

FEDERAL AGENCY WATCH: Veterans and Traumatic Brain Injury

Federal Agency Watch: Veterans and Traumatic Brain Injury is a synthesis of Federal agency news and activities related to veterans and traumatic brain injury. It is compiled to keep those involved with brain injury up-to-date on Federal activities related specifically with Veterans.

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Department of Defense (DoD) – DoD Develops Compensation and Benefits Handbook

The Department of Defense (DoD) announced it has developed a comprehensive handbook describing compensation and other benefits servicemembers and their families would be entitled to upon separation or retirement as a result of serious injury or illness.

The handbook was compiled in cooperation with the Departments of Veterans Affairs, Labor, Health and Human Services, and Education and the Social Security Administration. Additionally; there are references to assistance provided by other governmental and non-governmental agencies and organizations.

Web sites and toll-free numbers are provided, and the electronic version includes hyperlinks. The electronic version of the handbook will be updated frequently and the hard copy of the compensation and benefits handbook will be updated annually.

The electronic version of the handbook can be found at [http://www.transitionassistanceprogram.com/portal/transition/resources/PDF/Compensation and Benefits Handbook.pdf](http://www.transitionassistanceprogram.com/portal/transition/resources/PDF/Compensation_and_Benefits_Handbook.pdf).

Department of Defense (DoD) – MHS Web Portal Expands Mental Health Tools for the Military Community

In August 2008, the Military Health System (MHS) launched a behavioral health Web site to assist the military family with adjustment problems commonly faced following a deployment, such as stress, anger, and depression. The site, afterdeployment.org, has now completed a major update.

Upon its original release in August, the site provided content in 12 program areas, with a focus on adjusting to war memories and handling stress.

The September update to afterdeployment.org provides additional content and fully developed narrator-guided workshops and skill-building exercises in the following areas: depression, sleep and anger problems, substance use, work-related difficulties, living with a physical injury, spiritual fitness, and life-balancing resources.

Site developers project new content in the coming year to include information and interactive exercises addressing relationship issues, children and deployments, traumatic brain injury, warrior and family resilience, veterans' concerns, women's issues, partner difficulties, and domestic problems.

The Web site's project office, directed by Dr. Robert Ciulla, is located at the Madigan Army Medical Center (MAMC) at Ft. Lewis, Wash., with oversight from TRICARE Management Activity (TMA). Afterdeployment.org is a core Defense Center of Excellence (DCoE) project led by the Telehealth and Technology Center (T2), also located at MAMC and under the direction of Dr. Gregory Gahm, a retired Army colonel and psychologist. Project partners include the Department of Veterans Affairs National Centers for Post Traumatic Stress Disorder (PTSD) in Massachusetts, California, and Hawaii; the Center for Deployment Psychology; and other military organizations.

For further information, contact the afterdeployment.org project office at: (253) 968-2492.

To view a video about the expanded Web site go to: www.afterdeployment.org.

Read frequently asked questions about afterdeployment.org at: http://www.afterdeployment.org/index2.php?cid=s000_5000/

Department of Health and Human Services (HHS) – HHS Announces \$36 Million to Help Older Americans and Veterans Remain Independent

The U.S. Department of Health and Human Services (HHS) announced \$36 million in new grant programs to 28 States to help older Americans and veterans remain independent and to support people with Alzheimer's disease to remain in their homes and communities. Just over \$19 million of this funding involves a new collaboration with the U.S. Department of Veterans Affairs (VA).

HHS Secretary Mike Leavitt and VA Secretary James Peake, M.D., announced the joint effort to provide essential consumer-directed home and community-based services to older Americans and veterans of all ages, as part of a Nursing Home Diversion (NHD) grants program. The new initiative builds on the similar missions of HHS and the VA with regard to caring for the populations they serve. In addition, Secretary Leavitt announced a \$17 million investment to improve the delivery of home and community-based services to people with Alzheimer's disease and their family caregivers.

The new program will be administered by HHS' Administration on Aging (AoA) in collaboration with the Veterans Health Administration. Under the program, \$10.5 million is being provided by HHS through AoA, and \$5.7 million by the States. VA estimates purchasing at least \$3 million in veteran-directed home and community-based services for older veterans and for recently returned veterans with long-term care needs. The number of veterans over age 85 has tripled during the past decade, creating a significant expansion in the need for long term care.

The \$17 million for individuals with Alzheimer's disease and their caregivers involves grants to 22 States under AoA's Alzheimer's disease demonstration programs. States were able to apply for two types of grants: Innovation Grants and Evidence-Based Program Grants. Innovation Grants will demonstrate new approaches to delivering services and supports, and the Evidence-Based Grants will support the replication of science-based interventions that have already proven to be effective at helping people with Alzheimer's disease and related disorders to continue to live in the community.

