VA Making Progress to Improve Service for Veterans

April 2016

Continued Excellence in Service

- For the sixth consecutive year, VA Consolidated Mail Outpatient Pharmacy received the highest customer satisfaction score among the nation’s public and private mail-order pharmacies, according to a J.D. Power study. Out of 1,000 possible points, VA scored 876, which was the highest score among participating mail-order pharmacies.
- Since 2004, the independent American Customer Satisfaction Index (ACSI) survey has shown Veterans give VA health care higher ratings than most private hospital patients.
- VA trains 120,000 healthcare professionals a year, more than any system in the Nation. An estimated 70% of all U.S. doctors have trained with VA.
- NCA national call center answered 231,383 calls in FY 2015, helping to schedule 128,489 interments. Seventy-four percent of interments were scheduled within 2 hours or less.
- NCA conducted over 130,000 burials of Veterans and eligible family members while maintaining 4.3 million gravesites in 134 national cemeteries.
- NCA processed 661,593 presidential memorial certificate requests through October 1, 2015. This was a 6.9 percent increase since FY 2014. From October 1, 2015-January 1, 2016 203,160 certificates have been processed.

Increasing Transparency and Accountability

- The Department of Veterans Affairs (VA) began publicly posting patient access data online in June 2014. VA provides this access-to-care information to Veterans and the public knowing that transparency and accountability would help improve care for Veterans over time.
- On his first visit to the Phoenix VA last August, Secretary McDonald announced that every VA medical center would undergo an independent review of scheduling and access practices by The Joint Commission, the nation’s oldest and largest standards-setting and accrediting body in health care.
- On Saturday, November 14, 2015 VHA conducted an Access Stand Down at all facilities to review and determine appropriate clinical disposition for urgent consults over 30 days and ASAP entries in the Electronic Waiting List (EWL). VHA was able to address approximately 40,000 pending consults during this initiative.
- VA developed the Strategic Analytics for Improvement and Learning Value (SAIL) Model to measure, evaluate and benchmark quality and efficiency at medical centers. In the latest SAIL data release, indicated 64 medical centers (44%) showed meaningful improvement in overall quality from the third quarter of FY 2014 to the third quarter of FY 2015.
In 2015, the newly established Office of Accountability Review (OAR) was charged with investigating allegations of wrong doing by any VA Senior Leader. OAR’s continuing mission is to also ensure leadership accountability for improprieties related to patient scheduling and access to care, whistleblower retaliation, and related matters that impact public trust in VA. OAR has supported the Department’s accountability activities under the expedited Senior Executive removal provision of the Veterans’ Access, Choice, and Accountability Act of 2014, as well as accountability investigations and disciplinary actions taken under other authorities.

VA has worked very closely with U.S. Office of Special Counsel (OSC) to successfully resolve whistleblower retaliation complaints, including entering into an expedited settlement agreement process that has been used twenty-eight (28) times to date. OAR also attended specialized training at OSC for how to handle whistle blower retaliation investigations and is rolling out this training to Human Resources professionals (HR) and Senior Attorneys throughout the agency. VA is the first Department or agency to be certified under OSC’s Whistleblower Protection Certification Program. OSC certified VA under their Whistleblower Protection Certification Program after VA worked to achieve compliance and protect employees who identify or report problems from unlawful retaliation. VA has proposed disciplinary action related to data manipulation or patient care against more than 300 employees nationwide.

As of April 2016, VA has worked closely with OSC to provide relief for approximately 55 VA employees who have filed whistleblower retaliation including three individuals at the VA Phoenix Health Care System.

The Veterans Experience office is well down the road to establishing a Department-wide customer experience measurement framework that will enable data-driven service improvements in the near future and farther down the road for Veterans.

Veterans Access, Choice, and Accountability Act 2014 One Year Anniversary Highlights:

- VA is addressing critical components necessary for the delivery of a seamless community care experience by consolidating all purchased care programs into one Veterans Choice Program (New VCP). The New VCP will clarify eligibility requirements, strengthen VA’s high-performing network, streamline clinical and administrative processes, and implement a care coordination model across the continuum of care.
- Section 702 of VACAA requires VA to disapprove programs of education under the Post-9/11 GI Bill and Montgomery GI Bill—Active Duty programs at public institutions of higher learning if the school charges qualifying individuals tuition and fees in excess of the rate for resident students for terms beginning after July 1, 2015. All 50 states, the District of Columbia, and 5 territories/commonwealths are now compliant with Section 702.
- VA implemented the expedited Senior Executive removal authority provided by Section 707 of the Veterans Access, Choice, and Accountability Act of 2014, and has thus far used that authority to propose removal of five Senior Executives.
- VHA offers an extensive community provider network of over 257,000 providers through the PC3/Choice Programs and more are joining each month.
Expanding Access to Care Increase Access to Health Care

