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Veterans Affairs Central Office
FOIA/Privacy Act Officers
810 Vermont Avenue, NW
Washington, DC 20420
Email: vacofoiaservice@va.gov

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**DEPARTMENT OF VETERANS AFFAIRS
Washington DC 20420**

October 30, 2013

In Reply Refer To: 001B

This is in response to your Freedom of Information Act (FOIA) request to the Department of Veterans Affairs (VA), dated April 20, 2013 and assigned internal tracking #13-04346-F, wherein you requested "a copy of each written response or letter from the Department of Veterans Affairs to a Congressional Committee (not a congressional office) (or Committee Chair) in calendar years 2012 and 2013 to date." Your request excludes regular periodic reports and constituent responses made to a congressional office.

Upon conducting an initial search for responsive documents, based on the 2.5 hours of search time you stipulated, the Office of the Secretary, Department of Veterans Affairs (OSVA) identified 41 pages of correspondence responsive to your request. The documents are provided as Enclosures 1-14. Under 38 C.F.R. Sec. 1.557, you have the right to appeal this response. Should you choose to appeal, please mail your appeal to the following address:

Office of General Counsel (024)
Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

The envelope and the letter should be marked: "FREEDOM OF INFORMATION ACT APPEAL." Include a copy of this letter, your original request and the reason of your appeal. You may also include a daytime telephone number in case the Office of General Counsel needs additional information.

Sincerely,


Lisa Matuszczak
FOIA Officer

14 Encls: responsive correspondence (OSVA)



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON
January 12, 2012

The Honorable Jeff Miller
Chairman
Committee on Veterans' Affairs
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

Thank you for your letter concerning the Department of Veterans Affairs (VA) fiduciary workload in the St. Petersburg VA Regional Office. The number of Veterans and other beneficiaries who require assistance in managing their funds because of injury, disease, or the infirmities of age continues to grow. We recognize the unique needs of these individuals, who are among the most vulnerable of those we are privileged to serve, and are committed to ensuring they receive timely, professional, and compassionate assistance.

The Veterans Benefits Administration (VBA) has made improving the services provided under its fiduciary program a top priority. VBA recently established the Pension and Fiduciary Service to strengthen the policies and procedures supporting the fiduciary program, enhance the training and tools provided to our employees, streamline and speed processing, and increase oversight of the delivery of fiduciary services. A major component of VBA's improvement efforts is the restructuring of the nationwide fiduciary field organization into six fiduciary hubs.

As part of this restructuring effort, VBA conducted an assessment of the fiduciary program workload and staffing needs, and determined there is need for additional field examiners in Florida and at other locations across the Nation. Currently, there are over 1,100 initial appointments pending at the St. Petersburg Regional Office, and it is taking an average of 75 days to process these appointments. The national goal for initial appointments is 45 days. The St. Petersburg office has a fiduciary staff of 30 full-time employees, with 18 of those employees serving as field examiners. To address the increasing fiduciary workload in Florida and provide more timely service, the St. Petersburg Regional Office will hire ten new field examiners, who will be assigned throughout Florida where fiduciary caseloads are greatest. Additionally, field examiners stationed across Florida will continue to be assigned appointments outside of their jurisdiction when necessary to assist fellow examiners with heavier caseloads.

We are dedicated to ensuring Florida Veterans and their families receive timely and high quality assistance with VA benefits and services. Thank you for your support of our mission.

Sincerely,

Eric K. Shinseki

ENCL 1



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

February 13, 2012

The Honorable Jeff Miller
Chairman
Committee on Veterans' Affairs
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

Thank you for your letter requesting that the Department of Veterans Affairs (VA) leadership and management at all levels be reminded about the value of protected disclosures to Congress in accordance with whistleblower protection laws and to ensure that VA employees have been informed of their rights and whistleblower protections.

You refer to my memorandum to all VA employees dated June 13, 2011, which expresses VA's commitment to equal employment opportunity, a workplace free of discriminatory harassment, and a commitment to creating a workplace that promotes an atmosphere of diversity and inclusion. I reaffirm this commitment annually in support of Equal Employment Opportunity Commission Management Directive 715 and the Notification of Federal Employee Antidiscrimination and Retaliation Act of 2002.

As you request, I will supplement the above published notifications with a stand-alone policy summarization on whistleblower protections today. If you have further questions please have a member of your staff contact Matt Santos in VA's Office of Congressional and Legislative Affairs, at (202) 461-6442 or by e-mail Matthew.Santos@va.gov.

Thank you for your continued support of our mission.

Sincerely,

A handwritten signature in black ink, appearing to read "Eric K. Shinseki".

Eric K. Shinseki

Enclosure

ENCL 2

**Department of
Veterans Affairs**

Memorandum

Date: February 13, 2012

From: Secretary (00)

Subj: Protection from Reprisal for Whistleblowing

To: To All Employees

1. I want to reiterate and reaffirm VA's commitment to whistleblower protection and creating an environment in which employees feel free to voice their legitimate concerns without fear of reprisal. There are several avenues of redress available for employees to address reprisal for whistleblowing, including reporting it to VA's Office of Inspector General, your local Congressional representative, Merit Systems Protection Board, and the Office of Special Counsel. A summary of these venues and contact information is attached.
2. It is a prohibited personnel practice for an agency to subject an employee to a personnel action if the action is threatened, proposed, taken, or not taken because of whistleblowing activities. Whistleblowing means disclosing information that the employee reasonably believes is evidence of a violation of any law, rule, or regulation, or gross mismanagement, a gross waste of funds, an abuse of authority, or a substantial and specific danger to public health or safety. An employee is protected if he/she makes such a disclosure to the Special Counsel or the Inspector General. Additionally, an employee is protected if he/she makes such a disclosure to any other individual or organization, such as a Congressional Committee or the media, provided that the disclosure is not specifically prohibited by law.
3. Protecting employee rights is a statutory obligation. Managers and supervisors have a responsibility and will be held accountable for enforcing standards of appropriate workplace behavior, and are expected to take prompt action to deal with any conduct identified as reprisal based on whistleblowing. This includes the taking of appropriate disciplinary action, ranging from a 10-day suspension to removal in accordance with the Agency's Table of Penalties, when the circumstances warrant.
4. I encourage each of you to familiarize yourself with this information and I remind every manager of this Department's responsibility to maintain a workplace that respects its employee's ability and right to raise legitimate concerns without fear of retribution.
5. If you have questions regarding this subject, please contact Tonya Deanes, Deputy Assistant Secretary for Human Resources Management, at (202) 461-7765.



Eric K. Shinseki

Attachment

Avenues of Redress for VA Employees Regarding Reprisal for Whistleblowing

VENUE	CONTACT INFORMATION
VA Office of Inspector General (VAOIG)	<p>Complaints may be filed by contacting:</p> <p>VA OIG Hotline – Toll-Free at 1-800-488-8244</p> <p>VA OIG Hotline (53E) P.O. Box 50410 Washington, DC 20091-0410</p> <p>Email: vaoighotline@va.gov</p> <p>FAX: (202) 565-7936</p>
Congressional Representatives	<p>Complaints may be filed by contacting your Congressional representative:</p> <p>List of House Representatives: www.house.gov</p> <p>List of Senators: http://www.senate.gov</p>
U.S. Merit Systems Protection Board (MSPB)	<p>Information about whistleblower appeals: http://www.mspb.gov/appeals/whistleblower.htm</p> <p>You may contact the appropriate Regional Office listed at http://www.mspb.gov/contact/contact.htm#AT or call: 1-800-209-8960 or 1-800-877-8339 (TDD)</p> <p>MSPB IG Hotline: 1-800-424-9121</p>
U.S. Office Special Counsel (OSC)	<p>Information and procedures for filing complaints may be found at www.osc.gov.</p> <p>You may also contact the Complaints Examining Unit (CEU) Hotline at 1-800-872-9855 or the Disclosure Unit Hotline at 1-800-572-2249.</p>

NOTE: This list is non-exhaustive as employees may contact the media, higher-level management officials within the Department of Veterans Affairs, etc. Contact your local human resources office for more information.



