

**IS IT WORKING: REVIEWING THE  
U.S. DEPARTMENT OF VETERANS AFFAIRS'  
COMPENSATED WORK THERAPY PROGRAM**

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**HEARING**  
BEFORE THE  
SUBCOMMITTEE ON OVERSIGHT AND  
INVESTIGATIONS  
OF THE  
COMMITTEE ON VETERANS' AFFAIRS  
U.S. HOUSE OF REPRESENTATIVES  
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**WEDNESDAY, DECEMBER 14, 2011**

U.S. HOUSE OF REPRESENTATIVES,  
COMMITTEE ON VETERANS' AFFAIRS,  
SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS,  
*Washington, DC.*

The Subcommittee met, pursuant to notice, at 10:07 a.m., in Room 334, Cannon House Office Building, Hon. Bill Johnson [chairman of the Subcommittee] presiding.

Present: Representatives Johnson, Roe, Donnelly, McNerney, Barrow.

**OPENING STATEMENT OF CHAIRMAN JOHNSON**

Mr. JOHNSON. Good morning. This hearing will come to order.

I want to welcome everyone to today's hearing titled "Is It Working: Reviewing VA's Compensated Work Therapy Program."

The Compensated Work Therapy Program or CWT is one of the VA's vocational rehabilitation programs designed to assist our war fighters back into the workforce.

The program is specifically geared toward veterans who have suffered from mental illness, delivering a titled approach for reemployment that provides support and guidance through the process.

In a time of high unemployment, especially among veterans, we all must make every effort to match qualified workers with suitable jobs. The CWT Program does just that, matching disabled veterans with employers.

When done correctly, the CWT Program is a win-win. We know of several success stories including the program at Bedford, Massachusetts that has partnered with over 15 community businesses.

The businesses benefit from having qualified workers adding to productivity. And the veterans benefit, obviously, from being employed.

However, we also know of situations where little, if any, emphasis is placed on the program. Few partnerships are made with the community and in the end, it is the veteran who suffers.

We share a common goal of assisting our veterans to reenter the workforce. A discussion on what the VA can do to sustain successful programs and rejuvenate struggling ones in addition to what Congress and this committee can do to help will better enable us to achieve that goal.

It is also my hope that today's hearing will provide the Subcommittee with a clear picture of the structure of the CWT Pro-

gram from its national leader all the way down to the individual veteran at a VA facility.

I also look forward to today's testimony and the chance to discuss how we can ensure that the CWT Program is rolled out consistently and effectively all across the country.

How can successful programs share their best practices with struggling program? How can national oversight be improved? What kind of metrics are needed to effectively gauge success?

It is not good enough merely to have well-intentioned programs. We need effective ones that consistently deliver results and improve the lives of our veterans.

Again, I thank everyone for being here this morning, and I will now yield to Ranking Member Donnelly for his opening statement. [The statement of Bill Johnson appears on p. 21.]

**OPENING STATEMENT OF HON. JOE DONNELLY,  
RANKING DEMOCRATIC MEMBER**

Mr. DONNELLY. Thank you, Chairman Johnson, for the opportunity to discuss the Department of Veterans Affairs' Compensation Work Therapy Program and its role in the vocational rehabilitation of those who have served our country.

Occupational specialties have been an important part of the lives of our veterans. Their identities are linked to their military occupation. Therefore, illnesses that limit a veteran's ability to work once they have transitioned out of the military can have a significant impact on their self-esteem.

Being part of the Committee on Veterans' Affairs for the past 5 years, I am aware of the unique needs veterans with mental illnesses have. Homeless veterans, veterans with brain injuries, post-traumatic stress disorder, and other mental health problems require a prolonged individualized rehabilitation plan.

Providing them a rehabilitation plan that will help them lead an independent life is critical. Providing them the tools they need to obtain meaningful employment is even more. And that is why CWT is critical for our veterans.

The benefits of the CWT Program are many. It provides veterans with skills training, job development, placement services, and employment support.

But not a lot is known about this program and I fear that not many veterans know about the program as well. Because a veteran must be referred by a clinician, many veterans that would benefit from CWT are not aware of it and may not know to ask their doctor about it.

Recently I came across a blog discussion on CWT. And in it, most of the individuals talk about their positive experience and discuss their successful rehabilitation.

But there are a couple of individuals who said their local VA clinic was short-staffed and did not provide the service and treatment needed.

Programs like CWT need to be successful nationally. It is unfair for veterans to get poor quality treatment in some VA clinics while others get better treatment. These regional disparities undermine the good work VA is capable of providing and is providing in so many places.

I look forward to learning more about this program, the services you provide to our veterans in need, and what you are doing to provide consistent treatment to all veterans.

Thank you, Mr. Chairman, and I yield back.

[The statement of Joe Donnelly appears on p. 21.]

Mr. JOHNSON. I thank the gentleman for yielding back.

I would like to now see if any of our other colleagues, do you have opening statements or would you like to—if you would like to, you are certainly able to make one.

Mr. MCNERNEY. No thank you, Mr. Chairman.

Mr. JOHNSON. Okay. Well, thank you.

I now invite the first panel to the witness table. On this panel today, we will hear from Dr. Anthony Campinell, the VA's director of Therapeutic and Supported Employment Programs.

Dr. Campinell is accompanied by Dr. Anthony Kerrigan, coordinator of Vocational Rehabilitation Services at the Michael E.—do I have that right—DeBakey, DeBakey—

Mr. KERRIGAN. Yes.

Mr. JOHNSON [continuing]. Veterans Affairs Medical Center in Houston, Texas. Dr. Kerrigan should be able to answer questions related to the CWT Program at the local level there.

They are both accompanied by Mr. Sean Kayse. Mr. Kayse spent 4 years on active duty with the U.S. Army having supported combat units as an ammunition specialist while on deployment in Iraq.

After his discharge from the Army in 2005, Mr. Kayse was diagnosed with PTSD. He then went on to participate in the Iowa City, Iowa VAMC's CWT Supported Employment Program for approximately 5 months.

Upon finishing the program, he was hired as a medical support assistant at the VAMC and now serves as coordinator for the Homeless Veteran Supported Employment Program for the Iowa City VAMC.

Mr. Kayse is also a part-time student at Upper Iowa University where he is using his GI Bill benefits to pursue a bachelor's degree in public relations. He will be able to help answer Members' questions about the CWT Program as experienced at the individual level, and we are certainly glad to see a success story come out of this program.

Thank you for being here with us today.

Dr. Campinell, your complete written statement will be made a part of the hearing record, and you are now recognized for five minutes.

**STATEMENT OF ANTHONY CAMPINELL, THERAPEUTIC AND SUPPORTED EMPLOYMENT PROGRAMS, VETERANS HEALTH ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS ACCOMPANIED BY ANTHONY KERRIGAN, COORDINATOR, VOCATIONAL REHABILITATION SERVICES, MICHAEL E. DEBAKEY VETERANS AFFAIRS MEDICAL CENTER, HOUSTON, TEXAS; SEAN KAYSE, COORDINATOR, HOMELESS VETERAN SUPPORTED EMPLOYMENT PROGRAM, IOWA CITY VETERANS AFFAIRS MEDICAL CENTER, IOWA CITY, IOWA (FORMER COMPENSATED WORK THERAPY PARTICIPANT)**

**STATEMENT OF ANTHONY CAMPINELL**

Mr. CAMPINELL. Thank you.

Chairman Johnson, Ranking Member Donnelly—

Mr. JOHNSON. Sir, could you move the microphone up and then press the button. Hopefully the light will come on.