- VA completed 96.46% of appointments in February 2016 within 30 days of clinically indicated or Veteran’s preferred date.
- In February 2016, average wait time for completed primary care appointments were 4.92 days, specialty care 6.44 days, and mental health care 3 days.
- While the number of Veterans using VA for care has grown about 2% per year, many locations where space, staffing, productivity, and community care enhancements have been emphasized are growing at multiples of that rate. For example, from 2012 to 2014 Las Vegas has seen the number of patients they are caring for grow 18%, Hampton, VA 16%, Portland, OR and Fayetteville, NC 13%, and Denver 10%.
- More Veterans are coming to VA for their care even though 78% have Medicare, Medicaid, Tricare, or private insurance.
- In FY 2015, VA activated 2.2 million square feet of space for clinical, mental health, long-term care, and associated support facilities to care for Veterans. Where possible, the number of primary care exam rooms per provider has been increased allowing the provider to see more Veterans each day.
- As part of the MyVA initiative, the VHA is establishing processes at the VA Medical Centers to make them capable of addressing the clinical needs of a Veteran who calls or visits primary care within the same day. Currently, this process is implemented at 25% of all Medical Centers.

Providing More Care in the Community

- VHA and the Choice contractors created more than 3 million authorizations for Veterans to receive care in the private sector from Feb. 1, 2015 through Jan. 31, 2016. This represents a 12% increase in authorizations when compared to the same period in 2014/2015.
- From FY 14 to FY 15, Community Care appointments increased approximately 20%, from 17.7 million in FY 2014 to 21.3 million in FY 2015

Recruiting and Hiring Health New Professionals and Staff Critical Positions

- VA has increased salaries for physicians and dentists to close the pay gap with the private sector and to make VA an employer of choice. With more competitive salaries, VA will be better positioned to retain and hire more health care providers to care for Veterans.
- VHA has increased net onboard staff by over 17,000 employees since the beginning of FY2015 through February 29, 2016. This includes over 6,000 nurses (RN, LPN & NA), 1,550 physicians, 112 psychiatrists, and 450 psychologists for VHA’s clinical care to Veterans.
- VHA’s turnover rate is 9 percent, which continues to compare favorably to private sector healthcare turnover rate estimates of 30 percent as reported by the Bureau of Labor Statistics (2014).
Transforming the Customer Service Experience through MyVA

- The MyVA Task Force was established at the direction of the Secretary of Veterans Affairs in December 2014.
- MyVA is what we are calling our transformation from VA’s current way of doing business to one that puts the Veterans in control of how, when and where they wish to be served.
- VA is working to reorganize the department for success, guided by ideas and initiatives from Veterans, employees, and all of our shareholders. This reorganization is a part of the MyVA initiative and is designed to provide Veterans with a seamless, integrated, and responsive customer service experience.
- The Department developed the Blue Print for Excellence - a detailed vision of how VA will evolve as a model national health care provider delivering both excellent health care and an excellent experience of care to all Veterans served.
- Under MyVA, the department has created a single regional framework to enhance services. In March 2015, VA established the MyVA Advisory Committee, made up of skilled experts from the private, non-profit and government sectors that advise the Secretary with a focus on improving customer service, Veteran outcomes and setting the course for long-term reform and excellence. The MyVA Advisory Committee continues to meet periodically with their next scheduled for early May.
- The MyVA Communities model brings together local community leaders, Veteran advocates, service providers, Veterans, and stakeholders to have a voice in identifying their community goals and improve outcomes for Veterans, Service members, and their families. Local VA leaders are identifying existing community boards to leverage and enhance current partnerships, or talking to community leaders to spark a community movement where none exists.48 Community Veterans Engagement Boards have been formed across the nation, with a goal of 100 by December 2016.
- VA launched the Veterans Economic Communities of Interest (VECI) in May 2015. VECI promotes local collaboration, dialogue, and partnerships among organizations that serve transitioning Servicemembers, Veterans, and their families. VECI reaches out and engages on issues related to economic opportunity. VA established a plan for 50 VECI, and will have completed stand up of the VECIs by summer 2016. This roll-out is supported by roundtables and policy academies that help share best practices.
- VA’s Innovators Network is a community of VA employees who are actively engaged in work that is moving the agency forward. This community facilitates collaboration, and enables colleagues — no matter the distance — to share ideas, challenges, opportunities, and to test and validate best practices. It offers an interactive environment for VA employees to test new ideas, and join forces with stakeholders across the Veteran community to improve the way VA serves Veterans.
- On November 11, 2015, the first iteration of the Vets.gov website was launched. Vets.gov is VA’s new unified site that provides Veterans an opportunity to learn about benefits they’ve earned and offers a clear path for applying for them. The site will replace numerous other websites and multiple website logins to a single easy-to-navigate location. Vets.gov is being developed using feedback from the users, putting Veterans’ needs and wants first. Currently the website contains 10% of Veteran-facing content, features and forms from current public facing VA websites.
Expanding Access to Benefits