THE SECRETARY OF VETERANS AFFAIRS

WASHINGTON

March 13, 2012

The Honorable Jeff Miller
Chairman
Committee on Veterans' Affairs
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

This is in response to your recent letter of March 9, 2012, inviting the Department of Veterans Affairs (VA) to testify in a full committee hearing on March 27, 2012, regarding the status of the Department's ongoing major construction projects and leases.

We look forward to the Department providing the Committee an update on our major construction projects and leases and the benefits they will bring to Veterans. However, I am committed to depart on March 23 with public engagements at the dedication ceremony for the Louisiana National Cemetery in Port Hudson, Louisiana; the opening ceremonies of the National Disabled Veterans Winter Rehabilitative Sports Clinic at Snowmass Village, Colorado; and at VA facilities with Veterans in Denver, Cheyenne, and Salt Lake City. We have previously had to reschedule this trip to accommodate the date change for the Fiscal Year 2013 Budget hearing before the House Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies. I plan to honor these commitments with our Nation's Veterans.

On March 27, 2012, the Office of Acquisition, Logistics, and Construction Executive Director, Mr. Glenn Haggstrom and the Undersecretary for Health, Robert Petzel, M.D., whose Administration develops the requirements for its major projects, are available to represent the Department. They can be accompanied by Mr. Robert Neary, the acting director of the Office of Construction and Facilities Management, who the Committee requested by name. If this is not satisfactory, I ask that our staffs work on a mutually convenient date following my return from travel. I appreciate your consideration of these prior commitments given the short notice of the scheduling of this hearing.

If you have additional questions, please have a member of your staff contact our Assistant Secretary for Congressional and Legislative Affairs, Ms. Joan Mooney, who may be reached at (202) 461-6490.

Thank you for your continuing support of our mission.

Sincerely,

A handwritten signature in dark ink, reading "Eric K. Shinseki".

Eric K. Shinseki

ENCL 3



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

April 3, 2012

The Honorable Jeff Miller
Chairman
Committee on Veterans' Affairs
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

Public Law (P.L.) 110-387, section 105, directed the Department of Veterans Affairs (VA) to conduct a pilot program by October 1, 2009, to assess the feasibility and advisability of providing Veterans who seek treatment for substance use disorders access to a computer-based self-assessment, education, and specified treatment program through a secure Internet Web site operated by the Secretary. The results of the 2 year pilot are to be reported to Congress within 6 months of the completion of the pilot program.

Shortly after enactment of P.L. 110-387, on December 18, 2008, the Under Secretary for Health assessed the status of ongoing VA substance use disorder programs as well as the statute's specifications and requirements. He determined that VA's ongoing initiatives substantially addressed the same requirements as the law, and that a separate pilot program to satisfy the explicit requirements of P.L. 110-387 was not vital to achieving the statute's intended results. To achieve these results, VA expanded an existing program that incorporated the desired specifications and requirements of the pilot. VA leveraged its existing program resources for this effort as the pilot program was not appropriated any specific funding.

VA's programs matched many of the core requirements of the pilot program as outlined in section 105 of P.L. 110-387. For example, as detailed in the enclosed fact sheet, VA has developed or made available two stand-alone computer-based self assessment, education, and treatment programs for Veterans with substance use disorders. VA has also incorporated the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) in My HealtheVet. All of these tools are Internet-based, secure, anonymous, and can be accessed voluntarily. In addition to providing a screening assessment, these tools also provide education and treatment information.

In lieu of the report of the pilot program's conclusions required by section 105 of Public Law 110-387, VA offers the enclosed fact sheet on its programs concerning substance use disorders. Based on these programs, VA will continue to identify opportunities to use technology to improve access to services for Veterans with or at risk of substance use disorders. Also included is the required statement of cost for preparing the report.

ENCL 4

Page 2.

The Honorable Jeff Miller

VA also sent this information to other leaders on the House and Senate
Committees on Veterans' Affairs.

Sincerely,

A handwritten signature in black ink, appearing to read "Eric K. Shinseki". The signature is fluid and cursive, with a large loop at the end.

Eric K. Shinseki

Enclosures

**Congressional Report on
Internet-Based Substance Use Disorder (SUD) Treatment for
Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn
(OEF/OIF/OND) Veterans**

Report on Action to Date (February 2012)

Discussion:

Prior to the enactment of Public Law (P.L.) 110-387, the Department of Veterans Affairs (VA) had already established a robust program for treating substance use disorders (SUD) and was therefore able to satisfy many of the law's requirements within a comprehensive program exploring the efficacy of different SUD treatment options. To ensure any new programs would be consistent with other efforts, VA convened a focus group of primary care providers in April 2009, to explore the possible need for, and acceptability of, offering the Brief Alcohol Intervention (BAI) as a stand-alone tool in VA primary settings. Providers received a structured presentation that included information on:

- the prevalence of alcohol misuse among Veterans;
- an estimate of the increase in prevalence with the arrival of OEF and OIF Veterans; and
- the effectiveness of BAI for treating alcohol misuse in primary care.

These providers endorsed the advisability of implementing BAI in VA primary care. In developing the new BAI program, VA clinicians considered the range of programs currently offered within VA and other settings, including the Department of Defense (DoD), and the results of these program efforts as established in the research literature. Subsequently, in June 2009, VA conducted another focus group of 20 Veterans who screened positive on the Alcohol Use Disorders Identification Test (Form C) for heavy drinking. The Veterans were asked to complete a brief, self-administered BAI intervention tool. They reported a high degree of satisfaction with BAI, with 95 percent indicating they found:

- the computerized intervention easy to use;
- the information they provided would be kept safe and confidential; and
- the personalized feedback report generated by BAI easy to understand.

Results of both focus groups supported the feasibility and advisability of continuing efforts to refine and evaluate computer-based motivational interviewing.

In addition, VA is developing a Patient Education Management System for Veteran consumers as part of My Health_eVet, its consumer portal for Internet-mediated resources and services such as the BAI.

VA has since developed or acquired several modules (described below) to further explore utilization of the Internet as a resource for SUD self-assessment, self-management, and linkage to professional resources when needed. VA is evaluating the effectiveness and utilization of these modules. This evaluation is complicated because

the identity of the Veterans using many of these programs is anonymous, so VA cannot connect clinical outcomes with use of these services. Moreover, these treatment approaches are not pursued in isolation of other efforts, so attributing an outcome with a specific intervention is statistically unreliable. We cannot establish any specific cost savings resulting from these efforts for the same reasons.

Computer-Based Motivational Interviewing (C-MI)

The Center for Health Care Evaluation at VA Palo Alto Health Care System has developed C-MI with personalized feedback to address alcohol misuse among Veterans. This tool was originally developed in collaboration with the Vet Centers (Readjustment Counseling Service) and was designed to serve as the centerpiece of a brief motivational intervention (two sessions). Additional information is available at www.bmiforsuv.org.