Mr. CAMPINELL. My apologies.

Mr. JOHNSON. There you go. Thank you.

Mr. CAMPINELL. Chairman Johnson, Ranking Member Donnelly, and Members of the Subcommittee, thank you for the opportunity to discuss the Department of Veterans Affairs' Compensated Work Therapy or CWT Program.

I am accompanied today by my colleague, Dr. Anthony Kerrigan, CWT coordinator at the Houston VA Medical Center. Also accompanying me today is Mr. Sean Kayse, a U.S. Army veteran recently hired by VA, who will discuss his experience in the CWT Program in Iowa.

CWT provides veterans whose lives have been disrupted by mental illness or coexisting physical disabilities with a supportive, stable, structured approach to help them achieve their employment goals.

Currently there are almost 750,000 veterans under age 50 not in the labor force due to various disabilities or illnesses including serious mental illness.

Employment is a vitally important personal goal. It contributes to a positive self-image and sense of purpose. One of the best ways to give someone an identity other than being disabled or homeless or mentally ill is to give them a job.

In the 27 years since Congress formally established CWT, the program has grown substantially doing that. In fiscal year 2011, over 41,000 veterans have received CWT services at 187 locations. And an additional 26,000 veterans received other forms of vocational rehabilitation.

CWT programs provide vocational rehabilitation services by medical prescription to veterans, many of whom have extensive barriers to employment.

Again, we find that a majority of persons with a disability want to work and the core philosophy of CWT is that all persons with a disability can work when provided with the necessary supports. And no one should be excluded from the opportunity to participate in meaningful employment.

CWT programs serve eligible veterans including veterans with service-connected disabilities, veterans who have been involved in the justice system, and veterans with addictive disorders. Many



have serious mental illness including psychotic disorders, serious physical disabilities with co-occurring mental health diagnoses, and spinal cord injury and traumatic brain injury.

In addition, CWT programs include homeless veterans and veterans who have been out of the workforce for an extended period of time, in some cases since discharge from the military.

Collectively these efforts are making a difference. All tolled, our programs provide paid work experience, competitive employment, and vocational services to almost 70,000 veterans each year, approximately 11 percent of whom are OEF, OIF, and OND veterans.

In fiscal year 2011, out of 11,266 veterans who were discharged from various CWT programs, 27 percent were placed in community competitive employment at discharge, with an additional 8 percent leaving CWT to pursue formal training, higher education, or volunteer work.

Since March 2011, the Homeless Veteran Supported Employment has served 2,564 veterans, 20 percent of whom have been placed in competitive employment.

We know there is a growing demand for CWT services. When I talk to veterans about what the program does, they almost always want to know more about how they can sign up and what possibilities it may hold for them.

To meet their needs, we are constantly looking for new ways to prepare them for work and find them jobs, to help them own an identity they can be proud of.

Thank you for the opportunity to share information about VA's efforts to provide vocational rehabilitation services to veterans. VA is dedicated to improving veterans' overall quality of life through a vocational rehabilitation experience in which veterans learn new job skills, strengthen successful work habits, and regain a sense of self-esteem and self-worth.

My colleagues and I are prepared to answer any questions you may have. Thank you.

[The statement of Anthony Campinell appears on p. 22.]

Mr. JOHNSON. Thank you, Dr. Campinell.

We will now begin with questions and I will yield myself five minutes.

Dr. Campinell, the Bedford, Massachusetts CWT Program is one we have found to be very successful.

Can you highlight the approximate number of positions there?

Mr. CAMPINELL. I can, sir. Bedford is a very specialized, unique program. I had worked there. I started my career there in 1972, and I am still using part of their facility as my office as the national director. So it is good to be close to the program.

The CWT Program at Bedford, which has three major components, one is transitional work, which is noncompetitive, the other is supported employment, which is competitive employment in the community, and the third is VCT, which is what they call the veterans construction team, their weekly payroll to veterans, the amount of money paid to veterans each week is between 50 and 60,000 dollars which makes it one of the largest programs in the country.

Mr. JOHNSON. We are probably going to get into some of those kinds of details. Specifically, though, I am looking for the approxi-

mate number of positions of veterans that are employed through the program there. Do you have that number?

Mr. CAMPINELL. There are 180 veterans on the payroll each week, sir.

Mr. JOHNSON. Okay. Can you give us an idea of some examples of the types of jobs that are performed by these veterans?

Mr. CAMPINELL. I can. There are veterans that are working within the medical center providing services in the janitorial department, housekeeping, grounds, various engineering departments, dietetics. It is pretty widespread throughout the medical center.

And the same thing is true in the community. There are a number of entities in the community, both business and other Federal agencies, that are engaged and partnering with the Bedford program.

Mr. JOHNSON. Excellent. How many programs and agreements have been developed in the Bedford area and the community and can you share with us some of the names of some of those business partners?

Mr. CAMPINELL. I can, sir. There is a total of 17 as of last August, 13 companies and four Department of Defense entities.

And so the example at Fort Devens 99th Reserve Unit, Hanscom Air Force Base, Otis National Guard Base, and some of the private entities are Brooks Management which runs a cafeteria system in a business community, Diversified Technology, the Chelsea Soldiers Home, the Town of Burlington, Middlesex Community College, the Caritas Hospital System, and a number of others that are similar.

Mr. JOHNSON. The list goes on.

Let me make sure I understood correctly. You started your career at Bedford, right?

Mr. CAMPINELL. Yes, sir.

Mr. JOHNSON. So is it safe to say that you had something to do with putting this program in place there at Bedford?

Mr. CAMPINELL. Well, Bedford had a program in operation in one form or another long before I got there. In fact, post World War II, they were using work as part of the treatment for veterans.

And when I came there in 1972, it was just formalizing itself into a program that used a more structured model for work and employment. But I was there I think when it started to engage most directly with private sector businesses who were interested in partnering with the VA and serving veterans.

Mr. JOHNSON. Well, I think that is great that you have that history and how you are now directing the national program and how you are going to emulate that program across the country because, as we said, as I said in my opening statement, we have examples of tremendous successes like the one we have there and then we have some others that, you know, they are about on their two and a half strikes in terms of effectiveness. So I am interested in that.

Can you break down how long it takes to get a veteran employed in a successful program such as Bedford and give us an idea? What is the time frame?

Mr. CAMPINELL. If by employed, you mean engaged in the program, CWT is a clinical program.

Mr. JOHNSON. From the time the veteran comes in until the time they are assigned to a position or get a position.

Mr. CAMPINELL. It is approximately 30 days around the country.

Mr. JOHNSON. Okay. And I am sure you have looked at all the programs across the country. What about some of the less successful ones?

Mr. CAMPINELL. The average, as we understand it, is approximately 30 days.

Mr. JOHNSON. Let me go back and re-qualify my question.

Mr. CAMPINELL. Yes, sir.

Mr. JOHNSON. What is the time frame at Bedford?

Mr. CAMPINELL. Bedford is generally approximately the same as far as I know.

Mr. JOHNSON. Okay. And so if the average is 30, then you have obviously got, across the country, you have some that are far worse.

Mr. CAMPINELL. We have some less and some that are more. The problems tend to lie I think in the smaller programs where there are less resources.

The clinical approach is the same at every location, transitional work and supported employment under medical prescription.

When there is a program with, say, for example, two staff, I think the process of getting into the program might tend to take a little bit longer, not because there is resistance obviously to having veterans participate, but because caseloads tend to be full and the work opportunities that may be available might be more limited due to the size of the medical center or the size of the program itself.

