabled Transition Assistance Program (Transition GPS (Goals Plans Success))
TBI	Traumatic Brain Injury
USICH	United States Interagency Council on Homelessness
VA	Department of Veterans Affairs
VACO	Veterans Affairs Central Office
VA IOC	Veterans Affairs Integrated Operations Center
VBA	Veterans Benefits Administration
VBMS	Veterans Benefit Management System
VGLI	Veterans' Group Life Insurance
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
VLER	Virtual Lifetime Electronic Record
VRAP	Veterans Retraining Assistance Program
VRM	Veterans Relationship Management
VOW	Veterans Opportunity to Work to Hire Heroes Act of 2011
VSO	Veterans Service Organization
VSOC	VetSuccess on Campus