- VA opened two new national cemeteries: Tallahassee National Cemetery (October 2015) and Cape Canaveral National Cemetery (January 2016).
- In March of 2016, the 100th VA grant-funded cemetery was dedicated. Since 1980, the Veterans Cemetery Grants Program has awarded grants totaling more than $665 million to establish, expand and improve state and tribal cemeteries in 47 states and territories. These VA-funded Veterans cemeteries provided more than 35,000 burials in 2015.
- The number of Veterans and Survivors receiving compensation and pension has increased from 3.9 million to 5.1 million in 2015.
- The Veterans Employment Center™ (VEC™) allows Veterans seeking new employment opportunities to connect directly with committed Veteran employers (public and private), as well as to employers with vacancies available to the general public. In the VEC, employers report that nearly 432,000 Veterans have been hired, with commitments from employers to hire almost 833,000 by the end of 2015.
- In FY 2015, VA guaranteed a record 631,000 home loans totaling $153 billion, while also assisting 90,000 Veterans in avoiding foreclosure, saving taxpayers over $2.8 billion. VA has maintained the lowest foreclosure rates in the industry for the past 30 consecutive quarters, second only to prime loans.
- Nearly 136,000 VA home loan Certificates of Eligibility were issued 1st quarter FY2016 without human intervention (64% of all requests) VA approved 1,800 Specially Adapted Housing grants totaling $96 million in FY15 – a 50% increase from FY 2014.
- In FY 2015, VA served more than 104,000 Veterans and paid more than $1.1 billion in VR&E benefits, a nearly 12% increase over FY 2014.
- Paying insurance death claims in an average of 3.4 days at 99.7% accuracy

Leading the Way in Reducing Drug-Resistant Health Care-Associated Infections

- Health care-associated infections, or HAIs, pose a major risk to patient safety, and hospital systems across the country are striving to prevent them.
- A recent article in The New York Times noted that in comparison to other hospital systems, VA is making great strides in reducing one of the most significant causes of HAIs—methicillin-resistant Staphylococcus aureus, or MRSA.
- Within five years, health-care associated MRSA infections declined 69 percent in VA acute care facilities, 81 percent in Spinal Cord Injury units, and 36 percent in Community Living Centers.
- The VA MRSA Prevention Initiative continues today, and has been expanded to focus on other multiple drug-resistant organisms.

National Leader in Telehealth Services

- VA is national leader in telehealth services. VA Telehealth services are critical to expanding access to VA care in more than 45 clinical areas.
- In FY 2015, 12% of all Veterans enrolled for VA care received telehealth-based care. This includes more than 2 million telehealth visits, touching 677,000 Veterans.
Impacting Millions through VA Research

- **VA Research and Development** plays a pivotal role in improving the health status of Veterans and countless other Americans for generations to come.
- During fiscal year 2016, nearly 3,400 VA researchers and staff will work on more than 2,400 projects, with VA Research appropriated funding of more than $630 Million.