To view a list of awardees go to:

<http://www.hhs.gov/news/press/2008pres/09/20080929a.html>.

Department of Veterans Affairs (VA) – Veterans Bill Signed Into Law, Includes Provisions of S. 38 to Allow Community-Based Health Organizations to Provide Mental Health and Addiction Services to Veterans

On October 10, President Bush signed S. 2162, the Veterans Mental Health and Other Care Improvements Act of 2008, into law. This bill was introduced by Senator Daniel K. Akaka (D-HI), Chairman of the Veterans' Affairs Committee, on October 15, 2007. The bill pays tribute to Justin Bailey, an Iraq war veteran who returned from combat only to lose his life to PTSD and an accidental overdose of prescription medications. (To view the full bill, go to http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=110_cong_bills&docid=f:s2162eah.txt.pdf).

The passage of S. 2162 creates a pilot program which directs the Department of Veterans Affairs (VA) to contract with Community-Based Health Organizations (CBHO) to provide mental health services in rural areas in which access to VA services is inadequate. The 3-year pilot will be carried out in at least three Veterans Integrated Service Networks (VISNs), which vary in size and oftentimes cross State lines. CBHOs are required to provide mental health and readjustment counseling services and will be provided training to ensure that services are provided in a way that takes into consideration the unique needs of veterans. In addition, the VA is required to conduct an evaluation of the pilot.

In addition, S 2162 makes several other improvements to veterans' mental health and addictions treatment:

- Setting a standard minimum level of care for substance use disorder, and creating innovative enhancements to treatment,
- Improving treatment to veterans with multiple disorders, such as PTSD and substance use disorder,
- Mandating a review of VA's residential mental health care facilities, to ensure that they are adequately staffed,
- Creating a research program on PTSD and substance use disorder, in cooperation with the National Center for PTSD,
- Enabling VA to provide mental health services to veterans' families, and setting up a program to aid the families of returning servicemembers.

Department of Veterans Affairs (VA) – Vocational Rehabilitation and Employment Service (VR&E) – “Veterans’ Benefits: The Vocational Rehabilitation and Employment Program”

The Congressional Research Service prepared a report for members of Congress entitled “Veterans’ Benefits: The Vocational Rehabilitation and Employment Program.” This report describes VR&E program services available to veterans with service-connected disabilities and to their families. It provides information about eligibility and entitlement, the application process, and resources available through other agencies. A brief history of the program is also provided.

To view a summary of this report, as well as the full report go to:
http://assets.opencrs.com/rpts/RL34627_20080821.pdf.

Department of Veterans Affairs (VA) – VA Announces Changes to the Disability Rating Schedule for Traumatic Brain Injuries and Burn Scars

The Department of Veterans Affairs (VA) announced changes in the way VA will evaluate traumatic brain injuries (TBI) and burn scars for purposes of determining the appropriate level of compensation veterans receive for these injuries.

VA has revised the Disability Rating Schedule in light of current scientific and medical knowledge in order to provide VA employees with more detailed and up-to-date criteria for evaluating and compensating veterans with these injuries.

Two groups of veterans may be affected by these changes. The first group includes veterans who will be awarded disability compensation for TBI and burn injuries in the future. The second group includes veterans already receiving compensation for these injuries whose disabilities are reevaluated under the new criteria.

The effects of blast injuries resulting from roadside explosions of improvised explosive devices have been common sources of injury in the conflicts in Iraq and Afghanistan and appear to be somewhat different from the effects of trauma seen from other sources of injury.

As of September 2008, there are more than 22,000 veterans being compensated for TBI, of whom more than 5,800 are veterans of the conflicts in Iraq and Afghanistan. Traumatic brain injuries result in immediate effects such as loss or alteration of consciousness, amnesia and sometimes neurological impairments. These abnormalities may all be transient, but more prolonged or even permanent problems with a wide range of impairment in such areas as physical, mental, and emotional/behavioral functioning may occur.

More than 90 percent of combat-related TBIs are closed head injuries, with most servicemembers sustaining a mild TBI or concussion. Difficulties after TBI may include headache, sleep difficulties, decreased memory and attention, slower thinking, irritability, and depression.

To view the entire regulation published in the Federal Register, go to: www.federalregister.gov/OFRUpload/OFRData/2008-22083_PI.pdf. For more information about VA disability compensation, go to www.va.gov or call 1-800-827-1000.

Department of Veterans Affairs (VA) – VA Announces \$36 Million in Grants for Homeless Programs

Homeless veterans in 35 States, the District of Columbia and Puerto Rico will get more assistance, thanks to Department of Veterans Affairs (VA) grants providing \$36.7 million to community groups to create 1,526 beds for homeless veterans this year.