C-MI is based on strong evidence for the effectiveness of motivational interventions, and it includes both assessments and feedback. There are two components: a brief computerized assessment and a personalized feedback report. The domains that are assessed in BAI and on which Veterans receive personalized feedback are: typical alcohol consumption, lifetime negative consequences of alcohol use, risk factors for unsafe drinking (e.g., combat experience, history of sexual assault, using drugs/alcohol to cope with symptoms of Post-traumatic Stress Disorder (PTSD)), past 90-day use of illicit drugs, and willingness to change alcohol use. In this module, the patient enters assessment information directly into the BAI computer program.

Once patients complete the assessment portion of C-MI, individualized feedback reports are generated for them to print out and review on their own. The personalized feedback report consists of the following elements: a summary report of weekly use of alcohol and/or other substances, normative feedback on alcohol use with respect to age-matched peers, estimates of the consequences of alcohol use on their health and finances, time spent "under the influence," a chart indicating peak blood alcohol content (BAC) on a day within the past 90 days when the most alcohol was consumed, psycho-education on the physiological effects of various BAC values and factors that increase/decrease BAC, social consequences of alcohol and other substance use, reported risk factors for increasing the social/health consequences of using alcohol, and a summary of self-reported motivation to change alcohol consumption.

Cognitive Behavior Therapy (CBT)

VA has developed a computerized version for delivering CBT. CBT is an evidence-based psychotherapy that has been demonstrated to be effective, durable, and well-accepted by consumers in non-VA settings. CBT may serve as a "stand alone" treatment or be combined with other interventions in treating SUD.

VA researchers in Veterans Integrated Service Network 1 have initiated a study to evaluate the feasibility and effectiveness of adding a computer-based training program in CBT (referred to as CBT4CBT) for the treatment of SUD. The study is ongoing (36/80 randomized to date). If results are promising, future projects will develop a

Veteran-specific version of CBT4CBT. This delivery system is expected to be particularly attractive to younger OEF/OIF/OND Veterans, those in rural areas, and those who are hesitant to seek more traditional treatment services due to what they may perceive as the stigma or inconvenience of attending a mental health clinic.

Drinkers Check-up (DCU)

This scientifically based program provides a detailed look at respondents' drinking as reported anonymously online. It then gives personalized, objective feedback about their drinking, including comparing their drinking, consequences, risk factors, etc., to others. The DCU concludes with treatment modules that help resolve ambivalence about whether to change, explore goals for changing, and develop a plan for changing. The modules also offer resources for helping patients meet their goals. The entire DCU takes 60 to 90 minutes. The tool is anonymous and does not require the user to provide any demographic or geographic information.

VA has made DCU available online at www.veterandrunkerscheckup.org and at www.mentalhealth.va.gov, as well as through My HealtheVet. DCU is licensed to VA and is externally hosted. Since June 2009, 24,000 Veterans have completed the alcohol problem screening section of the DCU and over 7,000 have completed the entire program.

Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)

ASSIST is a self-report screening measure for addictive disorders and is the "gold standard" for drug abuse screening. The measure was developed for the World Health Organization by an international group of substance abuse researchers to detect and manage substance use and related problems in primary and general medical care settings. It is available online for anonymous self-administration through My HealtheVet along with contact information for locating treatment or mutual help resources.

In-Home Messaging Device (IHMD)

Although not specifically Web-based, IHMDs are technology tools that have potential for use in the treatment of SUDs. VA has invested heavily in IHMDs for medical conditions requiring frequent monitoring. Following evidence of improved health outcomes among Veterans with diabetes and/or chronic heart failure, IHMDs have been developed for PTSD, depression, and schizophrenia. Initial feasibility and acceptability testing have shown that IHMD is easy to use and understand, as well as convenient and helpful to patients with SUD. VA researchers have written 28 substance abuse treatment dialogues for use in IHMDs. Dialogues assess drug and alcohol use on a daily basis and include interventions based on motivational interviewing, CBT, and Twelve-Step Facilitation.

A unique feature of IHMD is that patient responses are downloaded to a secure server and are then risk-stratified according to thresholds indicated by color-coded alerts (high/red; medium/yellow; low/green) that are transmitted to a care coordinator for action. Working with VA's Office of Telehealth Services and the Care Coordination

Home Telehealth—Chronic Care Management Team, these dialogues have been made available throughout VA via Health Hero and Viterion devices.

VA's Office of Telehealth Services has introduced the SUD treatment IHMD in a national care coordination Home Telehealth training session and released it nationally for use throughout VA in July 2010. A brochure has been developed to assist Veterans in navigating the program. Currently, VA is supporting an investigation of the efficacy of IHMD when added to intensive outpatient treatment.

Conclusion and Recommendations

In summary, VA continues to identify opportunities to use technology to improve access to services for Veterans at risk for, or who have already developed, SUD. In addition to existing products (CMI, DCU, ASSIST, and in-home messaging dialogues), VA is evaluating other promising approaches to computer-based intervention such as the BAI and CBT4CBT. The recently developed Smartphone applications for PTSD (PTSD Coach) will be expanded with content addressing SUD. VA will remain vigilant about other opportunities to promote patient-centered care by engaging Veterans through emerging methods they find acceptable and helpful.

Veterans Health Administration
March 2012

**Estimate of Cost to Prepare
Congressionally-Mandated Report**

ATTACHMENT

Short Title of Report:	<u>Pilot Program on Internet-Based Substance Use Disorder Treatment for OEF/OIF Veterans</u>
Report Required By:	<u>Public Law 110-387 Pilot Study Report to Congress</u>

In accordance with Title 38, Chapter 1, Section 116, the statement of cost for preparing this report and a brief explanation of the methodology used in preparing the cost statement are shown below.

Manpower Cost:	<u>\$1,077</u>
Contract(s) Cost:	<u>\$0</u>
Other Cost:	<u>\$0</u>
<u>Total Estimated Cost to Prepare Report:</u>	<u><u>\$1,077</u></u>

Brief Explanation of the methodology used in preparing this cost statement:



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

April 9, 2012

The Honorable Jeff Miller
Chairman
Committee on Veterans' Affairs
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

Thank you for your inquiry regarding the Department of Veterans Affairs' (VA) plans to relocate the Veterans Day Treatment Center in Little Rock, Arkansas, and also for your recent visit to the Central Arkansas Veterans Healthcare System in Little Rock, Arkansas. I appreciate your continued support of the men and women of VA who are dedicated to providing essential services to our homeless Veterans and those at risk for homelessness.

The decision to move the Center from its current location to the leased location at 1000 Main Street in Little Rock was long in coming. The search began in 2006, at least 27 properties have been considered, and numerous discussions were held with many stakeholders. All pertinent leasing, notification, and competition requirements were met. The enclosed fact sheet responds to your specific questions.

Should you have any additional questions, please have your staff contact Mr. Tim Embree, Congressional Relations Office, at (202) 461-5552 or by e-mail at timothy.embree@va.gov.

I appreciate your continued support of our mission.

Sincerely,

A handwritten signature in black ink, reading "Eric K. Shinseki".

Eric K. Shinseki

Enclosure

ENCL 5

Department of Veterans Affairs (VA)
Veterans Health Administration
Fact Sheet
For Chairman Jeff Miller
Veterans Day Treatment Center
Little Rock, Arkansas

Question: Did the Department of Veterans Affairs (VA) conduct any Veteran population study to determine the best location for the center? If so, what was the result of the study? If not, why did you choose Main Street as the location?