Mr. JOHNSON. Okay. All right. My time has expired. We may have multiple rounds of questions, but I yield now to the Ranking Member, Representative Donnelly, for his questions.

Mr. DONNELLY. Thank you, Mr. Chairman.

And, Dr. Kerrigan and Dr. Campinell, I want to thank you for your service to our veterans.

And, Mr. Kayse, thank you for your service on behalf of our country. We have our freedom because of the work of you and all the other veterans who have served. And we are much in your debt.

And I want to ask you, how did you hear about this program and how did you become familiar with it and how did it work for you?

Mr. KAYSE. Actually, my wife, who also is an Army veteran, was enrolled in therapy in the VA medical center in Iowa City. She met with a vocational rehabilitation specialist and asked me to join her. And that is where I first made contact with the vocational rehabilitation.

So we met and I went to my primary care provider. And they put in a consult for me to get into the program.

Mr. DONNELLY. What processes did you go through in the program? What did you learn? What kind of features did it have for you?

Mr. KAYSE. Mostly resume writing skills, job application skills, job seeking skills, kind of like job development. Also just having the confidence that you have somebody helping you with the whole process, it was huge because you fight that and feel like you are alone the whole time. So just having someone that was following along support and helping me through the process was a great asset.

Mr. DONNELLY. Dr. Kerrigan, how do you make sure that the veterans in your area know of the existence of this program?

Mr. KERRIGAN. Congressman Donnelly, thank you.

The program in Houston at the Michael E. DeBakey VA Medical Center has been around for several decades as well. We have a program that has been growing over the last 20 years.

We provide mental health forums where we meet with all the mental health, with the executive and the providers who are mainly psychiatrists, psychologists, social workers, nurse case managers. We present the program to them. Sometimes we have successful candidates who have completed the program, gone back to work. Some have been employed at the VA. They present as well.

And we have a business advisory council that meets once or twice a year with community partners. I think you all have a list of those partners. These are people with the City of Houston Veterans Affairs.

We work closely with the VA regional office, Vocational Rehabilitation & Employment services, Advocacy, Inc., and the State agencies, Workforce Solutions, Texas Veterans Commission, Gulf Coast Community Services, and then there are other private and some private nonprofits, Homeless Veterans Reintegration Program through Good Will Industries, Houston Launch Pad, Career and Recovery Resources.

These are agencies that are also working with veterans. We partner with them. Sometimes, you know, they piggyback or we piggyback on what they can provide, services.

The CWT Program itself, we do not have money to provide to veterans for training or certification, but we can partner with the State. We have these people come into our agency on a weekly basis.

Mr. DONNELLY. Let me ask you and Mr. Kayse. One of the things we often hear in our Committee is all the veterans who, despite the presence of The American Legion, the VFW, the Paralyzed Veterans of America, DAV, there are so many veterans who once they are out, just want to get on with their life and want to try to kind of not have to think about that portion of their life so much on a regular basis. To those veterans who are struggling, do you have any recommendations as to how we can let them know that, hey, there are other programs out there to help you?

Mr. KERRIGAN. On Wednesday night last, I went with a colleague to the Salvation Army. We have a partnership there. There were 70 veterans in the room. Some have, you know, post Vietnam era veterans and veterans of the most recent wars. We talk about the services of the VA.

These veterans are going to be there for 90 days on a grant and per diem that the VA is funding. We talked about benefits. We talked to people who are in the process of having their disability adjudicated with the VA and also with Social Security. So our goal was to tell people that, you know, we have these programs. There is hope.

We know from experience—I have worked at the Houston VA since 1993 and before that in Louisiana, New Orleans, and Shreveport—that, you know, in three to five or six or 9 months at the most, you will be on your feet. You will have a place to live because

of the HUD-VASH and Voucher Program. There is treatment at the VA for addiction and other psychiatric disabilities.

When you come and work with our program, you will have a vocational counselor case manager who will be that same person who will follow through for three, six, and 9 months. And we have, you know, a track record of seeing, you know, maybe five, six, seven hundred veterans a year. And so we can tell veterans this is what it will take and that there is a solution.

And a veteran told me I have been 4 years homeless, I want it to end, and we can assure the veterans that this is the end of it.

There is comprehensive treatment in the VA for addiction and other psychiatric disorders that no other health system, not my home country in Ireland and I worked in the UK, Canada, there is not that kind of comprehensive care in any other system and it is there. We have well-qualified staff.

Mr. JOHNSON. Thank you, Mr. Kerrigan. We are going to have to cut that question off at this point.

I yield now to my colleague from Tennessee, Dr. Roe.

Mr. ROE. I thank the Chairman for yielding.

And just to go ahead with what Mr. Donnelly, go ahead and finish your comments, if you would. Dr. Kerrigan.

Mr. KERRIGAN. Thank you, Congressman Roe.

I was going to say we have the resources. Certainly Houston has a lot of resources. We have 20 employment specialists and voc rehab people on the staff in Houston. We have in the last decade doubled the number of the staff.

We have initiated what is called the individual placement and support model where an employment specialist works with a manageable number on his caseload, 25 on the average to 30 veterans, with the most severe psychiatric disabilities and also veterans who are homeless.

And they are in the community every day. They have government vehicles, cell phones, electronic equipment to stay in touch with records.

And so, you know, for people living in the community who are looking for real jobs in the community with benefits, we have about 46 percent of people working at any time and there are about 300 people in the Supported Employment Program in the community.

Then in the hospital, we have support from leadership for physicians in compensated work therapy transition work. This is for people who may be living at Salvation Army or the Star of Hope or Santa Maria or another residential treatment center.

We have positions where we can put veterans to work in the hospitals, some in the community where while they are in treatment and they need to be in treatment in partial hospital programs or on treatment teams, they can work every day.

And that counselor or employment specialist sits on the veteran's treatment team. So this is not virtual. This is in reality. They sit on the ACT team. That Assertive Community Treatment. They sit with the psychiatrist, psychologist, nurse manager, case worker. And often our employment specialists are the people are seeing these veterans on a daily basis and can give feedback back to the treatment team and the psychiatrist.

Mr. ROE. Let me go ahead and I can see that the south Texas has not changed your accent.

To go back to personal experience of when I was in the military, I was drafted when I was halfway through my training. So I had two more years of training to complete. When I separated from the military in 1974, nobody said how are you doing, what are you going to do when you leave. It was just "adios!"

But I had a place to go back to and I had a job to do already set and waiting for me. Many veterans do not have that. I think that probably is the single most important thing that a veteran can have when they leave is their family to go home to, someone waiting for them, and, secondly, a job to go to, a profession.

And when you find yourself separated from the military and then nothing to do when you get out, it creates these problems that we are dealing with decades later.

I am so thankful that General Shinseki has really made homeless veterans a priority because those veterans, both men and women, have really literally lost everything, no place even to live.

So you all are getting the hardest of the hard to employ.

Volunteer Services for the Blind has two agencies in our area and I can see the benefit of that tremendously.

So if you take a veteran who is homeless and get him into gainful employment, however many steps you have to go through to do it, that is a huge. For that one veteran, that is a success and changes their life.

And, Mr. Kayse, I want to ask you. I saw in the testimony, it was a 20 percent placement, I think, for jobs for the homeless veterans.

What do you think the impediment is there? What can we do differently or are these just severely mentally disturbed people that cannot work in the regular workforce? What do you see are the things we need to do to improve that 20 percent? That is good, but it needs to be much better.

Mr. KAYSE. The biggest thing that I face in Iowa City is when you encounter a veteran who has been homeless for more than just a short time. They get to a routine, a way of life. And to change that by sending them to work is one of the hardest things they have to face.

