

VA Transformation: Change and Its Impact on Mental Health

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The President's Vision For The Department Of Veterans Affairs

Transform into a 21st Century organization that is

- Veteran-centric
- Results-driven
- Forward-looking

This transformation is demanded by new times, new technologies, new demographic realities, and new commitments to today's Veterans.

Request for FY11 Budget

- The Department's resource request for 2011 is \$125 billion
 - Up \$11 billion, or 10 percent, from the 2010 enacted budget (excluding funds provided by the Agent Orange Supplemental).
 - This is the second year of large budget increases in VA's discretionary budget which is up almost 20% since 2009.

Request for FY11 Budget

- VA's budget request for 2011 supports transformation of VA into a 21st Century organization.
- Resources are focused on three concerns important to Veterans:
 - Easier access to benefits and services
 - Reducing the disability claims backlog
 - Eliminating Veteran homelessness

Request for FY11 Budget

	2009	2010	2011	2012
Mental Health	\$4,446	\$4,825	\$5,235	\$5,576
OEF/OIF	\$1,466	\$1,978	\$2,575	\$3,255
Traumatic Brain Injury	\$204	\$232	\$261	\$288
Women Veterans	\$180	\$199	\$218	\$243
Readjustment Counseling	\$154	\$172	\$179	\$187
Long-term Care	\$5,183	\$5,976	\$6,835	\$7, 557

Change: VA High Priority Performance Goals For The Next 2 Years

1. In conjunction with the Department of Housing and Urban Development, reduce the homeless Veteran population to 59,000 by June 2012 on the way to eliminating Veteran homelessness.
2. Implement a 21st Century paperless claims processing system by 2012 to ultimately reduce the average disability claims processing time to 125 days.
3. Build and deploy an automated GI Bill benefits system to speed tuition and housing payments for all eligible veterans by December 2010.

Change: VA High Priority Performance Goals For The Next 2 Years

4. Create the next generation of electronic record system – Virtual Lifetime Electronic Record (VLER) by 2012.
5. Improve the quality, access, and value of mental health care provided to Veterans by December 2011.
6. Deploy a Veterans Relationship Management (VRM) Program to improve access for all Veterans to the full range of VA services and benefits by June 2011.

Change: VHA Realignment

- Currently
 - OMHS reports to PCS, who reports to Principal Deputy USH, who reports to USH
 - 10N (Operations & Management) reports to PDUSH also
 - Process for program offices to interact with the field
- Realignment: no specific knowledge of Dr. Petzel's plans

Change: Patient Centered Medical Home

- Major T21 initiative
- Vision of an interdisciplinary, holistic expansion of primary care function and of the interaction between primary care and specialty care
- Mental health integration must be sustained, but this also opens the opportunity for mental health centered primary care as a “medical home”

Garage – Ready for Better Things



Flow: Vision of the Medical Home



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Change: OMHS

- Guiding documents currently:
 - Uniform Mental Health Services Handbook
 - VA Operating Plan for T21 initiative: Improve Veteran Mental Health
 - VA/DoD Mental Health Summit recommendations
 - VA/DoD Integrated Mental Health Strategic Plan

Change: OMHS

- Application open for Deputy Chief Patient Care Services Officer for Mental Health