Response: In determining the best relocation site for the Little Rock Veterans Day Treatment Center (DTC), Central Arkansas Veterans Healthcare System (CAVHS) relied on both an analysis of data including safety and security, and over 24 years of experience in outreach to local homeless Veterans. Each year, CAVHS undertakes an analysis of its patient populations across several dimensions. One of those dimensions is the location where Veterans live. For most of the service area, this is done at the county level. Given the population of Pulaski County, where approximately 25 percent of CAVHS patients reside, the analysis is conducted at the zip code level, including downtown zip codes. From 1992 to 1996, the DTC staff operated out of the North Little Rock VA Medical Center (VAMC) with an average of 6,113 visits each year without significant sustained growth for several years. Because the majority of Veterans served were located downtown, the Center moved into the current downtown Little Rock site at 2nd and Ringo in March 1996, resulting in significant increased utilization and continual growth as noted in the chart below.

Timeframe of data	Mar. 1995-Feb 1996 (12 months prior to moving the Center to downtown Little Rock)	Mar. 1996-Feb 1997 (12 months after moving the Center to downtown Little Rock)	Mar. 1997-Feb 1998 (12-24 months after moving the Center to downtown Little Rock)
Visits/year	6,266	7,969	8,366
Increased visits from baseline year	Baseline	1,703	2,100
Percentage Increase from baseline year	Baseline	27%	34%

This growth has continued to climb while operating in the downtown Little Rock area, exceeding 15,000 visits in calendar year 2006 and exceeding 26,000 visits in calendar year 2011. This sustained success of reaching Veterans in the downtown Little Rock and downtown North Little Rock areas led to CAVHS's choice to relocate the DTC within the same area in which it currently resides.

Despite the broad delineated area of consideration advertised in the Arkansas Democrat Gazette for 8 consecutive days in July 2011, only two locations were submitted by potential contractors and both of those were on Main Street in Little Rock.

Question: It appears that VA did not engage the local community (i.e., government officials, advocacy, organizations, private citizens, local businesses, etc.) prior to awarding the lease. Please explain.

Response: CAVHS widely discussed the intent to relocate within the same downtown area of current DTC operations with Veterans Service Organizations, Congressional Representatives, local homeless service providers, and city officials for the past several years. Forums for discussion included the CAVHS Management Advisory Council (MAC) and the Community Homeless Assessment, Local Education and Networking Groups (CHALENG) quarterly meetings in the Little Rock metropolitan area. These forums routinely provided opportunities for open discussions and questions relating to any CAVHS operational concerns. Specifically, the CAVHS plan to end Veteran homelessness, which included information regarding the location of the current Center in downtown Little Rock and approval to lease 9,000 – 9,999 square feet of space for long overdue expansion needs, was discussed as an agenda topic during the July 27, 2011, CHALENG meeting. This was followed in October 2011 by the written plan which was distributed by e-mail in the minutes to CHALENG representatives, including the Little Rock Mayor's representative. While CAVHS communicated to internal and external stakeholders its intent to relocate within the same downtown area over several years, leadership recognized opportunities for improved communication existed. However, it was also imperative that the VAMC comply with Federal procurement laws and regulations, which prohibit discussion of any specific site that a potential offeror had submitted during VA's lease procurement process. Although there was no formal announcement, the Little Rock Mayor was engaged throughout the process. On February 13, 2012, CAVHCS leadership met with the Little Rock Mayor and Congressman Griffin to discuss their concerns. Following the February 23, 2012 visit by Chairman Miller, Congressman Griffin expressed his acceptance of the decision.

Question: Please provide an accounting of the solicitation and lease award process.

Response: An accounting of the solicitation and lease award process is summarized below.

- 2007 - April 2011 - CAVHS conducted market research to informally look for suitable locations for relocation, exploring 27 potential sites.
- April 2011 - Recognizing that there were multiple potential sites, the CAVHS Hospital Director gave the authority to the Veterans Integrated Service Network contracting officer to proceed with the formal lease process in accordance with applicable Federal laws and regulations.

- June 15, 2011 - The delineated boundaries of consideration included downtown North Little Rock and downtown Little Rock, where the majority of homeless Veterans and homeless support services are located.
- July 14-21, 2011 - CAVHS issued a public notice of VA's intent to procure property in the downtown area of consideration, in the Arkansas Democrat Gazette, which is the primary metropolitan Little Rock newspaper with circulation in excess of 160,000 Arkansans. In addition, a copy of the public notice was sent to three companies who have worked with CAVHS on lease projects in the past.
- September 7, 2011 - Site Visits (market research) were conducted for two locations identified by interested offerors.
- September 8, 2011 - One site was rejected due to failure to meet technical requirements.
- September 11, 2011 - VA issued its Solicitation for Offers.
- September 29, 2011 - VA issued an amendment to the Solicitation for Offers.
- October 19, 2011 - VA received an offer to lease from one offeror.
- October 19 - October 31, 2011 - Offer reviewed by VA contracting officer.
- November 1, 2011 - VA contracting officer awarded the lease to the selected offeror.

Veterans Health Administration
April 2012



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

April 9, 2012

The Honorable Jeff Miller
Chairman
Committee on Veterans' Affairs
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

I am aware of concerns raised in press reports regarding proprietary (for-profit) institutions of higher education and am pleased to respond to your letter of February 6, 2012, requesting the position of the Department of Veterans Affairs (VA) on consideration of changing the "90/10 rule". The Rule is a statutory requirement that provides that institutions of higher education participating in the student aid programs under Title IV of the Higher Education Act of 1965 (HEA) may not derive more than 90 percent of their revenue from funds under those programs. The Title IV programs are administered by the Department of Education (ED). In particular, your letter seeks VA's views on any legislative or regulatory change that would include GI Bill benefits in the 90 percent side of that ratio. In addition, you ask whether a Veteran who is already enrolled at a school would continue to be eligible for benefits under chapters 30, 31, 32, 33, and 35 of title 38, United States Code, if the school were found to exceed the 90 percent cap.

A statutory change in this area would necessitate collaboration across multiple agencies to accurately identify the amount of dollars from various Federal education benefit programs that flow to each educational institution. In order to ensure that Veterans are not adversely affected, the manner in which such a change in law would be formulated and implemented is important. We would be happy to work with Congress to evaluate various alternatives to the current framework and provide any requested analyses.

Sincerely,

A handwritten signature in black ink, appearing to read "Eric K. Shinseki".

Eric K. Shinseki

ENCL 6



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

April 30, 2012

The Honorable Jeff Miller
Chairman
Committee on Veterans' Affairs
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

This is in response to your letter of April 24, 2012, inviting the Department of Veterans Affairs (VA) to testify in a full committee hearing on May 8, 2012, regarding the status of the Department's mental health care program. VA looks forward to providing an update on our mental health program and initiatives to better serve our Nation's Veterans.

As you know, on April 25, 2012, Department officials testified at a Senate Committee on Veterans' Affairs hearing on the topic of mental health. In reviewing your Committee's focus for the hearing scheduled for May 8, the issues to be discussed are very similar. For that reason, I believe a similar panel of VA officials to those that were requested and testified at the Senate hearing is appropriate. VA will provide Robert L. Jesse, M.D., Ph.D, VHA's Principal Deputy Under Secretary for Health; Ms. Mary Schohn, Ph.D., Director, Office of Mental Health Operations; Ms. Antonette Zeiss, Ph.D, Chief Consultant, Office of Mental Health Services; and Ms. Annie Spiczak, Assistant Deputy Under Secretary for Health for Workforce Services, all from the Veterans Health Administration (VHA). These experts will provide the Committee with a detailed update on the quality of the Department's mental health care, the Department's response to the Inspector General report, the methodology used to determine the additional 1,900 new mental health staff, and an update on wait times and performance measures. Dr. Jesse's position offers him an overarching perspective on the broad range of topics of focus at the hearing, and he would therefore be VA's lead witness.