But through treatment teams, psychology, psychiatry, we are able to get the veteran back on his feet and then start even looking for a job sometimes in some cases.

I think the support that I receive in Iowa City from my treatment teams is very, very high and very, very well-taken.

Mr. ROE. Will we have a second round?

Mr. JOHNSON. We will.

Mr. ROE. Okay.

Mr. JOHNSON. You have time. Let him answer that.

Mr. ROE. What about the 80 percent? Obviously the 20 percent are the success. What about the other eight out of ten? What happens to them? Do they choose not to be in the program or are just not able to participate in getting gainful employment? What are the impediments, I guess, is what I am asking?

Mr. KAYSE. I would think that the impediments of the other 80 percent in keeping them from getting employed is, one, fear. When

we discharge from the military, sometimes you are just shuffled out the door and you have to face life by yourself.

And when you start in a government agency again, they have a fear of saying, well, the government did not help me then, why would they help me now.

The word of mouth in the shelters and on the streets is growing that the VA is changing and that the VA is becoming a more positive place to be. There are so many war stories and horror stories for so many years that now it is starting to get where those are starting to go away.

In my position, I do go on the streets and I am able to go into shelters. And now I have veterans calling me out of the blue looking for employment. The word of mouth is spreading. This program is taking off and it is changing. So I expect to see that 27 percent disappear very soon.

Mr. ROE. I thank the chairman. I yield back.

Mr. JOHNSON. I thank the gentleman for yielding back.

I would like to go now to our colleague from California, Mr. McNerney.

Mr. MCNERNEY. Thank you, Chairman Johnson, and thank you for having this hearing.

The thing I am hearing this morning is that, and this reaffirms what I believed, is that it takes person-to-person interaction. It takes several people to deal individually with a single veteran to help him through this transition. And that is the challenge we have is providing the resources for the VA department and for other agencies and other NGOs to provide that person-to-person help.

Mr. Kayse, your story was about that. Until there was somebody actually working personally with you, it was very difficult and that is what helped you make that transition. So that is our challenge.

And I know, as my colleague, Mr. Roe, said, the secretary has indicated that homelessness is his highest or one of his highest priorities and, yet, there are about a half a million homeless veterans. Is that the right number?

Mr. ROE. Yeah.

Mr. MCNERNEY. I am really glad to hear how effective this program is. I just want to follow-up with the Ranking Member's question about how accessible it is to veterans.

Do they feel that they can approach this kind of program and find a place in it? Are very many of them turned away? Are there a lack of resources that are preventing you from meeting the needs that are put upon you in this regard? Dr. Campinell.

Mr. CAMPINELL. We receive specialized funding specifically to hire veterans who are homeless or formerly homeless using the Schedule A9 competitive hiring authority who will provide services, specifically supported employment services, specifically and directly to homeless veterans. And they have been allocated at every medical center and into the various treatment programs for homeless veterans.

So when a homeless veteran enters through the outreach system and proceeds through the residential rehab treatment programs or to the grant and per diem or the HUD-VASH Program, there is a supported employment VRS working in CWT along with the homeless case managers who are specifically focused on helping those in-

dividuals find competitive employment using the principles of supported employment which basically as a treatment program is the integration of vocational services into treatment rather than post treatment.

And we believe that this effort of hiring homeless veterans, individual veterans who are themselves or have been homeless will be very successful in helping to increase access to work for homeless veterans.

Mr. MCNERNEY. Well, as a Member of Congress with a constituency of veterans and so on, I want to make sure that this program and other successful programs are available in my district and my region.

Do I have the ability to contact or to tell my VSOs that they can contact an organization locally to help their clients?

Mr. CAMPINELL. Yes, sir. We have a web page, a public web page, [cwt.va.gov](http://cwt.va.gov), that has the phone number and address for every CWT program around the country.

In order to participate, veterans have to enter the health care system. They have to enroll for health care. They have to be assigned a primary care provider. They may enter into other treatment programs for addiction disorders, for example, or depression or whatever. But it opens the door to treatment.

Work is sometimes the approach that attracts individuals into the health care system and gives VHA an opportunity to provide, to address other services. Work is a huge issue for many people and it is a huge draw and attraction is the chance to go to work in spite of your disability.

And when they come into the system, it gives our clinical teams across the spectrum an opportunity to work with that veteran, give them a physical exam, blood test, check for diabetes, provide addiction counseling. It is a tremendous, we will say, opening step in the process of providing comprehensive care to a veteran.

Mr. MCNERNEY. Well, when I leave this hearing, I am going to call the VSOs back home and make sure they know about this program. And I hope that they say, yeah, we know about it, we are participating in it, and it is helping our local folks. So that is something I am looking forward to doing today.

Mr. Kayse, you indicated that your experience is that people out there on the street are becoming more aware of not only this program but the attitude about the VA being there to help them as opposed to just some big bureaucracy.

Do you feel that that is local specific to Iowa and Iowa City or do you think that is sort of a national trend?

Mr. KAYSE. I truly believe that it is starting to spread nationally. I have contacts within the military and still talk to them on a weekly, monthly basis, or whatever, and they mention the VA health care system.

And, of course, being an employee, I am able to advocate for the VA, but, you know, they tell me that they are going to start going to the VA and encouraging in their community. So I think it is definitely getting national attention and it is growing.

Mr. MCNERNEY. Well, I think this is one of our big challenges is to get the word out that the VA really is out there to benefit these



individuals and that we need to do everything we can to make sure that they get that work.

Thank you, Mr. Chairman. I yield back.

Mr. JOHNSON. Thank you.

We will go into a second round now and, Dr. Campinell, I would like to come back to the questioning that I ended with.

How long has the longest veteran been waiting for employment through CWT? Do you have any idea on that?

Mr. CAMPINELL. I can only estimate based on informal communication that there may have been veterans that have waited perhaps 3 months to get into the program, but I think it is relatively isolated.

And, in fact, as part of the mental health audit of waiting times, they will also be looking at CWT across the country. So that will give us more specific information that will help us understand where the wait list problems might be and how we can then best address it.

I do not think it happens very often because I do not get complaints or calls from my field staff to indicate that it is a huge issue at a medical center.

Mr. JOHNSON. And I am glad you are not getting those kinds of complaints, but I am not sure that that is indicative of the success of the program nationwide.

I share my colleague from California's concerns that maybe a lot of veterans do not know this program exists and we have instances throughout the Nation clearly where the CWT Program is not an emphasis. And so they may not even know.

For example, at the present time, the information that our Subcommittee has received is that the Bedford VAMC has more work assignments than veterans to fill them. So, I mean, you guys are doing wonderfully in terms of reaching out to the community and otherwise. It takes approximately a month to be enrolled in the program and it matches with what you said earlier, roughly 30 days to get in.

By comparison, however, our investigation noted roughly a 90 day wait in Houston while Dayton reported that they have no waiting periods, but they require the veterans to go into a training program called the Job Club for 30 days before they are assigned to a position and wait for acceptance and that the investigation revealed there that favoritism is reportedly a problem. And there appears to be some validity to this.

Are you aware of that complaint there in Dayton?

Mr. CAMPINELL. Only recently we came to understand that there were issues at Dayton by virtue of preparation for this hearing that there was perhaps encouragement of the veterans who file a complaint about extending their time within the program or something about their delay in getting into the program.