VA has identified public and community non-profit groups eligible to receive payments for housing and supportive services to homeless veterans, including 49 grants for vans that will transport homeless veterans to health care and training programs.

The grants are part of VA's continuing efforts to reduce homelessness among veterans. VA has the largest integrated network of homeless assistance programs in the country. In many cities and rural areas, VA social workers and other clinicians working with community and faith-based partners conduct extensive outreach programs, clinical assessments, medical treatments, alcohol and drug abuse counseling and employment assistance.

VA's Grant and Per Diem program helped reduce the number of veterans who are homeless on a typical night last year by 21 percent to about 154,000 veterans. VA also provides health care to about 100,000 homeless veterans, compensation and assistance in obtaining foreclosed homes and excess Federal property, including clothes, footwear, blankets and other items.

To view a list of grant recipients, go to

<http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1581>.

More information about VA's homeless programs is available on the Internet at

<http://www.va.gov/homeless>.

Department of Veterans Affairs (VA) – VA Names Members of Benefits Advisory Committee

A newly formed advisory committee for the Department of Veterans Affairs (VA) will help improve VA's compensation system, especially recommending ways to update and improve the medical evaluations used for disability compensation.

The committee consists of knowledgeable and experienced veterans, advocates, and experts in areas such as disability claims adjudication, vocational rehabilitation, disability programs management, workers compensation, rehabilitative medicine, and mental health research who will provide advice and counsel to the Secretary.

Retired Army Lt. Gen. James Terry Scott will chair the Advisory Committee on VA Disability Compensation and Related Benefits. A partner at Watson & Associates of Coleman, Texas, he served as chairman of the independent Veterans' Disability Benefits Commission, one of several recent commissions to examine the needs of today's combat veterans.

The new 11-member VA panel will advise Secretary Peake through periodic reviews of VA's disability evaluation regulations, as well as make recommendations on legislative changes to VA benefits that address the impact of veterans' disabilities on quality of life, the need for transition assistance and the potential for successful rehabilitation.

The committee is expected to hold a series of public meetings and invite testimony. It will also submit periodic progress reports, the first of which is expected within six months of its first meeting. Meetings will be announced in the Federal Register.

Department of Veterans Affairs (VA) – VA Suicide Prevention Panel Completes Draft Report

A blue-ribbon panel has praised the Department of Veterans Affairs (VA) for its "comprehensive strategy" in suicide prevention that includes a "number of initiatives and innovations that hold great promise for preventing suicide attempts and completions."

Among the initiatives and innovations the group studied was VA's Suicide Prevention Lifeline – 1-800-273-TALK. The lifeline is staffed by trained professionals 24 hours a

day to deal with any immediate crisis that may be taking place. Nearly 33,000 veterans, family members, or friends of veterans have called the lifeline in the year that it has been operating. Of those, there have been more than 1,600 rescues to prevent possible tragedy. Other initiatives noted included the hiring of suicide prevention coordinators at each of VA's 153 medical facilities, the establishment of a Mental Health Center of Excellence in Canandaigua, NY, focusing on developing and testing clinical and public health intervention standards for suicide prevention, the creation of an additional research center on suicide prevention in Denver, which focuses on research in the clinical and neurobiological conditions that can lead to increased suicide risk and a plus-up in staff making more than 400 mental health professionals entirely dedicated to suicide prevention.

With the praise, the panel also recommended a mixture of more research, greater cooperation among Federal agencies, and more education for health care workers and community leaders to further strengthen and share VA's ability to help veterans and their families.

Called the "Blue Ribbon Work Group on Suicide Prevention," the five-member group was composed of suicide prevention experts from VA, the Department of Defense, the Centers for Disease Control and Prevention, the National Institute of Health, and the Substance Abuse and Mental Health Services Administration. The group was created by Peake and met June 11-13, 2008.

Among the panel's recommendations to further enhance VA's outstanding programs, many of which VA has already begun to implement, are:

- 1) Design a study that will identify suicide risk among veterans of different conflicts, ages, genders, military branches and other factors. VA has committed to work with other Federal agencies to design such a study within 30 days.
- 2) Improve VA's screening for suicide among veterans with depression or post-traumatic stress disorder (PTSD). VA is in the process of designing a new screening protocol, with pilot test undertaken during the fiscal year quarter beginning Oct. 1, 2008.
- 3) Ensure that evidence-based research is used to determine the appropriateness of medications for depression, PTSD and suicidal behavior. VA's is providing written warnings to patients about side effects, and the Department's suicide prevention coordinators are contacting health care providers to advise them of the latest evidence-based research on medications.
- 4) Devise a policy for protecting the confidential records of VA patients who may also be treated by the military's health care system. VA is already developing a plan to clarify the privacy rights of patients who come to VA while serving in the military.
- 5) Increase research about suicide prevention. VA has announced several funding opportunities this year for research on suicide prevention and is developing priorities for suicide prevention research.
- 6) Develop educational materials about suicide prevention for families and community groups. VA is examining the effectiveness of support groups and educational material

for the families of suicidal veterans, and producing a brochure for the families of veterans with traumatic brain injury about suicide, which will be available within 30 days.