In regards to your request for an official to discuss mental health staffing, I recommend that Ms. Spiczak replace Mr. John U. Sepulveda, Assistant Secretary for Human Resources and Administration. Mr. Sepulveda is not responsible for VHA's human capital planning. Ms. Spiczak oversees VHA's Office of Workforce Management and Consulting which has this responsibility, as well as the responsibility for recruitment and retention of mental health professionals and support personnel.

If you have questions, please have a member of your staff contact our Assistant Secretary for Congressional and Legislative Affairs, Ms. Joan Mooney, who may be reached at (202) 461-6490.

Thank you for your continued support of our mission.

Sincerely,

Eric K. Shinseki

ENCL 7



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

May 25, 2012

The Honorable Jeff Miller
Chairman
Committee on Veterans' Affairs
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

This is in response to your letter inviting the Department of Veterans Affairs (VA) to testify in a Committee hearing on the Pharmaceutical Prime Vendor (PPV) issue on June 6, 2012. We look forward to providing an update on this issue and on our continuing work serving our Nation's Veterans.

On February 1, 2012, the full Committee held a hearing on the topic of PPV where VA's lead witness was W. Scott Gould, Deputy Secretary of Veterans Affairs, accompanied by six VA officials. Deputy Secretary Gould will again lead VA's panel, accompanied by Mr. John R. Gingrich, VA Chief of Staff, Mr. Glenn D. Haggstrom, Executive Director of the Office of Acquisition, Logistics, and Construction (OALC); Mr. Jan R. Frye, Deputy Assistant Secretary of the Office of Acquisition and Logistics; Mr. Philip Matkovsky, Assistant Deputy Under Secretary for Health for Administrative Operations, Veterans Health Administration (VHA); Mr. Steven A. Thomas, Director of National Contracting Service at the National Acquisition Center, OALC; and Mr. Michael Valentino, Chief Consultant, Pharmacy Benefits Management Service, VHA. These officials have the appropriate expertise on the management, contracting, and health-related topics that are involved with PPV.

If you have questions, please have a member of your staff contact our Assistant Secretary for Congressional and Legislative Affairs, Joan Mooney, who may be reached at (202) 461-6490.

Thank you for your continuing support of our mission.

Sincerely,

A handwritten signature in black ink, appearing to read "Eric K. Shinseki".

Eric K. Shinseki



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

May 25, 2012

The Honorable Jeff Miller
Chairman
Committee on Veterans' Affairs
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

This is in response to your letter inviting the Department of Veterans Affairs (VA) to testify at a Committee hearing on May 31, regarding VA's implementation of the VOW to Hire Heroes Act of 2011. We look forward to providing an update on this legislation and on our continuing work serving our Nation's Veterans.

On December 15, 2011, Mr. Curtis Coy, Deputy Under Secretary for Economic Opportunity, Veterans Benefits Administration (VBA), testified at a House Committee on Veterans' Affairs Economic Opportunity Subcommittee hearing on the topic of the VOW to Hire Heroes Act and has provided updates to your staff on the implementation of this legislation. Fully understanding that the May 31 hearing is before the full Committee, I want to ensure that an appropriate level of Departmental representation occurs. For this reason, VA will be represented by Under Secretary for Benefits Allison A. Hickey and accompanied by Mr. Coy.

Under Secretary Hickey and Mr. Coy will provide the Committee with a detailed update on the status of implementation of the VOW to Hire Heroes Act, specifically emphasizing progress on section 211, the Veterans Retraining Assistance Program, and section 233, Training and Rehabilitation for Veterans with Service Connected Disabilities who have exhausted rights to Unemployment Compensation under state law. These officials will offer a comprehensive perspective on the implementation including our outreach efforts and enrollment.

If you have questions, please have a member of your staff contact our Assistant Secretary for Congressional and Legislative Affairs, Joan Mooney, who may be reached at (202) 461-6490.

Thank you for your continuing support of our mission.

Sincerely,

Eric K. Shinseki

ENCLOSURE

ENCL 9



**THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON**

July 30, 2012

The Honorable Jeff Miller
Chairman
Committee on Veterans' Affairs
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

Thank you for your letter requesting that the Department of Veterans Affairs (VA) develop and distribute a questionnaire to determine the tools and resources students use while pursuing educational opportunities with VA education benefits. You also requested a plan for completing this project.

VA recognizes the need to increase its awareness of the resources available to our students as they plan for and attend school. For that reason, VA developed a comprehensive Voice of the Veteran survey to help us learn more about the population of individuals who use VA education benefits. A copy of the survey is enclosed. The survey, which will encompass beneficiaries representing all VA education programs, will be used to determine students' experiences while using their education benefits, and how VA can best support Servicemembers, Veterans, and their families in successfully pursuing educational opportunities.

Included in the Voice of the Veteran survey is a series of questions that ask about school marketing and recruiting; it is designed to ascertain the impact of such practices on the Veteran's choice of school and program, as well as whether the Veteran believes the marketing was deceptive.

The data obtained from the Voice of the Veteran survey will provide most of the evaluative information you wanted us to obtain from students regarding the use of VA education benefits. To capture the remainder of the data, we can add more questions to the survey whenever a revised version is developed in the future.

VA is currently coordinating with other Federal agencies to develop a plan to implement the Principles of Excellence Executive Order; coordination and planning are currently in progress and a final timeline has not been established. A specific goal of the Principles of Excellence implementation is to develop a centralized complaint system for Veterans that will facilitate a Veteran's ability to submit a complaint about schools, school officials, or allegations of school misconduct.

ENCL 10

Page 2.

The Honorable Jeff Miller

Additionally, VA's contributions to the mandatory Transition Assistance Program (TAP) will provide information to transitioning Servicemembers about many of the topics you address in your letter. VA is currently restructuring our portion of TAP to ensure Servicemembers are equipped to make informed decisions about how to best utilize their education benefits. The new TAP curriculum will be implemented no later than November 21, 2012.

Thank you for your continued support of our mission. A similar response is being sent to Senator Burr.

Sincerely,

A handwritten signature in black ink, appearing to read "Eric K. Shinseki". The signature is fluid and cursive, with a large, stylized "E" and "S".

Eric K. Shinseki

Enclosure

Sample population definition: Beneficiary who has been enrolled and receiving benefit payments for at least 2 consecutive school terms

Benefit Information

1. How did you FIRST learn about the education benefit programs? (Mark only one) *If you are unsure, please indicate the first way you remember learning about the education benefit programs.*
 - a. VA website
 - b. VetSuccess.gov
 - c. eBenefits.va.gov
 - d. Mail (from VA)
 - e. VA phone number (888-442-4551)
 - f. VA Representative or VA School Certifying Official
 - g. Transition Assistance Program/Disabled Transition Assistance Program briefings
 - h. Veterans Service Organizations, e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc. (Specify) _____
 - i. VA medical center
 - j. VA Vet center
 - k. In person at a Regional Office
 - l. Social media websites (e.g., Facebook, Twitter, etc.)
 - m. Visit from a VA employee
 - n. Other Veterans
 - o. Internet (excluding VA and social media sites)
 - p. Friends or family
 - q. Information came with notification/ratings letter
 - r. Other Publications (e.g., Army Times, local newspaper, etc.)
 - s. Other (Specify) _____
 - t. Don't know or not sure
2. What method(s) do you MOST FREQUENTLY use to obtain general information about VA's education benefits or services? (Mark all that apply)
 - a. Phone
 - b. Mail
 - c. E-mail
 - d. In person at a Regional Office
 - e. Veterans Service Organizations, e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc. (Specify) _____
 - f. VA Representative or VA School Certifying Official
 - g. Disabled Veterans' Outreach Program
 - h. VA website
 - i. VetSuccess.gov
 - j. eBenefits.va.gov