As a clinical model, it provides services based on the resources that the facility has made available to it and sometimes those resources can be quite high in a large program and at other times, it is quite low in a smaller—

Mr. JOHNSON. Let's talk about the resources. You are a great straight man. You are playing the straight guy really good because that is my next question.

In 2010, the VA's Vocational Rehabilitation and Employment Service conducted a work measurement study for a number of programs that included CWT to document the amount of time vocational rehabilitation counselors, employment coordinators, and vocational rehabilitation officers spend on various activities. The study's final report was released in April 2011 and it made seven recommendations.

Are you familiar with that report and those seven recommendations?

Mr. CAMPINELL. No, sir, I am not. And we are not part of VR&E, so I was not aware that there was any component of CWT being analyzed by the benefits division of the organization.

Mr. JOHNSON. Well, it was. And I commend that report to you. Recommendation number one was adopt a workload model as the basis for determining staffing levels. In other words, let's determine the right numbers of people to make these programs successful.

And I hope you are sensing certainly the tone of my questions. You have a successful program in Bedford. I am particularly interested in how you are going to roll that out across the country so that our veterans from shore to shore are able to receive the same kind of support and getting into this program that the ones in Bedford do.

Mr. Kayse, let me turn to you. What initially drew you to the CWT Program in Iowa City?

Mr. KAYSE. When we first moved to Iowa from Texas, I tried to find work. I did find work at a hospital working in the trash department and laundry facilities. And it was not desirable. It was not what I wanted to do. So I started job seeking on my own.

After numerous applications and resume writing and just nothing, you know, taking on, when I found out that my wife was meeting with an employment specialist, it really sparked the interest that I want to see what the VA is offering first.

And then when I found out that they are going to assist me with the problems that I am having, the problems I am facing, it was like a win-win for everybody. And I was able to find new job leads that I did not know about and update and create a more permanent resume.

Mr. JOHNSON. Okay. Based on your experience, what parts of the program there could be improved today? I mean, it is going very well today. You got any ideas on what part of the program could be improved?

Mr. KAYSE. In the program today that I am able to facilitate and coordinate, I think the biggest problem is veterans and their access to technology, whether that be able to do an electronic resume for the veterans that they can keep with them and be able to take that anywhere, to a library and be able to bring it up. I think that is the biggest barrier that we face.

Also another barrier will be clothing, that they have a shirt and tie to go to an interview, and finding funding for that.

Mr. JOHNSON. Okay. Did other veterans who were in the program experience the same type of success that you did?

Mr. KAYSE. Yes. I do have a veteran currently that I have been working with that is now employed by the VA medical center. She

did go from military life to homeless life now to a VA job. I also have other veterans who have successful employment and it is just rated on how they feel and how their comfort level is.

Mr. JOHNSON. Okay. All right. Well, thank you.

We will go now to the Ranking Member for another round.

Mr. DONNELLY. Thank you, Mr. Chairman.

This is for Dr. Campinell or Dr. Kerrigan. Some of the ways you are getting a chance to talk to our veterans are really creative, the places you are going to see them and talk to them.

Do we have any program in particular in regard to this where we have reached out to psychiatrists or psychologists or federally qualified health centers or clinics or doctors saying, you know, if you can contact your veteran without violating any health protocols to let these veterans know that this process is out there?

Mr. CAMPINELL. Most definitely. It is a major part of the effort that goes on within CWT. Since it is a clinical program that requires a practitioner to provide orders to—

Mr. DONNELLY. Right.

Mr. CAMPINELL [continuing]. Participate in the program, outreach to the providers, educating them as to what the program can do, what it is for, which program seems most appropriate for a particular individual based on diagnosis is a constant effort.

So our staff, the field staff at every medical center spends time meeting—they are either assigned to a treatment program such as the Mental Health Intensive Case Management Program or they meet individually with psychiatrists in the outpatient clinic and talk to them and present the idea of particular veterans with a serious disability participating in work.

So, for example, in Supported Employment where we have the evidence-based practice of Supported Employment particularly focuses on veterans with psychosis, schizophrenia, bipolar disorder, traumatic brain injury, and spinal cord injury, so our staff become part of the treatment teams that work in those various departments and advocate for referral and participation by veterans with those particular disabilities.

Mr. DONNELLY. For instance, and, Dr. Kerrigan, maybe you can help with this, a veteran who does not use the VA and who is struggling, maybe uses a federally qualified health center, you know, like a south Houston, Texas health center or something. Are you in contact with those health centers to let them know, hey, if you have vets who have issues, who have challenges, you know, talk to them or let them know we are here in terms of employment help as well?

Mr. KERRIGAN. We are. We are talking to people in the community. First of all, a lot of people go to the employment office when they are out of work. We work with and the employment office often hires disabled outreach, disabled veteran outreach people themselves. These are veterans who work in the employment office who help with job search activity.

We meet with them on a regular basis. We have somebody who comes into the hospital one day a week. The State voc rehab will also see people who want to go back to school to get some training with disabilities. They find out that this man or woman is a veteran.

We have a network with the local Department of Assistive and Rehab Services and somebody who is at the VA once a week so that we can——

Mr. DONNELLY. And, Dr. Campinell, I do not know if you already do this and you may, but is there a way to find best practices from all of VA. The health clinics, the centers around the country, for instance, like Dr. Kerrigan going to the Salvation Army, of saying here is a list of 52 places where we need to be touching on a constant basis to see if they have veterans in need?

Mr. CAMPINELL. In an outreach model you are referring to?

Mr. DONNELLY. Right, in reaching out to try to find where our veterans are who may be in need of the service.

Mr. CAMPINELL. That might be helpful, yes. And we do have staff that spend considerable amount of time in the community looking for potential employers. And in those efforts, it is quite easy, I believe, for them to include an opportunity to make presentations to the various organizations.

Many VA medical centers and CWT programs have joined the Chamber of Commerce, have joined the Better Business Bureau, and other types of community organizations and they tend to be specifically those organizations that have some connections to the business community, but they also have connections to—those organizations have connections to other people who have veterans in their family or no veterans who are seeking. So I think it is a constant effort where that information is passed forward.

And I wanted to comment in terms of information about the availability of CWT. I think last year, not even the whole fiscal—the fiscal year of fiscal year of 2011, we had about 300 veterans referred to CWT from the VR&E Program for whom they felt the services that we provide would be better. So we promote even within our own structure.

National Cemetery has two or three hundred veterans that work in the cemeteries around the country seasonally providing grounds keeping type of maintenance. And other Federal agencies are also providing services. National Archive System has a number of vets, a large number of vets working for them.

There is a great deal of word of mouth among veterans as well. When they go back, even if they go into the readjustment counseling center and they have been working, they pass that information on.

I have colleagues that have gone to VA medical centers for their own care who have been approached by a veteran who says go ask them about CWT because they have jobs for you.

So the word of mouth among veterans is quite powerful.

Mr. DONNELLY. Thank you very, very much.

Mr. JOHNSON. I will now go to Dr. Roe.

Mr. ROE. Thank you.

Just to dovetail on what Mr. Donnelly and Mr. McNerney were talking about, I wonder if we could or would it be helpful for us? You have less than 1 percent of the House of Representatives sitting here and obviously we did not know what was going on and we are on the Committee. I can assure you the other 431 out there do not have a clue what you are doing or mostly do not.

So would it be beneficial if we on the Veterans' Affairs Committee at our local VAs or at our CBOCs hold a hearing or a public awareness program, with the VA to say this is one program that is available? I think one that has been incredibly successful in our area has been the HUD-VASH Program. We have gotten a lot of veterans off the street.