Changing Lives through the GI Bill

- VA implemented expanded eligibility criteria for Post-9/11 GI Bill benefits under the Marine Gunnery Sergeant John David Fry Scholarship to include the surviving spouses of Servicemembers who died in the line of duty after September 10, 2001.
- For more than 70 years, VA has provided benefits under the GI Bill of Rights enabling Servicemembers, Veterans, and their families to enhance their economic opportunities. In 2015, VA provided $12.3 billion to over 1 million beneficiaries for all education programs.
- Since the inception of the program in 2009, over $62.4 billion has been paid to more than 1.56 million Post 9/11 GI Bill participants.
- VA awarded benefits to approximately 493,000 GI Bill beneficiaries for the Spring 2016 term.
- As part of the President’s Executive Order directing agencies to implement “Principles of Excellence” for educational institutions, VA’s online GI Bill® Comparison Tool makes it easier for Veterans, Servicemembers, and dependents to calculate their Post-9/11 GI Bill benefits and learn more about VA’s approved colleges, universities, and other education and training programs. The tool provides information about college affordability and brings together information from more than 17 different online sources and three federal agencies, including the number of students receiving VA education benefits at each school. In FY 2015, VA improved the GI Bill Comparison Tool and GI Bill Feedback System, and for the first time deployed Veteran Outcome Measures for the Post 9/11 GI Bill.
- There are 3,425 Yellow Ribbon Program agreements at 1,974 schools for the 2015-2016 academic years.

Claims Backlog Reduction

- In FY 2015, VA decided a record-breaking 1.4 million disability compensation and pension (rating) claims for Veterans and Survivors – the highest in VA history.
  - Veterans with a pending claim at the end of the fiscal year were waiting an average of 93 days for a decision – a 189-day reduction from the peak of 282 days in March 2013.
  - The claims backlog (claims older than 125 days) was reduced from the peak of 611,083 in March 2013 to 80,160 at the end of Q1 FY 2016 – an 87% reduction.
  - At the end of Q1 FY 2016 claim quality is at 90%; issue quality is at 96% and above 98% in 7 of 8 categories where we measure quality (one at 97.5%).
The claims inventory was reduced 59% from the peak of 884K in June 2012 to 362,379 at the end of Q1 FY 2016 – a 59% reduction.

- VA employees completed 3.1 million non-rating claims in FY 2015 – 15% more than the 2.7 million completed in FY 2014 – and 71% more than FY 2011. VA continues to exceed Fully Developed Claim goals. In Q1 of FY 2016, 54% of receipts from Veterans Service Organizations were fully developed, up from 3% in 2012;
- In FY15, VA reduced the backlog of Veterans pension claims 97% from the peak of 15,300 to 405; the pension inventory by 66% from the peak of 36,400 to 12,500; the Dependency and Indemnity Compensation (DIC) backlog 86% from the peak of 8,800 to 1,200; the DIC inventory by 57% from 19,100 to 8,300; and improved DIC timeliness by 111 days from the peak of 182 days to 71 days, while maintaining 99% accuracy.
- VA increased claim productivity per FTE by 25% since 2011 and issue productivity per FTE by 81% since 2009 – which helped to mitigate the effects of a 132% increase in workload (2.7 million medical issues in 2009, 6.35 million medical issues in 2015).
- VA has added over 1.8 million Veterans to VA compensation rolls since 2009 (1.2 million net).
- Dedicated non-rating workforce completed 3.1M non-rating end products in FY15 – 15% more than the 2.7M completed in FY14 – and 71% more than FY11

Improving Delivery of Benefits through Digital Innovation

- VA transitioned all disability compensation claims processing from an outmoded paper-intensive process to a fully electronic processing system, the Veterans Benefits Management System (VBMS).
  - Previously VA processed 5,000 tons of paper per year; now we are processing 99.8% of all disability compensation claims electronically.
  - VA converted over 1.9 billion documents to digital images that are maintained in Veterans’ electronic claim folders.
  - 4.1 million rating decisions and 2.3 million claims have been completed using VBMS.
  - VA automated the processing of dependency and burial benefits, enabling payment in a few days rather than months. One in 4 Veterans submit their dependency requests online – with more than 62% receiving payment in under 1 day; automated burial benefits were paid to surviving spouses within 6 days (down from 190 days).
  - Through the Centralized Mail Initiative, more than 30% of VBA’s correspondence now comes in electronically via eBenefits or fax - eliminating paper receipts.
- VA has registered over 5.6 million Servicemembers, Veterans, and family members in eBenefits. VA had 212 million contacts with Veterans in FY 2015 (96% online) – a 211% increase over FY 2014.

Reducing the Number of Homeless Veterans

- VA, together with its Federal, state and local partners, has reduced the estimated number of homeless Veterans by 36 percent since 2010 as noted in the Department of Housing and Urban Development (HUD) 2015 Point-in-Time (PIT) Estimate of Homelessness.
• Since 2010, more than 365,000 Veterans and their family members have been permanently housed, rapidly rehoused, or prevented from falling into homelessness as a result of VA’s homeless continuum of services and targeted community resources.