- k. Social media websites (e.g., Facebook, Twitter, etc.)
 - l. Other websites (excluding VA or social media sites)
 - m. VA medical center
 - n. VA Vet center
 - o. Friends or family
 - p. Other Publications (e.g., Army Times, local newspaper, etc.)
 - q. Certifying official at school
 - r. Other (Specify) _____
 - s. Don't know or not sure
 - t. None of the above
3. How frequently would you like to receive communications (e.g., e-mails, letters, newsletters, etc.) from VA about education benefits or services? (Mark only one)
- a. Weekly
 - b. Monthly
 - c. Quarterly (every 3 months)
 - d. Semi-annually (twice per year)
 - e. Annually (once per year)
 - f. Never
 - g. Don't know or not sure
4. How would you like to receive information from VA about education benefits or services? (Mark all that apply)
- a. Phone
 - b. Mail
 - c. E-mail
 - d. VA website
 - e. Social media websites (e.g., Facebook, Twitter, etc.)
 - f. In person at a Regional Office
 - g. Veterans Service Organizations, e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc. (Specify)
 - h. Other (Specify) _____
 - i. Don't know or not sure

The following question asks you to rate various aspects of your experience with Education, using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average.

5. When thinking about your most frequently used methods of communication, please rate your experience obtaining information about your VA Education Benefits on the following items: (Mark only one per row)
- a. Ease of accessing information
 - b. Availability of information
 - c. Clarity of information
 - d. Usefulness of information

- e. Frequency of information provided by VA
- f. Overall rating of information

Contact with VA

6. During the past 6 months, did you contact anyone from VA (not including a VA School Certifying Official) about your education benefit? (Mark only one)
- a. Yes
 - b. No

(Ask Q7-Q12 if Q6 is Yes, otherwise go to Q13)

7. Which of the following best describes the reason for your most recent contact? (Mark only one)
- a. Resolve a problem
 - b. Ask a question
 - c. Request a change to your records/provide information
8. Can you briefly describe the nature of your most recent contact? (Mark all that apply)
- a. Change your address or direct deposit information
 - b. Report the death of an individual who received VA benefits
 - c. Report that you did not receive your monthly stipend or book allowance
 - d. Submit monthly verification of enrollment
 - e. Check on the status of your claim
 - f. Report a problem with a VA customer service representative
 - g. Ask a general question
 - h. Obtain information about submitting a claim
 - i. Question about a payment amount
 - j. Other (Specify) _____
9. Thinking about your most recent contact, how did you contact VA? (Mark only one)
- a. Phone
 - b. Fax
 - c. Website
 - d. E-mail
 - e. Mail
 - f. In person
10. Was your most recent issue resolved? (Mark only one)
- a. Yes
 - b. No

(Ask Q11 if Q10 is No, otherwise go to Q12)

11. Why wasn't your most recent issue resolved?
- a. Did not receive all of the information required

- b. Received incorrect information
- c. Was referred to the incorrect office/person
- d. Waiting for follow-up from VA
- e. Other (Specify) _____
- f. Don't know or not sure

12. Thinking of your most recent contact with the VA, how would you rate your overall customer service experience with the VA or VA representatives using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average.

Benefit Entitlement

Non-Post 9/11 GI Bill

Montgomery GI Bill, Survivors and Dependents Education Assistance (DEA), Reserve Education Assistance Program (REAP), Veterans Education Assistance Program (VEAP), and other programs

(Ask Q13 if you are receiving a benefit other than Post 9-11GI Bill benefits (e.g., MGIB, DEA, VEAP, REAP), otherwise go to Q14)

13. What type of program are you currently using your education benefit for? (Mark all that apply)
- a. College/University
 - b. NCD (Non-College Degree Programs)
 - c. On-the-job and apprenticeship training
 - d. Flight training
 - e. Independent training/Distance learning/Internet training
 - f. Correspondence training
 - g. National Testing Program
 - h. Licensing and Certification Program
 - i. Entrepreneurship training
 - j. Work-Study Program
 - k. Don't know or not sure

Post 9/11 GI Bill

(Ask Q14 if you are currently receiving Post 9/11 GI Bill benefits, otherwise go to Q15)

14. What is the format of the program you are currently enrolled in? (Mark only one)
- a. Traditional (classes in classroom/school facility)
 - b. Online (classes on the internet)

c. Mixed (classroom and online)

15. Has the stipend you received for books and supplies in the past two terms been incorrect/differed from what was communicated to you by VA?

- a. Yes
- b. No
- c. Don't know or not sure

16. Has the tuition payment you or your school received in the past two terms been incorrect/differed from what was communicated to you by VA?

- a. Yes
- b. No
- c. Don't know or not sure

The following question asks you to rate various aspects of your experience with Education, using a scale of 1 to 10, where 1 is Unacceptable, 10 is Outstanding, and 5 is Average.

17. Please rate your education benefit payment on the following items: (Mark only one per row)

- a. Amount of financial assistance
- b. Effectiveness of benefit in helping you achieve your educational or vocational goal
- c. Timeliness of receiving benefit payment
- d. Overall rating of benefit payment

Overall Experience with Benefit Program

18. Thinking about ALL aspects of your experience with your education benefits, please rate VA overall, using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. (Mark only one)

Overall Experience with VA

19. Taking into consideration all of the non-medical benefits (e.g., education, compensation and pension, home loan guaranty, vocational rehabilitation and employment, insurance, etc.) you have applied for or currently receive, please rate your experience with VA overall, using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. (Mark only one)

20. How likely are you to inform other Veterans and beneficiaries about your experience with VA benefits or services? (Mark only one)
- a. Definitely will not
 - b. Probably will not
 - c. Probably will
 - d. Definitely will

School Marketing/Recruiter

21. How did the marketing materials or recruiter at the school/university you are enrolled at influenced your decision to enroll in that program. (Mark only one)
- a. Definitely did not influence my decision
 - b. Somewhat influenced my decision
 - c. Absolutely influenced my decision
22. To what degree was your experience consistent with what was presented to you in any marketing materials or by a recruiter? (Mark only one)
- a. Not at all consistent
 - b. Somewhat consistent
 - c. Very consistent
23. Was your experience with the program you enrolled in... (Mark only one)
- a. Harder than you expected
 - b. What you expected
 - c. Easier than you expected
24. Do you have any comments you would like to add regarding the marketing efforts or recruiter from the school/university you enrolled in? (Open Capture)
-

As a reminder, your responses will be kept completely confidential and your email address will not be sent to VA with any responses on this survey.

25. Would you like to provide an e-mail address so VA can contact you with general information about VA benefits and services? (Mark only one)
- a. Yes
 - b. No
 - c. I do not have an e-mail address
 - d. Prefer not to answer

(Ask Q26 if Yes in Q25)

26. Please enter your preferred e-mail address where you would like to be contacted:
(Open Capture)
- a. E-mail:

About You

Please answer the following questions about the person who is receiving the education benefit (yourself or a dependent).