7) Increase training for VA chaplains about the warning signs of suicide. VA offices responsible for chaplains and mental health professionals are studying ways to implement this recommendation, with a report due by Nov. 1.

8) Develop a gun-safety program for veterans with children in the home, both as a child-safety measure and a suicide prevention effort.

A VA directive establishing the program is being developed, with full implementation expected during the fiscal year beginning Oct. 1, 2008.

Department of Veterans Affairs (VA) – VA Opening 10 Rural Outreach Clinics

The Department of Veterans Affairs (VA) will open 10 new Rural Outreach Clinics by 2009 to increase the convenience of care for thousands of veterans living in rural areas.

The clinics provide primary care services, case management and mental health services. Each outreach clinic will be part of a VA network, maintaining VA's quality standards and access to larger VA facilities for specialized needs.

The 10 new clinics include a facility recently put in operation in Aroostook County, Maine.

Scheduled to begin operation this October are facilities in: Houston County, Ga.; Juneau County, Alaska; and Wasco County, Ore.

Clinics to be operational by August 2009 are in: Winnemucca, Nev.; Yreka, Calif.; Utuado, Puerto Rico; Lagrange, Texas; Montezuma Creek, Utah; and Manistique, Mich.

General Accountability Office (GAO) – “Veterans' Disability Benefits: Better Accountability and Access Would Improve the Benefits Delivery at Discharge Program”

The Government Accountability Office (GAO) has announced the release of recent report related to veterans, "Veterans' Disability Benefits: Better Accountability and Access Would Improve the Benefits Delivery at Discharge Program."

Recent military conflicts have increased interest in Federal efforts to support servicemembers preparing to leave military service. Through the Benefits Delivery at Discharge (BDD) program, the Department of Veterans Affairs (VA), in collaboration with the Department of Defense (DOD), has made efforts to streamline access to veterans' disability benefits by allowing some servicemembers to file a claim and obtain a single comprehensive exam prior to discharge. This report examines VA's efforts to manage the BDD program and how VA and DOD are addressing challenges servicemembers face in accessing BDD. To address these objectives, GAO analyzed

relevant documents and data, interviewed officials, and conducted site visits and interviews at selected military bases.

GAO recommends that VA improve timeliness and accuracy measures for BDD and pre-discharge claims data, collect additional data to monitor these claims, evaluate the BDD paperless process initiative, and improve its reviews of BDD operations. We recommend that DOD improve how it measures its goal for participation in VA benefits briefings. We also recommend that VA and DOD disseminate promising practices for the cooperative exam process. DOD concurred with our recommendations. VA generally agreed with our recommendations but did not agree to track the timeliness of BDD and pre-discharge claims development.

Highlights can be viewed at: --- <http://www.gao.gov/highlights/d08901high.pdf>. To view the full report, go to: <http://www.gao.gov/cgi-bin/getrpt?GAO-08-901>.

Military Handbooks – Veterans Healthcare and After the Military Handbooks Available Now

Military Handbooks has announced the release of two new 2008 free handbooks for military personnel, the “2008 After the Military Handbook” and the “2008 Veterans Healthcare Handbook.”

These handbooks, written specifically for military servicemembers, include a variety of information about benefits, education, and transitioning from the military.

2008 Veterans Healthcare Handbook

This unique handbook, written for veterans, gives you everything you need to know about: how to apply for healthcare, veterans service centers, choosing a facility, changing a facility, second opinions, prescriptions, dental care, chiropractic care, non-VA care, travel, POW benefits, appeals, grievances, confidentiality, financial issues, means testing, hardship determinations, waivers, medication co-payments, health insurance, listing of VA facilities, and much, much more!

2008 After the Military Handbook

This unique handbook, written for military veterans, covers: transitioning to the private sector, supporting your family, finding a job that pays "top dollar", choosing between jobs with large or small companies, deciding to start your own company, maximizing the benefits of a military career, medical benefits and life insurance in the private sector, how to pay for college after you leave military service, how to retire successfully, and more.

To download the 2008 Military Handbooks, please visit:

<http://www.militaryhandbooks.com>.

If you have any questions about the above information, please contact Kenneth Currier at 301-656-3145 or khcurrier@tbitac.nashia.org.

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