• HUD-VASH provides a housing choice voucher from HUD and is paired with comprehensive case management for the most needy and vulnerable homeless Veterans to assist them with moving out of homelessness. VA had over 33,000 Veterans enter case management in the HUD-VASH program in FY 2015. As of September 30, 2015, there were over 63,000 Veterans housed with a HUD-VASH voucher.

• VA partners with non-profits to serve the needs of homeless Veterans through the Homeless Shelter Program (HSP). The program’s success resulted in a spike in demand; from 2014 to 2015, the number of properties sold under the program increased 22%.

• As of April 15, 2016, 23 U.S. Cities, as well as the Commonwealth of Virginia and the State of Connecticut have declared an effective end to Veteran homelessness.

• January - February 2016, 18,171 homeless Veterans and their family members were housed or prevented from becoming homeless.

• The Strategic Partnerships team continues to have a positive impact on reducing the number of homeless veterans. In February, the VA received $750,000 from the Chrysler Liquidation Trust through the PenFed Foundation. These funds are allowing VA and its partners to fill the gaps that exist in finding housing for the most vulnerable homeless Veterans housed through the HUD-VASH program

Improving Healthcare Services for Women Veterans

• VA has enhanced provision of care to women Veterans by focusing on the goal of developing Designated Women’s Health Providers (DWHP) at every site where women access VA. 100% of VA Medical Centers and 90% of Community-Based Outpatient Clinics have Designated Women’s Health Providers.

• VA has trained nearly 2,500 providers in women’s health and continues to train additional providers to ensure that every woman Veteran has the opportunity to receive her primary care from a DWHP.

• VA accomplished its goal of expanding eligibility for Veterans in need of mental health care due to military sexual trauma (MST) experiences of sexual assault or sexual harassment that occurred during their military service (known as military sexual trauma or MST). All MST-related health care is provided free of charge with no need for the Veteran to file a disability claim.

• VA completed two mobile applications for Women’s Health, Caring for Women Veterans and PreConception Care that are available for providers in the community to download from the App store when caring for women Veteran patients.

• In FY15, the Maternity Care Coordination Telephone Care Program provided care coordination services to over 2000 unique pregnant Veterans, over 20 percent of whom resided in rural zip codes.

• VA released a Breast Care Registry to enhance care coordination of breast cancer screening and treatment for women Veterans.

• VA now operates a Women Veterans Call Center (WVCC), created to contact women Veterans to inform them about eligible services. As of February 2016, the WVCC received 30,399 incoming calls and made about 522,038 outbound calls, successfully reaching 278,238 women Veterans.
Increasing Patient Safety & Reducing Prescription Drug Abuse

VA has a comprehensive program for the management of chronic pain that includes the safe, well-managed use of opioids, complementary and integrative medicine with a focus on identifying and expanding the use of best practices across VA.

- VA is accelerating the deployment of Opioid Therapy Risk Report, a state-of-the-art tool to help protect Veteran patients from high doses of opioids. VA also implemented the Opioid Safety Initiative (OSI) system-wide in August 2013 to enhance safe and effective pain care for Veterans and reduce opioid use.
- From Quarter 4, Fiscal Year 2012 (beginning in July 2012) to Quarter 1, Fiscal Year 2016 (ending in December 2015) there are:
  - 141,206 fewer patients receiving opioids
  - 47,746 fewer patients receiving opioids and benzodiazepines together
  - 97,496 more patients on opioids that have had a urine drug screen to help guide treatment decisions
  - 112,846 fewer patients on long-term opioid therapy.
  - 16,864 fewer patients are receiving greater than or equal to 100 Morphine Equivalent Daily Dosing.
- To improve medication safety in the home, VHA provides medication take-back options to Veterans. As of April 1, 2016, Veterans have returned over 23,000 pounds of unwanted/unneeded medication to be destroyed in an environmentally responsible manner.

(NOTE: These reductions occurred at the same time VA has seen an overall growth of 107,342 patients who utilized VHA outpatient pharmacy services.)