27. Are you a ...

- a. Part- time student
- b. Full- time student
- c. Not currently enrolled
- d. Don't know or not sure

(Ask Q28-46 if a or b, otherwise go to Q47)

28. (Online only) What is the format of the program you are enrolled in? (Mark only one)

- a. Traditional (classes in classroom/school facility)
- b. Online (classes on the Internet)
- c. Mixed (classroom and online)

29. What type of degree/training program are you currently pursuing? (Mark only one)

- a. On-the-job training or apprenticeship
- b. Certificate/license
- c. Associate degree
- d. Bachelors degree
- e. Masters degree
- f. Doctorate

30. What type of academic institution or training facility are you enrolled in? (Mark only one)

- a. 2-year college (e.g., community college)
- b. 4-year college (e.g., university)
- c. Postgraduate program
- d. Technical or trade school
- e. Flight school
- f. Job training site
- g. Other (Specify) _____

(Ask Q30 if enrolled in a 2-year college in Q29, otherwise go to Q31)

31. Do you plan on attending a 4-year college in the future?

(Mark only one)

- a. Yes
- b. No

c. Prefer not to state

32. Prior to the current program, what was the last year of school you completed?

(Mark only one)

- a. High school graduate or equivalent
- b. Trade/technical school
- c. Some college (2-year program)
- d. Some college (4-year program)
- e. 2-year college degree
- f. 4-year college degree
- g. Some graduate courses
- h. Advanced degree (i.e. master's degree/PhD)
- i. Prefer not to answer

33. (Online only) Why did you select your current school/training facility? (Mark all that apply)

- a. Lower tuition/program costs
- b. Good counselors
- c. Convenient location
- d. Easy initial application process
- e. Convenient course/program enrollment process
- f. Variety of course/training offerings
- g. Variety of available student support
- h. School specialization in subject of interest
- i. Reputation of school/training facility
- j. Reputation of instructors
- k. Past experience
- l. Recommendation from friends/relatives
- m. Availability of online classes
- n. Flexibility of course/training scheduling
- o. Financial aid
- p. Other (Specify) _____

34. When did you first enter into your current degree/training program? (Open Capture)

- a. Please enter the month and year: mm ____ yy ____
- b. Prefer not to answer

35. How many years have you completed in your current degree/training program?

(Open Capture)

- a. Number of years _____
- b. Prefer not to answer

36. Why did you select your current degree/training program? (Mark all that apply)

- a. Preparation for career
- b. Salary/wages in associated careers

- c. Status/esteem associated with type of degree/program
- d. Personal growth/development
- e. Interested in subject matter
- f. Number of course requirements
- g. Preparation for advanced degree
- h. Ease of completion requirements
- i. Reputation of instructors
- j. Recommendation from friends/relatives
- k. Availability of online classes
- l. Flexibility of course/training scheduling
- m. Other (Specify) _____

37. Have you ever taken any time off from your current degree/training program? (Mark only one)

- a. Yes
- b. No
- c. Prefer not to answer

(Ask Q38-39 if Q37 is yes, otherwise go to Q40)

38. Why did you take time off? (Open Capture)

39. How much time have you taken off from your current degree/training program? (Open Capture) *Please respond using any or all of the following categories.*

- a. Days (0-99 days) _____
- b. Months (0-99 months) _____
- c. Years (0-99 years) _____
- d. Don't know or not sure

40. Have you been called to active duty at any point during your current degree/training program? (Mark only one)

- a. Yes
- b. No
- c. Prefer not to answer

(Ask Q41 if Q40 is yes, otherwise go to Q42)

41. How long was your call to active duty? (Open Capture)

- a. Months (0-99 months) _____
- b. Don't know or not sure

42. Have you ever been on academic probation or had less than satisfactory standing with your school/training program? (Mark only one)

- a. Yes
- b. No

c. Prefer not to answer

43. Do you plan to obtain a degree or completion certificate in your current field of study/training? (Mark only one)

- a. Yes, from the degree/training program at my current school/facility
- b. Yes, from a degree/training program at another school/facility
- c. No
- d. Prefer not to answer

44. When do you expect to complete or graduate with a degree or completion certificate in your current field of study/training? (Open Capture)

- a. Please enter the month and year: mm _____ yy _____
- b. Prefer not to answer

45. Do you plan to continue your enrollment as a full-time student until you complete or graduate your degree/training program? (Mark only one)

- a. Yes
- b. No
- c. Prefer not to answer

46. Which of the following services are available from your current school/training facility? (Mark all that apply)

- a. Academic counseling
- b. Tutoring
- c. Financial counseling
- d. Dependent care services (e.g., babysitting, elder care)
- e. Employment counseling
- f. Financial aid
- g. Technology assistance (e.g., internet access, computer, etc.)
- h. Other (Specify) _____
- Don't know

47. What concerns, if any, do you have about achieving your educational goals? (Mark all that apply)

- a. Academic requirements
- b. Difficulty of subject matter
- c. Financial requirements (does this mean costs?)
- d. Family obligations
- e. Employment obligations
- f. Course scheduling
- g. Time commitment (i.e., amount of time required)
- h. Availability of technology (e.g., access to internet/computer)
- i. Other (Specify) _____
- j. Do not have concerns

48. Which of the following services would you like or expect in order to achieve your educational goals? (Mark all that apply)
- a. Academic counseling
 - b. Tutoring
 - c. Financial counseling
 - d. Dependent care services (e.g., babysitting, elder care)
 - e. Employment counseling
 - f. Financial aid
 - g. Technology assistance (e.g., internet access, computer, etc.)
 - h. Other (Specify) _____
 - i. Don't know
49. Are you...(Mark only one)
- a. Married
 - b. Single (never married)
 - c. Widowed
 - d. Divorced/separated
 - e. Living with domestic partner
 - f. Prefer not to answer
50. How many children under the age of 18 live in your household? (Open Capture)
- a. Number of children (0-99) _____
 - b. Prefer not to answer
51. What are your personal career goals? (Mark all that apply)
- a. Obtain financial security
 - b. Achieve work-life balance
 - c. Become an independent business owner
 - d. Become a manager
 - e. Become an executive
 - f. Work internationally
 - g. Contribute to society
 - h. Work in a specialized field (e.g., technology, medicine, etc.)
 - i. Other (Specify) _____
52. Are you currently employed? (Mark only one)
- a. Yes
 - b. No
 - c. Prefer not to state
- (Ask Q53-54 if currently employed, otherwise go to Q55)**
53. How many hours do you currently work in a typical week? (Open Capture)
- a. Hours (0-40 hours) _____
 - b. Don't know or not sure

54. Are you currently employed in a field related to your current degree/training program? (Mark only one)
- a. Yes
 - b. No
 - c. Prefer not to answer
55. Are you pursuing employment in your current field of study? (Mark only one)
- a. Yes
 - b. No
 - c. Prefer not to answer
56. Upon completion of your current degree/training program, what will be your primary method of obtaining employment information?
- a. VA counselor
 - b. Recommendations of friends/family
 - c. Student career/employment center
 - d. Local or state job services
 - e. Federal job services
 - f. Newspaper
 - g. Online job site
 - h. Private employment agency
 - i. Other (Specify) _____
 - j. Don't know
57. Are you currently on active-duty in the US Armed Forces? (Mark only one)
- a. Yes
 - b. No
- (Ask Q58 if Q57 is yes, otherwise go to Q59)**
58. What branch? (Mark only one)
- a. Air Force
 - b. Army
 - c. Coast Guard
 - d. Marine Corps
 - e. Navy
- (Ask Q59 if Q57 is no, otherwise go to Q60)**
59. When you left the military, what branch of service were you in? (Mark only one)
- a. Air Force
 - b. Army
 - c. Coast Guard
 - d. Marine Corps
 - e. Navy

60. Which of the following best describes your eligibility for education benefits?

(Mark only one)

- a. Veteran
- b. Active duty
- c. Surviving child of the deceased veteran
- d. Child of the veteran
- e. Widow or widower of the veteran
- f. Current or former spouse of the veteran

61. Do you have any other comments or concerns about your experience? (Open Capture)



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

December 14, 2012

The Honorable Jeff Miller
Chairman
Committee on Veterans' Affairs
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

Thank you for your letter of December 5, 2012, regarding the potential sequestration order that would be issued on January 2, 2013, pursuant to section 251A of the Balanced Budget and Emergency Deficit Control Act of 1985. This letter reaffirms that all programs administered by the Department of Veterans Affairs (VA) are exempt from the potential sequester order that would be issued on January 2, 2013, including administrative expenses of those programs.