And the limiting factor there is the number of case managers we have and then obviously finding the housing that you can put them in. But that is very much a piece of what you are talking about right here. The HUD-VASH Program is here.

Would that be helpful?

Mr. CAMPINELL. The higher the level of public information that is shared particularly by Congress in terms of your role and representative services to your constituency, I think would be invaluable.

Mr. ROE. That is something we should think about and our staff should think about how we put together a program. The other thing we could do is put this together in a little white paper to make sure that all the offices know that this is available.

And, Mr. Kayse, another thing, we had a huge tornado in my district this year. Clothing will not be a problem. If you make that available and known, I can assure you—and I remember now it dawned on me locally, one of my good friends works at the VA and she would always ask me, well, do you have a suit or you have some ties, you know, that do not have mustard on them or whatever that we can use, and the answer is yes.

And I think if you make that need known, that is solved. I really believe that. That one, we saw we had actually too many clothes after the tornado. So I think if you can let it be known what is needed, it will happen. And I do not think that will be an issue at all where a veteran can have a new suit. And I can assure you in our area, that would happen literally overnight.

And I think the other one is how do we get the word out. We hear word of mouth, maybe a Web site. I think the media publicizing it would be important to let people know because I think this is an underused asset.

The other thing, back to the Chairman's point, how do you replicate, how do you take the Bedford and replicate that model across the country so that in rural America where I am, it can work and in urban America where—Boston, I assume this is or near Boston can work? How do you do that?

Mr. CAMPINELL. Well, the Office of Mental Health has issued policy that applies to all VA medical centers that they will operate a CWT program that has both clinical models in it, both transitional work and supported employment.

And in the approximately 4 years ago or 3 years ago when the mental health enhancement funds were released, 50 facilities that had no programs at all were funded to establish a basic program with one staff for each of two those clinical models to operate within CWT.

So at this point in time, we have 187 locations including some CBOCs. We have a program, two programs out on the reservation that is 300 miles away from the major city.

So we have covered every facility both in terms of financial resources and we have established a policy that requires the provision of these services at some level within the structure of that organization.

In addition, the resource planning model for VHA includes projections based on some complicated algorithm, includes projections that represent the increase in veterans potentially participating in CWT out for the next 10 or 15 years and becomes part of the calculations that go into VHA's budget for the forthcoming fiscal year that is related to that.

So I think there are a lot of efforts going on to ensure that programs—we ensure consistency in the clinical model. We ensure resources so that they can establish a program and we ensure that VHA is utilizing the projections of needs of veterans that will participate into this program so that the budget structure includes an acknowledgment and recognition of them.

Mr. ROE. Just one last comment and I will yield back. As congressmen, people will come up to you and thank you for helping them get their disability claim. But I think the most rewarding thing I have seen is a homeless veteran that is now gainfully employed.

I really think that there was a complete failure when you see this veteran out on the street and to see them come up with a place to live and a job is one of the most rewarding things I have seen since I have been in Congress.

And they will tell you stories that are just heart wrenching. And I think this program is vital to it. I really want to see it expanded and made more available and more successful to people. It has got to be rewarding for you all to see this happen too.

Mr. Chairman, I yield back.

Mr. JOHNSON. Thank you, Dr. Roe.

Mr. McNerney.

Mr. MCNERNEY. Thank you.

I am just going to make a comment following up on Dr. Roe's comment is we have a very successful program in Bedford and it is expanding. And as it expands, there is always the fear of the quality diminishing and the effectiveness diminishing.

And I hear what you are saying about your efforts to make sure that does not happen. And I expect the chairman will be keeping an eye on this program to make sure that that is the case.

So thank you.

Do you have statistics or some idea of whether or not veterans that take advantage of the CWT Program have a lower unemployment rate than veterans in general and lower unemployment rates than their non-veteran contemporaries, non-veterans in the same demographic categories?

Mr. CAMPINELL. I do not, sir. I only have measures of the results at point of discharge, but not a comparison to other veteran or non-veteran populations outside of the health care system.

Mr. MCNERNEY. Okay. So you do not have any sort of long-term information on long-term success?

Mr. CAMPINELL. I do not. In terms of follow-up of the individuals that have participated, I do not, no.

Mr. MCNERNEY. That might be something that would be useful because it sounds like this is a program that we would like to put more resources into and we would like to have sort of evidence-based information as to whether that is a successful program in the long run and, if not, how adjustments can be made or follow-up can be made with individuals to make sure that they stay on track.

Mr. CAMPINELL. Well, I can speak to one specific instance which is a research model, a successful research program out of Tuscaloosa VAMC that provided supported employment specifically for veterans with PTSD.

And their follow-up period, I think, was post 1 year and there was a three-time greater level of employment among veterans in that model at the 1-year period of follow-up than other veterans receiving services as usual.

And I believe that Dr. Jack Drumming who is the chief of mental health at Bedford has some internal research of his own based on their programs that show similar results, that participation in the program does have a long-term positive outcome.

But in terms of national numbers such as, you know, something the Department of Labor has access to or provides, I am not aware of anything.

Mr. MCNERNEY. Well, that would be a very powerful tool—

Mr. CAMPINELL. Yes, sir.

Mr. MCNERNEY [continuing]. In terms of getting support for the program.

Mr. CAMPINELL. Yes, sir.

Mr. MCNERNEY. I am a little surprised of one of the facts you mentioned, that only 11 percent of the participants are OEF, OIF, OND veterans. That seems kind of low to me.

Is that just the proportion of those veterans to the overall number of veterans? How come that number is so low?

Mr. CAMPINELL. I can only say it might depend on the number of veterans that are the receiving care at the VA medical center and the type of care that they are receiving.

Many of the veterans coming in from OIF, OEF are also service-connected. They have a service-connected disability and they are going to be eligible or they are already eligible for services from VR&E. So there may be more veterans going in that direction.

There is also a great interest in the GI Bill, as you know, the current GI Bill. And a lot of veterans are availing themselves of that rather than the more traditional vocational rehabilitation models, as I understand it.

Mr. MCNERNEY. So maybe what you are saying is that the OEF, OIF are not the hard cases yet and the older veterans are the ones that really need this kind of help? I mean, obviously that is a generalization, but that seems to be where we are at.

Mr. CAMPINELL. Yes, sir.

Mr. MCNERNEY. Thank you.

I yield back.

Mr. JOHNSON. Well, I want to thank the panel for being here this morning. This wraps up our questioning and the panel is now excused.

I hope that we can move forward from this hearing with a renewed commitment to ensuring the VA's CWT Program is sound

throughout the whole country no matter whether a veteran lives in an urban area or a rural area.

As I mentioned before, we should always be doing everything we can to help veterans who can and want to work and reenter the workforce, especially during this time of severely high unemployment.

Just as they served and sacrificed for our country, so, too, must we now serve and care for our veterans when they return home.

With that, I ask unanimous consent that all Members have five legislative days to revise and extend their remarks and include extraneous materials. And without objection, so ordered.

I want to thank all Members and witnesses for their participation in today's hearing. And this hearing is now adjourned. Thank you very much.

[Whereupon, at 11:07 a.m., the Subcommittee was adjourned.]



## A P P E N D I X

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### **Prepared Statement of Hon. Bill Johnson, Chairman, Subcommittee on Oversight and Investigations**

Good morning. This hearing will come to order.

I want to welcome everyone to today's hearing titled "Is it Working: Reviewing VA's Compensated Work Therapy program."

The Compensated Work Therapy, or CWT, program is one of the VA's vocational rehabilitation programs designed to assist our warfighters back into the workforce. The program is specifically geared toward veterans who have suffered from mental illness, delivering a tailored approach for re-employment that provides support and guidance through the process.