Continued Focus on Mental Health Care:

- VHA has increased net onboard staff by over 17,000 employees since the beginning of FY2015 through February 29, 2016. This includes over 6,000 nurses (RN, LPN & NA), 1,550 physicians, 112 psychiatrists, and 450 psychologists for VHA’s clinical care to Veterans.
  - In response to the President’s Executive Order, (EO 13625, Aug 2012), VA has implemented a series of inter- and intra-departmental activities, VA has expanded the capacity of the Veterans Crisis Line by 50 percent, and enhanced its partnerships with community mental health providers. From October 2015 through February 2016 (FY16), the Veterans Crisis Line (VCL) answered nearly 200,000 calls and initiated the dispatch of emergency services to callers in imminent crisis over 6,000 times. VCL answered over 21,000 and 6,000 requests for chat and text services respectively. VCL has provided over 31,000 referrals to local VA medical facility Suicide Prevention Coordinators, thus ensuring Veterans are connected to care in their community.
- On February 12, 2015, President Obama signed the Clay Hunt Suicide Prevention Act into law. The multi-year requirements of the Clay Hunt Act advance efforts to improve the quality of and access to mental health care.
This year, VA has faced significant challenges, and we anticipate the next year will bring additional obstacles as well as many opportunities for improvement.

- We continue to reorganize the department for success, with the five MyVA transformation strategies which include; improving the Veterans experience, improving the employee experience, Achieving support services excellence, establishing a culture of continuous performance improvement, and Enhancing Strategic partnerships.

- This reorganization is designed to provide Veterans with a seamless, integrated, and responsive customer service experience.

- MyVA has operationalized its transformation strategies into 12 breakthrough initiatives which have been defined and metrics identified to measure progress and maintain accountability for implementation. The breakthrough initiatives are: Increase Access to Health Care, Implement Care in the Community, Improve the Veteran Experience, Deliver a Unified Veterans Experience, Modernize VA’s Contact Centers, Improve the C&P Process, Simplify Appeals Process, Reduced Reduction of Veteran Homelessness, Staff Critical Positions, Transform OIT, Transform Supply Chain and Improve Employee Experience.

- MyVA has identified 9 Legislative Initiatives that are imperative to the success of the VA’s transformation; bipartisan collaborative teams have been formed with membership from VA, SVAC, and HVAC to collaborate on implementation.

- Leaders Developing Leaders (LDL) program has been launched to improve employee experience by developing engaged leaders at all levels. Each leader is tasked to implement a project to empower all employees to deliver a seamless, integrated and responsive VA customer experience. Currently 7300 leaders have been engaged through this program and expect to reach 12,000 leaders by the end of September 2016.

- VA’s focus continues on further reducing the backlog of disability claims and ensuring that Veterans and Survivors receive timely and accurate decisions on their claims. Because disability claim decisions in many cases generate entitlement to other VA benefits and services, VA’s success in completing disability rating claims has driven a dramatic increase in non-rating claims and appeals, resulting in increasing wait times and backlogs in these workload areas. We will continue to work to improve processing through redesigned performance management systems, technology- optimization, streamlined and automated workflow, and increased access through e-Benefits. However, legislative reform is critically needed in order for VA to address the appeals backlog and provide timely appeal decisions.

- VA faces a competitive market to recruit and retain highly skilled health care providers, particularly mental health specialists, given the growing demand for these jobs in the private sector. Complex hiring processes for clinicians, to include requirements for boarding, credentialing, privileging, physicals, security/backgrounds, add to the Department’s challenge. We are working to close the pay gap between VA and private sector clinicians to make VA an employer of choice and have provided guidance and implemented initiatives to expedite the credentialing, privileging, and onboarding processes for health care providers.
• In FY 2015, nearly 70 percent of all Veterans served in Supportive Services for Veteran Families (SSVF) were homeless and received rapid re-housing services. Based on a community-by-community assessment, as communities are able to end homelessness, SSVF grantees can begin to shift resources from rapid re-housing to prevention.

• VA engaged the U.S. Army Corps of Engineers (USACE) and entered into an interagency agreement (IAA) with USACE to provide services in support of VA’s construction program. VA and USACE utilize this IAA to engage USACE as VA’s design and construction agent on our super construction projects over $100 million that brings us in line with the Department of Veterans Affairs Expiring Authorities Act of 2015 (Public Law 114-58) which was enacted on September 30, 2015.

Looking Forward

While we recognize these achievements for Veterans, we continue to tackle the challenges of the department and embrace the opportunities for transformation that they bring.

To achieve lasting success for the department, VA must develop a strategy for meeting an increased demand for services and benefits, and for meeting the needs of a changing Veteran population. This includes preparing for the increasing numbers of women Veterans coming to VA for care; looking at the unique needs of post-9/11 Veterans; and using innovative approaches to reach every Veteran who needs services.

By focusing on rebuilding trust, putting the Veteran first, and setting the course for longer-term excellence and reform – VA will continue to improve and better serve our Veterans and the American people.