VA appreciates your continued support of our Nation's Veterans.

Sincerely,

A handwritten signature in black ink, which appears to read "Eric K. Shinseki", is written over a printed name. The signature is fluid and cursive.

Eric K. Shinseki

ENCL 11



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON
June 20, 2013

The Honorable Jeff Miller
Chairman
Committee on Veterans' Affairs
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

This is a follow up to our previous reply to your letter on behalf of the National Association of Veterans Program Administrators (NAVPA) regarding the Department of Veterans Affairs (VA) Post-9/11 GI Bill debt collection process. NAVPA requested that VA temporarily suspend the collection of overdue school debts through the Treasury Offset Program (TOP) and expressed concerns with the debt notification and collection process. Because of these concerns, VA committed to undertake a further review of our debt collection procedures.

VA completed the review of its procedures concerning the creation, notification, and collection of school debts. As a result, VA's Debt Management Center implemented improvements in its customer service and outreach efforts by establishing a unique Debt Management Center e-mail account for school debt inquiries/disputes and reaching out to schools with older debts to answer questions regarding outstanding balances. In addition, we concluded that the letters sent to schools notifying them of their indebtedness, as well as their rights and obligations, can be improved. We will therefore suspend the referral of debts to TOP for a period of up to 90 days to finalize and implement these improvements. The suspension of school debt collection requires information technology changes and will begin within the next 30 days.

VA is committed to ensuring that all schools against which debts have been established are provided adequate due process of law. I appreciate the opportunity to address your concerns regarding this matter and hope that this information assists you in updating NAVPA.

Thank you for your continued support of our Nation's Veterans. A similar response has been sent to Ranking Member Michaud.

Sincerely,

A handwritten signature in black ink, appearing to read "Eric K. Shinseki".

Eric K. Shinseki

ENCL 12



**THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON**

August 12, 2013

The Honorable Jeff Miller
Chairman
Committee on Veterans' Affairs
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

This is in response to your letter to President Obama regarding patient care at Department of Veterans Affairs (VA) medical centers. VA is committed to providing the highest quality care our Veterans have earned and deserve. Like you, I am saddened at the occurrence of any adverse consequence that a Veteran might experience while in or as a result of care at one of our medical centers. When they occur, the Veterans Health Administration (VHA) is committed to identifying, mitigating, and preventing safety risks within the VA health care system.

Each year, over 200,000 VHA leaders and health care employees provide exceptional care to approximately 6.3 million Veterans that is consistently recognized by The Joint Commission and dozens of other internal and external reviews. In 2012, 19 VA medical facilities from across the Nation were recognized by The Joint Commission as top performers on key health care quality measures. We value transparency; VA's Office of Quality, Safety, and Value publishes an extensive annual Quality and Safety Report that details all aspects of our health care quality and safety by facility. We rigorously conduct patient satisfaction surveys that consistently show that our patients experience a level of satisfaction comparable to the private sector. The preponderance of evidence affirms that at the system level, Veterans are being well-served through a highly-effective integrated health care system that is administered by a caring and effective workforce.

VA has established a record of safe health care, and, while it is our goal, no health care system can be free of inherent risks and adverse patient incidents. In the incidents mentioned in your letter, and where other challenges occur, VA takes direct action to review each incident, and put in place corrections to improve the quality of care provided. We work hard to incorporate lessons learned so that future incidents in identified areas can be avoided or mitigated. As a specific example, VA identified the improper use of single use insulin pens at the Western New York Healthcare System. Following that discovery, VA reviewed the issues systemwide and found a few staff at two other VA facilities had improperly used the pen. Disclosures were made and testing was completed. In January 2013, VA took direct action to prohibit the routine use of insulin pens on inpatient units and expanded this to include all multi-dose pen injectors. Other patient safety organizations have since followed VA's lead.

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VA embraces a patient safety culture that allows staff to feel safe to report patient safety risks. Such an environment is characterized by increasing reporting and monitoring; resulting in an informed health care system that learns from past incidents in order to mitigate future adverse events. This commitment requires constant vigilance, self-reporting, openness, and accountability.

VA will continue to ensure accountability and seek continuous improvement as it delivers high quality health care to our Nation's Veterans.

Should you have any questions or concerns, please have a member of your staff contact Ms. Jill Snyder, Congressional Relations Officer, at (202) 461-5774 or by e-mail at Jill.Snyder@va.gov.

Thank you for your continuing support of our mission.

Sincerely,

A handwritten signature in black ink, appearing to read "Eric K. Shinseki", written in a cursive style.

Eric K. Shinseki



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

September 13, 2013

The Honorable Jeff Miller
Chairman
Committee on Veterans' Affairs
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

Thank you for your letter requesting views from the Department of Veterans Affairs (VA) on the concept of increasing specialization of claims work by regional office (RO).

Generally, VA supports the concept of specialization as described in your letter. We refer to this initiative as "issue-based adjudication," which would provide ROs the ability to transfer disability claims work within the Veterans Benefits Management System (VBMS) to other ROs. This would result in the potential segmentation of claims and specialization by claimed issues. For example, one processing center may adjudicate posttraumatic stress disorder claims while another adjudicates musculoskeletal issues. For multi-issue claims, the Veteran may have separate issues worked simultaneously by different adjudicators at different offices and then be notified of each decision at different times.

An issue-based adjudication system would allow VA to electronically move work quicker and in a more cost-effective manner, giving VA greater flexibility to manage workload at the national level. Further, the enhanced skill level developed by adjudicators for particular types of claims would improve national accuracy rates for rating claims.

You correctly recognize VBMS as a major enabler to the Veterans Benefits Administration Transformation Plan. VBMS represents a fundamental shift in the Department's claims processing from manual and paper-based to an automated and paperless system. VA is developing VBMS using an agile methodology with delivery of new user-facing features about every 90 days. Using this delivery methodology, VA takes what it learns from user feedback and experience to mitigate risk and resolve issues, and we will continue to do so as we expand and enhance automated functionalities. This deployment methodology has also allowed us to build a stronger and more stable VBMS. The release of VBMS 5.0 on July 1, 2013, further strengthened the system's stability and improved its performance. With continued congressional support of our efforts, we will continue to incrementally deliver the enhanced functionalities to complete a fully automated and paperless process.

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Our design of VBMS always included the "portability" of claims capability you described. VA continues to modify and enhance VBMS to facilitate a more efficient business model. The issue-based adjudication system can potentially be integrated into VBMS in the future as we continue to expand the automated workload management functionality of VBMS over the next 2 years. A full workload and cost analysis of an issue-based system has not yet been completed.

We look forward to working with you and your staff as VA continues to transform the disability claims process. Should you have additional questions or concerns, please have a member of your staff contact Mr. John Kruse, Director, Benefits Legislative Affairs Service, at (202) 461-6467 or John.Kruse3@va.gov.

Thank you for your continued support of our mission.

Sincerely,

A handwritten signature in black ink, appearing to read "Eric K. Shinseki". The signature is fluid and cursive, with a large, stylized "E" and "S".

Eric K. Shinseki