In a time of high unemployment, especially among veterans, we all must make every effort to match qualified workers with suitable jobs. The CWT program does just that, matching disabled veterans with employers.

When done correctly, the CWT program is a "win-win." We know of several success stories, including the program in Bedford, Massachusetts, that has partnered with over 15 community businesses. The businesses benefit from having qualified workers adding to productivity, and the veterans benefit from being employed. However, we also know of situations where little, if any, emphasis is placed on the program. Few partnerships are made with the community, and in the end it is the veteran who suffers.

We share a common goal of assisting our veterans to reenter the workforce. A discussion on what the VA can do to sustain successful programs and rejuvenate struggling ones, in addition to what Congress and this Committee can do to help, will better enable us to achieve that goal.

It is also my hope that today's hearing will provide the Subcommittee with a clear picture of the structure of the CWT program, from its national leader all the way down to the individual veteran at a VA facility.

I also look forward to today's testimony and the chance to discuss how we can ensure that the CWT program is rolled out consistently and effectively all across the country. How can successful programs share their best practices with struggling programs? How can national oversight be improved? What kind of metrics are needed to effectively gauge success?

It's not good enough merely to have well-intentioned programs. We need effective ones that consistently deliver results and improve the lives of our veterans.

I now yield to Ranking Member Donnelly for an opening statement.

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### **Prepared Statement of Hon. Joe Donnelly, Ranking Democratic Member, Subcommittee on Oversight and Investigations**

Occupational specialties have been an important part of the lives of our veterans, their identities are linked to their military occupation, therefore, illnesses that limit a veteran's ability to work once they have transitioned out of the military can have a significant impact on their self-esteem.

Being part of the Committee on Veterans' Affairs for the past 5 years, I am aware of the unique needs veterans with mental illnesses have. Homeless veterans, veterans with brain injuries, post-traumatic stress disorder and other mental health problems require a prolonged individualized rehabilitation plan. Providing them a rehabilitation plan that will help them lead an independent life is important, providing them the tools they need to obtain meaningful employment, is even more and that's why CWT is critical for these veterans.

The benefits of the CWT program are many, it provides veterans with skills training, job development, placement services, and employment support. But not a lot is known about this program and I fear that not many veterans know about this pro-

gram as well. Because a veteran must be referred by a clinician many veterans that would benefit from CWT are not aware of it and may not know to ask their doctor about it.

Recently, I came across a blog discussion on CWT, in it, most of the individuals talk about their positive experience and discussed their successful rehabilitation. But there were a couple of individuals who said their local VA clinic was short staffed and didn't provide the service and treatment they needed. Programs like CWT need to be successful nationally, it is unfair for veterans to get poor quality treatment in some VA clinics while others get better treatment. These regional disparities undermine the work VA is capable of providing.

I look forward to learning more about this program, the services you provide to our veterans in need, and what you are doing to provide consistent treatment to all veterans.

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**Prepared Statement of Anthony Campinell, Ph.D., Director,  
Therapeutic and Supported Employment Programs,  
Veterans Health Administration, U.S. Department of Veterans Affairs**

Chairman Johnson, Ranking Member Donnelly, and Members of the Subcommittee: thank you for the opportunity to discuss the Department of Veterans Affairs' (VA) Compensated Work Therapy (CWT) program. I am accompanied today by my colleague Anthony Kerrigan, Ph.D., CWT Coordinator at the Houston VA Medical Center. Also accompanying me today is Mr. Sean Kayse, a U.S. Army Veteran recently hired by VA, who will discuss his experience in the CWT program in Iowa.

CWT provides Veterans whose lives have been disrupted by mental illness or co-existing physical disabilities with a supportive, stable, structured approach to help them achieve their employment goals. Currently, almost 750,000 Veterans under age 50 are not in the labor force due to various disabilities or illnesses, including serious mental illness. Employment is an important personal goal and contributes to a positive self image and a sense of purpose, and is a critical element for people recovering from mental health issues. Congress formally established CWT for VA in 1984. The program has grown substantially over these 27 years, with over 41,000 Veterans receiving CWT services at 187 locations in Fiscal Year (FY) 2011, and an additional 26,000 Veterans receiving other forms of vocational rehabilitation. In addition to its clinical benefits, CWT serves as a complement to other employment services available from the Veterans Benefits Administration, the Department of Labor, or state employment agencies.

My testimony today will begin by providing an overview of the CWT program, including its purpose and functions. It will then describe the leadership and organization of the program, and conclude with a review of some of the program's major successes, as well as its challenges.

*Overview of CWT Program*

CWT programs provide vocational rehabilitation services by medical prescription to Veterans, many of whom have extensive barriers to employment. A majority of persons with a disability want to work. The core philosophy of CWT is that all persons with a disability can work when provided with the necessary supports, and thus no one should be excluded from the opportunity to participate in meaningful employment. CWT programs serve eligible Veterans, including those with service-connected disabilities, Veterans who have been involved in the justice system, and Veterans with active addictions. Many have serious mental illness, including psychotic disorders; serious physical disabilities co-occurring with mental health diagnoses; and Spinal Cord Injury and Traumatic Brain Injury. In addition, CWT programs include homeless Veterans and Veterans who have been out of the workforce for an extended period of time, in some cases, since discharge from the military. VA benefits, including service-connected compensation and VA pension, cannot be reduced, denied, or discontinued based on participation in either CWT or Incentive Therapy (IT).

CWT programs are available in both urban and rural areas, as well as in remote and difficult to access locations. For example, CWT services are provided through the Black Hills Health Care System and Rapid City VA Medical Center in South Dakota. These facilities extend access to Native American Veterans on the Standing Rock Lakota Sioux Indian Reservations in McLaughlin, SD, Eagle Butte, SD, and Pine Ridge, SD, on the Pine Ridge Indian Reservation. The CWT program and services in these remote and isolated locations offer economic stability and a recovery-based culture for the participating Veteran and his or her family alike.

CWT provides a number of options for Veterans who are looking to get back into the workforce. These options include the following:

*Incentive Therapy (IT)*: This is a pre-vocational work restoration program that authorizes the assignment of patients to various hospital work situations. IT provides a diversified work experience at those VA medical centers that choose to incorporate it for Veterans who exhibit severe mental illness or physical impairments. IT services may consist of full or part-time work with remuneration limited to the maximum of one half of the Federal minimum wage and paid on an hourly basis. IT participants provide services in various “jobs” or roles: escorting Veterans to and from appointments; delivering messages and communications; and providing a range of assistance to program areas, including light cleaning, picking up lunches, and folding items. Hours of work may be adjusted from as little as 1 hour per day to 8 hours per day, based on the Veteran’s work stamina and treatment goals. IT also provides an opportunity for VA to assess Veterans in a more independent but clinically supportive environment.

*Sheltered workshops*: These activities are operated at approximately 35 VA medical centers nationally. CWT sheltered workshop is a pre-employment vocational activity that provides an opportunity for assessment and the development of work skills in a simulated work environment. Veterans participate in a wide variety of work, from advanced printing, including business cards and engraving, to furniture upholstery, with participating Veterans paid on a piece rate basis commensurate with the type of work performed.

*CWT/Transitional Work (CWT/TW)*: This is a pre-employment vocational assessment program that operates in VA medical centers and local community businesses. CWT/TW is provided at many National Archives and Record Administration (NARA) Federal Record Centers and National Cemeteries. Participants are matched to real-life work assignments for a time-limited basis. Services may relate to work in janitorial/housekeeping, food service, warehouse, prosthetics assistant, and grounds maintenance. Veterans are supervised by personnel of the sponsoring site, under the same job expectations experienced by non-CWT workers. CWT/TW participants are not considered employees and receive no traditional employee benefits. Participants receive no less than the greater of Federal or state minimum wage, depending upon the type of work performed. The CWT/TW program offers real training to Veterans and provides an avenue to competitive jobs in these Federal agencies.

*CWT/Supported Employment (CWT/SE)*: This is an evidence-based practice which has been demonstrated to assist Veterans with the most severe psychiatric disabilities to achieve competitive employment and community integration with extensive clinical supports. CWT/SE was implemented nationally in 2005 as part of VA’s recovery transformation efforts, and has since been highlighted in a RAND report as a gold standard mental health program. CWT/SE services are individualized and intensive, and are integrated as part of the Veteran’s mental health treatment. When the Veteran is able to maintain employment independently, CWT/SE services are phased out and support is provided by the clinical team and natural supports in the Veteran’s community. CWT/SE is routinely provided to Veterans with psychotic disorders. Additionally, VHA’s Therapeutic and Support Employment Services (TSES) works in partnership with VA researchers to expand SE services to a broader audience. CWT/SE services have been provided to Veterans living with spinal cord injury and traumatic brain injury as part of VA-sponsored research. A recently concluded 2011 study of SE for Veterans with post-traumatic stress disorder (PTSD) funded by the VA Office of Research and Development was so successful in improving rates of employment among Veterans receiving SE that a new, larger study is in the planning stages with the VA Cooperative Studies Program.

*Homeless Veterans Supported Employment Program (HVSEP)*: This program provides vocational assistance, job development and placement, and employment support designed to improve employment outcomes among homeless Veterans. In FY 2011, VA medical centers started to receive funding for HVSEP. The program is coordinated between the CWT and Homeless Veteran Programs. VA has provided funding to hire 407 Vocational Rehabilitation Specialist positions to support this initiative. These employees have been trained and integrated into the range of VA Homeless services, including the Health Care for Homeless Veterans (HCHV), Grant and Per Diem (GPD), Department of Housing and Urban Development-Department of Veterans Affairs Supportive Housing (HUD-VASH), Domiciliary Care for Homeless Veterans (DCHV), Health care for Re-Entry Veterans (HCRV), and the Veterans Justice Outreach Initiative (VJO) programs for the purpose of providing community-based vocational and employment services. All the HVSEP Vocational Rehabilitation Specialists hired are themselves Veterans who are homeless, formerly homeless, or at risk of homelessness.

*Vocational Assistance:* This CWT support provides a set of assistance, guidance, counseling, or other services that may be offered to individual Veterans or groups. These services enable Veterans to identify skills, resources, attitudes, and expectations needed when searching for employment.

*CWT Leadership and Organization*

The CWT program is an element of the VHA's Therapeutic and Supported Employment Services section (TSES) in the Office of Mental Health Operations. TSES is responsible for overseeing CWT and IT programs. These two programs are authorized by 38 United States Code, Section 1718, to integrate remunerative work restoration services and vocational rehabilitation and employment support into treatment planning for Veterans receiving care in VA's health care system.

VHA Central Office TSES staff consists of a Director and four Program Planning Specialists, who function as liaisons and support staff for assigned Veterans Integrated Service Networks (VISN); two Supported Employment Specialists; one Program Analyst; and one staff member who works closely with both TSES and Homeless Veterans Supported Employment initiative. TSES provides guidance for implementing CWT programs and interpreting policy in collaboration with networks and facilities.

A major effort of the TSES program is conducting fidelity reviews of the CWT/SE program. These reviews follow a standardized procedure to assess SE program implementation barriers and successes. TSES uses the results of these reviews to assist programs in their ongoing quality improvement efforts through recommendations and technical assistance to the CWT Program Management as well as facility and service line leadership. In FY 2011, 68 fidelity site visits were conducted, and the results of these reviews showing strengthened levels of employment implementation were disseminated nationally through the VA Northeast Program Evaluation Center's reporting system.

In addition, TSES organizes national conferences to train CWT staff, participates in monthly conference calls to address local and national issues, and conducts onsite training visits upon request. VHA provided five training visits to approximately 175 staff in FY 2011 in response to requests from facilities for consultation.

In accordance with VHA Handbook 1163.02, *Therapeutic & Supported Employment Services Program*, each facility is responsible for appointing a TSES Vocational Program Manager. The facility program manager is responsible for implementing the policy and procedures for establishing and operating a TSES program in accord with the VHA Handbook guidance. CWT program implementation occurs at the local level to include CWT hiring decisions, staffing levels, and program manager duties. In addition, each individual facility makes decisions regarding the use of Transitional Workers.

*CWT's Successes and Challenges*

Collectively, these efforts are making a difference. All told, TSES programs provide paid work experience, competitive employment, and vocational assistance services to almost 70,000 Veterans each year, approximately 11 percent of whom are Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) Veterans. In FY 2011, the IT component of TSES served over 7,000 Veterans; the CWT/TW component served over 29,000 Veterans; and the CWT/SE component served over 14,000 Veterans, a 12 percent increase over FY 2010. An additional 29,300 Veterans received vocational assistance services. Veterans in TSES programs earned in excess of \$60 million as a result of their work. Earnings generated through IT, CWT/Workshops, and CWT/TW are also tax exempt and excludable as income for Social Security Supplemental Security Income (SSI) program purposes. This exemption enables Veterans who receive disability income to take advantage of the skills learned at TSES programs and develop these work skills without fear of losing their benefits.

In FY 2011, TSES provided CWT services at 187 program locations and 90 IT program locations. Of 11,267 Veterans who were discharged from CWT/TW and CWT/SE Programs who were entered into the VA Northeast Program Evaluation Center program evaluation database, 27 percent were placed in community-competitive employment at discharge, with an additional 8 percent leaving CWT to pursue formal training, higher education, or volunteer work. Forty-six percent remained unemployed, 13.8 percent retired, and information is unavailable on the remainder. Since May 2011, the Homeless Veterans Supported Employment Program has served 2,564 Veterans, 27 percent of whom have been placed in community employment.

The Commission on Accreditation of Rehabilitation Facilities (CARF) has accredited VA outpatient mental health services for over 15 years. All CWT programs with 4.0 Full-time Employee Equivalents or more (86 total) have received a 3-year CARF/

Employment and Community Services accreditation, the highest level score for quality rehabilitation services. CARF accreditation recognizes that CWT programs are providing efficient, effective services that result in high levels of stakeholder satisfaction. Smaller programs are not required to be CARF accredited at this time.

Notwithstanding these successes, the CWT program faces several challenges. TSES staff has received reports about staff and funding variations across local programs that sometimes result in delays in patient enrollment. We also understand from CWT program staff that there is growing demand for CWT services. Funding for CWT programs comes from both national sources (for TSES staff) and from VA facility budgets (for local programs). Funding is also received at the local level from employers who contract with CWT programs to hire Veterans enrolled in CWT. We are exploring new opportunities to standardize and simplify the funding stream, which will also provide VA greater oversight of how revenues are used across the system.

#### *Conclusion*

Thank you again for the opportunity to share information about VA's efforts to provide vocational rehabilitation services to Veterans. VA is dedicated to improving Veterans' overall quality of life through a vocational rehabilitation experience in which Veterans learn new job skills, strengthen successful work habits, and regain a sense of self-esteem and self-worth. My colleagues and I are prepared to answer any questions you may have.

